

CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES

CEE/CIS AND BALTICS REGION (CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES AND BALTIC STATES REGION)



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

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The situation of women and children continues to be precarious in many parts of the Central and Eastern Europe, Commonwealth of Independent States and Baltic States (CEE/CIS and Baltics) Region. Unresolved conflict, often characterized by low-level warfare and tense ceasefires, continues to affect the Russian Federation (Chechnya), Azerbaijan and Armenia (Nagorno-Karabakh), Georgia (Abkhazia and South Ossetia), and the Republic of Moldova (Transdniestr). In 2004, low-intensity warfare continued in Chechnya and, in a worrying trend, has spread to the surrounding Republics (Ingushetia, Daghestan, North Ossetia, Kabardino-Balkaria), most notably the Beslan crisis (North Ossetia) in September 2004. Georgia weathered a crisis in Adjara in May, leading to the ousting of the leadership of the province, and a small-scale conflict flared up in South Ossetia in July-August, an area that remains tense. The Republic of Moldova experienced a dramatic increase in tensions in August-September sparked by the issue of Moldovan language school registration in the separatist Transdniestr.

Security concerns and political obstruction limit international access and humanitarian assistance to the conflict zones. Nevertheless, it is clear that socio-economic conditions in these zones are harsh, given the insecurity, extensive damage to the social and economic infrastructure and limited economic

development. Local populations face insecurity while *de facto* authorities are often unable to provide for reconstruction or basic services, such as health care and education. In these situations, children and women are particularly vulnerable to malnutrition and poverty-related diseases. Psychosocial problems are often widespread, and landmines pose a serious threat in many areas to children and local populations.

The post-conflict situation in the Balkans remains volatile, while humanitarian assistance, which helped bring significant progress in reforms, is being scaled back. The explosion of tensions in Kosovo (currently under United Nations administration) during the March riots, and the increasing strength of nationalistic forces in Serbia and Montenegro, have given rise to concern that unilateral actions on Kosovo's status by either side may spark open conflict, resulting in new waves of displacement. In Serbia, where nationalistic forces appear to be gaining political ground, the March events have sparked an increase of incidents against other minorities. In addition, the Bosnia and Herzegovina entity, Republika Srpska, continues to tie its final status to that of Kosovo which could destabilize talks on Kosovo's final status. In the Former Yugoslav Republic of Macedonia, tensions have spiralled over decentralization and redistricting plans that grant greater political rights to ethnic Albanians.

Large numbers of internally displaced persons (IDPs) and refugees from these conflicts continue to face difficult conditions, often with little assistance. More than half of the region's 22 countries 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. But the extended duration of these situations is resulting in a generation growing up knowing no other way of life, with little optimism for the future and increasing disruptive social behaviour. Examples:

- According to the latest figures from the Danish Refugee Council, there were some 41,000 Chechen IDPs in Ingushetia (Russian Federation) in October 2004, under constant pressure to return Chechnya despite the dire conditions there.
- Some 250,000 IDPs in Georgia since 1992 are particularly vulnerable, given the state of economic collapse in the country.
- In the Balkans, many IDPs and refugees remain dependent on international and national assistance.
- In Azerbaijan, little has been done to find long-term solutions for approximately 800,000 IDPs and refugees from the conflict with Armenia.

A variety of natural disasters also pose a constant threat throughout the region. Most countries are vulnerable to earthquakes – as occurred most recently in Georgia and Turkey. Flooding and landslides are frequent in mountainous countries such as Azerbaijan and Kyrgyzstan. These emergencies can pose serious threats to women and children, particularly in distant rural areas where basic services are usually severely limited and can be isolated by damage to infrastructure. Drought is 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 several years, causing crop failure and water scarcity, which continue to affect the country today. Droughts are particularly devastating for pastoralist and agricultural communities and their families dependent on livestock and crops.

Millions of children continue to live in poverty, despite recent economic growth in most countries. According to the Innocenti *Social Monitor 2004*, 12.5 million out of 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 Georgia, Armenia and Tajikistan), public expenditure on health and education is about 4 per cent of GDP or less – very low by regional standards. This is rarely sufficient to offset the infrastructural damage to these crucial sectors caused by prolonged conflict, neglect and economic decline. Given these factors, a significant numbers of women and children do not have access to quality health and education services. Levels of inequality are increasing in several countries where growth is concentrated in certain sectors, which, coupled with a lack of progress in reform or in improvements in living standards in most of the countries in the Balkans, Caucasus and Central Asia, is exacerbating political and civil instability. Three situations call for particular attention to the situation of children: Chechnya and the neighbouring republics, Georgia and Tajikistan. Their appeals follow.

UNICEF HUMANITARIAN ACTION CHECHNYA AND THE NEIGHBOURING REPUBLICS IN 2005



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Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	930,500
Water and environmental sanitation	562,700
Education	4,078,000
Child protection/Mine action	994,300
Total *	6,565,500

* 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 AND WOMEN

More than five years after the start of the second conflict in Chechnya (Autumn 1999), much of the Republic's social and physical infrastructure remains destroyed or seriously damaged, while substantive rehabilitation and reconstruction works have not made sufficient progress. The quality of essential social services that are available to the population, especially to women and children, remains inadequate, particularly in the education, health and water and sanitation sectors. Internally displaced persons (IDPs), estimated at more than 210,000, comprise a large portion of the vulnerable population. In addition, some 40,000 IDPs continue to live in temporary private accommodation in the neighbouring republic of Ingushetia.

In Chechnya unemployment (at an official rate of 80 per cent) is the highest in Russia. Approximately half of the population lives in conditions of material poverty – the poverty threshold being 21-33 roubles (US\$ 0.70-1.10) per person per day. Recent data from a recent workshop on Mother and Child Health (MCH) suggested stagnating if not deteriorating health indicators in the first half of 2004 compared to 2003, with an infant mortality of 29.4 per 1,000 newborn children in Ingushetia and 28.9 in Chechnya (13.3 in the Russian Federation). The Ministry of Health of Chechnya reports perinatal mortality as standing at 26.1 per 1000, vis-à-vis 12.08 in the rest of the country. Of those children below one year who die, 40 per cent die at home before having reached any medical care.

In Chechnya, functioning education facilities, particularly kindergartens, are still in short supply. Most schools remain overcrowded and operate in two or three shifts. Schools are affected by a persisting shortage of essential educational materials, including textbooks. Financial constraints aggravate the existing tendency to keep girls out of school, particularly in areas where education facilities are not easily accessible. There remains also a need for psychosocial support for traumatized children, many of whom have experienced suffering and loss, including following the dramatic events in Beslan, North Ossetia (1-3 September 2004). The situation of children and adolescents who, because of social or personal factors, are not enrolled in school also requires a qualified intervention, to provide them with recreational or vocational opportunities.

In Ingushetia, fulfilling the right to education for 10,000 IDP children attending schools remains a priority. In addition, Chechnya remains one of the areas most heavily polluted by landmines and unexploded ordnance (UXO). According to a database managed by UNICEF, as of August 2004, at least 3,100 civilians (including 675 children) have been killed or injured by mines/UXO. The operational environment continues to present humanitarian organizations with serious challenges. While access to Chechnya has recently improved, staff safety is still one of the main concerns for relief agencies.

"We are not able to go back home"



"My name is Zulikhan. I'm 11 years old and I was born in Grozny. When the war broke out, my father was killed during the bombing of the city and I had to flee to Ingushetia with my mother, brother and sister. We found refuge in Vosnesenovskaya village. My mother found a job as a milkmaid in Yuzhy village, which was 2 km away from our settlement. Every morning she had to go to work and stay there until 10 p.m. For two years, however, she did not receive any salary, but only one litre of milk as daily payment. We had a really hard time there. In 2003 our family moved to Malgobek town. We were given one room in the 'OOO Yukon' spontaneous settlement, where I could attend one of the schools managed by UNICEF and Hilfswerk. We are still living in this settlement, because we are not able to go back home. Our house in Grozny, unfortunately, remains totally destroyed. Every day I pray to God to stop the war and help us."

Zulikhan Mamaeva, 11 years old, OOO Yukon IDP Settlement.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In 2004 UNICEF continued to implement – in Chechnya, Ingushetia and North Ossetia – an emergency programme that is articulated in four key components: education, mine action (i.e., mine risk education and survivor assistance), health, and water and sanitation. In particular, the agency continued to act as coordination focal point for the education and mine action sectors. In this capacity, it worked to further strengthen the existing partnership among all stakeholders (UN agencies, government counterparts – both at the federal and local level – ICRC, international and local NGOs) and ensure a more effective global intervention. During the year, UNICEF continued to pursue its policy of progressively shifting most of its activities to Chechnya (where just over 70 per cent of UNICEF's resources have been utilized), while at the same time ensuring that IDPs' priority needs in Ingushetia are adequately met.

In education, UNICEF supported the rehabilitation of 10 schools and 5 kindergartens and the provision of a wide range of educational supplies to schools and selected kindergartens in Chechnya. In addition, the organisation promoted the gradual handover to the Chechen Ministry of Education of five Child-Friendly Spaces hosting some 500 children in Grozny and opened 10 Early Childhood Education centres for 500 young children in Grozny and in rural areas. Vocational training was also provided to 360 drop-out adolescents. In Ingushetia, UNICEF continued to support 35-40 'parallel' schools catering for some 5,000 IDP students and four children centres hosting more than 550 pre-school-age displaced children in Ingushetia. In mine action, UNICEF devoted resources to improve its Information Management System for Mine Action database on mine/UXO incidents and to shift towards a community-based approach in implementing its mine risk education programme. Mine/UXO survivors were provided with a comprehensive set of prosthetic-orthotic assistance, physical rehabilitation, psychosocial support and vocational training. UNICEF also expanded the capacity of its water production and distribution programme in Grozny, now serving 90,000 beneficiaries daily, while management of the sanitation component was handed over to the implementing NGO in May. At the same time, the hygiene education element has been strengthened.

In the health sector, UNICEF delivered cold-chain equipment and consumables to health facilities in Chechnya and Ingushetia, organized trainings – including on the integrated management of childhood illnesses (IMCI) initiative – for government and NGO health professionals, contributed to the rehabilitation of two children hospitals in Grozny and continued its Mother Empowerment Programme. Preparatory work was also started for the establishment of Youth Friendly Clinics and Youth Information Centres in Chechnya and Ingushetia.

In the aftermath of the tragic end of the hostage crisis in school No. 1 in Beslan, UNICEF promptly elaborated a four-stage response plan, in close consultation with the local authorities. Firstly, some 20 tons of emergency medical items were rapidly provided to hospitals treating survivors in Beslan and Vladikavkaz. Secondly, a significant quantity of education supplies was delivered to the seven functioning schools in Beslan (where children from school No. 1 were to be accommodated). Thirdly, a comprehensive project was launched for the provision of psychosocial assistance to the children, parents and family members of Beslan, while also starting to plan for the launch of a regional project on peace education.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

In 2005 UNICEF will continue to act as coordination focal point for the education and mine action sectors and consolidate the existing partnerships with key UN agencies (particularly WHO and WFP), the ICRC and various international and local NGOs. Efforts will be made to further develop cooperation with – and the capacity of – NGOs from Chechnya. UNICEF will continue to be a full member of the Humanitarian Coordination Group and Security Management Team for the North Caucasus (Moscow), as well as of the Area HCG and SMT that are held in Nazran.

Regular programme

In 2005 the harmonization of the North Caucasus programme into the wider Country Programme for the Russian Federation will be further pursued.

As part of its humanitarian programme in the North Caucasus, UNICEF will focus its efforts on continuing to address immediate humanitarian needs of the most vulnerable segment of the crisis-affected population across its four sectors of intervention. The mine action sector, in particular, will be gradually expanded into a child protection component, while the water distribution project in Grozny is expected to be handed over to an NGO partner in the course of 2005.

Education (US\$ 4,078,000)

A total of more than over 200,000 pre-school and school-age children will benefit from the following key activities:

- A general assessment on the physical status of education facilities in Chechnya;
- Launching a specific assessment on the situation of girls' education in Chechnya;
- Rehabilitating 15 to 20 schools and kindergartens in Chechnya and equipping them;
- Supporting 31 'parallel' primary and secondary schools accommodating some 3,500 IDP children in Ingushetia;
- Providing school furniture, stationery, visual aids and textbooks to 'parallel' and regular schools in Ingushetia (including those hosting 2,500 IDPs from North Ossetia) as well as schools in Chechnya and Dagestan (those hosting some 2,000 IDP children from Chechnya);
- Supporting the management of – and providing equipment and education supplies to – four children's centres (kindergartens) catering for more than 500 pre-school-age IDP children in Ingushetia;
- Supporting 20 Early Childhood Education centres for 1,000 young children in Chechnya and providing them with furniture and equipment;
- Supporting vocational training and catch-up classes for 240 vulnerable adolescents in Chechnya;
- Promoting peace education and foster a tolerance culture, through various complementary initiatives (including seminars, festivals, sport contests, exchange visits) among up to 200,000 children and young people in the region;
- Providing psychosocial rehabilitation to some 21,000 conflict-affected or traumatized children.

Health and nutrition (US\$ 930,500)

Some 200,000 persons, both in Chechnya and Ingushetia, will benefit from the following:

- Procure and distribute essential emergency supplies to some 50 health centres in Chechnya and Ingushetia;
- Provide MCH basic supplies to health facilities in 19 districts in Ingushetia and Chechnya;
- Provide 30 primary health facilities with cold-chain equipment and immunization consumables;
- Train 240 primary health-care staff in immunization services and cold-chain maintenance;
- Distribute informational materials on the Expanded Programme on Immunization (EPI) to 240 health-care facilities in Ingushetia and Chechnya;
- Support the implementation of three assessments and evaluations to determine existing needs in the fields of Mother Empowerment Programme (MEP), EPI and HIV/AIDS;
- Organize and conduct MEP training sessions for 30,000 mothers with children under five – including in IDP settlements in Ingushetia and in Temporary Accommodation Centres (TAC) in Chechnya;
- Establish two Youth-Friendly clinics and two Youth Information Centres for HIV/SDI prevention activities in Chechnya and Ingushetia;
- Design, print and distribute IEC materials to 100,000 young people in Chechnya and Ingushetia.

Water and environmental sanitation (US\$ 562,700)

Some 105,000 people, particularly children and women, will be reached through the following key activities:

- Purify and distribute of potable water to 105,000 persons in Grozny;
- Distribute water supplies to 60 educational facilities and 32 MCH health-care facilities as well as to vulnerable families in Grozny;
- Promote hygiene education among 40,000 residents in TACs as well as for 28,000 schoolchildren in Grozny;

- Distribute hygiene education printed materials, including 20,000 pamphlets, 55,000 calendars and 10,000 posters to schoolchildren, hospital patients and returnees living in TACs in Grozny.

Child protection/Mine action (US\$ 994,300)

Some 180,000 children, 45,000 IDPs and other adult population in Chechnya will be targeted for the following activities:

- Cover 180,000 schoolchildren and the adult population in Chechnya, as well as 45,000 IDPs in Ingushetia with mine risk education activities.
- Strengthen community-based approaches in MRE and support six leisure centres for children and youth in mine/UXO-affected communities.
- Provide physical rehabilitation to 160 mine/UXO-affected children in Grozny.
- Support the production of prosthetic-orthotic devices for some 250 child and women survivors.
- Provide psychosocial assistance to 140 mine/UXO child survivors and disabled children.
- Support the reintegration of 125 mine/UXO young survivors and disabled children/youth through recreational activities and vocational trainings (carpentry, tailoring, computing, football).
- Distribute wheelchairs, crutches and walking sticks to children and women.
- Conduct a specific assessment of the situation of vulnerable children in Chechnya.
- Conduct trainings on the CRC for a total of 300 teachers and public officials.
- Assist authorities in providing support to prevent the separation of children from their caregivers, as well as provide support for the care and protection of separated children.
- Assist authorities in providing the most appropriate and 'child-friendly' support for the care and protection of at least 250 orphans and other vulnerable children.
- Support the psychosocial rehabilitation and social integration of approximately 120 street children, 100 separated children, 150 mine/UXO child survivors and orphans.

UNICEF HUMANITARIAN ACTION

GEORGIA

IN 2005



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Summary of UNICEF financial needs for Abkhazia and South Ossetia in 2005

Sector	US\$
Health and nutrition	200,000
Water and environmental sanitation	100,000
Education	500,000
Child protection and social development	430,000
Programme support	30,000
Total *	1,260,000

* 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 AND WOMEN

Among the Commonwealth of Independent States, Georgia remains one of the most vulnerable from a humanitarian perspective. Two areas deserve particular attention, **Abkhazia** and **South Ossetia**, which are highly affected by the consequences of unresolved conflicts. In these two areas, it is the most vulnerable groups among the population who are paying the highest price for the prolonged, endemic crises

Abkhazia and South Ossetia are administered by *de facto* secessionist governments, which remain unrecognized by the international community. The threat of renewed violence and heightened political tensions in these regions compounds the already dire situation facing vulnerable populations. The consistent lack of regular external support to these areas is clearly reflected in the collapse of the welfare system, and the decay of fundamental services such as water and sanitation, health and education.

Health services, although formally in place, are deprived of any means to assist the population.

Hospitals, polyclinics and maternity facilities are in desperate need of rehabilitation and all existing equipment is either broken or outdated. There is no continuous supply of essential drugs and many drugs are not available at all. Health-care providers have a very low capacity to deliver quality medical care due to lack of access to new research and to skills upgrading. Outdated practices for maternal and child health are still common (i.e., infant formula is advocated in hospitals while women are discouraged from breastfeeding; mothers and babies are separated after delivery; etc.).

Homes and public facilities have no access to safe water or electricity, and neither have many health and educational facilities. Given the disintegration of health-care systems and poor water and sanitation, there is a strong need for emergency life-saving interventions, not only through supply provision but also through capacity-building and encouraging proper breastfeeding practices to increase the immunity and nutrition of children.

The low quality of education for children is a worrying concern. The system barely survives on the goodwill of teachers and parents who are asked to contribute to expenses for salaries and basic maintenance of facilities – without access to any updated curriculum, life skills-based methodologies or advanced educational support. 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 be engaged in sport and recreational activities to learn basic life skills, develop their potential, be challenged and stimulated. Many children, whose parents are overwhelmed with the task of basic survival, are left to cope on their own, while being exposed to threats of crime, violence, abuse, smoking, and drug and alcohol addiction.

There has been a reported increase in violence and abuse within families and the rise of new disruptive social behaviour among children. The collapse of social services – whose only residual function is to provide vulnerable individuals with insufficient economic allowances – is resulting in the lack of any psychosocial support and social protection for vulnerable people (i.e., persons with special needs, victims of abuse and trafficking – particularly girls, victims of drug addiction). Finally, the lack of positive future prospects – especially for young people – is one of the key factors in sustaining the high level of tension and fear in these areas.

CORE COUNTRY DATA

Child population (2002) (millions)	1.1
U5 mortality rate (2002)	26.0
Infant mortality rate (2002)	23.8
Maternal mortality ratio (2002)	46.2
Primary school enrolment ratio	99
% U1 fully immunized (DPT3) (2003)	77.2
% population using improved drinking water sources (1999)	75.6
HIV/AIDS prevalence (2004)	13.3
% U5 suffering moderate and severe malnutrition	2.3-11.7

Source: *The State of the World's Children 2004*

NOTE: The Core Country Data for Georgia do not include the conflict-affected areas of Abkhazia and South Ossetia. High levels of insecurity in these regions have inhibited collection of data and condition indicators. There is a high prevalence of IDD and iron deficiency among women and children; schools and homes have little or no access to safe water and electricity; there are high rates of maternal mortality; and there is a dire lack of psychosocial support or social protection for children affected by the war.

“I want to go back to my mum”

“My name is Nino and I am 12 years old. I came from the conflict zone of South Ossetia. I lived in the village of Tamarasheni and I heard shooting and the sound of explosions every day. Some days ago my school was also bombed and since then I am afraid to go to school.”

“Now I am in Borjomi where I have been moved with other children. My Mum is still there, in the village. I like here, there is no shooting and I can relax and play. But I want to go back to my Mum. I dream of the day when peace will come to my village and I do not hear the sound of shooting any more.”

Nino, aged 12 (on right), from Tamarasheni, South Ossetia.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In 2004, UNICEF Georgia continued to foster a strong working relationship with other UN agencies, the government of Georgia and local and international NGOs to expand and strengthen our health, nutrition, education and child protection and development interventions in Abkhazia and to offer emergency aid relief to conflict affected populations in South Ossetia.

- Continuous provision of EPI vaccines and supplies for the 2004 state immunization plan in Abkhazia and South Ossetia.
- Rapid response UNICEF ‘School-in-a-box’ kits distributed to 111 schools in Abkhazia in collaboration with UNHCR and the United Nations Observers’ Mission in Georgia (UNOMIG).
- Twenty-eight health-care workers at maternity facilities from all seven regions of Abkhazia trained in proper breastfeeding practices.
- Elementary and secondary school teachers in Zugdidi and Sukhumi trained in interactive learning methods with an emphasis on life skills and child development (implementing partner Norwegian Refugee Council).
- Twenty-five primary health-care workers at children’s polyclinics from all seven regions of Abkhazia received intensive orientation in the Integrated Management of Child Illness (IMCI) initiative.
- A one month rehabilitation summer camp for child landmine survivors and their families in Abkhazia, organized jointly with the NGO ‘HALO Trust’ and the Sukhumi Rehabilitation Centre.
- Distribution of safe water tanks and calcium hypochlorite to 50 schools, 12 polyclinics and six maternity facilities in Abkhazia.
- Emergency aid-package of essential drugs, school kits, and hygiene products delivered to approximately 2,000 displaced children and women during the recent conflict in South Ossetia.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

In the conflict affected areas of Abkhazia and South Ossetia, UNICEF Georgia continues to collaborate closely with other UN agencies including UNHCR, UNV, UNDP, WFP and UNOMIG to ensure a strong inter-agency partnership in all interventions. UNICEF maintains a strong working relationship with a number of local and international NGOs, the government of Georgia and local authorities.

Regular programme

UNICEF’s regular country programme in Georgia concentrates on five main components nationwide: Maternal and Child Well-being; Child Development; Children in Need of Special Protection; Young People’s Health and Development and Social Policy Development.

Health and nutrition (US\$ 200,000)

- Provide obstetric and midwifery kits to main maternity facilities in South Ossetia.
- Support strengthening of the immunization programme through skills upgrading of professional staff and supply provision for cold chain in Abkhazia and South Ossetia.
- Upgrade competencies and skills of relevant health-care staff to implement Integrated Management of Child Illness in maternity facilities and children's polyclinics.
- Continued support to exclusive breastfeeding and nutrition programmes in Abkhazia and South Ossetia
- Support international consultancy to conduct further investigations of the health and nutritional status of women and children and to define appropriate interventions for their survival and development.
- Distribution of iron, iodine and vitamin A tablets to children and pregnant women through existing immunization programme chains in Abkhazia and South Ossetia.

Water and environmental sanitation (US\$ 100,000)

- Distribute safe water tanks and calcium hypochlorite to schools in South Ossetia.
- Continuous distribution of de-worming tablets to children in conflict areas through schools and immunization programmes.

Education (US\$ 500,000)

- Provide 'School-in-a-box' kits and educational materials to main schools in cooperation with other international organizations working in South Ossetia.
- Support teacher training through interactive learning methodologies and empowerment techniques, focused on life skills and conflict resolution themes.

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

- Support 'Right to Play' initiatives in Abkhazia and South Ossetia – promotion of organized sport, recreation and healthy lifestyles through schools.
- Support youth centres in Tskhinvali and Sukhumi to develop projects aimed at confidence building, leadership skills, conflict resolution and empowerment among young people.
- Training of community based social service providers in Abkhazia and South Ossetia in field of psycho-social support and counselling for children and youth.
- Continued programme support to the NGO 'HALO Trust' 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 region.
- Survivor Assistance: development of a larger programme on disability and landmine survivors; support to reintegration and development summer camps.

Programme support (US\$ 30,000)

- International staff to facilitate interventions in Abkhazia and South Ossetia (national staff are unable to travel to these regions due to security concerns).
- Transportation costs (vehicle and driver needed for travel to Abkhazia and South Ossetia).
- Shared operating costs (office space to be shared with UNV, UNDP and UNICEF; telephone and internet costs).

UNICEF HUMANITARIAN ACTION

TAJIKISTAN

IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	1,600,000
Water and environmental sanitation	831,122
Education	368,878
Child protection	1,200,000
Total *	4,000,000

* 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 AND WOMEN

The situation of women and children in Tajikistan remains very fragile despite seven years of peace and improved political stability. Sixty-four per cent of the population continues to live in poverty. Migration is a common coping strategy with poverty, with approximately 1 million Tajiks (17 per cent of the population) working permanently or temporarily outside of the country. While it has provided an important safety net for Tajik households, migration has also brought new social problems. Families of migrant workers face risks such as occupational accidents, sexually transmitted diseases including HIV/AIDS, deterioration in behaviour of children and the lack of family and social stability, for children and women especially.

There are marked disparities between the regions and much more needs to be accomplished in terms of redistribution of wealth. The transit of drugs from Afghanistan is a serious threat to the country's development, as is its isolation and distance from international trade routes. Although the situation has improved in comparison to the years of civil war or the first few post-war years, humanitarian assistance is still needed in these times of transition and in view of the overall fragility of the livelihoods of most Tajik families – especially in a country prone to natural disasters. The well-being of Tajik children is still at risk.

High infant and under-five mortality rates remain one of the critical issues for children and women. Estimates show that the country's under-five child mortality is the 40th worst in the world at 118 per 1,000 live births. Infant and child deaths are most often caused by infectious diseases, acute respiratory infections and diarrhoea. Poor knowledge and practice on childcare and inadequate care-seeking behaviour contributes to poor nutritional status of women and children, which in turn also contributes to infant and child deaths.

Approximately 600,000 people did not have safe drinking water for two weeks when a calamity hit the capital city of Dushanbe and damaged the city's water system. In other parts of the country, safe drinking water and sanitation facilities remain limited, particularly in schools. This has also affected attendance rates in schools particularly among girls.

CORE COUNTRY DATA

Child population (millions)	2.8
U5 mortality rate	118
Infant mortality rate	53
Maternal mortality ratio (2001)	45
Primary school enrolment ratio/attendance (% net, male, female 2000)	100/99,79/81
Primary school enrolment ratio for girls	n/a
% U1 fully immunized (DPT3)	84
% population using improved drinking water sources	60
HIV/AIDS prevalence (15-49 years) (end 2001)	<0.1
% U5 suffering moderate and severe malnutrition (2003)	4.7

Source: *The State of the World's Children 2004* and MICS 2002



"I have been crying since they put me here"

"I lived in Russia for seven years with my grandmother. But when she died, they put me in an orphanage in Bryansk Oblast. My mother was an alcoholic. She died a few days ago. My father is in prison in Russia. My brother lives in an institution here in Tajikistan."

"This is a real prison. I have been crying since they put me here. I have not committed any crime, so why should I be here? My father will be in prison for two years. We can have a family again as soon as he is out of prison. I look forward to that day when I can live with my family again, my brother and my father."

Rim Agiev, aged 14, Bryansk Oblast.

Photo:©unicef/tajikistan/pirozzi

With more than half of the population living below the poverty line, increased risks and vulnerabilities continue for many children. The crisis in families has driven many parents to send their children to institutions or boarding schools. A UNICEF-supported study shows that more than 80 per cent of children in social institutions have either one or both biological parents. The number of children in residential care in social institutions has increased by 32 per cent in the last five years. The weakened capacities of families to look after their children have also resulted in increasing numbers of children in conflict with the law, and of increased violence at home, with children being the most vulnerable victims.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

One of the key achievements in 2004 has been the nationwide measles immunization campaign conducted by the Ministry of Health/Republican Centre for Immunoprophylaxis, with UNICEF, WHO and CDC support. The campaign covered approximately 3 million children aged one to 18 years and adults. It also contributed to improvements in cold-chain facilities in almost all health facilities in the country and in the capacity of health workers who were trained on safe immunization practices and cold-chain management. During the year, four maternity hospitals were equipped with delivery tables, maternal and child health kits and other medical supplies. The capacity of health workers was enhanced through training on safe motherhood. Pregnant women were supplied with iron pills and were trained on ante- and pre-natal care, as well as on breastfeeding. UNICEF has supported the establishment of five Child Rights Departments which are responsible for the well-being of children in need of special protection, including children in institutions. Through the work of the Child Rights Departments and social workers, the number of children has been reduced in two institutions, and improved gate-keeping mechanisms have also resulted in fewer children being accepted at the institutions. Additionally, modules and mechanisms have been developed for the training and support of families on micro-credit activities, which are aimed to help families become more independent and prevent institutionalization of their children.

UNICEF responded immediately to the water emergency situation in Dushanbe by providing 1.5 tons of chlorine to the Sanitary Epidemiological Station for distribution to the health centres in Varzob area: and 10,000 water purification tablets and linens were provided to the Ministry of Health for distribution to health institutions in Dushanbe. In other areas, 75 handpumps were installed in Khatlon and benefited 18,000 schoolchildren. In 50 schools, sanitation and hygiene promotion materials have been prepared for use of teachers and children.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

The UN Country Team in Tajikistan has coordinated humanitarian response in recent years, supported by OCHA until 2004. For 2005, coordination is focused on the UN Appeal for Tajikistan which will be launched in December and led by the Office of the UN Resident Coordinator. UNICEF has been leading coordination of the social sector within this framework, bringing partners together as required.

Regular programme

The 2005-2009 Country Programme of Cooperation will contribute to realizing children's and women's rights to survival, development, participation and protection, as Tajikistan moves from a humanitarian to a development phase. The programme has four components: maternal and child care; quality basic education for all; young people's health and participation; and social policy reform and child participation. Convergence of services will be provided in 15 selected districts. The programme will also strengthen the Government's capacity to respond to emergencies and disasters particularly in health and nutrition, as well as water and sanitation through provision of supplies and training. Humanitarian activities will be integrated into regular programmes.

Primary beneficiaries of the new Country Programme will be some 3 million children and women, including 2 million children and young people aged 10 to 18.

Health and nutrition (US\$ 1,600,000)

Approximately 2.7 million children and women will benefit from the following key activities:

- Provision of iron pills and vitamin A capsules to 2,700,000 women and children to prevent micronutrient deficiency.
- Capacity-building of salt producers for salt iodization and flour fortification with iron.
- Provision of medicines and equipment to paediatric departments of central district hospitals and education of mothers on appropriate feeding practices for young children.
- Advocacy on a national nutrition policy and strategies.
- Full implementation of international live birth definition and improved reporting of birth, mortality and morbidity in 21 pilot districts.
- Approximately 160,000 children will be immunized against measles, tuberculosis, polio and DPT.
- 2,000 health workers will be trained on safe immunization practices, EPI and cold-chain management.
- Health facilities in approximately 20 per cent of the country's 58 districts will have their cold-chain systems upgraded.

Water and environmental sanitation (US\$ 831,122)

Approximately 90,000 schoolchildren and communities surrounding 150 schools in Khatlon and Soghd oblasts and Dushanbe City will benefit from the following activities:

- Rehabilitation and construction of safe drinking water and sanitation facilities in 150 schools.
- Support to training of teachers on hygiene promotion.
- Support to development of IEC materials to promote hygiene and sanitation among schoolchildren.
- Mobilization of schoolchildren to promote hygiene and sanitation among their parents and communities.

Education (US\$ 368,878)

A total of 90,000 children, teachers and communities will benefit through the following key activities:

- Support the development of a National Plan of Action for achieving the goals of Education for All.
- Mobilize teachers, parents and communities to participate in district-level education planning.
- Training of teachers on interactive methodologies.
- Support the introduction into the existing curriculum of concepts of peace, tolerance, child rights, gender, environment and cultural identity.

Protection (US\$ 1,200,000)

Some 11,000 children in all types of institutions (children with disabilities, abused and neglected children and street children) and around 8,500 young people will benefit from the following key activities:

- Development of social welfare policies and legislation.
- In Gafurov and Kanibadan districts, 150 children and 70 families at social risk will be supported by district-based social work functions including psychosocial and legal counselling.
- Supporting the creation of a protective environment for 200 institutionalized children in six selected districts with increased access to health and education services, as well as opportunities to participate in social activities in other settings.
- Social work training for 25 educators and employees of the Ministry of Labour in six selected districts.
- Supporting the establishment of three Youth-Friendly Services in selected regions.
- Training 20 service providers on counselling on HIV/AIDS and sexually transmitted infections with emphasis on principles of confidentiality and anonymity.
- Training 15 peer educators on life skills on HIV/AIDS and human rights and its promotion among especially vulnerable young people in Dushanbe and Soghd regions.

REGIONAL OFFICE FOR CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES

Regional Office financial needs for 2005	
Sector	US\$
Emergency preparedness: Planning, operationalization (including pre-positioning supplies and initial emergency response), early warning activities, identification and development of child protection strategies.	400,000
Training activities	140,000
Surge capacity: Development of a surge capacity mechanism, emergency staffing during preparedness and initial response, including exchange of staff.	40,000
Personnel support: Operating expenses, country assessment, travel.	125,000
TOTAL *	705,000

* 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.

With continued low-level and unresolved conflicts in the region, the Regional Office will continue to support and enhance regional programmes for children in conflict-affected areas and landmine programmes in mine-affected areas. It will continue to strengthen UNICEF capacity to advocate for protection of women and children's rights in conflict-affected areas, particularly where access is restricted.

The Regional Office will also enhance capacities to fulfil UNICEF Core Commitments for Children during any emergency, monitor regional trends and contribute to developing a Global Early Warning Mechanism. Further efforts to build stronger capacities for emergency preparedness and response will be achieved through ongoing support from the UK department for International development (DfID) and a new global partnership with ECHO, but additional support is required for the following key activities.

Emergency preparedness

The Regional Office will continue to support EPRP updates by country offices for Uzbekistan, Serbia and Montenegro, FYRO Macedonia, the North Caucasus (Russian Federation) and Romania.

Emergency responses are enhanced by prior identification of resource gaps (in supplies, human resources, training, partnerships, etc.) through the preparedness process, and by addressing these gaps through regular country programming processes. The Regional Office will continue to support seven offices finalizing country programmes, four of them within the CCA/UNDAF process. The Regional Office will closely monitor implementation of the 12 country programmes starting in January 2005 to ensure that the preparedness process is integrated into regular country programming.

Expected outputs:

- Update five country EPRPs and develop an EPRP for the North Caucasus;
- Integrate preparedness processes within 12 country programmes.

Training and capacity-building

The Regional Office will continue to build the capacity of staff in human rights, humanitarian principles, and emergency preparedness and response, through regional workshops and direct technical support to specific country offices.

Expected outputs:

- Update and improve emergency preparedness plans in six offices supported by the Regional Emergency Adviser;
- Training of country office staff on human rights and humanitarian principles, and emergency preparedness and response.

Operationalizing for timely and efficient response

The Regional Office will identify and support most-vulnerable countries in building emergency response capacities through operationalization of their EPRPs. This will include country-specific actions such as ensuring supply agreements locally, in addition to developing a regional roster of experienced and technical persons in the region – internal and external – to facilitate identification and deployment in crisis situations. The Regional Office will also ensure its own capacity to respond to at least one major emergency within the region, through training, conducting a simulation, and follow-up actions.

Expected outputs:

- Country offices in the most vulnerable countries ready to provide an immediate and efficient response to meet the needs of approximately 10,000-15,000 affected persons;
- A regional surge capacity mechanism based on existing mechanisms;
- Regional Office ready to respond to one major regional emergency.

Protection of children in armed conflict

The Regional Office will further research the legal and humanitarian issues affecting Nagorno-Karabakh and Abkhazia, where UN access is hindered. The aim is to develop and promote an effective advocacy strategy to raise awareness of the situation of children in these areas, to promote effective protection and support mechanisms and to promote further intervention by UN agencies. The study may form the basis for a UNICEF strategy for interventions in such areas.

Expected outputs:

- Document outlining the legal and practical obstacles confronting UN interventions in Nagorno-Karabakh and Abkhazia, and a strategy for UNICEF intervention in such areas.

Mine action

Strong mine action programmes are in place in the region. These will be pursued through mine risk education (MRE), capacity-building for counterparts and communities, and strong inter-agency collaboration in MRE, victim assistance and the Information Management System for Mine Action. The Regional Office will continue support and technical assistance to the programmes.

Expected outputs:

- Continued support to country mine action programmes.

Staff welfare

Psychosocial support and assistance for staff welfare will be enhanced. Peer Support Volunteers, initially trained in 2003, will receive further advanced training in early 2005. A regional database on human resources, organizations and support services will be compiled. Also, training materials, assessment tools, guidelines, principles pertinent to emergency situations and a network of resource persons in the region will be developed and made available.

Expected outputs:

- Peer Support Volunteers better able to provide psychosocial support and assistance for staff welfare.
- Database of human resources/support services in the region.

Early warning system

The CEE/CIS remains a fragile region, particularly in the Caucasus (Azerbaijan, Georgia, Chechnya (Russian Federation)), Central Asia (Ferghana valley, Turkmenistan, Uzbekistan) and the Balkans (Kosovo, FYRO Macedonia). There is growing recognition of the need for emergency preparedness, with direct linkages between early warning and early action throughout the region. The Regional Office will therefore continue to monitor emergency trends and support implementation of an early warning initiative.

Expected outputs:

- Monitoring of regional emergency trends;
- An initial early warning system framework for the region, in cooperation with EMOPS and other UN agencies.

ACTION AND ACHIEVEMENTS IN 2004

Role

Regional Office support to country programme development is carried out within the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), ensuring that humanitarian assistance and response issues are factored in to the design of country programmes.

In 2004, the Regional Office enhanced staff awareness on UNICEF's Core Commitments for Children, humanitarian principles, and a human rights-based approach to programming. This included further development of humanitarian preparedness and response capacities at country levels, not only to enhance UNICEF response and mainstream preparedness, but to more actively and effectively advise counterparts on development of emergency assessment and response capacities, advocacy strategies and policy. Mine action, including mine risk awareness, victim support and policy development activities, is also widely supported.

The Regional Office complements the work of UNICEF Operations Centre with monthly updates on potential and existing emergencies in the region and supports an EMOPS initiative for a Global Early Warning System (with support from DfID) to strengthen UNICEF's overall response to emergencies.

Emergency preparedness and response planning (EPRP)

Six country offices updated their EPRPs in 2004 and most countries in the region now have the capacity for independent updating of their EPRPs. All country offices (with the exception of Belarus and the Russian Federation) completed at least one round of preparedness planning.

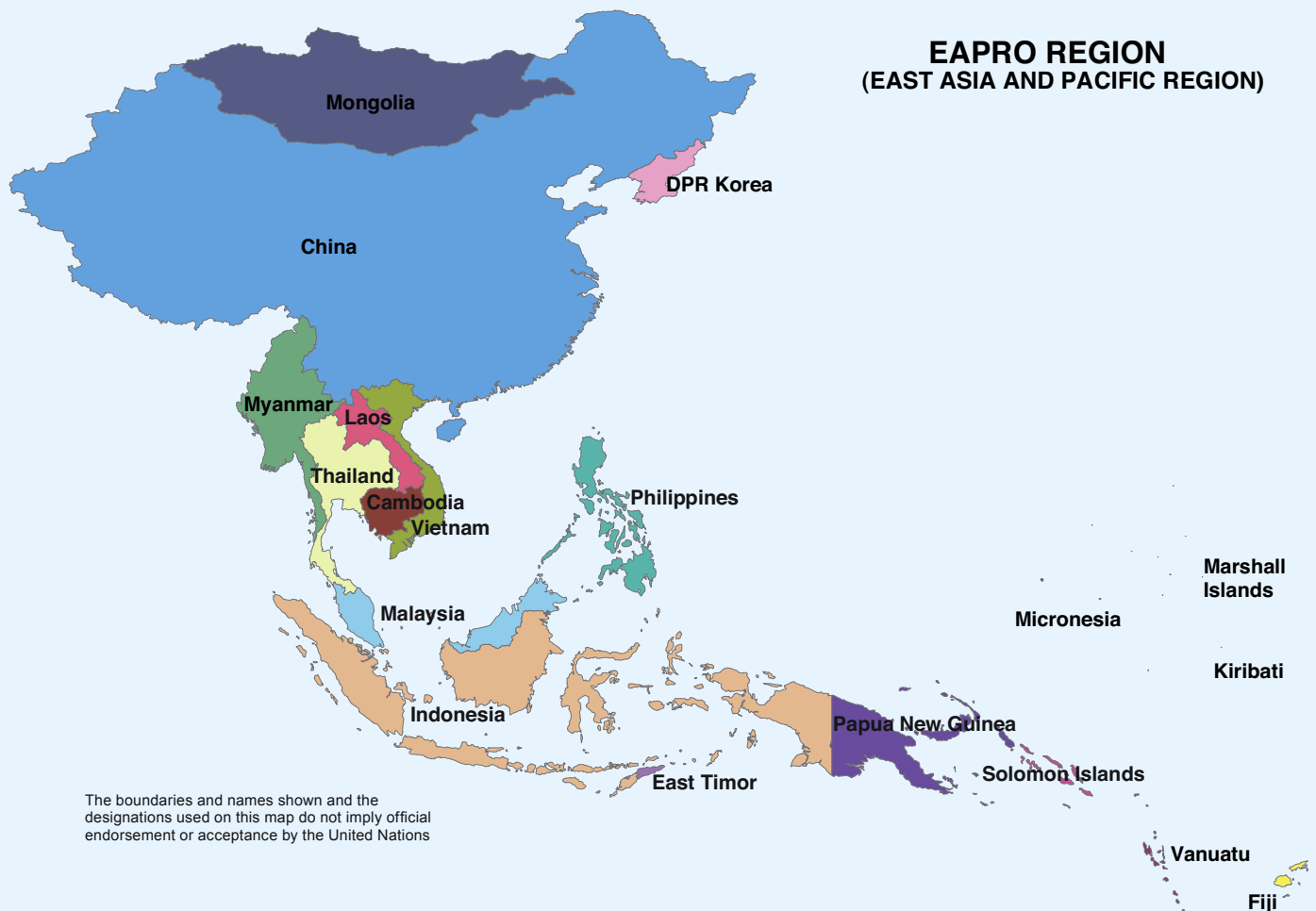
Training and learning

One training session was held on Emergency Preparedness and Human Rights and Humanitarian Principles. This followed earlier sessions to build understanding of legal and programmatic frameworks underpinning UNICEF work. More than 100 staff members have now undertaken this training.

Mine action

Landmines are a serious threat to children in conflict-affected areas, including Chechnya (Russian Federation), Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, and Albania. Kosovo and the border areas between Uzbekistan, Kyrgyzstan and Tajikistan are also areas of concern. Mine action programmes are in place in Albania, Bosnia and Herzegovina, Azerbaijan, Georgia and the Northern Caucasus based on a region-wide strategy and plans developed in 2001. With DfID funding, regional support to mine action programmes included mine risk education, victim assistance, data gathering and support for developing national strategies and programmes.

EAST ASIA AND THE PACIFIC



CRITICAL ISSUES FOR CHILDREN AND WOMEN

Throughout the region, armed conflict and its aftermath as well as natural disasters continued to pose challenges in the past year.

The situation in parts of **Indonesia** is still highly volatile in the provinces of Maluku, Nanggroe Aceh Darussalam (Aceh) and Papua. The eruption of violence brought extensive property destruction in Maluku. Little is known about the situation of children affected by armed conflict because of highly limited humanitarian access in Aceh. However, reports of human rights abuses by both parties persist. Papua is still affected by sporadic outbreaks of violence with attacks carried out by separatist groups.

In the **Philippines**, the guerrillas are stepping up their nearly four-decade-long armed campaign by increasing their ranks and acquiring more weapons to complement an expected surge in anti-government protests opposing planned taxes and other steps to deal with economic complaints. While a ceasefire has been declared between the Philippine Government and the Moro Islamic Liberation Front (MILF), skirmishes persist between Government forces and the separatist movement in the southern region of Mindanao.

In **Myanmar**, despite ceasefire agreements between the Government and 17 non-state armed groups, there continued to be attacks between the Government armed forces and the Karen National Liberation Army, the Karenni Army and the Shan State Army, as well as some opposition groups in Mon State.

Thailand's mainly Muslim-populated southern provinces have been a fighting ground between armed secessionist groups and national security forces. Since January, the total death toll has reached more than 500. While schools are meant to provide a protective environment for children, schools were specifically targeted and around 40 primary schools were burned during the year. As a result, many teachers resigned because of the imminent threat to their lives and some children were kept away from school by frightened parents.

Based in jungle pockets in **Laos**, low-intensity insurgencies continued by a small number of the Hmong ethnic minority group, the last remnant of the Indochina conflicts which affected the country in the 1960s-1970s.

As a result of these ongoing conflicts, hundreds of thousands of people within countries and across international boundaries have been displaced. There are an estimated half million IDPs and former refugees in Indonesia, but these have now been classified by the Indonesian Government as vulnerable people. The main consequence of this classification is that there is no longer a separate government budget for IDPs. An estimated 120,000 in the Philippines and 600,000 in Myanmar remained displaced in 2004. There are currently some 120,000 refugees from Myanmar living in Thailand in nine camps along the Thai-Myanmar border. In addition, Thailand also hosts an estimated 700,000 unregistered migrants and migrant workers from Myanmar. In Malaysia, UNHCR statistics indicate that there are an estimated 20,000 asylum seekers and refugees and the caseload has been rapidly increasing over the last 12 months. The protection of refugee and displaced children is, therefore, at stake – in a region where many governments have still not yet ratified the Refugee Convention and do not recognize displaced populations.

The region is also highly prone to natural disasters and 2004 was no exception. During the monsoon season, Mekong delta countries such as Cambodia and Viet Nam experience recurrent flooding. In Viet Nam, it is estimated that between 1994 and 2004, floods and storms alone have resulted in more than 8,000 deaths and 6 million houses destroyed. In 2004, severe flooding particularly affected China and the western part of Myanmar. Pacific Island countries such as Niue and Vanuatu were also hit by cyclones, which, given the limited capacities of small countries, created a high dependency on imported goods with high costs of transportation to affected areas.

Frequent earthquakes occurred in China, the Philippines and Indonesia, where two volcanic eruptions from Mt. Awu and Mt. Bromo also forced 40,000 island people to evacuate. Meanwhile, there was increasing threat of drought in Cambodia, China, Indonesia, Timor Leste, Papua New Guinea and Viet Nam: this 'silent' disaster slowly but steadily is decreasing people's social and economic coping mechanisms, a problem that frequently surfaces only when it becomes too late to intervene. In DPR Korea chronic food and energy shortages are continuing to deplete people's coping mechanisms. In the 2004-2005 winter season, Mongolia is anticipating a potentially catastrophic disaster called *dzud* – a meteorological phenomenon that combines the devastation of drought followed by heavy snowfall – which has, in the past, caused widespread starvation among Mongolian livestock, thereby destroying the main source of livelihood of much of the Mongolian rural populace. It also paralyzes existing health service mechanisms and affects thousands of children at boarding schools with poor heating and inadequate food, water supply and sanitation facilities.

Children displaced and affected by natural disasters and armed conflict are highly vulnerable in many aspects and support is needed not only to meet their survival needs, e.g., food, water, but also to pay special attention to their further protection.

The remainder of this section contains country appeals for DPR Korea and Indonesia, then summarizes regional support planned for humanitarian actions in 2005 and activities undertaken in 2005.

UNICEF HUMANITARIAN ACTION

DPR KOREA

IN 2005



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 2005

Sector	US\$
Health and nutrition	10,450,500
Water and environmental sanitation	5,554,500
Education	900,000
Total *	16,905,000

* 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 AND WOMEN

The Democratic People's Republic of Korea (DPR Korea) had achieved outstanding progress in human development by the end of the 1980s. By most human development indicators – access to health, water and sanitation, educational achievements, mortality rates – DPR Korea had reached remarkable standards. Women and children and other vulnerable groups had a degree of protection seen in few other developing countries. DPR Korea had achieved many of the Millennium Development Goals by the end of the 1980s. The 1990s witnessed a rapid decline of these high standards due to severe decline in the economy. Food insecurity has led to malnutrition, particularly in women and children. Standards of health care have declined appreciably, especially in the rural areas, and there are acute shortages of medical and hospital supplies. This has been compounded by the disruption of energy supplies.

Women and children are at risk, especially during pregnancy and lactation. Malnutrition among young children remains among the highest in the region, at more than 40 per cent according to the Nutrition Assessment of 2002. Access to water and sanitation also has suffered, contributing to an increase in water-borne diseases, especially diarrhoea, which, together with ARI, are the biggest causes of child deaths. Tuberculosis and malaria have reappeared. Although there is no reported HIV-positive case yet, preventive action to minimize risks of its spreading is vital. Educational standards have declined, with acute shortages of textbooks and other teaching/learning materials and deteriorating physical infrastructure. International experience has shown that girls are the first casualties in such circumstances, and DPR Korea may not be an exception if this situation is allowed to continue or worsen. There is little investment in the social sectors, in view of financial constraints. A more general issue is the country's capacity to maintain its social infrastructure, which was a creation of better economic times. Adjustments are required to existing systems, and they need to be modernized to keep up with global trends, particularly in health and education.

CORE COUNTRY DATA

Child population (thousands)	U18 U5	6,998 1,857
U5 mortality rate		55
Infant mortality rate		42
Maternal mortality ratio (1980-99)		67*
Primary school enrolment ratio for boys, (gross)		108**
Primary school enrolment ratio for girls (gross)		101**
% U1 fully immunized (DPT3)		68*
% population using improved drinking water sources		100 ***
HIV/AIDS prevalence		n/a
% U5 suffering moderate and severe malnutrition (height/age)		42

Source: *The State of the World's Children 2004*

* MoPH, 2000

** no net figures available

*** empirical observation suggests 25 per cent



The overwhelming proportion of external assistance (over 90 per cent) received by DPR Korea is humanitarian, and development assistance is on a modest scale. Humanitarian assistance is vital and has to continue, meeting fully the requirements which will be identified in the Framework for International Cooperation, presently under preparation. Equally important is development assistance on a larger scale, as it is an essential component of sustainable economic recovery. A seamless transition from humanitarian to development assistance has to be managed over the next few years.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the country's population, mainly focusing on the priority areas of health, nutrition, water and sanitation, and education. Humanitarian agencies 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 to the Ministry of Public Health. Nearly all 2 million under-five children in the country have been reached twice with vitamin A supplementation and deworming tablets in May and November. Due to a favourable funding situation, it was possible to expand the essential medicines both in number of items in the list and quantity. More than 25,000 severely malnourished children (35 per cent of the 70,000 cases in the country) were treated at paediatric hospitals and baby homes, through the provision of nutritional supplies such as therapeutic milk and training of health staff, up from 10,000 cases in 2003. Pregnant women received multi-micronutrient supplementation in the first trimester and more than 6,000 received quality antenatal care and delivery services. UNICEF provided water and sanitation facilities to 30 schools in the country as well as 1,525 households. During the year, some 111,778 families (approximately half a million people) gained access to safe water through rehabilitation or construction of water sources and benefited from improved hygiene through distribution of hygiene kits and awareness. About a dozen schools and at least an equal number of baby homes and nurseries were physically rehabilitated with double-glazed windows, sanitary toilets and uninterrupted clean water supply. Teaching and learning materials, including around 4 million textbooks, were supplied for 650,000 children in primary school and kindergartens. After an explosion in one county in April 2004, UNICEF also provided rehabilitation services and educational, care and recreational supplies for approximately 3,000 kindergarten, primary and secondary schoolchildren, teachers and caregivers who were affected.

3. PLANNED HUMANITARIAN ACTION FOR 2005

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. More than 80 per cent of the country programme is Humanitarian Assistance with a correspondingly large supply component. Geographical coverage is both nationwide and focused on selected counties. IECD and Education provide increasing scope for transition to development. The proposed humanitarian action is an integral outgrowth of the Country Programme.

As part of its humanitarian programme, UNICEF will focus its efforts to continue meeting the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipient of UNICEF humanitarian assistance will be around 2 million under-five children and at least 500,000 pregnant women and mothers.

Health and nutrition (US\$ 10,450,500)

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

- Procure and distribute essential drugs and equipment to 2,956 health facilities for about 70 per cent of the total population and 45,000 MT of locally blended fortified food (supplied by WFP) to rehabilitation centres throughout the country;

- Continue supporting therapeutic feeding for 25,000 severely malnourished children;
- Provide 300,000 pregnant women with multi-micronutrient tablets and 300,000 lactating women with vitamin A within the first two weeks of delivery and iron/folic acid supplement to 150,000 women before pregnancy;
- Train nearly 500 health staff in proper diagnosis and treatment of major childhood illnesses such as diarrhoea and pneumonia and to ensure clean and safe deliveries;
- Train 150 health staff in treating severe malnutrition;
- Procure and distribute vitamin A and deworming tablets to all under-five children, two times;
- Provide raw materials and technical assistance to continue local production of ORS at the current level of 3 million sachets;
- Provide standard training and start early implementation phase of IMCI in two pilot counties;
- Provide adequate quantities of vaccines and safety devices/auto-disable syringes for all 400,000 under-one children and all 420,000 pregnant women countrywide;
- Provide training to 200 county-level and 500 ri (village) -level staff in improved immunization services and cold-chain maintenance;
- Rehabilitate salt iodisation facilities to serve the needs of at least 70 per cent of the people nationwide;
- Support the implementation of three baseline surveys in selected counties which will include data on nutrition, domestic management of major childhood illnesses and household sanitation and hygiene practices.

Water and environmental sanitation (US\$ 5,554,500)

Some 1.5 million people – including children in institutions such as baby homes, nurseries, kindergartens and primary schools – will be reached through the following key activities:

- Rehabilitate and upgrade one city water supply system to serve 450,000 people;
- Provide chemicals and spare parts for 10 functioning water treatment plants to ensure safe water;
- Construct/rehabilitate water supply and sanitation systems such as washrooms, toilets and kitchen water supplies for 20 nurseries, baby homes, kindergartens and primary schools;
- Drill 100 new wells and boreholes and install handpumps to provide safe drinking water to the general population and in children's institutions where piped water systems are not feasible;
- Train 12 local water authority management teams and one central team in county/city water and 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 schools and local communities in 10 focus counties in order to complement existing water and sanitation services.

Education (US\$ 900,000)

A total of 650,000 children will benefit from the following key activities:

- Supply basic scholastic materials including paper for textbooks, pencils and erasers for 650,000 primary school and kindergarten children;
- Provide comprehensive rehabilitation for at least 10 primary schools/kindergartens with double-glazed windows, water and sanitation facilities and upgraded kitchens;
- Replace/complement school furniture for at least 20 primary schools and kindergartens;
- Pilot Learning Assessment in 20 selected primary schools in preparation for going to scale in 2006;
- Introduce Life skills Education through selected school clubs in focus counties.

UNICEF HUMANITARIAN ACTION

INDONESIA

IN 2005



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 2005

Sector	US\$
Health, water and sanitation	950,000
Education and school water and sanitation	1,040,000
Child protection	340,000
Emergency preparedness and response	220,000
Community resilience	100,000
Total *	2,650,000

* 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 AND WOMEN

By July 2002, political, religious and ethnic violence in Indonesia, following the economic crisis in 1997-98, had affected some 2 million people and resulted in more than 1.4 million internally displaced persons (IDPs), mainly in North Maluku and West Timor. Since then, a gradually improving situation has led to the return or reintegration and resettlement of IDPs and a reduction in their number to an estimated 535,000.

In January 2004, declaring the country's internal displacement crisis resolved, the Government withdrew IDP status from the remaining displaced persons in Indonesia. IDPs are now classified as 'vulnerable people', and the responsibility for providing assistance was transferred from the central government to the provinces. Following the collapse of the Cessation of Hostilities Agreement in May 2003 in Aceh, a resumption of the conflict followed, temporarily displacing some 110,000 people, destroying 610 schools and 32 health centres, and severely damaging private and public property and infrastructure. The situation now seems to be improving, although access by international organizations to Aceh is still limited to a few agencies, among them WHO and UNICEF. Measles outbreaks are a growing threat.

In Maluku, an outbreak of violence in Ambon in April 2004 led to the destruction of the UNICEF office. UNICEF staff are now working from a temporary office in Ambon. In North Maluku and West Timor, the situation has improved and peace has held so far.

CORE COUNTRY DATA

Child population (thousands)	78,108
U5 mortality rate (per 1,000)	45
Infant mortality rate (per 1,000)	33
Maternal mortality ratio (per 100,000) (1985–2002)	380
Primary school enrolment ratio	92
Primary school enrolment ratio for girls	92
% U1 fully immunized (DPT3)	75
% population using improved drinking water sources	78
HIV/AIDS prevalence, 15-49 years	0.1
% U5 suffering moderate and severe malnutrition	26

Source: *The State of the World's Children 2004*

Peace-building and child rights in Ambon, Maluku



Esti Maryanti Ipaenim, recipient of 'UNICEF Awards for Indonesian Young Leaders' 2004

Esti Maryanti Ipaenim, a 16-year-old senior secondary school student from Ambon, has been actively promoting child rights in Ambon since 2001. Through an organization that she has chaired since 2003 – called the Children's Parliament – Esti and her friends are active in raising community awareness on child rights.

"If they know what child rights are, I believe that they will know the need to protect children better," said Esti.

"It's really a big task, but I enjoy it. Children's Parliament is a forum where children of both Muslim and Christian communities can meet. This is a good start for moving towards a peaceful Maluku."

Esti Maryanti Ipaenim, aged 16, Ambon.

Social infrastructure, destroyed by the conflict, is being reconstructed or rehabilitated. Nonetheless, there are still many schools and health facilities in post-conflict areas that require repair or reconstruction, lack trained staff and remain without water and sanitation. Many schools still lack basic teaching-learning materials, and the quality of teaching-training is poor.¹ The recovery and rehabilitation of social services is crucial for returning IDPs and conflict-affected families to rebuild their lives. Mechanisms are also needed

¹ UNICEF-supported assessments

to protect children from violence, exploitation and abuse in conflict-affected and post-conflict areas, where children have often been witnesses or victims of violence. The conflict and its aftermath has affected the effectiveness of law enforcement, putting children at increased risk of exploitation, trafficking, involvement in the narcotics trade and other forms of hazardous child labour.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In 2004, UNICEF's emergency and rehabilitation programmes (see regular programme) focused on strengthening local capacities to meet the education, health, child protection and psychosocial needs of children affected by armed conflict. Around 60,000 children in 450 primary schools were provided with essential school supplies and health kits. About 170 schools, representing some 22,000 children, were equipped with water and sanitation facilities and hygiene education.

UNICEF also helped to set up libraries in 50 villages on Ambon island, ensuring that both Muslim and Christian communities received benefits equally, in order to avoid fuelling tensions. In Maluku and North Maluku, UNICEF supported the Government/UNICEF/UNESCO Creating Learning Communities for Children programme, which promotes the active involvement of communities in their children's education. This approach is intended to aid in the recovery and reconciliation process.

In Maluku and North Maluku 30 health centres, serving approximately 400,000 people, were equipped with safe water and sanitation facilities. An extensive multi-indicator survey of children and families in North Maluku was completed. In both Maluku and North Maluku, UNICEF supported training for youth, community members, and government staff on child rights and child protection.

About 100 children throughout Aceh participated in the Aceh Child Forum and a series of five seminars was conducted on child protection in Aceh with key governmental and non-governmental organizations. Support was provided for a model area-based psychosocial project in eight villages in Maluku and UNICEF supported the development, finalization and production of integrated peace education/psychosocial curricula.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF works closely with UN agencies and other humanitarian actors in the country. The main framework for interagency coordination in 2005 will be the UN Development Assistance Framework, the Transitional Strategy Paper and the Humanitarian Advocacy Strategy. UNICEF will continue to participate in regular inter-agency and donor meetings and collaborate with other UN agencies in activities.

Regular programme

UNICEF in Indonesia has a Cooperation Programme (2001-2005) with the Government spanning national, provincial and district level programmes in health, education and child protection, including in emergency regions. It also has the field capacity to deliver, from seven field offices and two sub-offices.

The main focus of UNICEF's humanitarian action component in Indonesia for emergencies and crisis recovery during 2005 will continue to be on meeting humanitarian needs in health, education, and water; protecting and promoting the rights of children; and capacity-building as recovery and rehabilitation strategies. The field offices in Ambon, Ternate and Banda Aceh cover Maluku, North Maluku and Aceh.

Health, water and sanitation (US\$ 950,000)

- Training government health staff: about 2,000 health staff from health centres, clinics and hospitals serving the population in the conflict-affected provinces will be provided with theoretical and practical training in the integrated management of childhood illnesses (IMCI), cold chain management and maintenance for immunisation programmes and maternal and neonatal tetanus elimination; cold chain management training for Aceh will cover all health facilities in that province; training will be provided by provincial health staff working in communicable disease control;
- Providing operational costs for a measles campaign in Aceh, for 120,000 children aged nine months to five years;
- Providing health equipment to Aceh: cold-chain equipment will be provided for 30 health centres affected by the conflict;
- Providing water and sanitation facilities in 15 health centres in West Timor and the Malukus, carried out by health centre staff, called 'sanitarians', through their normal hygiene promotion programme, under the supervision of district health authorities; having water and sanitation facilities will enable them to conduct demonstrations, which they could not do before.

Education and school water and sanitation (US\$ 1,040,000)

Approximately 25,000 displaced children and children affected by conflict, and 900 teachers are expected to benefit through the following key activities:

- Essential education supplies, water and sanitation facilities will be provided to some 150 primary schools in West Timor and the Malukus; this will be implemented by the local education authorities, in close cooperation with the health authorities and local communities, acting through school committees; the improved water and sanitation facilities will be used to further hygiene promotion, practices and revitalize the school health programme;
- Implementing the Creating Learning Communities for Children approach in 32 schools (West Timor and the Malukus) and capacity-building of the local government to be able to take over the programme and expand it further;
- Training for 250 teachers in an integrated psychosocial/peace education curriculum in West Timor and the Malukus, to promote values of basic human rights, tolerance, understanding and trust and apply these to their class-trainers, previously trained by the Distance Learning Training Centre in Bandung, with UNICEF support, will conduct the training;
- Implementation of the Community Resilience Initiative, which develops local coping strategies using participatory approaches; this Initiative is based on successful experience supported by UNICEF elsewhere in Indonesia; the district authorities and NGOs will implement this with facilitation by UNICEF staff;
- Peace-building training for 20 facilitators, and peace-building activities for elementary, junior and senior high school students in Maluku, will be conducted in a learning centre for peace education; the project will provide the training, the cost of the facilitators and the books, while local partners will provide the building and furniture.

Child protection (US\$ 340,000)

Some 20,000 of the most vulnerable children affected by armed conflict will be supported through the following key activities:

- Institutional strengthening for child protection, including a rapid assessment of child protection needs in post-conflict communities and training of 30 members of the Child Protection Body In West Timor, and supporting this network by conducting child protection advocacy activities;
- Establishment of child protection networks in the Malukus through technical and financial assistance and training 60 members of these networks to monitor, report and advocate on child protection;
- Training on prevention of child abuse for 180 educators and government staff in the Malukus and West Timor;
- Advocacy and training to support the enforcement of laws relevant for child protection: training of 120 law enforcers (police, prosecutors, lawyers, judges) in the Malukus, Aceh and West Timor;

- Community-based psychosocial activities to benefit eight communities in Maluku, including training of counsellors, community members and youth and governmental staff on psychosocial support;
- Community-based child protection activities in Aceh will be supported through training of 60 religious teachers and 30 religious preachers from the six most conflict-affected districts, to enable them to conduct child protection activities; plus training of 30 counsellors in these same communities;
- Involving the government and military in promoting child protection issues in Aceh: through training of 80 governmental, civil and military authorities and two planning workshops, with social affairs and health authorities on care for separated and abused children;
- Support to the monitoring and reporting of child protection issues in Aceh by governmental and non-governmental organizations, by providing technical guidance and financial assistance;
- Psychosocial support training for 150 education, health and social department staff in Aceh.

Emergency preparedness and response (US\$ 220,000)

Indonesia is also prone to natural disasters. Some 900 key staff from district disaster management teams and local communities will benefit from the following:

- Emergency Preparedness and Response Training for the district disaster management teams in UNICEF-assisted districts in East Java, West Java, South Sulawesi, Banten, Papua, West Timor and the Malukus; training will be conducted by national and provincial trainers who have been trained by UNICEF in previous projects;
- Technical training for management of specific disasters (earthquake, fire, etc.) at the district level by experts from universities and the Indonesian Red Cross.

Community resilience (US\$ 100,000)

- Bolstering indigenous capacities for peace and conflict resolution in areas at risk of violence and conflict, through support to community-based assessments and the participatory development and implementation of local programmes that enhance coping strategies; this includes ongoing support for the implementation of community resilience projects in Maluku, Central Java (Solo), and expanding these strategies to South Sulawesi;
- Support natural disaster preparedness among communities through education and awareness-raising activities.

EAST ASIA AND THE PACIFIC REGIONAL OFFICE (EAPRO)

Regional Office financial needs for 2005	
Sector	US\$
Emergency preparedness and disaster mitigation	700,000
Regional psychosocial training, network and interventions	200,000
Adolescent development support in post conflict countries	300,000
Capacity-building for disarmament, demobilization and reintegration (DDR) process of child soldiers	300,000
Advocacy and support for refugees and displaced children	300,000
EAPRO programme support	200,000
Total *	2,000,000

* 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.

Role

The UNICEF East Asia and the Pacific Regional Office (EAPRO) key role in regional humanitarian action includes: 1) coordination with other regional agencies in emergency preparedness and response strategies; 2) promotion of an inter-agency approach to disaster management in each country using a long-term perspective; 3) provision of technical support to UNICEF country offices in preparing and responding to natural disasters and conflicts; 4) enhancement of a regional knowledge base on the situation of children affected by armed conflict, especially adolescents in post-conflict context; 5) regional advocacy to support country-level advocacy on sensitive issues such as child soldiers; 6) facilitation of inter-country collaboration, information exchange and strategy development in relation to refugees; and 7) capacity-building of UNICEF staff and partners in promoting child rights, emergency preparedness, child protection and humanitarian principles.

Focus

EAPRO will focus on four main areas of humanitarian action in 2005: capacity-building, partnership-building, advocacy, and knowledge management in the area of natural disasters and conflicts. This will be supported by strengthening strategies to mainstream emergencies into long-term programming, network with regional partners and technical support. This will be partially achieved through ongoing support from the Australian Agency for International Development (AusAID) and the UK Department for International Development (DfID), as well as from a new global partnership with ECHO, but additional support is required for the following:

Emergency preparedness and disaster mitigation (US\$ 700,000)

- Operationalization of the emergency preparedness and response planning (EPRP) in country offices with high risk of large-scale emergencies in 2005. This includes pre-positioning emergency supplies especially in countries with huge logistical constraints, such as Papua New Guinea.
- Technical support to review and update country EPRPs; document and share lessons learned from past emergency responses.
- Support disaster mitigation efforts in countries with recurrent natural disasters with more emphasis on community-awareness campaigns, education, risks and vulnerability analysis.
- Training of UNICEF country office staff and partners on emergency preparedness and response, with emphasis on rapid assessment using sphere standards and monitoring.
- Technical support to strategies for mainstreaming emergencies into country programmes, and to UN Common Country Assessments (CCA) and the UN Development Assistance Framework (UNDAF).

- Capacity- and partnership-building with regional agencies, especially WHO, the Asian Disaster Preparedness Centre (DPC), OCHA Kobe and the Association of South-East Asian Nations (ASEAN) Committee on Disaster Management (CDM), for a coordinated and comprehensive approach in emergency preparedness and disaster mitigation with all ASEAN member governments.

Regional psychosocial training, network and interventions (US\$ 200,000)

- Publication and promotion of emergency psychosocial training modules, resource kits and psychosocial rapid assessment guidelines jointly developed with the Regional Emergency Psychosocial Support Network.
- Regional and subregional training on 'community-based psychosocial interventions in emergencies' using the training modules and resource kit.
- Support the Regional Emergency Psychosocial Support Network to conduct psychosocial rapid assessment in disaster-stricken countries.

Adolescent development support in post conflict countries (US\$ 300,000)

- Support peer-assessment on the situation of adolescents in post-conflict countries using empowerment as a strategy for data collection methodology and produce assessment reports.
- Organize a regional workshop on 'adolescents in post-conflict countries' based on the peer-assessment reports and further develop a regional collaborative network and partnership in working on adolescents in post-conflict countries.

Capacity-building for disarmament, demobilization and reintegration process of child soldiers (US\$ 300,000)

- Support implementation of action plans for disarmament, demobilization and reintegration (DDR) of child soldiers in Indonesia, Myanmar, the Philippines and Thailand, working closely with key governments and NGOs, including the Coalition to Stop the Use of Child Soldiers.
- Organize a regional DDR workshop to review progress on national plans of action and develop strategies for accelerating the DDR process.
- Organize exchange visits to promote the DDR process, including lessons learned and good practices.

Advocacy and support for refugees and displaced children (US\$ 300,000)

- Publication and launch of the regional analysis report *Children Caught in Conflict* covering the situations in the Philippines, Thailand-Myanmar border and Indonesia.
- Organize, with the Save the Children Alliance and UNHCR, regional and subregional sensitization workshops and training on 'Action for the Rights of Children' for government and NGO partners with special attention to advocacy for the ratification of the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict.
- Support regional and country advocacy for the Optional Protocol to the CRC and other international legal instruments for child protection in conflict and post-conflict situations.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

Regional coordination and partnership

Throughout the year, UNICEF EAPRO closely collaborated with regional partners on increased coordination and information sharing with region-specific strategies in disaster management. Key partners were: WHO

Western Pacific Regional Office, Asian Development Bank, Asian Disaster Preparedness Centre, Asian Disaster Reduction Centre, UN-OCHA Kobe, ASEAN CDM, Institute for Disaster Risk Management and UNDP Regional Office in Bangkok. EAPRO actively participated in the regional forum on disaster risk management and was co-sponsoring an ASEAN regional workshop on emergency community services with ASEAN CDM in Hanoi, Viet Nam, in November.

For children affected by armed conflict, EAPRO has forged a good partnership with the South-East Asia Regional Office of the Coalition to Stop the Use of Child Soldiers in Manila, Philippines, which included holding a joint workshop on Disarmament, Demobilization, Reintegration and Rehabilitation of Child Soldiers in Bangkok in March.

Through research on 'children caught in conflict', a major partnership was built with the Asian Research Centre for Migration at Chulalongkorn University in Thailand, the Centre for Population and Policy Studies at Gadjah Mada University, Indonesia, and the Psychosocial Trauma and Human Rights Programme at the University of Philippines, which is also the key partner in the regional psychosocial support network for emergencies.

Emergency preparedness and response

During 2004, EAPRO provided technical support and advice to improve emergency preparedness in country offices as well as to develop humanitarian strategies and responses for children and women affected by armed conflicts and natural disasters. For countries affected by armed conflict, EAPRO helped country offices to strengthen advocacy strategies, responses and policies through technical missions and regional workshops with various government and NGO partners – with funding support from the Australian Agency for International Development (AusAID) and the UK Department for International Development (DfID).

An additional five country offices (DPR Korea, Indonesia, Laos, Malaysia and Timor Leste) have new Emergency Preparedness and Response Plans (EPRPs): 13 of the region's 14 country offices now have EPRPs in place.

Understanding the impact of conflict on children

Since 2002, EAPRO has been closely working with three universities to collect information and data on children in conflict-affected areas of Indonesia, the Philippines and the Thailand-Myanmar border region. The research is being regarded as the regional pioneer in data collection in conflict-affected areas, using children's participation to increase knowledge and understanding of the issues they face. This approach will help UNICEF in identifying and developing appropriate programme strategies and policies. The regional analysis report should be published early in 2005.

Responding to children's psychosocial needs

The Psychosocial Trauma and Human Rights Programme of the University of the Philippines, supported by EAPRO, continued to be the focal point for the development of the regional network on psychosocial response and support in emergencies. This Regional Emergency Psychosocial Support Network aims to enhance capacities of practitioners and organizations to provide effective psychosocial care to children and their families in emergencies.

Disarmament, demobilization, reintegration and rehabilitation of child soldiers

The March workshop with the South East Asia Coalition to Stop the Use of Child Soldiers was the first discussion in the East Asia and the Pacific on the disarmament, demobilization, reintegration and rehabilitation (DDRR) of children involved in armed conflict. Most of the 60 participants had relatively little DDRR experience but the workshop focused attention on the situation of child soldiers in Indonesia, Myanmar and the Philippines. There are positive signs that some countries have taken the first steps towards DDRR programmes: new work has been carried out in all nine 'refugee' camps along the

Thailand-Myanmar border which will ensure protective environments for children; in the Philippines, the Government, with UNICEF support, has reactivated its Inter-Agency Committee for Children Involved in Armed Conflict and drafted a plan of action.

EAPRO has provided technical assistance and support to UNICEF country offices in countries known to have children associated with armed forces. In line with UN Security Council resolutions, UNICEF seeks to increase its ability to monitor and report rights violations of children in armed conflict.

Mine action

EAPRO worked closely with country offices in Thailand and Indonesia to respond to the scourge of landmines and their impact on children and civilians. With regional funding, two mine risk education projects were implemented by NGOs, along the Thailand/Myanmar borders and in Cambodia, targeting teachers and children in schools. In Indonesia, UNICEF participated in, and supported, an advocacy group including the Red Cross, Jesuit Refugee Service and a national NGO to design an advocacy campaign to convince the Government of Indonesia to ratify the Ottawa Treaty. In Cambodia and Laos, UNICEF remained committed to long-standing mine awareness programmes. In Viet Nam, UNICEF developed UXO and landmine risk education programmes and carried out a survey with the Government to gather information on UXO-affected areas.

EASTERN AND SOUTHERN AFRICA

ESARO REGION (EASTERN & SOUTHERN AFRICA REGION)



CRITICAL ISSUES FOR CHILDREN AND WOMEN

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 to the realization of women and children's rights. The last year has been no exception, although some positive developments have occurred, principally in Angola, Burundi, Somalia and Southern Sudan. However, a number of countries continue to require appeals: Burundi, Ethiopia, Eritrea, Somalia and Uganda.

Children living in unstable environments continue to be one of the special protection priorities in the region in 2004. There are ongoing conflicts in Uganda and the Democratic Republic of the Congo (although not part of East and Southern Africa Region, the conflict in eastern DRC has a direct impact on other countries in the region). There are post-conflict situations that continue to require support in many areas, including the needs of former child soldiers, and separated children. There are also critical opportunities for improving the situation of children through ongoing peace processes in Burundi, Somalia and Sudan. Armed conflict negatively impacts on the rights of children in complex and interrelated ways. Children are directly involved in conflict either as soldiers (in Burundi and Uganda) or when targeted as civilians.

Abuse, exploitation and violence against women and children is regularly used as a weapon of war in the region. This is well documented in Angola, Burundi, Sudan and Uganda. These acts are a direct violation of the human rights of women and children, and are also a violation of international humanitarian law.

Children are the most vulnerable group in terms of being caught in cross fire and being exposed to the effects of landmines and unexploded ordinance. Millions of children have had to flee their homes, often becoming internally displaced persons (IDPs) or refugees. The peace processes in Burundi, Somalia and Sudan will precipitate, we hope, the return of IDPs and refugees to their communities. As in all massive population movements, children remain vulnerable and require particular attention and protection.

The very high rates of HIV/AIDS in Eastern and Southern Africa further threaten their existence. The main mechanisms for addressing the pandemic – public health care, schools and awareness-raising through the mass media – are weak or non-existent in communities affected by conflict. New and innovative ideas are required to address the HIV/AIDS pandemic in all communities, especially those in conflict-affected areas. Sexual and gender-based violence is also directly contributing to the spread of HIV/AIDS.

In the Great Lakes region, for example, displacement, separation, poverty and a lack of protection for the most vulnerable members of society are among the factors contributing to the incidence of sexual violence. The implications for survivors are extremely serious and include the spread of HIV/AIDS and other sexually transmitted infections, unwanted pregnancy, severe (and sometimes fatal) injury and psychological harm. Organizations, including UNICEF, have scaled up their programmes, but the problem remains tremendous.

The remainder of this section contains country appeals for Angola, Burundi, Eritrea, Ethiopia, Lesotho, Malawi, Mozambique, Somalia, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe, and then summarizes regional support planned for humanitarian actions in 2005 and support activities undertaken in 2004.

UNICEF HUMANITARIAN ACTION

ANGOLA

IN 2005



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 2005

Sector	US\$
Health and nutrition	6,550,000
Water and environmental sanitation	4,400,000
Education	12,500,000
Child protection	2,100,000
HIV/AIDS and youth *	1,500,000
Total **	27,050,000

* Stated HIV funding needs do not reflect the full allocation, as HIV programming will link into other programme interventions in order to achieve the highest outreach at the lowest cost.

** 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 AND WOMEN

The 27-year civil war, which ended in 2002, led to the internal displacement of over 4 million persons, the majority of whom were children and women. Over 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.

While Angola has the potential to use its significant and rising oil earnings to support reconstruction efforts, the external debt burden is a constraining factor. The Government is presently in negotiations with the International Monetary Fund and the World Bank to increase external funding. A draft poverty reduction strategy paper (PRSP) has been recently released and discussions are under way about the possibility of holding a Donors' Conference. While in the 2004 budget the Government increased its overall allocation for the social sectors, with the health and education sectors being allocated around 6 and 10 per cent respectively, these levels continue to fall short of the averages of Southern African Development Community countries.

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 children less than five years old 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. Malaria is the largest single cause of child mortality. In 2001, only 2 per cent of children under five years of age were using insecticide-treated mosquito nets.

The 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. Major progress has been made through national campaigns towards polio eradication and measles control, and efforts are being made to strengthen routine immunization services. Diarrhoea-related morbidity and mortality are due largely to inadequate access to safe water and sanitation services, particularly in rural areas, where some 50 per cent of households lack access to safe drinking water and 75 per cent do not use sanitary means of excreta disposal. Poor hygiene conditions and lack of access to health services also contribute to the elevated maternal mortality ratio – 1,700 per 100,000 live births – one of the highest in the world.

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. Extremely limited knowledge of, and attitudes towards, HIV/AIDS are of great concern: for example, one out of three women aged 15 to 49 years has never heard of HIV/AIDS and only around 1 in 12 has adequate knowledge about how the disease is transmitted and prevented.

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. In 2002, the gross enrolment rate was 71.5 per cent (60.6 per cent for girls and 82.3 per cent for boys) while the net enrolment rate was 49.1 per cent (41.3 per cent for girls and 56.8 per cent for boys). Girls also have higher drop-out and lower completion rates. Gender disparity regarding literacy is significant, with only 54 per cent of women over 15 years old literate, compared with 82 per cent of men. The country faces the

CORE COUNTRY DATA

Child population (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 (DPT3)	47
% of population using improved drinking water sources*	50
HIV/AIDS prevalence	5.5
% U5 suffering moderate and severe malnutrition	31

Source: *The State of the World's Children 2004*

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

challenge of increasing the number of children in primary school from an estimated 1.5 million in 2000 to 5 million by 2015 in order to achieve the national goal of universal primary education.

Children learn hygiene outside



Under the hot Luandan sky, children prove that the best classroom is one with a teacher. UNICEF-trained animator (teacher) Augusto Carlos talks to his students about sanitation and hygiene. These classes start very simply by showing children the need to wash their hands, but then develop to give the children ideas about how to maintain good sanitation in their own difficult (and often contaminated) environments. Carlos says of the students: *"They just come in each day with so much energy to learn. I know there are thousands more like them in the streets who need this opportunity, but I am just very glad to be making a difference with these children."*

An estimated 1 million children died during the years of conflict, which took a heavy toll on the psychosocial well-being of many children. At present approximately 43,000 children remain separated from their families. 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. Making matters worse is the fact that only 30 per cent of children are registered at birth.

Some 30 per cent of children five 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. Strategies and programmes to address the situation of children in conflict with the law are only beginning. 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 2004

The Government and UNICEF, working closely with other partners, provided key and timely life-saving support in situations of acute critical need. In response to a number of nutrition crises, UNICEF contributed to an intensive effort to train health workers and supply therapeutic and supplementary feeding centres. As a result of such efforts, a number of emergencies were brought under control. Conditions stabilized in all areas where UNICEF and other organizations had uninterrupted access.

The 2004 one-year country programme has supported efforts leading from emergency to transition, while promoting greater national ownership of programmes. In the health sector, two polio campaigns for more than 5 million children were conducted, along with vitamin supplementation. An integrated package of services – immunization, vitamin supplementation, deworming and malaria information – was disseminated in a targeted campaign in 59 municipalities in November. These municipal days are an expanded effort to bridge interventions in campaign and routine services by increasing health outreach services. UNICEF has also supported initiatives to build the capacity of the Government to progressively take over the management of therapeutic and supplementary feeding for children. These initiatives, which include development of national nutrition protocols and the training of health workers, have also progressed well and constitute an entry point for more comprehensive nutrition programmes.

The finalization of a national HIV/AIDS strategy (supported by UNICEF and a number of other partners) is a significant achievement, and activities are now under way to implement the plan at subnational levels. Nevertheless, more concerted action both in terms of prevention and treatment is needed, as the population continues to be at great risk. The country programme helped to establish youth-led programmes for HIV/AIDS prevention, which have reached more than 160,000 young people over the

past year. However, progress has been far more limited in expanding programmes for the prevention of mother-to-child transmission, as well as voluntary testing and counselling.

The 2003 Back-to-School campaigns led to a large increase in enrolment in 2004 – nearly 1 million children. These campaigns led to the Government's decision to recruit an additional 29,000 primary school teachers countrywide. Two training sessions were then conducted to improve the quality of these teachers. A project to address the educational needs of out-of-school youth was also established and has reached almost 90,000 adolescents.

A number of lessons learned will inform 2005 programming.

Firstly, more sectoral integration is needed. Although efforts focused less on short-term humanitarian assistance and more on longer-term rebuilding, interventions remained overly vertical. Secondly, experiences with community capacity development remained limited, with the exception of collaboration with the Child Pastorate in primary health care, community-based back-to-school campaigns and village-level water and sanitation and hygiene interventions. Programme communication and social mobilization activities were not firmly anchored within communities, and greater efforts are needed to understand community dynamics and strengthen community ownership of programmes. A third lesson is that fostering national ownership of programmes from the beginning helped to initiate processes and campaigns to address child protection issues, rebuild health services and revitalize basic education. Assisting in this effort was an extremely close working relationship between the Government and UNICEF and an appropriate mix of advocacy, capacity-building and service delivery. Finally, integrating emergency interventions into existing programmes, rather than creating separate and parallel structures, helped the programme to respond to numerous situations of acute need.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

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

Regular programme

The UNICEF Programme of Cooperation 2005-08 has been developed and will contribute to the following key results by 2008: (a) reduce under-five mortality by 50 per cent; (b) reduce severe/moderate malnutrition among under-five children by 30 per cent; (c) reduce maternal mortality by 30 per cent; (d) a 75 per cent net primary school enrolment rate; (e) maintain the HIV/AIDS sero-prevalence rate below 10 per cent and provide support and care for those affected by HIV/AIDS; and (g) strengthen national capacities for protection of the rights of children, including those at risk.

UNICEF will support national and subnational level capacity-building for improved planning, technical, managerial, monitoring and evaluation skills as well as capacity development to improve national-led service delivery and promotion of behaviour change within early childhood development, education and reaching youth. Emergency preparedness and response has been fully integrated into regular programme activities.

Health and nutrition (US\$ 6,550,000)

Subject to receiving the required funds, some 5 million children under five, 520,000 pregnant and lactating women and 3.9 million women of childbearing age will benefit from the following key activities:

- Vaccinate 5 million children under five years of age against polio and reach at least 3.5 million under-one-year-olds with DPT and measles through increased outreach services;
- Vaccinate 520,000 pregnant and lactating women against tetanus;
- Provide training in immunization techniques to EPI staff;
- Restore vaccine cold-chain storage capacity in 59 municipalities;
- Procure and distribute 1,350 essential drugs kits to support 1.3 million consultations, Albendazol 400 mg for deworming in children up to 14 years of age and ORS for oral rehydration therapy, and provide training to health workers on proper use;
- Provide 750,000 long-lasting insecticide-treated nets to protect pregnant and lactating mothers and children under five;
- Provide clean delivery kits to cover at least 100,000 deliveries;
- Provide two rounds of vitamin A supplementation to 5 million children through increased outreach health services;
- Train 1,600 community health workers on the Integrated Management of Child Illness (IMCI) initiative at household and community levels;
- Ensure that 95 per cent of households use iodized salt through law reform and enforcement to ensure imported salt is iodized, and support national producers through training and provision of basic equipment in Zaire, Bengo and Kwanza Sul salt mines;
- Provide ferrous sulphate and folic acid to 85 per cent of the country's maternity clinics;
- Provide basic drugs and therapeutic and supplementary food for the treatment of 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;
- Establish 167 voluntary counselling and testing centres (at least one in each municipality) using existing health structures and outreach services; produce and disseminate clinic-based and community-based information materials;
- Provide a package of micronutrient supplementation to children, youth and women of childbearing age; micronutrient supplementation is shown to reduce the progress of HIV as well as improving overall health and thus Voluntary Counselling and Testing (VCT) centres will help target an approach to HIV-positive individuals as well as support pregnant women; Angola already has a system that can reach every household, thus this mechanism, as well as routine outreach services, will be utilised;
- Support development of printed, radio and television materials to increase prevention awareness and advocate for stigma/discrimination reduction through a nationwide mass media campaign;
- Support the National HIV/AIDS Programme in the creation of protocols and guidelines for Sexually Transmitted Infections (STIs), Voluntary Counselling and Testing, Prevention of Mother-to-Child Transmission (PMTCT) and breastfeeding; conduct training of trainers for the Ministry of Health and partner staff on each set of guidelines;
- Advocate for provision through the existing health network of antiretroviral treatment for HIV-positive individuals; support provision of drugs for PMTCT;
- Monitor implementation with partners through joint visits and quality and coverage surveys for vaccination;
- Strengthen the national nutritional surveillance system.

Water and environmental sanitation (US\$ 4,400,000)

Subject to receiving the required funds, some 2.5 million children (through hygiene promotion) and 400,000 adults and 115,000 schoolchildren (through provision of safe water and adequate sanitation facilities) will benefit from the following key activities:

- Provide water and sanitation facilities in 375 schools;
- Construct or rehabilitate 10 small piped water supply systems to provide safe drinking water to 100,000 people;
- Construct or rehabilitate 300 wells and boreholes and install handpumps to provide safe drinking water to 300,000 people;
- Promote the auto-construction of 1,800 family latrines to provide sanitary means of excreta disposal;
- Promote hygiene education and hygiene awareness programmes in 9,000 schools and 1,500 local communities to complement existing water and sanitation services;
- Support operation and maintenance of existing and constructed water supply systems.

Education (US\$ 12,500,000)

Subject to receiving the required funds, some 2.7 million children, 78,000 teachers, 1,000 trainers, 18 national pedagogical supervisors and 600 national/subnational officials, 150,000 out-of-school adolescents, 7,500 animators and 1,500 communities will benefit from the following key activities:

- Develop institutional capacity, improved sector coordination mechanisms, and education management information system (including rapid school mapping exercise) for improved programme planning, management and monitoring;
- Conduct training for 6,000 school directors and 1,000 trainers as well as 18 national pedagogical supervisors and 600 national, provincial and municipal education officials to improve education planning and quality of teaching;
- Provide pre-schooling facilities and materials for an additional 600,000 children (aged 1-4 years) and train 24,000 pre-school educators;
- Establish 1,500 community-constructed schools, including water and sanitation facilities and basic teaching learning materials;
- Provide teaching materials (primarily of life skills such as HIV, mine risks, hygiene and health education) for 27,000 classrooms;
- Establish community-based learning for 150,000 out-of-school adolescents;
- Establish, train and provide teaching materials to 7,500 community-based animators for adolescent learning;
- Provide life skills training for 78,000 teachers over a period of four years;
- Launch a media and mobilization campaign to raise the awareness of the population on the importance of education for girls and encouraging community leaders and families to send their children to school, particularly girls;
- Utilize the formal and informal schooling network to reach children and adolescents with life skills information on HIV, mine risks, hygiene and health education, as well as promoting the social, economic and health benefits of girls' education.

Protection (US\$ 2,100,000)

Subject to receiving the required funds, some 2.3 million children in primary school, 4 million people in communities through mine risk education (MRE), 21,500 children in need of special assistance (ex-child soldiers, separated children, street children, children in conflict with the law) and 1 million infants requiring birth registration are targeted through the following key activities:

- Strengthen juvenile justice by exploring alternatives to the detention and institutionalization of children;
- Develop and implement a national policy on HIV, based on the principles of the existing policy for separated children, as well as related plans of action for orphans and vulnerable children. Improve legislation related to the protection of orphans and vulnerable children (OVCs), especially in the context of the Regularization of the Social Assistance Law;
- Ensure access for orphans and other children made vulnerable by HIV/AIDS to essential services;
- Produce and disseminate 19,500 MRE teachers' guides and 480,000 pupil guidebooks;
- Provide capacity support to the national Government body for mine action in training on MRE through the development of a national and 18 provincial plans of action, based on the findings from the 18 provincial landmine impact surveys being conducted throughout 2005;
- Provide mine risk education to all target areas and populations (outlined by the provincial land mine impact surveys) in at least five provinces in 2005 – approximately 4 million people;
- Provide the Ministry of Social Assistance and Reintegration, NGOs, churches and other civil society organizations with technical, material and financial support to assist in the reunification and reintegration of 10,000 separated children and 1,500 street children;
- 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 training and orientation to existing church networks, community leaders and community-based organizations in 18 provinces to assist in the development of community-based networks supporting long-term reintegration and support of OVCs, through the creation of child-friendly spaces;
- Support small-scale youth reintegration opportunities and encourage communities to take initiatives for psychosocial support of reunited families, orphans and other vulnerable children;

- Provide material, technical and financial support to the Ministry of Justice for birth registration aimed at registering at least 1 million children. Provide assistance for permanent establishment of birth registration at municipal and community levels.

HIV/AIDS and youth (US\$ 1,500,000)

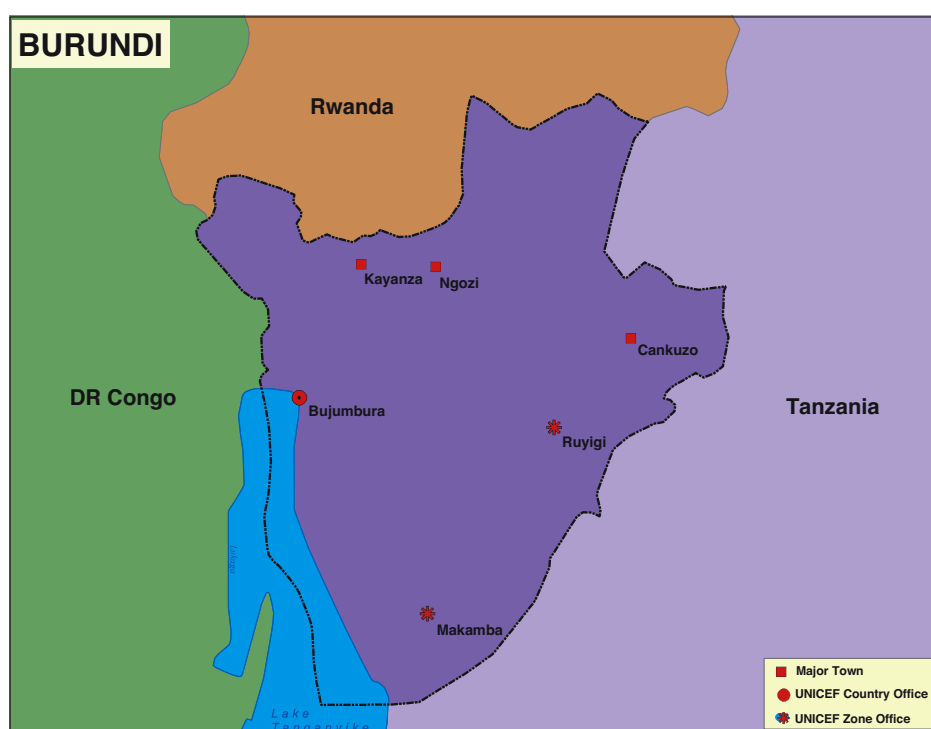
Activities for HIV information dissemination and youth outreach services are set out below. (HIV interventions integrated into the programme activities and budgets have been outlined under Health, above.) Overall, some 700,000 children in school, 150,000 out-of-school youth, beneficiaries of 167 Voluntary Counselling and Testing centres and recipients of HIV prevention and stigma reduction communication campaigns are targeted through the above sectoral interventions and the following key activities (subject to receiving the required funds):

- Conduct situation analyses on the impact of HIV-AIDS on children;
- Establish HIV youth clubs for 150,000 children aged 9 to 16 years;
- Reach 700,000 children aged 9 to 16 years with HIV information;
- Support the development of printed, radio and television materials to increase prevention awareness and advocate for stigma/discrimination reduction through a nationwide mass media campaign;
- Advocate for resource commitments by the Government to scale up the responses on behalf of orphans, vulnerable children and youth.

UNICEF HUMANITARIAN ACTION

BURUNDI

IN 2005



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 2005

Sector	US\$
Health and nutrition	12,945,124
Water and environmental sanitation	2,254,000
Education	2,607,100
Emergency relief and response	1,080,149
Multiple (Mine Risk Education)	571,650
Child protection (including sexual and gender-based violence)	1,424,136
Total *	20,882,159

* 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 AND WOMEN

Political conflict and civil war in Burundi for more than a decade have gravely worsened the well-being and livelihood of children and women throughout the country. Approximately 20 per cent of children die before the age of five, primarily because of malaria, diarrhoea, pneumonia, malnutrition and HIV/AIDS, according to the Ministry of Health. The causes of these diseases are often related to extremely poor environment conditions, poor hygiene practices and limited access to potable water.

Maternal mortality remains excessively high with current fatalities estimated at 1,000 per 100,000 live births. Approximately 80 per cent of deliveries take place at home without the assistance of trained professionals, while fertility rates remains at a high 6.8 per cent. Despite the improvement of acute malnutrition, the rate of chronic malnutrition remains high (56.8 per cent). In addition the prevalence of anaemia among children under five is 56 per cent and among pregnant women 47 per cent.

The education system has been particularly affected by the war with educational attendance levels at their lowest since the country gained independence in 1962. The net school enrolment rate is 56 per cent. There are important gender disparities in school enrolment: 50 per cent of girls have access to primary school compared to 63 per cent of boys. Shortages of classrooms and teachers lead to a pupil-teacher ratio of 80, with some classrooms hosting 100 students per shift. Moreover only 30 per cent of students who complete primary school continue their secondary education.

The conflict in Burundi has led to serious violations of child rights, including: the recruitment of an estimated 7,000 children into militias; rape; child prostitution; exploitation of the estimated 654,500 working children on plantations, on construction sites and in mines; the orphaning of 620,000 children; exposure to landmines; sexual and gender-based violence. Following the recent ceasefire agreement and the positive moves towards peace, refugees and internally displaced persons (IDPs) have returned to their communities through

CORE COUNTRY DATA

Child population (millions, under 18 years)	3.6
U5 mortality rate	190
Infant mortality rate	114
Maternal mortality ratio (2000)	1,000
Primary school enrolment ratio (net, male/female, 2003)	63/50
Primary school enrolment ratio for girls	50
% U1 fully immunized (DPT3)	74
% population using improved drinking water sources	78
HIV/AIDS prevalence (15-49 years end 2001)	3.6
% U5 suffering moderate and severe malnutrition	45

Source: *The State of the World's Children 2004*

"I can survive thanks to my brother"



Photo: UNICEF/
Sara Johansson

Gervais (to the right) with his friends at the official launch of the Back-to-School Campaign on 14 October 2004

"I live in Nyabitare with my brother. We used to be 11 at home including my parents. Now we are only two. All died due to sickness. I can survive thanks to my brother. He is a farmer. The State pays my studies. Besides studying, I cultivate to earn some money and help my brother. I work every Saturday. I also work for other farmers in exchange of money. Otherwise, I cultivate for myself to have something to eat. Following the advice of our neighbour, I have not joined the army or the rebellion groups like the other children of my age. I would like to be a teacher, so that I can teach others. My wish in life would be to finish my studies and find a job to help my brother."

Gervais has just started the fifth grade in primary school. He and his brother never fled to Tanzania, but were frequently displaced by combats during the crisis. Gervais is one of the children who will receive school materials during the official launch of the Back-to-School campaign in Nyabitare primary school (Ruyigi province).

the year 2004: 84,176 Burundian refugees returned from Tanzania in the period January-September; in April-May 2004, approximately 137,000 IDPs had already returned home or were on the move. The year 2004, has also been marked by the sudden influx of approximately 25,000-28,000 refugees following the crisis in the DRC region of South Kivu. Additionally, the province of Bujumbura Rural, still affected by armed conflict, shows the highest levels of displacement with 56 per cent of its population suffering either temporary or long-term displacement. Recurrent waves of displacement are putting an extra burden on already insufficient basic social services such as health centres and schools. Women coming back or living alone with their children are especially vulnerable as they have no means of income and generally need to work very hard to survive.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Burundian population affected by the war. It has mainly focused on the priority areas of health and nutrition, water and sanitation, education, HIV/AIDS and youth, child protection and communication. Emergency planning and response is mainstreamed in all programmes and reinforced by an emergency unit. Intervention in these areas has been facilitated by the progressive stabilization of security conditions and expanded access to most part of Burundian territory with the exception of Bujumbura Rural. However, the situation in Burundi remains fragile: the gains in security and stability have been exposed to constant risk of instability, increased banditry and abundance of weapons.

In the area of health and nutrition, routine vaccination and treatment of malaria have been improved through increased technical and supply assistance to the Ministry of Health. Some 672,557 persons were vaccinated against meningitis in a major vaccination campaign in July-August 2004. In March 2004, 2,659 people were treated in Therapeutic Nutrition Centres and 34,629 people were treated in supplementary Nutrition Centres (in comparison to the numbers in January which were 3,341 and 27,257 respectively). UNICEF is supporting these centres with therapeutic products and technical support. UNICEF continued to support the introduction of the new malaria treatment through treatment doses and social mobilization. Since January 2004, non-food items (blankets, clothes, cooking sets) or high protein biscuits were provided to more than 75,000 extremely vulnerable women and children displaced by the ongoing conflict in Bujumbura Rural. Efforts continued to halt and diminish new cases of HIV/AIDS through more than 1,500 HIV/AIDS youth animators in seven provinces and the establishment of youth centres.

In the education area, UNICEF is currently launching a 'Back-to-School' campaign which targets approximately 440,000 children with basic school materials. In addition more than 100 classrooms are being rehabilitated and school materials for 439,285 children, along with 450,787 manuals for children and teachers, 21,971 school benches, 9,000 tables for teachers, 1,892 blackboards and 34,670 uniforms for the most vulnerable children. UNICEF is also ensuring that sanitation systems, hygiene education and water are put into schools.

For child protection, significant results were achieved: child protection structures were established within two Government departments and among numerous NGOs for several key activities relating to CRC reporting, mine risk education, family reunification of separated children, and child soldiers.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

Joint planning takes place with the Government, UN Agencies (WHO, WFP, FAO, UNHCR, UNFPA, UNESCO, OCHA) and other partners including media and civil society. Decentralized programming implementation takes place with local authorities, NGOs and Community-Based Organizations.

Regular programme

The Country Programme of Cooperation for 2005-2007 consists of six programmes, including education, health and nutrition, HIV/AIDS and youth protection, water and environmental sanitation and communication. Emergency preparedness and response is integrated in all programmes. Policy development and central Government capacity reinforcement take place at national level. All other aspects of programme implementation focus on nine provinces where most of the returnees and internally displaced population are settling down in addition to Bujumbura Rural where the conflict continues.

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.

Health and nutrition (US\$ 12,945,124)

- Provide essential drugs to 100 health centres in most affected areas for the treatment of 115,000 cases of common diseases per month;
- Support immunization in 450 health centres by organizing training for 1,000 health workers, by supporting mobile vaccination teams and improving social mobilization; provide new refrigerators and spare parts to improve the cold chain in 133 health centres;
- Ensure that pregnant women have access to quality emergency obstetric care in nine provinces;
- Ensure rehabilitation of severe and moderate cases of malnutrition (for 2,500 severely and 30,500 moderately malnourished children); continue the integration of nutrition activities within the national health system and reinforce the nutrition surveillance system;
- Facilitate prevention of mother-to-child transmission of HIV in emergency areas;
- Ensure that 50 per cent of pregnant women and children sleep under long-lasting insecticidal nets (LLINs) with the distribution of 150,000 insecticide-treated mosquito nets and promote their correct use.

Water and environmental sanitation (US\$ 2,254,000)

Around 150,000 people, including those affected by the crisis and 15,000 primary school pupils, will be reached through the following key activities:

- Reconstruction and rehabilitation of water and sanitation systems, particularly for primary schools and health centres;
- Education and sensitization in hygiene and basic sanitation (promotion of self-construction of improved family latrines);
- Strengthening community capacity structures looking after sensitization in hygiene and maintenance and management of infrastructures.

Up to 50,000 displaced or repatriated people, local residents and victims of epidemics or eventual natural disasters will have access to water and sanitation systems through the following activities:

- Pre-positioning emergency response for affected population;
- Water distribution and establishment of temporary sanitary facilities;
- Sensitization in hygiene and basic sanitation;
- Provision of 'first necessity' tool kits, improving hygiene practices;
- Coordination of interventions in this sector during emergency operations.

Education (US\$ 2,607,100)

A total of 300,000 children and youths of school age, particularly those affected by the crisis, will benefit through the following key activities:

- Construction or rehabilitation of 150 temporary classrooms;
- Establish a monitoring mechanism through the Ministry of Education;

- Train 1,000 underqualified primary school teachers and 500 primary school teachers in life skills, with particular attention to HIV/AIDS and peace education;
- Train 900 non-formal education teachers on peace education and provide them with materials;
- Prepare 300,000 youths (12-19 years) with life skills and preparation for constructive adult roles;
- Mobilization campaigns on universal access to education, emphasis on female enrolment and peace promotion.

A total of 5,000 children aged three to six living with their parents in IDP sites and hosting communities will benefit through the following activities:

- Training of parents and community members in community nurseries situated in IDP sites and hosting communities in five provinces;
- Provision of care and protection in the centres through vaccination, appropriate sanitation and hygiene facilities, recreational activities and adequate nutrition.

A total of 10,000 adolescents in sub-urban areas in Ruyigi, Makamba, Bubanza, Bujumbura Rural, and Bujumbura Mairie provinces will benefit from 'second chance' educational activities including life skills. This will include the following activities:

- Rehabilitation of 10 youth and vocational centers in four provinces;
- Provision of training equipment and materials for 25 public and private youth and vocational centres;
- Training of 300 youth trainers on gender and life skills, including vocational skills;
- Training of non-formal education teachers and animators and supporting the non-formal education of 8,000 adolescents.

Child protection (US\$ 1,424,136)

Some 1,000 separated children and 35,000 displaced children are targeted through the following key activities:

- Reinforce existing structures through further training, organization management and provision of relevant supplies for the protection of children;
- Implement tracing and family reunification for separated children and community reinsertion of children returning to their communities;
- Establish mechanisms for the prevention of violence, exploitation, discrimination, abuse and neglect for children in need of protection including separated and internally displaced children;
- Undertake complementary assessments and studies;
- Support the formulation, endorsement and enforcement (at national and local provincial level) of legislation, regulations and policies for the protection of children against violence, exploitation, discrimination, neglect and abuse, including children without primary caregivers;
- Support the establishment and maintenance of monitoring structures at various levels.

Approximately 770,000 vulnerable women and girls – including IDPs, returnees, refugees plus host communities in the most-affected provinces – will benefit from adequate medical, psychosocial and legal support and from the development of community-based services against sexual and gender-based violence (SGBV) through the following:

- Prevention activities – including sensitization, mass campaigns, peer education, mapping available resources, condom distribution and advocacy to improve the legal framework to fight against impunity;
- Access to testing and treatment for sexually transmitted infections and HIV/AIDS (PEP Kits), emergency contraceptives, and psychosocial assistance and follow-up to facilitate reintegration of victims/survivors into their societies;
- Establish a monitoring and reporting mechanism to facilitate provision of legal assistance and follow-up for victims; plus capacity-building and community-based protection mechanisms;
- Increasing the number of centres for multisectoral management;
- Survey on SGBV and elaborate knowledge, attitudes and practices.

Emergency relief and response (US\$ 1,080,149)

Approximately 100,000 vulnerable women and children affected by an acute emergency will receive (within 48hours) essential life-saving non-food items plus emergency food supplies in the form of BP5 high energy biscuits.

Mine risk education (US\$ 571,650)

All Burundians living in contaminated areas, internally displaced persons and repatriates, as well as six project staff and 18 community facilitators are targeted through the key activities:

- Strengthen management and coordination capacity of the National Mine Action Coordination Authority in integrating mine risk education (MRE) successfully with victim assistance and community development programmes;
- Providing support and assistance in capacity-building to NGOs working on awareness at community level;
- Strengthen the capacities of key people in communities (primary schoolteachers, community-based workers, facilitators and mine victims) – through NGO-, school- and community-based activities – to undertake MRE under the umbrella of national coordination mechanisms;
- Review existing legislation, services and benefits for children injured by mines/UXO;
- Undertaking activities related to advocacy and awareness-raising.

UNICEF HUMANITARIAN ACTION

ERITREA

IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	3,784,318
Water and environmental sanitation	4,956,000
Education	744,318
Child protection and non-food items	3,180,000
Landmine awareness	426,136
Total *	13,090,772

* 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 AND WOMEN

The 30-year war in Eritrea, coupled with the recent border war in 1999/2000 and then four consecutive years of drought, has gravely worsened the well-being and livelihood of children and women throughout the country. Results from the latest National Nutrition Surveillance System (NNSS) indicate a rise in acute malnutrition among children under five years between January and July. Thus, if considering children less than 15 years of age, it is now estimated that more than 300,000 are acutely malnourished. Furthermore, the incidence of infections among young children is increasing and WHO reports that there has been a rise in the rate of low-birthweight infants of 125 per cent in the past two years. While enormous strides have been taken to lower infant mortality over the past five years – through control measures of communicable diseases with wide immunization coverage and malaria prevention – the country now faces a threat to these achievements due to the current emergency. Eritrea has the highest prevalence of maternal malnutrition in sub-Saharan Africa, (USAID, EDHS/2003) and one of the highest maternal mortality ratios in the world.

CORE COUNTRY DATA

Child population (under 14)	2,040,000
U5 mortality rate (DHS/02)	93
Infant mortality rate (DHS/02)	48
Maternal mortality ratio (estimate 2004)	600-750
Primary school enrolment ratio	46.02
Primary school enrolment ratio for girls	43.05
% U1 fully immunized (DPT3)	76
% population using improved drinking water sources	22
HIV/AIDS prevalence	2.6
% U5 suffering moderate and severe malnutrition	Approx. 15%

Source: *The State of the World's Children 2004, DHS and other national surveys.*

Compounding the nutritional situation, water shortages and deterioration of water quality are being reported in most parts of the country, now even effecting major towns. The water level has dropped by up to seven metres in Northern and Southern Red Sea the flow of streams from the highlands has been inadequate to recharge the water table. Considering the scanty rainfall that has been recorded, it is feared that serious difficulties in drinking water supplies will be encountered throughout the country in 2005. Unless unforeseen positive rainfall performance occurs, it is estimated that 60 to 80 per cent of the rural population and a large proportion of livestock in the country areas will be adversely affected. Even in 'normal' times of adequate rain, only 22 per cent of the rural population has access to protected water sources. Due to the drought, expanding this proportion of the population has proven difficult. Sanitation coverage in rural Eritrea is still very low, with only 3.6 per cent of the population having access to improved sanitation facilities, posing additional health risks to children. Thus diarrhoeal diseases still represent a major threat to children's survival.

Despite strong efforts, some 260,000 (more than half) of the children of primary school age are not in school. Among girls, net enrolment rates are only 43 per cent. This situation follows the same pattern in

"Every day I stay in the camp"



*"My name is **Saliha Kaire** and I am seven years old. My biggest dream is to go to school. Every day I stay in the camp while other children go to school."*

Saliha explains that her mother will not allow her to attend because the school is about five kilometers from her home. She has lived four years in the Ghemae Camp for internally displaced, where school facilities are inadequate.

"If the school were closer, I would also go to school," Saliha says. She is envious every day as she sees her friends return from school.

UNICEF is seeking support to better provide education facilities to internally displaced children and to those returning home, so that girls like Saliha can fulfill their dreams.

internally displaced camps – where more than 60,000 people have been living for four years. Because of the delayed demarcation process, the children of these families still have inadequate education opportunities, as well as lacking basic shelter, clothing etc. There are, however, some positive developments: in 2005 some 29,000 internally displaced persons should be resettled to local villages, with UNICEF supporting the expansion of social sector services within host communities through community-based initiatives.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

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 drought. It has focused on the priority areas of health and nutrition, water and sanitation, girls' education, child protection (especially orphans), and landmine awareness. More recently it has taken an active role in HIV prevention. However, these interventions were at times hindered by instability in certain remote areas.

Over the past year, UNICEF has made strong advances in supporting child survival in the country. Building on the major measles campaign that vaccinated 1.3 million children in 2003, UNICEF has supported routine immunization services, as well as vitamin A distribution, supply of basic drugs, malaria control and strengthening maternal health programmes throughout 2004. UNICEF also provided special food to some 16,000 women and malnourished children since January 2004, and expanded therapeutic feeding to reach 500 children per month in 30 centres serving severely malnourished children. As part of its support to school feeding, UNICEF provided water supplies to 98 schools serving 40,000 school-aged children. In the water sector, some 150,000 people, including 87,000 children and youth, gained access to safe water through rehabilitation or construction of water sources, and an additional 65,000 received water from water trucking. Prevention of HIV/AIDS was integrated throughout all programmes, including posting of educational boards at water sites, developing policies on infant feeding and continued work in integrating Life Skills within the education system.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

Line ministries remain the key partners for UNICEF. In addition, Joint Programmes with the UN and NGOs are now being designed and launched in numerous sectors, including humanitarian activities, 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 for 2002-2006 is now in its mid-term review process. The CAP contains many short-term activities to counter the immediate risks of children within the longer term strategies of the Country Programme. These risks include: extreme poverty, low food security, displacement and environmental degeneration. Almost 1.4 million children live in extreme poverty and will be targeted by UNICEF's humanitarian programme, particularly 525,000 children under five years old.

Health and nutrition (US\$ 3,784,318)

Activities will target some 610,000 drought affected and displaced women and children in the country. This will include: 342,000 women of child bearing age, some 5,000 children who are severely malnourished, 140,000 pregnant and lactating women, and 68,000 infants. It will also include 55,000 malnourished children under five years. Activities will include:

- Supply of therapeutic and supplementary food and equipment to more than 50 health centres and reinforcement training of staff;
- With UNFPA, supply emergency reproductive health commodities for reduction of risk pregnancies countrywide;

- With WHO, supply essential drugs to one third of all clinics in most vulnerable areas of the country;
- Strengthen surveillance systems and conduct two national nutrition surveys per year;
- Strengthen nutrition units at decentralized levels and support dissemination workshops;
- Countrywide provision of vaccines, supplies and micronutrients for routine immunization services, improvement of the cold chain, vitamin and mineral supplementation, and malaria control (provision of insecticide-treated nets, etc.).

Water and environmental sanitation (US\$ 4,956,000)

Some 85,000 people in 11 communities will be assisted by creating water systems. In addition, 65,000 people in areas with no adequate water sources will receive water through trucking. Water supply and sanitation will be provided to 30 additional schools over the year reaching 9,000 children. Policy work will compliment these achievements.

- Construct water supply systems for 85,000 people in 11 communities and emergency water trucking for 65,000 people in 18 drought-affected communities where permanent water systems are not yet possible and establish community management systems for sustainability;
- Support school feeding through water and sanitation provision to 30 additional primary schools;
- Expand hygiene and sanitation promotion programme throughout the country and develop education materials in various public health areas including HIV prevention.

Education (US\$ 744,318)

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

- Conduct assessments and produce and disseminate situation update reports on educational needs of IDPs in camps; returning and settling IDPs and expellees in rural communities;
- Monitoring access to and quality of education in camps and in resettlement-affected areas;
- Provision/reconstruction of temporary infrastructure and water and sanitation facilities/materials to ensure a smooth transition to village life;
- Procure and distribute education materials to needy schools in camps and resettlement areas;
- Provide recreational material support to vulnerable children (kits and clothing);
- Provide psychosocial support for children.

Child protection/economic recovery, IDP support and non-food items (US\$ 3,180,000)

Some 40,000 internally displaced children and women will be targeted and income-generating assets provided for 2,800 households taking care of orphans and street children in order to ensure that social vulnerability is reduced through the following actions:

- Provide clothing, shoes, blankets and sanitary items to 30,000 children and 10,000 IDPs and returnees;
- Support national bodies for systematic identification of orphans and vulnerable children at risk;
- Improve monitoring of income-generating support, child welfare and means for improvement;
- Conduct Emergency Preparedness and Response Planning (EPRP) training to counterparts to strengthen the management of vulnerable groups in times of emergencies.

Mine action (US\$ 426,136)

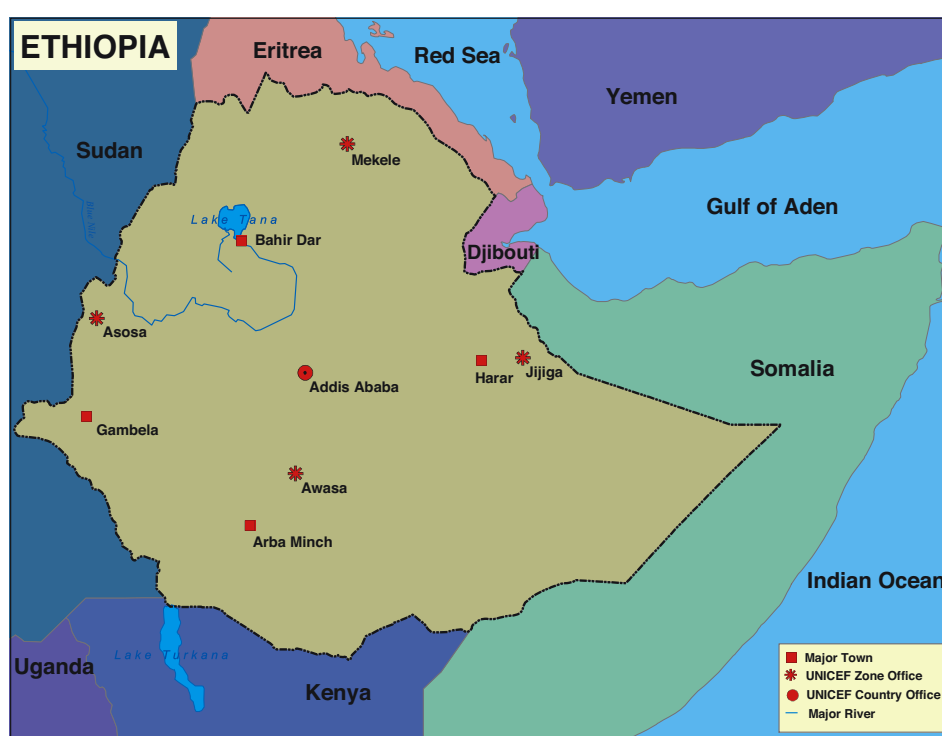
Mine action activities will target some 200,000 people living in high-risk areas and 60,000 IDPs living in Gash Barka and Debub, as well as high-risk children and teachers, farming and nomadic communities with Mine Risk Education (MRE). Main activities include:

- Institutional strengthening of national bodies in MRE by establishing networks of community volunteers, deployment of MRE Field Teams, implementing MRE with the Ministry of Education within primary school curricula and promoting MRE in secondary school curricula;
- Expanding mass media strategies using radio, posters, leaflets, etc.;
- Linking MRE and mine clearance/disposal and collection of mine/UXO-related data;
- Continue providing psychosocial support and recreation activities for children affected by mines and UXO.

UNICEF HUMANITARIAN ACTION

ETHIOPIA

IN 2005



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 2005

Sector	US\$
Health and nutrition	20,600,000
Water and environmental sanitation	10,200,000
Education	5,100,000
Child protection	1,500,000
HIV/AIDS	654,900
Mine action	200,000
Total *	38,254,900

* 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 AND WOMEN

Ethiopia experienced a major humanitarian crisis in 2002, which subsequently caused widespread acute food insecurity by late 2002 and during 2003. The drought principally affected six regions of the country, Afar, Tigray, Amhara, Southern Nations, Nationalities and Peoples Region, Oromia, and Somali Regional states. This was not an unprecedented level of rain failure, but the crisis did affect an unprecedented 13.2 million people directly, especially women and children, and caused widespread malnutrition and disease. This demonstrated the extreme level of vulnerability of a vast portion of the rural population. By the end of 2004, a total of 8.4 million people had received food aid at some point during the year. Forecasts for 2005 are already very alarming with a possible worst-case scenario which would see similar levels of humanitarian needs as in 2003.

CORE COUNTRY DATA

Child population: Under 18	48,369,000
Under 5	12,235,000
U5 mortality rate	171
Infant mortality rate	114
Maternal mortality ratio (1985-2002)	870
Primary school enrolment ratio	47
Primary school enrolment ratio for girls	41
% U1 fully immunized (DPT3)	56
% population using improved drinking water sources	24
HIV/AIDS prevalence	6.4
% U5 suffering moderate and severe malnutrition	52

Source: *The State of the World's Children 2004*

The recent crisis should not be seen as merely an episodic food crisis but a crisis affecting all aspects of family livelihoods. The burden of this crisis and the general state of poverty, poor health, fast-spreading HIV infection, the growing number of orphans and low incomes are felt most acutely by children and women. Gender and generational issues within the diverse cultures and livelihood systems of Ethiopia are still poorly understood and poorly integrated into assessment and programme interventions.

The weak state of the health system, the subsequent health crisis and the as-yet undocumented level of infection in many parts of the country are major causes of concern. Capacity for preparedness and integration of early warning, surveillance and rapid response measures need to be developed in the health system, particularly through the Health Extension Package (HEP) and community health promoters initiative (CHPI). Consistent policy is also needed in several areas, including free distribution of drugs and mosquito nets, and logistical issues such as fast-track customs clearance during emergencies. The health response capacity is drastically inadequate and needs to be rapidly improved.

Age: two years – weight: six kilograms



Tsehainesh Alemayehu, aged two, weighs 6 kg on the eighth day of her treatment at the Leku Therapeutic Feeding Centre, operated by the NGO Action Contre La Faim (ACF) with support from UNICEF.

Tsehainesh is suffering from marasmus, or wasting of the body. On admission she weighed 5.9 kg. During one week of treatment on F-75 therapeutic food she has gained only 0.1 kg. Eventually, when her weight to height ratio has reached a stage where she is no longer at risk of dying due to severe acute malnutrition, Tsehainesh will be discharged from the therapeutic feeding centre with a supply of supplementary food. Arrangements will then be made for her to join a supplementary feeding programme operated by an NGO or local administration facility where her situation will be monitored for three months. During this time it is hoped that the emergency situation will have passed and Tsehainesh (which in Amharic means “you are the sun”) will be able to resume the life of a healthy and happy child.

Tsehainesh Alemayehu, aged two years.

The 'food first' strategy which persists in Ethiopia does not pay adequate attention to nutritional issues, especially for children and pregnant and lactating women. UNICEF is a major advocate for a much stronger public nutrition strategy using a multisectoral approach.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF has been instrumental in ensuring that the coordination mechanisms established at federal level during the 2003 crisis have been sustained within the Ministry of Health and the Ministry of Water Resources. In 2004, UNICEF has also deployed more than 40 staff to support the regional governments in their recovery and preparedness activities.

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 7.2 million children aged six months to 14 years were immunized against measles between March and June 2004; 3.3 million of them aged six months to five years, received vitamin A supplement. In total, nearly 28 million children have received measles vaccination in Ethiopia over a period of 20 months. As a result of this campaign, Ethiopia did not experience any major measles outbreak throughout 2003 and 2004, even with the increased vulnerability from the drought. In addition, 16 therapeutic feeding centres and 23 therapeutic feeding units were established, providing therapeutic products, drugs, equipment and technical assistance to severely malnourished children. Also, 214 health workers were trained in nutrition, including management and treatment of severe malnutrition.

In the education sector, support was extended to 364 schools and temporary learning centres throughout Ethiopia. This included the construction of 236 temporary learning centres for children who were denied education in the Oromia Regional State. In addition, 264 community members received orientation on the benefits of education, particularly for girls' education and HIV/AIDS prevention.

UNICEF, in collaboration with an NGO partner, RaDO, and others, has continued to provide mine risk education (MRE) at the community level through training and drama clubs along the border with Eritrea. Based on the MoU signed with the Ethiopian Mine Action Office in September 2003, UNICEF and RaDO have continued to build Government capacity in order for it to take over MRE and mine action responsibilities in Tigray.

With regard to water and environmental sanitation, some 2.5 million people were in need of emergency water supplies and sanitation interventions in 10 regions. Some 386,857 people were assisted by the intervention of governmental and non-governmental agencies supported by UNICEF up to 30 June 2004. Approximately 2.1 million people still remain in need of emergency intervention.

In 2004, HIV/AIDS began to be addressed through established emergency activities, such as emergency feeding and water activities, to reach large groups of vulnerable people with prevention messages and condoms. Intensive awareness-raising events have also been conducted in public market places, churches and community meetings, benefiting a total of 180,000 people. Young people organized in anti-AIDS clubs have played a key role in these awareness-creation endeavours. UNICEF extended and reinforced its existing Child Vulnerability Programme which focused on street children and orphans in 14 towns by providing more than US\$ 450,000 to reunify 600 children in Tigray and Amhara Regions. A workshop on sexual exploitation was held in March 2004 to identify progress made following the training of trainers in participating organizations.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF will remain an active member of the UN Senior Disaster Management Team in Ethiopia and continues to develop key partnerships with other UN agencies. Also of note is the innovative and ambitious EOS/CSI (Enhanced Outreach Strategy/Child Survival Initiative), a US\$ 60 million per annum joint UNICEF/WFP project addressing the health and nutritional needs of 7 million young children and pregnant women every year for the next three years using outreach teams of government technical staff (and at the same time supporting the development of the Government's Health Extension Programme).

Regular programme

The UNICEF Country Programme supports both national and regional efforts towards the progressive realization of the rights of children through long-term development plans, in line with the MDGs. In Ethiopia where the levels of vulnerability to humanitarian emergencies are among the highest in the world, UNICEF develops preparedness mechanisms to respond to disasters within each UNICEF sectoral programme (education, health, etc.) as well as at the institutional level (the Ministry of Education, etc) in line with its Core Commitments for Children in Emergencies.

Health and nutrition (US\$ 20,600,000)

Susceptibility to disease and malnutrition is expected to rise significantly. The incidence of malaria, meningitis, measles, acute respiratory disease, diarrhoeal disease and malnutrition will be most likely to increase during 2005.

Immunization and treatment against meningitis will be required. Thanks to the recent measles immunization campaign which covered 85 per cent of children aged six months to 15 years a more limited measles immunization and treatment is anticipated. Water shortages, poor sanitation conditions and poor hygiene practices remain serious concerns, leading to increased incidence and increased needs for treatment of diarrhoeal diseases. Malaria, which affects approximately 17 million Ethiopians each year, will require additional resources. Finally, HIV/AIDS-affected populations are expected to require additional health, sanitary and nutritional attention as they become more susceptible to illness under deteriorating conditions.

Key activities:

- Prevention and control of meningitis for 5,100,000 children and mothers
- Prevention and control of diarrhoeal diseases for 3,800,000 children and mothers
- Prevention and control of malaria for 6,400,000 children and mothers
- Basic health care (including reproductive health)

In addition to increased susceptibility to and incidence of disease, significant levels of malnutrition are expected. In large part, malnutrition will be addressed through supplementary feeding programmes, built into the food aid response and increased access to basic services (health, water, sanitation). However, in spite of these efforts, a certain number of children will require appropriate services to manage severe malnutrition. Based on historical experience, the Health and Nutrition Task Force is in the process of estimating potential numbers of severely malnourished children under five. In the last year, a number of nutritional rehabilitation units have been established in major health centres and hospitals: these will be the first line of defence against severe malnutrition. Since some of these units are not yet fully operational, it is a priority to ensure that adequate staffing and supplies are in place over the coming months.

Key activity:

- Prevention of severe malnutrition for 53,000 children

Finally, in 2005 the enhanced outreach strategy (EOS) for child survival should be expanded from the Southern Nations and Nationalities and Peoples Regions to six additional regions covering 325 drought-

prone districts. The EOS combines key child survival interventions such as vitamin A supplements, deworming, measles immunization with nutritional screening of children and pregnant/lactating women and IEC (Information, Education and Communication) on hygiene and care practices. Malnourished children and women are referred for supplementary/therapeutic feeding. The implementation of the EOS programme intends to mitigate the impact of shocks on the most vulnerable groups.

Key activity:

- Delivery of basic curative and preventive services (vaccination, vitamin A, deworming, etc.) as well as supplementary feeding (in collaboration with WFP) for 6.7 million children.

Water and environmental sanitation (US\$ 10,200,000)

The effects of the 2002-2003 drought were partly relieved by the improved 'Meher' rains in 2003 in large parts of the country, but delays of the main rainy season in 2004 has brought additional needs. Assessment of the critical water supply and sanitation requirements for 2005 was made based on regional technical recommendations and assessments of population in areas of critical scarcity. The need for different WES activities by each region was identified as reported in the table below. As indicated, the current humanitarian situation in different regions suggests that many springs, hand-dug wells and traditional water sources could be expected to dry up mainly in Somali, Tigray, Oromia (particularly Borena Zone), Amhara, SNNPR and Harari regions., People in these areas will therefore need support through water tankering, rehabilitation and construction of motorised schemes, coupled with sanitation and hygiene interventions:

The current situation in the Somali Regional State is already in an acute emergency phase and over 200,000 people are reported to need urgent water supplies.

The Ministry of Water Resources with the support of UNICEF has estimated likely needs by type of activity as follows:

Water tankering	Water scheme maintenance and rehabilitation	New water schemes development	Sanitation and hygiene education	Total number of people in need of assistance
234,190	341,264	1,125,571	1,074,513	2,775,538

UNICEF plans to support the Emergency Desk of the Ministry of Water Resources and other partners to reach at least 50 per cent of the people in critical need of clean water, with priority given to districts with the higher incidence of diarrhoeal diseases.

Education (US\$ 5,100,000)

The performance indicators of the education system for Ethiopia confirm that the challenge remains large. Although access has risen dramatically in the past few years (from 24.4 per cent in 1994 to 64.4 per cent in 2003) it remains below the average for sub-Saharan Africa. Nationally, repetition and drop-out rates remain high. The repetition rate averages 6.7 per cent across all primary grades. The drop-out rate averages 17 per cent. Gender disparity at the primary level is also high (20.8 per cent) indicating the need to accelerate integrated and innovative ways of tackling the problem. Cyclical occurrences of emergency situations, caused by a combination of man-made calamities and natural disasters, have been the major constraints hampering the performance of the education sector.

This section describes the likelihood of the occurrence of crisis situations, their negative consequences on educational enrolment and attendance of school age children, and outlines the contingency measures to be undertaken by the Ministry of Education and stakeholders with support from UNICEF and other UN agencies such as WFP and UNESCO.

The educational opportunities of nearly 250,000 children in and out of school in 90 woredas in the six drought-prone regions will most likely be disrupted in 2005 by the cumulative effects of recurrent drought

and relocation of families due to the ongoing resettlement programme. To mitigate their effect, the following actions are planned:

- Ensuring the continuity of basic primary education provision to about 250,000 school age children in 90 drought-affected woredas in six regions, with special focus on promotion of the educational attainment of girls;
- Providing access to basic education to children internally relocated due to the ongoing resettlement programme in the most densely populated regions of Oromia, Amhara, SNNP and Tigray regions;
- Strengthening the capacities of lower-level educational personnel in six drought-prone regions (regional and woreda level) in planning, implementation, monitoring and reporting of emergency education interventions;
- Enhancing and equipping teachers and school principals in six drought-prone regions with basic skills and knowledge of teaching, treating and handling primary school children under stress and in distressing situations.

Gender/child protection (US\$ 1,500,000)

The programme focuses on protecting the rights of children and women who will be violated during situation of social stress. The situation of population displacement, family separation, forced labour and sexual exploitation will be addressed at community levels. The activities implemented will be:

- Developing Child-Friendly Spaces;
- Training teachers and health staff on response to violence/abuse;
- Supporting reintegration through schooling for affected children and the Community Education Investment Programme;
- Supporting prevention, identification, documentation, tracing, care and reunification of separated children.
- Incentives for care providers of unaccompanied and child-headed households and psychosocial support.

HIV/AIDS (US\$ 654,900)

Although concrete data to measure the extent to which the current drought has affected families and households are not available, it is feared that emergency circumstances continue to contribute to the spread of HIV/AIDS through mobility, displacement, breakdown of family structures and usual norms that govern the sexual behaviour of people. The current Government resettlement programme has the potential to increase the risk of HIV/AIDS by disrupting existing social fabric and gender balances in the areas of origin. Women remaining behind are often left without the needed protection and may be forced to engage in sex work in order to survive and as to supplement family income. At least 500,000 people will be benefiting from the interventions. In order to address such problems, the HIV/AIDS section in collaboration with the federal HIV/AIDS Prevention and Control Office (HAPCO) and respective regional HAPCOs (Oromia, SNNP, Amhara and Somali), will follow a two-pronged approach in 2005:

A. Emergency preparedness

Objectives:

- Build the capacity of all regional HAPCOs and their key implementing partners to be able to plan for emergency HIV/AIDS prevention.
- Procure relevant HIV/AIDS materials for rapid response under emergency circumstances.

Key activities:

- Identify and train emergency task forces to ensure integration of HIV/AIDS response in the planning and implementation of HIV/AIDS as part of their routine.
- Train regional as well as federal coordinating structures to be able to manage responses and carry out monitoring with defined indicators.
- Establish/strengthen HIV surveillance and mechanisms for quick response for the prevention and control of HIV/AIDS and provide more focused IEC materials.
- Procure supplies for quick response under emergency situations.

B. Emergency response**Objectives:**

- Establish Anti-AIDS youth clubs in each emergency setting and/or resettlement sites.
- Create an enabling environment for people to openly discuss HIV/AIDS and how to prevent infections.

Key activities:

- Establish and build the capacity of at least two Anti-AIDS clubs in emergency and or resettlement sites to facilitate discussion among young people.
- Carry out a bi-weekly discussion on the problems of HIV/AIDS, its consequences and how to prevent it.
- Provide psychosocial care and support for orphans and affected families.
- Support health institutions in the diagnosis and treatment of sexually transmitted infections (STIs).

Mine risk education (US\$ 200,000)

Many communities in Ethiopia continue to be affected by mines and UXO contamination from the several wars that have raged throughout the country. Drought, further border disputes and insecurities have exacerbated this problem. Approximately 600,000 people in Afar and Tigray alone are affected by the mine and UXO problem. To address this issue, UNICEF has been supporting mine risk education activities in Tigray and Afar regions. Implementation of MRE has been through indigenous organizations. MRE programmes are well established in the affected villages and the programme is now at a stage where the government is willing to take ownership.

This project is to alleviate the impact of mines and UXO on the affected population in Afar and Tigray regions and its priority objectives are:

- To develop a sustainable MRE project where the government at federal and regional levels will take ownership and responsibility of MRE working to the International Mine Action Standards.
- To ensure the regional and federal government organizations are basing their national and regional MRE strategies and standards on the most up-to-date and relevant MRE information.

UNICEF HUMANITARIAN ACTION

LESOTHO

IN 2005



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 2005

Sector	US\$
Health and nutrition	765,000
Education	450,000
Child protection	300,000
Total *	1,515,000

* 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 AND WOMEN

With a national HIV/AIDS seroprevalence of 29 per cent among adults, Lesotho has the third highest seroprevalence in the world. Consistent with the trends in the region, HIV/AIDS prevalence rate among young women 15-24 years old is estimated at 51 per cent – and 23 per cent among young men in the same age group. The epidemic, poverty and drought are recognized as the underlying factors behind the current complex humanitarian crisis in southern Africa: Lesotho is one of the six affected countries in the subregion. The crisis has manifested itself through the food deficit. The estimated number of vulnerable people in need of emergency food aid rose from 448,000 to nearly 700,000 or one-third of the population in 2002-2004. Poverty has increased significantly due to the restructuring of the mining sector in South Africa and the retrenchment of unskilled labour. Many of the gains made in the 1980s in improving children's access to quality social services have been reversed, largely due to the inability of families to cover the costs of basic services such as education and routine health care. The country is also confronted by an increasing number of orphans, reaching 92,000 in 2003. Care and protection of this group, who are at high risk of dropping out of school and subsequently being exposed to abuse and exploitation, is a national challenge. This is particularly so in the absence of an appropriate policy and legislative framework specifically addressing their rights to access services and entitlements such as health and basic education in the absence of parents and primary caregivers.

CORE COUNTRY DATA

Child population (thousands) (2002)	860
U5 mortality rate (2002)	87
Infant mortality rate (2002)	64
Maternal mortality ratio (2001)	419
Net primary school enrolment ratio	78
Net primary school enrolment ratio for girls	82
% U1 fully immunized (DPT3)	79
% population using improved drinking water sources	78
HIV/AIDS prevalence rate (15-49 years)	31
% U5 suffering moderate and severe malnutrition	18

Source: *The State of the World's Children 2004*

“That’s why I’m late for school”



“My father died when I was much younger and my mother in 2000. I think they died of tuberculosis. I now live with an elder brother but I must work cleaning other people’s homes to earn R150 a month and support my family. That’s why I’m late for school every morning.”

“I miss my family and I feel alone now. I wish people would understand more and help out.”

“When I grow up I want to be a soldier because there are a lot of bad men.”

Matshidiso’s head teacher Julia says: *“Ever since her mother passed away, she has been sad. She was a bright, clever girl, one of the top students but now, nothing. Her marks are not good. She’s just sad. This has disturbed her mentally. An orphan is a very sensitive person.”*

Matshidiso Rasenoko, aged 16, Katlehong school in Thaba Tseka.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In collaboration with government, NGOs and international partners, UNICEF has continued to respond to the crisis by addressing both its immediate and long-term impact on critical areas in health, nutrition, education and protection.

In health and nutrition, routine immunization continues to be strengthened and national immunization days for polio supported. In September 2004, 170,000 under-five children have been immunized and supplemented with vitamin A. UNICEF is supporting the establishment of a national nutritional surveillance

system in the 10 districts, of which five are now operational. Sets of Dietary guidelines for People Living with HIV/AIDS (PLWHAs) and for infant and young children feeding are being finalized. An integrated emergency training package for service providers covering health, nutrition, protection, child rights and life skills – developed in 2003 with partners under the co-ordination of the Disaster Management Authority – is being cascaded at district and community levels after the initial training in 2003 of 80 trainers. More than 200 heads of department, 140 community service providers, 50 youth leaders and 300 young farmers have already been trained.

Existing systems for birth registration and of orphaned children are being strengthened with the provision of computer and printer equipment, development of computerized databases and capacity-building of assistant registrars, traditional leaders and district secretariat staff, under the Ministry of Local Government. This activity is key to ensuring that vulnerable children access their rights to basic services.

In 2004 UNICEF supported the Ministry of Education and Training (MOET) to train 500 non-formal education teachers on HIV/AIDS, life skills and gender – and procured School-in-a-Box kits for 82 teachers and about 4,000 pupils in literacy centres in 3 of the 10 districts.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF works closely with key government counterparts: the Ministries of Health and Social Welfare, Education and Training, Local Government, Food and Nutrition Coordination Office, Disaster Management Authority, UN agencies such as WHO, UNFPA, WFP, FAO, and local and international NGOs/FBOs to support government in the implementation of activities. UNICEF chairs the inter-agency Other Vulnerable Children Taskforce, Communication Taskforce and the HIV/AIDS Theme Group and is an active member of the Gender Theme Group and the Food and Nutrition Taskforce.

Regular programme

The current Country Programme 2002-2007 has four programme areas: Child Survival, Care and Development; Basic Education for All; Adolescent Development; and Social Policy Development and Planning. The country programme is national in scope, with particular emphasis on going to scale with most activities. Since 2002, humanitarian crisis activities have been prioritized and implemented from the start within the context of the regular programme. HIV/AIDS is the overall operational context for programming since the crisis is perceived as chronic and long-term.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipient of UNICEF's humanitarian assistance will be around 350,000 children and women, including 80,000 under-five children and 10,000 pregnant women and mothers.

Health and nutrition (US\$ 765,000)

The aim of the appeal is to prevent excess morbidity and mortality in vulnerable women and children and provide support to the Ministry of Health and Social Welfare, the Food and Nutrition Coordinating Office and the Disaster Management Authority to strengthen the delivery of essential health services to and monitor nutritional trends in vulnerable groups. An average of 9,000 children is infected each year with HIV/AIDS acquired from their mother during childbirth or breastmilk. Some 37,000 children are underweight, out of whom 8,000 require supplementary feeding. Among these children, orphans, who have a twofold risk of being malnourished, will specifically be targeted. The above vulnerable women and children will benefit from the following key activities:

- Procure and distribute seeds and tools to 1,000 households that cater for orphans and vulnerable children.
- Train 150 health workers and 200 community health workers on identification and management of prevalent childhood diseases and on home-based care respectively.

- Provide home-based care kits to 200 community health workers in five districts.
- Support the consumption of appropriate diets for the chronically ill through the training of 150 support groups and distribute an assortment of IEC materials.
- Support eight hospitals in therapeutic feeding for 7,360 severely malnourished children.
- Train 100 health workers on infant and young child feeding in the context of HIV/AIDS and in the management of severe malnutrition.
- Support the implementation of two nutritional surveys, assessments and evaluations.
- Procure and distribute multivitamins and provide ARV treatment to 5,000 women living with AIDS, and vitamin A and worm-treatment medicines to all under-five children.

Education (US\$ 450,000)

The aim of this appeal is to complement UNICEF's continued support to the Ministry of Education to ensure that, despite the ongoing crisis, children continue to have access to quality and inclusive education.

This includes addressing the most urgent needs such as an inadequate supply of learning/teaching materials, HIV/AIDS, life skills and gender training for teachers, parents and children, hygiene education, psychosocial support and care training for teachers and monitoring of school drop-out/repetition rates.

Teachers need to be equipped with the adequate skills to address issues as loss, trauma, abuse, exploitation and to create enabling and safe environments in schools for the children to share, learn and develop to their full potential.

Child-friendly schools will ensure that all children in school are protected and have the opportunity to develop and enhance their skills to sustainable livelihoods:

Activities:

- Supply basic scholastic materials including notebooks, pencils and erasers for 250,000 primary school children.
- Procure and distribute first aid and hygiene kits for 500 primary schools.
- Train 5,000 primary school teachers, with particular attention to HIV/AIDS and psychosocial care and support skills.

Protection (US\$ 300,000)

String Game (US\$ 200,000)

HIV/AIDS is wreaking havoc on entire communities. The string game is a strategy used to engage people young and old in discussions about HIV/AIDS. They arm each other with knowledge, learn from each other, transcend cultural barriers and gain the knowledge they need to decide how to lead their community's fight against HIV/AIDS.

The string game presents 'information for action' covering both biological and social-cultural risk factors that are driving the epidemic. The story has also gradually develops to depict role models for risk reduction exercises, by individuals and communities, and actions to mitigate the impact of the epidemic on OVC. The string game is expected to be a complementary tool to strengthen entire communities' response to the crisis.

Activities:

- Adapt the string game story for Lesotho.
- Train 30 trainers (duty-bearers and rights holders), three per district.
- Implement 10 string game story workshops per district.
- Procure string game equipment (boards and characters).

Collaboration with Faith-Based Organizations (FBOs) – (US\$ 100,000)

Churches in Lesotho are strategically placed to exploit their inherent strengths to undertake social empowerment, counter the impact of stigma and discrimination, and promote and support the care of

orphans within the community. They are involved in the provision of health services, educational services and psychosocial support to children and engaging them as partners is critical to alleviate the suffering of children orphaned and made vulnerable by HIV/AIDS. The rights of 92,000 orphans who are increasingly made vulnerable by HIV/AIDS can receive greater protection through enhanced collaboration with Faith-Based Organizations.

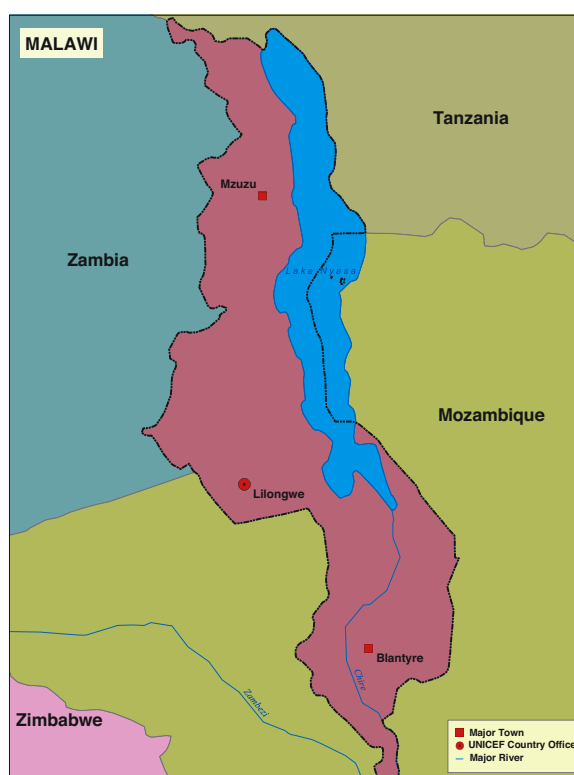
Activities:

- Sensitize 100 religious leaders on their role as key duty bears at community level on protecting the rights of the orphaned and vulnerable children, reporting violations of their rights and removing barriers for them in accessing services.
- Sensitize communities in each district – through faith based organizations and structures – on the vulnerability of children who have lost one or both of their primary caregivers, their right to access services and their need for protection from all forms of abuse and exploitation.
- Develop the capacity of communities through FBOs to verify information about orphans and vulnerable children to determine whether these children are receiving their entitlements.
- Sensitize communities in all 10 districts, through FBOs/NGOs/CBOs and schools, on Children's Protection Welfare legislation to raise awareness on the child's right to access services and the need for protection.

UNICEF HUMANITARIAN ACTION

MALAWI

IN 2005



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 2005

Sector	US\$
Health, including elements of HIV/AIDS	2,016,840
Water and environmental sanitation	540,096
Education	305,760
Child protection	429,240
Total	3,292,800

* 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 AND WOMEN

About 11 per cent of the population (about 1.34 million people) are faced with yet another year of major household food deficit due to the erratic rainfall during the 2003/2004 season. The number of households in need of food assistance will continue to increase until the March/April 2005 harvest, possibly affecting 1.78 million people if prices continue to rise.

The worst-affected areas are in the southern region, in addition to pockets of severely affected in the north. According to the Malawi Vulnerability Assessment Committee (MVAC), most households in the worst-affected areas will not be able to buy sufficient food to meet their caloric needs. The impact will mainly affect children, women and the chronically ill.

During more than two years of humanitarian crisis, an increasing number of children were forced into exploitative labour and at times were exposed to physical and sexual abuse. Drop-out rates in primary schools rose as high as 50 per cent during the peak of the crisis.

The global acute malnutrition rate remained around 6 per cent, which led to the admission of a monthly average of 2,500 under-five children to Nutrition Rehabilitation Units (NRUs).

The 'hungry season' usually coincides with the cholera and flooding season. The humanitarian effort addressed a severe outbreak of cholera during the 2001/2002 season, with 33,000 cases of severe diarrhoea and nearly 1,000 deaths. Efforts led to a dramatic reduction the following season, with 3,040 cases only. The caseload continued to decrease, and the 2003/2004 season saw 959 cases, with significant reduction in fatalities. Efforts have to continue to maintain this positive trend.

At all times there is the underlying high level of poverty and an average HIV/AIDS prevalence of 14 per cent. The ravaging effects of HIV/AIDS at household level means that a high number of orphans are left to fend for themselves, often becoming easy victims of exploitation and abuse.

CORE COUNTRY DATA

Child population 0-5 years (thousands)	2,187
U5 mortality rate	183
Infant mortality rate	114
Maternal mortality ratio	1,120
Primary school enrolment ratio	77.8
Primary school enrolment ratio for girls	78.5
% U1 fully immunized (DPT3)	90
% population using improved drinking water sources	57
HIV/AIDS prevalence (15-49 years)	14.4
% global acute malnutrition	5.5
% severe acute malnutrition	1.2
% global chronic malnutrition	49
% severe chronic malnutrition	24.4

Sources: Demographic and Health Survey 2000; *The State of the World's Children 2004*; Ministry of Education, HIV and AIDS in Malawi; 2003 estimates and implications National AIDS Commission 2004

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

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 shortage and disease outbreak that has resulted in malnutrition, school drop-outs and violation of child rights. The main focus has been on the priority areas of health, nutrition, water and sanitation, education and child protection.

In health and nutrition, global acute malnutrition has been kept at below 6 per cent and the case-fatality rate for cholera has been reduced from 1.9 per cent to 1.34 per cent through technical, material and financial assistance to the Ministry of Health and NGO partners to carry out preventive and curative health and nutrition services in 65 of the 90 Nutrition Rehabilitation Units and in 194 supplementary feeding centres plus in all cholera-prone districts. Therapeutic services were provided to 394,000 moderately and acutely malnourished children and three rounds of nutrition surveys and three health assessments were conducted. National guidelines were developed to treat severe and moderate malnutrition and staff trained in the use of these guidelines, coordination was strengthened at national and district levels, surveillance systems were developed and support provided to the initiative for community-based therapeutic care projects. In addition, 388,145 children were immunized and 318,232 received vitamin A supplementation during the mop-up campaign carried out to contain sporadic outbreaks in 15 districts.



One-year-old Temwachi is 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 but one of the lucky children to survive malnutrition in Malawi where, because of rampant poverty in the homes, HIV/AIDS, poor hygiene, inappropriate weaning practices, illiteracy and poor health care many children die every day. Between 11 and 15 per cent of the population are faced with food deficits.

Temwachi, aged one, in a nutrition rehabilitation unit, Embangweni.

Three 'Child-friendly Environments for Street Children' were supported and a fourth space established. Fifteen community Juvenile Justice Committees have been established, and the Ministry of Gender and Community Services funded to conduct the 'Board of Visitors' meeting that ensures that children below 18 years are not sentenced to prison but sent to reformatory schools. Funding was given to the National Youth Council of Malawi, for the production of 12 issues of the Youth Link newsletter that focuses on issues affecting children, in particular sexual abuse and exploitation in different settings, e.g. in schools, institutions, families and households. Through financial support to the National Statistical Office, the registration of orphans was included as part of the Vital Registration System and, through this process, 191,944 orphans and 435 child-headed households were registered. Assistance was also extended to schools.

In the effort to retain pupils in school and to reduce the number of children who drop out due to lack of teaching-learning materials 249 School-in-a-Box kits and recreational materials, 25 large tents and 12 rub halls were distributed in the affected districts. And 249 schools were assisted in the school feeding programme, through provision of safe water and sanitation facilities, and the construction of storage and cooking facilities. To accommodate the 2,500 children displaced by floods, the construction of a low-cost environmental-friendly school was undertaken. In collaboration with partners, safe water facilities were provided to 29 schools, 11 Nutrition Rehabilitation Units (NRUs) and health and sanitation facilities were established in 44 schools. Some 700 water points were rehabilitated and 39,950 kg of chlorine distributed to 18 cholera-prone districts, which also received 20 water-testing kits and training in their use.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

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

Regular programme

The current Country Programme for 2002-2006 has the overall goal 'to improve the situation of children and women to fulfil their rights as articulated in the CRC and the CEDAW, and is meant to be consistent with national priorities of alleviating poverty, reducing the spread of HIV/AIDS and contributing to improving governance and human rights'. The Country Programme focuses in eight impact districts on education (especially girls' education), early childhood development, HIV/AIDS treatment, care and prevention, youth development and participation and reproductive health, women and child health, nutrition, sanitation and hygiene promotion. Response to humanitarian needs is an integral part of all sectoral activities as per the Core Commitments for Children.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. UNICEF's humanitarian assistance will address the needs of at least 227,000 under-five children and 67,000 pregnant women and mothers.

Health and nutrition (US\$ 2,016,840) - (Health US\$ 1,593,480 and nutrition US\$ 423,360)

The major emphasis of the health and nutrition intervention in a humanitarian crisis is to minimize or avoid the impact of malnutrition, cholera, vaccine preventable diseases, malaria and HIV/AIDS. Activities will include:

- In case of a serious cholera, malaria or measles outbreak, conduct rapid assessment within 48 hours to measure the magnitude and resource needs and develop action plan;
- Procurement and distribution of supplies for 15 cholera-prone districts;
- Support districts in strengthening case management;
- Support the national, district and community level coordination mechanism;
- Strengthening the communication system in the National Epidemics Unit;
- Procure supplies, such as vaccines, auto-destructible syringes, and cold-chain equipment;
- Procure 5,065,000 doses of vitamin A;
- Support orientation of health workers on measles-related treatment and care;
- Support social mobilization activities;
- Procure and distribute 20,000 bed nets and drugs for under-five children and pregnant women who will be admitted to NRUs over a six-month period and for children and women affected by floods;
- Procure supplies (therapeutic milk and oral rehydration salts and other specialist equipment and drugs to cater for 3,000 under-five children per month);
- Technical support for nutrition;
- Logistical support for in-country delivery of supplies;
- Monitor implementation of activities.

Water and environmental sanitation (US\$ 540,096)

Approximately 250,000 people, particularly children and women in the 20 districts affected by food insecurity and recurrent cholera outbreaks, will benefit from the following interventions:

- Supporting the National Cholera Task Force for national campaigns prior to the cholera season;
- Supporting minor repairs of at least 500 handpumps, with priority to schools and health centres, and on-site training of maintenance committees in cholera-prone districts;
- Provision of 50 new water supply facilities and 600 toilets and hand-washing facilities in 150 schools (those included for school feeding) and health centres;
- Supporting water quality surveillance and bacteriological testing of at least 2,000 facilities in cholera-prone districts with rapid field testing methods;
- Pre-positioning of chlorine and supplies in 15 cholera-prone districts.

Education (US\$ 305,760)

A total of 10,000 children and 400 teachers in districts affected by the ongoing food shortage and floods will benefit through the following key activities:

- Procure 20 large canvas tents for potentially flood affected schools;
- Support and increase school feeding activities through advocacy and improvement of facilities;
- Provide instructional and recreational materials, including 150 School-in-a-Box and 1,000 recreation kits;
- Sensitize teachers and communities in 50 schools on child rights (CRC and CEDAW).

Protection (US\$ 429,240)

Some 500,000 people are targeted through the following key activities:

- Sensitizing the general public and law enforcement bodies on the increased risk of sexual exploitation of young girls and women during humanitarian crises;
- Sensitizing and empowering young girls and boys on how to avoid the risk of HIV/AIDS and sexual exploitation in the context of humanitarian crises;
- Establishing Rights of the Child Committees and orientating community-level duty-bearers;
- Care and rehabilitation of victims of rape and sexual exploitation;
- Increased support to safe environments for street children.

UNICEF HUMANITARIAN ACTION

MOZAMBIQUE

IN 2005



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 2005

Sector	US\$
Health and nutrition	5,100,000
Water and environmental sanitation	1,650,000
Education	1,120,000
Child protection	1,100,000
Total *	8,970,000

* 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 AND WOMEN

While the situation of children and women has substantially improved since the end of the war in 1992 (decreased poverty, reduced child mortality, improved access to primary education), Mozambique remains one of the world's poorest countries, where high geographical, residential and gender inequities persist and natural disasters (flood and drought) are recurrent. More than 50 per cent of the population lives in poverty, almost one in five children dies before reaching age five (mainly from malaria and acute respiratory infections), about 40 per cent of under-fives suffer from chronic malnutrition, more than one in two children do not complete primary education, and more than one in two women are illiterate. The well-being of women and children is further challenged by the triple threat of food insecurity, HIV/AIDS and weakened national capacities. The HIV/AIDS pandemic, combined with severe

drought (which lasted more than two years in the southern and central regions) have exacerbated and depleted the traditional means and coping abilities of communities and created an ongoing humanitarian situation with pockets of malnutrition and increased food insecurity. In addition, cholera and measles outbreaks remain a threat to children. During the first six months of 2004, a total of 24,166 cholera cases were reported while, in 2003, almost 26,000 measles cases among children were reported.

Mozambique is one of the most HIV/AIDS-affected countries with an estimated prevalence of 14.9 per cent among 15- to 49-year-olds in 2004. About 500 new infections are occurring every day, of which about 90 are among children through mother-to-child transmission. There are approximately 1.45 million Mozambicans living with HIV or AIDS (8 per cent of the population), of whom the majority are women (600,000 males versus 850,000 females). Among those living with HIV or AIDS, 6 per cent (about 83,000 children) are under 15. One of the most dramatic consequences of the epidemic is the increasing number of orphaned children, with maternal orphans becoming particularly vulnerable. There are about 825,000 maternal orphans, of whom 228,000 (28 per cent) are maternal orphans due to AIDS. The number of AIDS maternal orphans will continue to increase dramatically and reach approximately 520,000 by the year 2010, or about 50 per cent of all maternal orphans projected for that year.

CORE COUNTRY DATA

Child population (under 14 years)	8.3 million
U5 mortality rate	178
Infant mortality rate	124
Maternal mortality ratio	408
Primary school enrolment ratio	69
Primary school enrolment ratio for girls	66
% U1 fully immunized (DPT3)	71.6
% population using improved drinking water sources	35.7
HIV/AIDS prevalence (15-49 years)	14.9
% U5 stunting prevalence	41

Source: Mozambique National Institute of Statistics

Looking after Aunt Marta



Twelve-year-old Celina is looking after her Aunt Marta and her three-year-old cousin, Paulo. Marta is dying from AIDS-related diseases, including tuberculosis, as well as from severe malnutrition. She is only 20, but she has not had much of a youth herself. She dropped out of school when she was 15 to look after her own parents. Then she married, but she has no children of her own. The children living with her are those of her sisters, who all died of AIDS. Three years ago, Marta herself became sick and her husband abandoned her.

The family hut, a 15-minute walk from the main road, is only reachable by foot along overgrown pathways. Their tiny home is falling apart. The family receives weekly visits from activists working with KEWA, an association of people living with HIV/AIDS (PLWHA) in the province of Zambézia. KEWA is part of a US\$ 120,000 UNICEF-supported project with PLWHA organizations.

The increasing number of orphans is stretching communities' and families' coping mechanisms to the limits, which leads to orphans becoming increasingly vulnerable and less likely have access to social services. In 2003, in districts affected by drought and HIV/AIDS, maternal orphans under five were 50 per cent more likely to be chronically malnourished than the general child population. Maternal orphans were also found to have considerably lower access to health care and an increased likelihood of falling sick.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2002-2004

Donor response to the 2002-2004 Regional Emergency Appeals for Southern Africa was limited. Of the total funds requested, only 39 per cent were received. With funds from the Southern Africa Consolidated Appeal and reprogramming of existing funds, UNICEF managed to reach about 50 per cent of the vulnerable population. Working in partnership with local and international actors, particular attention was paid to capacity development to ensure that the humanitarian response had immediate but also longer-term results.

The following achievements are noteworthy:

- 133,992 children aged 6-59 months and 69,660 pregnant/lactating women were reached by an Integrated Supplementary Feeding Programme, jointly implemented with WFP and the Ministry of Health in 19 vulnerable districts in six provinces. As a result, malnutrition among children decreased;
- 85,000 insecticide-treated nets were distributed to children and pregnant/lactating women in drought-affected areas;
- 197 water points were constructed and benefited 117,135 people in vulnerable districts;
- Supplies for needs of approximately 100,000 people were pre-positioned in several locations for emergency preparedness purposes;
- Four Vulnerability Assessments in drought-affected areas with high HIV/AIDS prevalence were conducted to better design emergency response activities, and advocate for an accelerated national response to the situation of children orphaned or made vulnerable by HIV/AIDS;
- Capacity-building and steady support was given to the National Institute for Disaster Management (INGC) at national and provincial levels;
- 786 humanitarian workers were trained to prevent sexual exploitation and abuse of women and children in 28 districts in seven provinces (with WFP, SC-UK and the National Campaign Against Child Abuse);
- A school attendance drop-out monitoring system was put in place in highly vulnerable districts;
- Thousands of orphan and vulnerable children were identified and provided with care and protection.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

Humanitarian activities in 2005 will build on and strengthen the strong partnerships established by UNICEF during the 2002-2004 humanitarian response, particularly with WHO, WFP, INGC, national line Ministries, the national Vulnerability Assessment Committee (VAC), and National AIDS Council. Increased involvement of the latter will be sought in response to the triple threat, increasing vulnerability as a result of HIV/AIDS and the Government's declaration that the HIV/AIDS response is an emergency.

Regular programme

UNICEF operates in Mozambique within the framework of a five-year Country Programme of Cooperation for 2002 to 2006. The programme focuses on three priority areas, integrated early childhood development, girls' education and HIV/AIDS. Humanitarian activities are mainstreamed into the programme, which is implemented in the most vulnerable areas of the country, therefore leading to best use of resources and best results for children.

As part of its humanitarian response in the country, UNICEF will focus its efforts on meeting the immediate humanitarian needs of the most vulnerable children and women and ensuring that immediate actions result in longer-term vulnerability reduction. Particular attention will be paid to redefine vulnerable areas (hot spots) by working closely with partners to identify a broader set of vulnerability criteria.

Nutrition and health (US\$ 5,100,000)

Some 300,000 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:

- Malaria is the number one cause of child mortality and only 10 per cent of children sleep under insecticide-treated nets (ITNs). Distribution of ITNs to malaria-vulnerable areas will be scaled up – to reach 400,000 pregnant women and children under five. Community-based malaria control activities will be expanded in provinces affected by the humanitarian situation;
- Procurement and distribution of essential emergency drugs, rehydration fluids and equipment to populations in cholera-affected areas, support refresher training on epidemic surveillance and response, support to cholera treatment centres, and participatory education and advocacy on cholera prevention;
- Support treatment of severe malnutrition in 100 referral hospitals and health centres in all provinces, through provision of therapeutic food, anthropometric equipment, training materials, training of 500 health workers, education of communities and technical support;
- Support revitalization of the 'special attention consultation for children at risk' in health facilities, including: screening children for severe malnutrition and clinical signs of HIV/AIDS, provision of essential drugs, training and supervision of health workers, follow-up of children discharged from feeding centres, and referrals for supplementary feeding (through WFP) or HIV/AIDS care and treatment;
- Procurement and distribution of vitamin A and antihelminthics; participatory training on hygiene promotion and sanitation, nutrition, caring practices, and common communicable diseases; Mid-Upper Arm Circumference (MUAC) screening for under-five children, in conjunction with WFP supplementary feeding programmes;
- Support care and treatment, through specialized day hospitals and associated home-based care networks, of 10,000 children and their parents living with HIV/AIDS in worst-affected districts, with particular emphasis on the 'corridor' provinces of Maputo, Gaza, Sofala, Manica and Tete; support includes procurement of antiretroviral drugs suitable for paediatric treatment, drugs for opportunistic infections and prophylaxis, nutritional supplements, related supplies and equipment, training of health workers, transport for home-based care and technical support; PLWHA associations will be trained to provide nutrition counselling;
- Continue expansion of HIV prevention in newborns and young people through Prevention of Mother-To-Child Transmission (PMTCT) and youth-friendly health services (YFHS); support services for 2,500 pregnant women and 25,000 young people including training health workers and peer educators, producing educational materials, rehabilitation/equipping YFHS and PMTCT sites; support for voluntary counselling and testing;
- Ensure efficient measles surveillance, conduct outbreak response immunization and case management when outbreaks occur; support includes vaccines, injection and cold-chain equipment, and social mobilization, technical support, supervision;
- Technical assistance to provincial directorates of health in four provinces on disease and nutrition surveillance, ensure adequate supervision to existing nutrition sentinel sites and investigate possibilities for providing quality data on trends in nutritional status of young children in hot spot districts;
- Support implementation of integrated vulnerability assessments.

Water and environmental sanitation (US\$ 1,650,000)

Construction and rehabilitation of wells, boreholes and sanitation facilities

UNICEF will install new water points and sanitation facilities, and rehabilitate existing facilities in affected areas where possible, working with Provincial Departments of Education, Health and Public Works to ensure that resources are focused on health units and primary schools (with other partners, including WFP). Community capacities to maintain water points will be strengthened through additional training.

Linked participatory education campaigns on good hygiene will build community knowledge, particularly for diarrhoea prevention.

Key expected outcomes:

- Minimum of 100 water points constructed/rehabilitated
- Minimum of 50 schools and health centres with improved sanitation facilities
- Minimum of 100 community water-point maintenance committees trained
- Construction of a minimum of 10,000 household latrines for 10,000 families.

Cholera prevention and outbreak response

With the Ministry of Public Works and Housing and the Ministry of Health, UNICEF will support maintenance of a minimum stock of emergency water and sanitation supplies for cholera prevention and treatment, in line with the contingency plan for 2005.

Key expected outcomes:

- Water treatment units, chemicals for water treatment, water storage and distribution equipment, hygiene kits for rapid emergency water and sanitation interventions in the case of cholera outbreaks. Available for 50,000 infected people.

Education (US\$ 1,120,000)

The likelihood of children being withdrawn from school in families living with HIV/AIDS is likely to be intensify. Often children drop out to perform household chores, care for sick family members or supplement the household's reduced income. To minimize the impact of the 'triple threat' on attendance rates, particularly for girls, UNICEF will work through local education authorities and schools in most-affected districts.

Capacity-building of school committees

UNICEF will support training of school management committees, in particular to identify orphaned and other vulnerable children and facilitate their access to school. The training includes management issues, as well as gender issues, the importance of nutrition to learning readiness, and HIV/AIDS prevention.

Key expected outcome:

- 400 school committees trained and functioning.

Monitoring of school attendance and drop-out rates

Recent review of a UNICEF-supported school attendance monitoring system in drought-affected areas recommended making adjustments in 2005. These include training teachers and other school representatives, as well as personnel from the Provincial Education Directorates, in the use of the improved monitoring tools, and establishing a feedback mechanism.

Key expected outcome:

- Functioning school attendance monitoring system in 20 affected districts.

Promotion of a child-friendly and conducive learning environment

The very poor learning conditions are exacerbated by the added stress created by the combined impact of HIV/AIDS and food insecurity. UNICEF will work with the DPEs and school councils to help ensure that schools provide a favourable learning environment. UNICEF has already provided basic learning materials for 366,700 primary school pupils, 8,700 teachers and 790 schools – and 5,697 teachers have received in-service training on basic teaching skills, child-/girl-friendly teaching/learning, gender sensitivity, and HIV/AIDS prevention. UNICEF will extend this coverage to an additional 140,000 primary school children and 2,000 teachers in 400 schools, 50 of which will also be provided with safe water and separate sanitation facilities for boys and girls.

Key expected outcomes:

- 140,000 pupil kits and 400 school kits distributed in affected areas
- 2,000 teachers trained
- 50 schools with improved water and sanitation facilities.

Child protection (US\$ 1,100,000)***Capacity development for special protection***

HIV/AIDS, food insecurity and weak capacities have drastically reduced communities' coping mechanisms to effectively respond to the additional burden of caring for an escalating number of orphaned children. Thus strengthening communities' and families' capacities to better care for orphans and other children in need of special protection is an urgent priority.

With the Ministry for Women and the Coordination of Social Action, as well as community-based organizations and people living with HIV/AIDS, UNICEF will help develop a network of community mobilizers and social workers to identify children and adolescents in high-risk situations and facilitate community assessments and analysis to help solve priority problems, with the active participation of young people. Support will also be provided to link orphans at risk to basic services (e.g., birth registration, health, education).

Key expected outcomes:

- Awareness of communities on importance of birth registration
- Children registered in affected communities
- Vulnerable children, adolescents and women identified and linked to support networks and basic services
- Community networks strengthened to facilitate support to vulnerable households and children
- Increased coordination among local authorities and between community networks and local authorities for increased access to basic services (nutrition, education, health, birth registration, etc.)

Prevention of sexual exploitation and abuse

In mid-2002, as a result of the regional initiative by the Inter-Agency Steering Committee, a joint training and awareness programme was initiated by UNICEF, WFP and Save the Children-UK to address issues of sexual exploitation, abuse and HIV/AIDS in the context of the humanitarian response in Southern Africa. In Mozambique, the implementing agency (National Campaign against Sexual Abuse of Children) has conducted workshops in six provinces resulting in more than 700 staff from WFP, UNICEF, local authorities, and national and international NGOs involved in relief efforts being trained.

Key expected outcomes:

- At least 200 Government, UN and NGO workers trained on how to establish monitoring, reporting and response mechanisms within their respective organizations/agencies;
- 4,000 community members trained on issues of sexual exploitation and abuse, and monitoring and reporting of suspected cases.

UNICEF HUMANITARIAN ACTION

SOMALIA

IN 2005



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 in 2005

Sector	US\$
Health and nutrition	7,481,000
Water and environmental sanitation	1,448,000
Education	3,005,000
Child protection	1,568,000
Youth development and participation	1,188,000
HIV/AIDS prevention and control	822,000
Total *	15,512,000

* 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 AND WOMEN

Somalia remains among the world's poorest countries, ranked 161 out of 163 in the UNDP Human Development Index (2004). The combination of instability, recurrent natural disasters and lack of development continue to place children at extreme risk. Infant, child and maternal mortality rates are among the highest in the world at 133 per 1,000 live births, 225 per 1,000 live births and 1,100 per 100,000 live births respectively. Diarrhoeal disease-related dehydration, respiratory infections and malaria remain the main killers of infants and young children and, countrywide, acute global malnutrition is at 17 per cent of children under five and appears in its most extreme form in situations of drought, flood or localized conflict. The use of improved drinking water sources is only at 29 per cent¹ and limited access to clean water is aggravated by the destruction and looting of water infrastructure due to conflict and a general lack of maintenance.

CORE COUNTRY DATA

Child population (U18) (millions)	5.7*
U5 mortality rate	225*
Infant mortality rate	133
Maternal mortality ratio	1,100*
Primary school enrolment ratio	19.9**
% U1 fully immunized (DPT3)	33
% population using improved drinking water sources	29
HIV/AIDS prevalence	2*
% U5 suffering moderate and severe malnutrition	17

Source: MICS Survey, UNICEF, 2000

* *The State of the World's Children 2004*

** UNICEF Primary School Survey 2003/2004 (25.5 per cent boys, 14.3 per cent girls)

In October 2004, extensive efforts at bringing peace to Somalia resulted in the election of a President and transitional government. All stakeholders hope that the new administration will bring stability and economic growth to the country, but at present the humanitarian situation remains poor. According to the latest Food Security Analysis Unit (FSAU) report, the country is facing one of its most serious droughts since the 1970s, manifesting itself in the central regions of northern Somalia and rapidly moving south. Political and clan-related conflict has both perpetuated and increased levels of displacement, impeded access to affected populations and directly or indirectly lead to the deliberate targeting of humanitarian workers.

The security environment within Somalia remains tenuous. The targeted murders of four international relief workers in late 2003 and early 2004 has meant that all travel into and within the country has been carefully planned and monitored and activities in certain high-risk locations have been scaled down or suspended at various times during the year. The security of staff and agency property remains a critical concern.

Carrying water down to dusk, aged seven



Since the war, there has been no public provision of clean water in the town of Merca. A lively trade has developed in domestic water provision to homes, shops and commercial buildings, based on existing wells owned by individual householders. The key workers in this trade are water boys driving donkeys with water drums mounted on their carts.

Abdul Kadir is only seven years old. He lives with his grandfather and plies the water trade from dawn to dusk. Scores, even hundreds, of boys and women make a living in this way. When the

area stabilizes, UNICEF will undertake a major overhaul of all water sources in Merca to improve water quality and change the distribution and payment system.

And what will happen to the water boys? Hopefully, they will go to school.

Abdul Kadir, Merca.

¹ Multiple Indicator Cluster Survey, UNICEF, 2000

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

Despite continued conflict and the absence of a central government, Somali children have benefited from greater access to health care, education, clean water and an enhanced protective environment in 2004 as a result of the joint efforts of individuals, communities, local administrations and local and international agencies.

For the second consecutive year, there were no confirmed cases of polio anywhere in Somalia, leading to the country being removed from the list of endemic countries worldwide. Continuing support to immunization and health services meant that children, women and communities had greater access to preventative and curative medical care. Rehabilitation and creation of water points resulted in clean water being available to 187,000 people previously without or with limited access. Of that number, 73,000 also benefited from improved sanitation, 5,200 of whom were children at their schools.

And, despite the enormous task ahead, incremental but significant progress was made toward improved access and quality of basic education for children through a combined strategy targeting both formal and non-formal primary schooling, resulting in a six per cent increase in enrolment, bringing the gross enrolment ratio to 19.9 per cent (25.5 per cent boys and 14.3 per cent girls).

During the year, UNICEF helped establish 10 regional child protection networks and mobilized approximately 80 communities. As a result, these communities are aware of the protection concerns facing children and young people in Somalia and have been mobilized to take a more active role in ensuring that children are protected from violence, exploitation and abuse.

Finally, the fight to prevent the spread HIV/AIDS pandemic in Somalia was bolstered by critical baseline data that will provide much-needed information for communities and agencies seeking to implement preventative interventions and provide appropriate care and support to those affected.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF has created partnerships 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 coordination of relief and rehabilitation programmes comprising sector, thematic and executive areas of focus.

Regular programme

While 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.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipients of UNICEF's humanitarian assistance will be children and women, particularly children aged under five and pregnant women and mothers. UNICEF has extensive programme partnerships with local authorities, communities, community stakeholder groups, individuals in technical capacities and both international and national implementing agencies. UNICEF will ensure effective surveillance, monitoring and supervision of the following activities.

Health and nutrition (US\$ 7,481,000)

UNICEF will focus humanitarian health and nutrition activities on: the delivery of essential health services (targeting 756,000 children and 170,000 pregnant women); critical reproductive health services (targeting 1.5 million women of reproductive age); the Expanded Programme on Immunization, including the Polio Eradication Initiative (targeting 1,260,000 children and 280,000 pregnant women); the provision of emergency nutritional response (providing 1 million under-five children with vitamin A capsules, 30,000 malnourished children and 200,000 pregnant women with iron supplements, and wet feeding for 20,000 children); and rapid response to sudden disasters (targeting 30,000 children and 10,000 women), including support to the ongoing drought situation in northern Somalia. Collectively, these projects address the most urgent health and nutrition-related humanitarian needs in the three zones of Somalia. To accomplish this UNICEF will:

- Provide supplies (including vaccines, injection equipment, cold-chain materials, essential drugs and basic medical supplies, micronutrients, resettlement kits, relief items, and supplementary and therapeutic food) to health workers, hospitals, MCH centres, health posts, feeding centres, etc.
- Train health/nutrition personnel and health committee members in the relevant technical or managerial skills.
- Strengthen routine EPI, and focus on measles control and elimination as well as maternal and neonatal tetanus elimination interventions.
- Provide fixed, advanced and outreach immunization services countrywide, with emphasis on vulnerable groups, including two countrywide National Immunization Days (NIDs) for polio and two sub-NIDs, plus supplementary activities, if necessary.
- Strengthen and expand mobile health services for drought-affected regions of Sool, Sanaag and Bari and other areas as required.
- Strengthen social mobilization activities to ensure public awareness for immunization and disease prevention.
- Strengthen nutritional surveillance and routine child growth monitoring and promotion through supportive supervision and regular nutrition surveys targeting high risk groups.
- Strengthen nutrition and emergency preparedness and response (EPR), through improved planning, joint assessments, etc. with FSAU, WFP and other partners.

Water and environmental sanitation (US\$ 1,448,000)

As a result of interventions planned for 2005, more than 100,000 people in rural and urban areas will have direct access to safe water from protected shallow hand-dug wells, motorized water systems and alternative water sources. In addition, children, women and their communities will learn and apply improved hygiene and sanitation practices and behaviours and a minimum of 500 rural households will gain direct access to pit latrines. Emergency support for vulnerable populations, particularly targeting the current drought-affected areas, will remain a critical component of the programme. Training components will be included in all interventions toward community ownership and sustainability. To accomplish this, UNICEF will:

- Rehabilitate 25 bore wells, install pumps, generators and distribution infrastructure, and rehabilitate another 75 shallow hand-dug wells including well protection and drainage.
- Develop sustainable water management mechanisms.
- Promote sanitation through distribution of 500 squat latrine slabs in target areas and promote community hygiene and awareness, also linked to mobile emergency health/nutrition outreach.
- Train WES committees, pump operators, hygiene promoters, water management groups.

Education (US\$ 3,005,000)

A targeted 300,000 out-of-school Somali children, particularly girls and children from IDP and other vulnerable groups including those currently affected by drought, will benefit from: greater community commitment to and participation in promotion of girls' education; increased number of teachers, particularly female teachers; skill training for teachers; improved understanding of issues inhibiting education of vulnerable and marginalized children as the basis for specific intervention planning; and increased provision of education for IDP and other vulnerable children.

To accomplish this, UNICEF will:

- Conduct a study on the scope and magnitude of education opportunities for IDPs and vulnerable communities as the basis for identifying and prioritizing a learning action plan.
- Undertake advocacy with Community Education Committees to increase girls' enrolment.
- Provision of education in emergencies – including school materials, shelter, support to teachers and food support through WFP if necessary – for drought-affected communities and IDPs based on UNICEF's Core Commitments for Children including safe spaces for care and support.
- Rehabilitate schools with basic materials, especially schools with upper primary facilities.
- Provide safe water, sanitation and recreational facilities in schools (especially for girls).
- Provide teacher training and training of female teachers in particular.

Child protection (US\$ 1,568,000)

Throughout Somalia, 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, focusing especially on IDPs, those affected by natural disasters including flooding and drought and other minority groups. The result of these interventions will be: reduced instances of violence, abuse, exploitation and discrimination against children; wider awareness of and commitment to child rights and child protection; and increased child rights and child protection competence and capacity among duty-bearers. To accomplish this, UNICEF will:

- Work with community-based organizations, religious and secular leaders, media, children and youth to challenge attitudes and practices that lead to violence and abuse against children, in particular gender-based and sexual violence and FGM.
- Advocate with local and national authorities, community groups and stakeholders on behalf of child victims of violence and exploitation, in particular children involved in and affected by the armed conflict, internally displaced and minority groups.
- In conjunction with international and local partners, provide training and technical support to authorities on their roles and responsibilities to ensure the protection of children, protect children and other at-risk groups against mines and UXO and adopt legal and policy frameworks on child rights and child protection.
- Build the capacity of community-based social workers to be able to provide psychosocial care and support to child victims of violence and exploitation, including to children who have been involved in hostilities and children affected and infected by HIV/AIDS.
- Strengthen the capacity of partners, community-based organizations and local counterparts, to monitor the situation of children, in particular in relation to gender-based and sexual violence, and undertake the necessary steps to refer victims of violence, exploitation and abuse to the adequate professional structures and institutions.
- Advocate for access to basic services, in particular education, for children from especially vulnerable groups (internally displaced persons, returnees, minorities, disabled, etc.).

Youth development and participation (US\$ 1,188,000)

Youth are potentially a powerful ally, yet they are, typically, an isolated group in the Somali context. However, as an energetic and positive force, they can collectively claim their rights and have a voice in their society. UNICEF is working to strengthen their capacity as agents of change and help them develop in positive and constructive ways within their volatile environment. The result of interventions will be: greater and more meaningful participation by youth in the development and reconstruction process, especially among girls (targeted to be 40 per cent of trainees); widespread understanding of, and skills developed for, reconciliation and peace-building; greater incorporation of young peoples' views in the development and reconstruction process; and an increase in participation by young people, especially girls, in recreation and sports. To accomplish this, UNICEF will:

- Train and provide ongoing support through mentoring to young people as members of youth groups in basic leadership and organisation development.
- Engage youth groups in reconciliation and peace building through training and community consultation.

- Building on the right to participation, strengthen the voice of young people in the development and reconstruction process.
- Contribute to a conducive recreational environment, with special focus on girls' sports (organizing sporting activities, rehabilitation, provision of materials, etc.).

HIV/AIDS prevention and control (US\$ 822,000)

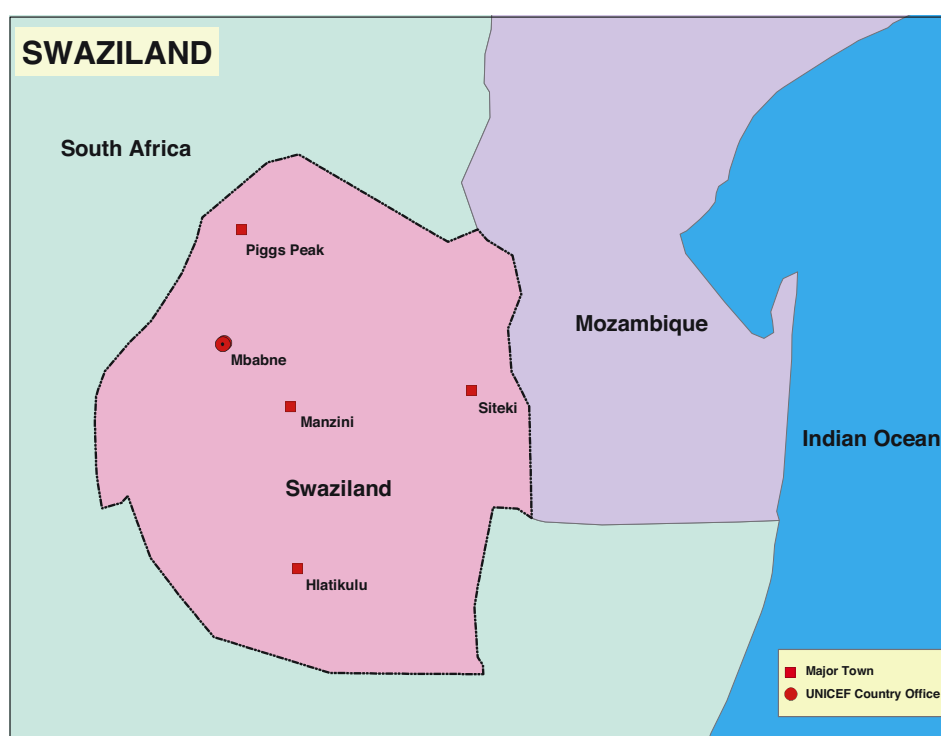
Although HIV/AIDS prevalence is still relatively low, the legacy of conflict and displacement, and its proximity to high-prevalence neighbouring countries, makes prevention and awareness-raising actions critical in Somalia. Stigma and discrimination are significant barriers to progress, and UNICEF is focusing on proactively addressing these issues in order to allow for open dialogue and quality care to be made available. The results of activities will be: increased HIV awareness (transmission modes, prevention, etc;) and risk perception/understanding of vulnerabilities; increased acceptance of people living with HIV/AIDS; reduced stigma and discrimination; increased access to and utilization of HIV-related prevention, diagnostic and care services; and open dialogue about HIV/AIDS. To accomplish this, UNICEF will:

- Conduct awareness and health education/promotion activities targeting both leadership and community levels.
- Establish an additional 30 voluntary counselling and testing sites integrated into existing health services and six centres for youth-friendly and gender-sensitive HIV information and diagnostic services, with special focus on access by vulnerable populations.

UNICEF HUMANITARIAN ACTION

SWAZILAND

IN 2005



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 2005

Sector	US\$
Child protection	3,115,000
Education	1,880,000
Health and nutrition	750,000
Water and environmental sanitation	390,000
Total	6,135,000

* 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 AND WOMEN

Swaziland is faced with a continuing silent emergency, where more than one third of children and women cannot access basic services (including health, education and psychosocial support). Swaziland's HIV prevalence among pregnant women is 38.6 per cent (2002), and NERCHA¹ estimates that out of the 1.1 million population, more than 200,000 are infected with HIV. Swaziland's infant mortality rate, measured at 74 per 1,000 live births in 1995, had grown to 109 per 1,000 in 2003², mostly due to mother-to-child transmission of HIV, where an 150 per 1,000 infants are becoming infected either at birth or in transmission through breastmilk.

An estimated 17,700 people died of AIDS-related deaths in 2003, contributing to the ongoing crisis of newly orphaned children overwhelming traditional extended-family safety net systems. Numbers of orphans are now estimated at more than 69,000, growing by about 10,000 per year, and more than 10,000 children are living in child-headed households. About 20,000 households are caring for persons ill with AIDS, and these burdens are exacerbating the poverty that affects the two thirds of the Swaziland population whose monthly income is about US\$ 10 equivalent or less.

CORE COUNTRY DATA

Child population (2003)	530,000
U5 mortality rate (1997/'000)	106
Infant mortality rate (2003)	106
Maternal mortality ratio (1995)	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 (2002)	38.6
% U5 children underweight (2000)	10

Sources: 2003 – Vulnerability Assessment Committee, 1997: Population & Housing Census, 2003 – SEPI Annual Review Plan (MOHSW, 2004), 2000 – MICS, 2002 – Ante-Natal Clinic Sentinel Surveillance



Orphans and vulnerable children at the Madadeni Neighbourhood Care Point are among 25,000 lucky ones to be reached by community support arrangements run by caring volunteers. Less than 20 per cent of OVCs receive such support.

As the full impact of AIDS continues to devastate the extended families, support is urgently needed to enable Swazi communities to establish hundreds more such care points.

Successive years of drought since 2000 led the Government to declare a national disaster emergency in early 2004. The expected rains at the end of 2004 are late again. Approximately 40 per cent of children are stunted (chronic malnutrition). The 2000 Multiple Indicator Cluster Survey reported that 37 per cent of the population were below the minimum level of dietary energy consumption – an especially life-threatening situation in the context of high HIV prevalence rates. The decreased availability and increased cost of food since 2000 has worsened the situation. Poor nutrition and HIV infection operate in a synergistic downward spiral with poor sanitation and declining access to safe water to speed up the impact of AIDS.

The proportion of children completing primary and secondary school education is declining and the situation is worsening as the full impact of AIDS is hitting families. Drop-out rates in primary and secondary schools are high as school fees are usually beyond the means of families facing costly burdens of

¹ National Emergency Response Council on HIV and AIDS.

² VAC, 2004.

“If the estimated 180,000 orphans and vulnerable children in Swaziland were to be gathered in a camp, facing the conditions which they face in their homes, they would clearly be declared in a state of emergency.”

managing illnesses, and of finding new livelihoods when bread-winners have sickened and died. Enhanced vulnerabilities of out-of-school children to abuse and exploitation have increased the number of reported sexual abuse cases. Swaziland is thus reaching the ‘second cycle’ of the AIDS epidemic where, without rapid and well-focused interventions, the impact of AIDS itself, exacerbating poverty and the vulnerability of children, is enhancing risks of further HIV infections among increasingly marginalized young people and women.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF’s regular programme since 2000 has worked closely with an ‘OVC Network’ (now with more than 25 local, national and international partners) to build community capacity to respond to the AIDS crisis, with special focus on orphans and other vulnerable children (OVCs).

The UNICEF emergency programme has built on the infrastructure of partnerships and community linkages, enabling it in 2004 to help more than 130 communities to establish 330 innovative ‘Neighbourhood Care Points’. These are sites where ‘Good Samaritans’ from the neighbourhoods provide daily support to more than 25,000 children. The children gather in groupings of 50-100, and the volunteers provide them with care, hot meals (with WFP support), play and psychosocial support, and pre-school and non-formal education activities. Pilot gardening activities at NCPs are now being expanded in partnership with FAO. The NCPs are reaching almost 20 per cent of the country’s most vulnerable children. In 55 communities their work is complemented by 600 Lihlombe Lekukhalela (‘shoulder to cry on’) Child Protectors who were mobilized with specific mandates to educate children and protect them from sexual abuse.

‘Community education for all’ grants to schools in 44 of Swaziland’s poorest communities in 2003 and 2004 also created a school community partnership that helped accommodate more than 7,000 OVCs (out of their total enrolments of 18,000 children). The approaches pioneered in these schools have provided inspiration and models for major new Government initiatives to bring OVCs back into schools countrywide, with the Government presently mobilizing supplementary budgets and donor contributions to provide educational support for more than 80,000 OVCs.

Prevention of Mother-to-Child Transmission of HIV and AIDS (PMTCT) services have been piloted on a small scale and are now ready for scaling up with the aim of covering all maternity clinics and hospitals in 2005, and linking clients to treatment services now being introduced nationally for opportunistic infections and antiretroviral treatment, including for children. Outreach sites in a Community Integrated Management of Childhood Illnesses (C-IMCI) programme are also to expand in 2005 to reach OVCs in Neighbourhood Care Points with immunization, micronutrients, growth monitoring and other preventive care. Creative initiatives such as ‘transformative communication’ and child protection (such as an innovative ‘String Game Story’) are also being scaled up with the aim to empower young people, women and men, with community leadership and support to stay HIV free.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF coordinates its HIV and AIDS work in the UN Country Team and an Expanded Theme Group on HIV and AIDS, and is convener of the ‘Orphaned and Vulnerable Children (OVC) Network’. The core of community activities are implemented through the Office of the Deputy Prime Minister, with close partnerships with Health and Education to get services to the grass roots. A special Swaziland initiative is under development for UN system joint programmes.

Regular programme

The UNICEF Country Programme of Cooperation for 2001-2005 is divided into three cross-cutting areas, namely; Community Action for Child's Rights (building community capacity to respond to the AIDS crisis, focusing on 55 communities), Integrated Basic Social Services (building health, education and other sectoral capacities to support community and national responses), and Policy Advocacy and Institutional Support (strengthening policies, monitoring systems, and national advocacy for children's rights). The emergency programme mobilizes resources to scale-up the OVC initiatives, and in 2005 seeks to strengthen and expand humanitarian action to protect and promote the rights of 50,000-60,000 children and women severely affected by HIV and AIDS.

Child protection (US\$ 3,115,000)

More than 100,000 children will benefit from activities that seek to strengthen community resources for child protection and promotion of basic rights for OVCs. Activities will include:

- Nationwide expansion of Lihlombe Lekhukalela Child Protection initiative from 55 to 300 communities by end-2005 through training of an additional 2,000 child protectors, providing a 'shoulder to cry on' for more than 100,000 children in communities (US\$ 100,000);
- Scale up current 325 Neighbourhood Care Points (NCPs) serving 25,000 children to reach at least 750 NCPs serving 50,000 children. Humanitarian needs support will include hygiene materials, blankets, shoes and warm clothes; and equipment needs will include mats, child-development materials, roofing sheets for latrines and kitchen areas, water tank, cement, door frames and doors, cooking pots, ladles, etc. (US\$ 1,955,000);
- Train 750 NCP Manager/Caregivers on child survival, protection and development and on NCP organization, management and reporting (US\$ 140,000);
- Train 750 NCP Child Protection Volunteers on counselling and psychosocial support (US\$ 85,000);
- Allowances for 750 NCP Manager/Caregivers at US\$ 31 per month, and for 750 NCP Child Protection Volunteers at US\$ 15 per month (US\$ 465,000);
- Supervision monitoring and evaluation for international (one) and local (four) staff, including transportation (four vehicles) (US\$ 370,000).

Education (US\$ 1,880,000)

Some 26,000 children from 50 schools in Swaziland's poorest areas will benefit from free primary education.³ In addition, at least 50,000 OVCs attending Neighbourhood Care Points (NCPs) will receive non-formal and life skills education. Activities will include:

- Providing emergency grants to 50 schools in Swaziland's poorest communities to enable free access to primary school education and providing work books and stationery benefiting 26,000 children (US\$ 809,000);
- Providing khaki and cotton cloth for school uniforms for 26,000 children (26,000xUS\$ 7= US\$ 205,000);
- Train and provide basic living stipend for 100 volunteer teachers to provide psychosocial support to OVCs attending school (US\$ 133,000);
- Train and provide basic allowances for 1,500 NCP 'Life Skill Volunteers' to provide non-formal education for 50,000 OVCs who are under- or over-aged for primary school admission (US\$ 455,000);
- Procure and distribute recreational and school supplies ('School-in-a-Box' kits) for 750 NCPs (US\$ 211,000);
- Emergency Education Projects Assistant Manager salary, support and transportation including vehicle (US\$ 67,000).

³ The Government of Swaziland has made a commitment to achieve free primary education, but the time frame and modalities are not yet established. The proposed emergency grant to accelerate free primary education in 50 of the poorest communities will directly benefit 26,000 of Swaziland's neediest children, and allow retention of scarce cash resources in the communities to rebuild their capital base for agricultural production and food security. It will also help establish the modalities for achieving free public primary education countrywide, and thereby likely accelerate achievement of that goal for all of Swaziland's neediest children.

Health and nutrition (US\$ 750,000)

Some 50,000-60,000 orphaned and vulnerable children, along with 12,000 HIV-positive pregnant women, will benefit from expanded community outreach and counselling services using community-based personnel supervised by nurses. These activities include:

- Procurement/distribution of essential emergency drugs and nutrients for 120 outreach sites and 750 NCPs (US\$ 200,000);
- Train 3,000 first-level community health-care personnel (Rural Health Motivators) in four regions for improved home-based caring practices involving psychosocial support for HIV and AIDS-affected children, and linkages to NCPs (US\$ 152,000);
- Train 750 NCP First Aid and Nutrition Volunteers, and provide a monthly allowance of US\$ 15 (US\$ 152,000);
- Train 500 nurses (two per clinic) in treating micronutrient deficiencies (US\$ 34,000);
- Recruit and train 3,000 community lay counsellors for increasing the uptake of PMTCT services provided through 60 rural clinics (US\$ 154,000);
- Support implementation of outreach services to NCPs and communities in the crisis areas through provision/ maintenance of vehicles (four), supply of scales and monitoring cards, and salaries of emergency personnel (US\$ 258,000).

Water and environmental sanitation (US\$ 390,000)

Some 13,000 children from 25 of the poorest schools⁴ will benefit from improved water and sanitation facilities. A further 750 children and 2,250 community members from 10 Neighbourhood Care Points (NCPs) will also benefit from safe water. These activities include:

- Drilling/rehabilitating 30 boreholes (20 schools; 10 NCPs), and procure and install 10 play pumps and 20 handpumps (US\$ 157,000);
- Mobilize and train community teams and provide materials for 320 latrines for schools, including 220 new latrines and 100 rehabilitated ones (US\$ 140,000);
- Rehabilitate 44 existing rain water harvesting systems (US\$ 27,000);
- Train three local water authority management teams (approximately 100 persons) on water and sanitation assessments, strategic options, rehabilitation planning and repair and maintenance of mini-water supply systems (US\$ 10,000);
- Supervision, monitoring and evaluation including vehicle and personnel (US\$ 56,000).

⁴ Some 13,000 children from 25 of the poorest schools have benefited from UNICEF-supported improved water and sanitation facilities from 2003 to end-2004, including safe water through handpumps, rehabilitation of rain water harvesting systems and the construction of new latrines. The 2005 initiatives seek to complete installations in the remaining 'group of 50' schools.

UNICEF HUMANITARIAN ACTION

UNITED REPUBLIC OF TANZANIA

IN 2005



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 2005

Sector	US\$
Health and nutrition	1,175,000
Water and environmental sanitation	510,000
Education	1,150,000
HIV/AIDS	1,600,000
Rapid assessment	150,000
Protection	285,000
Intersectoral support for field operations (communications, security, etc.)	750,000
Total *	5,620,000

* 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 AND WOMEN

In 2004, the United Republic of Tanzania continued to host the largest refugee population in Africa – and failed rains left some areas of the country food insecure for the third growing season. These two situations continue to take a toll on women and children in Tanzania.

While the prospects of peace in neighbouring Burundi and Democratic Republic of the Congo were cause for optimism, the impact on refugees from these countries and their hosts in Tanzania was not so positive.

Between January and September approximately 80,000 refugees returned to Burundi hopeful for elections and a new start after up to nine years in Tanzania as refugees. At one point almost 10,000 refugees were returning per month. However, by October the numbers had fallen below 1,000 per month due, partly at least, to a combination of postponement of elections, seasonal opportunities, and perceptions of social services and security back home. This left Tanzania with more than 400,000 refugees, the lowest figure in over three years, but a huge burden in a remote area of a poor, developing country. This large refugee population, more than half of whom are women and children, continued to require protection and basic social services in camps – while the local hosting communities continued to lag behind in most national development indicators.

While in some areas of Tanzania food production exceeded predictions, failed rains in the northern highlands left more than 650,000 people with limited access to food. For some areas, this was the second or third failed rainy season.

The impact of the HIV/AIDS pandemic, which has left more than 2 million children orphaned, has had a disproportionate impact on poor families. While a major crisis may not occur, there is the possibility that many small, localized and acute crises (at community or at household level) may occur – challenging the tools to detect and respond to such crises.

CORE COUNTRY DATA

Child population ('000s)	19,028
U5 mortality rate	165
Infant mortality rate	104
Maternal mortality ratio (1985-2002)	530
Primary school enrolment rate	47
Primary school enrolment rate for girls	48
% U1 fully immunized (DPT3)	89
% population using improved drinking water sources	68
HIV/AIDS prevalence	7.8
% U5 suffering moderate and severe malnutrition	44

Source: *The State of the World's Children 2004*

After two weeks in the centre... Irene's baby recovers



Irene is a mother from a village near the Burundian refugee camp in Tanzania's border district of Kasulu. While the refugees from Burundi and Congo have access to good health services in the camps, nearby Tanzanian villagers are often very far from government-run health posts.

Irene brought her nine-month-old infant, who was desperately sick, from her village to the camp health centre. The child had a severe form of malnutrition accompanied by signs of grey hair, swelling of limbs and face as well as irritation and apathy. The child was admitted to the health centre for treatment and at same time enrolled in the therapeutic feeding centre. After one week, the child started to improve, and after two weeks the child had recovered almost completely.

Irene and her baby were lucky. More than 250,000 children in Tanzania die every year of preventable diseases. UNICEF and UNHCR are supporting these health and feeding centres to reduce this toll.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the needs of refugees, refugee-hosting communities and drought-affected communities within the framework of the 2002 to 2006 Country Programme. The approaches used are the same as in the rest of the programme with adjustments to increase the speed of delivery, relevance to humanitarian needs and an emphasis on sustainability.

More than 70,000 pregnant/lactating women and more than 100,000 under-five children benefited from a range of health and nutrition interventions in the refugee camps. These efforts have maintained high coverage (including more than 90 per cent EPI and vitamin A supplements) as well as keeping infant and maternal mortality rates and malnutrition rates among refugees well below the national average. In refugee-hosting areas antenatal care attendance coverage has increased from 70 to 89 per cent. Birth deliveries conducted by skilled personnel have also increased from 46 to 70 per cent. Provision of safe water in the villages affected by refugee influx has increased from 47 to 67 per cent and hygiene promotion has taken place in 67 per cent of villages targeted.

In the area of basic education more than 130,000 primary-school-aged refugee children continued to learn in their own curriculum through provision of basic school supplies, teaching materials and infrastructure repairs. This is 95 per cent of the primary school age population, increasing from 85 per cent. Girls' enrolment has increased from 87 to 94 per cent. In the refugee-hosting communities school enrolment has increased from 52 to 99 per cent – and, for girls, from 52 to 98 per cent. UNICEF's role has been to support village-level educational committees, teacher training, and provision of teaching materials.

Interventions in the area of HIV/AIDS have had a major impact in both refugee camps and host areas. In total more than 120,000 pregnant women, infants, youths, community leaders, service providers and others have benefited from a package of HIV/AIDS interventions that have provided knowledge, counselling, testing, treatment (for pregnant women and infants), care, as well as basic life skills and livelihood options that offer young people alternatives to high-risk behaviours in the camps.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

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

Regular programme

The country programme focuses on two critical areas covering children in two broad age groups: (a) improvement of early childhood (under five years) care through a set of strategies addressing the problems of maternal and neonatal mortality and low birthweight, as well as health, nutrition, hygiene and psychosocial care of the very young child; and (b) improving access for school-age children to quality basic education as well as psychosocial and organizational support to enhance their life skills and livelihoods to support them through adolescence and in the transition to adulthood. The humanitarian elements of the country programme fall under the emergency preparedness and response programme, which follows this same approach of targeting the two age groups and their specific requirements and approaches in the refugee setting. Although Tanzania has no CAP for 2005, these projects are in the emergency programme and will also be highlighted in an inter-agency transition appeal to be launched in early 2005.

Health and nutrition (US\$ 875,000 for refugees and US\$ 300,000 for host communities)

More than 100,000 under-five children and 70,000 pregnant and lactating women in refugee camps as well as some 200,000 mothers and children in refugee-hosting areas will benefit from the following key activities:

- Equipping supplementary and therapeutic feeding centres to cope with malnutrition cases and to provide information and skills to prevent malnutrition.
- Providing essential drugs and medical equipment to ensure basic primary health-care services in 13 refugee camps. This includes cold-chain maintenance to ensure a safe and reliable stocks of vaccines. Key supplies for response to epidemics need to be made available.
- Supporting training and refresher training of camp and refugee-affected areas of health staff in key preventive/curative health services.
- Building health-care provider skills and capacity to improve epidemiological surveillance for prevention, early detection and rapid response to potential epidemics.

Water and environmental sanitation (US\$ 210,000 for refugees and US\$ 300,000 for host areas)

Schools and dispensaries in the 13 camps that lack WES facilities will be equipped by:

- Extension of camp-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 the media, such as the refugee radio stations.
- Procuring and distributing jerrycans for vulnerable children, including orphans and children under foster care.

In refugee-hosting areas the critical requirements remain:

- Development of simple water and sanitation systems and hygiene education in those communities that have little or no coverage, and repairing existing facilities where relevant and cost effective.

Education (US\$ 750,000 for refugees and US\$ 400,000 for host areas)

Basic education services must be maintained for 135,000 refugees in primary school as well as more than 250,000 children in refugee-affected communities:

- Providing basic learning supplies for more than 1,000 teachers to classrooms in 12 camps and in affected areas where necessary.
- Ensuring that 135,000 refugee children of primary school age are provided with a standard package of supplies (pens, copy books, etc.) including special hygienic requirements of girls.
- Supporting 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.).
- Training more than 1,000 teachers and administrators in camps and affected communities to improve teaching methods, to incorporate new curriculum requirements (peace education/conflict resolution, mines awareness, HIV/AIDS etc.), and to specifically improve the learning environment for girls. Special emphasis will be placed on preparation for repatriation where appropriate.

UNICEF will target the population in refugee camps, to ensure that their basic awareness and knowledge of landmines is raised before they repatriate to potentially-mined areas:

- Adapting posters, flyers, and other materials already in use in Burundi and DRC and distributing them in camps and villages that host refugees, as well as developing appropriate messages for radio – one of the most popular media channels.

HIV/AIDS (US\$ 1,100,000 for refugees and US\$ 500,000 for host areas)

Prevention of mother-to-child transmission:

- Although extensive training to prepare the staff for introduction of Prevention of Mother-to-Child Transmission (PMTCT) programme has been completed, ongoing training will be essential in order to maintain and further improve the quality of the programme.

- To provide comprehensive care for children and women, regular antenatal tests, such as RPR tests, haemoglobin etc., can be included in conjunction with PMTCT. Antiretroviral (ARV) regime to be continued as a core PMTCT intervention.
- Provision of protective equipment, such as surgical gloves, antiseptics, delivery kits, etc.
- Advocacy will remain an essential component of PMTCT and focus on continued information dissemination on PMTCT and reproductive health, as well as more targeted issues such as male involvement, where necessary.
- In addition to cross-border meetings among PMTCT staff there is a need to expand the limited PMTCT services in Burundi. The areas with highest refugee return will be prioritized.

Youth prevention and life skills:

- Services for youth will be maintained and broadened to include HIV/AIDS counselling, testing and treatment at youth centres.
- Training at several levels for various purposes will be required, to incorporate new participants ('children' mature into 'youths' every day), disseminate latest information as well as fill in the gaps for those leaving the camps due to repatriation, resettlement or other reasons. Particular emphasis will be placed on peer-to-peer education, mentoring and use of drama.
- Supporting a wide variety of income-generating activities, ranging from music, communication (local radio/gazettes/magazines etc.), art (drawing, drama etc.), masonry, tailoring, etc., in addition to the already ongoing activities of tailoring, knitting, hairdressing, catering, carpentry and animal keeping.

Rapid assessment of food insecure communities (US\$ 150,000)

- Continuing rapid assessments in food-insecure areas of 20 districts to better define linkages between food security and factors such as HIV/AIDS, and map geographic disparities where action is required.
- Responding to results of rapid assessments by informing WFP and other actors to improve targeting of food/seed aid and to mobilize resources for non-food assistance such as biscuits, UNIMIX and other measures.

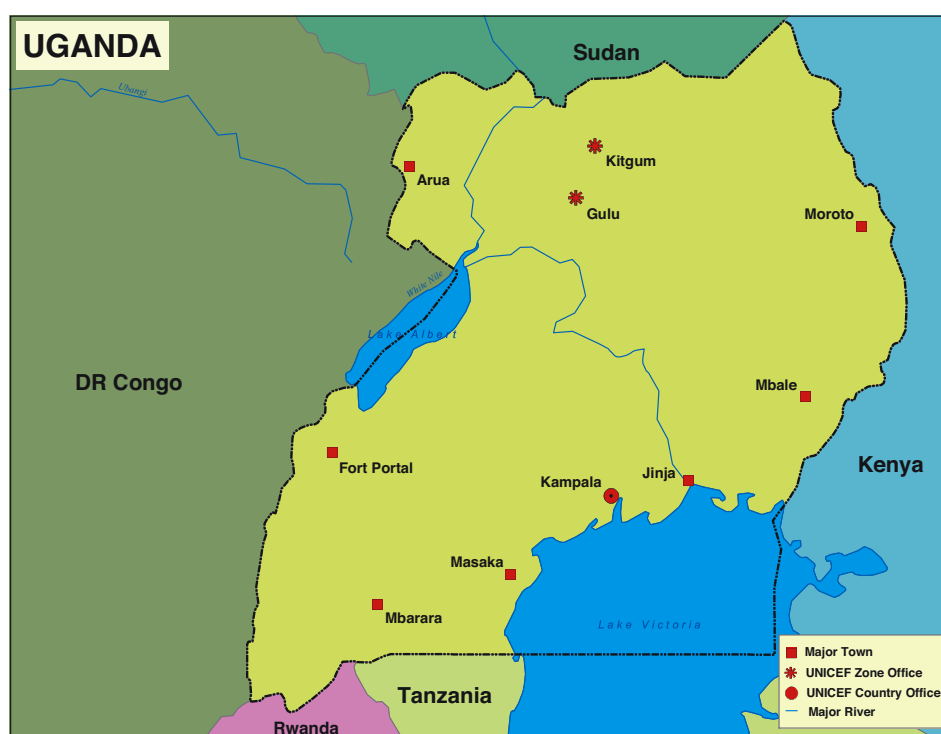
Protection (US\$ 185,000 for refugees and US\$ 100,000 for host areas)

- Increase support to the 12 camp-based sexual and gender-based violence (SGBV) programmes with emphasis on streamlining justice systems to make it more child-friendly.
- Improve follow-up on cases of suspected former child soldiers in camps and cross-border areas 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 human capacity to provide services for disabled refugee children.

UNICEF HUMANITARIAN ACTION

UGANDA

IN 2005



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 2005

Sector	US\$
Health and nutrition	7,869,317
Water and environmental sanitation	5,352,273
Education	6,477,272
Child protection	3,715,909
Family shelter and non-food items	4,403,409
Coordination and support services	675,000
Total *	28,493,180

* 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 AND WOMEN

The violence, displacement and poverty attendant to the 18-year conflict between the Government of Uganda and the Lord's Resistance Army (LRA) have exacerbated the already strained humanitarian situation of children and women in northern and north-eastern Uganda. The rights of children to basic health care, water, primary education, protection and shelter have been violated by the conflict.

The eight worst affected districts of Gulu, Kitgum, Lira, Pader, Apac, Soroti, Katakwi and Kaberamaido are currently home to a total 1.5 million internally displaced people (IDPs), 80 per cent of whom are children and women. Each evening, the threat of LRA attacks and abductions drives an estimated 44,000 child 'night commuters' to leave their homes to sleep in urban centres (primarily in Gulu, Kitgum and Pader). An estimated 12,000 children have been abducted by the LRA in the conflict-affected districts since June 2002, to be forcibly recruited as child combatants and sex slaves. At least 3,000 children have been abducted since October 2003.

CORE COUNTRY DATA

Child population (thousands)	14,238
U5 mortality rate	141
Infant mortality rate	82
Maternal mortality ratio (1985-2002)	510
Primary school enrolment ratio	87
Primary school enrolment ratio for girls	87
% U1 fully immunized (DPT3)	72
% population using improved drinking water sources	52
HIV/AIDS prevalence	5.0
% U5 suffering moderate and severe malnutrition	
underweight	23
wasting	4
stunting	39

Source: *The State of the World's Children 2004*

Signs of attenuation in the conflict have emerged recently, including incidents of low-to-mid-rank LRA officers being captured by or surrendering to the Uganda People's Defense Forces (UPDF). Despite such developments, however, there are no clear indications of a swift resolution to the conflict. Military engagements between the UPDF and LRA have continued, as have brutal attacks by small pockets of LRA members against civilian targets in IDP camps, villages and on roads.

The major challenge to emergency response and protection interventions is the restricted humanitarian access due to insecurity. It is estimated that social service providers and staff of humanitarian agencies can access only 20 per cent of the 210 IDP camps in the conflict-affected districts on a regular basis without heavily armed military escorts. UNICEF is utilizing all means to solve the issue of access, with reasonable assurance of security for humanitarian interventions, given the link between access and the

Family lost, wounded, anonymous



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A former LRA combatant (name withheld) performs his chores inside the Gulu Save the Children Organization (GUSCO) reception centre for formerly abducted children. The child nurses a wound sustained during the combat operations which freed him in July 2004.

The child says he was abducted from his home at gunpoint three years ago. During his captivity, he was trained to use different kinds of weapons, and was forced to walk long distances carrying guns and food supplies. He says he does not know the whereabouts of his family.

UNICEF assists GUSCO with provision of shelter materials, medical services, psychosocial support and skills training, and facilitates the return of the children to their families.

gathering of more comprehensive data for designing specific interventions to improve the situation of children and women. One such measure has been the recent deployment of two armour-plated vehicles to the UNICEF Zonal Office in Gulu for use by UNICEF and partner UN and NGO staff.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF continues to conduct its accelerated response to the humanitarian situation of the most vulnerable children and women of northern and north-eastern Uganda in close collaboration with the Government of Uganda, District Local Governments, UN sister agencies and NGO implementing partners.

In the area of health and nutrition, UNICEF trained 1,400 community resource persons (CORPS) in managing easily treatable diseases and supported 11 Therapeutic Feeding Centres (TFCs) in the conflict-affected districts. 'Child Days', a Government initiative with national coverage to accelerate vitamin A supplementation, deworming, measles and tetanus immunizations, and other routine service activities, were inaugurated with UNICEF support. In education, UNICEF supported the construction of 27 temporary schools in IDP camps, trained 800 displaced teachers in providing psychosocial counselling to pupils, and established 18 early childhood development (ECD) centres in Gulu, Kitgum and Apac Districts. Most recently, emergency medicines and equipment were delivered to Gulu following reports of cholera cases.

UNICEF supported the provision of resettlement kits, tents, income-generation training and health care to benefit more than 3,500 formerly abducted children, and continued to provide air and road transport in the family reunification process. UNICEF conducted regular training sessions in child rights for mid-level UPDF officers, and supported an inter-agency assessment on the prevention of sexual and gender-based violence.

UNICEF continued to provide emergency shelter and household items (tents, blankets, jerrycans, soap, etc.) to displaced households further affected by LRA attacks, outbreaks of fire and, most recently, extensive storm damage in the Pabbo IDP camp in Gulu. Approximately 12,000 child 'night commuters' received UNICEF assistance in the form of the emergency shelter items, as well as through the installation of clean water and sanitation facilities in the 'night commuters' shelter sites. Some 1,600 latrines were installed in the sites, and in temporary schools in the IDP camps of Gulu, Kitgum, Lira, Katakwi, Soroti and Kaberamaido to serve more than 80,000 people. UNICEF supported the drilling of 28 new boreholes and four motorized water pump systems to serve a population of 150,000 in the northern districts.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF participates in the Humanitarian Action Team and the Common Humanitarian Appeal Process and continues to be the lead agency in the sectors of WES, health and nutrition, protection, HIV/AIDS and education. Programme activities are implemented with a wide range of partners including GUSCO, CPA, World Vision, KICWA, AACAN, Caritas, MSF, IRC, SCiU, Noah's Ark, AVSI, NRC, Lacor Hospital Gulu, St. Joseph's Hospital Kitgum and Kalongo Hospital. UNICEF collaborates with WFP on protection, nutrition and monitoring issues, including support to reintegration of formerly abducted children and demobilized child soldiers. UNICEF and OCHA share common-premise offices in Gulu and Kitgum. UNICEF and WHO collaborate on health issues in emergencies.

Regular programme

Due to increased insecurity, many 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, including three non-focus districts in eastern Uganda. Emergency interventions and regular programme interventions are interchanged depending on the security situation and needs of communities. For conflict-affected districts, UNICEF prepares an annual plan for capacity-building activities funded by the regular budget, and humanitarian activities are integrated in the overall plan.

Health and nutrition (US\$ 7,869,317)

More than 800,000 displaced children and women; 12,000 severely malnourished and 25,000 malnourished children will benefit from the following key activities:

- Fully immunize 90 per cent of infants and pregnant women in IDP camps with appropriate antigens.
- Treat 80 per cent of under-five children in IDP camps for malaria, pneumonia and diarrhoea within 24 hours.
- Provide adequate care resulting in cure rates of more than 75 per cent for severely malnourished children admitted in TFCs; screen 80 per cent of severely/moderately malnourished children in IDP camps for referral to therapeutic or supplementary feeding programmes.
- Provide vitamin A supplements to at least 90 per cent of children (6-59 months) and deworming treatment to at least 90 per cent of children (1-14 years) in conflict-affected districts twice a year through 'Child Days'.
- Enable 80 per cent of pregnant women in IDP camps to schedule at least three antenatal care visits at health facilities and outreaches.
- Provide HIV/AIDS and gender-based violence counselling to 80 per cent of young people (girls and boys).

Water and environmental sanitation (US\$ 5,352,273)

The IDP population of approximately 1.4 million in Kitgum, Pader, Lira and Katakwi Districts will be reached through the following key activities:

- Construct 25 powered reticulated water supply systems.
- Rehabilitate 120 existing boreholes; drill 20 new boreholes.
- Construct 200 five-stance sanitation blocks at schools and health facilities.
- Distribute 500 plastic prefabricated mobilets, sanitation kits and information materials to support weekly sanitation days in IDP camps (for solid/liquid waste disposal, storm water/silage disposal).

Education (US\$ 6,477,272)

Approximately 400,000 primary school age children (6-12 years) (including 209,000 girls), 96,000 children (1-5 years) (including 49,600 girls) in Lira and Kitgum Districts, and 800 teachers in IDP camp temporary schools will benefit from the following key activities:

- Support community establishment of age-appropriate, block-based ECD centres in 10 IDP camps in Lira, 15 camps in Kitgum District.
- Develop catch-up education programmes for out-of-school children; facilitate the establishment of 18 child-friendly learning spaces for catch-up education in Kitgum District (one per camp).
- Construct and/or equip 40 temporary schools in IDP camps in Lira, Gulu, Kitgum, Pader and Apac Districts.
- Develop and distribute 3,687 copies of the 'Teacher's Resource Book' on psychosocial life skills education; train 43 Centre Coordinating Tutors on the standardized materials for psychosocial life skills education.
- Provide mobilization, advocacy and leadership skills to 1,500 young girls and boys from temporary schools in IDP camps, through training based on the Girls' Education Movement (GEM) operational framework.

Child protection (US\$ 3,715,909)¹

Approximately 150,000 children and women (in 13 IDP camps in Gulu, Kitgum, Pader and Lira Districts), 60,000 child 'night commuters', and formerly abducted, orphaned and other vulnerable children are targeted through the following key activities:

- Strengthen district capacity to register, oversee, monitor and report on 'night commuter' shelter standards (including physical standards and managerial practices) and support shelters with resources and supplies to meet guidelines and standards (including shelter materials, sanitation, fencing, lighting etc.).

¹ UNICEF and OCHA are also issuing a joint appeal in Protection/Human Rights/Rule of Law (US\$ 715,909)

- Review existing practices for the care, family-tracing, reunification and reintegration of formerly abducted children; and train reception centre staff; support NGOs and district social welfare officials to follow up a sample of reunified children to assess and address reintegration.
- Conduct consultation and dialogue with communities on mechanisms to support orphans and other vulnerable children within the community.
- Provide training for duty-bearers (including aid staff, camp leaders, local district government leadership, community development and health workers, UPDF and police) on effects of violence, responsibilities, practical intervention, response and coordination; and provide training for humanitarian aid workers on relief and development within a protection framework (e.g., planning, service delivery and camp management minimizing the risk of sexual and gender-based violence).
- Provide technical expertise for the UN Country Team (UNCT) and the Inter-Agency Standing Committee (IASC) in Uganda to collect, verify and analyse protection-related information at district and national levels; and provide three international protection officers deployed at district level.

Family shelter and non-food items (US\$ 4,403,409)

Approximately 250,000 IDPs; 5,000 formerly abducted children; 2,000 children in therapeutic feeding centres (TFCs) and supplementary feeding centres (SFCs); and 10,000 children in early childhood development centres in IDP camps will be reached through the following key activities:

- Respond to urgent needs for shelter and household items of IDPs by providing a household kit (3 blankets, 5 plates, 5 cups, 2 cooking pans, 2 basins, 2 jerrycans, 2 bars of soap and assorted used clothes) per household; urgent needs may arise from incidents of insecurity, fires or other related emergency incidences which create new, repeated or deteriorating displacement.
- Provide non-food items to 50,000 households.
- Provide non-food items to 20,000 'night commuters'.
- Provide resettlement kits for 5,000 formerly abducted children.
- Provide various other shelter/household items (tents, fencing, mattresses etc.) to TFCs and SFCs, ECD centres.

UNICEF HUMANITARIAN ACTION

ZAMBIA

IN 2005



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 2005

Sector	US\$
Health and nutrition	1,630,000
Water and environmental sanitation	900,000
Education	1,000,000
Child protection	575,000
Total *	4,105,000

* 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 AND WOMEN

The triple threat – from malignant interaction and impact of poverty, the HIV/AIDS pandemic and challenges to governance – is undermining development and pushing back the progress gained by the people of Zambia over decades. HIV/AIDS is now the leading killer in Zambia, although the burden of ailments such as malaria, diarrhoea and acute respiratory infections continue to be very serious. The burden of deaths and illness related to HIV has compromised and weakened the coping capacity of the overwhelming majority of families that are already suffering from the deepening poverty situation. The family is not the only societal unit negatively impacted. As the productive young succumb, the workforce shrinks – limiting the ability of government and businesses to employ and retain skilled workers. Eventually the Government will find itself facing major challenges to maintain an adequate number of teachers, doctors, nurses, police and other civil servants. Social services will consequently decline. The 'triple threat' thus is resulting in widening gaps between the 'haves' and the 'have-nots', threatening the human rights of millions of Zambians, especially the young and vulnerable.

CORE COUNTRY DATA

Child population (2002)	5,734,000
U5 mortality rate (2002)	192
Infant mortality rate (2002)	108
Maternal mortality ratio (2000)	750
Primary school net enrolment ratio (2000)	66
Primary school enrolment ratio for girls (2000)	65
% U1 fully immunized (DPT3) (2002)	78
% population using improved drinking water sources (2000)	64
HIV/AIDS prevalence (2001)	21.5
% U5 suffering moderate and severe malnutrition (% of U5 underweight) (2002)	28

Source: *The State of the World's Children 2004*

The scale and complexity of the 'triple threat' is unprecedented in several respects. One emerging major issue is the increasing number of orphans, which threatens to overwhelm the available resources and capacity of Zambian society. Of Zambia's total population, 51 per cent are under 18. More than one fifth of these children (an estimated 1,148,000) have lost one or both parents. A recent study predicts that the numbers of orphans will rise to an estimated at least 1,328,000 by 2010 while, simultaneously, the adults capable of providing care will decline. Orphans are more disadvantaged in claiming their access to education, health-care services and protection. Of these orphans, many are HIV-infected, either at birth from HIV-positive mothers or through sexual activities, which include the increasing sexual abuse of children by men. The rate of mother-to-child transmission of HIV is estimated at 30 to 40 per cent, if no intervention is put in place. Each year 32,000 children are estimated to be born HIV-positive.

Malnutrition is widespread and continues to be one of the major factors contributing to child deaths. The situation continued to deteriorate during the 1990s with chronic malnutrition affecting 42 per cent by 2001. Two thirds of all children suffer from both vitamin A deficiency and anaemia. This situation reflects the economic deterioration experienced during the same period and the increasing difficulties experienced by families in fulfilling their obligations to protect the rights of their children.

Children and women are hit hardest by the 'triple threat'. The high maternal mortality ratio of about 750 for every 100,000 live births remains a great concern. Insufficient household food, inadequate maternal and child care, limited capacity to provide adequate health services and an unhealthy environment (in particular a lack of access to clean water and sanitary conditions) has resulted not only in high maternal mortality rate but also in an increasing number of malnourished infants noticed even before birth. HIV is far more prevalent in females as compared to males. For instance, in the 15-19 age group, the infection rate was five times higher in females. The HIV prevalence rate at sentinel surveillance sites across the country was estimated at 19.7 per cent in 1998. In some urban areas, however, the reported rate was as high as 28 per cent. In addition to biological factors, the low socio-economic status of women has been identified as one of the major factors contributing to this gender disparity. Women are frequently illiterate and kept out of decision-making processes and leadership roles. In spite of this, they carry the major responsibility for child health care, nutrition, upbringing and education.

Against the declining provision of social services, several issues arise concerning access to education. Primary education enrolment leaves room for improvement, although the rates have increased in recent years – for girls from 69.3 per cent in 2001 to 75.3 per cent in 2003; and for boys from 71.5 per cent in 2001 to 77 per cent in 2003. Available statistics on Net Intake Rate (NIR) indicate a steady drop in the number of new entrants to grade one (the official primary school entrance age is seven years) from 38 per cent in 2001 to 34 per cent in 2003. The quality of learning also continues to be of concern. The proportion of pupils who attained the minimum levels of learning performance in 2003 remained low at 36.7 per cent for English and 38.8 per cent in Mathematics. This combination of low enrolment and low achievement means that only one in five children realize their right to a quality basic education.

“All we want is a place where we can learn”



UNICEF-Zambia/François d'Elbee/2003

“My grandma decided to take us in soon after my father passed away. My mother died many years before. Grandma couldn't afford to buy the school uniform for all of us, so the boys went and my sister and I stayed home and sold vegetables at the market. Midday was the time I looked forward to because my brother would come home and let me look on while he did his homework. Sometimes he'd show me what he'd learnt in maths that day or even teach me a new word. I left school in class four. We had few books and sometimes I had to sit on the floor because there weren't enough desks. I didn't mind much because it meant that one day my father's dream for me to become a teacher just might come true. There are many girls like me who

don't go to school. I think it's wrong to choose who gets educated and who doesn't; all children should have the chance to learn. It doesn't matter if it's under a tree or if the walls have holes, all we want is a place where we can learn and someone to teach us.”

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

Since the onset of the food and water crisis in 2002 and in the context of the ‘triple threat’, UNICEF, in collaboration with the Government, civil society and other partners, has continued to respond to the humanitarian needs of the Zambian population. Assistance has been provided in the priority areas of health, nutrition, water and sanitation, education and child protection with particular attention paid to the vulnerability of girls and women.

Successful emergency measles immunization campaigns resulted in a drastic decline of the disease from more than 30,000 cases in 2001 to just 15 in 2003. This success meant that UNICEF in 2004 could maintain routine immunization and keep the situation under control. Progress included improved vaccine management and injection safety. For malaria control, UNICEF continued to assist the Equity Malaria Control Programme under which the most vulnerable groups of the society are reached, such as refugees, orphans, pregnant women and people living with HIV/AIDS, most of whom had no access to bednets through regular social marketing programmes.

UNICEF has supported the expansion of the Prevention of Mother-To-Child Transmission (PMTCT) services in 2004. PMTCT has increased from a dozen in 2002 to more than 90 public health facilities. Voluntary Counselling and Testing (VCT) is now offered at more than 250 public centres in all 72 districts. UNICEF contributed to supplies of VCT HIV test kits in 2004. Efforts to strengthen laboratory capacities for managing opportunistic infections are under way. This is particularly critical in light of the antiretroviral therapy (ART) scale-up plan launched by the Government in September 2004, aimed at placing 100,000 people on ART by the end of 2005. Selected orphanages caring for HIV-infected children are also being supported. It is expected that lessons learned from these institutions will help to document and replicate efforts to increase HIV-positive orphans' access to ART.

In response to the shocking rate of cases of sexual and gender-based violence (SGBV) against children and women, UNICEF supported a coalition of civil society partners and Government to raise awareness on sexual exploitation in three informal settlements in Lusaka reaching more than 3,000 children, **women and adult men**. The campaign called for a bill to impose stiffer penalties for perpetrators of SGBV. The Ministry of Justice has already commenced work on this bill.

UNICEF is currently working with 31 community-based NGOs to reach more than 360,000 orphans and vulnerable children in addressing their needs in education, psychosocial support and career livelihoods.

A Ministry of Education (MoE)/WFP/UNICEF school feeding pilot project for emergency-affected areas was started in 2003. By 2004 the project had expanded to five districts in Southern and Eastern provinces, with a total of 61 formal basic and community schools involved. From the 50 schools included in the programme in 2003, enrolment increased by 10.8 per cent from July 2003 to December 2003. Data from monitoring visits conducted by MoE in February 2004 showed that average school attendance rates in the target schools have been raised by as much as 12 per cent.

In collaboration with WFP, UNICEF has further supported urban community schools with a school feeding programme in Lusaka Province. Of the 180 community schools, targeting approximately 60,000 Orphaned and Vulnerable Children (OVCs), 99 have received educational materials from UNICEF and 12 boreholes have been provided under the water, sanitation and hygiene education programme.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership:

Effective coordination and partnership between the UN Country Team (UNCT) and 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 will continue to be an active member in all these areas.

Regular programme:

The current Country Programme for 2002-2006 has four sectoral programmes: Health and Nutrition; Education for All; Water, Sanitation and Hygiene Education; and Child Protection. Emergency preparedness and response is one of the cross-cutting issues, along with HIV/AIDS and Integrated Early Childhood Care and Development, and is thus fully integrated into the four regular programmes.

In response to the HIV/AIDS pandemic, which has reached a point of national emergency, UNICEF will play a leading role within the UN Country Team in support of the national multisectoral response to the humanitarian crisis unfolding in Zambia.

Health and nutrition (US\$ 1,630,000)

Some 60,000 orphaned and vulnerable children, along with 20,000 people living with HIV/AIDS and 20,000 poor pregnant women, will be protected against malaria which, together with HIV/AIDS, is a major killer of children and women in Zambia. About 500,000 children will be protected against measles and 500,000 pregnant women against tetanus using safe injection materials. Some 10,000 victims of sexual violence will be protected against unwanted pregnancy and HIV using post-rape-care kits, including post-exposure prophylaxis for HIV. Finally, assistance will be given to 15,000 Neighbourhood Health Committees to play an effective role in enhancing community dialogue and learning aimed at increasing the number of Zambians who are aware of their HIV status (currently at 8 per cent) and hence an increased number of Zambians who are on antiretroviral treatment (ART).

Activities include:

- Procurement and distribution of 100,000 long-lasting insecticide-treated bednets for protection against malaria (US\$ 560,000).
- Procurement and distribution of 200,000 rapid malaria test kits to improve diagnosis and ensure early treatment (US\$ 115,000).
- Procurement of measles vaccine for 500,000 children including auto-disable syringes and safety boxes (US\$ 225,000).
- Procurement of tetanus toxoid with auto-disable syringes and safety boxes for vaccination of 500,000 pregnant women (US\$ 270,000).
- Procurement and distribution of post-rape-care kits including post-exposure prophylaxis for HIV to selected health centres in all provinces (US\$ 30,000).
- Training of 500 health-care workers on post-rape health and psychosocial care (US\$ 60,000).
- Support to implement, monitor and evaluate field visits and emergency personnel (US\$ 70,000).
- Support to community dialogue and learning through Neighbourhood Health Committees in the context of the Global 3 by 5 Initiative (US\$ 300,000).

Water and environmental sanitation (US\$ 900,000)

In 2005 UNICEF will build on and continue the effective inter-agency collaboration with MOE and WFP for the expansion of the school feeding programme. Experience shows that the learning environment and physical environment have to be improved if the gains from the school feeding are to be sustainable. WASHE intervention is crucial for the success of the school feeding programme. During 2005, WFP and UNICEF will start assisting 10,000 children, gradually expanding and reaching 70,000 children, in Southern Province. The additional estimated 200 schools to be included during 2005 will receive the following assistance from UNICEF WASHE section:

- Construction and rehabilitation of water sources (approx. 75 boreholes and 75 hand-dug wells) at an estimated cost of US\$ 2,000 per school (US\$ 360,000).
- Construction and rehabilitation of latrines and hand-washing facilities, and conduct hygiene education campaigns in 200 schools at an estimated cost of US\$ 1,500 per school (US\$ 350,000).
- Procurement and distribution of 20-litre jerrycans for water storage and chlorine for water treatment at an estimated cost of US\$ 500 per school (US\$ 120,000).
- Procurement and distribution of vegetable seeds for school gardens for supplementing dry rations at an estimated cost of US\$ 100 per school (US\$ 30,000).
- Programme support in 10 districts (district coordination, technical assistance, logistics, communications, etc.) at an estimated cost of US\$ 3,000 per district (US\$ 40,000).

Education (US\$ 1,000,000)

UNICEF's work has been identified as a good example in the region of how to ensure children's rights to education can be fulfilled despite the HIV/AIDS crises. Through assisting the most vulnerable children in community schools with a morning meal and focusing on enhancement of the learning environment, the programme is targeting access, retention, progression and performance in schools. The morning meal works as an incentive for sending children to school and boosts cognitive development and learning attainment.

UNICEF would like to build on and continue the good interagency collaboration between MOE, WFP and UNICEF on the school feeding pilot project.

During 2005, WFP will start assisting another 10,000 children, gradually expanding and reaching 70,000 children in Southern Province. The additional estimated 200 schools to be included during 2005 will receive the following assistance from UNICEF:

- Educational materials and supplies for each school, including 'School-in-a-Box' and recreational kits at a cost of approximately US\$ 4,000 per school. The kits are very useful in community schools that often do not have secure structures to store the teaching and learning materials (US\$ 900,000).
- Support to the training of teachers and parent/community school committees in 'sports against HIV/AIDS' and anti-child-abuse activities at an estimated cost of US\$ 450 per school (US\$ 100,000).

Child protection (US\$ 575,000)

UNICEF will intensify its efforts in responding to the particular vulnerabilities of women and girls. Building on the success of the formation of a broad-based partnership and campaign against sexual and gender-based violence, UNICEF will support the Government and non-governmental partners in the following areas:

- Drafting of a bill on gender violence (US\$ 25,000).
- Development of popularized version of the bill and printing 2,000 copies (US\$ 60,000).
- Holding 10 provincial and district consultations to facilitate its adoption by Parliament (US\$ 275,000).
- Training more than 300 law enforcement officers in the Victim Support Unit of the Zambian Police on human rights instruments and the management of abuse cases (US\$ 95,000).
- Training 200 members of the Community Welfare Assistance Committee as trainers to conduct 10 community trainings on psychosocial support to address abuse and gender violence (US\$ 120,000).

UNICEF HUMANITARIAN ACTION

ZIMBABWE

IN 2005



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 2005

Sector	US\$
Orphans & HIV/AIDS	3,200,000
Education	1,600,000
Health and nutrition	2,000,000
Water and environmental sanitation	700,000
Total *	7,500,000

* 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 AND WOMEN

Zimbabwe is currently experiencing a complex humanitarian situation with multiple causes as well as 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. All have gravely worsened the well-being and livelihood of children and women throughout the country.

As a result there was a doubling of under-five mortality rates from 80 to 126 per 1,000 live births between 1989 and 2004. In 2003 at least one quarter of the districts in Zimbabwe reported high levels of severe acute malnutrition in children under five. The number of underweight children has increased from 13 to 17 per cent since 1999, an increase of 32 per cent. A nationwide nutrition survey has shown that where HIV/AIDS is most prevalent higher levels of malnutrition are found.

Zimbabwe is one of the hardest-hit countries by HIV/AIDS with an adult seroprevalence rate estimated at 24.6 per cent. An estimated 1.8 million people were living with HIV/AIDS in 2003. More than half of all new infections occur among young people, especially girls. As a result, life expectancy has dropped from 61 years during the early 1990s to 35 years by the end of 2004. This drop in life expectancy has the devastating effect of orphaning generations of children. Of the estimated 1.3 million orphans in Zimbabwe in 2003, about 75 per cent have been orphaned by AIDS. In 2004 alone, 160,000 children lost a parent. Another 150,000 children had a chronically ill parent as a result of the virus. Orphans will account for 20 per cent of children in 2005.

CORE COUNTRY DATA

Child population	6,561,000
U5 mortality rate	126
Infant mortality rate	76
Maternal mortality ratio (2000 adjusted)	1,100
Primary school enrolment ratio	67
Primary school enrolment ratio for girls	63
% U1 fully immunized (DPT3)	58
% children sleeping under bednet	3
% population using improved drinking water sources	83
Number of people living with HIV/AIDS	1,800,000
HIV prevalence among pregnant women	30
Total number of orphans	1,300,000
Children orphaned in 2004	160,000
% U5 suffering moderate and severe malnutrition	17

Source: *The State of the World's Children 2004* and new updated more specific sources)

"Some older men come to me offering love"



"My name is Chipso Tsakare from Tsakare village in Mount Darwin in Mashonaland Central in Zimbabwe. I am 16 years old. My parents passed away one after the other in 2002. Life has never been the same since. I stay with my 70-year-old grandmother. In fact, I look after her since she cannot do anything to help me now. I am in Form Two at the local secondary school, but I am hardly at school because I cannot raise the required school fees of Z\$ 4,000 (about US\$ 2) per term.

"I have been sent away from school, and every time I go back I am chased away. Some students now think that I am a problem. Some even laugh at me. I feel embarrassed. I have resolved not to go back to school again.

"Some older men come to me offering love and pretending they want to marry me. Others have even tried to force themselves on me, but I have stood my ground and I never allow anyone to abuse me. I know that all they want is to use me sexually and then dump me."

Chipso Tsakare, aged 16, Tsakare Village, Mount Darwin.

The economic situation has further added to the deterioration of the health sector and reduced capacity to deliver services. The maternal mortality ratio, a good measure of the robustness of the health services, deteriorated from 610 per 100,000 live births in 1995 to 1,100 per 100,000 live births in 2000. 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 malaria, cholera, dysentery and tuberculosis.

The current crisis in the social sector has also resulted in a drop in the proportion of children attending school. Net enrolment (NER) in schools has declined from 95 per cent for boys and 90 per cent for girls in 2001 to 67 per cent (boys) and 63 per cent (girls) in 2003. The high inflation and increased poverty levels in the country have led to escalating educational costs, resulting in increased school drop-out rates. These rates have further been increased by teenage pregnancies and the increase in the death of parents and guardians from AIDS.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Zimbabwean population affected by this complex 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 have been hampered due to limited international support to Zimbabwe.

In the area of health and nutrition, routine immunization services have been improved. Support to supplementary immunization days helped to achieve national measles coverage of 95 per cent and vitamin A distribution of 90 per cent in 2003. The nutrition component of the programme focused on infant and young child feeding (IYCF), therapeutic feeding (TF) and vitamin A supplements in the context of the humanitarian crisis. Programme interventions were able to stabilize the nutrition situation, achieving a rate of wasting of 5 per cent. UNICEF assistance managed to reach more than 770,000 under-five children with supplementary feeding and nearly 4,500 more with TF.

Assistance was also extended to local communities to rehabilitate more than 200 schools that were damaged by cyclones or were old and unsafe. Learning and teaching materials, including 'School-in-a-Box' kits were distributed to the rehabilitated schools. And 10,000 textbooks were procured for 6,000 first and second grade children in 50 primary schools. Five boreholes are being built to support approximately 2,500 children in five schools experiencing acute water shortages.

Through a Community-Based Care and Support Project for Other Vulnerable Children (OVC) more than 45,000 OVC were reached with support for access to education, food security and nutrition, psychosocial support services and improved access to shelter and sanitation.

HIV prevention efforts among youth were accelerated by the establishment of centres in 20 districts where these young people can gather information and skills to protect themselves from HIV/AIDS. The programme also supported the establishment of PMTCT sites and equipped them with test kits and trained the health workers.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF cooperation with other humanitarian partners falls within the UN humanitarian coordination mechanisms. UNICEF provides leadership in the following working groups that are composed of other UN agencies, government counterparts and NGOs: 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 new country programme will only be 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 will support development of the capacity of vulnerable households and communities to reduce the vulnerability of children and promote their access to basic social services and sustainable livelihoods. This assistance will focus on 18 districts. Criteria for district selection are based on the number of orphans, prevalence of HIV, child population and poverty.

At the national level, UNICEF will advocate for national policies, strategies and legal and institutional reforms that ensure the realization and monitoring of child rights in general, with emphasis placed on OVC and HIV/AIDS. Delivery of critical national-level services, including immunization and education, will continue.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate needs of the most vulnerable segment of the population. The primary recipients of UNICEF humanitarian assistance will be some 500,000 children and women.

Orphans and HIV/AIDS (US\$ 3,200,000)

At least 200,000 orphans and other vulnerable children are reached and supported through the following key activities:

- Providing access to education for 25,000 orphans and other vulnerable children who otherwise will drop out of school as they have to care for chronically ill parents/caregivers.
- Providing psychosocial support to 75,000 vulnerable children and their families through the creation of memory boxes or similar processes.
- Training of 10,000 adults and 10,000 young people in- and out-of-school (half of them girls) who, in turn, will 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.
- Training of 5,000 in- and out-of-school young people to transfer HIV/AIDS information and skills to 100,000 of their peers, with a special focus on orphans who are at increased risk of becoming infected themselves.
- Promoting and supporting community care for children without any family support.

Education (US\$ 1,600,000)

A total of 100,000 children in 700 satellite schools in the newly resettled areas will benefit through the following key activities:

- Supplying basic scholastic materials, including notebooks, pencils and erasers, for 100,000 primary school children.
- Rehabilitating 100 satellite schools.
- Supporting the construction of 50 three-classroom blocks with furniture to accommodate 25,000 primary school children.
- Training 15,000 primary school teachers to teach life skills for HIV/AIDS effectively to 500,000 pupils.

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

Some 4.5 million children and women will be reached through the following key activities:

- Procuring and distributing essential emergency drugs and equipment to 500 health clinics.
- Distributing 400,000 long-lasting insecticide-treated bednets to 200,000 households. This will target young children and pregnant women in 17 districts where malaria is highly and moderately prevalent.
- Supporting 53 districts hospitals to ensure that they are providing good quality obstetric emergency care, thus making an effective contribution to reducing excess maternal mortality.
- Strengthening implementation of the national therapeutic feeding programme for severely malnourished children in 64 therapeutic feeding centres and treat an estimated 5,000 children.
- Supporting development of a comprehensive National Food and Nutrition Surveillance System.

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

Some 500,000 people will be reached through the following key activities:

- Constructing/rehabilitating wells and adequate sanitary facilities in 100 schools.
- Rehabilitating and constructing 250 wells and boreholes and installing handpumps to provide safe drinking water to some 1.5 million people.
- Constructing/rehabilitating 150 household latrines and wells.

EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE (ESARO)

Regional Office financial needs for 2005		
Sector	Focus countries	Total (US\$)
Emergency preparedness	Eritrea, Ethiopia, Operation Lifeline Sudan, Swaziland, Zambia and Zimbabwe	100,000
Emergency response	Priorities: Burundi, Ethiopia, Eritrea, Operation Lifeline Sudan, Uganda and Zimbabwe	250,000
HIV in emergencies	Burundi, Ethiopia, Lesotho, Uganda and Zimbabwe	100,000
Protection of children in armed conflict		
• Sexual violence	Regional Inter-agency meeting on sexual violence	100,000
• Child soldiers/DDR	Burundi, Operation Lifeline Sudan and Somalia	90,000
• Landmines	Burundi, Ethiopia, Eritrea, Operational Lifeline Sudan, Somalia	90,000
Training in capacity-building to address children affected by armed conflict	Regional Programme support	85,000
Total		815,000

Children affected by armed conflict

Purpose and objectives in 2005:

- Build capacity within the region to address protection issues of children in unstable environments, particularly in emergencies and conflicts.
- Prevent and mitigate the negative impact of armed conflict, particularly when it violates international humanitarian law and the rights of children.
- Eliminate the use of children as soldiers and reduce the number of children affected by landmines and unexploded munitions.
- Recognize the particular needs of IDP and refugee children, and ensure effective coordination with agency partners for provision of care and protection of all children, including appropriate psychosocial interventions.
- Ensure that all children affected by armed conflict can access basic social services and are included in HIV/AIDS awareness and prevention efforts.

Activities:

- Planning for repatriation and resettlement processes, including disarmament, demobilization and reintegration (DDR), will be supported as peace processes proceed in both Burundi, Somalia and Sudan.
- Support child soldier recruitment prevention and demobilization programmes, including the MDRP in Burundi and activities in Tanzania, Uganda, Rwanda and OLS Southern Sector, with guidance in developing funding proposals, field missions, and training initiatives, including follow-up to the development of a more coordinated approach to DDR.
- Support country programmes with substantial IDP populations by facilitating training on the basic rights of IDPs, (using the Guiding Principles), and information-sharing on strategies for IDP assistance and agency coordination. Uganda will be given particular attention.
- Promote, implement and monitor the Action for the Rights of Children (ARC) capacity-building and training initiative in the region, through coordination with Save the Children Alliance, UNHCR and other partner agencies working with children in conflict situations. Additional ARC work will be proposed for Sudan and northern Uganda in 2005.

- Support country offices facing emergency, conflict or post-conflict situations with programme tools, resource materials and technical guidance to address HIV/AIDS; in Uganda, seek to ensure integration of HIV/AIDS into a broader protection programme.
- Document, publish and widely distribute good practices and programme tools in child soldier demobilization, and mine risk education.
- Provide support and guidance to country offices on appropriate psychosocial interventions in unstable situations.
- Undertake preventative and curative interventions that address key aspects of sexual violence. A regional interagency meeting, co-hosted with UNIFEM, will be held in January 2005.
- Support the organization of training on child protection against sexual exploitation by peacekeepers.

Emergency preparedness

- Undertake vulnerability analysis, emergency preparedness and contingency planning and ensure integration with country programme cycles, UNDAFs and CAPs in 20 countries.
- Strengthen emergency preparedness and response planning (EPRP) processes through capacity-building of partners and linking UNICEF plans to broader contingency planning initiatives. Support short-term surges of demand in emergency operations being met with timely deployment of appropriate technical support; provide training on EPRP fundamentals for key government and NGO partners in Eritrea, Madagascar, OLS and Uganda.
- Complete an EPRP exercise (training and planning) in Eritrea, Ethiopia, OLS offices, Swaziland and Zambia. Update EPRPs in an additional 14 country offices and field test the developed EPRP fire-drill module with the Somalia office.
- Support and participate in the OCHA-led Great Lakes, Eastern and Horn of Africa contingency planning exercises. Work with OCHA to strengthen their EPRP process and co-host an inter-agency training of trainers with OCHA and other UN agencies.

Emergency response

- Coordinate/facilitate support for management of EPRP issues in multicountry operations, especially in the Great Lakes, Horn of Africa, Zimbabwe and post-conflict operations in Angola, Burundi, Somalia and OLS.
- Set up a 'rapid response team' for 2005, of both regional advisers and specialized consultants, provide orientation and training for the team, and set up and manage a region-wide roster of human resources (both internal and external) to be deployed to support UNICEF's humanitarian programmes. Establish a short-term funding mechanism for ESARO to support this rapid deployment of staff.
- Continue to pilot test the applicability of DevInfo in the context of emergencies. Undertake regional training on monitoring and evaluation in emergencies.

ACTIONS AND ACHIEVEMENTS IN 2004

During 2004, ESARO continued to expand emergency preparedness and response capacity in the region, particularly the development of contingency planning and preparedness and its integration into country programming. Nineteen of the 21 countries in ESARO have preparedness plans. In 2004 the Emergency Preparedness and Response Planning (EPRP) process was completed in Comoros, Madagascar, Namibia, Rwanda, South Africa and Tanzania, with support from the UK Department for International Development (DfID). ESARO also participated in mid-term review and programme support missions to Lesotho, Mozambique and Tanzania to ensure that preparedness is integrated into the country programme processes,

ESARO will expand capacity-building efforts with governments and NGOs by conducting contingency planning and EPRP training exercises in-country. In 2004, such exercises were undertaken with UN country teams and partners in Comoros and Madagascar.

ESARO also undertook numerous technical missions to support the emergency preparedness and response capacities of Angola, Burundi, Eritrea, Ethiopia, Madagascar, Mozambique, Namibia, Rwanda, South Africa, OLS (Operation Lifeline Sudan), Tanzania, Uganda and Zimbabwe. Extensive support was also provided to the Uganda Country Office to undertake a comprehensive needs assessment of internally displaced persons and to scale-up their emergency activities in the north of the country. In Ethiopia, ESARO helped the country office to develop a strategy in response to the government's resettlement policy and participated in the inter-agency review of the 4 Rs programme in Eritrea.

Steps towards establishing a regional 'surge capacity roster', including screening and candidate selection, will continue in 2005. The availability of qualified staff from country offices to support effective emergency response is vital. This capacity will be further supported by the establishment of a rapid response team of regional advisers and specialized consultants, and the Emergency Response Team being established at headquarters in 2005.

ESARO worked with other UN agencies and humanitarian partners on priority issues including Disarmament, demobilization and reintegration (DDR), HIV/AIDS, sexual exploitation, mine risk education and the training of peacekeepers and military groups. For regional coordination, ESARO was keenly involved in a number of inter-agency and inter-organizational networks. One initiative is the Action for the Rights of Children (ARC) programme, which effectively advocates and promotes child protection priorities. ARC training was conducted in Burundi and Rwanda with full inter-agency support and cooperation. The Burundi training focused on repatriation and child protection and included OCHA as a new partner for the first time.

ESARO contributed to a Nairobi-based inter-agency forum on HIV/AIDS in Humanitarian Response during the year. All partners identified areas of work with HIV/AIDS in emergencies that they have initiated but which require further attention.

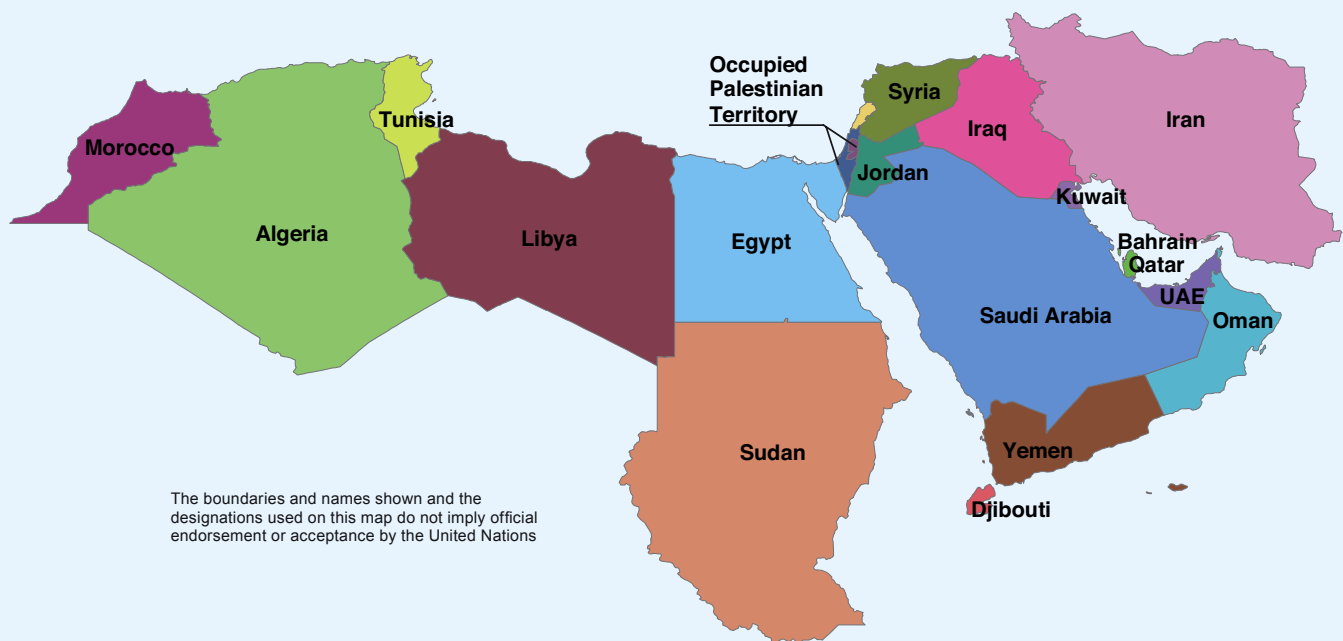
ESARO hosted a regional Inter-agency Meeting on Children Affected by Armed Conflict (CAAC) which highlighted critical CAAC concerns in the region, including DDR, sexual violence and exploitation, and psychosocial support for children in conflict. In early 2005 this group will focus on sexual and gender-based violence.

ESARO's role in the provision of country level support, coordination and network building will continue to enhance regional capacity for effective response to the needs of children in unstable situations. This will in part be achieved through ongoing support from DfID, as well as from a new global partnership with ECHO. Nonetheless, additional support will be required in a variety of areas.

In the course of 2005, the ESARO will work with UN agencies and NGO partners to continue to develop CAAC initiatives in countries of the region; further integrate CAAC priorities into country office programmes; and provide information and training materials on issues relating to children in unstable environments. Child soldier prevention and demobilization initiatives in countries throughout the region will be supported through guidance in the development of funding proposals, field missions and training. In the case of Burundi, Somalia and Sudan, ESARO will provide assistance with planning for resettlement and repatriation. Additionally, support will be provided for country level programmes with substantial IDPs and interventions aimed at addressing HIV/AIDS, sexual violence and the provision of psychosocial support. ESARO will continue to facilitate the implementation and monitoring of the ARC capacity-building and training initiative and other inter-agency programmes.

MIDDLE EAST AND NORTH AFRICA

MENA REGION (MIDDLE EAST & NORTH AFRICA REGION)



CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Middle East and North Africa (MENA) region remains a region with periods of great hope alternating 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 Iraqi people and the international community about the future of the country and the harsh reality on the ground today.

In this context, assisting children in Iraq is a challenge, although funding is for once not an obstacle. An overview of UNICEF's achievements for children in Iraq in 2004, as well as activities planned for 2005 is below. Other major humanitarian crises for children in the region are in Occupied Palestinian Territory (OPT) and Sudan whose appeals are also below.

The region's children and women are also at risk from natural disasters. This is particularly true for countries such as **Iran** and **Algeria**, which have both experienced serious floods and earthquakes at least twice over the last five years, each disaster causing several thousands casualties and leaving tens of thousands of people displaced and homeless. On a lesser scale, or less regularly, countries such as **Morocco**, **Sudan**, **Syria**, and **Yemen** are also prone to natural disasters.

IRAQ

Achievements in 2004

Despite obstacles to delivery capacity – and in coordination with the Iraqi Red Crescent and the Ministry of Health – the UNICEF country office has provided emergency assistance, mainly to Baghdad, Fallujah, Kerbala, Najaf, Ramadi and Sadr City. The distribution included kits (first aid, health, and obstetrical surgery), syringes, and drinking water bags. In Baghdad, Fallujah, Sadr and Samarra, water supplied by tankering benefited around 200,000 people. Thousands of leaflets were distributed to warn children and families in worst affected communities of the dangers of unexploded bombs and other weapons.

In spring, UNICEF supported the Ministry of Health to carry out a nationwide measles campaign (reaching more than 5 million children aged 6-12 years and achieved a 95 per cent coverage rate). UNICEF contributed nearly 5 million auto-disable syringes, and provided more than US\$ 800,000 for allowances to nearly 5,000 vaccination teams. In September-October, two polio immunization days reached more than 90 per cent of children under five years. As for routine immunization, UNICEF supplied all vaccines, auto-disable syringes, safety boxes and much of the cold-chain equipment, as well as transportation/allowances for catch-up immunization campaigns and distribution of supplies. Immunization coverage moved from 20 per cent in June 2003 to above 70 per cent in April 2004. UNICEF rehabilitated 48 primary health-care centres in seven governorates and planned for 19 new centres in underserved areas of six governorates as well as supporting community-based nutrition services.

UNICEF supported the Ministry of Education to conduct a qualitative review of schools in Iraq that will guide future planning and implementation in the sector, including human resources development, early childhood stimulation and learning, sports and recreational activities, as well as management efficiency. Since March 2003, UNICEF has rehabilitated 235 schools in Iraq, and has funds and plans for the rehabilitation of an additional 400. UNICEF is also repairing water and sanitation facilities in more than 1,000 schools. UNICEF has delivered education kits to all children at primary and intermediate level (grades one to nine) as well as kits for schools (blackboards and chalk). 'School-in-a-Box' kits have been given to children in all kindergartens in centre/south Iraq.

Work increased on repairing water treatment plants, water pumping stations, compact units, water networks, sewage pumping stations, collapsed sewage networks: more than 200 projects are currently under way covering the needs of 10 million people by rehabilitating 61 water treatment plants, 130 compact units, 9 boosting stations and installing 2 compact units, 8 sewerage treatment plants, 133 sewerage pumping stations and repairing 2 collapsed sewer lines. Major repairs and maintenance of 74 high-tension diesel generators serving water and sewerage projects in Baghdad benefited 3.5 million people. At the peak, more than half a million people were dependent on UNICEF water deliveries from a fleet of more than 400 water tankers.

Child protection interventions were based on the findings of the child protection inter-agency assessment conducted by five NGOs and coordinated by UNICEF in 10 governorates in summer 2003. Activities focused on psychosocial support, prevention/reintegration, child-friendly spaces for 10,000 children, and cooperation and capacity-building in juvenile justice and mine risk education.

Activities for 2005

UNICEF Iraq will strengthen its efforts in rehabilitating schools, primary health centres and water treatment plants and provide supplies for schools, water quality, EPI and nutrition. The education programme will initiate an early childhood stimulation and learning programme and provide teacher/supervisor in-service training across Iraq (security conditions permitting). On child protection, small-scale projects for street children will continue, along with support to more systemic issues such as juvenile justice and capacity of the Ministry of Labour and Social Affairs. Programmes for youth will be developed using KAP2 behaviour survey results as the baseline.

Capacity-building within ministries and other partners will transform into support for policy development once a new government is elected. One post-election goal will be to help ensure that the constitution incorporates the main aspects of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and other human rights instruments through advocacy and training activities. The emergency response is planned within the constraints imposed by lack of access. If current modalities still hold next year, UNICEF will continue to provide assistance by sending supplies directly to the governorates and by conducting most training outside Iraq.

While the evolving shape of the UN clusters will become clearer in the near future, it is most likely that UNICEF will continue to be the lead agency and task manager for education and water and environmental sanitation, while being the deputy task manager for mine awareness and health/nutrition programmes.

UNICEF HUMANITARIAN ACTION OCCUPIED PALESTINIAN TERRITORY IN 2005



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 2005

Sector	US\$
Health and nutrition and WES	5,533,000
Psychosocial interventions	2,671,564
Education	4,516,320
Total *	12,720,884

* 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 AND WOMEN

The situation in the West Bank and Gaza continues to be characterized by ongoing violence, restrictions on movements and serious economic decline. Restrictions on mobility of children and caregivers hinder access to primary health-care facilities. Essential drugs are not being delivered to health facilities which become over-stretched. Children and families lose their personal belongings such as clothing, toys and school materials due to house demolitions. Families have to relocate and seek shelter, requiring children to change schools and lose friends. Children are prevented from reaching school and many are exposed to live fire on their way to schools or in their classrooms. In addition, many schools are damaged, including classrooms, play and sports areas as well as water and sanitation facilities. The long-lasting effect of rising poverty and unemployment in the Occupied Palestinian Territory (OPT) has gradually eroded households' coping mechanisms and increased their dependency on aid, thereby putting the psychosocial well-being of children under significant strain.

CORE COUNTRY DATA

Child population (thousands)	1,900
U5 mortality rate	29.1
Infant mortality rate	25.2
Maternal mortality ratio*	100
% U5 suffering global chronic malnutrition	9.4
Primary school enrolment ratio	93.9
Primary school enrolment ratio for girls	93.8
% U2 fully immunized (DPT3)	97.9
No. of children killed in 2004	153
No. of children injured in 2004	3,000

Source: Country Office database and Demographic and Health Survey 2004 preliminary results by the Palestinian Central Bureau of Statistics (PCBS).
 * Maternal mortality 2000 estimates developed by WHO, UNICEF and UNFPA and which exceed the official Palestinian Central Bureau of Statistics figure of 37.

The serious impact on children's health and well-being and on the fulfilment of their rights is seen in many ways. As a result of the economic crisis (according to the World Bank more than 60 per cent are now living on less than US\$ 2 a day), growing trends in domestic violence are observed. A study on the psychosocial impact of violence on children indicates that out of 30.8 per cent of children reported to have been exposed to some type of violence, 68 per cent were affected by violence at home and 30 per cent reported violence inflicted by teachers. Three quarters of the Palestinian adults interviewed thought that children were experiencing greater emotional problems and changes in behaviour compared to the previous year.

The immunization, obstetric and primary health-care services have been disrupted through the denial of access or the physical destruction of infrastructure and power cuts. There is an increase in the numbers of home deliveries without skilled attendants and the latest incursions in North Gaza are expected to increase these numbers to 10 to 12 deliveries per day. Health care has become less affordable and there are signs of increased levels of malnutrition, anaemia, micronutrient deficiencies and a collapse, in the most affected areas, of adequate hygiene practices. The destruction of the water and sewage infrastructure has resulted in water-borne epidemics and the number of cases of diarrhoeal diseases has doubled since May 2004.

The right of Palestinian children to education is also directly threatened by the restrictions of movement. Closures, curfews, barriers and checkpoints are hindering access to schools. As a result, children lose school days or have their school days disrupted while the quality of education is affected by professional staff not always being able to reach the schools.

The impact of the conflict on the psychosocial well-being of children varies from one crisis area to another. Signs of distress seem to be more prevalent in Gaza than in the West Bank, e.g., aggressive behaviour among children is reported in 48 per cent of households in Gaza compared to 29 per cent in the West Bank. The same is observed for bedwetting (37 per cent to 18 per cent), nightmares (35 per cent to 25 per cent) and low school achievement (42 per cent to 26 per cent). In addition, 61 per cent of parents in Gaza felt that they did not have the ability to meet the needs of their children for care and protection, compared to 46 per cent in the West Bank.

UNICEF-supported psychosocial sessions help distressed children



Photo credit: UNICEF-OPT/2004/
M. Bociurkiw

Eight-year-old **Asma Sabah** plays innocently on a see-saw amid the rubble of Northern Gaza, just days after a three-week incursion that left almost 30 children dead and several hundred injured. Recalling one of the last nights of the incursion she said: *"I am so scared. I went to my mother and grandmother and we all hid in a corner of the house. It is hard to sleep and I have nightmares that the Israeli army is destroying my house."*

In the Gaza Strip, it is not unusual for children to get caught in house demolitions or hear live fire on a daily basis. A recent survey of children in OPT showed that 93 per cent reported feeling not safe.

One of the ways children cope with their distress from the pervasive violence is through psychosocial counselling sessions supported by UNICEF. Run by trained counsellors, they are held near the children's homes and allow victims to speak about their distress – sometimes manifested by nightmares, aggressive behaviour and difficulty concentrating – and hear the stories of other distressed children. One young participant said: *"With what is happening I don't have dreams anymore; I have nightmares. I want these sessions to help fix this."*

Asma Sabah, aged eight, sitting on rubble. In Northern Gaza.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

To address health and nutrition needs an emergency measles immunization campaign (with the administration of vitamin A) was conducted in July for 0.5 million children aged nine months to five years. The Zonal office structure of UNICEF had a major impact on this success since mobile teams with the help of the UNICEF officer could negotiate their way through checkpoints and, with the medical supervisors, could deliver vaccines to the local medical teams. Final results received from the Ministry of Health noted a coverage of approximately 98.2 per cent.

Through the Integrated Management of Childhood Illness project more than 200 health workers in 10 districts in West Bank and Gaza were trained in the case management. The health-care system was strengthened in terms of drug supplies and improved management with the establishment and support to health teams. Caregivers were empowered and given key knowledge for the prevention of illnesses, caring for children, and immediate response. This was particularly important since access problems often prevented caregivers from reaching medical facilities with their children. The community Integrated Management of Childhood Illness (IMCI) initiative was therefore a first-line response when no service was available.

Together with CARE International and the Rafah Municipality, UNICEF also provided safe-water-storage devices and community awareness on hygiene promotion for 7,000 families in Rafah. Essential micronutrient supplementation was provided for children and women of childbearing age in areas where the risk of micronutrient deficiencies increased due to the degradation of services and food insecurity.

The remedial education programme provided some 90,000 students (grades 1 to 6) with folders containing remedial worksheets and information supplementing school textbooks. Life skills education was introduced in about 100 schools in West Bank and Gaza; 100 Child-Friendly Schools (CFS) were established covering 50,000 children; 1,500 teachers were trained in the CFS concept and 68 schools started renovations or school improvements. Also, 20,000 children participated in 100 summer camps in 2004, giving traumatized children needed relief from the tense and often violent environment in which they live and at the same time providing them with education to help them catch up on what they lost during the school year.

To mitigate the impact of violence on the psychosocial well-being of children, UNICEF OPT has designed an emergency psychosocial response around three complementary reinforcing interventions, targeting

children, caregivers and professionals. Debriefing sessions for children have been systematically organized in the Gaza strip immediately after the occurrence of violent events, reaching approximately 2,000 of the most-affected children. Seven emergency psychosocial teams have been set up in Hebron, Nablus and Gaza in addition to those reactivated in Tulkarem and Jenin. A second activity was the establishment or rehabilitation of more than 20 play areas the West Bank and Gaza, allowing more than 60,000 children to access playgrounds and activities in their neighbourhoods. The 'Sports for Development' and associated activities have involved more than 55,000 schoolchildren. More than 12,000 caregivers have participated in sensitization sessions, providing them with skills to support their children and to deal with their own stress. Through these activities, children and adolescents are given opportunities for play and physical exercise away from the conflict, positive interaction with peers and constructive participation in their communities.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF will work closely on all humanitarian action in close collaboration with UN agencies and other partners, including OCHA, UNDP, WFP, WHO, UNESCO, UNFPA, UNRWA as well as international and local NGOs, under the overall framework of the Local Aid Coordination Committee (comprising all donors, UN Agencies and the Palestinian Authority) as well as the Operations Coordination Group West Bank and Gaza. UNICEF's recent involvement in the sector coordination mechanisms, such as sector working groups (health, education) and thematic groups (nutrition, management information system), will contribute to this. Formal and informal networks such as HealthInforum and the EU informal group on humanitarian policy will also be used to strengthen the links with UN agencies, NGOs and civil society.

Regular programme

The OPT regular programme has four main elements: Child Protection, Health, Education and Adolescent Programmes. With the objective of sustaining coverage and improving the quality of services, the programme focuses on (a) the capacity-building of health personnel, social workers and teachers and (b) rehabilitation of the related services. The humanitarian action programme deals with interventions that provide the support required to alleviate the immediate suffering of children.

In the West Bank, UNICEF humanitarian action is focusing on five main areas: Jenin, Tulkarem, Qualqiliya, Nablus and Hebron. In the Gaza strip, UNICEF is focusing on three flashpoints: Rafah, Khan Younis and the Northern Gaza. In addition, three other areas (Al Mawasi, Siafa and Al Ma'Ani) are of key concern due to the total closure and very limited access to health and education services.

UNICEF will sustain its presence in the field through its Zonal Offices in Jenin, Tulkarem, Nablus, Hebron, Rafah and Gaza. These offices ensure monitoring and facilitation of humanitarian assistance delivery and in providing swift response and delivery of pre-positioned supplies.

Humanitarian action for 2005 is based on UNICEF's Core Commitments for Children and designed to respond to needs arising from the effects of closures and curfews, incursions (large and small) and the barrier. In health, the focus is on emergency preparedness and response, including measles vaccination (with vitamin A supplementation), polio, medical and obstetric kits, supplementary feeding, safe water and hygiene promotion. For psychosocial support, action includes rapid-response mobile teams and community-based interventions as well as provision of supplies and recreational materials. In education, action is centred on providing School-in-a-Box kits (children, teachers and school administration), remedial education materials, teacher training and establishing a safe and child-friendly learning environment. The Child-Friendly School concept will be expanded and adjusted to meet the specific circumstances of acute crisis areas (primary schools in the conflict areas in both Gaza and the West Bank). The humanitarian assistance is expected to reach around 500,000 children and women, including 120,000 under-five children and 170,000 pregnant women and mothers.

Health, nutrition and safe water (US\$ 5,533,000)

Some 700,000 affected persons will benefit from the following key activities:

- Maternal and child health needs assessment and participatory emergency preparedness planning;
- Upgrade of maternal and child health services (provision of supplies and equipments, upgrade of skills of health professionals, logistic support) in order to provide an extended range of front-line health services, i.e., management of child emergency conditions, emergency obstetric care, outbreaks, in closed and difficult-to-access areas;
- Provision of vaccines, related campaign supplies (e.g., vitamin A) and support for planning and evaluation;
- Distribution and pre-positioning of medical supplies in areas susceptible to acute crisis;
- Distribution of safe water supplies (collapsible water tanks, family water kits, oral rehydration salts);
- Production and distribution of materials for social mobilization and health education on key hygiene matters and breastfeeding promotion;
- Advocacy, orientation, awareness raising and social mobilization for caregivers and managers;
- Logistic, coordination and technical support through Zonal offices.

Psychosocial interventions (US\$ 2,671,564)

Some 700,000 affected persons will be reached through the following key activities:

- Supporting psychosocial teams in Hebron, Nablus, Tulkarem and Jenin and Gaza consisting of professional team members to ensure coordination of action plans and outreach; teams are dispatched following an incursion, or any type of violent event, to provide counselling sessions to children; counselling sessions are subsequently continued in groups; in parallel, caregivers are equipped with basic skills on how to detect signs of distress among children and to provide support; caregivers also learn how to manage their own stress in crisis situations;
- Supporting child-friendly spaces including safe play areas and adolescent-friendly youth clubs; these child-friendly spaces provide an outlet for stress and tension and a child-friendly environment; in these spaces children can feel safe to play, be taught life skills (such as stress management, tolerance and conflict resolution) to help them deal with everyday challenges, and caregivers can be reached with important messages on child care and the environment;
- Children affected by house demolitions will be provided with basic supplies such as recreational kits, drawing materials, clothes, shoes and toys;
- Peer-to-peer support groups will be formed, and adolescents trained and mobilized for mutual support;
- Logistic, coordination and technical support through Zonal offices.

Education (US\$ 4,516,320)

A total of 340,000 affected children and 15,000 teachers will benefit from the following key activities:

- Provide School-in-a Box kits and stationery items for 45,000 primary school students;
- Provide teaching kits and associated training to 10,000 teachers in 1,000 primary schools to facilitate teaching and learning processes and to ensure that quality learning continues;
- Provide recreation kits to 900 schools and organize recreation activities to reduce psychological stress;
- Provide teacher training equipment for training programmes and improve teaching and learning processes during emergencies;
- Train teachers on remedial education activities to help children catch up because of the reduced school time;
- Through cascade training, 4,000 teachers will be trained on psychosocial counselling for students;
- Through media and other communication channels, parents and communities will be mobilized, to ensure that children continue learning;
- Logistic, coordination and technical support through Zonal offices.

UNICEF HUMANITARIAN ACTION

SUDAN

IN 2005



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 2005

Sector	Financial needs by region (US\$)			
	Darfur	South	Rest of Sudan	Total
Health	19,012,560	23,299,000	18,305,060	60,616,620
Nutrition	3,659,040	5,859,000	3,600,000	13,118,040
Water and environmental sanitation	44,170,495	21,088,000	10,000,000	75,258,495
Education	19,689,156	19,587,000	10,000,000	49,276,156
Protection	3,231,000	11,925,000	3,206,650	18,362,650
Shelter and non-food items	45,292,841	5,585,000	1,415	52,292,841
Mine action	411,000	1,982,000	1,136,000	3,529,000
Rule of law and governance	0	0	1,735,000	1,735,000
Coordination and common services	0	12,454,000	0	12,454,000
Multisector support for return and reintegration	0	1,475,322	785,821	2,261,143
Total *	135,055,092	103,254,322	48,769,946	288,903,945

* 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 AND WOMEN

The situation of children and women in the Sudan continues to be negatively affected by conflicts and related humanitarian emergencies. The year 2004 has been characterized by some major developments of particular significance for the situation of children and women as well as for the national humanitarian and development situation. The ongoing peace process between the Government of the Sudan (GoS) and the Sudan People's Liberation Movement/Army (SPLM/A) to conclude a comprehensive peace agreement to end the country's civil war has progressed well. A major breakthrough came when the GoS and SPLM vowed to end Africa's longest civil war by 31 December, signing a pledge at a meeting of the UN Security Council in Nairobi on 18-19 November. The Security Council, meeting away from New York for the first time in 14 years, responded with a resolution offering political and economic support after a comprehensive peace agreement is signed.

CORE COUNTRY DATA

Child population (U5) (thousands)	4,865
U5 mortality rate	94
Infant mortality rate	64
Maternal mortality ratio (1980-99)	590
Primary school enrolment ratio for boys (gross)	59
Primary school enrolment ratio for girls (gross)	51
% U1 fully immunized (DPT3)	40
% of population using improved drinking water sources (total)	75
HIV/AIDS prevalence (thousands)	450
% U5 suffering moderate and severe malnutrition	17

Source: *The State of the World's Children 2004*

The escalation in 2004 of the conflict in Darfur has created a major humanitarian crisis that threatens the safety and well-being of several hundreds of thousands of children. By end-October, the conflict, resulted in the displacement of 1,600,906 persons (418,338 in North Darfur, 529,350 in South Darfur and 653,218 in West Darfur) as well as about 200,000 refugees who have left for Chad. Increased mortality rates caused mainly by disease and malnutrition, coupled with attacks on civilians, are estimated to have caused the death of several tens of thousands of people in displaced persons' camps. A significant number of children have been either direct victims of violence or have been psychologically affected by the violent acts they have witnessed. Children are also reported to be associated with all the fighting forces in Darfur. In general, the conflict-affected children and women live in very difficult conditions, facing high disease incidence and malnutrition, and need urgent assistance to ensure that the rights of children to good health, adequate nutrition, and access to safe water and basic education are fulfilled.

Access and security problems continued to constrain humanitarian work and related activities in South Sudan in 2004. Despite the extended formal cessation of hostilities between the GoS and SPLM, insecurity persisted in a number of areas in southern Sudan. The operations by militias in the Shilluk Kingdom in northern Upper Nile in March 2004, led to substantial displacements and loss of life. In addition, the activity of the Lord's Resistance Army (LRA) continues to cause security constraints in Eastern Equatoria.

The well-being of children and women throughout the country has not improved much in the past year. Malaria, diarrhoea and acute respiratory infections (ARI) continue to plague Sudanese children. Many children under five annually suffer from four to six episodes of malaria and ARI. Malaria case-fatality rate in paediatrics hospitals is 8 per cent. More than 400,000 children (9-59 months) are estimated to have been affected with measles. Twenty-one wild polio cases were detected in Sudan during June to October, following three years with no cases. A girl born in southern Sudan today has a greater chance of dying during pregnancy or childbirth than of completing her primary school education, as a result of an almost total lack of maternal health care, combined with high fertility rates. Though the National AIDS Control Programme estimates a prevalence of 2 per cent among the general population, movements of displaced persons back to their places of choice/origin can lead to a rapid increase of HIV/AIDS unless action is taken on a major scale.

The malnutrition rate among children in conflict/drought-affected areas is as high as 27 per cent while one out of every four women is malnourished. vitamin A deficiency still remains high in western and southern parts of the country. The prevalence of iodine deficiency disorder in Sudan was found to be among the highest in Africa, with a national goitre rate of 22 per cent and less than 1 per cent of households using iodized salt.

It is estimated that some 12 million people in GoS-controlled and more than 6 million in SPLM-controlled areas of Sudan still have no access to safe drinking water. More than 15 million people in GoS areas and 6 million people in SPLM areas do not have sanitary means of excreta disposal. Guinea worm is still a problem in more than 5,000 villages, with southern Sudan representing more than 80 per cent of the world's burden. Approximately 40 per cent of under-five child deaths are attributed to diarrhoea caused by poor hygiene and unsafe drinking water. In GoS areas, the school enrolment rate is less than 60 per cent and about 2.65 million children do not enjoy the right to education. In SPLM-controlled areas, only one out of every five school-age children is enrolled in school and there are three times more boys than girls in school.

It is estimated that some 10,000 boys and girls under 18 years of age are associated with the fighting forces. At least 4,000 children are estimated to be part of SPLA units. Abduction of children from one community by another during armed raids and the excessively early marriage of young girls, motivated by bride price, continue with little improvement. More than 1,000 children under 18 are among the 12,000 people still missing after being abducted from Bahr al-Ghazal by western Sudanese militia. A study on juvenile justice in 2003-2004 found that Sudanese law, even with the introduction of the Child Law in April 2004, allows for children as young as seven to be held criminally responsible. Children under 18 are at the same risk of being arrested and detained as adults in relation to certain offences, and may technically be sentenced to capital punishment for certain crimes. The UN Landmines Database classifies Sudan among the 10 worst-affected countries worldwide. Those most at risk include children, farmers, pastoralists and persons on the move in unfamiliar areas. Contaminated areas include the southern Sudan, southern Blue Nile, the Nuba Mountains and eastern Sudan along the Eritrean border.

"I am the first girl in my family to go to school"



"I have six brothers and sisters, but I am the youngest and my father and two of my brothers were killed during the war. I live with my mother and until the Community Girls' School opened near our home, I couldn't go to school because the nearest regular school is about one hour's walk from my house and it is not safe for me to go. Also my mother needs me to help with the digging and chores. I am so happy to go to school. In the morning I feed our goats and after school I walk two hours with my mother to collect water."

"I am the first girl in my family to go to school. My favourite things to learn are maths and science. When I finish school I want to work

at a bank like the one that is about to open in Rumbek. My mother hopes the peace agreement will be signed, but we don't know if it will happen. If there is peace my mother says she will be happy to finally rest instead of growing extra food for the soldiers."

Monica Aluac, aged nine, Cai Agok, Bahr el Ghazal.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Sudanese population affected by the war and natural disasters. The priority areas included health, nutrition, water and sanitation, education and child protection. The humanitarian needs of the conflict-affected populations still remain unmet, partly due to access problems related to the worsened security situation, and the lack of operational capacity on the ground to deliver the required services. Poor infrastructure, remoteness and the rainy season were further constraints to access in Darfur and are recurrent constraints in other parts of the country.

Routine immunization services have been improved through increased technical and supply assistance to the Sudanese authorities and other partners. Some 4,114,160 children aged 9 months to 15 years, including 2,013,911 in the Darfur region were protected against measles in major immunization campaigns. Outbreaks of meningitis were contained with timely immunization of communities in various states reporting cases. Vitamin A supplements were provided to more than 2.2 million children aged 9-59 months in GoS areas, including 577,409 in Darfur. In SPLM-controlled areas, UNICEF protected more than 500,000 children against measles and vaccinated about 337,000 women against tetanus during immunization campaigns. The first mass measles campaign to target all children under 15 in southern Sudan is being prepared for 2005. By end- 2004, at least 1.5 million under-five children will have received vitamin A supplementation along with polio vaccine. Some 445 village midwives, 105 medical doctors in rural hospitals, 40 health-care providers and 200 midwives and health workers were trained to support home births. This, together with the provision of some 900 midwifery kits, contributed to a reduction in deaths caused by puerperal sepsis. Through Operation Lifeline Sudan (OLS), UNICEF launched a major study on safe motherhood practices, which will continue in 2005 in order to boost antenatal and emergency obstetric care and pave the way for the introduction of Prevention of Mother-to-Child Transmission of HIV (PMTCT) services in southern Sudan.

More than 1.2 million people in Darfur have benefited from UNICEF-provided essential drugs, technical inputs, training and/or coordination. UNICEF distributed more than 1,300 essential drugs kits to 330 health facilities, benefiting approximately 1.32 million people in south Sudan. Training on management of severe acute malnutrition was instrumental in disseminating knowledge on proper management of severe malnutrition and has been particularly useful for nutrition workers in Darfur, where nutritional inputs were provided to 38 therapeutic feeding centres and community-based therapeutic care centres, and more than 50 supplementary feeding centres run by NGOs and MOH. Malaria control was enhanced with the adoption of a new drug protocol, based on Artesunate Combination Therapy (ACT). UNICEF provided supplies and training for MoH and NGO health staff, most of them in Darfur.

More than 1 million children and women in GoS-controlled areas were provided with access to safe water. The WES programme, along with the other sector partners, including national and international NGOs, contributed significantly to emergency relief in Darfur region. UNICEF had committed to providing improved access to safe water to 600,000 persons. By end-August, approximately 832,630 IDPs and host community residents were provided with access to safe drinking water through the efforts of all implementing partners. Of this total, UNICEF-supported interventions covered a total of 676,080 persons and NGO-supported interventions reached 157,000 persons. The WES programme scaled up the sanitation and hygiene interventions in Darfur through the involvement of NGOs and the private sector. By end-May, 4,926 latrines were constructed serving 98,520 people. From June to August, 23,593 communal and 226 school latrines were constructed benefiting 471,860 IDPs in 31 locations. Thus, the total number of latrines constructed in Darfur reached 28,519 by end August to meet the needs of about 570,000 persons (UNICEF/WES: 394,000; NGOs: 176,000).

UNICEF provided spare parts and training for 315 local mechanics to repair handpumps, to ensure continued access to clean water for more than 600,000 people in south Sudan. The creation of new water sources gave more than 150,000 people first-time access to safe water. Hygiene awareness sessions reached 65,000 people with key messages on how to protect themselves and their children from water-borne diseases. In guinea-worm-endemic villages, some 43,000 women and children were added to the population who are safer from contamination by guinea worm; the number of the guinea worm endemic villages has been reduced to 3,765 (from 4,655 in 2003) and the number of the reported cases to 5,199 (from 13,777 in 2003).

An additional 100,000 children in Blue Nile, South Kordofan, Upper Nile, Jonglei and Bahr El Ghazal were able to attend school with UNICEF support for construction/rehabilitation, provision of school supplies and uniforms. An additional 20,000 nomadic children were enrolled in grades one to four – a 32 per cent increase from 2003. In Darfur, more than 140,000 children have been able to resume schooling as a result of UNICEF interventions. To address the enormous gender gap in basic education in south Sudan, UNICEF supported the establishment of 250 community girls' schools, giving 9,000 young girls a chance to attend school for the first time. Through a major coordination effort with partners in all areas of south Sudan, UNICEF delivered more than 1,900 education kits, benefiting all 400,000 schoolchildren in SPLM-controlled areas.

Advocacy with GoS resulted in legislative change in the Child Law of 2004, representing improvement in some child protection issues and ratification of the two Optional Protocols to the CRC (on children in armed conflict and sexual exploitation of children) and signed the African Charter on the Rights of the Child. GoS also forged ahead with the project for removal of children from fighting forces, with the formation of an interim DDR structure in early October 2004 reporting directly to the Office of the President of the Republic. Some 120 former abductees of the LRA were repatriated to Uganda; family placement and foster care was found for more than 280 abandoned babies from the Mygoma orphanage in Khartoum; more than 950 humanitarian staff working in Darfur were oriented on incorporation of child rights and child-rights-based programming (including sexual and gender-based violence and the code of conduct); members of the civilian police force and military were trained to prevent sexual and gender-based violence (SGBV), child protection and community policing; inter-community meetings, peace dramas, cultural performances and sports strengthened relationships between the Nuba/Dajo and Baggara communities; A peace dance in Wau Town continues weekly, allowing some 2,000 people from different communities to express solidarity; 120 staff of partner agencies were trained on gender mainstreaming and gender networks were established to continue advocacy for women's rights. The Right to Play project in Juba trained 87 teachers and 75 coaches on integration of health messages into sports and play activities for displaced children. UNICEF is assisting the SPLM to develop a Children's Act to provide a formal policy framework for addressing child protection concerns and to develop a policy on children in the armed forces that will outlaw the recruitment of children into the SPLA.

Interventions to address the protection concerns for children in Darfur included capacity-building through training and sensitization of duty-bearers on child rights and child rights-based programming. UNICEF, in partnership with UNHCR and OCHA, trained 724 governmental and non-governmental partners on the Guiding Principles for Internally Displaced Persons, child rights and protective programming. In addition, 868 humanitarian workers received orientation and 'training of trainers' sessions on the SGBV Code of Conduct. SGBV orientation sessions for police forces, conducted in partnership with the Jordanian Police Family Protection Unit, aimed at strengthening their capacity to monitor and trace registration of SGBV. In total, 478 police and army officers participated. Despite this achievement, the lack of a protective environment for victims continued to inhibit women from reporting and seeking help for SGBV. Helping to improve the psychosocial well-being of children has been a major component of child protection interventions in Darfur. Support has been provided through in-school and out-of-school recreational activities, in coordination with the Ministries of Education, Social and Cultural Affairs, as well as national and international NGOs. UNICEF has provided orientation sessions on psychosocial interventions to 655 teachers and animators, and the number of students benefiting from these activities reached 54,869 by end August 2004.

The capacity of Central Bureau of Statistics subnational offices was enhanced with the training of 50 statisticians to establish baseline data and better assess progress towards programme objectives. Emergency preparedness training was provided for more than 75 humanitarian staff in Darfur, covering crisis monitoring, rapid assessment techniques and camp management. A further 86 community radio listening groups were established and 22 radio staff trained with 180 radio items produced in 36 languages/dialects to ensure a wider audience. UNICEF-OLS invested heavily in building the capacity of the Secretariat for Women, Gender and Child Welfare established by the SPLM in 2003. There has been a dramatic increase in the participation of children and youth in community-based protection networks, policy dialogues and evaluation studies on issues affecting their lives – very encouraging in a society which rarely solicits the views and ideas of children/young people.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF maintains collaboration with international and national NGOs, UN agencies and other partners operating in different geographical areas in the Sudan to complement their activities in the focus areas. UNICEF acts as a coordinating agency in regard to water and environmental sanitation (WES), nutrition, education, supports WHO in the coordination of health sector, especially Primary Health Care, and works with UNHCR on coordination of protection actions, especially child protection interventions.

UNICEF works in direct coordination with the Sudan People's Liberation Movement and their humanitarian wing, the Sudan Relief and Rehabilitation Commission (SRRC), and acts as a lead agency in the OLS Consortium with seven UN agencies and 41 NGO partners. This lead role has involved providing overall coordination for the entire Consortium through the OLS Support Unit, as well as a security umbrella and some common services for all OLS personnel in southern Sudan. UNICEF continues to be the focal agency for coordination of the education, health, nutrition, child protection and WES sectors in southern Sudan. UNICEF participates in multiple inter-agency coordination mechanisms, both at the technical sectoral level and inter-sectorally within southern Sudan, as well as coordination forums linking northern and southern Sudan.

Regular programme

The UNICEF-assisted programmes for 2002-2006 seek to contribute to: reducing child and maternal morbidity, mortality and malnutrition; reducing water-borne diseases, improving health and hygiene practices by communities, and eradication of guinea worm; increasing access to quality basic education with special focus on education of girls, nomadic children and internally displaced children; promoting grass-roots peace-building and respect for children's rights and humanitarian laws protecting children and women; bringing about behavioural changes at the community/household level required to build a peaceful and enabling environment conducive to the fulfilment of children's and women's rights; and the proper and continuous monitoring of the situation of children and women. The programme involves a high degree of emergency preparedness through maintaining plans for response to emergencies such as conflict-related displacement, drought, floods and epidemics.

The UNICEF Southern Sudan programme is by mandate a humanitarian response working with the authorities of a non-state entity. However, the nature of both the conflict and the opportunities presented by the peace process have led UNICEF to include some longer-term recovery and development elements in the 2004-2005 'country' programme management plan. The programme aims to ensure that duty-bearers at all levels in southern Sudan are sensitized and committed to the survival, development, participation and protection of children. Programme emphasis remains on the provision of basic services across all major sectors: health, nutrition, WES, education, and protection in focus areas. However, two additional projects – Advocacy and Promotion of Rights, and Policy, Planning and Institutional Development – have been created to promote a political and social environment favourable to the protection of children's and women's rights, and to support the development of appropriate policies and institutions.

In conformity with the 2005 Sudan Work Plan, UNICEF-supported programmes during 2005 are designed to promote and support the protection and well-being of children and women in areas affected by conflict and natural disasters, including children and women of displaced persons and host communities; support the return and reintegration of displaced persons/families, especially children and women, into communities; increase access to sustainable basic services for disadvantaged/deprived populations in focus states; and support the consolidation of the peace process, including promotion of reconciliation, confidence building and support for governance by promoting mainstreaming grassroots peace-building into all UNICEF-supported interventions. Another main thrust will be protection of children and women within a robust protection framework and an agreed inter-agency protection strategy, and the disarmament, demobilization and reintegration (DDR) of children under 18 associated with fighting forces.

The primary recipients of UNICEF's humanitarian assistance in 2005 will be some 10 million children and women, including 6 million under-five children. Specific interventions will include:

Health (US\$ 60,616,620)

- Support immunization activities, including measles vaccination campaigns in areas of displacement targeting 95 per cent of children aged 9 months to 15 years; meningitis immunization campaigns in at-risk areas; EPI acceleration targeting children and pregnant women in areas of high population density; support routine EPI and polio eradication initiatives to increase immunization coverage to 80 per cent, and polio vaccination coverage to more than 90 per cent in focus states.
- Provide comprehensive safe motherhood services, including emergency obstetric care (EOC), to 70 per cent of pregnant women in focus areas with the provision of EOC equipment, village midwife kits, MCH kits, drugs and related supplies to health centres; training of village midwives and service providers; support to the establishment of a referral system and provision of antenatal care.
- Deliver essential packages of primary health-care services to more than 5,100,000 IDPs, returnees and host community residents (650,000 in eastern Sudan, and transitional and other areas; 1,850,000 in south Sudan; and 2,600,000 in Darfur) through the rehabilitation of health facilities at peripheral and first referral levels, provision of essential drugs to primary health care (PHC) facilities, long-lasting insecticide-treated mosquito nets to some 450,000 families and artesunate combination therapy (ACT) against malaria, with training of health workers on new treatment.
- Improve quality of care provided by primary health-care facilities in selected disadvantaged communities, through basic rehabilitation and equipping of PHC facilities, provision of essential drugs to PHC facilities, and training health workers on correct case management of common diseases, including the Integrated Management of Childhood Illness (IMCI) approach.

Nutrition (US\$ 13,118,040)

- Support growth monitoring at the health facility level and coordinate nutrition surveys/surveillance and assessments; continue supporting therapeutic feeding centres run by partners and home-based therapeutic care for severely malnourished children; train nutrition personnel on nutrition surveillance and rehabilitation/management of acute malnutrition; train health staff in treating severe malnutrition, and train community animators to promote community-based approaches to prevent and manage acute malnutrition among under-five children of IDPs/refugees, returnees and host community residents, and rehabilitate at least 60 per cent of malnourished children and contribute to reducing the acute malnutrition rate to not more than 15 per cent.
- Provide micronutrient supplements (vitamin A, iron/folate tablets, and iodized oil capsules) to children and pregnant women and lactating mothers in high-risk areas; train community animators to promote community-based approaches to tackle micronutrient deficiency disorders; undertake social mobilization and disseminate key messages to tackle micronutrient deficiency disorders; and ensure that at least 90 per cent of all 6-59 months old children receive adequate vitamin A supplementation, 80 per cent of pregnant women receive adequate iron supplementation, and 80 per cent of children and childbearing age women receive iodized oil capsules.
- Support activities to promote increased awareness among 2 million Sudanese youth on HIV/AIDS and its prevention; and to increase access to voluntary counselling and testing structures and services.

Water and environmental sanitation (US\$ 75,258,495)

- Conduct rapid assessment and water quality testing; rehabilitate/establish handpumps and water yards; provide temporary water supplies and chlorination of water sources; train water system mechanics for repair/maintenance of water sources; construct school/communal latrines and provide slabs to construct household latrines; train community leaders and hygiene promoters to provide safe drinking water and sanitary means of excreta disposal for 2,830,000 IDPs, returnees, host community residents and populations in disadvantaged communities in focus states (350,000 persons in eastern Sudan, and transitional and other areas; 630,000 persons in south Sudan and 1,850,000 persons in Darfur) and promote adoption by them of proper hygiene practices.
- WES coordination and policy development; water, hygiene and sanitation promotion in rural schools and health facilities and sanitation and hygiene promotion in focus areas in south Sudan.
- Training of water mechanics, infrastructure development and management support to water authorities in south Sudan to improve capacity for planning and implementation of water supply schemes and for operation and maintenance of water supply facilities.

Education (US\$ 49,276,156)

- Restore/re-establish learning opportunities to 1,045,000 primary school-age children (58,000 in eastern Sudan, and transitional and other areas; 637,000 children in south Sudan; and 350,000 children in Darfur) of IDPs, returnees and host community residents through the establishment/rehabilitation of schooling facilities, the provision of educational materials to pupils and teachers, and recreational kits and emergency education kits to schools..
- Expand educational facilities in disadvantaged areas and strengthen community planning and management of basic education to provide access to quality basic education for 104,000 pupils (18,000 in eastern Sudan, and transitional and other areas; 65,000 in south Sudan; and 21,000 in Darfur).
- Expand educational facilities to provide access to quality basic education for 10,000 nomadic children through the establishment/rehabilitation of 50 schools for nomadic children, provision of teaching-learning materials to pupils and teachers, training of 1,300 teachers and nomadic education authorities, and strengthening community planning and management of basic education.
- Develop curriculum, train teachers and establish 50 learning centres, and provide educational materials to pupils and train teachers/facilitators to introduce accelerated learning programmes for out-of-school adolescents among returnees and children associated with fighting forces.
- Establish 700 community girls' schools in SPLM-controlled areas with community support to provide educational opportunities to 21,000 girls; and support the SPLM Secretariat of Education to locally print 500,000 primary school textbooks.

Protection (US\$ 18,362,650)

- Strengthen services for the recovery and protection of separated and other vulnerable children and foster a protective environment for children; assess the adequacy of the legislative framework in Sudan on child protection in order to identify the gaps and shortfalls with regard to international standards.
- Support the creation of a protective environment for reducing the incidence of female genital mutilation; facilitate de-institutionalization and family-based care systems for vulnerable children.
- Strengthen the juvenile justice system for children and reduce the number of children deprived of liberty; develop appropriate mechanisms to facilitate monitoring, reporting and advocacy on child protection; and provide technical and operational support to facilitate the identification, registration and demobilization of children associated with fighting forces in Darfur.
- Strengthen justice mechanisms to increase reporting of sexual and gender-based violence and provide support and services to victims of SGBV in Darfur; and strengthen services to mitigate the impact of violence on children and give them access to the services necessary for their care and protection.
- Establish a family tracing mechanism in coordination with other partners to support identification, documentation, tracing, care and reunification of separated children, especially in Darfur, and prepare for a mass birth registration campaign in south Sudan by assisting in the development a policy and strategy to ensure that within three years birth registration increases from zero to 60 per cent.
- Build the capacity of national stakeholders to take responsibility for child welfare and protection, particularly through training for the SPLM Secretariat for Women, Gender and Child Welfare; support local authorities to develop local protective environment for children, including the displaced, abducted and those affected by HIV/AIDS; support removal of children from fighting forces; and support the creation of a legal environment that protects children who come into contact with the law in south Sudan.

Shelter and non-food items (US\$ 52,292,841)

- Provide family shelter and relief items to 244,000 families of displaced persons, returnees and host communities in eastern Sudan, transitional areas, Darfur and south Sudan.

Mine action (US\$ 3,529,000)

- Provide technical assistance for the development of a mine risk education (MRE) programme integrated with other components of mine action for implementation, and support the coordination of MRE by the National Mine Action Office at local and national levels; train national partners to deliver MRE; and develop and produce MRE messages for dissemination among people in at-risk areas.

Rule of law and governance (US\$ 1,735,000)

- Establish effective community-based and managed structures in 300 communities to plan, manage and sustain programmes to deliver child and maternal health, nutrition, water and environmental sanitation/hygiene, and child protection-related services; and support community capacity development and empowerment, including training of members of the community centre management committees and community development committees.

Coordination and common services (US\$ 12,454,000)

- Support the community improvement fund to finance local projects for basic services delivery and rehabilitation of social infrastructure; promote strengthening of capacity of the Sudan Relief and Rehabilitation Commission (SRRC) at the regional and county levels, as well as of Sudanese NGOs and community-based organizations.
- Support to the establishment of an institution for policy development and to the new Sudan Centre for Statistics and Evaluation to conduct a Multiple Indicator Cluster Survey (MICS) for south Sudan.
- Support surveys in GoS-controlled areas to assess the situation of children and women and progress towards achievement of the social sector goals and targets; include all relevant data in the DevInfo and train counterparts to use DevInfo for monitoring MDGs; update maps of health, water and education facilities/services on the basis of the information gathered.

Multisector support for return and reintegration (US\$ 2,261,143)

- Establish two complete MW radio units and one complete FM unit; train radio producers on programmes in local dialects, and establish/support and monitor community radio listening groups; and establish/support Community Information Networks in order to increase awareness among IDPs, returnees and host communities on the overall peace process, the situation along the routes of return, the final locations and the basic facts for life such as HIV/AIDS, landmines, child and maternal immunization, malaria, and personal and environmental hygiene.
- Prepare reports and produce print/audio/video materials for advocacy to raise awareness of south Sudan issues among public and international decision makers, to improve access to information and communication for children and women in south Sudan and to bring about change in behaviour and practices required to promote the rights of children and women.
- Develop a comprehensive, integrated set of multimedia messages, updated and revised regularly, and packaged for dissemination to IDPs, returnees and host communities and to Sudanese authorities, NGOs and other partners in the peace process and sustainable development in the Sudan.

MIDDLE EAST AND NORTH AFRICA REGIONAL OFFICE (MENARO)

Regional Office financial needs for 2005	
Sector	US\$
Emergency preparedness and response: planning, operationalization – including supplies, Minimum Operating Security Standards (MOSS) compliance, initial emergency response, early warning system, temporary emergency staffing	900,000
Capacity-building: financial and human resources for undertaking capacity-building activities for staff and partners	250,000
Advocacy for child rights: ratification and implementation of key international child protection instruments	50,000
Total *	1,200,000

* 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.

During 2005, the UNICEF Middle East and North Africa Regional Office (MENARO) will continue preparedness planning and response work at country and regional office levels, but with more emphasis on operationalization of Emergency Preparedness and Response Planning (EPRP) activities as well as building the capacity of partners. The overall objective remains providing 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. Support is required for the following key activities:

Emergency preparedness and response (US\$ 900,000)

Early warning

- In support of ongoing UN system-wide efforts to enhance early warning systems, in 2005 MENARO will begin, with country offices in at-risk countries, to develop an initial internal early warning system, eventually to be shared with partner agencies for developing common indicators and mechanisms. The system should stimulate appropriate early preparedness and mobilization to potential crises.

Preparedness

- Improve preparedness tools and practice and support country offices to a) develop and update, b) operationalize, and c) practice their preparedness planning.

Emergency trust fund

The Iraq crisis has proved that planning – in terms of (limited) pre-positioning of supplies and immediate availability of additional human resources – can go a long way in mitigating the impact of a crisis on children and women. Provided funding is available, MENARO will set up a regional emergency trust fund to:

- Ensure that at-risk countries can respond rapidly to at least 10,000-20,000 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 country offices to respond quickly, safely and comprehensively to the needs of children and women.
- Establish a 'surge capacity' mechanism for the MENA region, to allow fast deployment of emergency-experienced staff (and others from partner agencies) to crisis situations.
- 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 UN Security Management System and coordinate fully with the UN Security Coordinator (UNSECOORD), field security coordination officers and designated officials.

Capacity-building (US\$ 250,000)

- Skills in EPR planning and operationalization need to be strengthened by training staff (and working with partners) to enhance overall preparedness and emergency response planning, including for primary health, nutrition, water/sanitation, education and child protection.
- Support at least three MENA offices to have activities which enhance the capacities of national partners and NGOs (in health and nutrition, water/sanitation, education, and child protection) integrated into their programmes to better respond to emergencies.
- Strengthen systems for inter-agency early warning, preparedness and contingency planning, with particular attention to UN country teams facing critical emergencies.

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 the children in armed conflict and the impact of conflicts on children.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF MENARO created a Humanitarian Response Unit in 2002 to improve its capacity to prepare for and respond to potential emergencies. In 2004, technical guidance has been provided to country offices by MENARO to improve Emergency Preparedness and Response (EPR) capacity, staff security and enhance the existing knowledge base on children affected by conflict or natural disasters. Country-level capacities have been built to more effectively advise counterparts on developing advocacy strategies and policies, and in assessing emergency and transition response. Support for these activities was partially funded by the UK Department for International Development.

Lessons learned from the UNICEF response to crises

In October 2004, Headquarters initiated an evaluation of the UNICEF response to the Darfur crisis while MENARO started an evaluation of the UNICEF response to the 2003 earthquakes in Algeria and Iran, and in Morocco in 2004. The aim is to assess the efficiency and appropriateness of UNICEF preparedness and response, resulting in lessons for strengthened readiness in future humanitarian crises.

Emergency preparedness and response

The Regional Office provided support and guidance on EPR planning to Iraq and surrounding countries (Jordan, Saudi Arabia and Syria) in case of a further deterioration or extension of the crisis in Iraq across its borders, as well as to other countries in the region: Egypt, Iran, Morocco, Oman, Occupied Palestinian Territory (OPT), and Tunisia. Preparedness planning activities 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's planned role and operations in such contexts. This entailed development of rapid assessment and response capacity, strengthening of UNICEF capacity through training as well as strengthening coordination and collaboration mechanisms with partner agencies and counterparts alike. Capacity-building of staff included the organization and facilitation of training of UNICEF staff in Algeria, Morocco, OPT, Sudan, Syria and Yemen on emergency preparedness and response. Telecommunications training was organized for UNICEF staff in Iran, Operation Lifeline Sudan, OPT, Sudan and Syria.

MENARO also provided direct programme and operational support to country offices for particular emergency situations, including offices in Iran, Iraq, OPT, Sudan/Chad (Darfur) and Yemen.

Children in armed conflict

The Regional Office continued its work, in collaboration with the 'MENA Network to Stop the Use of Children as Soldiers', in documenting experiences and sharing information related to both the use of children in armed conflict and the impact of such conflicts on affected children. This will provide an avenue for Arab-region NGOs to collect and share information, develop activities and events, and engage in on-line training for the protection of children in conflict zones.

Mine action

Based on the DfID-supported mine action capacity-building programme, MENARO provided technical guidance and budget support to training and initiatives for mine risk education programmes in OPT and Sudan.

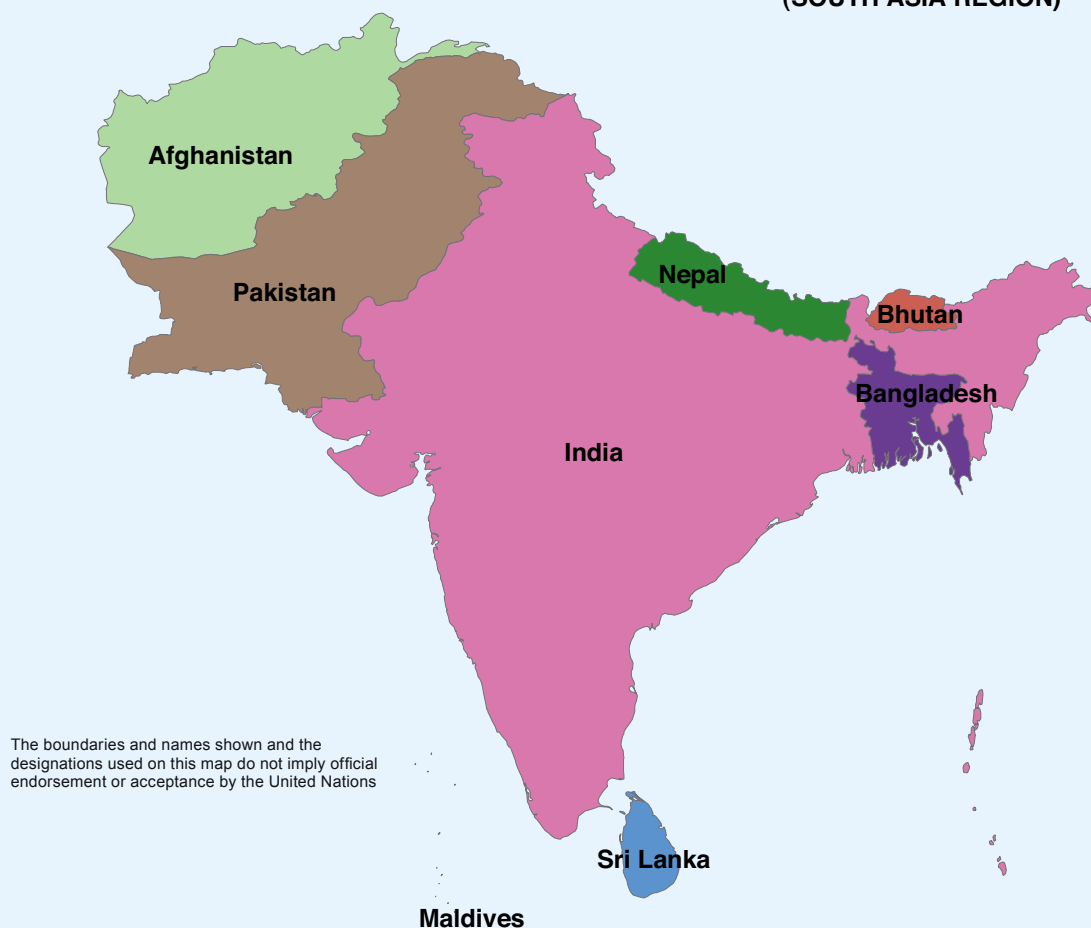
Advocacy for child rights

UNICEF has continued to advocate for the ratification of key international instruments relating to children affected by armed conflict. 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 subregional Action for the Rights of Children activities, UNICEF and its partner agencies on the project (UNHCR, Save the Children and OHCHR) continued to convey knowledge and practices, share experiences and establish networks of professionals on the rights of Palestinian children among national and international NGO and government staff.

SOUTH ASIA

ROSA REGION
(SOUTH ASIA REGION)



CRITICAL ISSUES FOR CHILDREN AND WOMEN

South Asia is home to some 1.4 billion people or roughly one-fifth of the global population and is one of the most densely populated regions in the world. Overall, tremendous progress has been achieved towards human development over the decades. However, many areas/pockets of the region remain engulfed by political strife, civil unrest, insurgence and frequent natural disasters, and experience weak and sporadic coverage of basic social services, particularly in the critical sectors of health, water and education. These factors continue to threaten the survival and development of the most vulnerable segments of the populations, particularly children and women.

The consequences of three decades of conflict, drought, displacement and international isolation have destroyed social service infrastructure in **Afghanistan**, seriously impacting the general well-being of children and women. Maternal mortality remains one of the highest in the world, diarrhoea is prevalent among 30 per cent of the under-five population and some 60 per cent of Afghan households do not have access to clean water and safe sanitation.

The 19-year civil in **Sri Lanka** displaced some 800,000 people, one-third of whom were children and, to date, some 360,000 people are still displaced in the country. The accessibility of health care has severely been disrupted by the conflict, resulting in increased mortality and morbidity among infants and mothers. Less than 20 per cent of the households have access to safe water supply. Involvement of children with armed factions remains a serious concern.

The conflict between the Maoists and the Government has gripped **Nepal** since 1996, claiming more than 10,000 lives. While the general situation cannot be characterized as a full-scale emergency, the steady deterioration is very alarming. Social services in the rural areas have steadily deteriorated over the past 12 months, particularly in the mid-western and far-western regions. The numerous strikes, school closures and destruction of administrative property have further weakened the social infrastructure. An increasing number of children are serving as informants, cooks, helpers and are even involved in fighting.

The region is highly prone to monsoon floods. Due to the sheer size of the population, even a small incident has a devastating impact on the lives and livelihood of the poor families, often causing massive deaths and injuries, infrastructure loss, displacements and wiping out the already stretched local coping mechanisms. In 2004, **Bangladesh** was hit by the worst floods in a decade which affected more than 35 million people, of whom 20 million were children. The floods in Assam, **India** in July affected almost 10 million people. In such situations, children are often exposed to family separation, drowning, psychosocial trauma, disease and sexual exploitation. Emergency preparedness is essential to reduce the damage and harm caused by these recurrent floods. These measures will also help in responding to other natural phenomena such as earthquakes and landslides which frequently hit Afghanistan and Nepal.

The remainder of this section contains country appeals for Afghanistan, Nepal and Sri Lanka, then summarizes regional support activities planned for 2005 and humanitarian actions undertaken in 2004.

UNICEF HUMANITARIAN ACTION

AFGHANISTAN

IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	29,800,000
Education	25,200,000
Water and environmental sanitation	16,380,000
Child protection	8,970,000
Emergency preparedness, capacity-building and response	1,100,000
Total	81,450,000

* 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 AND WOMEN

While considerable progress has been made for women and children in Afghanistan since the fall of the Taliban regime in late 2001, the country still has some of the worst development indicators in the world – the legacy of nearly three decades of conflict, drought, displacement and international isolation. According to the 2003 Multiple Indicator Cluster Survey – the first full survey to be undertaken in Afghanistan since 1996 – 1 in 9 children will not survive their first year, while 1 in 6 will not reach their fifth birthday. Maternal mortality remains one of the highest in the world, with one woman dying every 20 minutes due to complications in pregnancy and childbirth, the result of lack of access to health facilities or trained medical staff. Diarrhoeal disease affects 30 per cent of the under-five population, exacerbated by a lack of clean water and sanitation. Sixty per cent of Afghan households do not have access

to safe drinking water, while nearly one third of households do not have adequate sanitation. Poor hygiene practices further increase the risk to child health. While the last three years have witnessed a substantive decrease in incidences of polio (from 27 cases in 2002 to just 3 cases in 2004) and measles (from over 8,000 cases in 2001 to just 903 in 2003), routine immunization coverage remains low, with nearly 70 per cent of children aged 12-23 months not being vaccinated against DPT and almost half of all children in the same age group having not received three or more doses of polio vaccine.

The impact of Afghanistan's long conflict has destroyed traditional social structures for children. Poverty affects many families; nearly 7 per cent of primary school aged children work to generate income. Many families have placed children in institutions, as they are no longer able to provide care themselves (80 per cent of children in Kabul's orphanages have at least one living parent). There is a growing threat from child trafficking, with impoverished families being especially vulnerable to those who want to exploit their children. Up to 8,000 children have been associated with fighting forces and are in urgent need of reintegration support as they return to civilian life. While landmine injuries have decreased in the last two years, thanks to a combination of mass clearance programmes and mine risk education, the threat to children from mines and unexploded ordnance remains high.

Against this background, the demand for education provides a source of hope for Afghan children. Enrolment rates continue to increase with primary school enrolment now touching 55 per cent. There are more children in school in Afghanistan than ever before in the nation's history. However an estimated 1.3 million primary school-age girls are still not accessing education, mainly due to prohibitive distances from home to classroom, poor facilities and a chronic shortage of female teachers.

CORE COUNTRY DATA

Child population (millions)	13.4
U5 mortality rate	172
Infant mortality rate	115
Maternal mortality ratio (2002)	1,600
Primary school enrolment ratio	54.4
Primary school enrolment ratio for girls	40.5
%1-2 years fully immunized (DPT3)	30.1
% population using improved drinking water sources	40.2
HIV/AIDS prevalence	n/a
% U5 suffering moderate and severe malnutrition	6-10

Source: Multiple Indicator Cluster Survey 2003



Photo: UNICEF Afghanistan /Mitani

"When I was in the third grade at school, my father told me that I should bring money to my family. I had no other choice but join the armed group. I'm the eldest among my two brothers and four sisters. I worked in the kitchen. I washed the vegetables, pots and dishes, carried food to the soldiers and cleaned the floor all day. I didn't have fun at all. I didn't like the armed group. I wanted to go back to school

"I want to go back to school. I want to become a teacher. But if it's not possible, I want to learn how to weave a carpet so that I can make a lot of money."

Abdul, former child soldier now enrolled in UNICEF-supported demobilization and reintegration programme, south-eastern Afghanistan.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF has continued to support the Transitional Islamic State of Afghanistan and other partners to develop programmes that address the pressing needs of Afghanistan's women and children, and to build the capacity of state and civil society actors. While progress has been made in all areas, the worsening security situation across the country has hindered implementation of some projects, as physical access to some provinces has become impossible.

The threat to humanitarian workers has been underlined by the murder of more than 20 aid workers – mostly Afghan nationals – in 2004. Against this backdrop of violence and increased risk, some UNICEF programmes planned for the second half of 2004 were postponed. National capacity within both Government and civil society sectors remains very limited, although efforts have been made to increase technical and systems competencies.

In the area of health and nutrition, more than 6 million children were immunized against polio in each of four rounds of National Immunization Days (NIDs), while 3.6 million women were vaccinated against maternal and neo-natal tetanus. A further three salt iodization plants have been established; a total of eight plants are now producing up to 80 per cent of the nation's requirements of iodized salt. More than 800 safe water points have been provided in vulnerable communities, while chlorination of wells has protected water sources for 300,000 households. Community and school-based programmes have brought the messages of improved household and personal hygiene to more than 1.7 million people. Long-term capacity has been increased with the construction of seven cold-rooms for vaccines and rehabilitation of 20 emergency obstetric care centres.

In the education sector, school supplies have been provided to 4.8 million children and 80,000 teachers, nearly 75,000 girls have benefited from additional accelerated learning programmes to help them catch up on missed years of education, 1.5 million people have benefited from school and community-based mine risk education, while nearly 50,000 teachers have taken part in rapid training programmes. Revised textbooks, syllabus and related teacher education programmes have been developed throughout the year. In the area of physical infrastructure, UNICEF has supported the construction and rehabilitation of 210 primary schools and provided safe water sources to nearly 600 facilities.

To improve child rights, UNICEF and the Afghan Ministry of Justice have completed a major comparative review of Afghan legislation and the UN Convention on the Rights of the Child, while research on Afghan traditional law has been completed. A new juvenile code has been drafted, as has a national action plan against child trafficking. A range of training programmes has been undertaken on issues including child rights, prevention of child trafficking and social work practice; and a key study of children deprived of parental care was completed.

More than 3,800 former child soldiers have been demobilized and reintegration programmes have been established throughout the country, assisting more than 4,500 out-of-school youth and street/working children. Reintegration and family support has been provided to children deported from neighbouring countries. Some 27,000 teachers have been trained on mine risk education (MRE), as well as on prevention of abuse and violence against children. More than 1.9 million children under the age of five have had their births registered, with data collection still ongoing as at end of 2004.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF works with a number of line Ministries within the Transitional Islamic State of Afghanistan, UN agencies, and several international and NGO partners. With decreasing security, the role of the local community and NGOs as implementers and monitors of UNICEF-funded programmes has become of key importance. UNICEF also co-chairs the Consultative Groups on Education and Health, and is a member of the Educational Grants Management Unit, acts as Secretariat of the National Working

Group on Child Trafficking, is a member of the UN Emergency Task Force, as well as the UN Task Force on Gender and Women's Development. The United Nations Assistance Mission in Afghanistan (UNAMA) plays a central role in coordination of UN operations, including the promotion of integrated programming, joint UN public information activities and the coordination of emergency appeals.

Regular programme

The current UNICEF Country Programme runs from 2003-2005 and takes as its basis the principle of household contacts, the use of community structures (such as mosques, schools and health centres) to promote social change, and the development of institutional capacity and policy development to promote and uphold children's and women's rights in every province in the country.

UNICEF will continue to play a leading role in supporting key programmes in the areas of health, nutrition, water, sanitation, hygiene education, basic primary education and child protection to assist Afghanistan in reaching the Millennium Development Goals. UNICEF-supported programmes are expected to reach at least 6 million children and 4 million women in 2005. All programme areas include capacity-building support to Government and civil society partners, material and infrastructure support, training, and specialist advice and policy guidance.

Health and nutrition (US\$ 29,800,000)

Up to 6 million children across Afghanistan, in all provinces, will benefit from the following key activities:

Child survival and the Expanded Programme on Immunization (EPI) (US\$ 20.3 million)

- Conducting polio eradication activities for more than 6 million children in each of four main rounds, and additional regional-level mop-up campaigns.
- Establishing 20 provincial cold rooms, 100 fixed immunization centres, and conducting multi-antigen intensive outreach immunization services for 3 million people to strengthen routine immunization, including procurement of vaccines and consumable materials.
- Conducting maternal and neonatal tetanus elimination campaigns for around 4 million women of childbearing age (15 to 45 years old) throughout the country.
- Provision of essential drugs, medical supplies and oral rehydration salts to cope with diarrhoeal diseases to all provinces.
- Distribution of 15,000 bednets to pregnant women and children, linked with awareness-raising activities and health worker training to tackle malaria.
- Support for implementation of community-based caring surveys, assessments and evaluations.

Maternal health (US\$ 6.43 million)

- Support for 39 comprehensive emergency obstetric care centres (CEmOCs), including financial support for nine hospitals with NGO partners, to provide quality referral obstetric health services.
- Training of provincial/district hospital staff in emergency obstetric care.
- Procurement and distribution of essential emergency drugs and equipment for 16 CEmOC centres located in under-served provinces.
- Conducting a safe motherhood communication campaign throughout the country.

Nutrition (US\$ 2.87 million)

- Vitamin A supplementation for 5 million children under five years of age.
- Establishment of two additional salt iodization plants and conducting a nationwide universal salt iodization communication campaign.
- Support for pilot flour fortification and multi-vitamin supplementation project.
- Support for therapeutic feeding centres to provide technical assistance and therapeutic feeding milk.

HIV/AIDS/Sexually transmitted disease control (US\$ 212,000)

- Support for implementation of a HIV/AIDS prevalence survey among drug users and other vulnerable groups.
- Procurement of essential supplies for ensuring safe blood supplies for 32 provincial hospitals.

Education (US\$ 25,200,000)

With a focus on increasing access for girls, and improving the quality of teaching in Afghanistan, over 5 million children and more than 100,000 teachers will be assisted through the following activities:

- Development of 10,000 community-based schools for 500,000 girls in areas with no formal school, including provision of school tents, learning materials and training of teaching staff.
- Provision of learning and teaching supplies for 5.3 million students and 105,000 teachers in formal schools.
- Special support for education for 200,000 internally displaced and returnee children, including stationery, materials, school tents and incentive payments for teaching staff.
- Development of curriculum, textbooks and testing of new teaching materials with focus on grades 4-6 (late primary level).
- In-service training support for at least 20,000 primary school teachers.
- Strengthening of literacy programmes for women and over-aged schoolchildren.
- Support to peace education through formal and non-formal education systems.
- Awareness-raising campaigns to promote importance and value of girls' education.

Water and environmental sanitation (US\$ 16,380,000)

Some 1.1 million children and 4.5 million internally displaced persons (IDPs), returnees and other vulnerable populations will gain access to safe drinking water, sanitation and better hygiene practices through the following key activities:

- Construction/rehabilitation of wells in 1,000 schools, serving 700,000 students.
- Construction/rehabilitation of 1,000 wells, bore holes, and handpumps to provide safe drinking water to 500,000 people in permanent and new areas of return and those affected by disasters.
- Construction of sanitary facilities in 1,500 schools, serving 1.1 million students.
- Construction and rehabilitation of 5,000 household latrines.
- Training of 4,500 teachers to provide hygiene education and awareness sessions for 800,000 students.
- Training of 4,500 imams and hygiene promoters to provide hygiene education and awareness sessions for 2.5 million people.
- Training of management teams in assessments, strategic and rehabilitation planning, supervision, water testing, repair and maintenance of handpumps and spring-fed piped water systems.
- Training of masons and village pump mechanics for construction of family latrines and repair and maintenance of handpumps.
- Provision of 1.5 million packs of chlorine to enable 1 million households to safeguard drinking water.

Child protection (US\$ 8,970,000)

Up to 1 million children and adults, including former child soldiers, out-of-school youth, street/working children, child victims of trafficking, children in conflict with the law and children deprived of parental care will be supported by the following activities. In addition, UNICEF will continue to work with partners to improve systematic, institutional and legislative protection of children's rights.

- Demobilization and reintegration support, including education and training, for up to 3,000 former child soldiers.
- Education and training support for 10,000 street/working children, internally displaced people and returnees.
- Coordination of mine risk education programmes for at least 500,000 people, development and testing of educational materials and monitoring tools, and community-based mine risk education (MRE) activities.
- Training and other capacity development for youth workers, police and other actors on prevention of child trafficking, and support for victims of trafficking.
- Training and other capacity development for up to 1,000 social workers in improved social work practice.
- Support for reintegration of at least 500 children in institutions back into family-based care.
- Training and other capacity development for legal professionals, police and social workers on the new Juvenile Code and international instruments governing juvenile justice.

- Support for an open rehabilitation centre for children in conflict with the law.
- Support for implementation of the National Plan of Action to combat child trafficking and finalisation of the National Plan of Action for children at risk in Afghanistan.
- Support for 40,000 village elders to promote systematic birth registration programme.
- Training and sensitization on children's and women's rights for 50,000 religious leaders.

Emergency preparedness and capacity support (US\$ 1,100,000)

Given the highly volatile security situation in Afghanistan – and risks from earthquakes, flooding, drought and disease outbreaks – UNICEF will assist partners in a number of emergency preparedness and response programmes including:

- Provision of emergency water trucking for at least 150,000 households in areas experiencing prolonged dryness.
- Pre-positioning of educational supplies, water and sanitation equipment and materials, emergency health kits and family materials kits for up to 20,000 people.
- Emergency response training for staff and partners.

UNICEF HUMANITARIAN ACTION

NEPAL

IN 2005



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 2005

Sector	US\$
Health	1,279,000
Nutrition	317,500
Education	2,652,000
Water and environmental sanitation	485,000
Child protection	515,000
HIV/AIDS	95,000
Mines and IEDs	170,000
Earthquake and other natural disaster preparedness	233,000
Project support	205,000
Total*	5,951,500

* 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 AND WOMEN

Many Nepalese children and women are affected by recent decreases in the quality and availability of health services and education. A large number of civil servants have abandoned their posts in villages and moved to district capitals which are perceived as safer. While social services in rural Nepal were never even close to adequate, especially in the mid- and far-western regions of Nepal, their condition has steadily deteriorated over the past 12 months.

The Maoist insurgency that has affected Nepal since 1996 is the main cause of these worrying trends. The Maoists have thousands of fighters under arms, are active in most of Nepal's 75 districts and are thought to have strong influence in up to seventy per cent of the country. Schoolchildren and women are frequently abducted for indoctrination purposes, but most, if not recruited into Maoist ranks, return safely to their villages. A growing number of under-age children are serving as child soldiers, mostly as informants, cooks and helpers – but increasingly, it is believed, also in armed roles. Furthermore, the conflict manifests itself in numerous strikes, school closures, deliberate destruction of administrative buildings at district level, economic boycotts of certain companies and increasingly frequent human rights violations by both Government security forces and Maoists against a background of impunity and growing lawlessness, as was highlighted by a recent report by Human Rights Watch. Unlawful killings, disappearances and forced abductions have become common practice by both parties to the conflict.

So far, the conflict does not seem to have resulted in large numbers of internally displaced persons (IDPs). Some internal displacement is certainly taking place, but these populations quickly integrate into the existing communities and do not concentrate themselves in separate 'camps'.¹

The root causes of the conflict are extreme poverty, feudalism and social discrimination caused by the caste system, endemic economic and political corruption, centralism, and the virtual absence of social services and infrastructure outside the urban centres. The situation in Nepal is generally not yet considered to be a full-fledged humanitarian crisis, but the steady deterioration is very alarming. Reversing the deterioration is essential for the well-being of children and women, but will also greatly contribute to a reduction in tensions and mitigate many aspects of the conflict. UNICEF's strategy in the conflict has been to:

- 1) maintain access and presence in rural areas;
- 2) strengthen community capacities, health services and education as an objective in itself, but also as way to create a more protective environment;
- 3) undertake actions that reduce caste and class disparities in communities;
- 4) monitor, advocate for and discuss child rights at all levels; and
- 5) train staff on humanitarian principles. One of the few bright spots is Nepal's vibrant civil society and human rights community with which UNICEF is in close partnership for safe access and advocacy purposes.

Nepal is highly prone to earthquakes and other natural disasters, such as floods and landslides. Pre-positioning of drugs and supplies for safe drinking water has shown to be effective.

CORE COUNTRY DATA

Child population under 18 (thousands)	11,504
Child population under 5 (thousands)	3,645
U5 mortality rate	91
Infant mortality rate	66
Maternal mortality ratio (adjusted)	740
Primary school enrolment ratio	73
Primary school enrolment ratio for girls	67
% U1 fully immunized (DPT3)	72
% population using improved drinking water sources	88
HIV/AIDS prevalence	0.5
% U5 suffering moderate and severe malnutrition	51

Source: *The State of the World's Children 2004*

¹ If in the future the conflict causes IDPs to congregate in camps, UNICEF's initial response can be met from the 'Earthquake and other natural disasters' component.



"My home is in Banketar village, which is on the other side of Nepal. Because the conflict has made it more difficult to find work in the countryside, my father and other elders of the family have left for India. After that, I accompanied my mother to Biratnagar. Biratnagar is very far from Banketar. My mother does not want us to go back to Banketar because she is afraid of the violence that has come with conflict. Here in Biratnagar, I joined the urban out-of-school classes level II three months ago. My mother works as a domestic help in town and I help my mother with household chores when I get back home from my classes."

Sita Pokharel, 14 years old, mentally challenged, Biratnagar, Eastern Nepal.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF has continued to respond to the needs of the Nepalese children and women but, due to the intensification of the conflict, has made important adjustments in its operating modalities. Notably, national and local human rights organizations have become close partners and are playing an indispensable role in facilitating access to populations in conflict-affected areas. A two-week measles control campaign was conducted in October in 35 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. Similar success was reported for the nationwide campaigns for vitamin A distribution in April and October.

The role of local NGOs in the implementation of UNICEF's area-based interventions in health, education, water, sanitation, protection and HIV/AIDS substantially increased in 2004. As a result, communities affected by the conflict continued to benefit from UNICEF programmes. In close collaboration with WFP, eight new districts, which are traditionally disadvantaged and particularly hard hit by the conflict, were added to the UNICEF area-based programme, making a total of 23 districts. In the education sector, UNICEF has focused on lower-caste children who are out of school. At least 30,000 such disadvantaged children were enrolled in special courses and many moved on to the regular school system after completing these courses. Teachers in these classes were also trained on psychosocial support techniques. Communities around more than 1,400 primary schools in 15 districts organized special 'Welcome to School' campaigns and successfully enrolled high numbers of out-of-school children in year one, especially girls and children from disadvantaged groups. Sanitation and hygiene education was promoted in 1,000 primary schools, reaching about 125,000 children. At the household level 10,000 latrines were constructed.

In 203 villages in 15 districts paralegal committees were set up and trained on defending children's and women's rights. These committees receive technical support from 165 district-based lawyers and human rights activists. Due to the pressure of the conflict on communities, domestic violence is thought to be on the rise. The paralegal committees are of particular importance to disadvantaged groups and, as such, also help to mitigate the root causes of the conflict. For HIV/AIDS, 3,600 community communicators in 15 districts were trained in the use of communication materials about transmission and methods of prevention. Production and broadcasting of highly popular weekly radio and TV programmes – produced by young people for young people – continued in 2004. Conflict-induced migration and lawlessness is increasing the risk of HIV/AIDS.

In February 2004, the UN country Team adopted and disseminated Basic Operating Guidelines, which set out the UN's neutrality in its mandate and operations vis-à-vis the parties to the conflict.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF collaborates closely with the UN Country Team, particularly WFP and the OCHA Humanitarian Affairs Officer. The decentralized character of UNICEF's implementation modalities requires continued close coordination with district authorities. Coordination with the National Human Rights Commission and other national and local human rights organizations will be essential to minimize disruption in programme implementation.

Regular programme

The Country Programme (2002-2006) focuses on community initiatives in 23 districts to improve the lives of children and women. In addition, nationwide interventions include support to the national immunization and vitamin A programmes. The Country Programme has been adapting its implementation modalities in order to allow it to operate effectively in the context of conflict. The programmatic interventions have changed only little and the humanitarian activities are woven into the regular programme. However, the conflict has led UNICEF to target additional areas that are particularly affected by the conflict. This has resulted in an increase in the funding gap, which the requested budget is meant to address.

In 2005 UNICEF will focus on mitigation of the conflict through an intensification of its Country Programme strategies, with an emphasis on strengthening community capacities and improving the availability and quality of services. The primary recipients of UNICEF's programme assistance in 2005 will be some 4.13 million children and women, including 826,000 children aged under five years and 599,000 pregnant women and mothers of under-five children. In addition, nationwide programmes such as immunization and vitamin A aim to reach all these target groups. The funding for humanitarian assistance requested below complements other funding already available for the country programme.

Health (US\$ 1,279,000)

Because of the conflict, government health workers are less free to move around and, as a result, outreach is limited. Strengthening capacities of communities, including those of volunteers with specific skills and proven impact, becomes essential for basic medical advice, including referral.

Activities planned for strengthening community capacities include:

- Training 100 auxiliary maternal health workers in conflict-affected areas covering 30 per cent of the population in six districts, including provision of home delivery kits (US\$ 40,000);
- Training all 2,000 Female Community Health Volunteers (FCHVs) in Humla, Kapilvastu, Panchtar and Udaypur districts on preventive and curative actions for child health, including acute respiratory infections and immunization (US\$ 225,000);
- Providing health kits to all 11,000 FCHVs in 15 districts (US\$ 135,000);
- Providing medical equipment and basic furniture for 528 sub-health posts in 12 conflict-affected districts (US\$ 360,000);
- Providing solar-electricity hybrid power back-up systems for cold-chain maintenance in 20 districts (US\$ 225,000);
- Providing 20 solar refrigerators, including transportation and installation (US\$ 125,000);
- Supplying spare parts for existing equipment such as burners, wicks, etc. (US\$ 12,000);
- Training 40 cold-chain assistants and supervisors from conflict-affected areas on maintenance of cold-chain equipment (US\$ 12,000);
- Providing comprehensive sets of IEC materials to all health facilities in 15 districts (US\$ 60,000);
- Supporting and providing orientation to human rights groups for the promotion of routine immunization and other health activities in conflict areas (US\$ 25,000);
- Technical assistance and project support (US\$ 60,000).

Nutrition (US\$ 317,500)

Community mobilization for improving children's health has resulted in a spectacular and lasting reduction in malnutrition levels of well over 50 per cent among children 0-3 years old in communities benefitting from UNICEF programme assistance. This has been achieved entirely without supplementary feeding or food distribution. Activities for 2005 include:

- Mobilization and training of 1,000 communities in community-based assessment and action to improve children's health (US\$ 45,000);
- Providing weighing scales and related supplies for community-based growth monitoring in 45 communities (US\$ 27,500);
- Training community volunteers and health staff on intensified micronutrient control measures (including de-worming) in five districts (Accham, Kaski, Kavre, Panchtar, Tanahun) to benefit 60,000 pregnant women and 233,000 under-five children (US\$ 225,000);
- Supporting nutritional surveys in areas with vulnerable populations (US\$ 20,000).

Education (US\$ 2,652,000)

In collaboration with the National Human Rights Commission, UNICEF intends to use education as a major entry point for defending and realizing children's rights in the context of the conflict. For this purpose, large-scale media and community mobilization campaigns are being planned under the banner 'Welcome to School'. These initiatives will be underpinned by improvements in teaching methods and learning experience, upgrading school infrastructures and improving availability of learning and teaching materials. Specific activities include:

- Promoting 'Welcome to School' packages in 5,000 schools (US\$ 1.7 million);
- Mobilization, monitoring and operating costs of the 'Schools as Zones of Peace' coalition (US\$ 112,000);
- Out-of-school courses in urban settings for 5,000 children affected by the conflict (US\$ 200,000);
- Out-of-school courses in rural areas for 15,000 children from lower castes and disadvantaged groups (US\$ 600,000);
- Orientation of 10,000 teachers on how to detect psychosocial stress in schoolchildren (US\$ 40,000).

Water and environmental sanitation (US\$ 485,000)

Activities to support safe drinking water and sanitation (which are among the services that have been neglected in rural areas) include:

- Providing safe drinking water to 850 disadvantaged families in areas seriously affected by the conflict (US\$ 180,000);
- Providing child- and girl-friendly sanitation environments in 30 schools in areas seriously affected by the conflict (US\$ 95,000);
- Promoting hygiene and sanitation in 1,700 households in disadvantaged communities in five districts (US\$ 35,000);
- Testing and treatment of drinking water contaminated by arsenic for 300,000 households in three districts (US\$ 175,000).

Child protection (US\$ 515,000)

Protection of children and women is obviously a growing concern. Community-based initiatives have proven to be very effective. In addition, the national civil society initiative 'Children as Zones of Peace' is stepping up its advocacy and moral pressure on the parties to the conflict. Protection activities include:

- Establishing and training 9 district paralegal committees and 45 village paralegal committees (US\$ 250,000);
- Training community front line workers and volunteers on family assessment, case management, outreach for children and families at risk, including children deprived of primary caregivers and victims of abuse and violence (US\$ 50,000);

- Training teachers/facilitators of out-of-school courses on psychosocial support to children and on teaching and earning with dignity in nine districts (US\$ 50,000);
- Monitoring and advocacy for recruitment prevention and demobilization of child soldiers (US\$ 80,000);
- Support to 'Children as Zones of Peace' coalition (US\$ 20,000);
- Developing public service announcements for broadcasting (US\$ 35,000);
- Training both government and non-governmental partners on children's rights (US\$ 30,000).

HIV/AIDS (US\$ 95,000)

The conflict has resulted in increasing economic pressure, forcing people to look farther afield for income. In a number of districts, where young able men already had a habit of seasonal migration to India, this trend is accelerating and a higher risk of exposure to HIV/AIDS in their communities is to be expected. Growing lawlessness has also led to an increasing number of rape cases in rural areas, particularly where police stations have closed. There is a concomitant increase in risk of HIV/AIDS infection among rape victims. Activities include:

- Training community volunteers in seven districts with increasing seasonal migration to India (US\$ 35,000);
- Raising awareness about HIV/AIDS among 10,000 young people in seven districts with increasing seasonal migration to India (US\$ 55,000);
- Post-exposure prophylaxis kits (US\$ 5,000).

Mines and improvised explosive devices (IEDs) (US\$ 170,000)

Although, so far, children have been little affected by the use of landmines (by the army) and IEDs (by insurgents), their rapidly increasing use is cause for alarm. UNICEF is taking a lead in raising awareness among children and in communities by:

- Developing a mine risk education programme in 20 districts;
- Producing 500 mine risk education training kits for use by schools, out-of-school programmes and community organizations;
- Developing 300 emergency mine risk information kits for use in villages where conflict has just occurred;
- Undertaking a national mine action needs' and capacities' assessment;
- Supporting national landmine and IED injury surveillance;
- Supporting the MRE working group.

Earthquake and other natural disaster preparedness (US\$ 233,000)

According to seismologists, Kathmandu valley is overdue for a major (at least 8.0 on the Richter scale) earthquake. Preparedness in the country is low which the following activities intend to help overcome:

- Printing and distributing *Facts for Life* on earthquakes (US\$ 60,000);
- Media training on earthquakes (US\$ 18,000);
- Pre-positioning chemicals for water purification for 50,000 households for four weeks (US\$ 60,000);
- Pre-positioning essential drugs for natural disasters – 25,000 households for four weeks (US\$ 95,000).

NGO and inter-agency coordination, management and logistics (US\$ 205,000)

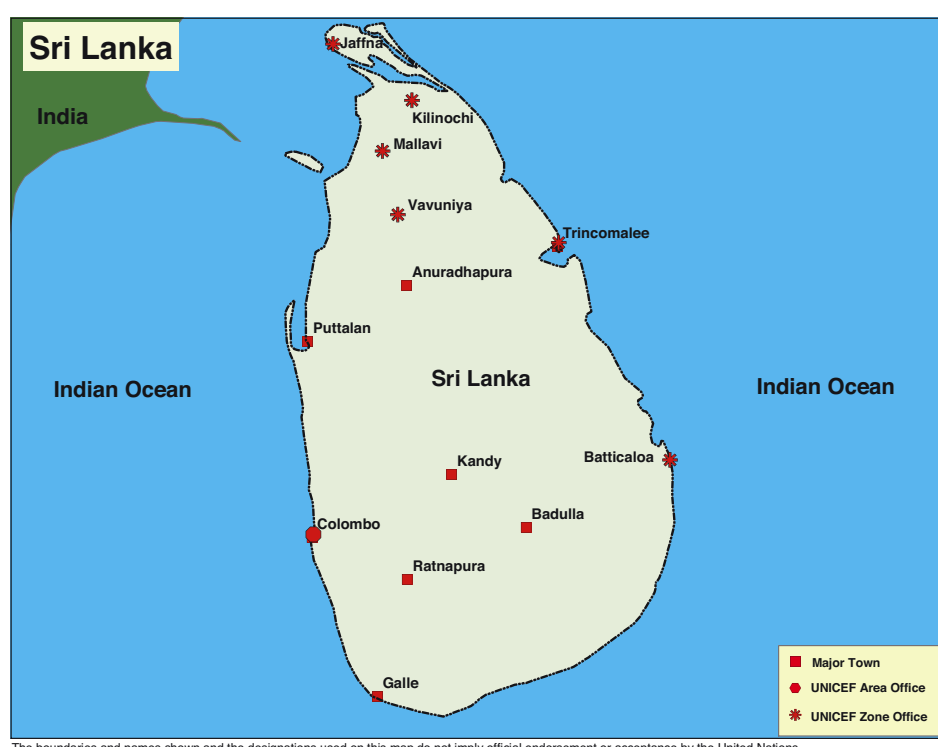
The changes in programme implementation modalities, notably coordination with human rights organizations and other non-state actors, require frequent internal and external consultations. The growing insurgency also leads to frequent logistical bottlenecks. Support is needed for:

- One Emergency Officer (L-4) for 12 months (US\$ 170,000);
- Short-term consultancies and miscellaneous costs (US\$ 35,000).

UNICEF HUMANITARIAN ACTION

SRI LANKA

IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	3,980,000
Water and environmental sanitation	2,000,000
Education	4,000,000
Child protection	3,600,000
Total	13,580,000

* 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 AND WOMEN

Despite cessation of peace talks between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam in 2003, the ceasefire between the two parties continues to largely hold since it was agreed in 2002. This provides a particular opportunity to pursue rehabilitation and reconstruction efforts in Sri Lanka's North and East which have been most severely affected by the past 19-year long conflict – namely the districts of Ampara, Anuradhapura, Batticaloa, Jaffna, Killinochchi, Mannar, Mullaitivu, Putalam, Trincomalee and Vavuniya. More than 800,000 people were internally displaced during the war and there remain 360,000 internally displaced persons (IDPs) who have not been resettled to date. In the coming year it is expected that 70,000 refugees, currently residing in India's Tamil Nadu state, will return. Resettlement of remaining IDPs and refugees remains a challenge and, with ethnic conflicts yet unresolved, much attention needs to be paid to the host communities.

CORE COUNTRY DATA

Child population (thousands)	5,797
U5 mortality rate	19
Infant mortality rate	17
Maternal mortality ratio (1998-99)	92
Primary school enrolment ratio	97
Primary school enrolment ratio for girls	97
% U1 fully immunized (DPT3)	98
% population using improved drinking water sources	78
HIV/AIDS prevalence (thousands)	2.6
% U5 suffering moderate and severe malnutrition	29

Source: *The State of the World's Children 2004*

Availability, accessibility and quality of health care have all been severely affected by the conflict leading to increased mortality and morbidity and rising infant and maternal mortality. The problem is further compounded by a large proportion of neonatal deaths. Around 75 per cent of infant deaths take place in the first month of life while 66 per cent take place within the first week. One of the factors modulating high neonatal mortality rates is the shortage of essential medical equipment to improve the quality of care for neonates. Maternal mortality rates also show significant variation by regions. A needs assessment of emergency obstetric care in 2003 revealed that reported maternal deaths were high in the conflict-affected districts of Batticaloa, Jaffna, and Mullaitivu. In fact the mortality ratio in Batticaloa (a district in the East) is 116 per 100,000 live births – compared to the national figure of 47 per 100,000 live births. Malnutrition among children in the North and East still needs to be addressed substantially. In 2001, 46.2 per cent of children under the age of five years were malnourished, as opposed to 29.4 per cent (2000) in the rest of the country, and indications from the health facilities in the North and East suggest that this figure has not changed since. In education, major problems – such as non-enrolment, drop-outs, absenteeism, as well as low teaching and learning quality – are the direct result of displacement, psychosocial problems, lack of teachers, nutritional deficiencies and damaged infrastructure. While the average national school drop-out rate for classes 1-5 is 0.7 per cent, drop-out rates in some of the more troubled districts of the North reach 26 per cent (2003). Children who have missed out on schooling opportunities because of the war still need to be provided with education and integrated into the formal system. In 2002, an estimated 50,000 children were not attending school.

A recent study on the effects of the war on children and their psychosocial needs in the North and East showed that 20 per cent need continued psychosocial support. Infrastructure to address these issues is very limited. The Liberation Tigers of Tamil Eelam (LTTE) continue to recruit child soldiers. UNICEF's database of reported cases of child recruitment includes more than 1,350 unresolved cases, as of September 2004. The overall number of children that have been recruited is likely to be considerably higher. While the number of mine victims has been reduced - in parallel to consolidated mine action interventions of the UN (which included mine risk education carried out by UNICEF) – dangers remain as IDPs continue to return to areas still not fully cleared of mines. Mine risk education in areas at risk for children and communities through public dramas, media campaigns and school-based awareness activities have significantly helped to decrease the incidence of mine and unexploded ordnance incidences. The Government of Sri Lanka's target is to clear high- and mid-priority minefields by end-2006: this will require greater public familiarity with warning signs; a more realistic assessment of mine risk; and better mine-safe behaviour patterns. This is particularly important in uncleared areas where IDPs have resettled. Survivor assistance is provided through local institutions that provide prosthesis.

Ground water contamination has been identified as a major health hazard, especially in Jaffna and in densely populated coastal areas. The proportion of households with access to safe water supply is only 20 per cent in Jaffna. An assessment among resettled IDP communities (2004) has shown that many villages in several districts do not have any toilet facilities at all. In 2004, with monsoon rains arriving late and being feeble, many poorly maintained wells dried up and communities had to be supplied through water tanks.



Vijayakumari (Vijay) is an orphan living with her elderly grandparents. There was not enough money in the family to manage three square meals a day, nor to send Vijay to school.

Vijay was found in this situation a year ago by Gowri Tervi, a volunteer teacher providing catch-up education to school drop-outs. She works with the community to identify children like Vijay. After eight months of catch-up education Vijay was admitted to the local school's sixth grade. After a few months in school she is now leaping ahead in her studies and making new friends. No one is happier than Gowri at Vijay's progress. *"I think education is the only way they can go beyond the endless cycle of poverty and backwardness,"* says Gowri.

Vijay is one of the 43,881 children who were provided with catch-up education classes through a programme supported by UNICEF.

Vijayakumari, 13 years old, Kalkuda - Eastern Sri Lanka.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In 2004, with the ceasefire generally continuing, UNICEF was able to scale up its activities addressing the rights of children and women affected by armed conflict and to meet the immediate needs of the most vulnerable children, including returning IDPs. Interventions in the North and East were greatly facilitated by its field presence with five zonal offices catering for eight districts in the North East Province and two adjacent districts that have been equally affected by the war.

Key activities of the protection programme included the strengthening of a social support framework for vulnerable children and released child soldiers to provide them with catch-up education or vocational training and micro-credit opportunities for their families. As a result of mine risk education initiatives, there has been a reduction from 15-20 incidents per month in 2002 to an average of 4 to 7 incidents per month in 2004. The target is to eliminate all injuries by 2006. Survivor assistance is provided through local institutions that provide prosthesis. A total of 1,300 children out of 1,800 released in 2004 have been referred to these reintegration services.

A solid reporting system has been established on child recruitment that is used for advocacy purposes in seeking release of child soldiers. Psychosocial referral systems have been activated through 44 counsellors and a total of 1,454 service providers have been trained on psychosocial support. Key activities of the 'learning years' programme have been the provision of catch-up education for 43,881 children that have missed out on education due to war and displacement. An intensive back-to-school drive was organized in response to the release of a significant number of child recruits – a total of 6,495 children were registered as returning to formal education. School kits were given to 4,127 of these children. A total of 11,599 school kits have been distributed to children in grade 1 as an incentive to school enrolment. Teachers and principals of 200 schools have been trained on child-friendly teaching and learning techniques.

Key activities of the early childhood development programme have been the upgrading and equipping of 23 hospitals with emergency obstetric care supplies, the construction of 42 primary health-care centres and the restoration of water and sanitation schemes for 197 health facilities and 731 primary schools.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and Partnership

UNICEF is the coordinating agency for implementing the 'Action Plan for Children Affected by War in Sri Lanka'. UNICEF's main partners are UNDP and ILO which each sub-coordinate specific activities of the Action Plan (income generation and vocational training) which is complemented by UNICEF's protection services for under-age recruits as well as provision of education and health services. UNICEF also closely collaborates with UNHCR, UNDP and ILO within the frame of a '4R' programme that aims at rehabilitating villages particularly affected by the war. UNICEF, together with WFP, FAO and the Ministry of Health, has initiated a task force to define a common strategy for addressing the country's very high malnutrition rates, to start in 2005. Interventions in support of IDPs are coordinated with UNHCR. Further, UNICEF is the Deputy Chair of the Access to Services working group of the Donor Assistance Coordination Committee constituted by the Government of Sri Lanka.

Country Programme of Cooperation

UNICEF's humanitarian interventions in Sri Lanka build on and are designed to complement activities for children undertaken under the Government of Sri Lanka-UNICEF Country Programme of Cooperation 2002-2006, which addresses issues of early childhood development, learning years, adolescents/HIV/AIDS and protection. The programme covers 15 focus districts through an area-based approach out of which 10 are districts affected by armed conflict. This Humanitarian Action Report will also cover responses to natural disasters throughout the country if and when they occur.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. Primary recipients of UNICEF humanitarian assistance will be 500,000 children and women, including 250,000 children aged under five years, and 51,240 pregnant women and mothers in 10 districts affected by war.

Health and nutrition (US\$ 3,980,000)

Some 250,000 children under five years and 51,240 pregnant women and lactating mothers will be targeted with the following activities to improve their health and nutrition status:

- Rehabilitation of 22 primary health-care centres;
- Rehabilitation of maternity wards of six large hospitals and providing basic emergency obstetric care supplies;
- Improving neonatal and paediatric care in eight hospitals through provision of essential medical equipment such as incubators, resuscitators, suction apparatus, ambu bags, etc. and advocacy for deployment of necessary skilled personnel;
- Upgrading the knowledge and skills of 1,070 nurses and midwives on quality maternal and child health care and nutrition (micronutrients, household food security, newborn and infant care and feeding, low-cost management, hospital waste disposal, emergency obstetric care);
- Promoting micronutrient-rich food through promotion of home gardening;
- Providing entire micronutrient requirements for all 51,240 pregnant women and lactating mothers; (iron/folate, calcium lactate, vitamin C) and growth monitoring equipment;
- Strengthening storage of vaccines and providing six vehicles for distribution of vaccines;
- Providing nine ambulances for timely transfer of critically ill patients across conflict-affected areas as part of emergency obstetric care support;
- Printing and distribution of health and nutrition materials;
- Providing 110 motorbikes and 8 vehicles to district health staff for service delivery, monitoring and coordination purposes.

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

Some 50,000 displaced persons, focusing particularly on children and women, and 75,000 schoolchildren will be reached through the following key activities:

- Construction and renovation of safe water supply and sanitation facilities and promotion of hygiene practices in 300 primary schools for 75,000 children;
- Construction and renovation of safe water supply and sanitation facilities in 100 primary health-care facilities;
- Construction and renovation of safe water supply and sanitation facilities and promotion of hygiene practices in for approximately 50,000 IDPs in 100 communities;
- Establishment of solid waste management systems for approximately 50,000 IDPs in 100 communities;
- Institutional development for sustainable water and environmental sanitation, focusing on operations and maintenance.

Education (US\$ 4,000,000)

A total of 200,000 displaced and war-affected children and 5,500 teachers and principals will benefit through the following key activities:

- Providing catch-up education for 50,000 children who have missed education due to conflict and displacement;
- Providing 40,000 children with school kits;
- Supporting the establishment of child-friendly schools to cover 400 out of 2,000 schools in the North and East through training of some 5,500 teachers and principals on the child-friendly school concept;
- Providing basic education supplies and furniture to 100 schools to ensure a safe and child-friendly learning and teaching environment;
- Carrying out a needs assessment on institutional gaps in the education sector in the North and East;
- Providing life skills based education, sports and recreation opportunities for some 25,000 adolescents;
- Reconstructing and rehabilitating 300 schools for approximately 75,000 children.

Protection (US\$ 3,600,000)

Some 65,000 children associated with armed groups as well as those at risk of recruitment are targeted through the following key activities:

- Continued monitoring of the situation of child recruitment, undertaking advocacy for direct and transit centre releases, and supporting reintegration and rehabilitation of more than 2,500 children released and returned home from the LTTE through case-based follow-up by social workers;
- Establishing a school-based psychosocial support programme with a focus on adolescents in 300 schools and 700 children's clubs as an entry point to strengthen coping mechanisms for some 50,000 children and young people;
- Implementing child rights and protection training (including awareness raising on protection issues for communities) with LTTE senior officials, the army, police, teachers and government officials, and 4,000 community-level service providers;
- Providing community-based mine risk education to communities and IDPs through local organizations; collect data on mines/UXO incidents and dangerous areas for the Information Management System for Mine Action; assist the National Institute of Education and Ministry of Education in mine risk education lessons within school curricula; visit/provide basic rehabilitation (physiotherapy and counselling) in hospitals/at home; provide artificial limbs and mobility devices; promote access to education for children with disabilities;
- Supporting alternative care institutions by improving quality of living and care services with the ultimate long-term goal of reintegrating children into their families wherever possible.

REGIONAL OFFICE FOR SOUTH ASIA (ROSA)

Regional Office financial needs for 2005	
Sector	US\$
Pre-positioning of emergency supplies	500,000
Technical support for emergency preparedness	140,000
Training	60,000
HQ indirect support costs (12 per cent)	84,000
Total *	784,000

* The total includes a □
the Executive Board Decision 2003/9 of 5 June 2003.

Role

In 2005, the UNICEF Regional Office for South Asia (ROSA) will increase its emergency preparedness and response assistance to the country offices in the region, especially those anticipating or involved with complex emergencies and natural disasters, through technical support, staff training and supply inputs. Specific emphasis will be placed in helping offices to fulfill their obligations in accordance with UNICEF's Core Commitments for Children in Emergencies (CCCs), which outline a set of actions in health, nutrition, water and sanitation, education and protection in the event of a humanitarian disaster. Close collaboration with the new Emergency Response Team (ERT), which will become operational at UNICEF HQ in 2005, will be instrumental in furthering the regional office's overall assistance to the countries.

Coordination/partnership

UNICEF ROSA aims to strengthen existing cooperation with the UK Department for International Development (DfID) and the Australian Agency for International Development (AusAID) as well as develop new partnerships with new donors in order to be able to provide stronger, more reliable and effective assistance to country offices. In 2005, ECHO's assistance, which is being made available as part of its global programme of cooperation with UNICEF, will help further enhance emergency preparedness and rapid response in the region. This will also help improve inter-agency coordination mechanisms at the regional and country levels. In particular, finalization of an inter-agency contingency plan in Nepal and preparedness planning in the Maldives (within the framework of establishing a common UN Office in the country by 2006) will be supported. Support will also be provided for advocacy on issues such as children affected by armed conflict. ROSA will also initiate efforts to establish links with regional actors for improved inter-agency coordination on humanitarian issues. ROSA will use the mechanism and tools of the Action for the Rights of Children in its work on child protection.

In addition to the funds available from DfID and ECHO, some US\$ 784,000 will be needed to adequately undertake the planned activities during 2005.

Activities

In 2005, UNICEF ROSA will focus on these three key areas and activities:

Technical support

- Develop an internal mechanism for monitoring and information-sharing of humanitarian developments in the region. Information will be used to alert and help country offices prepare for foreseen emergencies. During major crises, ROSA will support country offices with inter-agency coordination processes, linking with the relevant parts of UNICEF (particularly at HQ), procuring relief supplies and mobilizing resources, including rapid personnel support.

- Assist country offices in preparing or updating their Emergency Preparedness and Response Plan. Priority will be given to the offices in Afghanistan, Bhutan and Pakistan.
- Strengthen ROSA's oversight role through 'spot-check' missions and maintain flexibility (with the new ERT) to provide technical support at very short notice as required by country offices.

Training

- Expand the Regional Emergency On-the-Job Training (OJT) initiative to at least one other region so that selected UNICEF staff can be trained outside South Asia. The OJT will be offered to both operations and programme staff. A cooperation agreement has already been reached with the UNICEF Regional Office for Western and Central Africa in this regard.
- Conduct country-level emergency preparedness training in selected countries, and regional training of trainers.

Supply pre-positioning

- Continue the AusAID-funded initiative launched in 2004, by providing two or three country offices with up to US\$ 250,000 per office for the pre-positioning of key emergency supplies at country level. Training will also be provided, with UNICEF Supply Division, for the installation and management of new supply tracking systems in these countries.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

Coordination and partnership

In 2004, ROSA worked with and/or assisted the country offices in the region to work closely with their respective national governments, sister UN agencies, local and international NGOs and other humanitarian and development organizations in undertaking emergency preparedness and humanitarian response for children affected by complex and natural disasters. In particular, technical support was provided to Bangladesh, India, the Maldives and Sri Lanka in updating their Emergency Preparedness and Response Plans (EPRPs).

Specific attempts were also made to enhance trans-regional cooperation within UNICEF. While ROSA participated in emergency trainings organized by other regional offices, including a child soldier's workshop in Bangkok and a Training of Trainers on Humanitarian Principles in Kenya, it also invited staff from other regions to a Training of Trainers on Humanitarian Principles in Nepal in November 2004.

A new partnership was forged with the Australian Agency for International Development (AusAID) in 2004 to further strengthen the emergency preparedness and response capacity of the Regional Office. The AUD 500,000 (US\$ 340,000) funding has helped the Regional Office to undertake emergency preparedness measures, including the pre-positioning of emergency supplies in selected countries, staff training, and research and advocacy on children affected by armed conflict. This grant has supplemented the existing support received from the UK Department for International Development (DfID) for UNICEF's global emergency preparedness enhancement.

Actions and achievements

As part of UNICEF's global efforts to strengthen its emergency preparedness and response capacity, ROSA provided technical, financial and material support to UNICEF country offices in the region to enhance their emergency preparedness and response capacity. Actions focused on three core areas.

First, a strong emphasis was put on training staff on the principles and international legal standards applicable to humanitarian actions.

Second, technical support was provided to country offices involved in humanitarian situations and in reviewing, updating and improving their emergency preparedness plans.

Third, a new initiative was launched to support the pre-positioning of emergency supplies in selected countries to allow rapid humanitarian response.

Key activities during the year included:

Training

- More than 100 staff from UNICEF, UN and NGOs in Nepal were trained on 'humanitarian principles and rules of engagement with Non State Entities (NSEs)'. This training was held in five sessions and in three locations across Nepal: Kathmandu, Nepalgunj and Pokhara. The training aimed at providing UNICEF and other staff with the conceptual framework for engaging with NSEs – and, in this particular case, with Maoist rebels.
- With UNICEF HQ, a Regional Training of Trainers on a 'Principled Approach to Humanitarian Action' (PATH) – covering topics such as international humanitarian law; international refugee law; international criminal law; and guiding principles on internally displaced persons (IDPs) – was held in late November in Pokhara, Nepal, for staff working in Afghanistan, Bangladesh, Bhutan, India, Nepal and Sri Lanka. UNICEF staff working in West and Central Africa, Eastern and Southern Africa, and Middle East and North Africa regions were also invited to attend. The staff will provide training to other staff and partners on humanitarian principles.
- With support from UNICEF HQ Stress Counsellor, a Regional Stress Counselling and Peer Support Volunteers workshop was held in May in Kathmandu, Nepal. During the five-day workshop 18 UNICEF staff coming from six country offices in South Asia (Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka) were trained to become Peer Support Volunteers (PSVs). The PSVs were provided with basic skills and knowledge to deal with stress and to support staff that experience distress in or out of the office. Following the training a regional support mechanism for PSVs was put in place.

Technical support

- In collaboration with UNICEF's Office of Emergency Programmes (EMOPS), ROSA provided assistance to the Nepal Country Office for the development of a conflict strategy. In compliance with UN humanitarian standards, UNICEF also spearheaded efforts to establish dialogue on humanitarian issues with the Maoist rebels at local level.
- Emergency programme coordination support was provided to the Bangladesh Country Office for its response to the July catastrophic monsoon floods, which included preparation of a UNICEF donor alert and inputs to the UN flash appeal in August. Assistance was also extended to help the country office respond to the floods in Assam in the same month – and for the September immunization campaign in Nepal.
- Country Emergency Preparedness and Response Plans (EPRPs) were updated in Bangladesh (January), India (August) and the Maldives (October), with particular emphasis on making stronger linkages between the EPRP and the annual country programming mechanisms.

Supply pre-positioning

- Through a new initiative funded by the Australian Government, ROSA managed the procurement and pre-positioning of emergency supplies (including health supplies, water purification tablets, blankets and tarpaulins) worth US\$ 185,000 in Nepal and Sri Lanka. These two offices were selected on the basis of a review of the countries' most urgent needs and their response capacities, with the aim of further building their overall response systems. UNICEF Supply Division was also involved in the selection of the beneficiary countries and identification and procurement of supplies.

THE AMERICAS AND CARIBBEAN



CRITICAL ISSUES FOR CHILDREN AND WOMEN

The devastations wreaked by natural disasters on children and women in several countries of the Latin America and Caribbean region in the past year have severely stretched existing coping mechanisms and response capacities. The disasters ranged from flooding, volcanoes, drought, sudden cold snaps and consecutive hurricanes, disrupting severely the lives of thousands of families. These natural phenomena combine with the ongoing man-made conflict and insecurity in Colombia and the spiralling state of emergency – both man-made and natural – in Haiti, highlight the urgent need for further enhanced preparedness and capacity-building of both staff and counterparts in the region.

This chapter focuses attention on the situation of women and children in Colombia (including its border countries) and Haiti, and seeks urgent support for the required action to develop the coping strategies of the poor communities in particular and reduce their vulnerability to extreme weather events, geophysical risks and other emergencies.

Latin America and the Caribbean is a region prone to diverse natural disasters. A number of countries hover on the brink of serious insecurity and the vulnerability of women and children is tested annually,

with the poor suffering worst. It is also a region where innovative monitoring and coordinating mechanisms are proving highly efficient, where United Nations reform and coordination is being embraced in order to effectively reach women and children, and where a serious search for lessons learned after each disaster is reflected in an improved response on the next occasion.

The year 2004 has proven particularly devastating for the women and children of Latin America and the Caribbean on several fronts. Colombia and Haiti continue to be our primary focus as the scale of the emergencies and risk to women and children has heightened over the past year, with the serious insecurity and humanitarian concerns requiring urgent and ongoing attention. At the same time, new emergencies have arisen: Caribbean islands were hit by hurricanes, the Central American nations were affected by flooding, and Andean countries have undergone various climate-related natural disasters. As documented in a May 2004 discussion paper by the UK Department for International Development (DfID), if the effects of climate on poverty are not recognized and managed, then gains made in development over decades will remain at risk to a few days of adverse weather. The message for Latin America and the Caribbean is clear: we cannot afford to ignore and not be fully prepared for climate risks.

Colombia

The armed conflict in Colombia has gradually grown into a subregional haemorrhage, displacing millions within the country and hundreds of thousands to the countries across the border. In the countries surrounding Colombia – specifically, Ecuador, Panama and Venezuela – women, children and their families face conditions which threaten their rights, well-being and, in some cases, their very survival. In Venezuela, the border region has become a ‘no man’s land’ where Colombians cross in increasing numbers, and armed groups operate with relative impunity. There has been a marked rise in the number of kidnappings, extortions and murders in the past year, as well as armed clashes between Venezuelan authorities and unidentified Colombians. In Ecuador, authorities estimate there are some 250,000 undocumented Colombians and rising numbers of security incidents, violent acts and deportations. Militarization of the border has drawn guerrilla groups into Ecuador and pushed civilians out of frontier regions. The numbers of Colombians who have crossed into southern Panama is less than in the other countries, but the conditions there for women and children are just as precarious, if not worse. Fleeing from the Urabá Peninsula into the Darien, hundreds of refugees find themselves abandoned without identification, belongings or a means of subsistence in one of the most inhospitable regions of the Americas, where they are exploited and exist without the support of local authorities.

"Colombia + 3" – UN Reform in Action. Independent of the conflict that has riven Colombia for the past 40 years, the border regions constitute the poorest of the poor areas in each of the countries contiguous to Colombia, with the lowest human development indicators and the highest incidence of violence. These regions – e.g., Ecuador's Carchi, Panama's Darien and Venezuela's Alta Guajira -- also happen to be home to predominantly indigenous or afro-descendent populations, who already suffer structural exclusion. "Colombia + 3" was the name of a ground-breaking meeting held in Panama on 14-15 October 2004, bringing together top officers in Colombia, Ecuador, Panama and Venezuela from each of the key UN agencies (UNDP, UNHCR, WFP, OCHA and UNICEF), along with representatives from headquarters and the UN Department of Political Affairs. For the first time, UN Country Management Teams from the conflict area shared information and did strategic planning about the actions to be taken to assist vulnerable populations affected by the burgeoning conflict.

Haiti

The complex humanitarian emergency in Haiti for the past several years was further worsened in the first months of 2004 with social and economic unrest throughout the island, engendering widespread human rights violations of women and children, political killings and lawlessness. A contingent of 2,600 UN peacekeepers stationed in Haiti as part of MINUSTAH has thus far been unsuccessful in ensuring safety or security. Against this background of turmoil and violence, Haiti suffered two catastrophic floods, in the south-east near Mapou and Fonds de Verrette in May 2004 (1,400 dead) and in Gonaïves, Port-de-Paix and Cap-Haïtien during Hurricane Jeanne in September 2004 (more than 3,000 dead or missing). The situation of women and children and respect for their rights, is bleak and extremely insecure.

Infant, under-five and maternal mortality rates have soared, malnutrition has increased, immunization rates are dangerously low, and an unacceptably low number of children have access to health care, potable water and sanitation facilities. The seropositive rate is estimated at no less than 6 per cent. In addition, increasing numbers of children fail to access basic education, where violence and exploitation of children is rising and children are increasingly being forced into child labour and are trafficked across borders.

The Caribbean

The Caribbean subregion was wracked by intense storms during the hurricane season, adversely affecting many of the island states. Grenada was especially buffeted by Hurricane Ivan on 8 September 2004, which passed directly over the island and in only two hours caused 30 deaths, displaced 60,000 persons and damaged 90 per cent of all structures. The education sector suffered intense destruction, with school buildings damaged or destroyed; furniture, supplies and equipment lost; and the newly initiated academic year postponed. Ivan also affected the Bahamas, Cuba, the Cayman Islands and Jamaica and causing injuries, deaths and economic losses. Hurricane Jeanne sheared across the north of Dominican Republic and Haiti, provoking widespread flooding, deaths and destruction. Cuba, for its part, was badly affected by Hurricanes Charley and Ivan one month apart, collectively damaging 97,000 houses, 1,100 schools and 170 health-care facilities in the west of the island and affecting many more through the power cuts which ensued. This damage, on top of the persistent drought affecting the east of the island and the ongoing economic sanctions by the USA, have been extremely costly to Cuban society, putting pressure on the social services available to children.

Other natural disasters

Localized emergencies also seriously impinged on the rights and well-being of children. In Argentina, the Chaco region of Bolivia and Paraguay, an area historically plagued by low rainfall, a serious drought has threatened children and their families anew with poor agricultural yields and low nutritional indicators. UNICEF and WFP raised the alarm following their joint visit to the Bolivian Chaco in September 2004, noting that the indigenous Guaraní communities of seven municipalities lost 90 per cent of their harvest due to poor rainfall in 2003 and 2004, prompting the Government to declare a state of emergency and request international assistance. The annual cold snaps which affect women and children in the Andean countries proved particularly lethal in 2004, taking dozens of lives in Peru and Bolivia. In other parts of the region, volcanic eruptions and seismic movements shook several nations along the Ring of Fire, with Ecuador suffering the most severe incidents. Rain-induced flooding, especially in Colombia, Costa Rica, Guatemala, Nicaragua and Panama, caused several deaths, displaced portions of communities and disrupted schooling, affecting child health and household economies.

The remainder of this section contains country appeals for Colombia and Haiti, then summarizes regional support planned for humanitarian actions in 2005 and activities undertaken during 2004.

UNICEF HUMANITARIAN ACTION

COLOMBIA

IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Humanitarian mine action	650,000
Protection of child soldiers and prevention of recruitment	1,600,000
Humanitarian action for IDPs	1,150,000
Total *	3,300,000

* 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 AND WOMEN

As a consequence of 40 years of armed conflict, Colombia is facing a devastating humanitarian crisis. The conflict's impact on children and women is enormous. For instance, it has been estimated that about 7,000 children remain enrolled in non-State armed entities and an additional 7,000 children are involved as collaborators in urban militias (guerrillas and paramilitaries). Although these 14,000 children are still involved in illegal armed groups, it is important to underline that, from November 1999 to September 2004, a total of 1,931 children and adolescents were demobilized from these groups and have received assistance from the National Disarmament, Demobilization and Reintegration Programme. This programme is supported by UNICEF, IOM and ILO-IPEC.

It is important to note that, even though the massive displacement of people has somewhat decreased over the last two years, the cumulative number of internally displaced people continues to grow, reaching (according to official figures) 2 to 3 million people being displaced over the past 15 years. There is an increase in the number of 'bordered' communities and in the 'under-registration' phenomenon. The displaced population often lives in fear (of violence or being moved again) with little respect to their human rights. It is estimated that 73 per cent of the displaced population are children and women, and 48 per cent are aged under 18.

Landmines are also posing a severe and growing humanitarian threat to the civil population. Over the past years, there has been a significant increase in local fabrication and use of anti-personnel mines by illegal armed groups, placing children and women at highest risk. Since 1990 to date, 34 per cent of the total civil victims have been children; and, of the 531 victims registered from January to August 2004, 8 per cent were aged 18. It is estimated that half of the towns in 31 of the country's 32 departments (covering 45 per cent of the country's territory) is affected by landmines.

CORE COUNTRY DATA

(2002 UNLESS OTHERWISE STATED)

Child population (millions)	17
U5 mortality rate	23
Infant mortality rate	19
Maternal mortality ratio (2001)	95.2
Primary school enrolment ratio	89
Primary school enrolment ratio for girls	88
% U1 fully immunized (DPT3)	84.9
% population using improved drinking water sources (2001)	Urban 91.7 Rural 11.8
HIV/AIDS prevalence	0.7
% U5 suffering moderate and severe malnutrition	1

Source: *The State of the World's Children 2004*

"Then we heard two shots"



"They arrived at night. They were five and were hooded. I remember they had soldiers' uniforms. They grabbed my sister Rocío and took her out of the house. They pointed a submachine gun at my parents and my two older brothers. We stayed locked in the house. Then we heard two shots. We stayed silent until my father said 'they killed Rocío'. My brother went out of the house. It was very clear but he didn't see anything."

Four days later, Rocío's body was found at the corner of Raúl's school. *"At first it was hard to recognize her,"* said Raúl. The cause of this deadly incident was allegedly a debt to an illegal armed group. *"At least this is what the assassins said when they came back to my home to say they were sorry and recommended us to immediately leave the town."*

The family had no option, so they moved to another town where their living conditions have deteriorated significantly.

Raúl, aged eight, Changuaní, Cundinamarca.

Other effects of the conflict, primarily among the displaced population, are poor access to potable water, basic health and educational services, and an increase of HIV/AIDS cases. While national figures show school attendance improving these often hide gaps between urban and rural regions (which are most affected by the conflict). Indigenous and Afro-Colombian children in rural areas have much lower access to education than the national average.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF humanitarian actions have focused on three main consequences of the Colombian armed conflict: IDPs, child soldiers and anti-personnel mines. Since 1996, in collaboration with the national and international entities, UNICEF has implemented innovative humanitarian interventions in regions severely affected by conflict. The strategy is mainly directed to families suffering from the effects of forced displacement or at high risk of displacement, and to those communities severely affected by armed conflict. Since mid-2000, UNICEF has supported the National Disarmament, Demobilization and Reintegration Programme, as well as establishing an inter-institutional committee devoted to preventing children and adolescents' recruitment into armed groups and promoting their demobilization by advocating and accelerating the demobilization process. This committee includes governmental and non-governmental agencies. UNICEF began its humanitarian mine action programme activities in 1999 and these have been gradually expanded to date, reaching vulnerable citizens with public information, mine risk education and training, and community liaison activities. These activities have been accomplished with the collaboration and partnership of the Vice-President's Office and several NGOs.

Humanitarian action for IDPs

UNICEF has implemented an integrated approach to education, health, water and sanitation, and psychological assistance, benefiting 66,000 children in 2003 and 2004. The main focus has been the revitalization of primary health-care services, support to pre-primary and primary schools. UNICEF has supported the provision of health and education to some 41,000 children in communities of the 38 seriously conflict-affected municipalities by building capacities to promote child development and basic education in the emergency context. This has included broad social mobilization, training exercises, supplies and physical reforms, which have ensured full construction of 10 new 'child-friendly' schools, and making six more schools 'child friendly' in Oriente Antioqueño. Primary health-care programmes, including nutritional education and food supplementation, have benefited 1,800 children and 850 women in Chocó. Vaccination and support to the cold chain have benefited some 100 children per month). In water and sanitation, quality control of existing water systems was improved while special, simplified water and sanitation systems were installed for some 1,000 families in temporary locations.

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. An innovative project was initiated in 2004 to foster sports and education for peace, and to help protect young people in vulnerable communities. This project has been developed in 40 municipalities with high rates of recruitment, and has benefited 19,000 children and adolescents. Other prevention programmes are being carried out, taking into account the different risk factors in communities where children are vulnerable to recruitment. UNICEF is also leading mass media information campaigns advocating for more programmes and projects to prevent recruitment of children. From November 1999 to September 2004, 1,931 children aged 10-18 have received assistance from the National Programme for Assistance of Violence Victims with UNICEF support. These programmes offer demobilized children and adolescents an integrated assistance package, which includes shelter, vocational training, formal education, preparation for social and family reintegration, health care, psychosocial care and legal protection.

Over the past two years, UNICEF and its partners have liberated 150 children and adolescents from illegal armed groups. UNICEF also promoted accelerated procedures for ratifying the Optional Protocol

on the Involvement of Children in Armed Conflict, passed as Law 833 in 2003, as well as the handbook for its criteria and procedures (approved as a compulsory tool for judges and justice officers/operators). Technical assistance continued for comprehensive legislative reform and promotion of an organic law on children and adolescents.

Humanitarian mine action

UNICEF and its counterparts started an informal dialogue with the ELN (Ejército de Liberación Nacional) spokesperson to promote ELN's commitment to the humanitarian principles of the Mine Ban Treaty. With its counterparts, primarily in departments of Antioquia and Cauca, UNICEF has developed a training programme for local authorities and landmine survivors: 20 community leaders have been trained and are now responsible for multiplying the knowledge and strategy – and 100 local authorities have been trained in providing direct, integral support to landmine survivors in claiming the legal and health due to them by law. In Antioquia and Cauca, 26 municipalities are part of the mine risk education (MRE) programme developed by local counterparts and UNICEF. This includes: (a) municipal needs assessment; (b) MRE-relevant data collection (using a specifically designed methodology for this purpose); (c) municipal participatory action plans; and (d) participatory design of MRE activities at community level.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

The UN Country Team has two main working groups for humanitarian affairs: one, for displacement and other matters, headed by OCHA with active UNICEF participation, and the other devoted to anti-personnel mines, headed by UNICEF. The Office will continue to strengthen and participate in the inter-institutional committee dedicated to preventing child recruitment. UNICEF has also strengthened its coordination with allied entities which, with different functions and competencies, share the aim of defending child rights. These allies include other UN agencies; national, international and local organizations; governmental agencies; the Catholic Church; and communication organizations.

Regular programme

The Country Programme for 2002-2007 has five main components: Basic Policies, Monitoring and Evaluation, Communications, Protection and Humanitarian Affairs. These are divided into subprojects according to age group (A Good Start in Life, Solid Bases for Citizenship, Adolescent Citizenship and Participation, and Special Protection). The Programme has two overall objectives: (a) the promotion and defence of children, adolescents and women's rights, and (b) the promotion of equity and social inclusion. Humanitarian action is focused in the most-affected conflict areas: Chocó, Urabá, Antioquia, Córdoba, Sucre, Cauca and Nariño.

The UNICEF humanitarian programme will continue to focus its efforts in three major phenomena: recruitment and demobilization of child soldiers; internal forced displacement; and anti-personnel mines and unexploded ordnance. Within these groups special attention will continue to be given to children, adolescents and women. The purpose of the humanitarian programme for 2005 is to directly benefit approximately 40,000 under-18-year-olds and 6,000 families and to reach more than 15 million people through social mobilization activities (on prevention of child recruitment/demobilization and anti-personnel mines).

Protection of child soldiers and prevention of recruitment (US\$ 1,600,000)

Beyond advocacy for the immediate release of children and adolescents recruited in non-state armed groups, major interventions are needed in preparedness (in terms of sensitization, planning, organization of services to more than 2,000 demobilized children and adolescents) with appropriate opportunities for education and reintegration into society, and preventing future recruitment.

Recruited and demobilized children and adolescents – as well as at-risk children, adolescents and their families – will benefit from:

- Support actions for preventing the recruitment of children and adolescents into armed groups, by continuing and expanding existing projects (e.g., Football for Peace) and initiating new preventive projects in municipalities in the department of Cauca to benefit indigenous children and adolescents, local authorities and civil population – and to repeat such actions for 1,500 children and adolescents from Oriente Antioqueño and Córdoba;
- Lead mass media campaigns in to promote children's non-recruitment and demobilization;
- Distribute 5,000 posters (Universal Proclamation of Children who want Peace) among schools, local and regional agencies, national and international NGOs, as a sensitization strategy to prevent recruitment of under-18-year-olds;
- Support reintegration and rehabilitation of more than 1,931 demobilized children and adolescents through partnership with the Instituto Colombiano de Bienestar Familiar (ICBF), and of more than 40 adolescents in Specialized Assistance Centres;
- Create new Specialized Assistance Centres for demobilized children and adolescents;
- Contribute technical assistance to the comprehensive legislative reform and the promotion of an organic law on children and adolescents, as well as to strengthening public policies referring to humanitarian actions;
- Implement the Psychological Recovery Programme to create and strengthen Adolescents Network Organizations for 1,500 children and adolescents and 350 families in Córdoba;
- Develop and strengthen Adolescents Network Organizations through radio stations and adolescent-focused initiatives for 3,000 adolescents in Oriente Antioqueño.

Humanitarian action for IDPs (US\$ 1,150,000)

UNICEF humanitarian action in Colombia is facing difficulties because of a significant shortfall of about US\$ 483,600 in the 2004 budget IDP assistance. Currently, there are no funds to respond to any emergencies or to support projects that aim to assist this particular population. Subject to funds becoming available for 2005, children, adolescents and women from vulnerable communities should continue to benefit from these planned activities:

- Continue to provide integral assistance to displaced children, adolescents and families: psychological recovery, education, health and water and environmental sanitation;
- Provide integrated assistance to 3,600 children and adolescents, and 1,165 families affected by armed conflict in Oriente Antioqueño;
- Initiate integrated assistance for IDPs in Murindó–Chocó benefiting 1,000 children, 50 adolescents and 250 families, and provide support to community councils;
- Support provision of health and education to children and adolescents in vulnerable communities such as Chocó, Córdoba, and Antioquia;
- Initiate ethno-education in Cauca, along with other humanitarian actions (prevention, psychological recovery, mine risk education/prevention);
- Develop 'child-friendly' schools in regions affected by armed conflict, and train education managers, teachers and students in this strategy, emphasizing needs of 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;
- Apply primary health-care programmes, including nutrition education, food supplementation and vaccination activities in new departments, such as Sucre and Bolívar, and strengthen current actions in Chocó, Antioquia and Córdoba; to benefit around 1,500 children and 900 women;
- Provide technical assistance to Health Secretariats, and local and regional functionaries 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 community activities in reproductive and sexual health, for some 200 adults per year;
- As emergency preparation in case of future population displacement, prepare measures for water supply, sanitation for excreta disposal with appropriate technologies, and emergency shelters;
- Establish special, simplified water and sanitation systems in areas where people are temporarily located;
- Rehabilitation of existing water and sanitation systems.

Mine action (US\$ 650,000)

UNICEF will continue to give the highest priority to an accident prevention strategy. This is based on creation of mass awareness through the media and localized intensive support for planning and management of risk reduction to municipalities directly affected. The population in about 30 municipalities, who are vulnerable to accidents/incidents caused by anti-personnel mines and UXO will benefit from the following activities:

- Promote further dialogues with armed groups in order to promote their commitment to the humanitarian principles contemplated by the Mine Ban Treaty;
- Continue to implement the training and sensitization programme with local authorities and landmine survivors on comprehensive strategies to prevent landmine accidents and promote victims' access to their rights;
- Develop the MRE programme in new departments (Bolívar and Sucre), and strengthen its execution in Antioquia and Cauca.

UNICEF HUMANITARIAN ACTION

HAITI IN 2005



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 2005

Sector	US\$
Health and nutrition	2,526,000
Water and environmental sanitation	2,074,000
Education	3,102,000
Child protection	672,000
Total	8,374,000

* 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 AND WOMEN

Over the past decade, economic recession, socio-political unrest and a spate of natural disasters in Haiti have gravely worsened the well-being and livelihood of children and women throughout the country. The departure of President Aristide from Haiti in February 2004 brought the country's socio-political crisis to a climax, eventually leading to the constitution of an interim government. Violence, insecurity, the complete breakdown of law and order and the collapse of the nation's physical and human infrastructure left a void where the rights of children and their caregivers have been constantly violated. Floods, landslides and droughts during the year, particularly in the South-west and in the North have led to the loss of more than 3,000 lives and affected some 350,000 people, marring any attempt at celebrations to mark the country's 200th year of independence.

CORE COUNTRY DATA

Child population 0-5 years	934,992
U5 mortality rate	123
Infant mortality rate	79
Maternal mortality ratio (1980-99)	523
Primary school enrolment ratio	54
Primary school enrolment ratio for girls	57
% U1 fully immunized (DPT3)	43
% population using improved drinking water sources	46
HIV/AIDS prevalence (adult)	5.6
% U5 suffering moderate and severe malnutrition	17

Source: *The State of the World's Children 2004*

These recent events have imperilled an already precarious situation where infant, under-five and maternal mortality are the highest in the Western Hemisphere, at 80 per 1,000 live births, 119 per 1,000 and 523 per 100,000 respectively. The 2000 Demographic and Health Survey indicated an increase in malnutrition among under-five children: 200,000 suffer from chronic malnutrition, 42,000 from acute malnutrition and 160,000 are underweight. Some 37 per cent of children below one have been vaccinated, leaving the vast majority vulnerable to preventable childhood illnesses. Only 53 per cent of the population has access to basic health services. Only 46 per cent of the entire population has access to potable water. Access to safe sanitation facilities is even lower at less than 27 per cent. Recent reports estimate that 6 per cent of the population is seropositive.

Socio-political crisis, accompanied by heightened violence, reduced activities in the principal maternities by 20 per cent of normal functioning level, thereby aggravating the incidence of unmet obstetrical needs. Coverage in water and sanitation, previously as low as 46 per cent and 28 per cent respectively, has declined further. Half a million school-age children are excluded from obtaining basic education. Overall efficiency and only 10 per cent of primary schools are publicly run. In a highly disturbed school year, in the midst of entrenched poverty, enormous strains have been placed on families and communities. This is likely to swell the number of working children currently at 173,000 and child victims of trafficking estimated at 2,000 per year. A study conducted by UNICEF and partners in March 2004 illustrates the extent to which street/working children, and domestic child workers in particular, have met with increased violation and abuse of their rights. Vandalism of health facilities, schools and centres for vulnerable children have heightened the vulnerability of women and children, already subjected to irregular school participation, interruptions to the provision of food aid as well as the suspension of psychosocial support activities. Rape and other violent acts have invariably exposed girls and women to unwanted pregnancies and to the risk of HIV/AIDS.

The humanitarian crisis and recent political events have prompted a reorientation of aid activities where emergency operations have taken precedence over development initiatives. The disintegration of national structures and two natural disasters have pushed UNICEF into rethinking its strategies for reaching the growing number of children in particularly difficult circumstances. It was in this vein that revisions to activities, partnerships and funding possibilities became imperative in order to meet urgent needs in health/nutrition, education, water and sanitation as well as protection. Nonetheless, the interim Cooperation Framework elaborated by the interim Government and the donor community, provides the basis for tackling some long-term issues in the midst of an emergency situation.

The situation is especially acute in Gonaïves, which has always been the political driving force of the country. It was in this northern city that the struggle for Independence started as well as that which

overthrew the Duvalier and Aristide regimes. The devastating floods of 18 September affected more than 300,000 people and completely disrupted the life of the city.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF responded immediately to the unfolding humanitarian crisis and the two natural disasters by seeking and joining forces with individuals, NGOs and institutions ready to address the urgent needs of Haiti's children. Participation in the two UN-led Flash Appeals permitted the outlining of priority actions and funding requirements amounting to US\$ 15.9 million out of a total of US\$ 66 million. To October 2004, and counting both Appeals, UNICEF has received more than 50 per cent of the expected amount.



Françoise who lives in Gonaïves benefits from a UNICEF-funded nutrition programme as do many others. Acute and chronic malnutrition has indeed existed in Haiti for decades due to various factors related to poverty.

Nevertheless, since the recent socio-political instability, armed conflict, insecurity in the country and natural disasters, the capacities of Haitian families to meet the needs of their children have substantially decreased. Although no data yet exists, it is believed that acute malnutrition affects nearly 5 per cent of Haitian children under five. Almost 52,000

children of this age group live in this extremely vulnerable condition with little or no hope of appropriate treatment without the support of the international community.

Also nearly 500,000 under-five children suffer from chronic malnutrition, affecting both their physical and mental growth. More than 5.4 million Haitians are considered to be in extreme food insecurity because of the various recent emergencies.

In education, 15,000 children benefited from a project 'Timoun Kè Kontan' ('Happy Children's Heart'). Beneficiaries were identified through selected schools in the most-affected conflict areas. Ten recreational and educational centres were organized in Petite Goave, Port-au-Prince, St Marc, Gonaïves and Cap Haitien. The children received psychosocial support for one month and 600 educators were recruited and trained in three disciplines (psychosocial support, art and play, sport) to help the children go back to school in a child-friendly educational environment. Moreover, through a partnership with private and public sectors and international cooperation, all eligible children will benefit from scholarships for 2004-2005. Public and private sectors in Haiti are joining this initiative to develop it into a long-term project that will allow impoverished children to go to school, and thus contribute to building a more stable society in Haiti.

In health, UNICEF distributed essential emergency drugs and equipment to two health centres in Fonds Verette and Mapou and 12 in Gonaïves and surrounding areas. More than 20 basic health kits were given to five health centres. Ten midwifery kits, five obstetrical kits, surgical material and equipment were also distributed to 10 maternal clinics in Northern Haiti for 200,000 of women of childbearing age. A nationwide rapid assessment of immunization services took place to ensure the functionality of the services and the cold chain. A large plan to re-install damaged cold-chain equipment was elaborated and implemented. Routine vaccines were delivered to Gonaïves to rapidly restart routine immunization activities. UNICEF conducted a measles campaign and vitamin A distribution. UNICEF also re-established four therapeutic feeding centres, run by partners, for severely malnourished under-five children in Mapou and Gonaïves, and one oral rehydration centre in Port-au-Prince.

In water and environmental sanitation, UNICEF delivered 100,000 sachets of 'PURE' (a mix of aluminium sulphate and calcium hypochlorite with instructions in Haitian Creole), 800 family hygiene kits and 120,000 litres of mineral water in half-litre bottles or 250 ml plastic bags for victims of the Gonaïves floods. With OXFAM, UNICEF rebuilt a water channel for 500 families who were victims of the Mapou floods. Carrefour-Feuilles, a neighbourhood with 200,000 inhabitants in Port-au-Prince, was cleaned and provided with community education.

For child protection, a study carried out with four NGOs described the effects of the political crisis on Haitian children and provided guidelines for programming in favour of children. Around 3,500 vulnerable children (street children, domestic workers, victims of violence) benefited from training in foster centres for vulnerable children and in schools attended by child domestic workers. Monitors and teachers were trained in psychosocial techniques to help vulnerable children in distress. In addition, at least 200 vulnerable children benefited from direct counselling sessions: as part of the programme, toys and games were distributed and two manuals were produced to help deal with vulnerable children. This programme has covered areas most affected by the political crisis: West, Artibonite, North and North-east. A project to give psychosocial support to child victims of violence and reduce violence among youth and children was implemented jointly with UNDP in Carrefour-Feuilles, one of the poorest and most violent slums of Port-au-Prince, and in Les Cayes City. UNICEF undertook the distribution of 6,000 hygiene kits, 50 first aid kits, 5 primary health-care kits, 375 pep kits, as well as providing medical supplies to 10 health centres which were trained and equipped to respond to the needs of some 375 rape victims. Financial support was provided to the Ministry of Women's Affairs to enable them to better coordinate and respond to women and girls affected by the violence. A new mobile medical clinic treated 1,500 street children. Almost 5,000 extremely vulnerable children received support through vocational training, education activities and empowerment strategies, including the organization of street children in Port-au-Prince by setting up an advocacy pressure group. To prevent cross-border child trafficking to the Dominican Republic, an advocacy and sensitization programme is ongoing to address and inform local leaders about the problems of child trafficking. The Ministry of Justice received financial support for the birth registration of victims of the South-west floods. Through Caritas and other NGOs, shelter centres were organized in Gonaïves. In collaboration with the Red Cross movement, a system of tracing abandoned children and orphans was set up in the aftermaths of the two natural disasters.

In Gonaïves, UNICEF is launching a plan to protect 40,000 under-five children and 8,000 pregnant women against the risks of malnutrition and to strengthen nutritional therapy units in health and education centres. UNICEF is also organizing nutritional recovery centres at community level.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF participated in the inter-agency coordination mechanism set up during the political crisis and in response to the two natural disasters. UNICEF was the focal point on education and on protection. It also took active part in elaborating the Interim Cooperation Framework. UNICEF also chaired the human rights working group. The study of the effects of the political crisis on children was done with several NGOs. The response to all emergencies was carried out with UN partners, international NGOs and national organizations.

Regular programme

The regular programme focuses on the right to life, development and protection, prioritizing key activities in the areas of health and nutrition, basic education and protection, all within the framework of UNDAF. The programme has had several adjustments in order to adapt strategies to the Interim Cooperation Framework and the complex and consecutive emergencies. The emergency funds requested below are for UNICEF's humanitarian action in Haiti.

The impact of the political crisis and the successive natural disasters has direct and indirect repercussions on children's well-being in Haiti as the repercussions are both short- and long-term. Reducing the impact on children is essential during the crisis and in the aftermath.

In general terms, violence and natural disasters break up families and communities, and increase the possibilities of exploitation of children. Following the Haitian political crisis and both natural disasters, health conditions, access to education and general living conditions of most girls and boys have deteriorated. Public services have been disrupted and even stopped in the most-affected areas. Moreover, psychosocial effects on children and their families can be overwhelming if psychological and spiritual support is not given.

Following the floods in the South-west and in the North, the damage in terms of psychological effects is likely to be enormous given that the children were already suffering from the effects of the political crisis.

Health and nutrition (US\$ 2,526,000)

Some 120,000 children and women will benefit from the following key activities:

- Essential emergency drugs and equipment will be provided;
- Essential drug supplies in five districts will be provided;
- Assistance to five therapeutic feeding centres and 10 supplementary feeding centres in Gonaïves and surrounding areas;
- Training of 100 health staff in treating severe malnutrition at national and local levels;
- Supporting implementation of a nutritional survey, assessment and evaluation, as well as elaborating and implementing a national malnutrition protocol;
- Procurement and distribution of vitamin A and worm-treatment medicines to all under-five children;
- Re-installation of cold-chain equipment nationwide and reinforcing routine immunization activities; a measles and tetanus campaign will be conducted in some areas with low coverage and in difficult access areas.

Water and sanitation (US\$ 2,074,000)

- As in previous emergencies, immediate response will be concentrated at household level through a combination of actions (according to family needs, accessibility, etc.) by providing families with bottled water, bringing them treated water by truck or providing them with water purifiers (chlorine tablets, PURE);
- These actions will be accompanied by providing 20-litre jerry cans or other closed vessels to allow people to transport and store water in-house, thus preserving water quality;
- After responding to the immediate needs, rehabilitation of sanitary facilities in schools and health centres will be a priority.

Education (US\$ 3,102,000)

- 'School-in-a-Box' kits for 20,000 primary school children will be distributed;
- Recreational kits and school supplies for 10,000 children will be distributed;
- Temporary shelters (tents, plastic sheeting) for schools for 10,000 children will be available;
- Training will be conducted for 1,000 primary school teachers in psychosocial support;
- Rehabilitate and build latrines in 50 schools in 10 localities;
- In Gonaïves and Mapou, support construction of 50 temporary school structures to accommodate 25,000 primary school children.

Child protection (US\$ 672,000)

During 2005, with other partners, UNICEF will carry out an ambitious psychosocial programme for the most vulnerable children:

- At least 5,000 extremely vulnerable children will continue to receive support through reinforcement of the NGO working for them;
- An advocacy campaign, jointly with ILO, will be developed to help unpaid domestic girls;
- Tracing lost children, family reunification and psychosocial support will be provided for displaced families;
- Support will be provided to relocate and care for displaced families, including distribution of clothes, tents, plastic sheeting, hygiene kits, kitchen kits and kits to help families returning home;
- UNICEF will support ensuring that all families which have lost birth certificates are automatically provided with replacement certificates.

THE AMERICAS AND CARIBBEAN REGIONAL OFFICE (TACRO)

Regional Office financial needs for 2005	
Sector	US\$
Emergency preparedness	600,000
Capacity-building	450,000
Humanitarian advocacy	200,000
Total	1,250,000

* 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.

Role

Over the past four years, TACRO has built its capacity to respond to emergency situations in a timely, efficient and reliable manner, partly through ongoing support from a global programme between UNICEF and the UK Department for International Development (DfID). Internal mechanisms, such as the Emergency Support Group and periodic situation reports and monthly trends analyses, have raised the profile of humanitarian issues within TACRO and throughout the region. Conferences and capacity-building opportunities have raised awareness among staff and produced a strengthened team of cadres, capable of assessing and responding to sudden humanitarian emergencies.

During 2005, TACRO will consolidate this capacity through strategic actions in several areas: strengthening country office capacity to prepare for and mount a humanitarian response; providing rapid support for 'hot' emergencies with human resources, telecommunications systems, fund-raising and relief supplies; and working with sister agencies to ensure coordinated and coherent UN action. This will be partly achieved through DfID support, as well as from a new global partnership with ECHO, but additional support is required to carry out the following activities.

Coordination/partnership

TACRO will continue to support the regional Inter-Agency Standing Committee (IASC), sharing information and planning emergency response collectively within the UN system. The first meeting of the 'Colombia + 3' initiative, in particular, will be followed up by a series of strategic inter-agency planning sessions to ensure that TACRO's interventions in each of the four countries are coordinated and effective. The key alliances built up over the past four years, including the International Federation of the Red Cross (IFRC), the Consultation on Human Rights and Displacement (CODHES) in Colombia, and the Coalition to Prevent the Use of Child Soldiers, will be strengthened through collaborative work and advocacy campaigns. TACRO will continue to organize and implement training for its partners in disaster preparedness and post-emergency psychosocial support techniques for children and families, in collaboration with the Latin American Centre for Emergency Medicine in Cuba (CLAMED).

Focus

TACRO aims to build disaster preparedness capacity within its country offices and partners; to establish tools and systems to promote a rapid, effective response to sudden disasters; and to carry out targeted advocacy to ensure that the rights and well-being of children and women are protected in emergency situations.

Emergency preparedness (US\$ 600,000)

- Strengthen early warning systems through strategic analysis and reporting;
- Participate in inter-agency evaluation missions with regional IASC;
- Emergency stockpile of common relief items in IFRC warehouse;

- Logistical and telecommunications inputs to mount initial emergency responses;
- Expanded data base of emergency and disaster indicators to enhance early warning.

Capacity-building (US\$ 450,000)

- UNDAC training for key regional and country office staff;
- Updating and maintenance of emergency rosters for programmatic and administrative skills, to enhance regional surge capacity to support country offices;
- Training of staff and partners in key emergency-related areas, such as humanitarian principles, Emergency Preparedness and Response Planning (EPRP), gender and the Humanitarian Charter and Minimum Standards in Disaster Response SPHERE;
- Incorporation of risk awareness and preparedness into national education systems.

Humanitarian advocacy (US\$ 200,000)

- Major campaign on landmine awareness and prevention in key countries;
- Interregional meetings and action on children affected by conflict;
- Campaign in Colombia plus three border regions on child trafficking, HIV/AIDS, gender violence and related humanitarian issues;
- Advocacy in the Caribbean on risk management initiatives.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

Coordination: TACRO was instrumental in establishing the first regional Inter-Agency Standing Committee (IASC) of UN agencies in 2004, under the leadership of OCHA, which meets monthly for information exchange and strategic planning. TACRO continued to implement joint inter-agency assessment missions to evaluate imminent humanitarian emergencies. Key humanitarian partners include: the subregional risk management bodies (the Coordination Centre for the Prevention of Natural Disasters in Central America, the Andean Committee for the Prevention and Response to Disasters, the Caribbean Disaster Emergency Response Agency, the Coalition to Stop the Use of Child Soldiers, Casa Alianza (the child protection organization in Central America), the Consultation on Human Rights and Displacement (CODHES) in Colombia and the Latin American Centre for Emergency Medicine in Cuba (CLAMED). TACRO strengthened its close working relationship with the International Federation of the Red Cross (IFRC) regional disaster response unit, which demonstrated its value in a shared emergency supplies warehouse, joint logistical operations and common planning.

Achievements: TACRO supported humanitarian needs by providing technical assistance to country offices, training staff in emergency preparedness, reinforcing human resource capacity for emergencies, improving telecommunications support, working as part of the integrated UN system and promoting emergency exchanges. Key achievements included:

- Timely support to Caribbean nations affected by hurricanes in September 2004, including rapid deployment of emergency staff from offices within the region and despatch of first relief inputs to Grenada and Jamaica from regional stockpiles.
- Initiation and leadership of the psychosocial recovery programme in Grenada, following Hurricane Ivan, and in Paraguay, following an urban fire in Asunción.
- Promotion of a region-wide meeting on Children Affected by Armed Conflict (CAAC) in Panama; a cross-regional exchange with Lusophone Southern Africa on CAAC; a subregional meeting in Central America on violence against children; and exchanges on psychosocial recovery.
- Providing tents, health kits, water tanks and other humanitarian relief items after the floods in the Dominican Republic and Haiti.
- Organizing the first subregional, inter-agency conference on humanitarian assistance to conflict-affected civilians in the 'Colombia + 3' border regions.
- Providing rapid technical advice and assistance to country offices facing emergencies, including Bolivia, Colombia, Ecuador, El Salvador, Guatemala, Panama, Paraguay, Venezuela and most of the Caribbean.

WEST AND CENTRAL AFRICA

WCARO REGION (WEST & CENTRAL AFRICA REGION)



CRITICAL ISSUES FOR CHILDREN AND WOMEN

West and Central Africa in 2004 again provided many humanitarian challenges for women and children as vulnerable populations moved across its borders, either escaping conflict or in search of peace. For example, some 200,000 refugees from the Darfur region of Sudan are seeking refuge in eastern **Chad**, UNHCR completed its repatriation to Sierra Leone and began repatriation of an estimated 350,000 refugees to **Liberia** in October 2004. Internal conflict and attacks against foreigners in **Côte d'Ivoire** have dramatically reduced the access of communities to basic services. Successful elections in **Guinea Bissau** were offset by a thwarted coup d'état in **Guinea Equatorial**. Moreover, the entire region has been struck by a severe infestation of locusts which has decimated crops and threatens to reduce nutrition levels.

In general, West Africa is a difficult place to be a child. The high incidence of conflict has contributed to the spread of HIV infection through gender-based violence, lack of access to information and availability of health-care services. Complex emergencies and natural disasters in the West Africa subregion are having a devastating impact on education systems. Access to clean drinking water is limited and poor standards in hygiene and general living conditions make the region more prone to epidemics. Children

throughout the region risk displacement, sexual violence, forced recruitment and separation from their communities

As a result of the desert locust invasion, an estimated 25 per cent of the annual crop will be lost in the most affected countries in West Africa, namely Burkina Faso, Chad, Gambia, Mali, Mauritania, Niger, and Senegal. In these countries an estimated 2 million people will be nutrition insecure and therefore at increased risk of morbidity and mortality; the most vulnerable among them will be infants and young children, pregnant women and lactating mothers. Some 25 per cent of children in the region already suffer from moderate and severe malnutrition, which makes the potential impact worse, possibly life-threatening for many.

COUNTRY-SPECIFIC PROJECTS WITH REGIONAL IMPLICATIONS

MALI: Support to refugees, displaced populations and host communities affected by the Côte d'Ivoire crisis (US\$ 404,000)

As a consequence of the Côte d'Ivoire crisis an estimated 30,000 returning migrants will move across the Ivorian-Malian border. Already overburdened basic social services (health, education, protection and safe water supply) in host communities will be further stretched by the influx of refugees and returnees.

Expected outputs:

- Construction/rehabilitation of water supply and sanitation facilities;
- Training staff to identify separated and trafficked children;
- IEC activities at local level on disease prevention and sexual abuse prevention and control.

BURKINA FASO: Emergency health assistance for Ivorian returnees and communities affected by locust invasion (US\$ 433,500)

The population displaced by the Côte d'Ivoire crisis needs humanitarian assistance for the prevention and response to vaccine preventable diseases (such as measles and yellow fever) and improved access to preventive health and nutrition care at reception sites, transit centres and within host communities. The locust invasion in 2004 and the pest control response are laying the foundations for an important public health problem in the three northern provinces of Burkina Faso (Soum, Séno, Oudalan). These communities face severe and acute food insecurity at least until next year's harvest, with the inevitable consequence of malnutrition and increased vulnerability to common illnesses and communicable diseases which will be aggravated by the increased risk of poisoning from residual insecticide spraying.

Expected outputs:

- Strengthened health services in the principal settlement areas of returnees through provision of essential drugs (including micronutrients), impregnated mosquito nets, medical equipment and supplies, the provision of organizational and logistics support to health facilities in affected areas as well as training, monitoring and supervision of health-care workers;
- Vaccination of children under five and women of childbearing age in displaced populations and for communities affected by locusts;
- Supplementation with vitamin A for children 6-59 months or displaced population and for communities affected by locust;
- Strengthening of surveillance and response to diseases with epidemic with potential (measles, yellow fever, meningitis, cholera) in resettlement areas of returnees and in locust affected communities.

BURKINA FASO: Water supply and sanitation for returned population from Côte d'Ivoire and guidance to population in locust-infested provinces (US\$ 221,600)

Host communities and villages have poor access to safe water supply and the increase in population has put enormous stress on the few local functioning water infrastructures. In the dry season, most existing wells frequently go dry due to over-pumping and seasonal lowering of the ground water table. This has often led to conflicts between returnees and host communities. Burkina Faso is also one of the countries

affected by locust invasion in 2004 (about 706,000 people affected). The country has undertaken treatment campaigns to eliminate locusts.

Expected outputs:

- Adequate safe water and sanitation facilities available for returned and host populations;
- Basic hygiene education and behaviour change activities to prevent waterborne and sanitation-related diseases for returnees and host communities in locust-infested provinces.

BURKINA FASO: Restoring access to basic education and IECD (US\$ 602,300)

As a result of the ongoing political and military crisis in Côte d'Ivoire, most Burkinabé immigrants with their families (mostly children and women) are returning to Burkina Faso. Most of these children and adolescents who return home with their parents need to attend care services or school. However, the country is faced with the challenge of coping with this increase of demand on education and care without any subsequent action to improve the supply side. The capacities of schools and IECD structures in host communities is poor and there is a lack of integrated early childhood development services.

Expected outputs:

- Equip 100 additional classrooms in all 45 provinces;
- Equip 30 IECD local structures benefiting 15,000 children aged between 0-6;
- Provide learning materials and pedagogical tools to 55,000 children/adolescents and their teachers/trainers;
- Train and build the capacities of 1,000 teachers in peace education and psychosocial care.

BURKINA FASO: Protection of vulnerable groups among returnees from Côte d'Ivoire; population transit and refugees (US\$ 272,700)

The crisis in Côte d'Ivoire caused the return to Burkina of about 394,000 nationals, the majority of whom are women and children (80 per cent). The prevention of family separation, reintegration /rehabilitation and assistance to more than 250,000 of these children and women are vital.

Expected outputs:

- Bring psycho-affective and social support to the victims of trauma (violence and sexual abuse in particular) through listening, counselling, medical and psychological support;
- Train/sensitize police forces on violence and abuse of children and women;
- Identify and register children separated from their families and organize activities to renew family contacts for repatriated children.

MAURITANIA: National response to the foreseen nutrition emergency as a consequence of the locust invasion (US\$ 871,000)

Mauritania is facing a locust invasion without precedent. As a result, the country is expecting to lose 40 per cent of its crops and pasture and will face a major food crisis. The risk of food insecurity weighs heavily on rural populations in the most-affected areas, who are already living in situations of extreme poverty and food insecurity. The most vulnerable will be infants and young children, pregnant women and lactating mothers. The budget requested will support both medical and community-based nutrition activities in the most-affected areas for six months.

Expected outputs:

- Adequate medical and nutritional care to severely malnourished children in health facilities;
- Community-based nutrition day-care centres in most affected villages to benefit approximately 12,440 malnourished children up to five years old;
- Supplement pregnant/breastfeeding women in affected areas;
- Enhance periodic nutrition surveillance/screening in most vulnerable/affected areas.

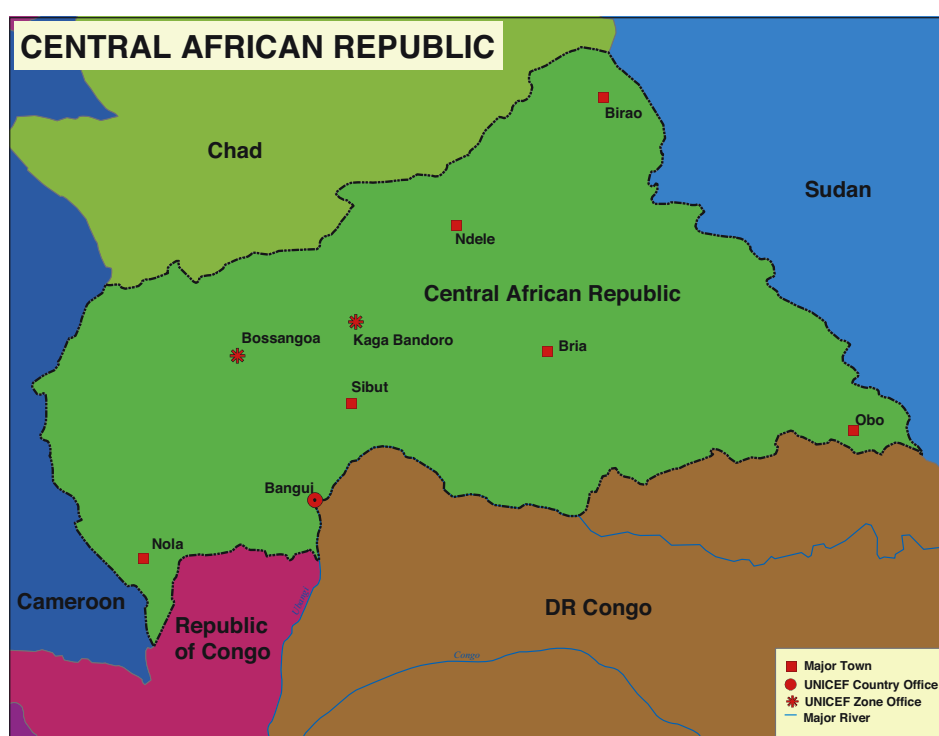
The remainder of this section contains country appeals for Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Guinea, Liberia, Republic of the Congo and Sierra Leone, then summarizes planned regional support for humanitarian actions in 2005 and support activities undertaken in 2004.

UNICEF HUMANITARIAN ACTION

CENTRAL AFRICAN

REPUBLIC

IN 2005



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 2005

Sector	US\$
Health and nutrition	4,575,879
Water and environmental sanitation	500,000
Education	1,795,455
Total *	6,871,334

* 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 AND WOMEN

The Central African Republic (CAR) is one of the world's forgotten crises, characterized by deep and continuous structural deficiencies whose humanitarian consequences have been enlarged by years of successive political-military crisis culminating in the 2002-2003 rebellion. Since March 2003, a National Union Government is in place with the responsibility of leading the country to national democratic elections, to be held in January 2005. The population, however, continues to endure the severe consequences of the decade-long disruptions which have resulted in damage to all basic social services and have thus worsened access to food, health facilities and education, and the living conditions of women and children especially.

Results from the latest field assessments and sector surveys indicate a persistence of the degradation of basic social indicators, well below 2000 values. Around 20 per cent of the Central African Republic's children die before the age of five. Only 30 to 35 per cent of girls attend primary schools. Less than 30 per cent of children are immunized against vaccine-preventable diseases, and moreover the Central African Republic is becoming a real corridor for epidemics (14 cases of polio have been registered in 2004). HIV prevalence rate has already reached 15 per cent, the highest in the region, resulting in a rise in the numbers of orphans and vulnerable children in great part affected by AIDS, of whom 6,000 live on the streets in three major towns.

CORE COUNTRY DATA

Child population (thousands)	1.928
U5 mortality rate (2000)	194
Infant mortality rate	131
Maternal mortality ratio (1995)	948
Primary school enrolment ratio (2002)	49
Primary school enrolment ratio for girls	41
% U1 fully immunized (DPT) (2003)	25.7
% population using improved drinking water sources	n/a
HIV/AIDS prevalence (2002)	15
% U5 suffering moderate/severe chronic malnutrition	38.9/19.1

Source: *The State of the World's Children 2004*

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the population affected by consequences of the 2002-2003 crisis. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection, sectors in which the response of the Government was highly hampered by extremely low financial

"My mum is a special one"



"My name is Sophiette Judith Yakpane. I am 13 years old. I was born in Boda subdistrict. I am the third child and we are six children in my family. We all go to school, except our younger brother, who is still a baby. I am attending the sixth class in Bafatoro School, Boda subdistrict. I am lucky to be supported by my parents to continue to go to school. My father encourages me and my mum is a special one, she is different from the other women in the village in the matter of girls' education. She does not impede me to go to school and she does not give me additional domestic tasks when it's time to go. She gives me enough time to revise my lessons. And she is the one telling me not to be late to classes."

Sophiette Judith Yakpane, 13 years old, Boda subdistrict.

resources. However, these interventions were also hindered by the persisting insecurity in the country as well as the limited international response to the country's post-conflict situation and needs.

In its enduring effort to reduce maternal and child mortality, UNICEF intensified actions in the area of health and nutrition: routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners; in close collaboration with WHO and the NGO, COOPI (Cooperazione Internazionale), some 111,000 children were immunized in major immunization campaigns in 2004 and EPI has been revitalized through the rehabilitation of 50 per cent of the cold chain disrupted by the conflict.

With reference to water and sanitation, UNICEF provided technical and material assistance in the construction of five new boreholes, the installation of 20 new handpumps and the development of educational material on sanitation to be distributed in 30 schools together with the organization of training programmes addressed to 159 teachers and to 95 members of parents' associations.

UNICEF supported the evaluation of the education system in 11 of 13 districts with low school attendance rates and further strengthened technical and operational capacity of the Ministry of Education through the provision of computers and software to the statistic unit, the training of all district inspectors and provision of motorcycles to eight districts. UNICEF also invested in replacing 5,400 school benches destroyed or stolen during the conflict, providing construction materials and technical advice to support community school construction projects, and supplying basic pedagogic manuals to 54,000 pupils and 3,000 teachers.

UNICEF continued to support government efforts to respond adequately to the AIDS crisis by providing technical assistance for the development of the Prevention of Parent-to-Child Transmission (PPTCT) policy and guidelines; strengthening capacities of laboratory technicians, counsellors, and youth programme managers; supplying of HIV testing kits to all 11 existing PPTCT sites in Bangui and in the rural area.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF is an active member of the UN country coordination team and is represented in all planned coordination events. UNICEF also participates in the UN Thematic Group Meetings that support Government in the different sectors assisted by the UN Agencies. UNICEF leads the Education and HIV/AIDS Groups and contributes to the remaining groups on matters of Health and Nutrition, Protection. UNICEF also participates in the Inter-Agency Coordination Group and maintains partnerships with NGOs and bilateral agencies.

Regular programme

The UNICEF Country Programme 2002–2006 provides assistance to the Central African Republic at national and at regional and subregional levels. It aims at re-initiating the National EPI System, controlling epidemics and preventing HIV/AIDS. It also aims at revitalizing the basic health infrastructures and assists in improving access to urgent obstetric and neonatal care to reduce infant mortality. UNICEF is highly engaged in supporting the re-establishment of access to education to pre-conflict levels and promotes girls' education and gender parity in all schools. UNICEF increases access to water supply and sanitation. UNICEF also provides emergency post-conflict assistance to war-affected regions with health, nutrition and water supply and sanitation inputs. UNICEF assists vulnerable children in various locations in close collaboration with selected NGOs.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipients of UNICEF humanitarian assistance will be children and women living in the four districts where basic social services were more affected by the conflict.

Health and nutrition (US\$ 4,575,879)

Some 755,328 children and women, including 695,328 children under five and 60,000 pregnant women and mothers, will be reached through the following three key programmes:

Health system revitalization in affected zones (US\$ 540,340)

- Procure and distribute essential emergency drugs (including those for sexually transmitted infections) and equipment to 80 health centres in six districts for 1,000,000 people;
- Train 190 health workers for integrated management of child illness;
- Support the rehabilitation and equipment of 80 frontline health centres;
- Support impregnated mosquito net promotion through the training of 200 community-based health workers and distribute 5,000 insecticide-treated mosquito nets to children under five and pregnant women;
- Support essential interventions monitoring and social mobilization.

Relaunch of the Expanded Programme on Immunization (US\$2,840,340)

- Support the organization of national immunization days against measles for children aged six months to 14 years old, and against polio for under-five children;
- Procure and install cold-chain materials in affected zones (50 refrigerators, 10 freezers, 20 vaccines carriers and 100 cool boxes), transportations means (4x4 pickup trucks, 30 motor-cycles, 150 bicycles), office supplies, fuel and kerosene;
- Train and supervise 500 county staff and 300 village-level staff in immunization services and cold-chain management.

Management of acute malnutrition (US\$ 443,182)

- Continue supporting the 35 therapeutic feeding centres previously established and run by partners for 6,000 severely malnourished children;
- Train 100 health staff in treating severe malnutrition;
- Support the implementation of two nutritional surveys, assessments and evaluations;
- Support the implementation of a community-based growth monitoring system in affected areas;
- Procure and distribute vitamin A, iron foliate and worm treatment medicines to all children under five.

HIV/AIDS (US\$ 308,817)

Some 1,045,449 persons are targeted through the following key activities:

- Building the capacities of 150 health workers in the Prevention of Mother-to-Child Transmission (PMTCT) programme, especially counselling;
- Implementing a strategy to reduce stigma through social mobilization;
- Develop guidelines and directives on infant feeding and growth monitoring of children after weaning;
- Supplying 10,000 HIV testing kits, medical supplies and laboratory equipment to 14 health centres;
- Train 2,725 teachers in the use of the HIV/AIDS Training Manual for primary school children;
- Collaborate with UNFPA to introduce youth-friendly reproductive health services in UNICEF-supported districts.

Reopening of two UNICEF sub-offices in the Conflict Zone (US\$ 443,200)

- Reopening two sub-offices in Kaga Bandoro and Bossangoa is planned between December 2004 and March 2005 to provide assistance to the neighbouring communities;
- The sub-offices will also collaborate with local operations of UNICEF, UNDP, WHO, FAO, WFP in the said regions.

Water and environmental sanitation (US\$ 500,000 for UNICEF)

Some 1 million persons, including 173,000 children under five and 510,000 women, will be reached through the following key activities:

- Rehabilitate 500 wells and boreholes and install handpumps to provide safe drinking water to some 200,000 individuals in the four most crisis-affected districts;
- Provide technical assistance and materials to construct 20 new boreholes around schools and health centres;
- Train 2,150 members of local water management committees (65 repairmen and 2085 local committee members) in water and sanitation assessments and in management, repair and maintenance of water points;
- Provide technical and material support to rehabilitate/construct latrines and water points in schools and health centres by the communities;
- Promote hygiene education and hygiene awareness programmes in all Nana Grébizi & Ouham schools through the production of 1,000 image boxes to be distributed in 199 schools, and the training of 227 teachers and 796 members of parents' associations on appropriate sanitation practices.

Education (US\$ 1,795,455)

A total of 202,036 children and 2,725 teachers will benefit through the following key activities:

- Replace 10,000 school lost benches and mobilize partners to replace the remaining needed benches (29,000 benches), in order to achieve the pupil/bench ratio level reached in 2000;
- Train all 2,725 school teachers currently working in the 13 low-school-attendance districts, including a module on gender sensitivity;
- Provide school stationary, teaching manuals and equipment;
- Implement the currently approved Girls- and Boys-friendly School concept in at least 10 schools in collaboration with WFP and FAO and document the experience to develop a national education policy thereafter.

UNICEF HUMANITARIAN ACTION

CHAD IN 2005



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 2005 in eastern Chad

Sector	US\$
Health and nutrition	4,471,112
Water and environmental sanitation	7,489,535
Education	3,477,391
Child protection	2,271,864
Mine action	561,900
Total *	18,271,802

* 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 AND WOMEN

The 16-month-long refugee crisis in eastern Chad has created a hostile and dangerous environment for Sudanese and Chadian children and women. The refugee influx into Chad has nearly doubled since the beginning of 2004, reaching almost 200,000 refugees by the end of September. It is estimated that roughly 85 per cent of the Darfur refugees are children and women, many of whom were victims of the worst atrocities and abuses in Sudan. As the Darfur conflict drags on, with no imminent solution in sight, humanitarian agencies in Chad are making contingency plans to assist between 50,000 and 100,000 additional refugees next year.

While humanitarian aid has alleviated the plight of children and women in eastern Chad, in the refugee camps they remain exposed to abuse and neglect. Education opportunities are still insufficient for the number of children and adolescents, especially women, who never attended school before. The risk of child-killer diseases, such as measles and polio, is high in the stricken region due to the rapid and large change in population demographics. Acute respiratory infections, diarrhoea, including dysentery, and increasing risk of malaria and cholera outbreaks are the main risk factors for excess mortality among refugees. The nutritional situation of refugees and host communities also remains fragile, and is likely to worsen at the end of the upcoming dry season due to the uncertain crop prospects. The water and sanitation situation, still precarious in some camps and surrounding communities, is another major concern for the coming months.

Furthermore, tensions between the refugee and host communities have flared repeatedly since the end of the summer. Children and women have been the main victims of most attacks against refugees, including assault and rape, and other incidents, such as the accidental explosion of ordnance.

CORE COUNTRY DATA

Child population (thousands)	4,443
U5 mortality rate	200
Infant mortality rate	117
Maternal mortality ratio (1985-2002)	830
Primary school enrolment ratio	58
Primary school enrolment ratio for girls	47
% U1 fully immunized (DPT3)	40
% population using improved drinking water sources	27
HIV/AIDS prevalence (end-2001)	3.6
% U5 suffering moderate and severe malnutrition	28

Source: *The State of the World's Children 2004*

Awa, aged 16, has her first day at school



Before arriving in Djabal refugee camp in eastern Chad, 16-year-old Awa Ahmat, (on left in photo) never had the chance to go to school. The village of Mongo in western Sudan, where she was raised by her widowed mother, is 15 km away from the nearest school.

"I had to work in the field everyday, my family cultivated millet and lady's fingers [okra, a local vegetable, common in the Sahel region]. The Janjaweed besieged our village, some of them were bombing us from the top of the surrounding hills, while others chased villagers on the ground. I was running away with my mother, when a bullet hit her from behind."

In the Djabal camp, with help from UNICEF, Awa now has the opportunity to learn how to read and write. This will never give her back the love and protection of her parents, but it should

improve her capacity to defend her rights and those of her three brothers and sisters.

Awa Ahmat, aged 16, Djabal refugee camp, Chad.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF has responded to the refugee tragedy in eastern Chad, assisting both the Sudanese and Chadian populations affected by the crisis. Working closely with other UN agencies, aid organizations, national and international partners, UNICEF has focused on the priority humanitarian needs of children and women: health, nutrition, education, child protection, water supply and sanitation. During the early months of the year, the emergency response was hampered by the dearth of financial and human resources available to cope with the fast-growing needs of the affected populations. Access to the refugee camps was also hindered during the July-September rainy season. The enormity and remoteness of the area affected by the crisis has also been a major hindrance for the delivery of humanitarian assistance. The 11 camps are scattered in a 500 km-long border area more than 1,000 km east of the capital, N'Djamena.

A mass measles vaccination and vitamin A supplementation campaign was conducted by UNICEF and its partners in four of the five affected health districts in February and March. Nearly 81,000 refugee and local children, aged six months to 15 years, were vaccinated, representing a coverage rate of 94 per cent (for measles). Another two immunization rounds (measles, polio) and vitamin A supplementation followed in the remaining affected districts in July and August, reaching more than 19,000 Sudanese and Chadian children (85 per cent coverage for measles). In June a major nutritional survey revealed a serious nutritional crisis among refugee children under five years old. By then, UNICEF had already started providing therapeutic milk, mineral and vitamin complex, as well as technical support to the therapeutic feeding centres assisting the refugees. By October, an average of 1,100 severely malnourished children was receiving supplementary feeding in the 11 Therapeutic Feeding Centres that UNICEF supports. To restore the learning opportunities of the refugee boys and girls, many of whom had never attended school before, UNICEF provided tents, school materials, and trained teachers. Some 18,500 Darfur children were enrolled in the schools of the refugee camps when the academic year opened in early October in Chad. By early September, more than 2,600 children aged three to five were benefiting from the 65 early childhood care centres set up with the support of UNICEF. Action was also taken to improve the poor sanitary conditions in the camps through the establishment of 200 hygiene education committees and the construction of latrines and water points. UNICEF is the sole agency working in mine risk education in the refugee-affected area, which has some of the worst landmine and unexploded ordnance contamination in the country. Most of the incidents caused by accidental explosion of ordnance near the camps have affected children. Three sensitization campaigns were carried out between May and October, reaching more than 160,000 people in the camps and neighbouring communities.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

In 2004, UNICEF signed cooperation agreements with several UN agencies and aid organizations present in Chad to strengthen the intervention in the country's east. Cooperation was focused on the priority areas of education, health, child protection, water and sanitation. A particularly strong partnership with donors was also developed for the education and water and sanitation sectors.

Regular programme

The current 2001-2005 Country Programme of Cooperation establishes priority objectives in health, nutrition, primary education, early childhood development, child protection, water and sanitation. The geographical scope of the programme covers 10 former subprefectures in the regions of Batha, Guera, Kanem, Mayo-Kebby and Tandjile, as well as urban areas of N'Djamena, the capital, Abeche, Bongor, Moundou, and Sarh. As a part of the humanitarian intervention in the east, UNICEF presence in the Ouaddai and Waddi Fira regions was reinforced with the establishment of two zone offices – in Abeche, in May, and Iriba, to be opened in December. In 2001, the regular programme targeted nearly 2,300,000 people, including 414,000 children under five, which represented about the 29 per cent of the country's population. The targeted population has increased significantly since the beginning of the Darfur refugee crisis because the assistance has been extended to the host communities.

Emergency operations to assist children and women both from the Sudanese refugee and host populations will increase through 2005 as the crisis in eastern Chad continues. The UN expects the refugee population to grow from the current 200,000 Darfur refugees to between 250,000 and 300,000 in 2005.

Health and nutrition (US\$ 4,471,112)

Some 10,500 refugee children and 14,400 local children under one year old, 129,600 refugee children and 178,000 local children between six months and 14 years, 42,000 refugee women and 57,700 local women of childbearing age, 90,000 refugee adolescents and 123,600 local adolescents, as well as 69,000 refugee women and 90,000 local women, will benefit from the following key activities:

Nutrition

- Support to the Therapeutic Feeding Centres (TFCs) in all 11 refugee camps, and TFCs and supplementary feeding centres (SFC) neighbouring districts.
- Purchase and distribution of therapeutic feeding items and drugs to TFCs in the refugee camps.
- Provision and distribution of micronutrients and therapeutic products.
- Training of health workers and community health agents.
- Nutritional survey in the refugee camps and host communities.
- Sensitization activities in the camps and five affected health districts.

Vaccination

- Measles vaccination and vitamin A supplementation campaign in two affected health regions in January (first phase); the remaining regions will be covered in the second and third phases in 2005.
- Routine vaccination activities in all five health districts and refugee camps.
- Provision and distribution of cold-chain equipment, vaccines and vaccination equipment.
- Training of health agents.
- Sensitization of communities on Expanded Programme on Immunization.

HIV/AIDS

- Education of adolescents and women on HIV/AIDS prevention methods – 86,000 adolescents and 66,000 women in the host communities; 63,000 adolescents and 48,000 women in the refugee camps (70 per cent of the targeted population).
- Training of 1,000 trainers, 60 health agents and 30 social workers (11 camps, 5 health districts).
- Sensitization activities in the five concerned health districts.

Water and environmental sanitation (US\$ 7,489,535)

The Sudanese refugee population (the current 200,000 refugees plus the new arrivals, as per above), and 50,000 residents of the host communities, focusing particularly on children and women, will be reached through the following key activities:

- Construction and rehabilitation of water infrastructure (100 water points) in all 11 camps and local communities. Water quality control in all newly constructed and rehabilitated water points.
- Construction of 10,000 family latrines in the refugee camps and local communities.
- Construction of 1,000 separate latrines for girls and boys, and sinks, in schools and health centres of the host communities.
- Construction of separate latrines for girls and boys, and sinks in the schools of the newly-opened camps.
- Hygiene education, prevention, control of vector-borne diseases in camps and host communities.

Education (US\$ 3,477,391)

Some 100,000 school-age refugee children, 30,000 school-age children from host communities, 5,000 adolescents (including 1,000 from host communities), and 25,000 children aged three to five years will benefit through the following key activities:

- Enrolment of primary-school-age children in the camps and in host communities.

- Life skills training of adolescents in the camps and in host communities.
- Training in early childhood education of 2,000 parents in the camps and 200 parents in host communities.
- Early childhood development support for children aged three to five years in camps and host communities.
- Provision of school manuals, training materials for parents, caregivers and animators, in the camps.

Mine action (US\$ 561,900)

Activities related to mine risk education.

Protection (US\$ 2,271,864)

Some 100,000 refugee girls and women, 100,000 local girls and women, 40,000 refugee adolescents and as many local adolescents, children associated with armed groups as well as those at risk of recruitment are targeted through the following key activities:

- Training of trainers in sexual exploitation and gender-based violence related topics.
- Medical and psychosocial support to survivors of sexual exploitation and gender-based violence.
- Training of military and humanitarian staff on children's and women's rights. Ensure respect of the appropriate code of conduct to protect children and women from sexual exploitation and gender-based violence.
- Support to literacy and skills training for girls and women.
- Support to recreational and cultural activities.
- Reinforcement of capacities for child care at family and community level, including the creation of child-welfare committees in the camps and affected host communities.
- Establishment and support to birth registration in camps and surrounding communities.
- Training of community-based youth animators.
- Creation and equipment of youth centres, recreation and cultural activities.

UNICEF HUMANITARIAN ACTION

CÔTE D'IVOIRE

IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	7,229,591
Water and environmental sanitation	5,430,068
Education	2,738,636
Protection and HIV/AIDS	1,869,090
Total *	17,267,385

* 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 AND WOMEN

The two-year crisis in Côte d'Ivoire has seriously worsened the well-being and livelihood of children and women throughout the country, as the economy struggles and poverty rises. Populations in the zones controlled by the New Forces (ex-rebels) in the north, and in the devastated west of the country have been particularly hard hit by the collapse of public services, including health and education. A nationwide nutrition survey conducted by UNICEF in April 2004 provided data that shows an extremely precarious nutritional situation among children in the north and west, where vulnerable populations depend on humanitarian food and health aid. Water and sanitation surveys show that more than 65 per cent of village handpumps are not functioning, this figure rising to 80 per cent in areas of the west. With epidemiological surveillance systems in disarray, it is difficult to estimate the rise in death rates due to treatable diseases and infections such as malaria, measles and diarrhoea.

CORE COUNTRY DATA

Child population (thousands)	8062
U5 mortality rate (2002)	176
Infant mortality rate (2002)	102
Maternal mortality ratio (2000)	690
Primary school enrolment ratio for boys	57
Primary school enrolment ratio for girls	52
% U1 fully immunized (DPT3)	n/a
% of population using improved drinking water sources (2000)	81
HIV/AIDS prevalence (2001)	9.7
% U5 suffering moderate and severe malnutrition (2002)	21

Source: *The State of the World's Children 2004*

The negative effects of the persisting crisis have almost certainly caused key indicators such as maternal and infant mortality to rise, although post-crisis figures are not available. Routine vaccinations are available to only about 50 per cent of the population countrywide, a situation which has contributed to the return of polio in Côte d'Ivoire, with 15 cases identified as of 15 October 2004, while no cases had been reported in 2001. Poverty has led to an exponential increase in juvenile prostitution in the most affected zones, putting girls and youth at ever-greater risk of becoming HIV-positive. Côte d'Ivoire has an alarmingly high rate of HIV infection estimated by UNAIDS to be 7 per cent.

The war has left more than 40 per cent of children of primary school age out of the education system and the drop-out rate remains greater than 3 per cent while repetition rate is about 25 per cent. Between 800,000 and 1 million children receive no education whatsoever. An estimated 500,000 people remain displaced within the country, the vast majority living with host families. Despite a series of peace accords and the establishment of a national reconciliation government, the country remains de facto partitioned in two, and a 15 October deadline for the commencement of disarmament, demobilization and reinsertion (DDR) was not respected. While UNICEF hesitates to estimate the number of children associated with armed groups, it is believed that children remain involved, to varying extents, with armed and violent groups, including militias and paramilitary groups, throughout the country. Thanks to months of direct negotiations and advocacy with the Armed Forces of the New Forces, the recruitment of children by the New Forces is believed to have halted, although some children remain quite visibly associated with their military.

The bombardment by Government forces of the New Forces zone in early November 2004, and the ensuing street violence in Abidjan and elsewhere, has highlighted the precarious situation of vulnerable populations. The water and electricity supply was cut off to the north for some 10 days, leaving populations without access to safe water, and resulting in the loss of thousands of vaccines as cold storage facilities were left without power (many thousands of vaccines were also saved). While the school year was successfully held in New Forces-controlled zones from February to October, exams scheduled for November have been put on hold indefinitely, jeopardizing the progress made to date: some 1,200 elementary schools were functioning, with 350,000 children in attendance.

Côte d'Ivoire also did not, as a result of the November violence, participate in synchronized series of regional national immunization days (NIDs) held from 18-22 November and, as of early December 2004, a mid-December campaign – again synchronized with 22 other countries in West and Central Africa – was also in jeopardy. A nationwide measles vaccination campaign scheduled for some 8.8 million children

from 6 months to 14 years of age, to be coupled with the December polio NIDs, has been postponed to 2005.

The departure of teachers and health personnel, and their reluctance to return in the current politically polarized environment, linked with a slow down in the redeployment process of administrative personnel, is jeopardizing the progress made to date by the government of national reconciliation and the humanitarian community. UNICEF's emergency relief strategies for 2005 have been adapted to take this reality into account, and will focus more sharply on community-based capacity-building for affected zones in the health and education sectors, as well as the provision of reinforced support in the water and sanitation sector, linked to schools. Overall protection strategies for women and children will be increased and will include urban components, following the massive street violence that was witnessed.

"I have seen at least ten people get shot"



Photo: Father Moise with demobilized children in Bouake.

"I was the bodyguard for my chief. I had to protect him with my life. I have seen at least ten people get shot, and I have been shot at myself, but I never shot anyone, and I never want to. I felt so sorry for the people that I saw get shot. I would not have left the (military) camp if it were not for Father Moise [who runs a UNICEF-supported demobilization centre in Bouake]. He tells me to forget about the time I spent there and to relax, so that I can not be brutal with people. He plays with us, jokes with us and treats us like we were his own children. He tells us that we need to improve our lives and respect our families, not for him or for UNICEF, but for ourselves."

Bakary, aged 12, an ex-child soldier, at a UNICEF-supported demobilization centre in Bouake.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of vulnerable populations affected by the war. It has focused on the priority areas of health, nutrition, water and sanitation, education and child protection. While many positive gains have been made, the persisting crisis and funding shortfalls have forced UNICEF to limit the scope of certain activities and target only the very most-vulnerable groups.

In the area of health and nutrition, routine immunizations are being put back on track, and also being helped to adapt to new realities on the ground through increased technical and supply assistance to the Ministry of Health, and through cooperation with other national partners. The re-establishment of the cold chain and basic health services in affected zones remains a major priority. Some 1.6 million children were immunized against measles through UNICEF-supported campaigns from April 2003 to June 2004, primarily in the New Forces-controlled north and west. In 2004 UNICEF has been a proud partner in four historic national polio immunization days, each targeting some 5.1 million children from 0-59 months of age. More than 1,000 community outreach workers have been trained on basic nutrition and community-based health workers trained in the identification and treatment of moderate and severe malnutrition. In 2004 UNICEF, through EU funding, began a project in support of 26 health districts in a bid to re-establish basic health services for some 5 million people in the most crisis-affected zones.

One hundred Child-Friendly Spaces, set up by UNICEF, have provided educational, recreational and counselling services to more than 5,000 displaced and non-displaced children. More than 330,000 vulnerable

individuals in New Forces-controlled zones – 75 per cent of them children (and including orphans and other vulnerable children) – have received psychosocial and medical support. Assistance was also extended to local communities to equip about 200 schools, ensuring access to education to another 50,000 children. UNICEF, in cooperation with UNESCO, ICRC and other actors, developed a peace and tolerance curriculum with the Ministry of Education and gave support by training 550 trainers of trainers, so that some 750,000 children may benefit from the curriculum. UNICEF is the officially designated lead agency for child soldiers within the National Commission on Disarmament, Demobilization and Reintegration. A UNICEF pilot demobilization and reintegration project for child soldiers in Bouake has provided assistance to more than 700 boys and girls, successfully preventing their 'militarization'. Approximately 300 boys and girls have been demobilized through the project, which is now being extended in the western town of Man. Some 600 youths and ex-child-soldier peer educators were also trained to sensitize 40,000 youth to protect themselves from HIV/AIDS.

A major back-to-school campaign returned 175,000 children and more than 1,000 teachers to school in the occupied areas, where the school year officially started in February 2004 thanks to unflagging advocacy and on-the-ground UNICEF support to community-based partners. During the year, some 230,000 IDPs, refugees and host communities gained access to safe water through rehabilitation or construction of water sources, another 21,500 IDPs and school pupils benefited from improved sanitary facilities, and 15,000 IDP and refugee women and children have benefited from improved hygiene through distribution of hygiene kits and awareness training.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF cooperates closely in all UN coordination mechanisms established within the framework of humanitarian assistance and post-crisis/development activities. UNICEF presides over the education, and water and sanitation sector groups, and participates actively in the protection, health (and nutrition), food security and communication and advocacy sector groups. UNICEF also assumed leadership of the HIV/AIDS thematic group in 2004. UNICEF works in partnership with the relevant technical government ministries, as well as with a host of national and international NGOs in all programme areas.

Regular programme

The UNICEF Country Programme of Cooperation for 2003-2008 was finalized just before the crisis struck Cote d'Ivoire in September 2002. The Programme concentrated UNICEF activities in seven departments, or 'zones of convergence' – Bouna, Bondoukou and Tanda in the north-east, Bouake, Dabakala and Katiola in the centre-north, San Pedro in the south-west, and Abobo, a district of Abidjan – in the sectors of child protection, education, health and nutrition, and monitoring and evaluation, with transversal HIV/AIDS and water and sanitation components. The humanitarian needs resulting from the crisis have led UNICEF to be active throughout the country, while maintaining certain core activities of the regular programme in the above-mentioned zones.

As part of its humanitarian programme, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population, and progressively strengthen its presence in the New Forces-controlled zones. The primary recipients of UNICEF's humanitarian assistance in 2005 will be around 5 million children and women, including some 4.7 million under-five children and 200,000 pregnant women and mothers.

Health and nutrition (US\$ 7,229,591)

More than 5 million persons in vulnerable communities nationwide and 4,600,000 children nationwide (including 130,000 nutritionally vulnerable children and 200,000 pregnant and lactating women) will benefit from the following key activities:

- National Polio Immunization Days (NIDs) and vitamin A supplementation.
- Support to re-establishing routine vaccinations and supply of cold-chain equipment.
- Establish therapeutic nutrition units in main regional hospitals.
- Community-based capacity-building in nutritional surveillance and treatment.
- Community-based capacity-building and material support in maternal and child health care.

Water and environmental sanitation (US\$ 5,430,068)

Some 400,000 affected persons, of whom 280,000 are women, and more than 250,000 primary-school-age children mainly in the north and west of Côte d'Ivoire will be reached directly through the following key activities:

- Information and sensitization campaigns for systematic chlorination of possibly unsafe drinking water.
- Purchase of materials, reagents and other water disinfectant products.
- Training in procedures for household water treatment and surveillance of water quality.
- Monitoring of drinking water quality through analysis of well water samples.
- Identify and treat selected high-risk drinking water sources.
- Protect water sources from possible sources of pollution.
- Establish/reactivate community water point management committees, involving parent/teacher associations to strengthen good hygiene in at least 400 schools.
- Rehabilitate 500 existing latrines and 500 water points.
- Rehabilitate/construct latrines and water points in 400 elementary schools.

Education (US\$ 2,738,636)

A total of 700,000 displaced and war-affected children and 14,000 teachers will benefit through the following key activities:

- Supplying basic scholastic materials including notebooks, pencils and erasers for 700,000 primary school children.
- Procuring and distributing recreational kits and school supplies for 700,000 children.
- Training 14,000 primary school teachers, with particular attention to HIV/AIDS and peace education.
- Rehabilitating schools and building latrines in, or in proximity to, at least 400 schools.
- Supporting construction of 100 temporary school and classroom structures to accommodate 5,000 primary school children.

Protection/HIV/AIDS (US\$ 1,869,090)

Some 32,000 children associated with armed groups or at risk of recruitment, sexual abuse or contracting HIV/AIDS, as well as 65,000 adolescent girls, children, IDPs and women are targeted through the following key activities:

- Establishment and development of socio-educational and socio-professional activities for the social reintegration of demobilized children, and the reinforcement of formal and informal reception centres and staff.
- Community sensitization and development of life skills for 50,000 youths on paedophilia and sexual abuse – to be conducted by adolescents and peer educators through participative children's radio broadcasting activities.
- Train 80 health workers to provide medical care to victims of rape and acknowledge confidentiality.
- Train 1,000 young peer educators among former child soldiers and young people in life skills and HIV/AIDS to prevent STIs/HIV/AIDS.
- Provision of HIV test kits and STI kits for 12,000 children and adolescents.

UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO IN 2005



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 2005

Sector	US\$
Health and nutrition	16,750,000
Education	2,698,864
Child protection – Unaccompanied/separated	1,802,233
Protection – Victims of sexual and gender-based violence	3,056,818
Assistance to internally displaced and refugee children and women	5,994,318
Mine risk awareness and education	1,022,727
Emergency water and sanitation	3,295,454
Total	34,620,414

* 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 AND WOMEN

The six-year civil war that has engulfed the Democratic Republic of the Congo (DRC) has gravely worsened the well-being and livelihood of children and women throughout the country.

Results from the latest Multiple Indicator Cluster Survey show some of the worst basic indicators in the world, with alarming rates of child and maternal mortality. An estimated 3.3 million Congolese have lost their lives due to the conflict by having little or no access to basic life-saving services such as health care, vaccination and potable water. Some 1.9 million children suffer from some form of acute malnutrition. Less than 75 per cent of children will reach their fifth birthday and one out of five mothers die due to childbirth. Less than 30 per cent of the population has access to basic health services and preventable or easily treated diseases remain the main killers of Congolese children and women, with malaria, measles, diarrhoea, respiratory infections and malnutrition responsible for the majority of deaths.

Only 45 per cent of the entire population has access to potable water. Access to safe sanitation facilities is even lower at less than 21 per cent. HIV/AIDS and tuberculosis – neglected since the beginning of the war – now run rampant throughout the country. Recent reports estimate that approximately 4.9 per cent of the population are seropositive.

The war has left more than 55 per cent of children of primary school age out of the education system and the drop-out rate remains greater than 10 per cent. A little over 5.2 million children receive no education. Approximately 400,000 of them are internally displaced children. Despite the new peace accords and national reunification, recruitment of children by armed groups continues. It is estimated that more than 35,000 children are associated with armed groups, most worryingly in the eastern DRC. Reports of sexual violence are increasing. Landmines and unexploded ordnance affect all regions of the country, but are worst in six areas that have been home to Congolese and foreign troops during the civil war.

CORE COUNTRY DATA

Child population U5 (millions)	10.2
U5 mortality rate	205
Infant mortality rate	129
Maternal mortality ratio (1980-99)	1460
Primary school enrolment ratio	51.7
Primary school enrolment ratio for girls	48.6
% U1 fully immunized (DPT3)	43
% population using improved drinking water sources	45
HIV/AIDS prevalence (millions)	1.47
% U5 suffering moderate and severe malnutrition	16.1

Source: *The State of the World's Children 2004*



"I came from Nizi. The militia attacked during the night. They took us from our hut and made us gather in a field. They killed people I knew, my grandparents, my school mates, my teacher. Finally, when they left, with all of our belongings, they burnt down all of our homes, my school and our health post. I was very afraid."

"My mother and my brothers and sisters ran into the forest. We ran for days until we arrived here, in Bunia."

"I want the fighting to stop and peace to come. I want to go home and go back to my school with my friends. But until it is safe to go home, I will stay here in the camp with my family. I will wait to go home. I hope that peace will come, soon."

Sumali, eight years old, Ituri Displaced Camp, Bunia.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Congolese population affected by conflict and natural disasters. UNICEF DRC has focused on the priority areas of health, nutrition, water and sanitation, education, child protection and shelter. But these interventions were hindered by sporadic combat and subsequent insecurity which reduced access to some areas. However, as the peace accords and transitional government took hold, previously inaccessible areas, especially along the Lusaka frontline, were opened, allowing assistance to populations that have not been served or isolated since 1996.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to implementing partners and the eventual reinforcement of the Ministry of Health's capacity to respond to emergency health situations. Some 10.5 million children were vaccinated against measles and an additional 850,000 children and women benefited from accelerated vaccination activities in previously inaccessible zones. More than 75,000 severe/acutely malnourished children were treated through the establishment and operation of 91 treatment centres, provision of nutritional supplies and training of health staff.

As many as 115 Child-Friendly Spaces, set up by UNICEF, have provided educational, recreational and counselling services to more than 7,000 vulnerable children. Assistance was also extended to local communities to establish or reinforce the capacity of schools, ensuring access to another 260,000 children. A major back-to-school campaign returned 750,000 children and 15,000 teachers to school. During the year, some 860,000 people gained access to safe water through rehabilitation or construction of water sources and benefited from improved hygiene through distribution of hygiene kits and awareness. More than 109,000 internally displaced families received family relief kits, allowing them to re-establish their homes and their livelihoods.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF DRC will continue to play a leading role in OCHA-created provincial and national technical coordination committees by being the lead agency in committees such as nutrition, protection, primary education as well as emergency epidemic control and vaccination activities in isolated or conflict-affected zones. UNICEF DRC works in close collaboration with other UN agencies, the United Nations Mission in the Democratic Republic of the Congo (MONUC) as well as with local and international NGOs, state authorities and religious entities throughout DRC.

Regular programme

UNICEF DRC is in the final year of the current Country Programme of Cooperation with the Government of DRC. The current country programme addresses the needs of children 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 DRC emergency activities work in synergy with UNICEF regular programmes to ensure a continuity of activities from the initial life-saving emergency response to the long-term community integrated programme. Emergency activities are developed and implemented by UNICEF DRC technical experts and coordinated by the emergency section.

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 recipient of UNICEF's humanitarian assistance will be approximately 13,500,000 vulnerable persons living in conflict affected zones, including 2.7 million children aged under five years and 6.21 million pregnant women and mothers.

Health and nutrition (US\$ 16,750,000)

Some 9 million displaced persons, host communities and impoverished persons will be benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 200 health centres;
- Provide essential drug supplies in ten health zones for 2 million people affected by conflict;
- Provide vaccines, materials and support for the vaccination of 6 million children against measles;
- Provide vaccines, materials and support for the vaccination of 683,000 children and pregnant women against the five key vaccine preventable diseases;
- Provide medicines and construction support in response to cholera epidemics;
- Continue supporting the 91 therapeutic feeding centres previously established and run by partners for 80,000 severely malnourished children;
- Train 800 health staff in treating severe malnutrition; and
- Support the implementation of 20 nutritional surveys, assessments and evaluations.

Emergency water and environmental sanitation (US\$ 3,295,454)

Some 750,000 displaced persons within host communities, particularly children and women, will be reached through the following key activities:

- Rehabilitate and construct 75 wells and boreholes and install handpumps to provide safe drinking water in permanent areas of return;
- Construct latrines, showers and water evacuation systems to serve 50,000 vulnerable families in conflict affected zones;
- Distribution of water containers to 75,000 vulnerable families as well as hygiene kits for an additional 25,000 vulnerable or displaced families;
- Train 100 local water authority management teams in sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini-water supply systems; and
- Promote hygiene education and hygiene awareness programmes in communities for 375,000 vulnerable persons in order to complement existing water and sanitation services.

Education (US\$ 2,698,864)

A total of 200,000 displaced and war-affected children and 6,700 teachers will benefit through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 200,000 primary school children;
- Procure and distribute recreational kits and school supplies for 50,000 children;
- Train 6,700 primary school teachers and 670 school heads, with particular attention to HIV/AIDS prevention, gender and equity as well as peace education;
- Rehabilitate schools and build latrines in six localities;
- Support construction of 100 temporary school and classroom structures to accommodate 50,000 primary school children;
- Adapt evaluation tools to assess the impact of the Rapid Education programme on literacy and numeracy activities and on the psychosocial status of children; develop indicators to assess impact of the educational response; and
- Social mobilization and communication activities towards host communities.

Child protection – unaccompanied/separated children (US\$ 1,802,233)

A total of 12,500 unaccompanied children will benefit from the following key activities:

- Support prevention, identification, documentation, tracing, mediation, transit care and reunification of an estimated 5,000 separated children; and
- Actions to prevent separation of 7,500 children and their families through strengthening or development of local community-protection mechanisms and sensitisation on separation prevention.

Protection – Victims of sexual and gender-based violence (US\$ 3,056,818)

A total of 9,000 women and children who have been subjected to sexual violence will benefit through the following activities:

- Identification and providing an appropriate response (medical and psychosocial) to ensure the reintegration of 9,000 women and children subjected to sexual violence; and
- Reinforcing community-based rapid-response mechanisms, including providing training, for the prevention of and response to sexual violence.

Assistance to internally displaced and refugee children and women (US\$ 5,994,318)

A total of 375,000 internally displaced and war-affected persons will benefit through the following:

- Provide emergency family relief kits and clothes to 75,000 families (approximately 375,000 persons) with special emphasis of children and women-headed households.

Mine risk awareness and education (US\$ 1,022,727)

Approximately 3 million persons who are affected by mines and unexploded ordnance (UXOs) in six provinces will benefit from the following key activities:

- Train 1,000 trainers in mine risk education (MRE);
- Conduct MRE programmes;
- Reinforce the capacities of international and national NGOs in MRE;
- Make MRE available to affected communities in the six provinces via schools, churches and other community structures;
- Expand existing mine clearance activities from the three contaminated sites currently being served to ten future sites;
- Provide technical assistance to the Government and governmental partners;
- Support implementation of ongoing mine clearance activities in the country; and
- Ensure monitoring and supervision of activities.

UNICEF HUMANITARIAN ACTION

GUINEA

IN 2005



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 2005

Sector	US\$
Health and nutrition	4,827,841
Water and environmental sanitation	1,273,295
Education	864,773
Child protection	1,345,227
Total	8,311,136

* 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 AND WOMEN

Despite the absence of war or large-scale natural disasters, there is an ongoing humanitarian crisis in Guinea resulting from a combination of external, internal, political and socio-economic factors. The regional insecurity has meant that Guinea has hosted 1 million refugees over the last 10 years, while more than 300,000 people have been displaced following various attacks by rebel groups.

The inability of the local authorities to provide basic social services or personnel and the reduction in bilateral and multilateral cooperation continues to weaken the fragile coping mechanisms of the country. Mortality and malnutrition rates among children and women are increasing.

The Forest Region requires special attention as it borders three countries which have experienced serious armed conflicts. Many groups in the region remain at high risk and depend on humanitarian assistance. There are at least 78,000 refugees, 82,000 internally displaced persons (IDPs) and more than 100,000 returnees in the region.

The presence of armed groups has resulted in high levels of vulnerability, criminality and a series of human rights violations demanding urgent assistance, particularly in protection and peace-building interventions. Women and children suffer forced recruitment, violence and abuse. There are many separated and street children and significant numbers of ex-combatants (reportedly 6,000) and unemployed youths who could be targeted for recruitment into armed groups or become dependent on the sex trade for survival.

Malnutrition rates are high (26 per cent global and 10 per cent severe), wild poliomyelitis has reoccurred (one case identified in July). Malaria and cholera outbreaks have been reported as affecting several thousands and costing several hundred lives. Forest Guinea suffers relatively high HIV/AIDS prevalence – Nzérékoré city itself has 7 per cent seroprevalence while the national rate is only 2.8 per cent.

CORE COUNTRY DATA

Child population	4,235,000
U5 mortality rate	169
Infant mortality rate	109
Primary school enrolment ratio	47
Primary school enrolment ratio for girls	42
% U1 fully immunized (DPT3)	47
% population using improved drinking water sources	48
HIV/AIDS prevalence*	2.8
% U5 suffering moderate and severe malnutrition	24

Source: *The State of the World's Children 2004*

* Ministry of Health figures



"I am already 12 years old but I haven't been to school for four years because it was destroyed in the war."

Yadiatou lives in her home town of Pamelap, just one hour away from Conakry, the capital city of Guinea, but four years ago rebels invaded the region and destroyed everything: schools, medical centres, government offices, recreational centres.

"I should have been in sixth grade this year, but I am only in second grade because of the war. I really like school and I am happy that we have a school now," said Yadiatou.

Four years after the invasion, the region is still in a very bad shape but this year, in response to a request of the Guinean Government to help them rebuild crisis affected areas, UNICEF built a brand new elementary school of six classrooms for 300 children, a recreational centre for 200 children and a medical centre in Pamelap. Already, 283 children are registered, 40 per cent of whom are girls.

This was the first intervention by an international agency in the town and brought real happiness and a sense of hope to the parents and children. *"I would like to be a tailor one day, because all the tailors have left our town,"* said Yadiatou. *"If we have a school we are very happy to live here."*

Yadiatou Savané, 12 years old, Pamelap.

In education, nine prefectures were severely affected by the crises, with many classrooms destroyed, creating difficulties for the remaining facilities to absorb returnees and IDPs. Despite the strong desire of parents to maintain their children in school, the majority of these children are outside the education system.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In 2004, the humanitarian response has focused on refugees, IDPs, returnees and host communities, principally in Forest Guinea bordering Sierra Leone, Liberia and Côte d'Ivoire. Activities targeted vulnerable women and children providing assistance in health, nutrition, water and sanitation, education and protection.

UNICEF supplied vaccines for Expanded Programme on Immunization (EPI) activities, supported a yellow fever campaign which reached all people in the region, and targeted polio through national immunization days for all children under five. Basic emergency kits, oral rehydration salts, therapeutic milk supplements and BP5 biscuits were distributed to health centres, hospitals and refugee camps. Safe motherhood was promoted through better neonatal care, mosquito nets and malaria prevention and treatment. HIV/AIDS peer educators and Mother-to-Child Transmission centres were set up and antiretroviral therapy provided. Drinking water was provided for 10,000 people and pupils in schools through 20 new boreholes. Sensitization campaigns were carried out for communities in hygiene, hand-washing and safe drinking water. At least 7,000 people benefited from the building of 1,100 family latrines, assuring the avoidance of epidemics of diarrhoea, including cholera.

Thirty classrooms and 20 playgrounds were constructed and equipped, while educational materials and textbooks were provided for 5,000 children, 1,000 teachers and 100 families in Forest Guinea. Training for 1,000 teachers on a culture of peace, psychosocial care and social mobilization campaigns targeting 1,000 families faced with crisis were conducted.

Some 400 child soldiers were demobilized and completed vocational training. Prevention against new recruitment into armed forces was strengthened through sensitization campaigns. A mechanism to monitor children at risk of recruitment into armed groups, and those already mobilized, was developed. Identification and documenting of around 2,000 unaccompanied minors and separated children in the cities and camps of the region was strengthened. Long-term solutions have been implemented in family tracing and assessment. Regular follow-up in reunification cases has been organized between UNICEF Guinea and the International Refugee Committee in cross-border cases. The referral network has been strengthened to provide psychosocial and legal assistance to girls and women victims of violence.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

Attention will be given to the effective functioning of sectoral working groups led by the Government to identify possible gaps in assistance and better establish priorities for action. Joint projects with UN agencies will be undertaken and NGO project planning, implementing and monitoring capacities will be reinforced.

Regular programme

UNICEF has a five-year programme for Guinea that started in 2002. The country strategy is built around three main sectors: Survival; Development and Protection, and two cross-cutting areas, Community Development and Communication. The programme is tailored to be able to provide assistance and protection to people affected by any humanitarian crisis at any time. All UNICEF projects in the Forest Region benefit from the UNICEF zonal offices in Kissidougou and Nzérékoré.

Health and nutrition (US\$ 4,827,841)

There will be an increased focus on eradicating polio and reducing HIV transmission among women, youth and children in Forest Guinea in 2005. The main activities planned for the health programme are:

- Providing primary health-care services through provision of basic medical kits, oral rehydration salts, impregnated bed nets and support to the introduction of anti-malarial drugs for preventive treatment of pregnant women and promoting usage of preventive services;
- Providing full routine immunizations through the supply of vaccines, equipment and services plus management support to benefit some 90,000 children under one year; supporting two rounds of vitamin A distribution to 465,000 under-five children and one post-partum dose;
- Support planning, training, monitoring and evaluation of four National Immunization Days targeting 1.8 million under-five children; UNICEF will ensure that vaccine security criteria are fully met and make vitamin A capsule supplements readily available;
- Strengthen surveillance and rehabilitation care for severely malnourished children through supply of growth monitoring equipment, nutritional rehabilitation materials and therapeutic feeding; set up three therapeutic nutritional rehabilitation centres to cover all district hospitals in the region and maintain support for the four existing centres;
- Promote best nutritional infant and young child practices through exclusive breastfeeding for babies below six months of age and appropriate weaning practices;
- Establish Voluntary Counselling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) services to be used by 50 per cent of the 6,000 pregnant women expected in three health centres and N'Zérékoré hospital; develop sensitization activities on these and STI/HIV/AIDS services;
- Support HIV/AIDS infected and affected children and their families (psychological support, access to care and nutritional counselling) in collaboration with local and international NGOs.

Water and environmental sanitation (US\$ 1,273,295)

The main activities planned for 2005 are:

- Construction of new water points (50 drilled wells and 20 fountains) and rehabilitation of existing wells; local populations will be involved in the construction and management of these points and training will be given together with equipment and toolboxes for maintenance; local authorities will also be trained for monitoring the water points and social mobilization;
- Construction of 5,000 public latrines in schools, pre-school centres, health posts for families;
- Organize chemical treatment campaigns of the water points during the epidemic risk periods;
- Provision of soaps and small water tanks for children in schools and pre-schools;
- Awareness campaigns on hand-washing, water storage and personal and public hygiene to be conducted with local authorities, religious leaders and the rural radio network.

Education (US\$ 864,773)

The project aims to establish a safe and supportive environment for children (refugees and returnees) for learning, recreation and psychosocial support. It targets 7,000 primary school children, 3,000 pre-school children, 300 un-schooled or drop-out youth and 220 teachers. The key activities planned are:

- Repair/build and equip 100 classrooms; renovate and reconstruct temporary shelters and supply educational equipment to pupils and teachers through 'School-in-a-Box' kits; help develop and equip recreational centres and sports areas in the same schools;
- Provide educational and administrative training for 220 teachers; train teachers to be able to provide psychosocial care to traumatized children;
- Provide educational aids for 300 students and 220 returnee and refugee teachers;
- Provide textbooks to 10,000 Liberian and Ivorian students (three courses);
- Provide equipment for five vocational centres to train 300 youths;
- Provide support for consciousness raising and social mobilization of communities and youth in the prevention of recruitment, abduction, gender-based violence and STI/AIDS transmission;
- Provide financial and technical support for management, monitoring and evaluation of the project.

Protection (US\$ 1,345,227)

There are numerous reports, from health centres and NGOs, of violence and sexual abuse against women and children among refugees and host communities. A recent study by UNICEF revealed that 3.5 per cent (more than 11,700 people) of the population of Nzérékoré live off the sex trade. Some 2,000 children and women are at risk of being trafficked, exploited or abused. Around 1,700 ex-volunteers in Forest Region and an estimated 600 Guinean minors involved in conflicts abroad will also be targeted.

The key activities are:

- Conduct a countrywide assessment to identify major areas of trafficking and exploitation;
- Support the development and implementation of a three-year national plan of action against trafficking and exploitation, and conduct sensitization campaigns for local authorities and communities;
- Conduct a sensitization campaign on the Optional Protocol on the Involvement of Children in Armed Conflict, train community leaders on basic psychosocial issues, and set up a national data base at the Ministry of Social Welfare;
- Train 100 social workers and create 10 community-based drop-in centres for survivors of trafficking, exploitation or abuse;
- Create local welcome committees at border entry points to register and orientate the estimated 600 Guinean youth who became involved in fighting outside Guinea;
- Implement skills training and apprenticeship programmes for 1,728 youths at risk and provide reintegration activities through counsellors and job placement;
- Follow up and provide social assistance to communities encountering difficulties in integrating separated minors or those at risk.

UNICEF HUMANITARIAN ACTION

LIBERIA

IN 2005



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 2005

Sector	US\$
Child protection	6,595,000
Health and nutrition	7,482,000
Education	12,602,000
Water and environmental sanitation	3,634,000
Total *	30,313,000

* 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 AND WOMEN

Since the signing of the Accra Peace Agreement on 17 August 2003, the departure of former President Charles Taylor, the formation of the National Interim Government and the deployment of the UNMIL Peacekeeping Mission, the overall security situation has considerably improved. Gradually the country became accessible for humanitarian assistance through 2004, even though the humanitarian situation varies from county to county. To date, five of the 15 counties (those closest to the capital, Monrovia) have been officially declared safe for return and resettlement, but elsewhere, in the south-eastern region, for example, humanitarian assistance has only recently started.

The conflict in Liberia led to the massive displacement of 261,886 Liberians¹ to 20 official IDP camps and other spontaneous settlements. An estimated 300,000 Liberians² fled to various countries in the subregion. Liberia has an estimated population of 3,239,000, of which 80 per cent live in absolute poverty and national unemployment is more than 85 per cent. In addition, the population is young (53 per cent below 18 years) and there is a high fertility rate of 6.4.

To date, about 93,000 combatants have been disarmed and demobilized. The number of Children Associated with Fighting Forces (CAFF) was estimated to be 15,000 to 20,000 at the signing of the peace accords, and by the end of October more than 9,000 had entered the disarmament, demobilization, rehabilitation and reintegration (DDRR) process. The current plan is to finish the disarmament and demobilization process and then concentrate on rehabilitation and reintegration.

CORE COUNTRY DATA

Child population	1,732,000
U5 mortality rate	235
Infant mortality rate	157
Maternal mortality ratio (1980-99)	580
Primary school enrolment ratio*	56.2
Primary school enrolment ratio for girls*	35.5
% U1 fully immunized (DPT3)	51
% population using improved drinking water sources	-
HIV/AIDS prevalence	-
% U5 suffering moderate and severe malnutrition	26

Source: *The State of the World's Children 2004*

* MOE/UNICEF Survey 2001/2002

"The fighters shot her... they were laughing"



"My favourite things are books with stories. I like stories the best. Yes, I know a story," says Vera, taking a deep breath before her words came pouring out. "One day there was a girl and she was walking down the road in my village and she was carrying a bag of rice. Then some fighters came up to the girl and they yelled at her saying they wanted the rice. But the girl said the rice was for her family. So the fighters shot her and she fell down dead on the road. Then the fighters took the rice and they left. They were laughing. She was a friend of mine from my village."

Vera, is an 11-year-old girl whose 'story' is unfortunately true. Vera benefited from UNICEF-supported psychosocial care at the internally displaced persons camp where she was living outside Monrovia.

Excerpt from ***PhotoQuotes: The Voices of Liberian Children and Women Caught in Conflict.***

The major childhood illnesses in Liberia are malaria, diarrhoea and acute respiratory infections: 26 per cent suffer moderate and severe malnutrition, 39 per cent are stunted and 6 per cent wasted. Maternal mortality is 580 per 100,000 live births, one of the highest in the world. The HIV rate is increasing, currently an estimated 8.2 per cent of the population aged 15-49 years. In the absence of comprehensive

¹ UN-OCHA/LRRRC IDP Return Survey, May 2004

² Results-Focused Transitional Framework, 2004

and reliable data, these statistics probably underestimate the HIV rate in a country characterized by high poverty, war and high illiteracy.

Most recent data suggest that only 31 per cent of the population have access to safe water (mainly in urban areas) while only 33 per cent have an acceptable level of excreta disposal. Currently no municipal water supply system is operating.

In a recent survey, the total in-school population was found to be 962,229 (30 per cent of the total population), with an enrolment rate of 51 per cent for boys and 49 per cent for girls. Liberia has a very low adult literacy rate of 37 per cent (50 per cent for men and 24 per cent for women) highlighting the need for programmes that support female education.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF support has focused on humanitarian action, especially the provision of basic services to the most vulnerable children, with particular focus on Children Associated with the Fighting Forces (CAFF) and children in IDP camps and host communities.

Child protection

Disarmament, demobilization, rehabilitation and reintegration (DDRR) has been the central focus for UNICEF child protection activities. As of October 2004, more than 9,000 children had entered the DDRR process; more than 8,700 being reunified with their families. At the time of writing, 400 children were pending reunification; 84 foreign CAFF were awaiting return to their families. UNICEF supported the opening and provision of quality services to children in 30 ICCs. In the last phases of the process, UNICEF is focusing on the immediate reintegration process, as many CAFF have returned to their communities. Following demobilization, reintegration services focus on family tracing and reunification, alternative care when necessary, family and community mediation during and after reunification, the provision of psychosocial support for children, skills training and support to community education programmes.

Health and nutrition

Routine EPI is supported through provision of vaccines and cold-chain equipment to 106 health clinics in the country. A massive Measles Mortality Reduction Control campaign reached more than 1.5 million children. A total of 230,000 people were vaccinated against yellow fever. UNICEF has also supported reactivation of 26 primary health-care clinics and, with NGO partners, provided supplies for supplementary and therapeutic feeding of malnourished children, benefiting more than 13,000 children and women.

Education

The Back-to-School campaign has provided school supplies to more than 800,000 Liberian children and trained 12,000 teachers (out of a total of 20,000 nationwide) in emergency education response. A Rapid Assessment of Learning Spaces reached 3,500 schools and provided planning information for the sector. Through the Accelerated Learning Programme (ALP), training of trainers was provided for the Ministry of Education, reaching central and county-level education staff. A total of 10,000 over-aged children will have benefited from ALP by the end of 2004.

Water, sanitation and hygiene (WASH)

WASH support was provided to the Back-to-School campaign, with 430 water points and 1,100 latrine drop holes constructed in 525 schools benefiting nearly 300,000 pupils in 14 districts. In the emergency phase, UNICEF responded to cholera and diarrhoea outbreaks. Water and sanitation service in IDP camps and schools is ongoing. Some 250 teachers and 217 community-based health workers from government and

NGOs have been trained in participatory methods of hygiene promotion. Of these, 38 will comprise a national team of trainers who will conduct similar training in seven target counties

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF is an active member of the UN Country Team, and has a leading role in Child Protection (Child Protection Core Group for DDDR), WES, Education, and Health and Nutrition with WHO.

Regular programme

The current UNICEF Country Programme covers 2003 to 2005 and the Mid-Term Review was finalized in August. Programme interventions focus on seven counties (Lofa, Bong, Bomi, Montserrado, Nimba, Grand Gedeh and Maryland) that will receive the majority of resettling IDPs, refugees and reintegrating CAFF. The programme will concentrate on the provision of basic social services, with activities in child protection, health, education, and WASH sectors. The programme has been planned and will be implemented in line with the government/UN/WB Results-Focused Transitional Framework.

In 2005, the humanitarian priorities will be the re-establishment of basic social services, the reintegration of CAFF, provision of support to the resettlement of IDPs and refugees and continuing to support the provision of social services in IDP camps (until resettlement). To be able to manage this process and lead into the more developmental phase of Liberia's post-conflict transition, the Country Programme will support policy formulation, sector management, planning and coordination functions of national line ministries with particular emphasis on capacity-building at the county level.

The total humanitarian budget for UNICEF in 2005 is estimated to be US\$ 30.3 million.

Child protection (US\$ 6,595,000)

- Support participation of up to 11,000 demobilized children in the Community Education Investment Programme (CEIP), the Accelerated Learning Programme and/or the Skills Training programme.
- Reunify 95 per cent of all demobilized children with their families and communities and to provide alternative care for the remaining 5 per cent.
- Reintegrate 95 per cent of demobilized children through community-based structures.
- Train all police recruits and 20 per cent of law enforcement agents in Montserrado County on reporting and investigating cases of sexual abuse and exploitation.
- Train all judges and magistrates in Montserrado, Margibi and Bong counties on the protection of children against abuse and exploitation.
- Improve the care and protection of children in all registered orphanages in Montserrado, Margibi, Bong and Grand Bassa counties.
- Provide services (psychosocial, health, nutrition, education) to children made vulnerable by HIV/AIDS in seven counties.
- Operationalize a system for the protection of children in conflict with the law.
- Operationalize a national system for reporting and addressing child rights violations.
- Identify and train 50 youth groups in the prevention of HIV/AIDS, sexual abuse and exploitation and in the dissemination and monitoring of children's rights.

UNICEF is the lead agency for child protection in Liberia, undertaking and coordinating interventions, which include DDDR for children, preventing sexual abuse and exploitation and building national capacity to prevent and respond to child rights violations. A national database on child protection and on separated children has been established. The 5,000 targeted beneficiaries for sexual and gender-based violence (SGBV) prevention in 20 IDP camps and some host communities will continue to receive access to medical referrals, legal services and HIV/AIDS awareness.

UNICEF is helping to formulate systems for the integration of child rights and child protection with the police service. UNICEF coordinates meetings on juvenile justice, to develop systems for both short- and long-term responses to children in conflict with the law. UNICEF will be working with youth groups on life skills development, preventing HIV/AIDS and gender-based violence. These groups will also be taught leadership, peace-building and life skills. To improve the situation of children in welfare institutions (i.e., orphanages), UNICEF is leading an inter-agency initiative to review existing guidelines for institutional care and is aiming to improve the standards of care, services and protection for the orphaned children.

Health and nutrition (US\$ 7,482,000)

- Conduct routine immunization for 60 per cent of children under five and immunize 60 per cent of women of childbearing age against tetanus toxoid.
- Support 50 health units in delivering services, including maternal and reproductive health and nutrition.
- Reactivate 90 clinics.
- Provide emergency health care for 100,000 IDP children in camps in Montserrado, Bong, Nimba and Grand Bassa counties.
- Support supplementary and therapeutic feeding centres.

The two major focus areas will be supporting the Ministry of Health and Social Welfare in rebuilding the routine EPI system throughout the country and rebuilding of the Primary Health Care (PHC) system in the target counties. A major element with the PHC services will be building reproductive health and nutrition services, both of which will have a community-based emphasis. The capacity of the county health teams will be strengthened to provide the leadership, planning and management to rebuild and maintain the PHC services. Health staff will be trained and supplies provided.

Maternal mortality reduction interventions will be jointly supported by UNICEF, WHO and UNFPA to provide a fully integrated service and referral system. HIV/AIDS prevention will be included in all training and health promotion activities. The Immunization Plus project will support routine coverage as well as disease control/eradication measures against polio, measles (including measles mortality reduction control) and tetanus. The cold-chain system and immunization delivery system will be rebuilt and operational in all counties. The newly opened health units offering EPI services will be progressively supported to offer an increasing range of services.

Education (US\$ 12,602,000)

- Provide 650,000 primary school students with textbooks that will be used for at least three years.
- Reach 10,000 children with the accelerated learning programme (ALP).
- 75,000 children will benefit from the ALP by attending a school that has been renovated, supplied, refurbished, outfitted with WES facilities, and receive Life Skills education.
- Provide 800,000 children with essential school materials.
- Train 1,500 teachers to primary level teacher certificate.
- Train 2,200 teachers in ALP.
- Renovate, equip and provide technical assistance to eight county education offices.
- Revitalize parent-teacher associations in 300 schools.
- Incorporate girls' education into all education interventions.
- Review the school curriculum, with recommendations for change and action.
- Develop an Education Monitoring and Information System for the Ministry of Education.

As the programme moves away from the emergency 'Back-to-School' focus and towards 'Stay-in-School' qualitative improvements, education and its promotion will be of increasing priority. The areas targeted will be those where children are returning from lives as combatants, refugees and IDPs. Inherent in this will be an integrated community approach, which will combine essential elements of water/sanitation, health and child protection with sustainable, community-driven activities. The Rapid Assessment of Learning Spaces will be completed for every county in the country by the end of 2004. The data will inform and provide a monitoring tool during the distribution process of supplies in the course of the 'Back-to-School' campaign. An education administration expert will be seconded to the Ministry of Education for two years to support institutional capacity-building.

Water, sanitation and hygiene (US\$ 3,634,000)

- Provide basic sanitation and safe water supply services to most vulnerable communities affected by population displacement, particularly children and women: a total of 1,100 schools with nearly 440,000 pupils (average enrolment 350 to 400 pupils per school) and 90 health centres and their catchment communities will benefit from the programme.
- Rehabilitation of 325 handpumps in 220 schools.
- Restoring access to safe drinking water and providing adequate sanitation for 45 health centres and 880 schools.
- Basic water and sanitation services in 20 IDP camps (until resettlement).

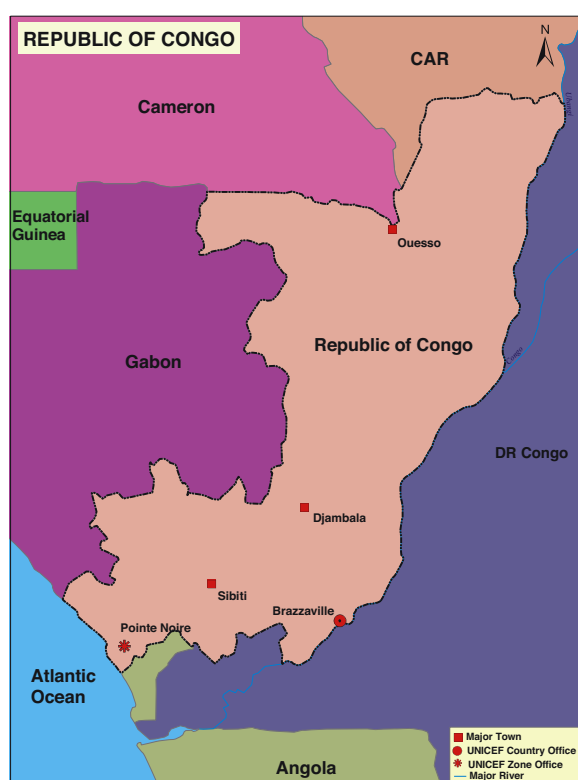
UNICEF is focusing on improving sanitation and hygiene practices and safe water supply in schools and health centres, where facilities are also available to the communities. Teachers, environmental health technicians and others who can disseminate health messages will be trained to promote hygiene skills. HIV/AIDS will be an integral part of all training and hygiene promotion activities.

UNICEF HUMANITARIAN ACTION

REPUBLIC OF THE

CONGO

IN 2005



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 2005

Sector	US\$
Health and nutrition	1,159,091
Water and environmental sanitation	511,650
Shelter and non-food items	239,062
Education	647,727
Child protection	1,687,500
Total *	4,245,030

* 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 AND WOMEN

The Republic of the Congo is emerging weakened and ruined from 10 years of armed conflict to 2002. In spite of the progressive return to civil peace and the restoration of security, the health and social situation remains worrying, particularly in the Pool region. The massive destruction of the health infrastructure in the region poses a crucial problem in terms of health care for the population, in particular for women and children. Only 35 per cent of health centres have reopened; they are poorly equipped, lack qualified staff and are not in a position to offer basic health care. This lack of organization in the system has brought about a break in immunization campaigns in some areas and, in spite of a slow recovery, a weak immunization coverage – currently estimated at 41 per cent – can be observed, together with an increase in vaccine-preventable diseases.

The lack of check-ups and poor care in pregnancies can only lead to an increase in maternal mortality.

The prevalence of HIV/AIDS in the general population, estimated at 4.2 per cent, conceals the progressive tendencies of the disease, particularly with the patterns of sexual violence observed in the region. The nutritional situation is precarious and alarming: close to 95 per cent of the livestock has been lost, and market gardening and farming are poor due to the lack of tools and seeds.

Less than 11 per cent of the population in the Pool region has access to clean water, which means a dramatic rise in water-borne diseases such as diarrhoea, parasitic and skin diseases.

CORE COUNTRY DATA

Child population (millions)	1.9
U5 mortality rate	108
Infant mortality rate	81
Maternal mortality ratio (1980-99)	N/A
Primary school enrolment ratio	96
Primary school enrolment ratio for girls	93
% U1 fully immunized (DPT3)	31
% population using improved drinking water sources	51
HIV/AIDS prevalence	7.2
% U5 suffering moderate and severe malnutrition	14

Source: *The State of the World's Children 2004*

'We lived through hell'



"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.

"Now, with the return of peace, people have returned to their villages, but they live in half-destroyed houses.

"I dreamt that our school had become very beautiful again, with flowers, as it was before the war. There were several children who played at break time."

Margueritte Malonga, 10 years old, Matoumbou, Pool.

In education, the destruction of almost 80 per cent of the infrastructure, the shortage of furniture and school supplies, as well as the shortage of teachers, have meant a drop in teaching quality, the closure of many schools and a low schooling rate. Many children are therefore two, sometimes three, years behind in their schooling, with girls being most affected particularly because of sexual violence.

Among the most vulnerable parts of the population there are some 5,000 child soldiers, young girls with babies from unknown fathers and without a birth certificate, many displaced persons and idle youths who live in extremely poor conditions and are victims of psycho-social trauma linked to the violence they have experienced. In Mayama, 70 per cent of the children have not been registered at birth.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

Because of the unsettled security situation in the Pool region, access to the population has not been possible during the first six months of the year. UNICEF, however, prepared itself, through its contingency and humanitarian assistance plan, by ordering essential health and nutrition supplies to permit a rapid response – both to provide health, nutritional and psychological care to the population and to reinforce health centres and relaunch primary school education, especially for girls, for the new school year in October. Moreover, a plan of psychosocial assistance for the return of displaced populations has been worked out and, together with the NGOs Médecins d'Afrique and Urgence d'Afrique, birth registers have been made available in the districts of Kindamba, Kinkala and Mayama to allow the birth registration of 2,000 children.

In the health and nutrition sectors, the vaccination campaign against polio (10 to 13 October) reached 50,000 children under five and helped increase immunization coverage. To prevent measles epidemics, a measles and vitamin A campaign was planned for 21 to 27 October for 112,000 children between 6 months and 15 years. These two campaigns have been prepared and carried out with the collaboration of the Ministry of Health, local authorities and WHO.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

The UN Country team, which works closely together on development programming with the government, has launched an Inter-Agency Consolidated Appeal particularly targeted at the Pool region. UNICEF is a committed partner in this.

Regular programme

The UNICEF Cooperation Programme is structured into four sectoral programmes (Integrated Development and Survival of the Young Child, Basic Education, Protection of Children and Women, Fight against HIV/AIDS) and two bilateral programmes (Communication and Planning of Social Policies, Bilateral Costs). These programmes will be implemented at national level and in all converging zones and will include an emergency element to meet humanitarian needs.

UNICEF is offering humanitarian assistance to the most vulnerable populations of the Pool region in health and nutrition, water and sanitation, education, protection and shelter and resettlement.

Health and nutrition (US\$ 1,159,091)

Immunization

UNICEF intends to improve the vaccination coverage through the following activities:

- Provision of freezers and fridges in 50 health centres and five health districts;
- Provision of vaccines;

- Recycling and training of 50 health workers;
- Organization of measles and polio immunization campaigns;
- Provision of means of transport (motorbikes and bicycles).

Nutrition

UNICEF intends to undertake a quick analysis of the situation to ensure nutritional monitoring (NM) and care for the malnourished through:

- Reinforcement of the capacities of health workers and community posts on NM and data management;
- Organization of a deworming and vitamin A supplements campaign for children between six months and eight years;
- Distribution of iron tablets for pregnant women;
- Supply of therapeutic milk and essential medicines adapted to the treatment of associated pathologies for three centres of therapeutic nutrition, and provision of supplementary food and anthropometric equipment in 36 integrated operational centres.

Water and environmental sanitation (US\$ 511,650)

UNICEF intends to organize these activities of drinking water supply and of promotion of family latrines through the following activities:

- Equipping of 250 water points (springs, drilling and wells equipped with a hand pump);
- Public awareness through education, hygiene promotion and training of 30,000 households and 250 local committees for the management of water points;
- Construction of 10,000 family latrines.

Education (US\$ 647,727)

UNICEF is focusing on helping all school-aged children to go back to school, in equipped schools with trained teachers and pleasant surroundings (including a school canteen) with the following priority actions:

- Rehabilitation, equipment and cleaning up of damaged schools;
- Back-to-school campaigns;
- School material and tables with benches delivered to 150 schools;
- Setting up of school canteens;
- Recycling and improvement of teachers and other teaching staff.

Child protection (US\$ 1,687,500)

The recommended actions are about the strengthening of the capacities of registry offices and of the actors involved and through a community values and human rights-based approach, to rehabilitate destitute populations in their statuses and favour the resumption of a dignified life. To do so, the following activities are recommended:

- Public awareness and mobilization of communities;
- Support in writing and civil registers;
- Birth registration of 40,000 unregistered children and coordination/follow up and evaluation;
- Training in stress and trauma management of at least 250 specialists;
- Psychosocial support and reintegration of at least 30,000 traumatized children and young girls.

Shelter and installation (US\$ 239,062)

UNICEF intends to offer a substantial humanitarian assistance to face the basic needs of affected populations through the distribution of:

- Tarpaulins for the construction of shelters and latrines;

UNICEF HUMANITARIAN ACTION

SIERRA LEONE

IN 2005



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 2005

Sector	US\$
Health and nutrition	1,300,000
Water and environmental sanitation	400,000
Education	900,000
Child protection	700,000
HIV/AIDS	300,000
Total *	3,600,000

* 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 AND WOMEN

Ravaged by a conflict that has lasted more than 10 years, Sierra Leone is one of the poorest countries in the world. Ranked last in the Human Development Index (HDI), Sierra Leone has the highest rate of maternal and infant mortality (at 1,800 deaths per 100,000 live births and 170 deaths per 1,000 live births respectively). With a population of 5 million people, access to basic essential services, such as health, water and sanitation, education and child rights is a real challenge.

Children's health is affected by high prevalence of prevailing diseases such as malaria, diarrhoea, malnutrition, acute respiratory infections, etc. Malaria-related deaths in under-five children range from 35 to 45 per cent throughout the country. Use of insecticide-treated mosquito nets is negligible, ranging from five per cent in rural areas to only 30 per cent in urban areas. Similarly, immunization coverage rates in infants are as low as 50 per cent. Maternal health is a major challenge as a result of inadequate provision for safe motherhood and reproductive health. Some 86 per cent pregnant women are anaemic.

There are wide disparities in access to safe water and sanitation; with access ranging from 30 per cent in the North to 90 per cent in the Western Area as a result of the dilapidated state of water and sanitation facilities. Even in situations of apparent availability of water, poor hygiene and child-care practices abound in households, giving rise to high incidence of diarrhoea cases among children.

School enrolment rates are increasing but the net enrolment ratio is less than 50 per cent. Many children are over-aged for their level because of the missed opportunity for schooling during the conflict. Access is increasing and although 97 per cent of schools are now operational, 87 per cent of classrooms require some rehabilitation. The quality of education is a major concern; only 50 per cent of teachers are qualified and trained and all schools have inadequate teaching and learning materials.

Since the disarmament and demobilization in January 2002, there has been no abduction of children by armed forces. Of the 5,552 children who were registered as separated within the Disarmament, Demobilization and Reintegration programme, 98 per cent have been reunified with their families and

CORE COUNTRY DATA

Child population (2002)	2,286,720
U5 mortality rate	284
Infant mortality rate	165
Maternal mortality ratio (1980-99)	n/a
Primary school enrolment ratio	65.5
Primary school enrolment ratio for girls	63
% U1 fully immunized (DPT3)	50
% population using improved drinking water sources	57
HIV/AIDS prevalence (2001)	7
% U5 suffering moderate and severe malnutrition	27

Source: *The State of the World's Children 2004*



"My name is Ramatu. I come from Yengema in Kono District. I do not know when I got here, but I can remember that I was in class 5 at the time. I want to continue school so that I can become a doctor and save the lives of children."

"Right now, I am with my grandmother. My mother is in Makeni. My father died during the war. I was very small when he died. During the war, we were just running all over the place in the bush. When we go to one place, we saw soldiers shooting guns. From there, we ran to another place... During this war, we suffered. When we reached some areas, we saw dead bodies and we were very afraid. I am glad peace has come to our home so our people can work and I can continue in school. Our people are still suffering and we want the whole world to come and help us bring peace."

Ramatu, aged about 12, Yengema, Kono District.

centre-based care has been replaced by community-based support. The increasing number of reported cases of sexual exploitation and abuse and the number of children on the streets indicate real protection concerns. The juvenile justice system is barely operational and children have little protection when in conflict with the law. The whole system requires substantial reform and rehabilitation.

HIV/AIDS is a major threat. All the factors that facilitate the spread of HIV are present in the country, including high levels of population displacement, very low access to education and health care, and low levels of knowledge. Fewer than 20 per cent of adolescents can name three methods of prevention or three modes of transmission and less than 10 per cent of adolescents use condoms.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Sierra Leonean population affected by the war. The programme of cooperation has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection. However, these interventions have not reached their full potential due to the level of devastation during the decade-long civil conflict and social unrest.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and Sanitation and other national partners. The immunization coverage among under-five-year-olds is believed to have significantly increased from an estimated 20 per cent in 1999 to an estimated 50 per cent by mid 2004. The conflict was also characterized by widespread destruction of health facilities. About 80 per cent of the functioning health facilities now have immunization services equipped with the optimal cold chain. Health workers have received training to provide quality services to their clients.

Malnutrition, which continues to pose one of the greatest challenges in addressing the health problems of the under-five population, is being addressed through treatment and supplementation of essential nutrients such as vitamin A capsules.

To address malaria, the UNICEF-supported programme has intensified the distribution of insecticide-treated bednets, focusing on children under five, pregnant and lactating women.

To reduce the incidence of mortality through diarrhoea, emphasis has been on ensuring potable water supplies in communities and schools. As part of this initiative, UNICEF supported the provision of access to potable water and adequate and safe sanitation to more than 250,000 people in the country.

UNICEF has supported activities for the disarmament, demobilization and reintegration of former child soldiers and separated children to reunify more than 5,000 of them with their families. These activities included family/community mediation, psychosocial support, advice/linkage to appropriate reintegration support (formal education or skills training) and referral for other services. 175 Child Welfare Committees (CWCs) were enabled to facilitate the process. Education through the Community Education Investment Programme (CEIP) has been one of the most powerful reintegration activities, designed to provide formal school access to child ex-combatants and other extremely vulnerable reunified children. Under the CEIP, 3,039 children (mostly child ex-combatants) received school uniforms and bags and are enrolled in 348 schools.

Continued restoration of education was needed in areas where internally displaced people and former refugees were returning to ensure adequate shelter, school supplies and equipment in order to increase enrolment and improve the quality of basic education, and to promote the acquisition of knowledge, skills and values required to promote peace. Specifically, contributions from the 2004 appeal made it possible to rehabilitate 23 formal schools, enrol 45,000 children in formal primary schools, provide learning materials to 160,000 children, provide teaching materials to 245 schools, register an additional 6,200 children in non-formal education programmes and a further 3,320 in accelerated school programmes.

A major back-to-school campaign returned 150,000 children to formal schools and more than 60,000 to non-formal schools.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF has joined other UN Agencies in implementing the Country Programme, especially with WHO and UNFPA on health activities, with WFP in education and with the UN Country Team (UNCT) in addressing national priorities such as the PRSP and transitional planning. Major areas of collaboration and partnership are with sectoral ministries and NGOs (both local and international) for all its programmes. UNICEF is a member of interagency coordination mechanisms like the UNAIDS theme group, the Inter-Agency Coordinating Committee on health, etc.

Regular programme

The Country Programme is supporting national programmes and an integrated programme in three districts which will be zones of convergence. The target districts are in areas with the greatest disparities in terms of access to services and damage resulting from the conflict. These border districts also receive the majority of refugees in the event of insecurity in neighbouring countries. The districts have an estimated population of 1.38 million.

In 2005 the programme will continue to emphasize child survival, access to quality basic education, protecting the most vulnerable children, increasing community access to potable water and prevention of HIV/AIDS among young people.

Health and nutrition (US\$ 1,300,000)

Some 1.2 million women of childbearing age and about 850,000 under-five children will benefit from the following key activities:

- Provide of micronutrients (vitamin A, Iron-folate).
- Provide neonatal and emergency obstetrics care, clean deliveries, care of umbilical cord by trained health personnel.
- Promote exclusive breastfeeding, good dietary and hygiene practices.
- Promote growth monitoring at the Primary Health Unit (PHU) and community levels.
- Provide essential drugs, equipment and medical supplies for 130 PHUs.
- Provide anti-mosquito insecticide-treated bednets in three focus areas.
- Procure vaccines/antigens (BCG, OPV, DPT, Measles, YFV, TT), injection equipment and supplies.
- Increase uptake of routine immunization services by ensuring the delivery of safe vaccines for women and children.
- Train 445 health workers per year on cold-chain maintenance, vaccines and vitamin A administration, injection safety practices, etc.
- Support supplementary immunisation of activities for measles and maternal and neonatal tetanus and supply vitamin A.
- Support emergency preparedness and response for outbreaks of vaccine-preventable diseases.

Water and environmental sanitation (US\$ 400,000)

Some 100,000 people, particularly children and women, will be reached through the following key activities:

- Provide potable water and sanitation facilities in 100 schools, 40 PHUs and 40 catchment communities in the target areas of the programme.
- Launch an extensive public information campaign on the importance of good hygienic practices and the consumption of safe water.
- Set up management committees at community level to construct 500 family latrines and train 360 pump attendants to maintain water facilities.
- Provide equipment and training for the regular testing of water quality at the water points.

Education (US\$ 900,000)

Some 375,000 primary school children and 3,000 teachers will benefit from the following key activities:

- Support minor rehabilitation of 150 schools and provide basic furnishing.
- Train 3,000 teachers on child centred participatory approaches and improved pedagogy.
- Provide essential educational materials for about 250,000 pupils and 3,000 teachers.
- Establish and equip 24 Cluster Resource Centres to provide teacher-support services.
- Support effective school monitoring and regular supervision.
- Support community mobilization in 150 communities to create awareness on preparing children for schooling.
- Create and sustain a system for parents and community involvement in managing education in 150 communities.
- Define national learning outcomes and develop a system for monitoring learning achievement.
- Strengthen the capacity of 24 District Education Officers to plan, implement and monitor quality of education.
- Develop a strategic plan for complementary education with emphasis on promoting girls' education.
- Assist communities and government to establish learning facilities in temporary structures for 65,000 over-aged children.
- Support national coordination, supervision and monitoring of the project.
- Help establish parent-teacher associations and administrative committees to manage the centres.
- Establish learning facilities in temporary structures for 185,000 children aged six-nine years old.

Protection (US\$ 700,000)

Some 1,800 street children, 1,000 separated refugee children, 6,000 orphaned and vulnerable children, and about 2,000 victims of sexual violence and abuse are targeted through the following key activities:

- Identify separated and refugee children at border points, internment camps and refugee camps, etc.
- Provide emergency short term care for separated children.
- Reunify children with their families and ensure that children who are reunified are sent to school, have access to health care and receive proper care.
- Provide registered children with education through Community Education Investment Programme and vocational opportunities.
- Enable the communities through working with Child Welfare Committees to protect, advocate, and support the reunified children.
- Support community-based mechanisms to report and prevent incidence of violence and sexual abuse against children, including a community reporting system for cases of exploitation by humanitarian aid workers.
- Train 300 social workers, health-care professionals, police and probation officers to provide professional care and counselling to victims of violence.
- Provide services (medical, counselling, legal aid, etc.) and protection for sexually abused and exploited children.
- Improve capacity of relevant partners: Ministry of Social Welfare Gender and Children's Affairs, Ministry of Health, Ministry Education, Sierra Leone Police, UNAMSIL, UNHCR, and international and national NGOs to ensure effective programme interventions.
- Reunify child commercial sex workers with their families.
- Care and protection to children who will be part of the Special Court proceedings.
- Support birth registration in the three focal districts.

Adolescent HIV/AIDS prevention (US\$ 300,000)

This project will target about 800,000 young people, both in and out of school age groups by:

- Undertaking extensive multi-channel and multimedia public awareness and information campaigns targeting adolescents and youths and geared towards behaviour change.
- Train government and NGO partners and young people in Information Education Communication (IEC)/ Behaviour Change Communication techniques including monitoring and evaluation of the initiatives.
- Work with youth clubs on HIV/AIDS prevention in schools and communities.
- Engage leaders, including religious leaders, in the fight against HIV/AIDS.
- Support community and school drama performances.
- Conduct surveys to evaluate behavioural changes towards HIV/AIDS.

WEST AND CENTRAL AFRICA REGIONAL OFFICE (WCARO)

Regional Office financial needs for 2005	
COUNTRY-SPECIFIC PROJECTS WITH REGIONAL IMPLICATIONS	US\$
Mali: Support to refugees displaced populations and host communities affected by the Côte d'Ivoire crisis	404,000
Burkina Faso: Emergency health assistance for returnees and communities affected by locust invasion	433,500
Burkina Faso: Water supply and sanitation for returned population from Côte d'Ivoire and guidance to population in locust infested provinces	221,600
Burkina Faso: Restoring Access to Basic Education and IECD	602,300
Burkina Faso: Protection of vulnerable groups among returnees; pop transit and refugees	272,700
Mauritania: National response to the foreseen nutrition emergency as a consequence of the Desert Locust invasion	871,000
REGIONAL OFFICE PROJECTS	US\$
Emergency preparedness and response	303,400
Quality obstetric care for women and newborns affected by conflict	700,000
Mitigating the nutritional impact of locust invasion in infants and young children, pregnant women, and lactating mothers	1,232,000
Education in emergencies and for peace-building	264,100
Emergency gender-based violence (GBV) Rapid Intervention Project	1,680,000
Emergency HIV/AIDS project for youth in conflict	1,120,000
Reinforcing children's protection in the countries of the Mano River Union (Sierra Leone, Liberia, Guinea) and Côte d'Ivoire	630,000
Leadership for Human Security – Peace-building Project	527,200
Total *	9,261,800

* 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.

REGIONAL OFFICE PROJECTS

As part of its regional humanitarian programme, the UNICEF West and Central Africa Regional Office (WCARO) will focus its efforts on continuing to strengthen country capacities to respond to conflicts and natural disasters. The following projects are submitted to support this objective.

Emergency preparedness and response (US\$ 303,400)

Preparedness is a prerequisite for ensuring adequate response in emergencies. Training of staff as well as contingency planning will be carried out in all country offices in the region using a one-week module successfully tested in 2004. Countries in emergencies will be supported to meet their immediate needs in terms of surge capacity. While preparedness activities in the region will, in part, be achieved through ongoing support from the UK Department for International Development (DfID), as well as from a new global partnership with ECHO, additional support is needed to cover all country offices in the region.

Expected outputs:

- All 24 WCARO country offices to have an updated and operational emergency preparedness plan integrated in their annual plan.

- Staff members in country offices to have the required skills and attitude for managing emergency situations.
- All country offices have at least one professional trained in management of severe malnutrition.
- Country offices are fully MOSS (Minimum Operating Security Standards) compliant.
- At the onset of an emergency, additional staff can be deployed to the country offices within 48 hours.
- Stress among staff members serving in emergency situations is managed.

Quality obstetric care for women and newborns affected by conflict (US\$ 700,000)

Coordinated regional capacity-building for health service providers is urgently needed to improve complications readiness and strengthen obstetric and neonatal care for affected populations including IDPs, refugees, returnees and host communities. Some 150,000 women and children (IDPs, refugees, returnees and other vulnerable groups including host communities) are targeted. Project activities will be coordinated with the STI/HIV/AIDS and Gender-Based Violence projects included in this appeal.

Expected outputs:

This regional project will contribute to the reduction of mothers and newborn death and disability by:

- Improving capacity of health-care providers on refocused antenatal care including birth preparedness and complications readiness and emergency obstetric and neonatal care.
- Developing and supporting outreach activities to improve access to essential obstetric and neonatal care.
- Establishing a rapid communication system between affected populations and health centres/referral hospitals, in collaboration with and through reinforcement of existing emergency-based infrastructures.

Mitigating the nutritional impact of locust invasion on infants and young children, pregnant women, and lactating mothers (US\$ 1,232,000)

A coordinated regional response is urgently needed to strengthen the capacity of the primary health care systems and community women's groups and networks to respond to the nutrition vulnerability created by the locust invasion for 300,000 infants and young children (0-23 months old), pregnant women, and lactating mothers living in the worst affected regions by the locust invasion in West Africa.

Expected outputs:

- Enhanced existing nutrition rehabilitation centres and trained staff of newly created nutrition rehabilitation centres in the integrated management of severe malnutrition in infants and young children.
- Trained primary health-care providers in supportive capacity-building, counselling, and supervision of community resource women's groups and networks so that they can ensure a package of essential nutrition and nutrition-relevant services for:

Infants and young children: exclusive breastfeeding 0-6 months; adequate complementary foods and feeding practices with continued breastfeeding 6-23 months; biannual vitamin A supplementation 6-23 months; and adherence to EPI schedule, malaria control measures and deworming 12-23 months.

Pregnant women: multiple micronutrient supplementation during the last two trimesters of pregnancy (UN formulation containing 16 vitamins and mineral at recommended dietary allowance (RDA) levels); counselling on maternal nutrition during pregnancy; one daily extra food ration; and adherence to antenatal care schedule, malaria control measures, and deworming in the second trimester of pregnancy.

Lactating mothers: post-partum vitamin A supplementation; multiple micronutrient supplements (UN formulation containing 16 vitamins and mineral at RDA levels); counselling on maternal nutrition during lactation; counselling on lactation management; one daily extra food ration; and adherence to post-natal care schedule and malaria control measures.

Education in emergencies and for peace-building (US\$ 264,100)

Ensure regional capacity-building for key national and regional actors to improve rapid education responses, for 455,000 children and women teachers.

Expected outputs:

- Improved competence in rapid assessment and data collection techniques, back-to-school methods (infrastructure and organization of supply, learning environments and child-friendly spaces, accelerated, complementary and community integration learning programmes, teacher recruitment and training), community and children participation and involvement, gender and quality issues during emergencies, education policies and advocacy messages; data from analysis and mapping will be the basis for addressing specific needs and targeting actors.
- Development of a regional programme and network of interveners for peace and civic education to address the effects of social disintegration, promote reconciliation, cooperation, and active tolerance in and around the schools – and contribute to a culture of peace, democracy and human rights.

Emergency Gender-Based Violence (GBV) Rapid Intervention Project (US\$ 1,680,000)

The aim of this regional project is to meet the challenge of GBV by targeting 100,000 women and children (refugees, returnees and other vulnerable groups) who have been directly affected by GBV along borders, affected by cross-border aspects of conflict, or in camps. The aim is to increase the speed with which treatment and services are provided to victims of GBV and catalyze national responses by providing rapid surge capacity for new and emerging conflicts in West Africa.

Expected outputs:

- Regional GBV rapid-response capacity strengthened (development of standby rosters for rapidly deployable technical assistance) in order to conduct rapid needs assessments of victims of GBV, initiate programme activities, and build local and national capacity to respond.
- Essential supplies pre-positioned for addressing the physical consequences of GBV (e.g. post-rape care kits, sexually transmitted infections treatment kits, post exposure prophylaxis (PEP) kits for preventing HIV transmission).
- Additional support to mobile clinics for service delivery to vulnerable populations.
- Increased outreach and education among care providers and beneficiaries about the need for medical treatment and psychosocial care following incidents of rape.
- Provision of training for international and local NGOs, UN agencies, health ministry officials, as well as to police and military forces around issues of sexual violence, prevention of abuse and protection.

Emergency HIV/AIDS project for youth in conflict (US\$ 1,120,000)

This regional project will contribute to the reduction of new HIV infections among 75,000 youth directly at risk from HIV/AIDS (refugees, returnees and other vulnerable groups).

Expected outputs:

- Young people displaced by conflict have access to information on STIs and HIV/AIDS.
- Vulnerable groups in border areas e.g., youth, commercial sex workers, etc. are specifically targeted with high-impact communication strategies, treatment for STIs and counselling/testing for HIV.
- Sensitization of host communities and military groups about HIV/AIDS.

Reinforcing children's protection in the countries of the Mano River Union (Sierra Leone, Liberia, Guinea) and Côte d'Ivoire (US\$ 630,000)

Building on results from 2004, UNICEF will develop its coordination of the 'Inter-agency Subregional Child Protection Forum'. The following areas will receive particular attention in 2005: disarmament, demobilization and reintegration (DDR); repatriation and post-reunification support of separated children; sexual and gender-based violence and exploitation (SGBVE); cross-border monitoring of child rights' violations.

Expected outputs:

- Harmonize national data collection systems and mapping of agencies' operational areas across region.
- Advocacy on the situation of children affected by armed conflict, based on field missions.

- Cross-border meetings to promote protection surveillance for children and provide rapid response.
- Development and monitoring of a regional Code of Conduct.
- An Emergency Protection Sub-regional Unit based in Monrovia.

Leadership for human security: Peace-building Project (US\$ 527,200)

The project targets networks, media, youth and children's groups, policymakers and civil society across Côte d'Ivoire, Liberia, Guinea, Mali, Burkina Faso and Ghana in conflict-affected populations and host communities to enhance the social and institutional capacities to promote peace.

Expected outputs:

- Information collection and analysis on the vulnerability and resiliency of children and the role of youth, identifying risk and protective factors that support their involvement in or shield them from violence.
- Analysis of the potential to promote peace or fuel conflict within ongoing humanitarian assistance.
- Needs assessment to support capacities on conflict transformation for policymakers, civil society, media and child and youth groups; develop modules on conflict transformation training.
- Advocacy with regional political and economic bodies (ECOWAS) and other key decision-making bodies.
- The first phase of a mass media campaign for and by children and young people.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

Coordination and partnership

In 2004 there has been an increase in the number of UN agencies and NGOs using Dakar as their regional base. Regional coordination has focused on managing the locust invasion, national and subregional contingency planning and cross-border issues related to the three peacekeeping operations in Sierra Leone, Côte d'Ivoire and Liberia. This will be reinforced in 2005 as the OCHA regional office consolidates, links with UNOWA are developed and the regional Inter-Agency Standing Committee (established in 2004) defines its vision.

In 2004, UNICEF continued to strengthen emergency preparedness and response capacity in the regional and country offices in order to minimize the negative effects of crises on women and children. In this regard, the regional office benefited from support from the UK Department for International Development (DfID) aimed at strengthening UNICEF's overall response to humanitarian situations. WCARO has reinforced its coordination links with regional offices of other UN agencies and contributed to the creation of a Regional Inter-Agency Standing Committee and has produced a monthly regional bulletin. Results achieved against objectives set at the beginning of the year are summarized here:

Support to emergency response in Chad, Côte d'Ivoire, DRC and Liberia

Chad and the Darfur crisis have been a priority for UNICEF this year. The Regional Office has provided technical assistance in programme planning, advocacy and resource mobilization. Additional staff have been identified from the emergency roster and deployed to the country office to meet the increased need. Field visits in specific technical domains were carried out by the Regional Office in support of the Chad country office and recommendations are monitored by the Emergency Unit. Moreover, the Regional Office Emergency Unit assumed the lead role for technical assistance to three countries in the region preparing for or engaged in disarmament, demobilization and reintegration (DDR): Liberia, Côte d'Ivoire and DRC. Liberia has received special attention with the ongoing DDR programme, using regional experience to advocate for proper standards for children in the process. The Democratic Republic of the Congo received support in contingency planning in Ituri following a peace settlement between belligerent groups after which large numbers of children were released.

Emergency preparedness and response process and humanitarian principles

UNICEF conducted emergency preparedness training and response planning exercises in seven countries that had not previously done emergency preparedness and response planning (EPRP) and revised the EPRP in four countries that had an existing plan. UNICEF and partner agency staff also participated in a Training of Trainers on Humanitarian Principles.

Cross-border coordination in the Mano River Union and Côte d'Ivoire

The Regional Emergency Unit defined and received funding from ECHO for a project to reinforce the protection of children affected by armed conflict in Guinea, Sierra Leone, Liberia and Côte d'Ivoire. Two subregional meetings on DDR and separated children defined policy and procedures that directly affect children moving across the borders. A subregional Emergency Protection Coordinator has been in place to manage the project, based in Monrovia, since November 2004.

Response to locust invasion

The Regional Emergency Unit and the Regional Nutrition Unit have been collaborating in providing advice to the country offices on situation analysis, vulnerability assessment and preparedness actions for preventing/mitigating the effects of the desert locust invasion on the nutritional status of vulnerable groups. Special regional bulletins have been prepared by the Emergency Unit to share situation updates and response among affected countries.