

ANNUAL REPORT
2005



1946 - 2006
UNITE FOR CHILDREN

unicef

UNICEF ANNUAL REPORT 2005

Covering 1 January 2005
through 31 December 2005

CONTENTS

1 Foreword

*Ann M. Veneman
Executive Director, UNICEF*

2 The year in review 2005: The case for optimism and urgency

*Urgent action is still needed to
improve children's lives and attain
the Millennium Development Goals;
key achievements in 2005 point the
way forward.*

26 Careful stewardship of growing resources: Management, operations and finances in 2005

PANELS

- 4 Integrated programmes transform results
- 6 Sisu Samarakshak: Bridging the gap
between high-tech India and the rural poor
- 8 Emergency: Niger
- 12 Emergency: The Indian Ocean tsunami
- 15 UNICEF's National Committees unite
for children
- 17 Emergency: The South Asia earthquake
- 20 Promoting cooperation for children in the
Islamic world
- 21 Private companies secure and extend
resources for children
- 24 Emergency: Sudan

© UNICEF/H005-0653/Nicole Tountounji



FOREWORD

In 2005, world leaders met in New York and recommitted themselves to achieving the Millennium Development Goals. In doing so they recommitted themselves to children.

UNICEF has echoed this, rededicating itself to producing greater results for children and producing them more effectively, more systematically and more efficiently. This is made possible, in part, by UN reform – and UNICEF is a key player in this – which is harmonizing efforts across the agencies and enabling a sum of work that is greater than its parts.

Our work is also enhanced by increasingly efficient management of ever-growing funds: In 2005 the organization managed almost 40 per cent more income and expenditures compared to 2004, while containing the increase in management and support costs to only 7 per cent.

Over the year, UNICEF carried out programmes for children and their families in 157 countries, areas and territories. These efforts took place in cooperation with like-minded partners who have coalesced around the Millennium Development Goals and the underlying Millennium Declaration.

New partnerships were formed, and others were reinvigorated, all around the common objectives of saving children's lives, assisting mothers and families, getting children into school and helping them stay there, combating such diseases as HIV/AIDS and malaria, and reducing hunger and poverty.

These efforts are paying off, yielding meaningful results that show promise in bringing countries closer to the Goals, and children and families closer to healthier, more secure lives. But momentum must be built and maintained, and it is this urgency that drives us.

We must use 2005 as a reason for optimism, and a daily reminder that so many children still need our help and our commitment to the issues that affect them.

A handwritten signature in black ink, which appears to read 'Ann Veneman'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ann M. Veneman
Executive Director, UNICEF

2005: THE CASE FOR OPTIMISM AND URGENCY

In Senegal's Vélingara district, volunteer health workers in each village visit pregnant women, newborns and children under five at least once a month, helping mothers position tiny infants at their breast, adjusting mosquito nets draped over the bed, weighing and measuring each child's growth. The district's four trained midwives and its traditional birth attendants work long days, helping as many women as possible have a clean, assisted birth. In the district seat, the dusty, red-earth town of Vélingara, the head doctor tries to make sure every village is covered and that nobody falls through the cracks. This is not easy. The unpaid health workers, called *relais*, come and go; record-keeping can be sporadic; pregnant women are sometimes lost to view; and the optimism of the log with the handwritten title 'prenatal consultations' is countered by the despair in the one marked 'maternal deaths'. Yet the motivation is there, and, with a nearly 25 per cent drop in under-five mortality in the district in just a few years – thanks to this intense local work that is part of a promising new strategy carried out in 11 West and Central African countries – young lives are being saved.

And a paradox is revealed: It takes a lot of work to save small children from 'easily' preventable deaths in some of the poorest places on earth. Many hands must be in the right place, heads together, motivation high, basic equipment and supplies in working order. But it is happening.



This is important to keep in mind while reflecting on the achievements and challenges of 2005, a year focused on assessing progress towards the Millennium Development Goals (MDGs). By many yardsticks, the prognosis is grim. Only 125 countries were on track to achieve the 2005 target of gender parity in education, a necessary step towards establishing universal primary education by 2015. *The State of the World's Children 2006: Excluded and Invisible*, published by UNICEF in late 2005, illuminated the plight of the children who have largely been left outside of progress. Another UNICEF report, *A call to action: Children, the missing face of AIDS*, revealed the heavy toll HIV/AIDS is taking on children, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) year-end update showed more people than ever infected and affected, a millstone around progress achieved in other areas. The UN Millennium Project reports on all the Goals, prepared for the UN Secretary-General in 2005, showed that much more has to be done before the world is truly on track to fulfil the aims of the Millennium Declaration and meet the Goals.

There are no magic bullets for achieving sustainable gains. But there are newfound commitments to partnership, positive trends and real results in various places, and programmes that can and must be replicated. There is creative thinking all around, in small villages and world capitals and many places in between. There are technological innovations at the ready. There are reforms at the United Nations, an increase in aid levels and momentum in the aid process, leading to more effective work towards common development goals.

Perhaps the greatest advancement for children in 2005 was that their central importance to achieving the Millennium Development Goals – ambitious aspirations for lifting peoples and nations out of poverty by the year 2015 – infused discussions of how to move forward. It is now accepted wisdom that the Millennium Development Goals are all about children.

A review of UNICEF's work in 2005 shows why urgent action is needed and outlines some of the important achievements that are pointing the way forward.



INTEGRATED PROGRAMMES

TRANSFORM RESULTS

Whether children are part of a nomadic group in Algeria or live in a Brazilian favela, reaching them is often the hardest part of a development agency's work. A clear advantage can be seized by addressing children's needs in multiple ways at the same time. And while the approach is not new, it has recently gained currency as a way to accelerate progress towards the Millennium Development Goals.

Integrated services provide a cornerstone of promising strategies for improving child health, including community Integrated Management of Childhood Illnesses, which UNICEF supports in 82 countries around the world, and the Accelerated Child Survival and Development programme, in place in 11 West and Central African countries. Bundling services together has also become intrinsic to immunization campaigns, which are often used to provide vitamin A, weigh children to monitor growth and nutritional status, and distribute insecticide-treated mosquito nets to help prevent malaria.

Providing several services at once can stimulate demand for health care, a critical element in scaling up services to reach many more people. Distribution of insecticide-treated mosquito nets via immunization services or around antenatal care, for example, has been shown to stimulate demand for increased coverage of immunization and antenatal care services. Integration of services can also expand the benefits of building human resource capacity, improving logistics and securing financial resources across the health sector.

Bundling services is cost-effective and efficient. For example, a 2005 article in the medical journal *The Lancet* shows that interventions to promote exclusive breastfeeding in the first six months and continued breastfeeding from 6 to 11 months – important for reducing under-five mortality – would cost \$414 million annually if bundled (based on universal coverage in the 42 countries that accounted for 90 per cent of all under-five deaths in 2000); parallel delivery of the same interventions would cost \$656 million, nearly 60 per cent more.

Integration can encompass more than one field. Maternal and child health programmes, for example, can be used as an opportunity to ensure birth registration. In Malawi, offering meals at school has proved powerful in encouraging more children into the classroom while improving their nutritional status; in 2005 such programmes covered about 200,000 children and are set to reach 900,000 in 2006. Integrated approaches are also vital for child protection. The development of programmes in school to detect and report child labour is one example; training health workers to detect and manage instances of child abuse is another.

The spirit of integration is also showing its value as a national development strategy. Coordinating ideas and action at the national level can maximize the benefits, while enhancing the chances of a country meeting its MDG targets. One example is combating HIV/AIDS through the integrated national approach known as the 'Three Ones': one agreed-upon action framework, one national coordinating authority, and one country-level monitoring and evaluation system. 🌐



© UNICEF/2005/Warpinski

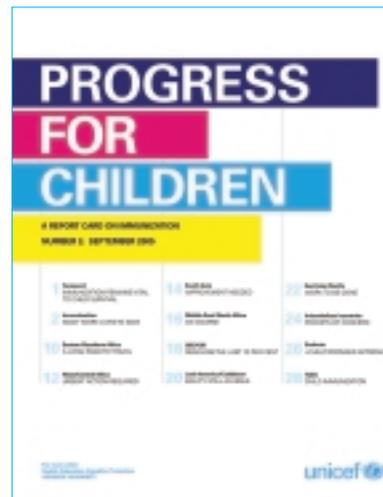
SAVING YOUNG CHILDREN AND THEIR MOTHERS

UNICEF's commitment to children's survival has been central to its mission since the organization's establishment 60 years ago. Progress since the early years has been remarkable, and millions of children have been saved. Yet an estimated 10.5 million children under five are dying every year of mainly preventable or treatable diseases, and a great deal must be done to improve the rates at which these children, especially those in the most difficult circumstances, are living to see their fifth birthday.

Reinvigorated efforts against the most entrenched causes of under-five death have begun to show promising results. In 2005, the world met an important goal set in 2002 at the UN General Assembly Special Session on Children, calling for a reduction in measles deaths of 50 per cent. Expanded efforts by UNICEF, the World Health Organization and many partners against this childhood scourge have cut worldwide measles deaths by around 48 per cent from 1999 to 2004, with preliminary estimates showing additional reductions in 2005; sub-Saharan Africa is leading the decline with a 60 per cent decrease in measles deaths. The immunization picture is mixed, however: As reported in September 2005 in UNICEF's *Progress for Children: A Report Card on Immunization*, over 27 million children below age one and 40 million pregnant women worldwide are still overlooked by routine immunization services.

In West and Central Africa, the Accelerated Child Survival and Development strategy is an intensive combination of life-saving interventions – such as promotion of antenatal care, vaccination and breastfeeding, volunteer health worker follow-up of newborns and distribution of insecticide-treated mosquito nets – which has been applied since 2002 in 97 high-mortality districts in 11 countries, reaching about 16 million people, including 2.8 million children under five.

Implemented by governments with a host of local and international partners, this programme is showing that dramatic reductions in deaths are possible in short periods of time. Based on a Centers for Disease Control and Prevention survey in 2004, and subsequent projections, it is estimated that mortality rates in the intensive implementation districts have dropped 16–25 per cent compared to control districts; in districts with partial implementation, results have also been encouraging, with an average drop in child mortality estimated at 10 per cent compared to control districts. It is estimated that the entire programme is preventing about 18,000 child deaths per year. The success of the approach is predicated on strengthening outreach, communication and support to families and communities. Therein lies a key challenge: sustaining momentum at the broadest and most dispersed level, among a workforce that relies heavily on large numbers of primary health care workers and community-level health and nutrition promoters.



SISU SAMARAKSHAK:

BRIDGING THE GAP BETWEEN HIGH-TECH INDIA AND THE RURAL POOR

Sisu Samarakshak (SSK) is a software programme that allows rural women in India to access basic information on childcare – including pregnancy, newborn care, breastfeeding, hygiene and sanitation – through computer stations located in their villages. In the design of SSK, UNICEF ensured that the scenarios used as illustrations are familiar to people living in villages. Audio guidance is delivered in a user-friendly variety of languages and, given low literacy rates, the layout is picture-led and highly graphic. Manuals and training programmes complement the software and allow community service providers to integrate SSK with their ongoing activities.

Despite India's global reputation for high-tech sophistication, about 2.2 million children under the age of five die each year; of these, more than two thirds die before their first birthday and half in their first month. Across India, UNICEF has invested in placing life-saving knowledge in the hands of mothers and those who work with them. In the southern state of Andhra Pradesh, where about one third of children under five are underweight, Sisu Samarakshak is an intervention that bridges the gap between high-tech India and the rural poor.

Developed in Hyderabad, the capital of Andhra Pradesh, SSK was field-tested among village women and workers across the state, and their feedback was applied to new material. SSK was then rolled out in seven locations. Results indicated that not only was the programme liked, it was understood. In partnership with Hewlett-Packard India and the State Government of Andhra Pradesh, it was piloted in 70 locations in Chittoor District, where close to 13,000 women paid 1 rupee (US\$0.02) to use SSK for a year. The district administration of Chittoor has now installed SSK in 16 villages – reaching out to about 1,000 women per village. Kadapah District, meanwhile, has conducted training for community-service providers using the software and is working towards its installation in the entire district.

Positive results are beginning to emerge. In Chittoor District's Thamballapalle Village, for example, there is an increase in rural women registering themselves at the hospital for consultations, as well as growing community demand that health staff visit regularly.

SSK has won accolades nationally and internationally for simplicity of messages and ease of navigation. It received the Manthan Award 2005 in India and the World Summit Award 2005 in the category of e-Health. SSK is a 'living document' with changes made as feedback is received. Updated modules on nutrition and new modules for adolescents about HIV are being finalized, and the National Association of Software and Service Companies Foundation is working with UNICEF to translate SSK into several regional languages. 

In Eastern and Southern Africa, the community IMCI (Integrated Management of Childhood Illnesses) approach has fostered better care practices in 15 countries that are focusing on improving family care practices. A 2004–2005 review of these programmes, with a focus on select districts in Malawi, South Africa, the United Republic of Tanzania and Uganda, showed improvement in such critical household and community care practices as exclusive breastfeeding and vitamin A supplementation. Variations of community IMCI exist in more than 80 countries. In 2005, Ethiopia, partnering with UNICEF and the World Food Programme, dramatically expanded use of a package of high-impact child-survival strategies for emergencies, called the Enhanced Outreach Strategy; begun on a smaller scale in 2004, it reached nearly 7 million children in drought-prone districts in 2005 with such interventions as vitamin A supplementation, deworming, measles immunization, hygiene education, nutritional screening, and supplementary and therapeutic feeding programmes. India, where 2.2 million under-fives die each year, is using innovation to reach more mothers and young children with integrated health strategies.

The intensive nature of these programmes reflects the urgency and locus of the problem: Almost half of all under-five deaths occur in sub-Saharan Africa, where until now only minimal gains have been made.

With the lives of so many young children at stake, the clarion call could not ring



louder at the national, regional and global levels. The early promise of the Accelerated Child Survival and Development strategy has prompted the governments of Benin and Mali to move towards expanding the programme countrywide; other countries may follow. In July 2005, the African Union requested that UNICEF and other partners extend the programme to the whole continent and called for its member states to integrate it into their national health policies, poverty reduction strategies and health sector reforms.

At the worldwide level, the Global Immunization Vision and Strategy, designed by the World Health Organization and UNICEF, was officially adopted by governments at the World Health Assembly in May; the strategy's ambitious goal is for each country to reach 80 per cent immunization coverage by 2010, with a focus on new ways to immunize and provide integrated services to poor and marginalized children.



THE PARTNERSHIP

For Maternal, Newborn & Child Health

In September, UNICEF hosted the launch of the Partnership for Maternal, Newborn & Child Health, formed to accelerate progress towards Millennium Development Goals 4 and 5. The Partnership then helped organize the 'Countdown

to 2015: Tracking progress in child survival' conference in London in December. There, experts from across the globe discussed progress to date, looked at the challenges of scaling up the programmes that work, and streamlined their calls for action on the part of policymakers in both donor and developing-country governments.

While momentum is building to save children under five, helping their mothers remains more daunting. Complications during pregnancy and childbirth kill more than half a million women annually – a number tragically consistent for many years. It is clear that urgent action and additional resources are needed so that the majority of births are attended by doctors, nurses or midwives who are able to prevent, detect and manage obstetric complications. UNICEF supported maternal health and emergency obstetric care in all regions in 2005 through an array of activities, including support for obstetric facilities and training, as well as advocacy around such women's health issues as avoiding child marriage, eliminating female genital mutilation/cutting (FGM/C), and, during pregnancy, preventing malaria and promoting tetanus toxoid vaccination and iron/folate supplements.



EMERGENCY

NIGER

For a large proportion of the people of Niger, food security – access by everyone at all times to enough food for an active, healthy life – is rare in any year. In 2005, the balance tipped into scarcity, and the number of children needing medical and nutritional assistance exploded. The fact that undernutrition in this country is more the norm than the exception reveals the true crisis to be one of perpetual lack of access to food, to essential health services, and to life-saving information and support on child feeding and care – all against a backdrop of desperate poverty, among the worst in the world. This perennial crisis should not be seen as normal and therefore acceptable, but rather as a call to help Niger and other countries meet the Millennium Development Goals, reduce poverty and hunger in a truly lasting way, and create better lives for their people.

Niger's food shortage of 2005 and its disastrous consequences for the country's children did not take the world by surprise. In 2004, insufficient rainfall coupled with a locust invasion resulted in poor harvests, and the yearly 'lean season' came early and stayed late. By early 2005, personal food stores were exhausted and, by June, cereal banks – the safety net for Niger's subsistence farmers – were empty. The crisis was aggravated by spikes in grain prices in West Africa's subregional markets. Even though markets in Niger were often overflowing

with food, prices of staple items were at record highs, and many people could not afford to buy basic food items on the open market.

In the first months of 2005, organizations treating undernutrition in children were overwhelmed as admissions of severely wasted (low weight-for-height, or too thin) children to therapeutic feeding centres – already high in a typical year – rose dramatically. By mid-July, admission rates were at least twice as high as those registered a year earlier.

By late 2004, UNICEF had revised its emergency plan and stepped up monitoring in districts at risk. In April 2005, it issued an emergency request for \$1 million, after already diverting a significant amount of its Niger country programme budget for response to the crisis. The UN system launched a 'flash' appeal for \$16 million in May, including UNICEF's request, now increased to \$1.3 million. The UN revised its request to \$81 million in early August. As part of this, UNICEF's request increased to \$14.6 million.

Efforts to assist children were initially hindered by lack of public attention to the problem and subsequent lack of funds, and it was only after extensive media coverage in July and August that donors accelerated their response to the appeals. The number of centres treating severely and moderately wasted children rose from 30 at the

start of the year to 549 by early October, a direct result of increased funds applied to acute need. By the end of the year, UNICEF had supported the opening of more than 860 centres in partnership with the World Food Programme and 24 different NGOs. Around 325,000 children received nutritional and medical care in 2005, and the 90 per cent cure rate for children treated in the child feeding programmes – and the low mortality rate of 3 per cent – demonstrated the high quality of action by all partners.

Four institutions, nine governments and 15 UNICEF National Committees responded to UNICEF's emergency funding appeals, providing \$19.7 million in cash and in-kind contributions. Of this, 92 per cent was spent by the end of the year, 79 per cent for supplies and the rest for training, direct financial assistance and other services. Activities undertaken by UNICEF included overall coordination of NGOs involved in nutrition interventions, in close collaboration with the government; identification and dissemination of a uniform protocol for treating wasting; assistance to partners in establishing additional therapeutic feeding centres; restocking cereal banks; providing nutritional supplies and medicines to government and NGO health facilities; and supplying families of children suffering from undernutrition with water and sanitation kits.

A comprehensive nutrition survey carried out in October by the Ministry of Public Health, UNICEF, and the Centers for Disease Control and Prevention underlined the structural nature of Niger's food crisis: Baseline undernutrition rates had risen since last assessed in 2000, to show that 15.3 per cent of children aged 6–59 months are wasted, and half of all children in this age range suffer from growth retardation (stunting). Based on this fresh data, it is estimated that 500,000 children in Niger will need nutritional assistance in 2006.

Consequently, for UNICEF, 2006 will be a pivotal year for helping Niger integrate effective nutrition interventions into the existing health system as a way to consolidate progress made in 2005, and for continuing work towards sustainable solutions to the nutrition problems of the country's children. 

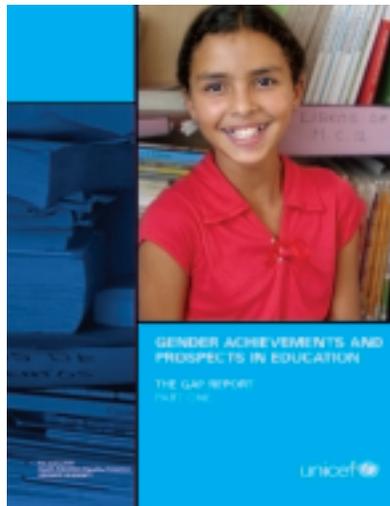
msd accept: 68
Abs
perm → 0
→ 0



ADDRESSING GENDER EQUALITY IN EDUCATION

Millennium Development Goal 2, to achieve universal primary education, is intimately linked with Goal 3, to promote gender equality. Goal 3 is the only goal accompanied by a target that was to be accomplished by the end of 2005: gender parity in primary education. Unfortunately, the goal was not met. Only 91 developing countries and 34 industrialized countries were on track to achieve gender parity, despite girls' enrolment rising faster than boys' in most countries. *Progress for Children: A Report Card on Gender Parity and Primary Education*, issued by UNICEF in

April 2005, assessed progress to date and pointed out that even where gender parity was achieved as part of a healthy total school enrolment, the issue remained of what effect this had on gender equality and the empowerment of women. At the United Nations Girls' Education Initiative technical consultation in Beijing in November, world experts assessed progress towards gender parity. At the meeting, UNICEF released *Gender Achievements and Prospects in Education: The GAP Report, Part One*, which noted that although 125 countries were on course to achieve gender parity, overall enrolment of both boys and girls remained unacceptably low. In addition, although many of the 25 countries whose dire circumstances qualified them for special attention in the run-up to 2005 made some gains, only five of them were on track to meet the goal.



Advances that have been made in gender parity can be attributed to improved planning, increased investment and efficient implementation at the national level – due in large part to the galvanizing effect of the MDGs as a rallying focus for national development. To consolidate and expand gains, UNICEF is increasingly working at the systemic or policy level, using partnerships and advocacy to influence education-sector strategies and policies, increase access and enhance quality. In 2005, this allowed UNICEF to play a key role in helping such countries as the Gambia, the Republic of Moldova and Tajikistan prepare plans that qualify them for Education for All Fast-Track Initiative funding.

Large-scale campaigns remain an important way for UNICEF to help get children into school. In 2005, major back-to-school campaigns and enrolment drives were carried out in tsunami-affected countries, where 90 per cent of children were back in school within three months of the disaster; in Afghanistan, where half a million girls enrolled in school for the first time; in Haiti, where 38,000 children (60 per cent of them girls) were helped back to school after natural disasters or in the wake of socio-political violence; in Somalia, where 114,000 primary-school-age children were registered for the first time; and in such places as the Comoros and Nepal.



© UNICEF/HQ05-0224/Tom Pietrasik

Several important lessons have emerged from this work to get children into school and help them stay there. Equitable distribution of investments must be taken seriously. Lasting gains in education are predicated on stepping outside the education sector and tackling such issues as nutrition and child health, sanitation and child labour. And lastly, education gains contribute to other Millennium Development Goals. Work to improve girls' education fosters safer sanitation and water in schools and expands women's participation in household decision-making and community activities.

Heeding the lessons of 2005 and previous years will be instrumental in righting the plight of the 115 million primary-school-age children who should be learning but remain outside school doors.

EMERGENCIES AND UNDERDEVELOPMENT: A DOWNWARD SPIRAL

Effective response to emergencies is needed to keep countries on the path – or jump-start progress – towards the Millennium Development Goals. Countries facing the most challenges meeting the Goals are often those most vulnerable to emergencies. Failure to meet emergency needs or prevent crises when possible can quickly erase years of progress and aggravate poverty. Advances towards the Goals can mitigate the effects of emergencies and prevent cyclical phenomena from having devastating effects, as was the case in Niger over the past several years (*see page 8*).

UNICEF is part of the effort to make emergency response more timely, efficient and effective. A 'cluster leadership' approach, designed to improve aid delivery in the field, was adopted by the Inter-Agency Standing Committee

continued on page 14

EMERGENCY

THE INDIAN OCEAN TSUNAMI

The Indian Ocean tsunami of 26 December 2004 inflicted massive destruction on eight countries – India, Indonesia, Malaysia, Maldives, Myanmar, Somalia, Sri Lanka and Thailand – and affected several others bordering the Indian Ocean. More than 200,000 people, over a third of them children, were killed or remain missing. Within two days,

survivors began receiving life-saving supplies, measles immunization, malaria prevention, and safe water and basic sanitation.

Children who were separated from their families were registered and reunited with relatives or caregivers. And through the coordinated efforts of governments, UNICEF, other UN agencies and large numbers

of non-governmental organizations, the general health and well-being of hundreds of thousands of people were protected and major outbreaks of disease were prevented.

One outstanding example of urgent response followed by sustained engagement is the commitment to rebuild and reinvigorate the education sectors in



the affected countries. In the immediate aftermath of the disaster, more than 1.5 million children benefited from emergency education supplies and 662,000 received textbooks. Schools in tents were set up quickly, and within 90 days of the crisis, 90 per cent of children in tsunami-affected areas were back in school. In 2005, over 213 semi-permanent schools were built and 375 schools were repaired. By 31 December 2005, education accounted for the largest share, 27 per cent, of UNICEF tsunami-related expenditures.

Assistance provided by UNICEF and partners has gone far beyond responding to immediate needs. In several countries, 18 months after the tsunami, UNICEF is still working with the government to draw up standards and guidelines for the construction of child-friendly schools that offer more teachers and more space, access for disabled students, safe drinking water, and separate toilets for boys and girls. These new schools will have stronger foundations that resist seismic vibrations and will benefit children even in

areas that were spared by the tsunami.

In Indonesia, for example, UNICEF is working with local communities and provincial and national authorities to construct, rehabilitate or rebuild 367 schools in Aceh and North Sumatra, at a cost of \$90 million. In collaboration with the United Nations Office of Project Services, construction of the first permanent school started in September 2005, with completion expected in three years.

The locations for these new permanent schools are jointly determined by communities, parents, teachers and local government education officials. UNICEF helps communities identify land where schools can be built and obtain legal documents to secure their status. To ensure equitable access, schools are being built in both easy-to-reach and remote districts.

The basic school design incorporates six classrooms, toilets with wash-basins, a teachers' office and a landscaped outdoor play area. Internal sliding walls enable teachers and

the community to make use of multi-purpose rooms or set up an assembly hall.

In Sri Lanka, devastation has also paved the way for refurbishing or rebuilding schools that are particularly well suited to children's needs. A three-year recovery plan supported by UNICEF includes the construction of 26 child-friendly schools and the repair or construction of 60 children's social-care centres.

Other countries have also undertaken post-tsunami reconstruction as an opportunity to extend child-friendly schools; UNICEF is helping the island nation of Maldives, for example, to use advanced technologies to improve education quality, train teachers and link centres of learning.

The generosity of donors has allowed UNICEF to respond to the immediate destruction and to work closely with governments and communities on long-term reconstruction in education and all sectors – which will reduce disaster vulnerability and improve the lives of children for generations to come.

Private donors and governments had contributed \$660 million to UNICEF's relief and recovery efforts by 31 December 2005; \$215 million was spent by that date, 96 per cent of it for direct tsunami relief and recovery efforts in eight countries and 4 per cent to headquarters and regional offices for tsunami-related activities. The remaining \$445 million is allocated for ongoing recovery activities, most of which will be completed before year-end 2007. 

INTERNATIONAL GOODWILL AMBASSADORS WHO SERVED IN 2005

Lord Richard Attenborough
(United Kingdom, appointed 1987)

Amitabh Bachchan (India, 2005)

Emmanuelle Béart (France, 2002)

David Beckham (United Kingdom, 2004)

Harry Belafonte (United States, 1987)

Jackie Chan (Hong Kong, China (SAR), 2004)

Judy Collins (United States, 1995)

Mia Farrow (United States, 2000)

Danny Glover (United States, 2004)

Whoopi Goldberg (United States, 2003)

Angélique Kidjo (Benin, 2002)

Johann Olav Koss (Norway, 1994)

Tetsuko Kuroyanagi (Japan, 1984)

Femi Kuti (Nigeria, 2002)

Leon Lai (Hong Kong, China (SAR), 1994)

Lang Lang (China, 2004)

Jessica Lange (United States, 2003)

Shakira Mebarak (Colombia, 2003)

Ricky Martin (Puerto Rico, USA, 2003)

Sir Roger Moore (United Kingdom, 1991)

Nana Mouskouri (Greece, 1993)

Yousou N'Dour (Senegal, 1991)

Vanessa Redgrave
(United Kingdom, 1995)

Sebastião Salgado (Brazil, 2001)

Susan Sarandon (United States, 1999)

Vendela Thommessen (Norway, 1996)

Maxim Vengerov
(Russian Federation, 1997)

continued from page 11

in 2005 and first implemented in Pakistan after the October earthquake (*see page 17*). Within this overall strategy, UNICEF has a coordinating role in nutrition, data communications, and water and environmental sanitation; is an important implementing partner in health; and will lead in education and, in some circumstances, child protection.

As part of an inter-agency effort, in 2005 UNICEF helped devise plans and secure initial funding in preparation for a potential pandemic of avian influenza (H5N1), which many fear may disproportionately infect and kill children. All UNICEF country offices were required to prepare contingency plans for programmes and operations by late October 2005. The organization is poised to provide a strategic voice in the coordinated UN response to the threat, while fully utilizing its mandate for children, commitment to emergency response and the Millennium Development Goals, and proven strengths in communication, vaccination and assisting governments at multiple levels.

Donations to UNICEF for emergency work exceeded \$1 billion in 2005, or about 40 per cent of all income. While driven by the magnitude of the tsunami disaster (*see page 12*), this also reflects overall growth in available financing and an enhanced emergency-response capacity. A landmark \$806 million in emergency funding was requested for 2006, \$331 million of it for Sudan, a country that embodies the connections between optimism and the need for urgent action – with one decades-long conflict, pitting north against south, finally reaching some resolution in 2005, and another, in Darfur, seemingly taking root (*see page 24*).

UNITE FOR CHILDREN. UNITE AGAINST AIDS

The HIV/AIDS pandemic is an emergency of another scale, as the threat is still extreme and children are ever more affected by it. In 2005, UNICEF and UNAIDS made a bold push to address children's needs by launching the global campaign *Unite for Children. Unite against AIDS*.

The Campaign is committed to moving the world closer to fulfilling Millennium Development Goal 6, halting and reversing the spread of HIV/AIDS, malaria and other diseases. It captures the essence of what is needed to fight the AIDS pandemic and mitigate its effects on children: sharing knowledge and skills while working together to implement solutions. With the sub-theme 'Children, the missing face of AIDS', the global campaign intends to raise awareness and money and provide a way for the very best medical, social and policy innovations related to care and prevention to be directed in the service of children.



UNICEF'S NATIONAL COMMITTEES

UNITE FOR CHILDREN

Serving as the public face and dedicated voice of UNICEF in the industrialized world, the National Committees work tirelessly to raise funds, promote advocacy and secure worldwide visibility for children threatened by poverty, disasters, armed conflict, abuse and exploitation. In 2005, the 37 National Committees contributed nearly 37 per cent of all UNICEF income. In advocacy and programme activities, the global campaign *Unite for Children. Unite against AIDS* is one of the outstanding contributions made by the Committees.



The National Committees began developing the Campaign in 2004 as a way to reach children orphaned by AIDS. In line with international commitments – including the Millennium Development Goals, the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS and the 2005 World Summit – the theme was broadened to cover all children affected by HIV/AIDS. Many National Committees appointed a manager and team specifically for this Campaign. By early 2005, thanks to the active leadership of the National Committees, work began to take shape in the field and in the industrialized world, with preparations for an autumn launch.

The National Committees were involved at all stages of *Unite for Children. Unite against AIDS*, participating in the core group and its steering committees to provide ideas on strategies, programming, advocacy, resource mobilization and communications messaging. They were an important part of global meetings with UN agencies, non-governmental organizations and donor governments that established policies, strategies and budgets.

They also assisted with developing key messages and preparing the launch report. As UNICEF and partners conducted the global launch in New York City on 25 October 2005, National Committees and Regional and Country Offices organized events in more than 30 countries around the world.

Unite for Children. Unite against AIDS is not an isolated example of how the National Committees support the UNICEF mission. Out of all funds received by UNICEF in response to the Indian Ocean tsunami through 2005, National Committees contributed 73 per cent, or nearly \$500 million. In response to the earthquake in South Asia, the Committees contributed over \$44 million, or 45 per cent of all UNICEF donations.

Initiated by UNICEF's National Committees, the Campaign also demonstrates the benefits of engaging partners at every level, through concerted effort in both developing and industrialized countries. Many of UNICEF's International Goodwill Ambassadors added their voices to the launch and continue to work for the Campaign.

The *Unite for Children. Unite against AIDS* Campaign is part of gathering worldwide momentum to counter the HIV/AIDS pandemic with funding and global support. The Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the US President's Emergency Plan for AIDS Relief have all stepped up to fill some financing gaps and streamline donation mechanisms. The combined efforts of the 10 UNAIDS co-sponsors and other partners have helped boost political leadership at the national level and expand community participation.

National Committees rally many different partners – media, ministers, mayors and other government officials, young people, NGOs, doctors, lawyers, police, corporations and the general public – around child rights. In 2005, guided by the Convention on the Rights of the Child and the recommendations of the Committee on the Rights of the Child, as well as the MDGs, National Committees lobbied governments, the European Union and the G8. They conducted mass information, media and fund-raising campaigns and presented exhibitions and special events. The Committees also developed informative materials on topics ranging from HIV/AIDS and children in developing and industrialized countries, to female genital mutilation/cutting, child trafficking and sexual exploitation, and ongoing humanitarian crises in such places as Darfur (Sudan). 

This reinvigorated leadership is crucial. The number of people living with HIV is at an all-time high. Women are increasingly more infected than men (with grave implications for their children). Signs of hope tend to pale against the magnitude of the challenges that remain.

Goal 6 encompasses malaria and other major diseases, including tuberculosis. The year 2005 saw notable increases in investments in malaria control, through the World Bank's Global Strategy and Booster Program, the US Presidential Initiative: Fighting Malaria, Saving Lives in Africa, the Malaria Control and Evaluation Partnership in Africa (MACEPA), a programme funded by the Gates Foundation, and particularly through the Global Fund.



© UNICEF/HQ05-1286/Indrias Getachew

Efforts to halt and reverse the incidence of malaria are crucial to attainment of Goal 6 and would have a tremendous impact on child mortality in Africa, where malaria takes the lives of more than 800,000 children under five each year. UNICEF – already the world's leading procurer of mosquito nets – has emerged as a leader in developing innovative and effective ways to distribute highly subsidized nets at the local level, thereby increasing the proportion of children and pregnant women who use them. *The World Malaria Report*, issued in May 2005 by Roll Back Malaria, the World Health Organization and UNICEF, revealed increases in the number of nets sold or distributed in many African countries from 1999–2003. Many countries are accelerating availability of these nets through integration with immunization

and antenatal care services. Large-scale integrated campaigns were carried out in several countries in 2005 and are planned for more in 2006. The effect on mortality is expected to become visible in surveys and monitoring conducted over the next several years.

In another important milestone, by the end of 2005 artemisinin-containing combination therapy (ACT) – one of the most effective malaria treatments in areas where the disease has become resistant to older therapies – was adopted as first- or second-line treatment by 56 countries, over 30 of them in Africa.

EMERGENCY

THE SOUTH ASIA EARTHQUAKE

When the earthquake struck South Asia on 8 October 2005, those hit hardest had the fewest resources to cope. They were poorer than average, with little or no savings, subsisting from the land and living in flimsily constructed houses.

In minutes, the earthquake took the lives of around 75,000 people and the livelihoods of those who survived.

The greatest devastation occurred in Pakistan-administered Kashmir and in Pakistan's North-West Frontier Province, densely populated regions in the Himalayan foothills encompassing thousands of small villages and towns.

Of the dead, most were in Pakistan and

around 1,300 in India. Afghanistan was also affected. Of the approximately 4 million people affected, around 3.3 million were made homeless, including 1.6 million to 2.2 million children. Hospitals, health centres and government buildings were destroyed. Ten thousand schools collapsed, killing 17,000 children and almost 900 teachers at the start of the school day. Landslides caused by bad weather and more than a thousand aftershocks made roads impassable. And what little the earthquake had left intact was threatened with annihilation by the onset of an early winter and the difficulties of coordinating relief in such inhospitable terrain.

Yet global reaction was quick, and victims were reached with large quantities of life-saving supplies within 48 hours. Supplies valued at nearly \$500,000 were already being stored

in Karachi and Peshawar, ready to address the immediate needs of 140,000 to 180,000 people. This UNICEF policy of pre-positioning proved to be of great assistance, as warm clothing, blankets, high-energy biscuits and emergency health kits were dispatched to the affected areas immediately.

The UN 'cluster leadership' approach to humanitarian response, piloted during this emergency, helped to coordinate aid delivery. Working closely with the Government of Pakistan, UNICEF coordinated the response in water and sanitation, child protection, education and data communications, and jointly led the food and nutrition cluster with the World Food Programme; this provided valuable lessons that will help develop the cluster leadership approach for future emergencies.

At the end of October, UNICEF appealed for \$93 million in humanitarian assistance, part of a consolidated appeal for \$550 million. Donors stepped in and generously pledged more than \$98 million to UNICEF.

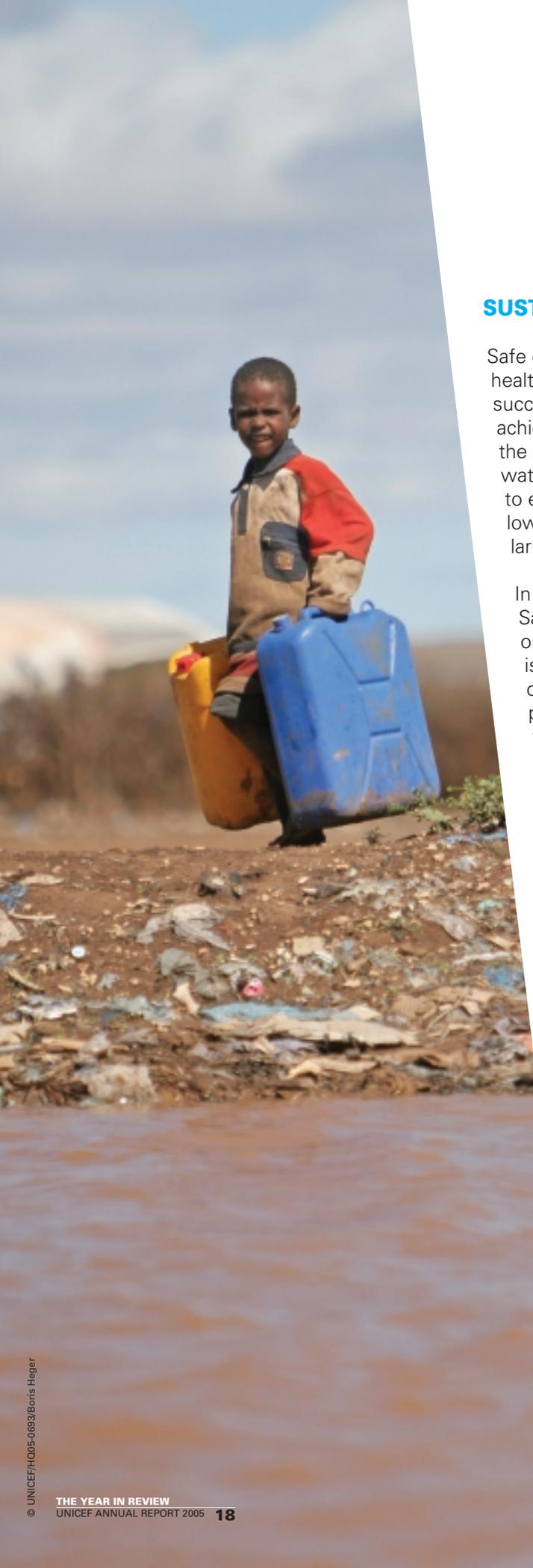
As a result of UNICEF and partner efforts, more than 7 million water purification tablets, 6 million sachets,

3.5 million bars of soap, 100,000 buckets and 350,000 jerrycans were distributed to help ensure access to safe water. In the quake-affected and surrounding areas, 4 million children aged 6 months to 15 years received measles vaccination and vitamin A supplementation.

Two weeks after the disaster, the first school was opened in the affected area, marking the beginning of educational system reconstruction. Affected children received psychosocial support, and systems were put in place to register 10,000 vulnerable children in camps and reunite them with their families when possible.

As they assist those most in need, UNICEF and its many partners are looking beyond the landscape of jagged ruins and broken lives to work with the Government of Pakistan so that new buildings can withstand seismic activity and reconstruction can contribute to improved education and health systems – and the reduction of poverty. As the population is assured that new buildings will not collapse upon them in the next disaster, they become free to imagine, and work towards, a better future. 





SUSTAINABLE ENVIRONMENT, SUSTAINABLE FUTURE

Safe drinking water and basic sanitation are indispensable to primary health care and human development. They are a precondition for success in the fight against poverty, hunger and child deaths and in achieving gender equality. The world as a whole is on track to halve the number of people without sustainable access to safe drinking water, one of the key targets of Millennium Development Goal 7, to ensure environmental sustainability. Even so, coverage remains low, and improvements are even slower in basic sanitation, particularly in South Asia and sub-Saharan Africa.

In January 2005, UNICEF and the IRC International Water and Sanitation Centre held a round-table meeting in Oxford (England) on water, sanitation and hygiene education for schools. These issues were squarely positioned as broad, intersectoral concerns of global importance. Participants included government ministers, policymakers, programme specialists, donors, private corporations and development banks, as well as schoolchildren and young people from eight developing countries.

UNICEF supported water supply, sanitation and hygiene in 95 countries in 2005 and coordinated emergency water and sanitation in such emergency-affected countries as Pakistan and in those hit by the Indian Ocean tsunami.

LESS POVERTY, LESS HUNGER

Eradicating extreme poverty and hunger, the first Millennium Development Goal, captures an age-old aspiration to improve the most basic human condition and will be a catalyst to achieving all the Goals.

Poverty was central to the discussions by leaders at the G8 summit in Gleneagles (Scotland) in July 2005. So that children could join the global dialogue, UNICEF held a parallel summit, known as the 'C8 Children's Forum', in nearby Dunblane. Young attendees from around the world made an urgent call for G8 leaders to put children first when making their decisions.

Hunger is both a consequence and a cause of child poverty. The second target of the Goal, to reduce by half the number of people who suffer from hunger, uses the proportion of underweight children as one indicator of progress. Three countries, Bangladesh, India and Pakistan, account for half the developing world's underweight children. If child undernutrition is not addressed successfully in these and other countries, it will be

difficult to meet any of the Millennium Development Goals.

Addressing micronutrient deficiency, one component of underweight, has made a significant contribution towards reaching MDG targets. Vitamin and mineral deficiencies are recognized as a global health problem affecting 2 billion people. Pregnant and lactating women and young children are most vulnerable because they have a greater need for vitamins and minerals, and they are more susceptible to the harmful consequences of deficiencies. Among the direct, positive implications for all of the Millennium Development Goals: Proper amounts of iodine can have an impact on poverty (Goal 1) and education outcomes (Goal 2); vitamin A supplementation has a direct impact on child health (Goal 4); provision of multiple micronutrients is tremendously important for women of childbearing age and affects their health during pregnancy and whether they survive childbirth (Goal 5), and the baby's birthweight and health during breastfeeding (Goal 4).

In response to the Indian Ocean tsunami, UNICEF, the World Health Organization and the World Food Programme issued a joint statement in early 2005 on the need to provide vitamin and mineral supplements to groups affected by emergencies.

CREATING A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Reaffirmation of the Millennium Development Goals was one of the greatest achievements for children in 2005. In September, world leaders convened at United Nations Headquarters in a high-level summit, and an important outcome of that meeting was renewed commitment to the Goals – by the countries that created them. Goal 8, to encourage a global partnership for development, finds its highest expression in the compact made by these leaders as they pursue ambitious plans to lead their people out of poverty and towards a better future.

Progress towards the goal was seen in many places worldwide: from the July G8 Summit in Scotland, where the group wrote off the debt of 18 of the world's poorest nations and agreed to increase aid to developing



© UNICEF/HQ05-1219/Roger LeMoyné

PROMOTING COOPERATION FOR CHILDREN IN THE ISLAMIC WORLD

More than 600 million children live in Islamic nations or countries with large Muslim populations, and they are a significant focus for UNICEF. One of several initiatives to promote dialogue and sustain cooperation was the First Islamic Ministerial Conference on the Child, jointly organized by the Organization of the Islamic Conference (OIC), the Islamic Educational, Scientific and Cultural Organization (ISESCO) and UNICEF. Called for by the 'Child Care and Protection in the Islamic World' resolution adopted by the Islamic Summit in 2003, the conference was held in Morocco and attended by delegations from 47 governments and around 20 international organizations.

The conference created a window of opportunity to address problems – from poverty and disease to children's lack of education and protection – through the engagement of political and religious leadership. Participants adopted a declaration emphasizing the Convention on the Rights of the Child as a framework for protecting and promoting rights, and renewing a call to urgent action to reach the goals of the Millennium Declaration.

OIC, ISESCO and UNICEF also jointly produced *Investing in the Children of the Islamic World*, a key background document for the conference. The report reviews conditions in 57 countries, assesses progress in health, education and child protection, and discusses harmful traditional practices falsely associated with Islam. Launched at the Malaysian mission to the UN, *Investing in the Children of the Islamic World* reflects a high degree of involvement from each of the organizations – as well as a determination on the part of the OIC to mobilize its members and bring lasting progress to the lives of their children.

The success of these developments builds on long-standing relationships that helped to instill confidence among the participants. In 1985, for example, Al-Azhar University and UNICEF published the Arabic-language guidebook *Child Care in Islam*. UNICEF and the Cairo-based university, one of the oldest in the world (founded in A.D. 988), presented the update – *Children in Islam, Their Care, Protection and Development* – in November 2005. Intended as a resource in programming, advocacy and awareness-raising, the manual encompasses the broader vision that has emerged since the publication of its predecessor and is designed to underscore how the care, protection and development of children is central to Islam. 



countries by around \$50 billion a year by 2010, to the commitment of European Union donors to provide the targeted 0.7 per cent of gross national income in official development aid by 2015. At the regional level, cooperation included such events as the First Islamic Ministerial Conference on the Child in Rabat (Morocco), organized jointly by the Organization of the Islamic Conference, the Islamic Educational, Scientific and Cultural Organization and UNICEF to address issues important to the well-being of children in Islamic countries and countries with large Muslim populations. Collaboration at the national level is reflected in such countries as Ecuador, where UNICEF works closely with civil society and the government to make the country's budget-allocation process transparent, supportive of children's needs and more reflective of a state of rights than a state of privilege. As a result, in 2005, an additional \$180 million was identified within the Ecuadorian budget for investment in education and health.

A strong network of partnerships is in keeping with the spirit of Goal 8 and is crucial to attainment of all the Goals. UNICEF helps obtain and extend resources for children through partnering with a wide range

PRIVATE COMPANIES

SECURE AND EXTEND RESOURCES FOR CHILDREN

of private companies. Such partners are also moving beyond purely financial support to provide broad expertise in service of UNICEF's mission. Civil society is also being engaged on every level; to strengthen this engagement, UNICEF is currently undertaking a review of its policies and practices as a partner to civil society.

PROTECTING CHILDREN

Keeping children safe from violence and abuse is central to achieving the Millennium Development Goals and fulfilling the aims of the Millennium Declaration. The role of UNICEF is to mobilize partners towards the realization of children's rights and to strengthen the will and capacities of governments to ensure children's protection. UNICEF is either the hub of, or a key participant in, global-level partnerships, including the Inter-Agency Coordination Panel on Juvenile Justice; the Inter-Agency Working Group on Unaccompanied and Separated Children; the Donors' Working Group on Female Genital Mutilation/Cutting; the Better Care Network; the UN Study on Violence Against Children; and the Inter-Agency Standing Committee's Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises and Task Force on Mental Health and Psychological Support in Emergency Settings.

In December 2005, UNICEF's premier flagship publication, *The State of the World's Children 2006*, underscored the importance of remembering those children most likely to miss out on progress towards the Millennium Development Goals: those who are excluded from essential goods and services and denied protection from exploitation and abuse.



UNICEF raised approximately \$142 million in gross proceeds through the corporate sector, including corporate alliances, in 2005; success is best measured in the lasting improvements that were made in children's lives. Engaging the corporate sector in the broadest sense involves the growing trend towards developing and strengthening social-responsibility strategies within companies, linking those strategies with UNICEF priorities and keeping children as the main focus in the achievement of the Millennium Development Goals.

The role of the private sector as a vital partner was highlighted on a global level in 2005, when leaders attending the World Summit at United Nations Headquarters reaffirmed the importance of the private sector in generating new investments, employment opportunities and financing for development. They called for strengthening the links between the public and private sectors to address the special needs of developing countries.

In 2005, the response of corporate partners to UNICEF's urgent emergency-relief appeals and longer-term development programmes was unprecedented (*see page 36 for a partial listing of UNICEF's corporate partners*). Among contributions that provided comfort and sustenance were an in-kind donation by IKEA of 335,000 quilts, valued at more than \$2 million, delivered to children and families affected by the South Asia earthquake. The education of nearly 1.5 million African children on how to protect themselves from HIV/AIDS was made possible by an \$870,000 donation from Barclays. Corporate logistical expertise helped ensure the successful delivery of life-saving supplies and assistance to families affected by the Indian Ocean tsunami. In Guinea-Bissau, a \$2 million agreement with the Baugur Group, FL Group and Fons, three Icelandic companies, funded educational projects that will give nearly 100,000 girls and boys the opportunity to go to school. The private sector was also an essential part of the launch of the global *Unite for Children. Unite against AIDS Campaign*.

UNICEF enjoys an impressive array of allies who share the goal of securing child rights and making a world fit for children. The inspiring outcomes of these alliances in 2005 illustrate the powerful impact of the private sector and UNICEF working together to fulfill our obligations to children. 🌐

For more comprehensive information on UNICEF's Corporate Alliances, visit http://www.unicef.org/corporate_partners/index.html

At the regional level, UNICEF's advocacy was evident in such forums as the African parliamentary conference on 'Violence against women, abandoning female genital mutilation: the role of parliaments' in Dakar, (Senegal) in December 2005. In addition, partly due to UNICEF's efforts, the Maputo Protocol to the African Charter of Human Rights that prohibits FGM/C entered into force in November. In preparation for the landmark UN Study on Violence Against Children, set for completion in late 2006, UNICEF – with the support of the Office of the United Nations High Commissioner for Human Rights and the World Health Organization – facilitated a series of nine regional consultations.

In a major step forward for children associated with fighting forces, whether they are being used as soldiers, slaves, cooks or spies, in July 2005 the United Nations Security Council unanimously adopted a resolution to identify and condemn fighting forces across the globe that recruit children and use them in any way. The Council also endorsed a monitoring and reporting mechanism proposed by the UN Secretary-General.



ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS TO BENEFIT EVERYONE

It may be easier to rationalize why the Millennium Development Goals cannot be met than to find reasons to think they will. But if business as usual seems a viable route, if the path to results seems too hard and long, how much more difficult it is – and how much more is at stake – for those who live most directly with the results of these efforts. These include mothers whose children are alive or dead; the children who don't worry about food or live with a constant ache in their bellies; the girls who are learning to read and write or only long to; the families that can provide for themselves or remain mired in poverty.

Every country that has committed to the Goals is accountable for its results and must answer to its people. At the same time, the Millennium Development Goals cannot be achieved until it is recognized everywhere that children can survive and thrive and be educated, that mothers can be supported so they may care for their children and have a strong voice in their communities – and that these results will benefit all people, everywhere.

Inspiration is needed to nourish action in villages, towns and cities across the world. The task might be complex and of great magnitude – but it is urgent.

UNICEF, as demonstrated during 2005, is positioned to cultivate and lead partnerships that can obtain results in achieving the MDGs. And it will continue to provide a credible and trusted voice for children. 

EMERGENCY

SUDAN

Through the prism of its children's lives, Sudan in 2005 revealed the essence of optimism and the height of urgency in human development prospects around the globe. The signing of the Comprehensive Peace Agreement between the Government of Sudan

and the Sudan People's Liberation Movement/Army in January formally ended more than two decades of north-south conflict. For the first time in many years, the children of southern Sudan were able to dream, not as an escape from their reality but on the basis of it.

The cessation of hostilities provides an opportunity to improve the lives of women and children and make progress towards the Millennium Development Goals in the desperately poor and underdeveloped south. A few examples illustrate progress already



© UNICEF/H005-0889/Ron Haviv

enabled by the peace: Nascent governing structures have begun to emerge; hundreds of thousands of people have returned to their homes; children's and women's rights are included in the south's new draft constitution; and such important health services as antenatal care and prevention of mother-to-child transmission of HIV/AIDS have been extended to increasing numbers of women.

Yet in one area of this large country – the Darfur region – children continue to live in fear, with little hope for a meaningful future. Despite ongoing peace talks facilitated by the African Union, violence in Darfur intensified during the year. Children faced displacement, escalating banditry and looting; girls and women were terrorized by continual threats of rape.

Thus were the complexities, the vast humanitarian and development needs of Sudan, illuminated. As long as conflict in Darfur continues, children's rights will remain unfulfilled, and

the success of recovery and development efforts throughout the country will be threatened.

Just as new commitments arrived in 2005 to help with recovery and reconstruction countrywide (in April 2005 donors pledged \$4.5 billion), relief efforts in Darfur were also expanded. UNICEF provided primary health care to 2 million people and worked with partners to supply camps with safe water and basic sanitation. Millions of children were immunized against measles and polio, interrupting wild poliovirus transmission after a major outbreak in 2004.

Among the population reached by humanitarian aid, crude mortality rates – perhaps the best indicator of a successful humanitarian operation – fell from 2/10,000 in 2004 to 0.8/10,000 in 2005, below the emergency threshold of 1/10,000. The wasting rate fell from 21.8 per cent in 2004 to 11.9 per cent in 2005. And over 380,000 children were enrolled in school in 2005, 42 per cent of them girls.

Nonetheless, at year's end the situation remained precarious. About 2 million people were still displaced from their homes, including 200,000 Sudanese living as refugees in Chad near an increasingly unstable border; more than 3 million people in Darfur, including 1.4 million children, still depended on international aid for survival. And, as the year ended, mounting insecurity, enormous logistical constraints and a punishing environment left another 1.5 million children in Darfur beyond the reach of humanitarian assistance, exposed to undernutrition, illness and violence.

UNICEF's relief work in Darfur also faced an acute funding shortage by early 2006, with funds on hand to provide only a few months of services to the population. Encouraged by concrete results and fully aware of their potential reversal, UNICEF's request for emergency funding for Sudan in 2006 – \$331 million for the entire country – dwarfed the organization's requests for all other humanitarian efforts. The

magnitude of this sum reflects the urgency of the goals: to continue life-saving assistance to the people of Darfur and to strengthen and extend relief and recovery in the south. 

CAREFUL STEWARDSHIP OF GROWING RESOURCES: **MANAGEMENT, OPERATIONS AND FINANCES IN 2005**

Results in 2005 were made possible by growth in income and increases in efficiency across the organization. Donors responded generously to some of the emergencies that shook the lives of children around the world. And, as the rest of the text will show, we better supported emergency response, whether supplying immediate life-saving aid or extending disaster recovery to rebuild structures and services for the long term; increased our efficiency in administering and monitoring ongoing programmes; and stabilized core organizational systems.

The year began with exceptional results in financial reporting. Accounts for 2004 were closed in mid-February 2005, the earliest year-end system closure since 1999. This timely wrap-up facilitated preparation of annual financial reports to donors, including reports for major donor governments that were issued months earlier than in previous years.

UNICEF's commitment to efficiency is demonstrated most dramatically by the progressive decrease in the ratio of gross programme support and management-and-administration expenditure to total expenditure. UNICEF managed nearly 40 per cent more income and expenditure in 2005 compared with 2004, while containing the increase in gross support-budget expenditure (comprising programme support and management and administration) to 7 per cent.

Net support-budget expenditure decreased from \$256 million in 2004 to \$225 million in 2005 as a result of this containment and the significant

increase in the recovery from country programme activities funded by other resources. *(For more information on income and expenditures, see page 29.)*

HUMAN RESOURCES

UNICEF's human resources strategy continues to embrace harmonization and foster strong links to the UN reform process, which promotes a more integrated United Nations through simplified management. High on the agenda has been aligning human resources activities with the objectives of the Medium Term Strategic Plan 2006–2009 and with UNICEF's aim of making the maximum contribution towards achievement of the Millennium Development Goals.



© UNICEF/HQ05-041/Roger LaMoigne

In 2005 UNICEF invested in technological systems – such as SAP-HR for payroll and human resources management and administration – that allow resources to be moved from the important but more routine transactional personnel processes towards the achievement of more strategic HR developmental goals.

The recruitment system has been strengthened in terms of both timeliness and quality. UNICEF continues to use an approach to selection, succession and performance management that is based on competencies (e.g., embracing diversity, integrity, analytical and conceptual thinking, and a drive for results, to name only a few) that has been critical in improving human resources management.

To improve staff effectiveness in child-focused policy analysis and advocacy, a Global Learning Strategy was designed during 2005 and is being implemented in 2006. To fully sustain UN policies on HIV/AIDS in the workplace, a major staff orientation programme on HIV/AIDS was implemented at UNICEF Headquarters, and 506 staff members attended the sessions. UNICEF's commitment to staff well-being was demonstrated through the 'P²D' programme for personal and professional development, attended by nearly 3,000 staff during the year.

The Indian Ocean tsunami, the South Asia earthquake, other natural disasters and armed conflicts around the world placed extraordinary demands on capabilities in planning, deployment and administration of staff. Meeting these challenges required the organization's Division of Human Resources to strengthen its emergency preparedness and operational responsiveness. Along with managing the recruitment and placement of personnel working in emergency areas, UNICEF provided professional counselling services for affected staff and families.





INFORMATION TECHNOLOGY

In 2005, UNICEF was able to use its strengths in technology and information management to enhance organizational efficiency, contribute to UN reform and work more effectively towards improving children's lives.

New systems and enhancements have improved information management and simplified management tools. The initial phase of a funds-management tool, for example, was implemented in 2005, resulting in reduced paperwork related to managing grants from donors and less staff time spent on such activities as data entry. Another improvement was enhancing the programme manager system used by field offices to facilitate work with other UN agencies. Better access to information for staff through a redesigned intranet home page and for the public through enhanced Internet services – including better search capability – has improved the flow of information for programmes and communication.

Given its strengths in information technology, UNICEF is well placed to support the UN reform vision through systems and applications. The organization continues to work towards common standards and systems, and at the same time, it has made concrete contributions towards harmonizing business processes across agencies. UNICEF's development of the SAP-HR system for administration and management of human resources and payroll includes a unique common solution for the United Nations. Several UN agencies have already adopted this customized system, and others are reviewing the option while planning implementation in 2006.

DevInfo, the statistical database that presents data in tables, charts and maps, has been enhanced with the increased participation of UN agencies, governments and non-governmental organizations. In 2005, UNICEF launched a customized version of the tool – MDG Info 2005 – to host the official database for monitoring the Millennium Development Goals. Plans are under way to develop this tool for expanded use in emergency situations.

The organization has continually met its commitment to provide connectivity in the first stages of emergency situations. Demonstrated performance in this area resulted in UNICEF being named the UN cluster leader in data communications during emergencies. In 2005, UNICEF fulfilled this function, first informally in several tsunami-affected countries, and then more formally in areas affected by the South Asia earthquake.

In addition to its ongoing partnerships with other UN agencies and humanitarian organizations, UNICEF maintains close partnerships with key vendors, in order to keep abreast of and make best use of emerging technologies.

SUPPLIES: THE BEDROCK OF SERVICE DELIVERY

UNICEF is a world leader in the procurement of supplies for children. In 2005, UNICEF procured more than \$1.1 billion worth of supplies – a 38 per cent increase over 2004. This notable increase is attributable to higher procurement volumes for a range of commodities, including water and sanitation items (up by 69 per cent), pharmaceuticals (increasing by 43 per cent) and mosquito nets (up by 190 per cent). The exceptional emergencies UNICEF responded to also had an impact on procurement. In addition, UNICEF handled more than \$25 million worth of donations in kind.

UNICEF continued to procure vaccines for 40 per cent of children in developing countries, and procured antiretroviral medicines for 42 countries. It remained the largest buyer of mosquito nets in the world, as well as the largest buyer of oral rehydration salts for developing countries. In 2005, UNICEF sent out educational supplies to help 9 million children go back to school.

Of UNICEF’s top supplier countries, 9 out of the top 20 are countries where the organization supports programmes for children. In fact, nearly half of UNICEF’s global procurement is done in developing countries.

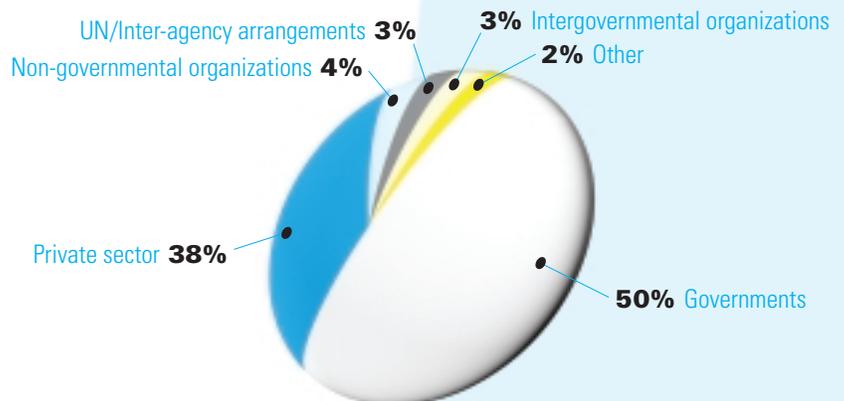
In the area of UN reforms, UNICEF and other UN agencies have made significant progress in collaborating on procurement. Nearly 70 per cent of UNICEF’s procurement is done with inter-agency collaboration.

FINANCES*

The year 2005 was an unprecedented one for the organization’s finances. Largely as a result of private sector contributions in response to emergencies, total income before adjustments increased 40 per cent over the previous year to reach \$2,762 million. After adjustments related to support-budget transfers, 2005 income totalled \$2,747 million, compared with \$1,969 million in 2004.

* Figures in some tables may not add up due to rounding.

INCOME TO UNICEF BY SOURCE, 2005



Total: \$2,762 million

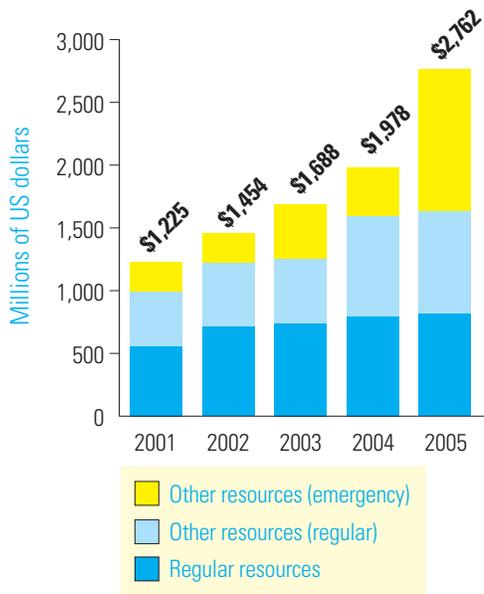
THEMATIC CONTRIBUTIONS, 2003–2005 (in millions of US dollars)			
	2003	2004	2005
Humanitarian assistance	4	66	476
Girls' education	20	61	89
Immunization 'plus'	1	13	5
Child protection	3	10	7
Early childhood development	-	4	7
HIV/AIDS	2	5	8
Total	29	158	592

Income

UNICEF derives its income entirely from voluntary contributions. Income is divided into regular and other resources. *Regular resources* are unrestricted in their use and are employed by UNICEF to fund its country programmes, along with programme support, management and administration activities approved by the UNICEF Executive Board. *Other resources* are restricted in their use and are contributed by a donor for specific, board-approved purposes within the country programme; they are further categorized into 'regular' and 'emergency' contributions.

TOP 20 GOVERNMENT DONORS (in thousands of US dollars)				
	Regular resources	Other resources (regular)	Other resources (emergency)	Total
1 United States	124,000	62,461	47,426	233,887
2 Norway	47,354	90,876	67,252	205,482
3 Japan	23,000	60,577	100,560	184,138
4 United Kingdom	34,855	63,231	61,143	159,229
5 Sweden	54,852	41,210	30,177	126,239
6 Netherlands	36,869	17,754	62,560	117,184
7 Canada	11,157	48,564	44,104	103,825
8 Denmark	30,663	3,761	9,077	43,501
9 Australia	4,260	13,181	19,369	36,810
10 Italy	15,524	7,183	11,727	34,435
11 Finland	17,658	2,094	5,152	24,904
12 France	12,210	5,916	4,079	22,205
13 Ireland	12,026	2,659	6,537	21,222
14 Switzerland	13,953	2,063	1,999	18,015
15 Belgium	3,614	4,717	3,205	11,537
16 Germany	5,758	-	5,015	10,772
17 Luxembourg	1,203	4,296	2,262	7,761
18 Spain	2,469	2,701	2,405	7,576
19 New Zealand	1,571	2,729	769	5,069
20 Republic of Korea	2,100	-	2,100	4,200

CONTRIBUTIONS TO UNICEF, 2001–2005



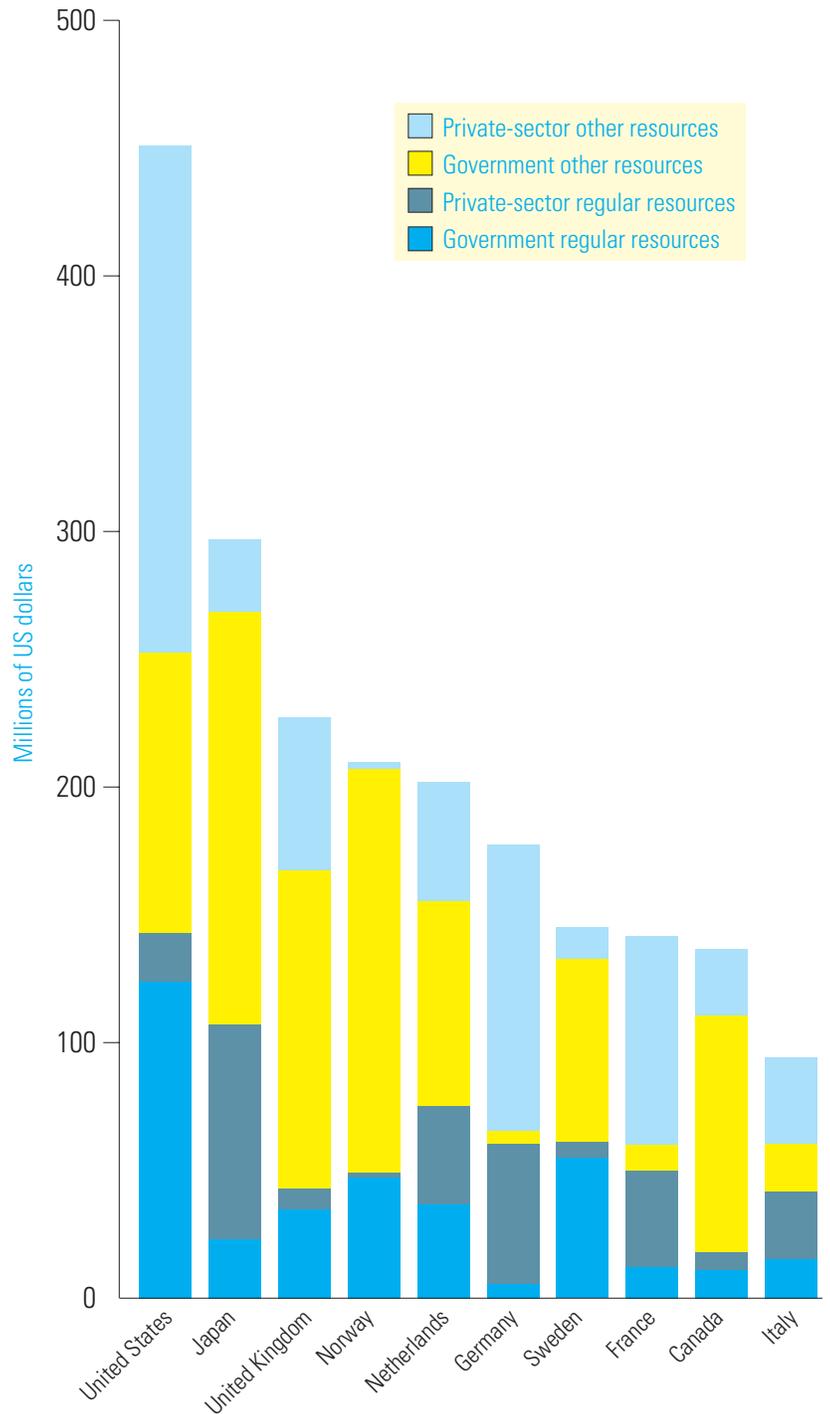
In 2005, income to regular and other resources increased respectively by 3 per cent to \$812 million and by 64 per cent to \$1,950 million, and other resources accounted for 71 per cent of total income. Private sector response to the Indian Ocean tsunami and South Asia earthquake emergencies resulted in an almost three-fold increase in contributions to other resources (emergency), from \$391 million in 2004 to \$1,129 million in 2005.

UNICEF introduced thematic contributions in 2003 to support the five organizational priorities, in addition to humanitarian assistance, and to foster efficiencies in programme budget allocation, accounting and reporting. In 2005, thematic contributions increased to \$592 million.

In 2005, governments and intergovernmental organizations contributed \$1,472 million to UNICEF, an increase of 15 per cent over 2004; 109 governments and six intergovernmental organizations contributed \$469 million to regular resources and \$1,003 million to other resources, which resulted in increases of 7 per cent and 18 per cent, respectively, compared with 2004.

The United States contributed \$234 million and was the largest government donor. The European Commission Humanitarian Aid Office (ECHO) contributed \$45 million, of which \$42 million was allocated to emergencies, and was the largest contributing intergovernmental organization.

TOP 10 COUNTRIES BY DONOR AND FUNDING TYPE*



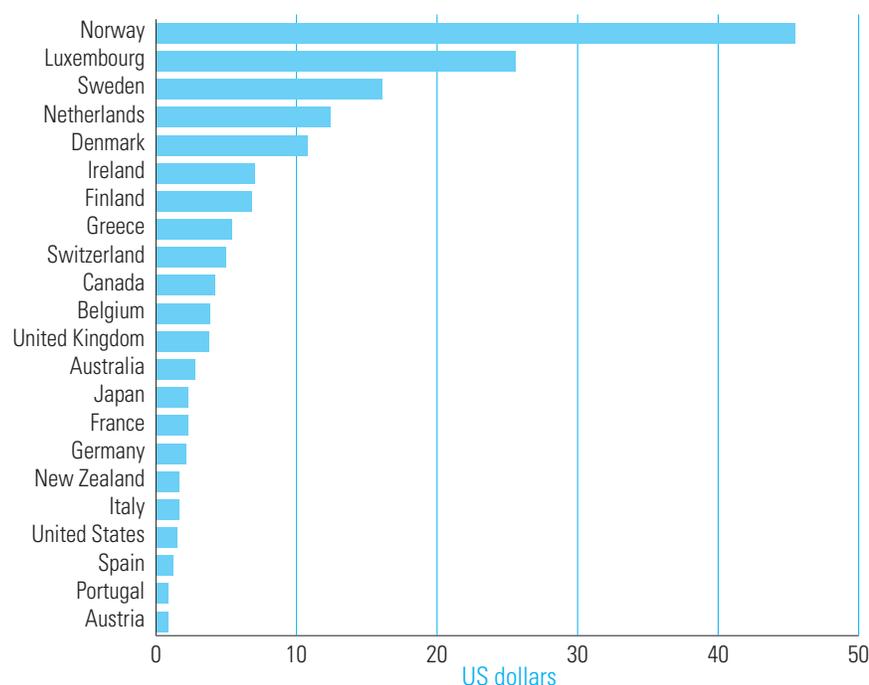
* Includes contributions from government and the private sector, including National Committees; excludes intergovernmental, non-governmental and UN/Inter-agency contributors.



TOP 20 NATIONAL COMMITTEE DONORS (in thousands of US dollars)

	Regular resources	Other resources (regular)	Other resources (emergency)	Total
1 United States	18,870	44,953	153,168	216,992
2 Germany	54,611	24,842	87,369	166,823
3 France	37,644	6,850	74,891	119,385
4 Japan	84,261	4,779	23,722	112,762
5 Netherlands	38,209	8,982	37,472	84,663
6 United Kingdom	7,992	17,612	42,441	68,045
7 Italy	26,088	10,490	23,065	59,642
8 Spain	21,183	8,706	15,649	45,539
9 Hong Kong, China (SAR)	5,641	2,201	26,270	34,113
10 Canada	6,671	6,391	19,819	32,881
11 Belgium	11,011	1,816	15,868	28,695
12 Australia	4,531	5,426	9,271	19,228
13 Sweden	6,582	3,923	8,300	18,805
14 Switzerland	10,198	6,365	1,934	18,496
15 Denmark	5,699	1,023	8,311	15,033
16 Republic of Korea	8,521	1,401	2,800	12,722
17 Finland	6,415	1,423	2,996	10,833
18 Portugal	5,735	603	2,202	8,541
19 Ireland	1,997	1,020	3,809	6,826
20 Greece	5,283	-	68	5,351

PER CAPITA CONTRIBUTIONS TO UNICEF* Member countries of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD)



* Includes contributions from governments and the private sector, including National Committees.
Source: Population figures and GNI per capita (2004) from OECD/DAC.

NATIONAL COMMITTEES FOR UNICEF

Andorra National Committee for UNICEF
 Australian Committee for UNICEF
 Austrian Committee for UNICEF
 Belgian Committee for UNICEF
 UNICEF Canada
 Czech Committee for UNICEF
 Danish Committee for UNICEF
 Estonian Committee for UNICEF
 Finnish Committee for UNICEF
 French Committee for UNICEF
 German Committee for UNICEF
 Hellenic National Committee for UNICEF
 (Greece)
 Hong Kong Committee for UNICEF
 Hungarian Committee for UNICEF
 Icelandic Committee for UNICEF
 Irish Committee for UNICEF
 Israel Committee for UNICEF
 Italian Committee for UNICEF
 Japan Committee for UNICEF
 Korean Committee for UNICEF
 Republic of Latvia National Committee
 for UNICEF
 Lithuanian National Committee
 for UNICEF
 Luxembourg Committee for UNICEF
 Netherlands Committee for UNICEF
 New Zealand Committee for UNICEF
 Norwegian Committee for UNICEF
 Polish Committee for UNICEF
 Portuguese Committee for UNICEF
 National Committee for UNICEF of San
 Marino
 Slovak Committee for UNICEF
 UNICEF Slovenia
 Spanish Committee for UNICEF
 Swedish Committee for UNICEF
 Swiss Committee for UNICEF
 Turkish National Committee
 for UNICEF
 United Kingdom Committee
 for UNICEF
 U.S. Fund for UNICEF

In 2005, the private sector, including non-governmental organizations, contributed \$1,236 million to UNICEF, an increase of 96 per cent over 2004. Contributions to regular resources decreased marginally from \$292 million in 2004 to \$289 million in 2005 (due to exchange rate fluctuations, despite an overall increase in local currency amount), while contributions to other resources increased significantly – from \$340 million to \$946 million.

The majority of private sector contributions to UNICEF are raised by the National Committees. In 2005, the U.S. Fund for UNICEF contributed \$217 million and was the largest National Committee donor. As in previous years, Japan was the largest National Committee contributor to regular resources, with \$84 million. The largest contribution by a non-governmental organization was \$71 million, from the United Nations Foundation.

Expenditure

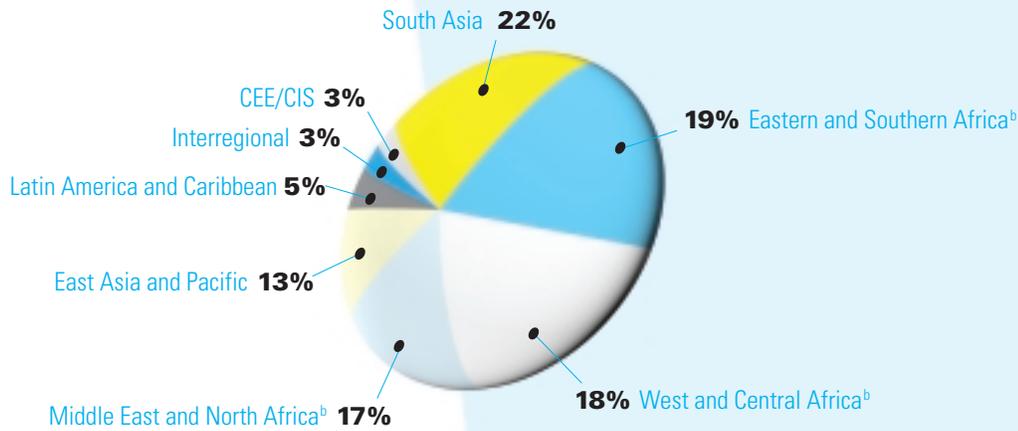
Within the framework of the Medium Term Strategic Plan, the Executive Director submits multi-year country programmes to the UNICEF Executive Board for approval. Regular resources are allocated for each country with which UNICEF cooperates, according to a formula agreed upon by the Executive Board and based on three criteria: the country's under-five mortality rate, gross national product per capita and the absolute size of the child population.

Total expenditure increased by 37 per cent to \$2,197 million in 2005, compared with 2004. The largest share of programme assistance (38 per cent) went to early childhood development programming. The greatest share of programme assistance by geographic region was accorded to sub-Saharan Africa, which received 45 per cent of all programme expenditure.

TOTAL EXPENDITURE, 2005 (in millions of US dollars)

	Regular resources	Other resources (regular)	Other resources (emergency)	2005 Total	2004 Total
Programme assistance	485	815	666	1,966	1,344
Programme support	137	-	-	137	164
Total programme cooperation	622	815	666	2,103	1,508
Management and administration	88	-	-	88	92
Total expenditure (excluding write-offs and prior-period adjustments)	710	815	666	2,191	1,600
Write-offs	2	1	3	6	6
Total expenditure	712	816	669	2,197	1,606

UNICEF PROGRAMME ASSISTANCE BY GEOGRAPHICAL REGION, 2005



Total expenditure: \$1,966 million^a

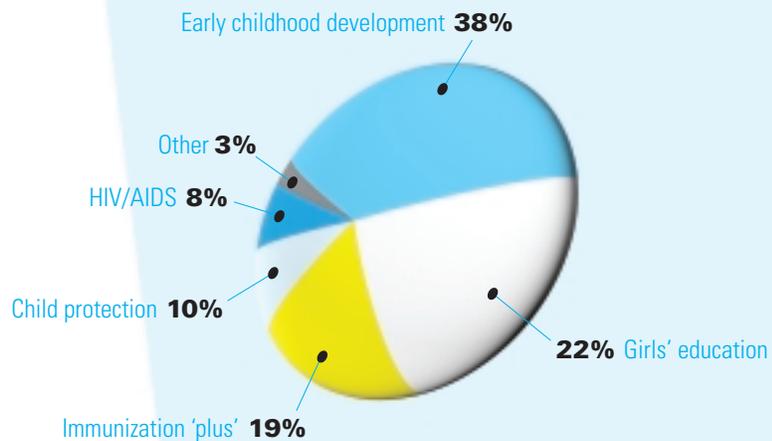
^a Excludes programme support costs of \$137 million.

^b The percentage of programme expenditure in sub-Saharan Africa as a whole was 45%.

The Biennial Support Budget for 2004–2005 was approved by the UNICEF Executive Board in December 2003. The support budget funds programme-support activities carried out by Country and Regional Offices and Headquarters; it also covers management and administration activities that include executive direction, organizational policy, external relations, information management, and financial and human resources administration.

Mandatory costs – such as those related to security and emergency preparedness, United Nations reform, additional actions to achieve programmatic results towards the Medium Term Strategic Plan and the Millennium Development Goals, and continuous improvements in global information technology systems – are also funded by the support budget. UNICEF recovers indirect support costs incurred to manage programme activities funded by other resources. This recovery is recorded as income to the support budget.

UNICEF PROGRAMME ASSISTANCE BY PRIORITIES, 2005



Total expenditure: \$1,966 million^a

^a Excludes programme support costs of \$137 million.

INTERNATIONAL AND CORPORATE ALLIANCES DONATING \$100,000 OR MORE IN 2005

Global Alliances	Country	Corporate Donor	Country	Corporate Donor	Country	Corporate Donor
Amway Europe	Gabon	TOTAL	Netherlands	Djoser	United States	EDS Corp.
Association for Tennis Professionals (ATP)	Germany	Berlin Verlag GmbH		Feyenoord		Eli Lilly and Company Foundation
H&M		Boehringer Ingelheim		Makro		Exxon Mobil Corporation
IKEA		C & A GmbH		Nationale Postcode Loterij		GE Foundation
ING		C & A Mode KG		TPG		General Mills Foundation, Inc.
Stora Enso		Christian-Liebig-Stiftung e.V.		Wavin/Aqua 4 All		Hearst Corporation
Check out for Children™ (Starwood Hotels & Resorts)		Deutsche Bank AG	New Zealand	Vodafone New Zealand		Hugo Neu Corporation
Europe, Africa, Middle East, Asia Pacific and Mainland China		Dresdner Bank AG	Nigeria	MTN Nigeria		ImpactRx, Inc.
Change for Good® Programme		EM.TV AG		Unilever Nigeria		InterContinental Hotels Group
Aer Lingus		Festo AG & Co. KG	Norway	COOP NKL		ITT Industries
Alitalia		Fujitsu Siemens Computers	Portugal	Allianz Portugal - Companhia de Seguros, SA.		Johnson & Johnson Family Of Companies
American Airlines		Hella KGaA Hueck + Co.		Barclays Bank PLC		Johnson Controls Foundation
ANA, Finnair, JAL		Johnson Wax GmbH	Romania	S.C. PETROM S.A., member of OMV Group		Kimberly-Clark Corporation
Asiana		Körber AG	Spain	Aseval		LucasFilm Ltd
British Airways (with HSBC Bank and Travellex)		Legion Telecommunication GmbH		Barclays Bank		Marathon Oil Company
Cathay Pacific		Linde AG		Caja Madrid		MCI Telecommunications Corp
Qantas		Mont Blanc GmbH		Eroski		Merck & Co., Inc.
		Palladium Theater		GREFUSA		Merrill Lynch & Co. Foundation, Inc.
		Payback	Sweden	Oriflame		Microsoft Corporation
		Procter and Gamble Eurocosmetics GmbH	Switzerland	Orange Communications		Molex Incorporated
		Ritter Sport Schokoladen		Schindler AG		Norseland, Inc.
		SAP AG		Swiss Reinsurance Company		Nortel Networks Corporation
		Selecta Systems Ltd.	Thailand	CEMEX, Inc.		Novell Inc.
		Siemens Ag	United Kingdom	Arriva plc		Openwave Systems Inc.
		Stiftung RTL		Barclays plc		Pacific Life Foundation
		Still GmbH		Eastman Kodak Charitable Trust		Pfizer Inc.
		Volvic		EMI Group plc		Philadelphia Park Racetrack
Austria		Web de Ag		FTSE (FTSE4Good)		Pier 1 Imports, Inc.
Botswana	Ghana	World Cocoa Foundation		Fyffes plc		PricewaterhouseCoopers LLP
Brazil	Greece	S&B SA		GSM Association		Pulte Homes, Inc.
	Hong Kong, China (SAR)	GFI HK Securities LLC		Manchester United (United for UNICEF)		Reader's Digest Foundation, Inc.
		Home Affairs Department		Orange		Reebok International, Ltd.
		Oriental Daily News Charitable Fund		Pinnacle Vision and Revolver Entertainment		Robert D. Walter Family Foundation
		Sogo Hong Kong Company Limited		PricewaterhouseCoopers		Sanrio, Inc.
		Soka Gakkai International of HK Limited		Prudential plc		Solidworks Corporation
		The Hong Kong Taoist Association		Taylor Nelson Sofres plc		Stryker Corporation
		Turner Entertainment Network Asia, Inc		The Pier		The Clorox Company Foundation
Canada	Iceland	Baugur Group		Turner Broadcasting System (TBS) Europe Limited		The Coca-Cola Foundation
		FL Group		United International Pictures		The Estee Lauder Companies Inc.
		Fons	United States	3M Company		The Gap Foundation, Inc.
	Indonesia	PT Astra Zeneca Indonesia		Accenture		The J.P. Morgan Chase Foundation
		PT Bank Niaga Tbk		ACE INA Foundation		The Nasdaq Stock Market, Inc.
		PT Mitsubishi Corporation Indonesia		Alberto-Culver Company		The Procter & Gamble Company
	Italy	Agos		Alpine Bank		The Prudential Foundation
		CONAD		Amdocs Inc.		The Safeway Foundation
		Confesercenti		American Express Foundation		The Schwab Fund For Charitable Giving
		Eni		Anthem Foundation, Inc.		The Thomson Corporation
		Industrie Cartarie Tronchetti		Aviall Services, Inc.		Time Warner Foundation Inc.
		Mondo Home Entertainment		Avon Products, Inc.		Trizec
	Japan	AEON		Bacardi Limited		Tyco International (US) Inc.
		B-R 31 ICE CREAM CO., LTD.		Bank of America		Unilever United States Foundation Inc.
		Circle K Sunkus Co., Ltd.		BD		United Space Alliance
		COACH JAPAN INC.		Best Western International, Inc.		Universal Music Group
		Fuji Television Network, Inc.		BP Foundation Inc.		Urban Outfitters, Inc.
		Honda Motor Co., Ltd.		Brooks Pharmacy		VeriSign, Inc.
		Mitsuboshi Belting Ltd.		Brown-Forman Corporation		Verizon Corporation
		Skylark Co., Ltd.		CareMark Rx, Inc.		Wellpoint Associate Giving Program
		SMALL PLANET CO., LTD.		Chanel Inc		Western Digital Corporation
		Sugarlady Inc.		CIBC		
		Sumitomo Mitsui Card Co., Ltd.		Cingular/Cingular Wireless		
		Vodafone Group Foundation		CITGO Petroleum Corporation		
		Vodafone K.K.		Citibank, N.A./Citigroup Foundation		
	Kenya	Barclays Bank of Kenya Ltd.		Computer Associates International, Inc.		
		Nakumatt Holdings Ltd.		DaimlerChrysler Corporation Fund		
	Mexico	Laboratorios Liomont		Deutsche Bank/Deutsche Bank Americas Foundation		
		NEXTEL		Dollar General Corporation		
	Netherlands	Anna Muntz Stichting				

REGULAR RESOURCE FUNDING OF COUNTRY PROGRAMMES

UNICEF's Country Programmes of Cooperation are approved by the Executive Board for multi-year periods and are funded from UNICEF's regular resources, the amounts of which are shown here. UNICEF expands on these programmes, including during humanitarian crises, with restricted funds known as 'other resources'. (All figures are in US dollars.)

Afghanistan 2006–2008:	\$41,397,000	Cuba* 2002–2006:	\$3,120,000	Madagascar* 2006–2009:	\$26,241,000	Senegal* 2002–2006:	\$12,584,731
Albania 2006–2010:	\$3,375,000	Djibouti 2003–2007:	\$3,450,000	Malawi* 2002–2006:	\$25,680,988	Serbia and Montenegro⁴ 2005–2009:	\$3,325,000
Algeria* 2002–2006:	\$5,662,000	Dominican Republic 2002–2006:	\$3,625,000	Malaysia 2005–2007:	\$1,500,000	Sierra Leone 2004–2007:	\$11,794,000
Angola 2005–2008:	\$22,584,000	Eastern Caribbean Islands^{1*} 2003–2007:	\$7,500,000	Maldives 2003–2007:	\$3,080,000	Somalia 2004–2008:	\$22,770,000
Argentina 2005–2009:	\$3,000,000	Ecuador 2004–2008:	\$3,912,000	Mali 2003–2007:	\$24,684,000	South Africa* 2002–2006:	\$4,818,748
Armenia 2005–2009:	\$3,405,050	Egypt 2002–2006:	\$10,779,000	Mauritania 2003–2008:	\$7,666,000	Sri Lanka 2002–2006:	\$3,905,000
Azerbaijan 2005–2009:	\$4,760,000	El Salvador 2002–2006:	\$3,419,000	Mexico 2002–2006:	\$3,430,000	Sudan* 2002–2006:	\$26,403,694
Bangladesh 2006–2010:	\$60,490,000	Equatorial Guinea* 2002–2006:	\$3,485,000	Moldova, Republic of 2002–2006:	\$3,565,000	Swaziland 2006–2010:	\$3,755,000
Belarus 2006–2010:	\$3,260,000	Eritrea* 2002–2006:	\$7,456,530	Mongolia* 2002–2006:	\$4,508,398	Syrian Arab Republic^{2*} 2002–2006:	\$4,823,000
Belize* 2002–2006:	\$3,027,824	Ethiopia* 2002–2006:	\$91,921,215	Morocco 2002–2006:	\$6,983,000	Tajikistan* 2005–2009:	\$6,421,234
Benin 2004–2008:	\$9,426,000	Gabon 2002–2006:	\$3,100,000	Mozambique 2002–2006:	\$36,288,000	Tanzania, United Republic of* 2002–2006:	\$47,698,426
Bhutan* 2002–2006:	\$4,478,225	Gambia* 2002–2006:	\$4,275,835	Myanmar 2006–2010:	\$41,130,000	Thailand* 2002–2006:	\$4,733,000
Bolivia 2003–2007:	\$5,474,000	Georgia 2006–2010:	\$3,370,000	Namibia 2006–2010:	\$3,335,000	The former Yugoslav Republic of Macedonia 2005–2009:	\$3,060,000
Bosnia and Herzegovina 2005–2008:	\$2,468,000	Ghana 2006–2010:	\$18,600,000	Nepal* 2002–2006:	\$22,216,795	Timor-Leste 2006–2010:	\$2,044,000
Botswana 2003–2007:	\$3,100,000	Guatemala 2002–2006:	\$4,639,000	Nicaragua 2002–2006:	\$4,509,000	Togo* 2002–2006:	\$8,960,336
Brazil* 2002–2006:	\$3,969,000	Guinea* 2002–2006:	\$14,006,679	Niger 2004–2007:	\$25,024,000	Nigeria 2002–2007:	\$123,706,000
Bulgaria, Latvia and Lithuania 2003–2005:	\$3,033,000	Guinea-Bissau* 2003–2007:	\$6,760,000	Niger 2004–2007:	\$25,024,000	Nigeria 2002–2007:	\$123,706,000
Burkina Faso 2006–2010:	\$33,745,000	Guyana 2006–2010:	\$3,345,000	Nicaragua 2002–2006:	\$4,509,000	Pacific Islands³ 2003–2007:	\$10,000,000
Burundi 2005–2007:	\$10,908,000	Haiti* 2002–2006:	\$11,389,275	Niger 2004–2007:	\$25,024,000	Pakistan 2004–2008:	\$61,616,000
Cambodia 2006–2010:	\$23,550,000	Honduras 2002–2006:	\$4,260,000	Panama* 2002–2006:	\$2,286,508	Panama* 2002–2006:	\$2,286,508
Cameroon 2003–2007:	\$13,428,000	India 2003–2007:	\$150,394,000	Papua New Guinea 2003–2007:	\$5,367,000	Paraguay* 2002–2006:	\$3,532,653
Cape Verde 2006–2010:	\$3,300,000	Indonesia 2006–2010:	\$26,500,000	Peru 2006–2010:	\$4,500,000	Peru 2006–2010:	\$4,500,000
Central African Republic* 2002–2006:	\$9,268,633	Iran, Islamic Republic of 2005–2009:	\$7,880,000	Philippines* 2005–2009:	\$11,686,000	Romania 2005–2009:	\$3,385,000
Chad 2006–2010:	\$18,445,000	Iraq* 2005–2006:	\$4,028,000	Russian Federation 2006–2010:	\$4,805,000	Russian Federation 2006–2010:	\$4,805,000
Chile 2005–2009:	\$900,000	Jamaica* 2002–2006:	\$3,065,242	Rwanda* 2001–2006:	\$19,310,902	Rwanda* 2001–2006:	\$19,310,902
China 2006–2010:	\$61,035,000	Jordan² 2003–2007:	\$3,340,000	Sao Tome and Principe* 2002–2006:	\$3,181,000	Sao Tome and Principe* 2002–2006:	\$3,181,000
Colombia 2002–2007:	\$5,075,000	Kazakhstan* 2005–2009:	\$4,926,000	Senegal* 2002–2006:	\$12,584,731	Senegal* 2002–2006:	\$12,584,731
Comoros 2003–2007:	\$3,399,000	Kenya 2004–2008:	\$24,659,000	Serbia and Montenegro⁴ 2005–2009:	\$3,325,000	Serbia and Montenegro⁴ 2005–2009:	\$3,325,000
Congo 2004–2008:	\$4,879,000	Korea, Democratic People's Republic of 2004–2006:	\$3,310,000	Sierra Leone 2004–2007:	\$11,794,000	Sierra Leone 2004–2007:	\$11,794,000
Congo, Democratic Republic of the 2006–2007:	\$43,858,000	Kyrgyzstan* 2005–2010:	\$5,567,000	Somalia 2004–2008:	\$22,770,000	Somalia 2004–2008:	\$22,770,000
Costa Rica 2002–2006:	\$3,030,000	Lao People's Democratic Republic* 2002–2006:	\$8,016,442	South Africa* 2002–2006:	\$4,818,748	South Africa* 2002–2006:	\$4,818,748
Côte d'Ivoire 2003–2007:	\$17,663,000	Lebanon² 2002–2006:	\$3,035,000	Sri Lanka 2002–2006:	\$3,905,000	Sri Lanka 2002–2006:	\$3,905,000
		Lesotho 2002–2007:	\$5,579,000	Sudan* 2002–2006:	\$26,403,694	Sudan* 2002–2006:	\$26,403,694
		Liberia 2006:	\$2,826,000	Swaziland 2006–2010:	\$3,755,000	Swaziland 2006–2010:	\$3,755,000

UNICEF cooperated with 157 countries, areas and territories in 2005: 45 in sub-Saharan Africa (ESARO and WCARO); 35 in Latin America and the Caribbean (TACRO); 35 in Asia (EAPRO and ROSA); 20 in the Middle East and North Africa (MENARO); and 22 in Central and Eastern Europe, the Commonwealth of Independent States (CEE/CIS) and the Baltic States. Cooperation in some countries was financed by funds for regional activities: Seychelles (ESARO) and the Libyan Arab Jamahiriya (MENARO).

* Includes additional regular resources allocated since the Executive Board first approved the funds.

1 Includes Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

2 UNICEF provided assistance for Palestinian children and women for 2004–2005 in the following places: Occupied Palestinian Territory (\$1,700,000), Lebanon (\$700,000), Jordan (\$400,000) and Syrian Arab Republic (\$400,000).

3 Includes Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

4 Includes the Province of Kosovo.

TOTAL UNICEF INCOME BY SOURCE OF FUNDING, 2005¹

Countries, areas and territories	Government contributions		Private sector contributions				TOTAL
	Regular resources	Other resources ²	National Committees		Other		
			Regular resources ³	Other resources ²	Regular resources	Other resources ²	
Afghanistan	-	-	-	-	-	5,219	5,219
Algeria	24,000	-	-	-	-	34,317	58,317
Andorra	31,903	598,257	161,940	751,460	-	-	1,543,560
Argentina	-	-	-	-	131,683	2,569,604	2,701,287
Armenia	1,800	-	-	-	-	30,000	31,800
Australia	4,260,245	32,549,849	4,531,218	14,697,210	-	-	56,038,522
Austria	1,424,446	1,023,190	2,498,391	2,044,602	-	-	6,990,628
Azerbaijan	8,055	127,113	-	-	-	-	135,168
Bahamas	1,520	-	-	-	-	-	1,520
Bangladesh	-	337,849	-	-	-	217,897	555,746
Barbados	4,000	-	-	-	-	-	4,000
Belgium	3,614,460	7,922,474	11,010,799	17,684,688	-	-	40,232,421
Belize	50,063	-	-	-	-	4,070	54,133
Bhutan	14,700	-	-	-	-	14,601	29,301
Bolivia	-	-	-	-	-	99,753	99,753
Botswana	-	-	-	-	-	74,193	74,193
Brazil	-	-	-	-	1,379,392	5,048,463	6,427,855
Brunei Darussalam	-	115,460	-	-	-	-	115,460
Bulgaria	3,000	-	-	-	-	-	3,000
Burkina Faso	-	-	-	-	-	517	517
Burundi	1,949	-	-	-	-	-	1,949
Cambodia	5,000	-	-	-	-	750	5,750
Cameroon	-	-	-	-	-	310	310
Canada	11,157,075	92,668,224	6,671,178	26,209,745	-	-	136,706,223
Chile	105,000	132,520	-	-	49,093	1,063,036	1,349,649
China	1,200,000	1,000,000	-	-	174,728	1,159,076	3,533,804
Colombia	1,200,000	-	-	-	420,218	1,694,216	3,314,434
Costa Rica	16,282	-	-	-	-	-	16,282
Côte d'Ivoire	-	460,000	-	-	-	3,385	463,385
Croatia	1,000	498	-	-	352,408	960,515	1,314,422
Cyprus	14,420	-	-	-	691,686	-	706,106
Czech Republic	241,327	231,720	750,090	1,479,824	-	-	2,702,961
Denmark	30,663,000	12,838,019	5,699,216	9,334,194	-	-	58,534,428
Djibouti	1,000	-	-	-	-	-	1,000
Dominican Republic	-	-	-	-	79,649	-	79,649
East Timor	-	-	-	-	-	1,719	1,719
Ecuador	-	-	-	-	175,350	1,041,014	1,216,365
Egypt	-	-	-	-	-	2,507	2,507
Estonia	26,015	30,915	3,201	-	-	-	60,131
Ethiopia	50,245	-	-	-	-	116	50,360
Fiji	-	82,000	-	-	-	2,443	84,443
Finland	17,658,459	7,245,636	6,414,741	4,418,665	-	-	35,737,501
France	12,209,726	9,995,001	37,643,511	81,741,720	-	-	141,589,958
Gabon	-	(4,500)	-	-	-	322,152	317,652
Gambia	-	112,000	-	-	-	-	112,000
Georgia	-	54,348	-	-	-	-	54,348
Germany	5,757,784	5,014,668	54,611,235	112,211,440	-	-	177,595,126
Gibraltar	-	-	-	-	19,159	-	19,159
Greece	300,000	-	5,283,261	67,843	-	-	5,651,104
Guatemala	500	-	-	-	-	11,504	12,004
Guyana	4,935	70,000	-	-	-	65,829	140,764
Honduras	31,017	235,000	-	-	-	-	266,017
Hong Kong, China (SAR)	-	16,535	5,640,975	28,471,736	-	-	34,129,246
Hungary	-	47,000	644,930	187,800	-	-	879,730
Iceland	243,883	173,100	3,471	579,058	-	-	999,512
India	900,121	2,181,433	-	-	-	79,177	3,160,732
Indonesia	100,000	-	-	-	265,076	1,561,544	1,926,620
Iran, Islamic Republic of	53,500	-	-	-	129,367	13,907	196,774
Ireland	12,026,148	9,196,059	1,997,479	4,828,358	-	-	28,048,044
Israel	60,000	-	4,700	33,000	-	-	97,700
Italy	15,523,920	18,910,798	26,087,653	33,554,726	-	-	94,077,097
Jamaica	569	-	-	-	-	78,025	78,594
Japan	23,000,000	161,137,509	84,260,603	28,501,336	-	-	296,899,447
Jordan	14,124	-	-	-	-	2,184	16,309
Kazakhstan	20,000	21,531	-	-	-	1,806	43,337
Kenya	-	-	-	-	56,108	403,749	459,856
Korea, Democratic People's Republic of	-	-	-	-	-	3,093	3,093
Korea, Republic of	2,100,000	2,100,000	8,520,963	4,201,202	-	-	16,922,165
Kuwait	200,000	500,000	-	-	-	-	700,000
Lao People's Democratic Republic	5,350	-	-	-	-	1,204	6,554
Latvia	-	-	(12,452)	-	-	-	(12,452)
Lebanon	10,000	-	-	-	50,963	395,796	456,760
Lesotho	(472)	-	-	-	-	-	(472)
Liechtenstein	8,850	95,063	-	-	-	-	103,912
Lithuania	-	-	7,453	17,439	-	-	24,892
Luxembourg	1,203,104	6,557,825	1,161,151	2,597,355	-	-	11,519,435
Madagascar	-	-	-	-	-	289	289
Malawi	8,710	-	-	-	-	24,073	32,783
Malaysia	84,000	-	-	-	-	505,994	589,994
Maldives	7,500	-	-	-	-	5,000	12,500
Mali	208	-	-	-	-	2,970	3,178
Malta	-	-	-	-	2,756	-	2,756
Mauritius	(732)	50,000	-	-	-	-	49,268
Mexico	214,000	-	-	-	604,512	5,493,356	6,311,867
Moldova, Republic of	1,000	-	-	-	-	-	1,000
Monaco	25,000	786	-	-	54,771	-	80,557
Mongolia	11,000	-	-	-	-	43,663	54,663
Morocco	258,402	10,811	-	-	94,596	770,217	1,134,026
Namibia	2,000	-	-	-	-	2,050	4,050
Nepal	-	-	-	-	-	1,047	1,047
Netherlands	36,869,310	80,314,383	38,209,396	46,453,808	-	-	201,846,897
New Zealand	1,571,438	3,497,964	201,128	1,397,454	-	-	6,667,984

TOTAL UNICEF INCOME BY SOURCE OF FUNDING, 2005¹

Countries, areas and territories	Government contributions		Private sector contributions				TOTAL
	Regular resources	Other resources ²	National Committees		Other		
			Regular resources ³	Other resources ²	Regular resources	Other resources ²	
Nicaragua	4,000	-	-	-	-	4,325	8,325
Nigeria	-	-	-	-	206,539	483,001	689,539
Norway	47,353,500	158,128,084	1,425,777	2,861,265	-	-	209,768,626
Oman	55,000	501,951	-	-	-	58,559	615,510
Pakistan	51,131	-	-	-	-	25,427	76,558
Panama	26,750	300,000	-	-	71,483	150,549	548,782
Papua New Guinea	-	-	-	-	-	960	960
Peru	-	-	-	-	215,166	153,841	369,007
Philippines	32,445	-	-	-	139,166	862,432	1,034,044
Poland	20,000	200,000	(156,976)	200,933	-	-	263,956
Portugal	170,000	686,607	5,735,307	2,805,487	-	-	9,397,400
Qatar	50,000	-	-	-	-	-	50,000
Romania	14,339	-	-	-	-	734,487	748,826
Russian Federation	500,000	3,176,000	-	-	-	419,244	4,095,244
Rwanda	698	-	-	-	-	-	698
Saint Vincent and the Grenadines	2,268	-	-	-	-	-	2,268
Samoa	1,000	-	-	-	-	-	1,000
San Marino	-	-	(9)	55,310	-	-	55,300
Saudi Arabia	1,000,000	500,000	-	-	121,978	2,027,950	3,649,928
Senegal	-	49,592	-	-	64,941	1,472	116,005
Serbia and Montenegro	-	352,941	-	-	209,430	247,248	809,619
Sierra Leone	-	523,663	-	-	-	-	523,663
Singapore	50,000	10,000	-	-	47,687	-	107,687
Slovakia	11,696	223,812	69,308	333,256	-	-	638,072
Slovenia	25,000	76,662	1,169,111	1,801,236	-	-	3,072,009
South Africa	-	144,923	-	-	-	65,589	210,511
Spain	2,469,387	5,106,221	21,183,280	24,355,273	-	-	53,114,161
Sri Lanka	-	87	-	-	-	33,366	33,453
Sweden	54,852,000	71,387,024	6,581,519	12,223,240	-	-	145,043,783
Switzerland	13,953,420	4,061,769	10,197,576	8,298,496	-	-	36,511,260
Syrian Arab Republic	6,374	-	-	-	-	332	6,706
Thailand	111,691	-	-	-	193,225	4,491,404	4,796,320
Togo	-	-	-	-	-	96	96
Trinidad and Tobago	17,300	-	-	-	-	-	17,300
Tunisia	30,533	851	-	-	78,182	16,912	126,477
Turkey	120,000	500,000	484,962	1,269,608	-	-	2,374,569
Ukraine	-	47,033	-	-	-	1,733	48,766
United Arab Emirates	100,000	1,330,110	-	-	-	1,426,527	2,856,637
United Kingdom	34,855,025	124,373,773	7,992,358	60,052,634	-	-	227,273,790
United States	124,000,000	109,887,025	18,869,819	198,121,682	-	-	450,878,526
Uruguay	-	-	-	-	60,224	247,292	307,516
Venezuela, Bolivarian Republic of	47,004	-	-	-	506,081	329,612	882,697
Viet Nam	19,709	-	-	-	-	111,043	130,752
Yemen	10,047	-	-	-	-	-	10,047
Zambia	-	-	-	-	-	7,195	7,195
Zimbabwe	-	-	-	-	-	49,199	49,199
SUBTOTAL	464,564,174	939,219,162	375,558,259	733,843,082	6,645,616	35,766,147	2,555,596,440
UN system, intergovernmental and non-governmental contributions							
Arab Gulf Programme for United Nations Development Organizations (AGFUND)	-	240,000	-	-	-	-	240,000
Bernard Van Leer Foundation	-	-	-	-	-	94,609	94,609
Catholic Relief Services (CRS)	-	-	-	-	-	150,000	150,000
Conrad N. Hilton Foundation	-	-	-	-	-	307,500	307,500
Council of Europe Development Bank	-	22,558	-	-	-	-	22,558
European Commission Humanitarian Aid Office	-	44,662,029	-	-	-	-	44,662,029
European Union	-	27,844,213	-	-	-	-	27,844,213
Global Alliance for Improved Nutrition (GAIN)	-	-	-	-	-	935,181	935,181
International Federation of Red Cross and Red Crescent Societies	-	-	-	-	-	100,000	100,000
Joint United Nations Programme on HIV/AIDS	-	-	-	-	-	4,544,541	4,544,541
Micronutrient Initiative	-	-	-	-	-	12,195,474	12,195,474
OPEC Fund	-	1,950,000	-	-	-	-	1,950,000
Organization for Security and Co-operation in Europe (OSCE)	-	1,895	-	-	-	-	1,895
Rotary International	-	-	-	-	-	9,145,000	9,145,000
Tetsuko Kuroyanagi, Japan	-	-	-	-	840,000	-	840,000
The GAVI Fund	-	-	-	-	-	3,326,246	3,326,246
The Global Fund, Switzerland	-	-	-	-	-	8,914,107	8,914,107
UN Development Programme (UNDP)	-	-	-	-	-	6,189,744	6,189,744
UN Population Fund (UNFPA)	-	-	-	-	-	2,013,743	2,013,743
UN Staff	-	-	-	-	-	9,675	9,675
UN Trust Fund for Human Security	-	-	-	-	-	2,821,826	2,821,826
UN Women's Guild	-	-	-	-	-	128,981	128,981
United Nations Development Group (UNDG)	-	-	-	-	-	37,180,443	37,180,443
United Nations Capital Development Fund	-	-	-	-	-	63,138	63,138
United Nations Centre for Human Settlement	-	-	-	-	-	71,018	71,018
United Nations Foundation Inc.	-	-	-	-	-	71,255,441	71,255,441
World Health Organization (WHO)	-	-	-	-	-	11,156,885	11,156,885
World Bank	-	-	-	-	-	7,078,033	7,078,033
Miscellaneous ⁴	-	-	-	-	14,841	953,878	968,719
SUBTOTAL	-	74,720,694	-	-	854,841	178,635,463	254,210,998
Income adjustment to prior years ⁵	3,015,357	(10,837,591)	-	-	(5,204)	(1,086,239)	(8,913,676)
Other income	-	-	-	-	-	-	56,290,180
Less cost of goods delivered and other expenses ⁶	-	-	-	-	-	-	(95,360,456)
TOTAL CONTRIBUTIONS	-	-	-	-	-	-	2,761,823,486
Less items related to biennial support budget	-	-	-	-	-	-	(15,089,672)
GRAND TOTAL	-	-	-	-	-	-	2,746,733,814

Notes:

¹ All contributions shown in US dollars; amounts have been rounded throughout.

² Includes funds for emergency programmes.

³ Private Sector Division income included.

⁴ Miscellaneous income primarily consists of income from sources not identified or non-governmental organizations.

⁵ Includes refunds and adjustments to income recognized in previous years.

⁶ Cost of goods delivered and other operating expenses incurred by the Private Sector Division, excluding commission retained by sales partners.

UNICEF EXECUTIVE BOARD

(as of January 2005)

UNICEF is governed by a 36-member Executive Board, an intergovernmental body that establishes policies, approves programmes and decides on administrative and financial plans and budgets. Members are elected by the United Nations Economic and Social Council for a three-year term.

OFFICERS FOR 2005

President:

H.E. Mr. Mehdi Danesh-Yazdi
(Islamic Republic of Iran)

Vice-Presidents:

H.E. Mr. Paul Badji *(Senegal)*
Mr. Uladzimir A. Gerus *(Belarus)*
Ms. Romy Tincopa *(Peru)*
Ms. Unni Rambøll *(Norway)*

MEMBERS OF THE BOARD

Terms of office expiring on:

31 December 2005:

Eritrea, France, Ghana, India, Islamic Republic of Iran, Nicaragua, Norway, Peru, Republic of Moldova, United Kingdom of Great Britain and Northern Ireland, United States of America

31 December 2006:

Algeria, Austria, Bangladesh, Belarus, Burundi, Djibouti, El Salvador, Finland, Italy, Lebanon, Malawi, Myanmar, Senegal, Sweden

31 December 2007:

Argentina, Australia, Bolivia, China, Democratic People's Republic of Korea, Germany, Japan, Mozambique, Netherlands, Russian Federation, Ukraine

Note on sources of information: Some country-specific information in this report is drawn from annual reports prepared by UNICEF country offices.

Cover photo credit: © UNICEF Gambia/2005/Grey-Johnson

A baby girl peers at the camera in the Lower River Division of the Gambia in 2005. The Accelerated Child Survival and Development programme, underway in this area, has helped keep her healthy.

Published by UNICEF
Division of Communication
3 United Nations Plaza
New York, NY 10017
USA

Website: www.unicef.org
E-mail: pubdoc@unicef.org

© The United Nations Children's Fund (UNICEF)
June 2006

ISBN-13: 978-92-806-4017-5
ISBN-10: 92-806-4017-8