



UNICEF HUMANITARIAN ACTION REPORT 2007

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For full report, see www.unicef.org/har07

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FOREWORD

Emergencies, in the form of natural disasters and new or protracted conflict, continued to extract a toll on the lives of children and women around the world. Massive flooding in the Horn of Africa and the multiple typhoons in South Asia were typical of the ever more frequent occurrence of floods, typhoons and earthquakes that have affected thousands of families in 2006. While in Afghanistan, Democratic Republic of the Congo (DRC), the occupied Palestinian territory, Sri Lanka and the Sudan, women and children continue to be impacted by the reverberating crossfire of conflict.



In its sixty-year history, UNICEF has learned that protecting the lives of vulnerable women and children requires governments, local communities, humanitarian agencies and the donor community to work in partnership. In that tradition, and with a commitment to humanitarian reform aimed at achieving improved, more predictable and effective response to emergency situations, UNICEF took part in a new approach to emergencies with its inter-agency partners in 2006. The 'cluster approach', was applied in four pilot countries: DRC, Liberia, Somalia and Uganda. It was also implemented in two new emergencies, the Indonesia earthquake and the conflict in Lebanon, and to improve protection in Côte d'Ivoire. As the global cluster lead for nutrition, water and sanitation, common data services and now a partner in developing a global education cluster, this has brought new approaches to the work of the various humanitarian agencies and partners. Early assessments are positive, with the Inter-Agency Standing Committee concluding that the cluster approach has demonstrated potential to improve the overall effectiveness of humanitarian response. As a firm supporter of humanitarian reform, and in line with our Core Commitments for Children in Emergencies, UNICEF will continue to stress the need for continuous improvement in humanitarian response in all sectors.

In 2006, UNICEF appealed for a total of US\$ 1.2 billion to ensure the protection of women and children in 53 emergencies. As of November 2006, about half of that amount was raised, allowing UNICEF to respond to the most urgent needs of women and children in many emergencies. However, many crises remain severely under-funded and in neglected or silent emergencies, such as those in Angola and Nepal, only about 38 per cent of the funds needed were raised for the women and children in urgent need. Without adequate funding, essential life-saving activities for millions of children cannot be carried out, and the lives of those children will continue to be in peril.

UNICEF works to protect the rights of women and children. Our flagship publication *The State of the World's Children 2007* shows that one of the most powerful constraints to realizing children's rights and achieving the Millennium Development Goals is the discrimination experienced by women. This is no less true during emergencies. In working to improve the situation of children around the world, we strive to empower both children and women, ensuring they participate in key decisions affecting their lives, including in emergencies.

The *Humanitarian Action Report 2007* outlines UNICEF's appeal for children and women in 33 emergencies around the world. We count on your continued generosity to help ensure their survival and the defence of their rights.

Ann M. Veneman
Executive Director

A handwritten signature in black ink, which appears to read 'Ann Veneman', written over a horizontal line.

INTRODUCTION

Protecting and assisting women and children in emergencies: the double dividend of gender equality

“The world is starting to grasp that there is no policy more effective in promoting development, health and education than the empowerment of women and girls... No policy is more important in preventing conflict, or in achieving reconciliation after a conflict has ended.”

United Nations Secretary-General, Kofi Annan, 2006¹

Humanitarian emergencies devastate the lives of women and children, while reinforcing discrimination to lethal effect on children. UNICEF’s on-the-ground experience during the world’s crises shows time and again that women are denied resources to survive when they can least afford it, and that children under their protection are the ultimate victims. Yet women and children often account for the majority of those displaced by crisis. In the hard-scrabble existence of camp life, it is easier to survive as a mature male, than as a mother with hungry, frightened and ill children.

The United Nations Security Council has acknowledged that women, given the opportunity, have a key role to play in promoting peace and stability during conflict and transitions to peace.² UNICEF recognizes that aligned humanitarian policy which supports the empowerment of women during crises, in tandem with the development of national reform policies, can significantly affect the survival rates of children.

UNICEF’s report *The State of the World’s Children 2007 – Women and children: the double dividend of gender equality* addresses ‘double discrimination’ – discrimination against women that in turn impedes children’s development. It describes strategies to redress exclusion, such as enhancing women’s decision-making power within the household, promoting education and economic opportunities for women and increasing women’s participation in politics.

Crises kill children and colour their future. A study in *The Lancet*³ reported that 90 per cent of child mortality occurred in 42 countries, of which more than half are conflict-affected. As women and children are displaced, the complex formal and informal networks, which support a mother rearing her children, are eroded. Consequently, children lose valuable education, are robbed of their right to health services and stable sources of nourishment (often including the tragic impact on breastfeeding), and are exposed to direct violence and exploitation. The struggle to survive dictates that women and children take greater risks each day.

In emergencies, four communicable diseases to which women and children are the most vulnerable cause 50 to 95 per cent of deaths. One out of every 13 women in **West Africa** – a region affected by protracted war and drought – will die in pregnancy and childbirth compared to just 1 out of every 3,900 in Northern Europe. Motherless newborns are three to ten times more likely to die than those with mothers who survive.⁴

¹ Message of UN Secretary-General Kofi Annan on International Women’s Day, 8 March 2006.

² United Nations Security Council Resolution 1325 on women, peace and security, 31 October 2000, (S/RES/1325).

³ Robert Black, Saul Morris and Jennifer Bryce, ‘Where and why are 10 million children dying every year?’ *The Lancet*, Vol 361, June 28, 2003.

⁴ United Nations Population Fund, *State of World Population 2005: The Promise of Equality, Gender Equity, Reproductive Health and the Millennium Development Goals*, UNFPA, New York, 2005, p. 35.

During a crisis women are even more likely to be burdened by dual roles as 'providers' and 'carers,' which disrupt infant feeding and compromise a mother's ability to care for her young. Obtaining food and cooking fuel during conflict also increases the risks and costs to women, from things such as landmines and sexual exploitation.

Gender-based violence is a direct consequence of humanitarian crises. In **Darfur, Northern Uganda** and **the Democratic Republic of the Congo** today girls and women are frequently forced to serve as sex slaves and 'wives' to military forces, and are victims of rape as a weapon of warfare. Gender violence exacerbates the spread of HIV/AIDS, particularly amongst women and children.

Gender inequality has excluded millions of girls from school, or has condemned them to a pitiable education, a fact exacerbated in crises. Reasons include the expectation that girls should produce, collect, and prepare food, and that boys are given priority over education when a choice is forced.

Gender inequality and humanitarian action

However, emergencies also provide a chance to change the lives of girls and women, and to shift traditions that have such a detrimental impact. Strategies include:

Increasing the participation of women in the design of humanitarian intervention: in **Sierra Leone, Northern Uganda** and **Sudan**, for example, UNICEF has coordinated community groups to design and implement reintegration programmes for girls and boys formerly associated with armed groups.

Supporting evidence-based studies: extremely high maternal mortality in Badakshan, **Afghanistan**, of 6,500 deaths per 100,000 live births per year reported in 2005 led to dramatic changes in health policy reform and resource allocation prioritizing women's health.

Increasing women's decision-making within the household: enhancing decision-making and control of resources improves a woman's own nutritional status, prenatal and birthing care, breastfeeding practices, and reduces stunting among children aged 1 to 3 years.

Promoting education opportunities for all: equal access to education through the abolition of school fees and establishing 'girl-friendly schools' is key in emergencies. For example, in Darfur, girls' involvement in education has risen impressively despite the ceaseless conflict. In the **Democratic Republic of the Congo, Ethiopia** and **Kenya** girls and boys from poor households are able to enrol in primary school through a School Fee Abolition Initiative.

Encouraging women's participation in peacemaking and peace-building processes: new research suggests that women in politics affect advocacy for children, whether at the international, national or local levels.

Supporting national policy reform which affects maternal and child health: emergencies provide opportunity to influence policies which have a direct impact on maternal and child health. For example, in **Afghanistan, Indonesia**, and **Niger**, national policies were developed which protected breastfeeding by limiting the use of infant formula during crises.

Engaging men and boys in gender equality strategies: changing the attitudes and supporting men and boys is crucial to the success of efforts to change decision-making processes that impact women and girls. Examples from **Kenya, Pakistan, Uganda**, and elsewhere illustrate that men and boys are increasingly engaging in efforts to care, nurture and support children as well as advocate for women and children's rights.

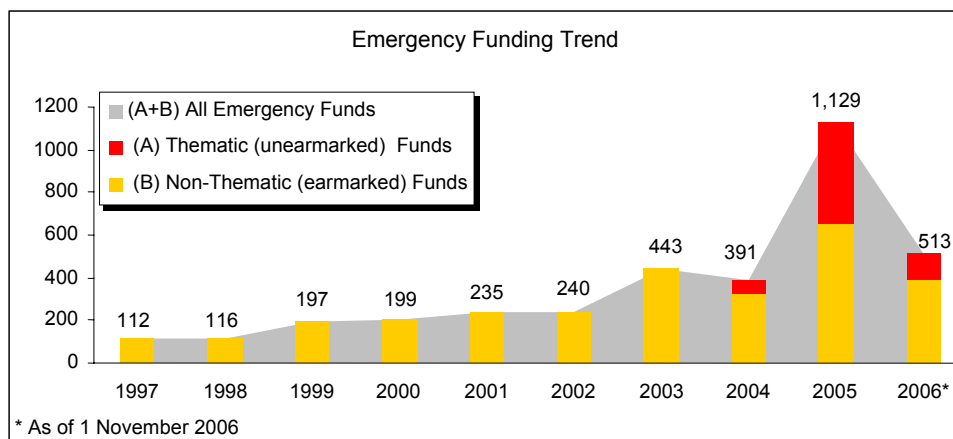
Conclusion

Crises have a debilitating impact on the lives of women and children, exacerbating existing prejudices that harm them both. Together with its UN and NGO partners, UNICEF has learned through its emergency work that there are opportunities to achieve improvements even in apparently dire situations. What is required is a focus on strengthened and enhanced outreach of social services, combined with determined support to change policies and practices that inhibit the active participation of women and girls in development. Together these measures can have significant impact on morbidity, mortality and the full realization of women's and girls' rights.

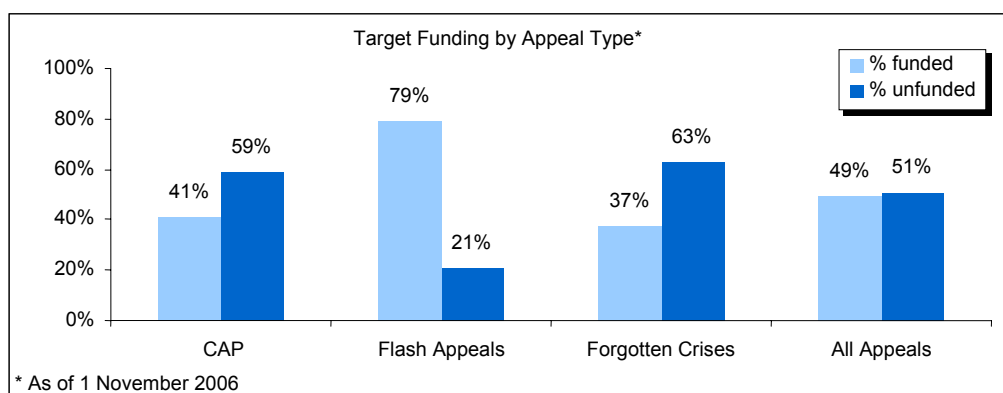
We must all tackle the obstacle of gender inequality head-on through service delivery and policy reform. Boosting women's decision-making power, providing educational and economic opportunities and increasing women's political participation can also lead to the double dividend of saving and improving the lives of children.

EMERGENCY FUNDING IN 2006

Donor funding to UNICEF humanitarian programmes reached US\$ 513 million as of 1 November 2006, reflecting a decrease of 55 per cent over 2005 levels of US\$ 1,129 million. The relatively high level of emergency funding in 2005 was attributed to the extraordinary donor response to the Indian Ocean Tsunami. If we exclude tsunami funding, we will find that 2006 emergency funding for all other emergencies is only 3 per cent lower than 2005 level. Emergency funding for 2006 may reach higher levels by the end of December 2006 as there are positive indications that donors will continue their support to fulfil the humanitarian needs of children and women globally.



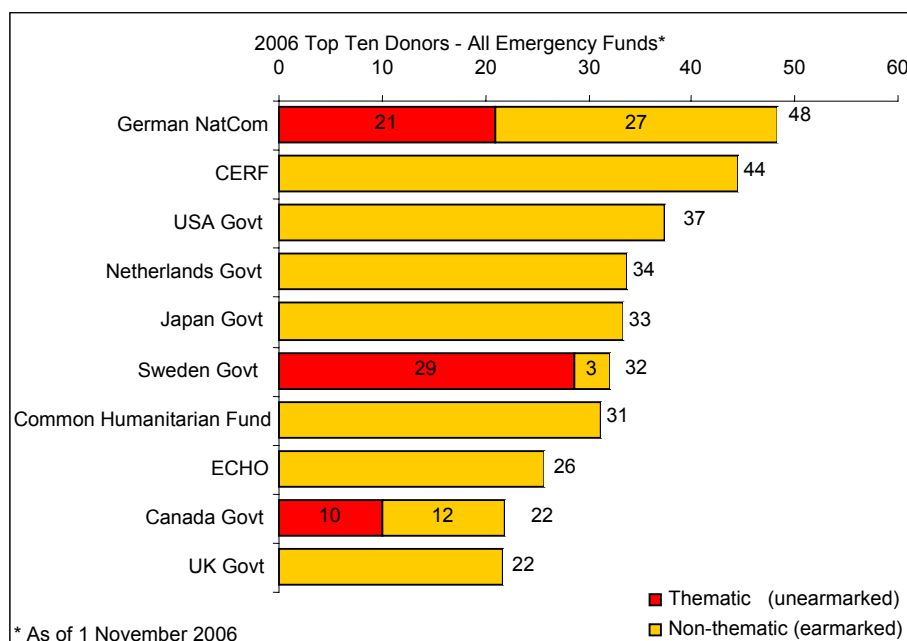
UNICEF's response in 2006 covered 53 emergencies⁵, including 17 Consolidated Appeal Processes (CAPs), 13 flash appeals and 23 forgotten countries and regions. Overall, UNICEF required a total of US\$ 1.2 billion in 2006 (as of 1 November) for humanitarian interventions to ensure the protection of vulnerable children and women. As the trend has been in previous years, flash appeals attracted more donor attention and were better funded than CAPs with 79 per cent funded vs. 41 per cent for CAPs. The forgotten crises were the least funded with only 37 per cent of financial needs being met.



Apart from the traditional channels of funding, UNICEF received substantial emergency contributions in 2006 from new funding modalities, such as funding through multi-donor trust funds (MDTFs) as well as multi-donor funding through OCHA's Central Emergency Response Fund

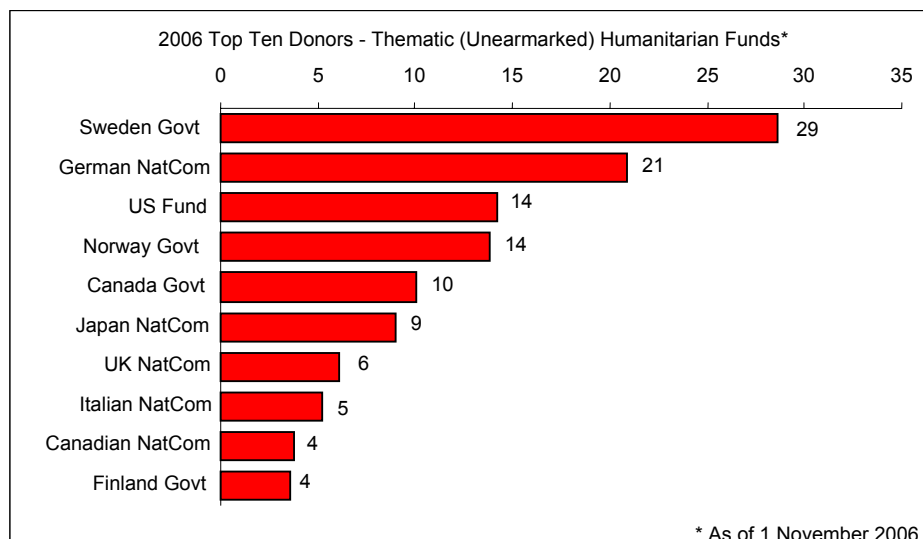
⁵ Originally, the 2006 *Humanitarian Action Report (HAR)* included 29 emergencies at the time of launch in January 2006. However, UNICEF continued to respond to emergencies continuing from 2005 that were not included in the HAR report, such as the South Asia earthquake, as well as new crises that emerged during 2006.

(CERF). In fact, CERF funding is the second largest source of emergency funding in 2006 after the German National Committee for UNICEF. As you can see in the chart below, our top ten donors for emergency funding as of 1 November 2006 are: German National Committee for UNICEF, CERF, United States of America, Netherlands, Japan, Sweden, the Sudan Common Humanitarian Fund (CHF), European Commission Humanitarian Aid Office (ECHO), Canada and United Kingdom.



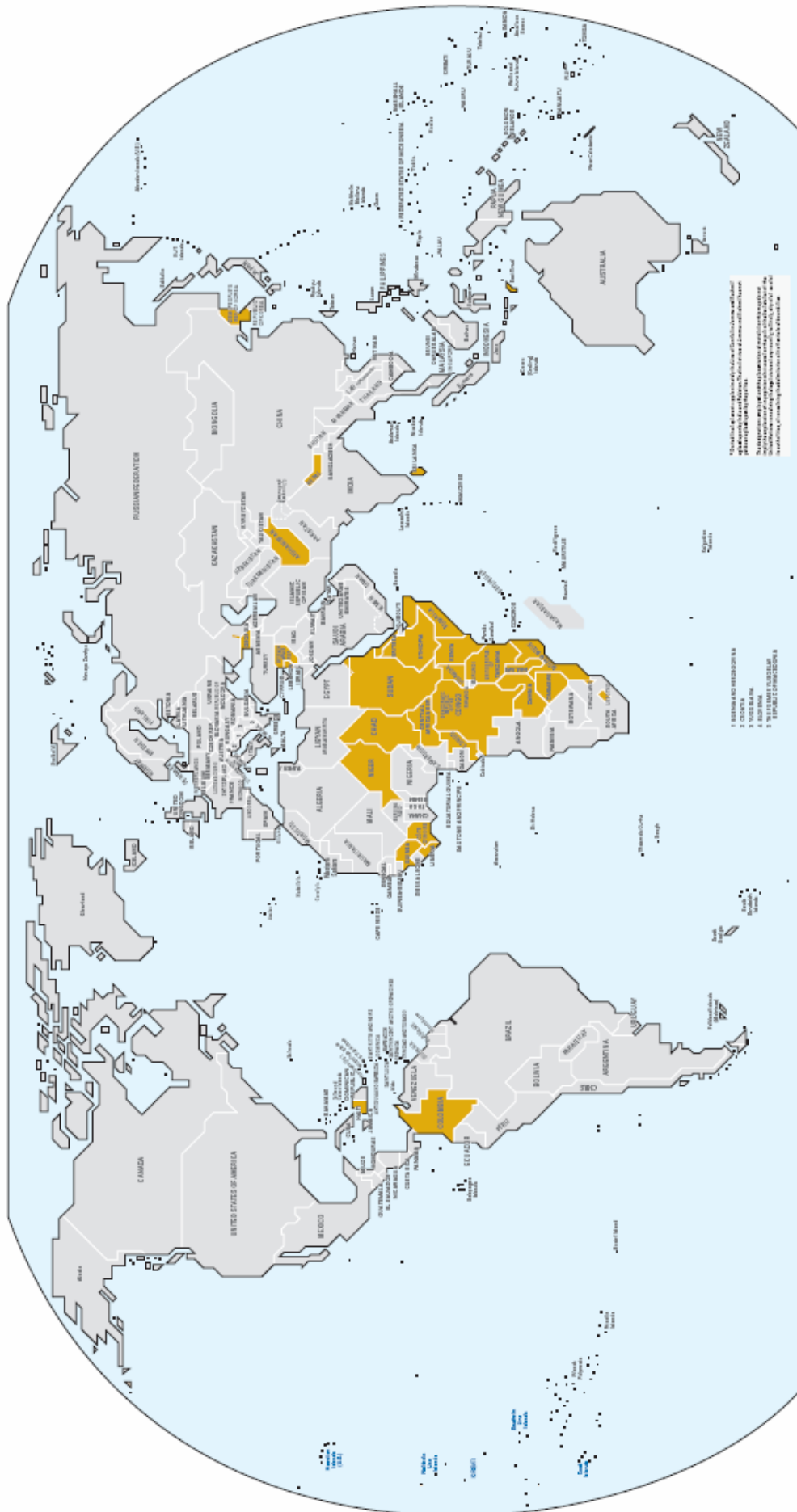
In terms of thematic (unearmarked) humanitarian funds, our top donor in 2006 is Sweden with a total of US\$ 29 million. The chart below shows the top ten donors who generously contributed flexible thematic humanitarian funds. Since its inception in 2003, thematic humanitarian funds have increased exponentially from about only US\$ 4 million in 2003 to a cumulative total of US\$ 671 million as of 1 November 2006.

UNICEF continues to welcome thematic humanitarian funds as it underscores donors' commitment to the Good Humanitarian Donorship (GHD) principles and allows UNICEF to programme more responsively, based on country and global priorities. Out of the total 2006 emergency funds of US\$ 513 million, US\$ 129 million (25 per cent) was donated thematically so far this year. We are grateful for donors' support and particularly for those channelling unearmarked funding to support our humanitarian interventions.



During 2007, UNICEF hopes that donors will respond favourably to the humanitarian appeals included in this report in order to enable UNICEF to address the needs and rights of the most vulnerable children and women in the world. We also hope that donors will continue to consider reducing earmarking of contributions whenever possible or consider channelling contributions as thematic funds to increase adaptability and flexibility to UNICEF's humanitarian action in the ever-changing context of humanitarian aid.

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Department of Public Information
Cartographic Section

Map No. 3933 Rev. 2 UNITED NATIONS
August 1999

UNICEF HUMANITARIAN ACTION FUNDING REQUIREMENTS FOR 2007

Region/Country	Funding requirements (US\$)
CEE/CIS	400,000
Georgia	1,200,000
Northern Caucasus	5,920,000
EAST ASIA AND THE PACIFIC	900,000
DPR Korea	10,000,000
Timor-Leste	3,580,000
EASTERN AND SOUTHERN AFRICA	10,344,000
Burundi	12,929,537
Eritrea	18,764,000
Ethiopia	45,650,000
Kenya	12,000,000
Lesotho	612,700
Malawi	7,000,000
Mozambique	5,210,900
Somalia	24,502,076
Swaziland	3,640,000
Uganda	48,010,545
Zambia	6,090,000
Zimbabwe	13,790,000
MIDDLE EAST AND NORTH AFRICA	600,000
Lebanon	5,700,000
occupied Palestinian territory	25,838,855
Sudan	121,868,562
Syrian Arab Republic	770,400
SOUTH ASIA	1,795,800
Afghanistan	15,961,912
Nepal	6,358,000
Sri Lanka	9,650,000
THE AMERICAS AND CARIBBEAN	2,400,000
Colombia	5,500,000
Haiti	6,490,000
WEST AND CENTRAL AFRICA	22,067,043
Central African Republic	13,262,770
Chad	16,257,643
Congo	3,987,312
Congo, Democratic Republic of the	96,250,000
Côte d'Ivoire	19,066,865
Guinea	2,357,000
Liberia	20,800,000
Niger	7,759,318
TOTAL CAP	177,645,603
TOTAL NON CAP	457,639,635
TOTAL	635,285,238

Appeal within the Consolidated Appeals Framework
Appeal outside the Consolidated Appeals Framework

UNICEF HUMANITARIAN ACTION CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES IN 2007



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

Regional Office financial needs for 2007	
Sector	US\$
Emergency Response Fund	200,000
Emergency preparedness and response planning/training	200,000
Total*	400,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Despite many advances in the overall economic and political situations in the region, the humanitarian profile of risks and vulnerabilities affecting children and families remains precarious in many parts of the region of Central and Eastern Europe, Commonwealth of Independent States (CEE/CIS).

Conflict

The unresolved instability in Georgia involving the separatist republics of Abkhazia and South Ossetia remains volatile and has significantly worsened after new disputes breaking out between the country and the Russian Federation. Newly implemented economic sanctions against Georgia, expulsions of migrant workers and other measures threaten both the stability and economic welfare of communities in this region. Although the situation of Chechnya in the North Caucasus (Russian Federation) has somewhat improved in the past year, some instability has spread further into the neighbouring republics of Ingushetia, Dagestan, North Ossetia, Kabardino-Balkaria, and Karachaevo-Cherkessia, where political unrest has grown amidst deteriorating socio-economic conditions, and security incidents are occurring on an increasing scale. Security sweeps and human rights violations are frequent and social and economic infrastructure remains too weak to adequately support the provision of basic services.

Turkey has also seen a resurgence of security incidents in the south-east as well as Kurdistan Worker's Party (PKK) attacks in other parts of the country. With regard to the disputed territory of Nagorno-Karabakh, governments of both Armenia and Azerbaijan continue to participate in OSCE-mediated talks, but no significant progress has been made toward resolving the issue. In the separatist republic of Transnistria in Moldova, occasional security incidents and heightened rhetoric between local administrations and international power brokers continue to augment tensions in the region.

Negotiations over the future status of Kosovo are being led by the Secretary-General's Special Envoy, Mr. Martti Ahtisaari. While it is not known what the eventual decision might be, there is a concern that disagreements over the final outcome may increase tensions between communities and lead to new population movements, potentially impacting peace and security not only in Kosovo but also across the wider region.

Landmines and unexploded ordnance (UXO) remain a serious threat to children in the conflict-affected areas, particularly in Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Chechnya (Russian Federation) and Georgia. In addition, the proliferation of small arms and light weapons has become a major issue in much of the region, negatively impacting the overall security and protection environment of children.

Displaced persons

Over half of the 20 countries in the region report having internally displaced persons (IDPs). Displaced children are often left without access to adequate education, health care, support or protection. The extended duration of the 'frozen conflicts' and the largely autonomous enclaves they have created is resulting in a generation that is growing up having known no other way of life and with little optimism for the future, leading to disruptive social behaviour. International access and humanitarian assistance to the conflict zones are hampered by security concerns and political obstruction in many parts of the region. Socio-economic conditions in these areas are often harsh given the insecurity, extensive damage to both social and economic infrastructure, and weak or collapsed governance structures. In these situations, children and women are particularly vulnerable to rights violations, malnutrition, and poverty-related diseases, as *de facto* authorities are often unable to provide for basic services and reconstruction. Psychosocial problems are generally widespread, and landmines and the spread of small arms and light weapons continue to pose a serious threat in many areas to children and local populations.

Natural disasters

The region is continually prone to a number of natural disasters. During 2006, six Country Offices supported local initiatives responding to floods, earthquakes, avalanches and mud slides. Most countries in the region are vulnerable to periodic devastating earthquakes, as have occurred most notably in Turkey. Flooding and landslides are frequent occurrences in mountainous countries such as Azerbaijan, Kyrgyzstan and Tajikistan and, if occurring in areas where vulnerable chemical and nuclear plants are located, pose a serious threat in certain areas of Central Asia where Soviet era waste dumps and chemical facilities are located in some of the most populated regions. These emergencies can pose a serious threat to children and women, particularly in distant rural areas, where basic services are usually severely limited. Drought is also a serious issue for all Central Asian countries, as was seen this year in certain areas in Kyrgyzstan. Droughts are particularly devastating for the pastoralist and agricultural communities and their families who are dependent on livestock and crops for their livelihood.

Avian Influenza

More than half of the countries in the region reported outbreaks of Avian Influenza in 2006 and of these, two countries (Azerbaijan and Turkey) experienced human cases, resulting in a total of nine deaths. Much of the region falls in the migratory bird routes and therefore remains vulnerable to future Avian Influenza outbreaks.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Early warning system

The Regional Office actively supported the Office of Emergency Programmes (EMOPS) in rolling out the early warning and early action (EW-EA) web system across the region. The system has enhanced constructive dialogue on emergency events, indicators and trends between the Country Offices and Regional Office. It has also become an important repository for strategic emergency documents, including emergency preparedness and response plans, contingency plans (e.g., for Avian/Human Influenza) and situation reports. In addition, as part of the EW-EA web page, the Regional Office established a dedicated emergency resource page for the CEE/CIS region. The page includes maps, links to key research institutions, risks and vulnerability profiles, country reports and studies and other resource materials.

Emergency preparedness and response planning

During 2006, half of the Country Offices were assisted in updating their emergency preparedness and response plans (EPRPs), and several other offices undertook independent updates. The EPRP remains a key mechanism for UNICEF to ensure and document necessary preparedness at the country levels. It is also an invaluable tool which helps Country Offices in reminding staff of their roles and responsibilities, identifying their response strengths and highlighting capacity gaps. A number of Country Offices were also assisted in developing specific contingency plans for Avian/Human Influenza. Given the potential risks linked to the Kosovo status issue, the Regional Office placed particular emphasis in providing support to the countries in the Balkans.

Avian Influenza

The Regional Office provided technical expertise and support to the Country Offices in responding to the outbreaks of Avian and/or Human Influenza in a number of countries across the region. In particular, support was extended to the Country Offices for Azerbaijan, Moldova, Romania, Tajikistan and Turkey in conducting assessments, establishing information management and dissemination system, mobilizing funds and/or coordinating response activities, especially in public awareness and behaviour change. Special emergency funding was also granted to Armenia, Russian Federation and Ukraine to develop preparedness and communication materials for use by government and partner agencies. In addition, a special three-day workshop was organized for 12 key at-risk and affected Country Offices in the region to help prepare for and respond to the Avian Influenza outbreaks in the affected countries. Staff from UNICEF Regional Offices for Middle East

and North Africa and Eastern and Southern Africa were also invited to benefit from the presentations and discussions.

Tools and guidance

Particular efforts were made to disseminate new emergency-related tools and guidance throughout the region. For example, the UNICEF *Emergency Field Handbook* was translated into the Russian language which remains a lingua franca throughout much of the CEE/CIS region. Also, guidance documents on the cluster leadership approach and emergency appeals were shared with the Country Offices.

Training and learning

Emergency trainings were held in Armenia, Montenegro, Tajikistan, The former Yugoslav Republic of Macedonia, and Turkmenistan during the year to enhance the knowledge and capacities of the staff from UNICEF and, in some cases, from sister UN agencies, government counterparts and NGO partners. This is crucial for the humanitarian action reform process and for ensuring awareness of the legal basis for advocacy concerning the rights of women and children. These trainings also have an impact on future programme development, and clarify roles and responsibilities during humanitarian response.

Logistics capacity assessment

In close cooperation with UNICEF's Supply Division, the Regional Office commissioned a logistics capacity assessment for Central Asia. The two-week assessment, part of which was jointly conducted with WFP, mapped out supply and logistics capacities in the sub-region.

Early warning

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

3. PLANNED HUMANITARIAN ACTION FOR 2007

The Regional Office for CEE/CIS aims to enhance UNICEF's capacity to respond to the needs of women and children in all forms of emergency and instability in an effective and timely manner. It acts as a central hub through which information is shared, problems solved, guidance given, and initiatives developed. The capacity built at the regional level, and the involvement of the Regional Office in all emergency programming, gives it the broad overview necessary to provide appropriate advice and support. This includes the integration of humanitarian preparedness and response into the regular programme cycle, and direct technical assistance and support during emergencies. Regional Office support to country programme development is carried out within the framework of Common Country Assessment and UN Development Assistance Framework (CCA/UNDAF) and within the new frameworks and 'cluster' responsibilities, ensuring issues related to humanitarian assistance and response are factored in system-wide and at the outset of programme design.

Emergency Response Fund (US\$ 200,000)

Monitoring and assessment

The Regional Office continuously monitors potential and existing emergencies in the region and regularly produces updates to keep the wider organization abreast of the humanitarian developments in the region. It maintains risk and vulnerability profiles of the countries in the region. It also contributes to the global early warning system, which plays a vital role in triggering preparedness actions for any potential emergency situation. The system also functions as a central repository for information, lessons learnt and best practices on emergencies.

Emergency response

Direct technical assistance will be provided to those Country Offices which are involved in humanitarian response. Country Offices will be supported in conducting rapid needs assessments, coordinating with government, UN and other humanitarian partners, liaising with Headquarters divisions, mobilizing resources (financial, staffing and supplies), and implementing response activities. In addition, the Regional Office will aim to establish a contingency fund to support the immediate needs of countries in emergencies. These might include the costs involved in contingency planning, rapid assessments, immediate supply procurement, and immediate human resource mobilization amongst others.

Emergency preparedness and response planning/training (US\$ 200,000)

Emergency preparedness planning

The Regional Office will continue to provide technical guidance to Country Offices in reviewing and updating their emergency preparedness and response plans (EPRPs) as well as linking those plans to the broader inter-agency contingency planning processes. Specific attention will be given to the development and enhancing of inter-agency partnerships, initiating common assessments, utilizing inter-agency guidelines and commonly developed tools, and ensuring the implementation of the sectors in which UNICEF has a lead role, i.e., water and sanitation, nutrition and data communications as well as education and child protection. Priority will be given to countries identified at risk in the early warning/early action system and those with a record of frequent disasters.

Capacity development

Building on the capacities already developed in the CEE/CIS region, a series of specialist coaching and simulation exercises will be organized for various Country Offices in 2007. The events will focus on the core 'cluster' responsibilities and programmes identified for UNICEF in water and sanitation, nutrition, IT, education and child protection as well as continued training in human rights, humanitarian principles and our Core Commitments for Children in Emergencies, which underpin UNICEF's work in emergency situations. These activities will be implemented within the inter-agency capacity development framework. In addition, the Regional Office will support knowledge development initiatives at the country and regional levels through organizing briefing sessions, holding inter-country/agency consultations and commissioning studies.

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



UNICEF HUMANITARIAN ACTION

GEORGIAN CONFLICT ZONES: ABKHAZIA & SOUTH OSSETIA IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	1080
U5 mortality rate	45
Infant mortality rate	41
Maternal mortality ratio (1990-2005, reported)	52
Primary school enrolment ratio, 2000-2005, net (male/female)	93/92
% U1 fully immunized (DPT3)	84
% population using improved drinking water sources	82
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	5.6
% U5 suffering from moderate and severe underweight	3

Source: *The State of the World's Children 2007*

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

Summary of UNICEF financial needs for 2007

Sector	US\$
Health	350,000
Water and environmental sanitation	150,000
Education	250,000
Child protection	300,000
Programme support	150,000
Total*	1,200,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Among the countries of the Commonwealth of Independent states, Georgia remains one of the most vulnerable from a humanitarian perspective. Of the four frozen conflicts in the former Soviet Union, two are located on Georgian territory. Civil wars in the early 1990s resulted in Abkhazia and South Ossetia winning independence, with both regions being administered by internationally unrecognized *de facto* governments ever since. The consistent lack of regular external support to the breakaway, conflict-affected areas of Abkhazia and South Ossetia is clearly reflected in the collapse of the welfare system and the decay of basic services. Both territories have a number of common features, not least of which up to 45,000 internally displaced children now living in Georgia proper. The overall disintegration of the social safety net – affecting all facilities in the conflict-affected areas – and a failure to provide a prompt and effective response to the needs of the population are also a common feature, as are the persistent and tense atmosphere of volatility related to the unresolved conflicts and the general feeling of hopelessness for the future; the emergence of new and disruptive social behaviours; an increase in criminality; and a general lack of income-generating opportunities.

Although formally in place, health services are deprived of any means to assist the population. Hospitals, polyclinics and maternity facilities are in desperate need of rehabilitation and all existing equipment is either broken or outdated. There is no continuous supply of essential drugs to these facilities and health care providers have a very low capacity for delivery of quality medical care. There is no access to new research or the opportunity for skill upgrading, which is reflected in outdated practices related to maternal and child health, such as advocacy of infant formula instead of breastfeeding and the separation of mothers and babies after birth. Homes and public facilities have no access to safe water or electricity and in many health and education facilities these resources are not available at all.

The low quality of education for children in the conflict zones is also a constant concern. Most schools lack any basic or advanced educational equipment and the system barely survives on the goodwill of teachers and parents who are asked to contribute to expenses for salaries and basic facility maintenance. Schools function on an outdated curriculum where life skills-based methodologies or advanced educational support is non-existent. Peace, tolerance and conflict resolution education is also wholly absent and is an area where UNICEF has the ability to be highly influential. Sport programmes and recreation facilities are largely neglected due to lack of funds and other resources. Students have no access to healthy and safe school environments where they can take part in sport and recreational activities to learn basic life skills, develop their potential and be challenged and stimulated. Many children whose parents are overwhelmed with the task of basic survival are left to cope on their own, and there has been a reported increase in violence and abuse within families. The general collapse of social services has resulted in a lack of any form of psychosocial support or social protection for the most vulnerable parts of the population (persons with special needs, victims of abuse, drug addicts, etc.). Although the territories have largely been cleared of mines and unexploded ordnance (UXO), and casualties are decreasing year to year, accidents are still an issue. The victims – primarily children – are not afforded any physical or psychological support and parents lack any guidance on how to cope with their children. HIV/AIDS is just beginning to become recognized as an important issue in the conflict zones, but both *de facto* governments lack any facilities, supplies or expertise to deal with prevention and treatment.

While the UN is granted access to Abkhazia, the *de facto* authorities have been known to deny NGOs and other humanitarian aid groups. This compounds the lack of regular external aid and support to the territory. South Ossetia is less complicated to enter than Abkhazia, but the security situation is more tense and unpredictable. Random shootings fuel tensions and indiscriminate attacks in both Ossetian and Georgian villages are common. The United Nations Department of Safety and Security (UNDSS) often restricts staff access to the territory, as provocations from both sides are frequent.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Despite this tense political and military situation between the Georgian and breakaway capitals, UNICEF has established itself as an important player in the conflict zones. In responding to the humanitarian needs of the war-affected Abkhaz and South Ossetian populations, UNICEF receives strong support from the Georgian government and holds the trust of the *de facto* authorities. The Country Office also works very closely with other UN agencies operating in the conflict zones and, wherever possible, coordinates joint interventions to increase overall effectiveness.

Throughout 2006, UNICEF focused its humanitarian assistance primarily on supply initiatives to the health and education sectors. While continuing to supply routine Expanded Programme on Immunization (EPI) vaccines to the breakaway territories, the desperately under-equipped health care systems have also been supported with maternal and primary health care equipment and essential drugs. These significant equipment upgrades for maternity hospitals, polyclinics and rural medical points have improved the quality and delivery of health care for close to 50,000 women and children. With increased access to South Ossetia, an estimated 45,000 women and children benefited from UNICEF's upgrade of the cold-chain equipment, as well as from the provision of new vaccine refrigerators and generators and electricity stabilizers to ensure an uninterrupted power supply.

The education sectors of both territories, comprising 250 schools and approximately 33,000 students, have been supported with school supplies and recreation equipment, helping to improve the education process and ensure the 'Right to Play'. In addition, during 2006 some 27,000 children in Abkhazia gained access to safe drinking water through the distribution of safe water tanks and calcium hypochlorite tablets. Within the UN Country Team (UNCT), UNICEF also took responsibility for all Avian Influenza (AI) communication throughout Georgia, including the conflict zones. A series of AI communication brochures and posters were designed for those groups especially at risk, primarily children, and distributed through schools and health care facilities, reaching an estimated 60,000 women and children.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF works closely with the other UN agencies in the conflict zones and works through a direct memorandum of understanding with the DPKO United Nations Observer Mission in Georgia (UNOMIG) in all Abkhazia operations. UNICEF also partners with international NGOs in supply and training initiatives in the health and education sectors, and local NGOs in mine survivor assistance.

Regular programme

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

With a reputation for reliability established with the *de facto* authorities, and the full support of the central government, UNICEF is looking to expand its support to the conflict-affected areas in 2007. While continuing material support initiatives, especially in the education system, UNICEF intends to use its strong position to move into training and capacity-building.

Health (US\$ 350,000)

Some 155,000 women and children will benefit directly or indirectly from the following initiatives:

- Strengthen the immunization programme through skills upgrading of all professional staff – immunization in practice, immunization services and cold-chain training;
- Upgrade the competencies and skills of relevant health care employees to implement the Integrated Management of Childhood Illness (IMCI) initiative in maternity facilities and children's polyclinics;
- Upgrade competencies for baby-friendly hospitals, support exclusive breastfeeding programmes and community-based awareness campaigns;
- Develop HIV/AIDS health education curricula and train teachers to enable children and teenagers to make healthy choices and adopt safer behaviour;
- Provide antiretroviral and other treatment-related support to the newly established HIV/AIDS Clinic in Abkhazia.

Water and environmental sanitation (US\$ 150,000)

Some 33,000 conflict-affected children and their families will be reached through the following key activities:

- Distribute safe water tanks and calcium hypochlorite to all schools and health centres in South Ossetia;
- Promote health and hygiene education and hygiene awareness programmes in 250 schools, complementing existing water safety supply initiatives;
- Continue to procure and distribute de-worming tablets to children in the conflict zones through schools and immunization programmes.

Education (US\$ 250,000)

A total of 33,000 conflict-affected children and 2,000 teachers will benefit through the following key activities:

- Train elementary and secondary schoolteachers in Abkhazia and South Ossetia in interactive learning methods, with an emphasis on life skills, including HIV/AIDS, peace education and early childhood development;
- Restock Abkhaz and South Ossetian schools with essential teacher and student supplies for the 2006/2007 and 2007/2008 school years;
- Support the 'Right to Play' by equipping all schools in both regions with UNICEF standard sports equipment;
- Work through a local partner, organize and promote sports tournaments throughout schools in the breakaway regions; this will include Georgia proper, wherever possible, to support inter-ethnic dialogue among youth.

Child protection (US\$ 300,000)

Some 33,000 school-aged children and teens, affected by the trauma or direct results of war, are targeted through the following key activities:

- Support youth centres in Tskhinvali (South Ossetia) and Sukhumi (Abkhazia) to develop confidence-building, leadership skills, conflict resolution and empowerment among the youth population;
- Train community-based social service providers in Abkhazia and South Ossetia in the field of psychosocial support and counselling for children and youth;
- Support HALO Trust (de-mining NGO) in developing culturally appropriate and accessible mine-risk education communication materials for children and their families in Abkhazia and Zugdidi (Georgian side of ceasefire line);
- Support survivor assistance programme for landmine survivors, aimed at reintegration;
- Further develop and expand the annual summer camp for child landmine survivors.

Programme support (US\$ 150,000)

- Hire international staff to facilitate, coordinate and monitor project progress in the conflict zones (national staff being unable to travel to Abkhazia and South Ossetia due to the ethnic policy of *de facto* governments);
- Cover operating costs (travel, office space and a local staff member to be permanently based in both conflict zones).

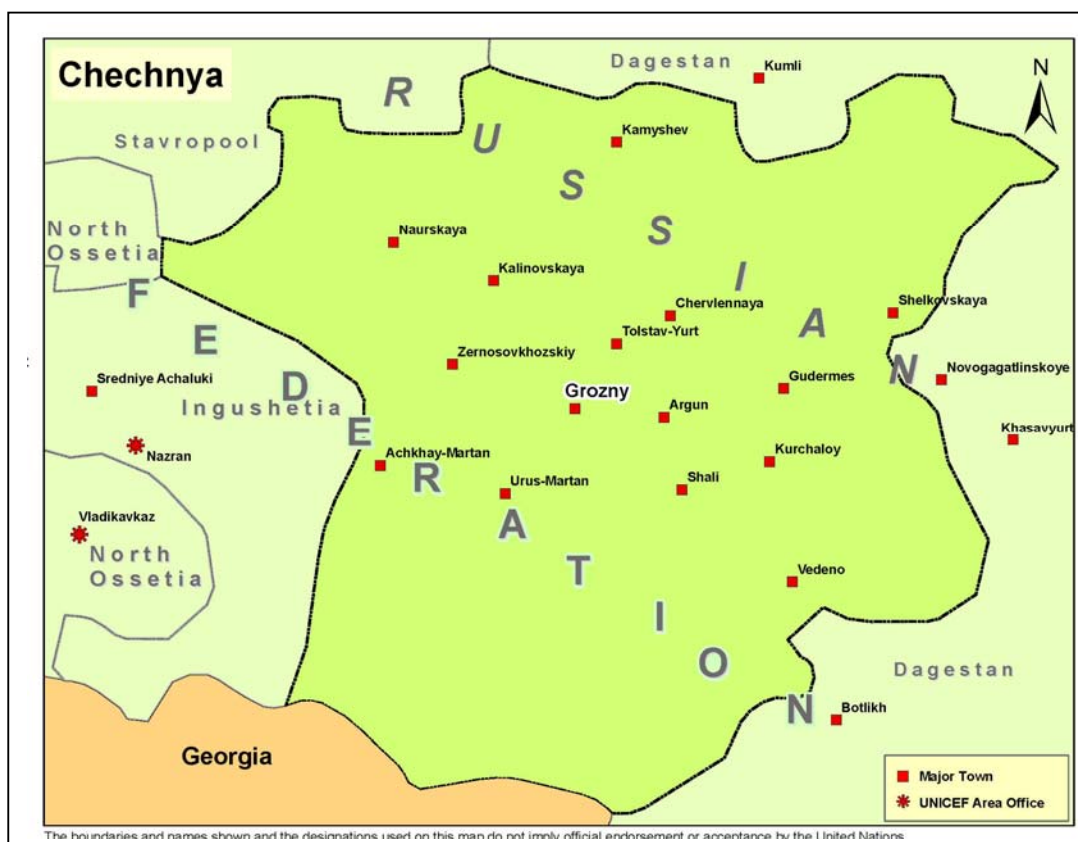
For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

NORTH CAUCASUS

IN 2007



Summary of UNICEF financial needs for 2007

Sector	US\$
Health (including psychosocial rehabilitation)	2,360,000
Water and environmental sanitation	410,000
Education	1,310,000
Peace and tolerance	820,000
Child protection	270,000
Mine action	750,000
Total	5,920,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

In Chechnya, the security environment and living conditions have showed signs of improvement. The downgrading of the security phase in the republic (from V to IV) paved the way for an increase in aid agencies' access to the most vulnerable segments of the population, while reconstruction and economic recovery have become visible in Grozny, the republic's capital. On the other hand, social tensions, human rights violations and armed violence continue to affect the region, where bombings, ambushes, sweep operations, extrajudicial killings and disappearances of civilians are still reported. Humanitarian needs, stemming from two military campaigns conducted over the past decade and severe economic underdevelopment, remain sizeable, as large segments of Chechnya's population, as well as internally displaced persons (IDPs) and vulnerable household throughout the region continue to depend on humanitarian aid. Access to social services – particularly in the water and sanitation and health sectors – remains insufficient in Chechnya, especially for women and children. IDPs, estimated at over 100,000 in Chechnya, 20,000 in Ingushetia and up to 10,000 in Dagestan, still account for a large portion of the vulnerable population.

In the education sector, the situation in Chechnya remains precarious. The preliminary findings of an inter-agency vulnerability assessment mapping, conducted in summer 2006, seemed to indicate that a sizeable share of children, while officially registered in schools, do not attend classes on a regular basis. Many schools located in remote areas are still damaged or dilapidated, while classes are often organized according to two or three shifts per day. The steady return of IDPs is further compounding the reception capacity of the education system. Basic health indicators in Chechnya and Ingushetia – such as infant, child and maternal mortality – remain two to four times higher than in the country at large, with iron-deficiency anaemia still highly prevalent in children and pregnant/lactating women. The insufficient availability of medical infrastructure, equipment and drugs, together with the lack of knowledge among health staff, is the main cause of mortality and morbidity. The persistently critical situation in the water and sanitation sector, particularly in Grozny, also contributes to child morbidity. Vaccination coverage, especially of displaced children, remains low. The HIV prevalence rate in the region, while lower than the federal average, is steadily increasing. The need for psychosocial rehabilitation of an entire generation of children has been recognized by the Chechen government as a key priority for the future. A comprehensive approach to protect children from harm and neglect – as well as to promote the social inclusion of those who are vulnerable – is also a priority. Policy support to the authorities, so as to improve the quality of existing social services, is required. Meanwhile, the threat of landmines and unexploded ordnance (UXO) continues to affect Chechnya. According to UNICEF's Information Management System for Mine Action (IMSMA) database, 3,059 civilians (753 children) have been killed or injured since 1995.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In 2006 UNICEF further strengthened all components of its programme and further expanded its coordination leadership role. The organization, *inter alia*, continued to support 'parallel' schools for over 1,000 internally displaced children from Chechnya and subsequently promoted their integration into the education system in Ingushetia. It supported the vocational training of 240 drop-out young people and provided pre-school education to more than 1,600 young children. More than 40,000 children and adolescents from five republics participated in the activities foreseen under the peace and tolerance promotion programme. UNICEF continued to provide potable water to 117,000 beneficiaries in Grozny and implemented the handover of the project itself to the local public water provider. It provided cold-chain equipment as well as technical training to health facilities in Ingushetia. It continued to support three youth-friendly clinics and three youth-friendly centres in Chechnya and Ingushetia. It trained professionals on youth-friendly approaches and conducted information campaigns and counselling on HIV/AIDS prevention. In the

area of mine action, UNICEF covered more than 80,000 people with mine-risk education (MRE) presentations, distributed MRE items, strengthened its incident surveillance system in Chechnya and provided prosthetic support, physical rehabilitation, psychosocial assistance and vocational training to mine/UXO survivors and other children with disabilities.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF will continue to act as focal point for the following four sectors: education, mine action, water and sanitation, and peace and tolerance promotion. In this capacity, UNICEF will further consolidate partnerships with governmental counterparts, other UN agencies, ICRC, international and local NGOs, in the framework of the 2007 Inter-Agency Transitional Work Plan for the North Caucasus. UNICEF will remain an active member of the Inter-Agency Standing Committee (IASC) field team, the Humanitarian and Development Forum for the North Caucasus as well as the North Caucasus Senior Management Team.

Regular programme

The UNICEF programme in the North Caucasus is formally integrated, as one of its five key components, into the 2006-2010 Country Programme for the Russian Federation. Internal synergies will be further pursued, particularly in areas such as child protection, young people's health and development, and HIV/AIDS prevention.

Health (US\$ 2,360,000)

More than 270,000 children, young people, mothers and health staff will benefit from the following activities:

- Support the ongoing rehabilitation of the Chechnya and Ingushetia cold-chain infrastructure, with special focus on primary health care facilities, through the provision of basic supplies, consumables and equipment, so as to benefit approximately 170,000 under-five children;
- Provide training opportunities to at least 120 health care workers involved in child immunization services and target families as well as communities through awareness-raising campaigns promoting the benefits and importance of child immunization;
- Organize training sessions on basic child health care issues, such as breastfeeding, immunization, early recognition of diseases, for 20,000 mothers with under-five children in IDP settlements in Ingushetia and temporary accommodation centres in Chechnya and Dagestan;
- Promote safe motherhood practices, including the prevention of iron-deficiency anaemia and vitamin A deficiency (through supplementation activities), as well as de-worming campaigns, thus targeting some 200,000 pregnant women, lactating mothers, and under-five children in Chechnya and Ingushetia;
- Provide age-appropriate and culturally sensitive information and counselling on reproductive health care, family planning, HIV/sexually transmitted infections and substance abuse prevention to some 75,000 young people in Chechnya and Ingushetia;
- Support three youth-friendly clinics and three youth information centres previously established in Chechnya and Ingushetia and establish three new youth-friendly clinics and two youth information centres in rural districts in Chechnya and Ingushetia, providing equipment, information material and training opportunities;
- Support two centres of social support to people living with HIV/AIDS established previously in Chechnya and Ingushetia, targeting some 480 beneficiaries.

Psychosocial rehabilitation

- Ensure proper coordination of psychosocial activities through enhancing the work of the UNICEF-established Steering Committee, comprising Chechen authorities (various ministries), UN agencies and NGOs;
- Contribute to the development of a republican psychosocial programme for Chechnya;
- Contribute to the expansion of the two UNICEF-established psychosocial networks in Chechnya, through eight new centres (in addition to the 14 existing centres), thus ensuring a continued specialized provision of counselling to some 10,000 conflict-affected children aged 6-18 years and their caregivers;
- Continue upgrading knowledge and skills of some 100 qualified professionals from Chechnya (psychologists, teachers, social workers);
- Establish a 'hotline' system in Chechnya, enabling 10,000 people to receive professional psychological support;
- Provide psychosocial rehabilitation to some 5,000 crisis-affected children and adults in Beslan;
- Develop and distribute at least 20,000 copies of awareness-raising materials among the population of Chechnya and North Ossetia, and develop at least three TV reels, aiming at increasing the knowledge on the availability and relevance of psychosocial services.

Water and environmental sanitation (US\$ 410,000)

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

- Support Grozvodokanal, Grozny's public water provider, in the production and distribution of purified water (for drinking purposes only) to 117,000 persons, for a total daily capacity of at least 600,000 litres and with a special focus on school/pre-school children, students, hospital patients and returnees living in temporary accommodation centres;
- Strengthen the technical capacity of Grozvodokanal, through training and the provision of IT and other essential equipment;
- Promote hygiene education and the appropriate use of potable water among the beneficiary population in Grozny, including 3,000 pre-school children, 27,000 schoolchildren and teachers, 23,000 students and professors, 11,000 hospital staff and patients, 7,000 IDPs in temporary accommodation centres, and 46,000 vulnerable residents in residential areas, through local TV programmes;
- Distribute 20,000 posters (two types) promoting safe consumption of water and better hygiene practices among the targeted beneficiaries in Grozny.

Education (US\$ 1,310,000)

More than 65,000 children and 2,000 teachers will benefit from the following activities:

- Expand to 35 the existing network of 25 community-based early childhood education centres, so as to provide pre-school education and care to 1,750 children in the region, with the strong involvement of local ministries of education and parents (hygiene/health care education and better parenting skills);
- Equip selected schools and kindergartens in the region with educational items and other supplies, including 50,000 textbooks, 2,000 sets of furniture and 100 blackboards;
- Contribute to the minor refurbishment of 25 school premises hosting early childhood education centres in Chechnya;
- Within the inclusive education programme, promote the integration of disabled children (some 3,300 in Chechnya and 450 in Ingushetia are currently out of school) into the mainstream education system by establishing 10 pilot schools (five in Chechnya and five in Ingushetia), through the provision of physical access and the organization of trainings/seminars for teachers, parents and policy makers;
- Promote life skills education in Chechnya, Ingushetia and Dagestan, through the revision of existing school manuals and the development of new ones, with a cross-sectoral approach;
- Address the issue of low school attendance in Chechnya, conducting a thorough assessment of the situation and advocate for the authorities to take relevant measures.

Peace and tolerance (US\$ 820,000)

More than 70,000 children, young people, teachers and government officials will benefit from the following key activities:

- Organize summer camps for some 1,000 children and youth, with the parallel training of some 300 trainers from five republics for recreational peace and tolerance summer camps, so as to cover 15,000 children in total;
- Support mobile trainers groups from five republics of the North Caucasus to cover 20,000 schoolchildren and teachers through five modules on the elimination of stereotypes/prejudices among children and youth;
- Help finalize, publish and distribute a peace and tolerance encyclopedia to school libraries, pedagogical faculties and NGOs working in the area, so as to cover some 15,000 beneficiaries;
- Revise and distribute to 200 specialists the peace and tolerance manual for teachers and NGO trainers working in the North Caucasus region;
- Support the Children's Peace Theatre which will continue to perform thematic presentations in Chechnya, Ingushetia, Dagestan, North-Ossetia-Alania and Kabardino-Balkaria for some 8,000 children;
- Support, in cooperation with the local ministries of education, the organization of a network of peace and tolerance volunteers clubs in five republics, so as to reach some 10,000 schoolchildren and adolescents;
- Organize a conference for some 200 experts and pedagogues with a view to sharing experiences on peace and tolerance in the North Caucasus.

Child protection (US\$ 270,000)

More than 6,000 children will directly benefit from the following initiatives:

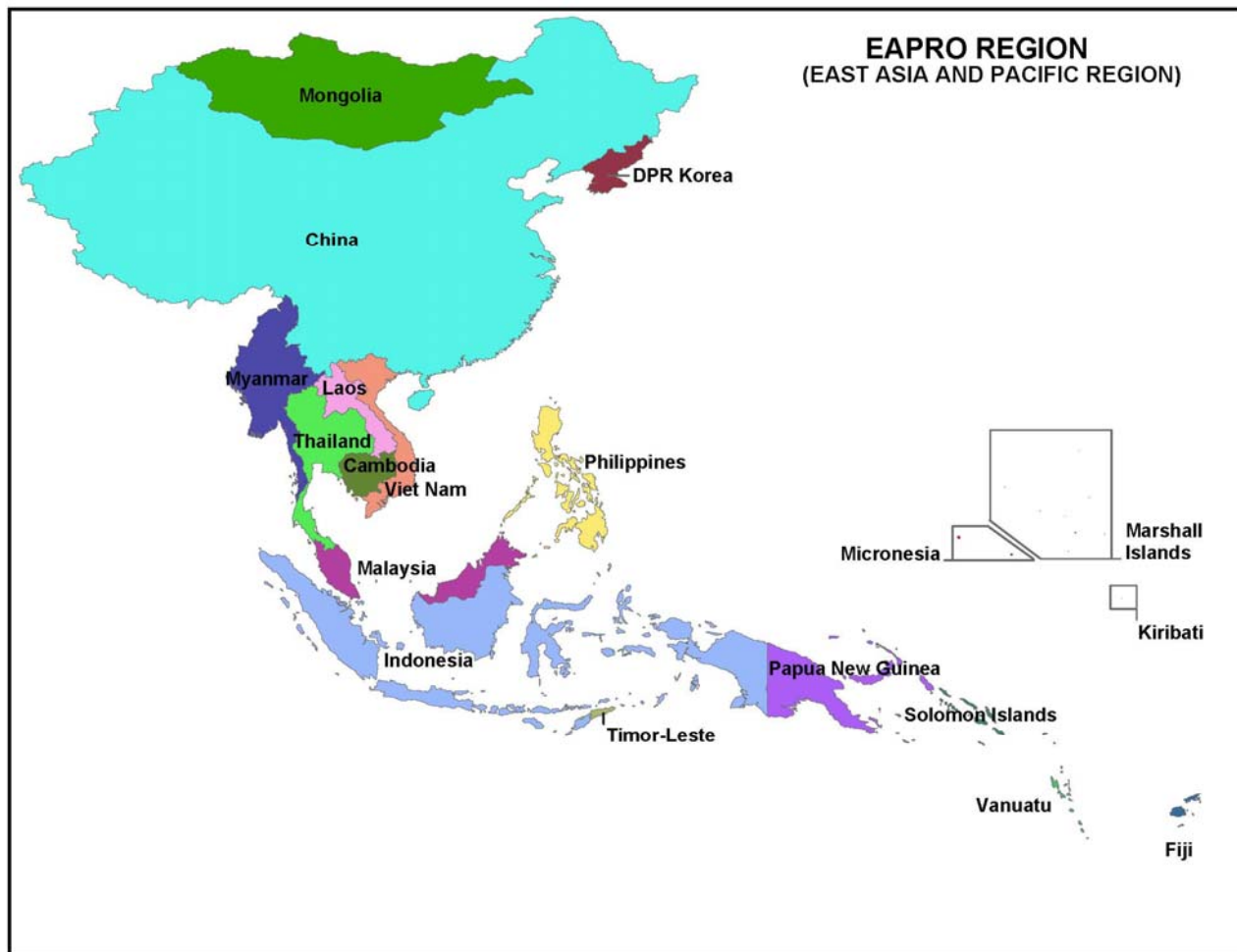
- Conduct trainings/workshops on the promotion of the Convention on the Rights of the Child for 900 government officials as well as 6,000 schoolchildren and teachers in Chechnya and Ingushetia;
- Support the Children and Women Protection Unit (created in the Office of the Human Rights Commissioner) in Chechnya as well as the Child Rights Ombudspersons in Dagestan and North Ossetia-Alania;
- Advocate for the creation of a Children and Women Protection Unit in the Office of the Ingush Human Rights Commissioner;
- Provide technical support to the Chechen Ministry of Labour and Social Development for the development of a special programme for vulnerable children, in particular orphans and disabled children.

Mine action (US\$ 750,000)

More than 150,000 children in Chechnya will benefit from the following key activities:

- Support 31 leisure centres providing daily a safe environment to some 700 children in Chechnya;
- Collect, analyse and share mine/UXO-related information to all concerned stakeholders;
- Support and monitor the mine-risk education (MRE) school course, thus targeting some 90,000 students in Chechnya;
- Conduct MRE presentations for some 70,000 children living in mine/UXO-affected communities;
- Provide essential rehabilitation equipment to Grozny's Prosthetic Workshop;
- Improve existing physical rehabilitation services for some 2,000 children with disabilities, providing relevant training opportunities to the technicians of Grozny's Prosthetic Workshop;
- Advocate for the signature, ratification and implementation of the Mine Ban Treaty, as well as for the launch of a comprehensive civilian mine/UXO clearance programme in Chechnya;
- Advocate for the revision of existing policies in favour of disabled children (including mine/UXO survivors), as well as for the provision, by relevant authorities, of adequate assistance to this particularly vulnerable group.

UNICEF HUMANITARIAN ACTION EAST ASIA AND THE PACIFIC IN 2007



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

Regional Office financial needs for 2007

Sector	US\$
Emergency preparedness and disaster mitigation	400,000
Regional support for AHI preparedness and response	250,000
Child protection in emergency	250,000
Total*	900,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The East Asia and the Pacific region faced an increase in the number and size of emergencies during 2006. The Regional Emergency Unit has had to focus its attention to frequent natural disasters affecting several countries in the region, while still maintaining a strong emphasis on the transition and rehabilitation efforts in Indonesia, Malaysia, Myanmar and Thailand, as a result of the tsunami of December 2004.

Several earthquakes of medium to high intensity affected Indonesia and other countries located along the so-called Ring of Fire, spanning between northern Sumatra and the Pacific, and affecting the local populations to different extent. The quake which hit Jogjakarta in May 2006 killed more than 5,000 people, destroyed or damaged more than half a million houses and displaced hundreds of thousands. It even induced the intensification of the activity of the Merapi volcano, triggering the temporary displacement of an additional 6,000 people. The coast of Java was further hit by another quake and consequent tsunami in July, which killed more than 500 people. Disruption of basic services and increased risk for human and child rights abuses called for a strong UNICEF response that is still ongoing.

Earthquakes and volcanic eruptions also affected several other countries ranging from the Philippines to Papua New Guinea, and reaching the Pacific Island countries. The frequency and intensity of these events are under study for the identification of specific trends, although their unpredictability underlines the need for consistent preparedness work in coordination with governments and other international organizations. The risk of another large-size tsunami in the region, or a massive earthquake hitting one or more big cities, is unfortunately a concrete reality.

Cyclones, typhoons, heavy rains and consequent floods have affected China, the Democratic People's Republic of Korea (DPRK), the Philippines, Thailand and Viet Nam in 2006. In some cases the number of fatalities reached the hundreds – even if information from some of these countries is limited and scarce – and thousands have been displaced.

The dramatic rise in violence in Timor-Leste in April and May triggered massive displacement of people, mainly from the capital, Dili. About 150,000 people were living in camps in and around Dili or moved to other districts – where they lived with host families or in small clusters in makeshift shelters – for fear of ethnic violence. UNICEF was a key actor in the first phases of the humanitarian response and, with the assistance and support of the Regional Office, the Timor-Leste Country Office is reviewing the size and scope of the country programme for the next two years, in light of the recent events and the chronic humanitarian crisis.

Avian Influenza has been high on UNICEF's agenda in this region since 2003; but the escalation of the number of human cases worldwide from the beginning of the year, and the more recent spike of deaths in Indonesia (50 killed as per 23 September 2006), greatly increased the concerns of a possible transformation of the virus into a human-to-human transmissible form. According to some scientists, this has already happened in Indonesia. In addition to the ongoing efforts to contain the spread of Avian Influenza amongst birds and the number of bird-to-human cases, efforts are underway to operationalize preparedness actions in case of a human-to-human pandemic. Much of these activities are being undertaken in collaboration with FAO and WHO. The Regional Emergency Unit has a special role to play in assisting the UNICEF Country Offices in their preparedness planning at the national level as well as supporting consistent and comprehensive UNICEF engagement in the inter-agency collaboration.

In addition to the above disasters, armed conflict and its aftermath continued to cause disruption, displacement and death throughout the region, affecting women and children the worst. There are an estimated 600,000 internally displaced persons (IDPs) living in Myanmar; several thousands in Indonesia and the Philippines and as many refugees from Myanmar living along the Thai-Myanmar border. Asylum seekers from Indonesia, the Lao People's Democratic Republic (Lao PDR),

Myanmar and Viet Nam still struggle to have their rights protected in a region where several countries have not yet ratified the Refugee Convention. An emerging issue of concern is children associated with and/or being recruited by armed forces in Myanmar, the Philippines and the refugee camps in Thailand. Young involvement in violence is increasingly common in Bougainville (Papua New Guinea), the Solomon Islands and Timor-Leste. Security Council Resolution 1612 establishing the parameters for monitoring and reporting child abuses in situations of conflict provides a new framework for intervention. The Resolution is being tested and its application in these countries will be a useful instrument for tackling some of the issues. In Bougainville, the Solomon Islands and Timor-Leste, it must be coupled with a much more comprehensive understanding of the root causes of the problems.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

The UNICEF East Asia and Pacific Regional Office (EAPRO) supported several Country Offices in the region, namely DPRK, Malaysia, Mongolia, Bougainville and Papua New Guinea, the Philippines, Thailand, and Timor-Leste to undertake their emergency preparedness and response (EPR) planning exercises. EAPRO was able to assist Country Offices in understanding and responding to their specific needs – in relation to their strengths and weaknesses, opportunities and threats – and come up with realistic and action-oriented EPR plans.

In August, the regional team, accompanied by the DevInfo Regional Officer, had the chance to contribute for the first time to an EPR planning exercise involving central, provincial and local level counterparts in Viet Nam. This laid the foundation for a set of efforts to integrate the Core Commitments for Children in Emergencies' monitoring and evaluation indicators into the provincial assessment systems in selected natural disaster-prone provinces in Viet Nam. More similar events are scheduled for early 2007 in the Pacific Island countries (Fiji, Kiribati, Solomon Islands and Vanuatu).

In addition, EAPRO, in a joint undertaking with the Regional Office for South Asia, developed special features for DevInfo to better address monitoring and evaluation requirements in emergencies. DevInfo now offers the following new features: 1) data capture for rapid assessments using personal digital assistance (PDA); 2) web data capture for surveys; 3) the ability to produce standard report formats; and 4) mapping of affected areas, including multi-layered maps and geospatial buffering (a geographical presentation of the affected area using a buffer zone – epicentre – to estimate numbers of people affected). These tools have been piloted in India, the Maldives and Sri Lanka and the features integrated into the global DevInfo. All of these provide instant assessments of impacts of emergencies to assist programming in the initial phases and beyond. There are also further plans, in November 2006, to explore opportunities with inter-agency and other partners to use DevInfo in emergency-affected areas.

The partially concomitant crises in Jogjakarta (Indonesia) and Timor-Leste provided a good test for EAPRO's capacity to support the Country Offices affected, and build upon the lessons learned from the tsunami. From the beginning, it was clear that the UNICEF Office in Indonesia was in a good position to respond to the new humanitarian crisis thanks to the quick deployment of staff and supplies from the Banda Aceh Office. EAPRO assisted the team by coordinating with Headquarters and other agencies, providing financial support, facilitating supply procurement and delivery, implementing the inter-agency cluster approach, finalizing fundraising documents and identifying and deploying surge capacity staff.

Timor-Leste required a much more consistent effort. The Regional Emergency Adviser joined the team in Dili at the initial stage of the crisis to assist Country Offices in identifying weaknesses and gaps in both programmes and operations, to support coordination between EAPRO and Headquarters as well as inter-agency collaboration, which ranged from the request for a Central

Emergency Response Fund (CERF) to the preparation of the Flash Appeal. The Regional Emergency Unit also coordinated EAPRO's technical support visits in the areas of education, child protection, health and nutrition, water and sanitation, human resources, etc. The success of the Flash Appeal ensured a sound financial status and the strengthening of the team in Dili. Recently, due to the overall changes in the humanitarian and developmental context of the country, the increasing needs of the population, the special momentum underlined by the deployment of a new United Nations Integrated Mission in Timor-Leste (UNMIT), EAPRO undertook an intersectoral mission to Timor-Leste to review and reshape the programme for the next two to five years. It is expected that Timor-Leste will require extended assistance and support from EAPRO during 2007 and 2008.

Based on an evaluation of EAPRO's role during the tsunami and on the lessons learned exercise that followed, the Regional Emergency Unit organized a three-day workshop in July to review EAPRO's roles and responsibilities in the event of a humanitarian crisis in one or more countries in the Region. The exercise was an opportunity to develop a sound, realistic and action-oriented EPR plan for the Regional Office, as well as an extremely useful document to define triggers and roles when an emergency occurs in the Region. Both documents were shared with Country Offices in the Region as well as with the Office of Emergency Programmes (EMOPS) at Headquarters. Its implementation will start at the end of 2006.

The third day of the July workshop was dedicated to Avian/Pandemic Influenza, based on the risk of a full-fledged pandemic in the region. The event allowed to set the basis for a comprehensive review of the Regional Avian/Human Influenza EPR plan developed in June and to focus on business continuity in case of a human pandemic. The magnitude and importance of the issue, as well as the amount of time and attention that it deserves, induced EAPRO to identify an Avian and Human Influenza focal person, working in the Regional Emergency Team. This person will ensure coordination between EAPRO's units involved with Avian/Human Influenza (communications, health, preparedness, human resources and administration) as well as contribute to the development of the regional inter-agency coordination/collaboration. While the role of UNICEF in programme communications is expected to be the highlight of its engagement with this very special threat in the coming months and years, the EPR aspects are gaining importance, both at country and regional levels. The role of this focal person will therefore be essential – eventually expanding – during 2007.

In light of the increasing relevance of Security Council Resolution 1612 on the monitoring and reporting mechanisms on children affected by armed conflict violations, a mapping exercise of existing organizations and actors dealing with this critical issue was carried out in May and June in Indonesia, the Philippines, and Thailand (focusing on the Thai-Myanmar border problems). The report from this mapping exercise should become one of the baselines for the future implementation of the Resolution in South-East Asia, and underscore – together with the ongoing worrying situations in Timor-Leste, the Solomon Islands and Bougainville – the need for sound regional involvement with issues related to children in armed conflict and to post-conflict situations. Additionally, in collaboration with the Australian International Development Aid Bureau and the International Renaissance Foundation (AusAID/IRF), EAPRO supported Country Offices in Myanmar, the Philippines and the Solomon Islands to undertake 'Action for the Rights of Children' (ARC) training that focuses on child protection issues in emergencies. Here the Regional Emergency Unit worked closely with the Regional Child Protection Unit.

The Regional Emergency Unit played a key role during 2006 in facilitating communications between Country Offices and EMOPS in Headquarters on a variety of emerging issues. The humanitarian component of the UN Reform calls for new initiatives and approaches, requiring continuous coordination with other UN agencies as well as other organizations. While the new role of the Humanitarian Coordinators and the creation of a new Central Emergency Response Fund (CERF) are concepts easily absorbed by the humanitarian community, the cluster leadership approach has still some 'grey areas' that are in need of further clarification and, eventually,

discussion. When the United Nations in Indonesia was asked to implement – overall successfully – this approach in Jakarta, many questions arose, and several lessons learned were collected. It is expected that this specific issue will require further attention in the coming months and the Regional Emergency Unit will have the responsibility to work closely with the Country Offices to foster a common understanding of the related issues.

Stronger links and contacts have been developed with the Office for the Coordination of Humanitarian Affairs (OCHA), the International Federation of Red Cross and Red Crescent Societies (IFRC), and with the Association of Southeast Asian Nations Committee on Disaster Management (ACDM). It is expected that these contacts will evolve in more comprehensive collaborations in the coming months.

3. PLANNED HUMANITARIAN ACTION FOR 2007

INDONESIA

Indonesia is highly susceptible to natural disasters. This vulnerability is compounded by socio-economic conditions that are steadily increasing the impact of disasters. Population size and other demographic changes have decreased the availability of habitable land, forcing settlements in hazard-prone, marginal areas, such as flood plains and steep slopes. Greater population size has led to an increased number of affected people per disaster. Environmental degradation, such as land erosion and deforestation, has augmented the severity of disasters.

In 2006, Indonesia experienced flash floods in South and Central Sulawesi, the eruption of the Merapi volcano in Central Java, flash floods in the southern and eastern part of Kalimantan, and hot mud flooding in East Java. In May 2006, a powerful quake of 6.1 on the Richter scale killed more than 6,000 people, destroyed or damaged more than half a million houses and displaced hundreds of thousands of people. It even induced the intensification of the activity of the Merapi volcano, triggering the temporary displacement of an additional 20,000 people. The coast of Java was further hit by another quake and consequent tsunami in July, which killed more than 500 people.

As part of its response plan, UNICEF has provided cluster leadership and supports local communities and civil authorities in child protection, education, and water and sanitation.

Among other things, UNICEF has been working to provide a safe environment for children affected by the earthquake, setting up temporary schools and opening special centres to restore a sense of normalcy to their young lives. These centres provide care and counselling to children who exhibit psychosocial problems, such as fear of entering buildings and crying at the sight of ambulances in the quake's aftermath.

The situation in Indonesia can be best described as unstable and unpredictable with the constant threat of conflicts, natural disasters and the possibility of an influenza epidemic. A workshop held by the Government of Indonesia and the United Nations provided an overview of the response to the tsunami crisis from the standpoint of the Indonesian Government. Although the tsunami was recognized as an exceptional event, it was noted that particular attention should be given to improving risk awareness, especially in the absence of early warning systems. In addition, the workshop found that the legal framework for disaster management continues to be weak, fragmented and duplicative, lacking a clear division of responsibilities among various components of the public administration. The workshop's main and cross-cutting recommendation was for the quick passing into law of the draft Bill on National Disaster Management, shortly to be discussed by the Parliament.

UNICEF will continue to develop organizational and institutional capacities to adequately respond to the emergency needs of the most vulnerable segments of the population at greater risk of being affected by disasters, i.e. children and women, and call for increased international support to reduce such vulnerabilities.

Emergency preparedness and disaster mitigation (US\$ 400,000)

Key activities will include:

- Provide technical support to Country Offices to undertake and/or review and update their EPR planning and operationalize their plans in the event of an emergency. It is expected that at least six countries will go through a comprehensive EPR review exercise during 2007, requiring support from the Regional Office;
- Support Country Offices to undertake EPR planning with inter-agency and other partners (at national and sub-national level where relevant). In light of the changing context, the UN Reform process and the increasing relevance of Avian and Human Influenza in the Region, it is expected that these issues will be part of all EPR planning exercises;
- In collaboration with the Planning, Monitoring and Evaluation Unit, continue to build on the current process in Viet Nam and expand the testing and application of new monitoring and evaluation tools and indicators in emergencies to other interested Country Offices;
- Provide technical support to Country Offices in strategy development to mainstream emergencies in the UNICEF Country Programme and to develop the Common Country Assessment and the UN Development Assistance Framework;
- Building on EAPRO's EPR process, the Regional Emergency Unit will work with the Regional team to finalize and review its roles and responsibilities in emergencies. EAPRO's EPR plan will be monitored, in collaboration with the Planning, Monitoring and Evaluation Unit, to ensure that the Regional team is fully abreast of preparedness issues and ready to assist any country affected by a new crisis;
- Establish regional internal surge capacity rosters and further strengthen and fine tune available external regional surge capacity rosters;
- Support the Regional team to extend and strengthen support to the cluster leadership approach in countries in emergencies;
- Continue working with EMOPS at Headquarters on ongoing/new emergency-related issues and processes at global level and facilitate involvement and participation of Country Offices;
- Strengthen inter-agency coordination and establish new collaborations with IFRC and ACDM to promote coordinated and comprehensive approaches in emergency preparedness and disaster mitigation;
- Strengthen the capacity of the Regional Emergency Unit by ensuring the permanence of the current Emergency Project Officer and by hiring a more senior Emergency Programme Officer to act also as Deputy Chief of the Unit and support the Regional Emergency Adviser.

Regional support for Avian/Human Influenza preparedness and response (US\$ 250,000)

Key activities will include:

- Support Country Offices in their Avian/Pandemic Influenza (API) preparedness plans;
- Undertake a coordinating role on API issues in the Regional Office to ensure consistent and comprehensive engagement of the technical advisers on this issue;
- Represent and support the positioning of UNICEF's role and engage in inter-agency collaboration for API preparedness and response.

Child protection in emergency (US\$ 250,000)

The ongoing displacements and refugee situations accounting for hundreds of thousands of victims in the Region; the chronic post-conflict problems affecting children and adolescents in several island countries (Papua New Guinea, Solomon Islands and Timor-Leste); the ongoing recruitment by and involvement of children with armed forces; the application and future follow-up of Security Council Resolution 1612; all underscore the importance of the development of regional and sub-regional strategies for supporting Country Offices and to engage other regional actors and organizations in this complex environment. The Regional Emergency Unit aims at strengthening EAPRO's approach to child protection issues in emergencies by hiring a Programme Officer who will work closely with the Regional Child Protection Unit and support Country Offices in related issues.

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UNICEF HUMANITARIAN ACTION DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	6,756
U5 mortality rate	55
Infant mortality rate	42*
Maternal mortality ratio (1990-2005, reported)	110
Primary school enrolment ratio	108**
Primary school enrolment ratio for girls	101**
% U1 fully immunized (DPT)	79***
% population using improved drinking water sources	100****
HIV/AIDS prevalence	n/a
% U5 suffering from moderate and severe underweight	23

Source: *The State of the World's Children 2007*

* Government data from 1999 indicate 23.

** Ministry of Education data 2005, net figures not available.

*** Ministry of Public Health data 2005 indicate 82%.

**** Government data, but field observations indicate much lower coverage.

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	6,450,000
Water and environmental sanitation	2,600,000
Education	950,000
Total	10,000,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

According to government figures, the infant mortality rate increased from 14 to 23 deaths per 1,000 live births and the under-five mortality rate from 27 to 55 deaths per 1,000 live births between 1993 and 1998. This increase in child mortality resulted from acute food shortages, combined with heightened morbidity and the reduced capacity of the health system to manage childhood illness caused by the lack of essential drugs and the degraded quality of water and sanitation systems. Though government statistics indicate that 100 per cent of the population have access to improved drinking water sources, field observations show that most of the piped systems are old, in very poor conditions and often contaminated. These systems also provide water very irregularly as they are in most cases pump-based and requiring fuel that is very scarce. As a result, the occurrence of diarrhoea is high, causing malnutrition and remaining, together with acute respiratory infections, the main cause of child deaths.

Considerable progress has been made in the area of child malnutrition over the last decade due to large-scale assistance provided by the international community. As documented in a nutrition survey conducted in 2004,⁶ between 1998 and 2004, acute malnutrition fell from 16 to 7 per cent, chronic malnutrition from 62 to 37 per cent and underweight from 60 to 23 per cent. Despite these positive trends, current levels of malnutrition are still high by WHO standards. Moreover, one third of mothers were found to be malnourished and anaemic, as was the case in 2002. Assistance to vulnerable groups, such as young children and mothers, needs to be sustained.

Primary and secondary schooling is free and compulsory. All children up to the age of 17 years are enrolled, with the country reporting universal literacy. However, economic difficulties have resulted in shortages of textbooks, school materials and fuel for heating during the long sub-zero winters. Learning methods have also not evolved in line with international developments. These factors have combined to affect negatively the quality of education.

Weak managerial capacity of government counterparts involved in the provision of basic health, water and education services has constrained progress on delivery of inputs and project implementation, highlighting the need to pursue capacity-building efforts.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to respond to the needs of the population affected by the adverse situation. It has mainly focused on the priority areas of health, nutrition, water and sanitation, and education. However, progress was hindered as the country lacks the major investments needed to achieve targets in areas such as child mortality and maternal health.

In health and nutrition, routine immunization services have been maintained, DPT3 coverage has reached 82 per cent, and more than 90 per cent of children under one year old have been immunized against tuberculosis, polio, measles and hepatitis B. With the support of the GAVI Alliance, a new combined vaccine (DPT-hepB) was introduced nationally and an expanded programme on immunization (EPI) multi-year plan was developed for 2007-2011.

Some 5,000 EPI caregivers were trained in the proper handling of vaccines; 500 section doctors received section doctor bags to strengthen antenatal, natal and postnatal care services; operation theatres were rehabilitated and equipped in five provincial maternity hospitals; 2,800 health facilities, covering around 60 per cent of the population, benefited from a regular supply of essential drugs, and the health facilities, covering the remaining 40 per cent of the population,

⁶ DPRK 2004 Nutrition Assessment, DPRK Central Bureau of Statistics and Institute of Child Nutrition with UNICEF/WFP support.

were supported by the International Federation of the Red Cross and Red Crescent Societies (IFRC); continued support was given for the local production of oral rehydration salts; some 3,000 health caregivers were trained in proper diagnosis and treatment of diarrhoeal diseases and respiratory tract infections; about 2 million under-five children received vitamin A supplementation, and almost 97 per cent of children aged 2-5 years received de-worming tablets through National Health Days; the protocol for the management of severe malnutrition was upgraded and key staff trained on the subject.

The new WHO growth chart was adopted and will be used as a pilot project in selected facilities. The *Family Book*, a Korean booklet inspired from the UNICEF publication *Facts for Life*, was updated and 250,000 copies distributed among communities to increase awareness on key caring practices for children and women.

In water and sanitation, during 2006 some 3.5 million people in provincial cities and focus counties gained access to clean drinking water and to more regular water supply through the construction of gravity-fed systems, the drilling of hand pump wells and the provision of spare parts and chemical treatment materials. Some 10,000 children in 20 child-care institutions benefited from upgraded sanitation facilities. The capacity of the Ministry of City Management staff in designing and implementing gravity-fed water supply systems was enhanced through the in-depth training of 15 counterparts from the central level and from all nine provinces, as well as through hands-on experience in four focus counties. The scaling-up of this water supply technology is critical as it is well suited to the abundance of water sources in the many mountainous areas of the country and constitutes a more sustainable alternative than pump-based systems which require fuel.

UNICEF is really the only agency providing significant support in the area of education. Paper and printing press spare parts were provided to print basic textbooks for some 100,000 schoolchildren. In seven focus counties where UNICEF is promoting a better learning environment, over 7,000 children in seven schools received new school furniture. The learning assessment project was completed successfully in 20 pilot schools and will be expanded throughout the country with government's own resources. Activities to improve hygiene and to introduce life skills-based education in the primary and secondary curriculum have begun with the production of a colourful manual on health and hygiene promotion for primary schools.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Inter-agency theme groups comprising UN agencies, development partners and government meet monthly to discuss progress, issues, plans and strategies. Weekly inter-agency meetings exchange information among UN agencies and other development partners.

Regular programme

The Country Programme benefited from generous contributions, mostly through the Consolidated Appeal Process (CAP) until 2005 when the Government called for an end to the humanitarian assistance to move to development. In the absence of the CAP, funds have been secured through the *Humanitarian Action Report (HAR)*. Continuing fundraising through the HAR will ensure that the programme can maintain the progress already made and also further improve the quality of selected services. This includes responding to the immediate needs of children and addressing some of the underlying causes of the situation through the implementation of a comprehensive approach to early childhood care and a cross-cutting strategy of capacity-building.

In the Democratic People's Republic of Korea, UNICEF is implementing a two-tier system of national and focus county interventions. At the national level, UNICEF will support the capacity-building of government counterparts to provide basic social services, formulate or strengthen policies and guidelines and implement national programmes, such as immunization, de-worming and vitamin A supplementation. In a limited number of focus counties, sectoral programmes will converge to assure greater impact with limited resources and allow for innovation and modelling that could later be replicated or taken to scale with Government's own or external resources that might be available in the future.

Health and nutrition (US\$ 6,450,000)

All children, especially under-five children, will benefit from the following key interventions:

At the national level

- Maintain high immunization coverage (more than 90 per cent) for all antigens;
- Extend cooperation with the GAVI Alliance and other partners to sustain the achievements of immunization and the integration of additional health interventions;
- Continue procuring and distributing essential medicine kits to more than 2,800 health facilities covering about 14 million people;
- Develop, in collaboration with WHO and IFRC, a strategy for scaling down the procurement of essential drugs over the next three years;
- Support local production of oral rehydration salts for the treatment of childhood diarrhoea, with the aim to increase the yearly production to 7 million sachets (about 90 per cent of local needs);
- Provide nutritional supplementation to all pregnant women (estimated at 300,000), iron/folic acid to women before pregnancy, multi-micronutrients to pregnant women during the first six months of pregnancy, and vitamin A to women after delivery;
- Procure and distribute vitamin A and de-worming tablets two times a year to all under-five children (estimated at 2 million);
- Administer de-worming tablets to 3 million primary schoolchildren;
- Print and disseminate at least 250,000 additional copies of the *Family Book* (Korean version of *Facts for Life*) to increase awareness on caring practices for children and women;
- Assess the situation of salt iodization and increase production of iodized salt;
- Support growth monitoring in all child-care institutions.

In selected focus counties

- Support the promotion of a range of feeding and care practices both in nurseries and at the household level in 10 focus counties;
- Expand the Integrated Management of Childhood Illness (IMCI) model in at least three focus counties;
- Strengthen the health management information system (HMIS) in 10 focus counties;
- Implement the new WHO growth chart in selected counties;
- Develop a pilot project to provide newlywed couples with a package of information on their upcoming responsibilities and roles as parents, including caring practices for young children, caring practices for women before, during and after pregnancies and HIV/AIDS awareness;
- Procure vitamins and minerals to produce, in partnership with WFP, around 36,000 MT of blended foods to be distributed to child-care institutions and to pregnant and lactating women in 30 counties.

Water and environmental sanitation (US\$ 2,600,000)

Some 5 million people – including children in institutions such as baby homes, nurseries, kindergartens and primary schools – will benefit from the following key interventions:

At the national level

- Procure water treatment chemicals and spare parts to provide safe water to 5 million people in urban areas;
- Train 1,000 water engineers and technicians nationwide on the design, operation and management of gravity-fed water supply systems.

In selected focus counties

- Consolidate the gravity-fed water supply system construction experience into manuals to be used for national training;
- Rehabilitate/construct water supply systems in two focus counties to provide safe drinking water to 80,000 people through gravity-fed systems;
- Rehabilitate water and sanitation facilities in 20 child-care institutions benefiting 10,000 children;
- Construct demonstration household latrines and support household hygiene promotion in 10 focus counties;
- Provide potable water quality monitoring laboratories to two anti-epidemiological stations in focus counties to upgrade their monitoring capacity;
- Provide safe drinking water to 30,000 children in child-care institutions at village level through the installation of 100 borehole handpump wells;
- Promote hygiene education in 50 schools where water supply and sanitation facilities have been upgraded.

Education (US\$ 950,000)

A total of 200,000 children will benefit directly from the following key interventions:

At the national level

- Supply basic school materials including 150 tons of papers to print textbooks benefiting 150,000 children in primary schools and kindergartens nationwide;
- Increase technical skills of 50 Ministry of Education officials on expanding learning assessment pilot and developing other initiatives such as curriculum revision, in-service teacher training and life skills-based education, with a focus on health and hygiene.

In selected focus counties

- Provide comprehensive rehabilitation for at least five primary schools/kindergartens in focus counties with double-glazed windows, upgraded kitchens and water and sanitation facilities benefiting about 10,000 children, including provision of basic education supplies, such as desks and chairs;
- Pilot quality-related activities on curriculum revision, in-service teacher training and life skills-based education in 20 schools upon which experience will be provided to national education policy makers.

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UNICEF HUMANITARIAN ACTION

TIMOR-LESTE

IN 2007



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

CORE COUNTRY DATA

Population under 18 (thousands)*	463
U5 mortality rate	83
Infant mortality rate	60
Maternal mortality ratio	420-800
% U1 immunized against measles	47
% population using improved drinking water sources*	58
HIV prevalence rate (2005)	0,032/1000
% U5 suffering from moderate and severe underweight	46

Sources: *Demographic Health Survey, 2003* and *Health Information System, Ministry of Health*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	700,000
Water and environmental sanitation	1,500,000
Education	200,000
Child protection	500,000
Adolescents/youth and HIV/AIDS	350,000
Advocacy and communication	150,000
Emergency coordination, monitoring and evaluation	180,000
Total*	3,580,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Timor-Leste is a newcomer to the community of nations, having gained independence only five years ago in 2002. Prior to that, it was occupied by Indonesia for 24 years, during which a guerrilla resistance force waged an insurgency against the Indonesian military, and an estimated 180,000 Timorese died. Since 2002, Timor-Leste has slowly been gaining ground towards offering its people a decent standard of living, but this year's civil unrest has been a huge blow to the country.

Before the 2006 crisis, Timor's human development indicators placed it among the world's least developed countries. Per capita GDP stands at US\$ 430 and more than 40 per cent of the population live below the poverty line. Health indicators are also very poor with an infant mortality rate that stands at 60 per 1,000 live births. The maternal mortality ratio is one of the highest in the world, at 420-800 deaths per 100,000 live births. This is coupled with very high fertility rates – an average of 7.8 children per woman – and a teenage pregnancy rate of 59 per cent. The under-five mortality rate is 83 per 1,000 live births due to the combined effects of poor environmental sanitation, frequent and severe infectious diseases, and persistent malnutrition and parasites. More than one out of ten Timorese children is acutely malnourished and almost one out of two suffers from chronic malnutrition. Poor sanitation and lack of access to clean water is another significant public health problem. For example, only 24 per cent of people in rural areas and only 53 per cent of people in urban areas have access to latrines.

The crisis has not only stymied the work of the Government of Timor-Leste, it has also been a serious blow to many people and can only have contributed to a worsening of some of the indicators listed above. The crisis was triggered in late April 2006, after a protest by 594 sacked soldiers turned violent. More than 10,000 people fled their homes in Dili for IDP camps, and more than 20,000 people fled to the districts. Between 23 and 26 May, there were violent clashes between the police and military and ensuing gang and ethnic violence. People again fled their homes, but in far greater numbers. By June the number of internally displaced persons (IDPs) exceeded 150,000. Between June and September, it hovered around the 150,000-170,000 people mark – representing up to 18 per cent of the total population. Roughly half of this number is in IDP camps in the capital; and half is living with relatives in the districts, putting even greater pressure on subsistence families. Close to 2,000 homes in the capital have been burnt, and many homes and public buildings have also been looted. In addition to the financial setbacks to families who have lost their homes and possessions and have been forced to spend scarce dollars travelling from Dili to the districts and back, many people who were self-employed (market vendors, taxi drivers etc.) had their incomes drastically reduced over the past four months. School students have missed up to two months of school; and universities have been barely functioning, with the University of Dili having been comprehensively looted. The breakdown of social structures and services that accompanied the crisis has seriously challenged the capacity of families, communities and the State to protect children. Certain risk factors pose a threat not only to children's immediate survival but also to their psychosocial well-being. Many children are displaying signs of stress, including aggressive behaviour, withdrawal and difficulties in sleeping.

In spite of the presence of international forces, which arrived in late May 2006, the security situation in Timor-Leste remains largely unresolved. Violent clashes are a daily occurrence in Dili. Recent figures from the Ministry of Labour and Community Reintegration also indicate that there is no significant movement of people from IDP camps or from the districts back to Dili, suggesting that the majority of IDPs are still unwilling or unable to return to their homes.

Apart from the continued low-intensity conflict in Dili, Timor-Leste is prone to natural disasters, especially floods and landslides during the rainy season which starts around November every year. As many IDP camps have poor drainage and are highly congested, there is a great risk of diarrhoea-related diseases which would seriously affect the most vulnerable groups, such as young children. There are no excuses for Timor-Leste not being prepared for any type of emergency.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

During the 2006 crisis, UNICEF's action in immunization, nutrition screening and water and sanitation services helped avert the deterioration of the health and nutrition of children and IDPs. The measles and vitamin A campaign had a high coverage, reaching more than 110,000 children. UNICEF provided sanitation services to virtually all camps in Dili, benefiting some 70,000 IDPs.

For the last three years, UNICEF has supported the Alola Foundation, a national NGO, to promote exclusive breastfeeding and complementary feeding, prepare two hospitals for baby-friendly accreditation, establish mother support groups in more than half of the districts throughout the country and provide breastfeeding counseling to women in IDP camps at the height of the emergency. The Ministry of Health, together with UNICEF and Basic Support for Institutionalizing Child Survival (Basics), is organizing an Infant and Young Children Feeding workshop, aimed at bridging the identified gaps through further collaboration and advocacy. Guidelines on infant feeding in emergency were circulated to all camp managers and various breastfeeding promotion activities conducted.

In the area of education, UNICEF trained more than 200 teachers in a non-formal curriculum, through which 3,000 students attended non-formal lessons and participated in educational activities. UNICEF also worked closely with the Ministry of Education on the back-to-school campaign launched in September. In spite of the crisis, the new grade 1 curriculum, which UNICEF has been working on with the Ministry for more than a year, was delivered to schools throughout the country for the start of the new school year.

The establishment of the UNICEF-supported child protection focal point system in all camps in Dili allowed children to take part in structured play and recreation activities: 130 recreation kits were distributed to camps in and around Dili, as well as 3,000 toy sets for smaller children. UNICEF also supported life skills education and peer educator training. Between June and September, 212 people were trained in peer education, and more than 4,000 young people were reached with HIV information through peer educators. A total of 105 life skills education trainers were trained; and 499 young people received life skills-based education.

Through UNICEF's communication programme, 1,000 families in 26 IDP camps had access to information on critical issues via camp notice boards. Coverage of and for children was dramatically increased through the *Timor Nia Otas Foun* TV programme and the *Labarik Nia Lian (LNL)* radio programme.

A UNICEF-funded child protection adviser to the Minister of Labour and Community Reintegration also put the agenda of children and women at the forefront of the humanitarian response to the crisis.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Under the umbrella of the Simu Malu (Mutual Acceptance) Interministerial Committee, chaired by the Prime Minister, humanitarian assistance to IDPs is organized through Simu Malu's Coordination Committee, which has various technical working groups. UNICEF is one of the key actors in this coordination mechanism and an active member of technical working groups on health, nutrition, water and sanitation, and child protection. Integration of emergency preparedness in Simu Malu is currently being considered.

Regular programme

Based on experiences from the 2006 violence and political crisis, humanitarian assistance and emergency preparedness envisaged in the *Humanitarian Action Report* are an integrated part of the Country Programme in 2007, which also addresses underlying causes of the past crises, by introducing community-level convergence of basic services and a strong emphasis on youth, peace-building initiatives and strategic communication.

Focus

Humanitarian assistance to IDPs, including children and women (178,000 as of September 2006), will likely continue, but with a greater focus on support to IDPs in districts. At the same time, UNICEF will encourage the return of IDPs to their communities through Simu Malu. This link with Simu Malu will support UNICEF's shift of focus to a community-based approach. It will also help with the transition from humanitarian assistance for IDPs to development activities benefiting people who have returned to their communities. The key planned activities will also incorporate transitional activities, while addressing the critical elements of a minimum level of emergency preparedness for natural disasters (floods, severe storms, and earthquakes) or epidemics across all sectoral areas.

Health and nutrition (US\$ 700,000)

UNICEF will ensure that the Ministry of Health has both the supplies and the technical and logistical capacity to reach all women and children in the five target districts (Dili, Liquica, Manatuto, Ermera and Aileu) in order to achieve full immunization and emergency obstetric care. Ministry of Health staff will be equipped to deliver community-based therapeutic feeding for children, and preventative and curative care against malaria and other vector and water-borne diseases. Community-based networks will be strengthened through the Family Health Promoter Programme for interaction with the Ministry of Health, in order to expand service coverage and contribute to peace-building. Emergency stocks will be built up and national and international technical assistance recruited for programme implementation as required. Key activities will include:

- Procure sufficient vaccines, cold chain and related equipment for 13 community health centres over one year;
- Procure communications and logistics equipment for immunization outreach;
- Procure emergency health kits to cover 50,000 people over six months;
- Procure impregnated mosquito nets and support distribution through specialized NGOs;
- Procure communications and logistics equipment for emergency obstetric care;
- Train 50 district health staff in immunization, therapeutic feeding and contribute to the training of midwives and other health staff in emergency obstetric care;
- Based on a nationwide evaluation of midwives' skills and qualitative assessments, develop a health promotion communication strategy to be implemented throughout the target area;
- Recruit national and international technical assistance to manage/implement the programme.

Water and environmental sanitation (US\$ 1,500,000)

Integrating water supply, improved sanitation and hygiene into a comprehensive package will be the strategy to address the needs of affected communities. Water, sanitation and hygiene activities will be implemented by community-based organizations with support from local NGOs and/or contractors. Government counterparts, such as staff from the Division of Community Water and Sanitation Service, will be trained in management and emergency preparedness and response activities. Major proposed interventions will be as follows:

- Provide safe, clean and reliable water supply systems and support sanitation and hygiene promotion in at least 125 schools/communities in five districts;
- Facilitate the construction/rehabilitation of 1,000 household latrines in five districts;
- Help develop human resources and build capacity in the government water and sanitation sector and partner NGOs for emergency preparedness and response, through orientation/training;
- Develop promotional materials for improved sanitation and hygiene for schools and communities;
- Build up and maintain a minimum emergency stock of water storage tanks, water purification tablets, construction materials, water and hygiene kits and other emergency supplies for 10,000 IDPs;
- Recruit national and international technical assistance to manage and implement the programme.

Education (US\$ 200,000)

UNICEF is fully funded to continue supporting educational activities in camps in 2007 focusing on approximately 20,000 primary school-aged children in Dili who are affected by the ongoing crisis. The critical need is to develop a countrywide emergency preparedness strategy including resource stockpiling with the Ministry of Education and Culture, which will benefit all school-going children. For this objective, a total of 40 senior staff from the Ministry, 76 school principals and 600 teachers will benefit from the following key activities:

- Train 40 Ministry of Education and Culture officials (directors, vice-directors, superintendents and training officers) in education in emergencies, including rapid assessments, use of school-in-a-box kits, impact of emergencies on children and annual budgeting for emergency responses;
- Train school principals in 76 core schools from the child-friendly schools project in the psychosocial aspects of emergency education, care and recovery for children and teachers;
- Fund 76 follow-up workshops for 600 teachers in 76 clusters of the child-friendly schools project in the psychosocial aspects of emergency education, care and recovery for children and teachers;
- Prepare emergency preparedness materials (manual and template plan) for principals, parent-teacher associations and local administrators to enable them to do their own emergency planning;
- Translate rapid assessments and other emergency education resources into Tetun;
- Provide technical support to ensure effective management, monitoring and evaluation of these activities.

Child protection (US\$ 500,000)

A total of 30,000 children and their families will be reached by community-based interventions and will receive psychosocial support through play and recreation. All new staff (police and civilians) of UNMIT, the new United Nations Integrated Mission in Timor-Leste, will receive an orientation on child rights and protection issues. Peace-building will be supported through advocacy and social mobilization. Key activities will include:

- Support psychosocial activities (play, recreation and other activities) for displaced children and children in affected communities. Activities will be implemented in partnership with local and international NGOs and the local administration;
- Distribute recreation kits, containing sporting equipment and toys for young children in IDP camps and affected communities;
- Implement community-based planning processes at the district and suco (village) levels, resulting in local action plans for the protection of children. Involves training and capacity-building to integrate children's issues and extend support programmes for children at the local level;
- Promote non-violence, positive parenting and good relationships in families/communities through printed materials (e.g., positive parenting guides) and activities such as community theatre, workshops and peace-building sessions run by partner NGOs;
- Develop information materials and seminars/orientation sessions for UNMIT staff on child rights and child protection;
- Develop community-based diversion programmes for children in conflict with the law in Dili and selected districts;
- Provide technical assistance and human resources.

Adolescents/youth and HIV/AIDS (US\$ 350,000)

Key activities will include:

- Support HIV/AIDS prevention education activities (national campaign and peer education) targeting 40,000 young people aged 15-25 years in 13 districts;
- Conduct life skills-based education training for 2,000 young people in and out of school in six districts;

UNICEF HUMANITARIAN ACTION REPORT 2007

- Set up 100 literacy classes (basic and primary school equivalency literacy) in IDP camps for 1,950 adolescents;
- Support sporting activities for 10,000 young people in 13 districts;
- Support youth-initiated community peace dialogues for 15,000 adolescents in 13 districts;
- Stockpile canopies for 40 learning spaces in response to emergency.

Advocacy and communication (US\$ 150,000)

Providing information and stimulating debate on youth issues is most effective if young people themselves can express their views and opinions (through national radio/TV and 17 community radio stations in 13 districts). Key activities will include:

- Support the participation of displaced children and young people in TV programmes;
- Support the participation of displaced children and young people in radio programmes;
- Organize film screenings in IDP camps and emergency radio programmes;
- Support local media to improve quality and balance of reporting, especially on the situation of internally displaced children and women;
- Work with national NGOs and the Church to promote child rights and peace-building;
- Establish a district-based communication and information centre for adolescents which will provide information at the centre's premises, through information boards at crucial places in the districts; and organize film screenings for children and young people in collaboration with suco (village) chiefs and district administrators;
- Provide civic education for children and young people in collaboration with faith-based organizations, including youth groups, the Dili Diocese Youth Commission, Caritas Dili, Colegio São José and Muslim organizations;
- Prepare press releases and human interest stories for the UNICEF website and local and international media;
- Maintain minimum stock of UNICEF advocacy supplies for emergency.

Emergency coordination, monitoring and evaluation (US\$ 180,000)

- Recruit an Emergency Coordinator to effectively coordinate UNICEF's broad scope of areas in emergency preparedness and response; and further enhance sectoral coordination under the Simu Malu coordination structure;
- Monitor indicators of all sectors in close collaboration with Government ministries to track progress and ensure that results are linked with the newly introduced DevInfo emergency module;
- Conduct a full evaluation of UNICEF-supported emergency response in 2006 to take stock of lessons learned and further improve ongoing support to IDPs and emergency preparedness.

UNICEF HUMANITARIAN ACTION EASTERN AND SOUTHERN AFRICA IN 2007



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

Regional Office financial needs for 2007

Sector	US\$
Emergency preparedness and response	570,000
Nutrition	1,500,000
Child protection in emergencies	104,000
Angola	1,500,000
Comoros	470,000
Madagascar	1,200,000
Tanzania	5,000,000
Total*	10,344,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The Eastern and Southern Africa region (ESAR) has had more emergencies over the past decade than any other region in the world. Wars and civil conflict, the breakdown of governance, droughts and floods, and various epidemics including the debilitating HIV and AIDS pandemic, have been significant hurdles towards the realization of women and children's rights. The region continues to face multifaceted humanitarian crises, and 2006 was no exception. The year began with a huge crisis in the Horn of Africa where drought affected 8 million people in Djibouti, Eritrea, Ethiopia, Kenya and Somalia. Later in the year the region was also hit by flooding, especially Ethiopia. By year's end, tension inside Somalia has led to the very limited access and humanitarian support to the 1.8 million people in central and southern Somalia.

Children living in unstable environments continue to be one of the special protection priorities in the region in 2006. Armed conflict negatively impacts the rights of children in many complex and interrelated ways. Children are directly involved in conflict, either as child soldiers in Uganda or when targeted as civilians. Abuse, exploitation and violence against women and children are regularly used as weapons of war in the region. This is well documented in Angola, Burundi and Uganda.

Other crisis that continued into 2006 included northern Uganda where more than 1.4 million remained displaced throughout the year, but with the signing of an agreement in August 2006 between the Government of Uganda and the Lord's Resistance Army, there is hope that this crisis is coming to an end. Zimbabwe continued to face huge humanitarian needs, with high inflation and many people affected by continuing food and non-food shortages, and displacement. Malawi began the year with very high rates of malnutrition. Both Madagascar and Mozambique developed strong preparedness measures and plans for the cyclone season. Luckily, this year there were no big cyclones, but this remains a concern for next year. Botswana faced a large diarrhoea outbreak linked to severe malnutrition; and Namibia had a large polio outbreak requiring a campaign to vaccination large numbers of people (children and adults). Angola had the largest cholera outbreak in its history, with more than 80,000 cases and large numbers affected. Tanzania continued to host large numbers of refugees, and began the year also affected by drought. Appeals and emergency plans of action were prepared for all of these countries. In particular, these crises negatively impact on the right of children to survival, development and protection. The situation in Uganda continued to affect children disproportionately. However, Burundi continued its process towards peace, and made gains in launching free access to health and education in the country.

To further complicate the violence and vulnerability faced by children in conflict, the continued high rates of HIV and AIDS in the region (the highest rates in the world) further threaten their existence. While the situation had improved quite significantly in the six southern African countries, in 2005, the HIV/AIDS pandemic – coupled with the additional renewed shock of drought in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe – continues to exacerbate the vulnerable families, communities and children.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Support to the Horn of Africa crisis

- A Regional monitoring and evaluation workshop on the Horn of Africa emergency was organized in June 2006 in Nairobi, with the participation of the Monitoring and Evaluation Officers from Djibouti, Eritrea, Ethiopia, Kenya and Somalia. The participants were trained on the coordination, collection, analysis, reporting and general management of data from the Horn of Africa drought and nutrition emergency. Included in this three-day workshop was an introduction to using the new version of DevInfo 5.0. It gave Country Office staff the opportunity to identify and address the challenges and gaps related to data collection and monitoring of the Horn of Africa emergency.
- Regional Monitoring and Evaluation Officers, together with the Regional Emergency Support Unit, provided technical support to sectoral offices in Djibouti, Eritrea, Ethiopia, Kenya and Somalia to operationalize the data collection tool and the Integrated Monitoring and Evaluation Plan (IMEP), including agreeing on the timing, scope and responsibilities for collecting the data needed to calculate Core Commitments for Children in Emergencies indicators, as well as other indicators agreed with partners.

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- Based on the 44 surveys conducted in the five affected countries, the country-based nutritional surveys were reviewed and consolidated to provide an analysis of malnutrition trends. In addition, Eritrea, Ethiopia and Kenya were provided with surge capacity on nutrition.
- Together with Headquarters, the Regional Office provided surge capacity on human resources, water and environmental sanitation, emergency coordination and logistics to the drought-affected countries.
- The Regional Office contributed actively to the development and monitoring of the Regional Appeal for the Horn of Africa and sent out regular donor updates.
- With support from Headquarters, the Regional Office developed and launched a Child Alert for the Horn of Africa focusing on the pastoralist child.

Emergency preparedness and response

- All 20 Country Offices and the Regional Office now have either updated emergency preparedness and response plans (EPRPs) or plans of action to address humanitarian needs.
- Regional training was conducted on Sphere minimum standards in emergencies for UNICEF colleagues in Eritrea, Ethiopia, Kenya, Madagascar, Somalia, Tanzania and Zimbabwe, as well as for NGO partners.
- Technical support/surge capacity was provided to Eritrea, Madagascar, Mozambique, Namibia, South Africa and Zambia for the preparation/updating of their EPRPs. Additional support was given for the development of Avian Influenza/Human Influenza Pandemic (AI/HIP) contingencies.
- All Country Offices in the region received guidance and support on preparedness planning for AI/HIP and reporting back to Headquarters.
- Regional Emergency Officers facilitated an emergency preparedness session for all Programme and External Communication Officers in Country Offices on how to ensure a coordinated response to the threat of AI/HIP. Technical support was provided to the Regional Task Force on AI/HIP.

Support to the Great Lakes and child protection

- The Regional Office led the Inter-Agency Task Force on Gender-Based Violence (GBV) in dissemination of the Regional Strategic Framework on GBV and conducted dissemination workshops in Ethiopia, Kenya and Uganda with Government, UN and NGO partners.
- A training workshop on child protection in emergencies was organized for 30 agency partners in Merka, Somalia.
- Technical support and capacity-building for partners was provided to Burundi, Somalia and Uganda on the implementation of Security Council Resolution 1612 on the Monitoring and Reporting Mechanism on Child Rights Violations.
- Technical support was provided for training on the Integrated Disarmament, Demobilization and Reintegration (DDR) Standards in Ruhengeri, Rwanda. Support was also provided for the revision and finalization of UNICEF Somalia's DDR strategy.
- The Regional Office and other regional UN partners organized and facilitated training for the focal points of the UN Country Teams in Kenya and Somalia on the prevention of sexual exploitation and abuse in humanitarian crises. Training was also provided to UN and NGO partners on the IASC Guidelines for HIV/AIDS Interventions in Emergency Settings and on Gender-Based Violence Interventions in Humanitarian Settings.
- Support was provided to Ethiopia, Somalia and Uganda Country Offices to help them develop project proposals to ensure the scaling-up of HIV and AIDS services for populations of humanitarian concern.
- Technical support was provided to the International Conference on the Great Lakes region (IC GLR) on gender-based violence and to ensure effective coordination and greater advocacy around their work with adolescents in emergency and transition.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnerships

The UNICEF Eastern and Southern Africa Regional Office (ESARO) continues to cooperate with UN agencies and other partners in the protection of women and children in emergencies at both regional and country levels. In the action plan for 2007, inter-agency planning, capacity-building and cooperation along cluster leads will ensure timely, reliable, and effective responses to crises. ESARO continues to ensure UNICEF accountabilities in oversight and quality assurance for the Country Offices within Eastern and Southern Africa. ESARO supports UNICEF's humanitarian action at country, sub-regional and regional levels and works with regional actors in the planning and response to emergencies in the region.

Emergency preparedness and response (US\$ 570,000)

- Continue to undertake vulnerability analysis, emergency preparedness and contingency planning and integration into the management system of Country Offices in the region. Particular focus will be provided to supporting preparedness processes in Eritrea, Kenya, Lesotho, Tanzania and Uganda.
- Continue to roll out emergency simulation exercises with Country Offices to test their level of emergency preparedness, identify gaps and establish programmes to address their weaknesses.
- Strengthen EPR processes by supporting capacity-building of UN Country Team members and other partners by developing and continuing inter-agency emergency preparedness training.
- Support and participate in the OCHA-led Great Lakes, Eastern and Horn of Africa contingency planning exercises and, on request, co-facilitate IASC Country Team Consolidated Appeal Process workshops.
- Strengthen the early warning monitoring of UNICEF key sectors by supporting Country Offices to roll out global emergency monitoring indicators; follow up on the success of the regional monitoring and evaluations in emergencies training by supporting real-time evaluations and replicating training both at regional and country levels.
- Strengthen support for the roll-out of the cluster approach, especially on nutrition, water and sanitation and data communications.
- Coordinate and facilitate support to the management of emergency preparedness and response issues in the context of multi-country operations, especially in the Great Lakes region and Horn of Africa.
- Strengthen existing ESARO's rapid response team, consisting of regional advisers, Country Office staff and specialized consultants; continue to provide orientation and training for the rapid response team; support the provision of surge capacity through the development of regional rosters linked up to the global roster system.
- Continue to roll out UNICEF's Core Commitments for Children in Emergencies (CCCs) monitoring indicators, including their integration into the DevInfo database.
- Strengthen support for water and sanitation cluster leadership, through training and orientation of key water and sanitation and programme staff in Country Offices.
- Strengthen support for data communications cluster leadership, through training and orientation of key IT staff in Country Offices.
- Strengthen surveillance systems and evaluate trigger points; strengthen rapid appraisal through the evaluation of new tools; assess the use of the emergency-integrated monitoring and evaluation and CCC information tools and database.
- Support the strengthening of emergency logistics in all countries facing humanitarian crises and link up with WFP as logistics cluster lead.

Nutrition (US\$ 1,500,000)

- Update technical guidelines for nutritional surveys in the Horn region (define methods, minimum indicators, quality control checks and reporting standards).
- Provide technical support to country-level technical working groups and facilitate a collaborative update of the SMART generic guidelines based on field experience in Ethiopia, Madagascar, Somalia and Tanzania.
- Support consultancy to update the generic SMART guidelines to include a section on interpretation of the quality control component of Nutrisurvey; update Nutrisurvey to incorporate lessons learnt from the countrywide field tests in Ethiopia and Somalia.
- Use stakeholders' workshop to develop a plan of action for an intensive programme of training and capacity-building for nutrition surveys.
- Provide training and technical support to the development of a central validation mechanism. In several countries this will involve training the key members of the nutrition coordination group to check the quality of surveys so that they abide by the agreed mechanisms in the national guidelines.
- Countries without central capacity to periodically consolidate, analyse and report on nutrition surveys will initiate and provide start-up support for the development of these mechanisms within the appropriate government body or government coordination mechanism.
- Provide technical support to the countries as they set up these mechanisms, thereby ensuring compatibility of national reports and facilitating the compilation of country reports into a regional overview. The regional overview will provide a periodic overview of available nutrition information, including small-scale nutrition survey results and nutrition centre programme data (admissions, mortality rates etc.). Nutrition surveillance information will also be included in those countries where it is already available and will be integrated as the recommendations of the Nutrition Information Project – Horn of Africa (NIPHORN) on development of nutrition information systems. The regional consolidation, analysis

and reporting of nutrition data will also be fed into the Integrated Phased Classification Mechanism and into the Humanitarian Tracking Information System.

Child protection in emergencies (US\$ 104,000)

- Assist Eritrea to organize and facilitate training/capacity-building on child protection in emergencies, using the newly developed inter-agency materials, including the draft tool on child protection in rapid assessment.
- Disseminate the Regional Strategic Framework on Gender-Based Violence, in Burundi, Eritrea, Rwanda and Zimbabwe, to enhance government and inter-agency coordination and partnership on this initiative in post-conflict transition and humanitarian crises.
- Provide technical support to Burundi to ensure effective documentation of their experience in child soldiers' disarmament, demobilization and reintegration in order to develop a lessons learned and good practices document.
- Provide technical support to Angola, Burundi, Ethiopia and Rwanda to support initiatives promoting the participation of adolescents in emergency and post-conflict transition.
- Strengthen expertise of UNICEF and local NGO partners to offer psychosocial support in emergency and humanitarian crises, particularly regarding the reintegration of children formerly associated with armed forces and groups and of formerly displaced children in Uganda and Somalia.

ANGOLA

UNICEF has provided support to sudden emergencies resulting from flooding and disease outbreak and actions to prevent and care for malnutrition. As a result, UNICEF continues to maintain an emergency preparedness stock to ensure rapid response within 48 hours. In coordination with the government, UNICEF's cholera preventative actions included broadcasting awareness-raising materials on the mass media, reaching over 4.7 million listeners and viewers; treating over 120,000 people with oral rehydration salts and other essential medical supplies; reaching 7 million children and women through child health days, including measles and polio vaccination, de-worming, vitamin A supplementation and distribution of insecticide treated nets; providing complementary support to therapeutic milk in 24 therapeutic feeding centres reaching more than 12,000 severely and moderately malnourished children, while supporting supervision and training of personnel in the centres.

Planned activities for 2007 (US\$ 1,500,000)

Health and nutrition (US\$ 400,000)

- Provide basic drugs and therapeutic and supplementary food for the treatment of 15,000 severely malnourished and 60,000 moderately malnourished children;
- Provide supplies (Ringer's lactate, oral rehydration salts etc.) for treatment and care of people affected by water-borne diseases (mainly cholera);
- Provide supplies (protective equipment, immunization) for rapid response to disease outbreaks;
- Provide training to health workers and undertake social mobilization to promote care-seeking behaviour.

Water and environmental sanitation (US\$ 750,000)

- Provide supplies (buckets, soap, purification tablets and chlorine etc) for prevention of water-borne diseases;
- Undertake social mobilization through community-level mobilizers and distribute messages through printed materials and mass media on water-borne diseases;
- Install fixed or temporary water and sanitation facilities in locations affected by floods, drought, water-borne diseases; provide treatment to affected populations.

Child protection (US\$ 350,000)

- Provide mine-risk education (MRE) to all target areas and populations (outlined by the provincial landmine impact surveys) in at least five provinces in 2006 – approximately 4 million people;
- Disseminate MRE information through schools; train teachers to act as community MRE activists.

COMOROS

Planned activities for 2007 (US\$ 470,000)

Volcano eruption (US\$ 300,000)

In 2005, two volcanic eruptions occurred within a seven-month period (April and November) resulting in water cisterns' pollution and crop damages. In June 2006, another internal eruption occurred. Though no ash was spewed it is reported that the heat caused heavy rains with floods in the southern areas of Grand Comore Island. The volcano observatory reports show that the seismic activities are still on and that Karthala Volcano could erupt anytime. Within such context, the Country Office should be prepared to continue interventions in the following areas:

- Cover water cisterns to prevent water contamination as occurred in the last eruptions;
- Provide safe drinking water in case of contamination after the eruption;
- Contribute to humanitarian assistance to displaced population.

Floods, mud slides and cyclone-related heavy rains (US\$ 20,000)

The volcanic ash spread over the main island has reduced the permeability of the soil hence increasing risks of floods that are expected to occur most likely towards the end of 2006 beginning 2007 and June/July 2007 which corresponds to rainy seasons. The Country Office should be prepared to provide assistance to children and women in the most likely events of damaged housings, schools, health centres, roads, etc.

Outbreak of Avian Influenza and Chikungunya (US\$ 50,000)

Since the virus has reached Africa, increased security measures are required. Further funding is needed for communication (see Avian Influenza preparedness plan earlier submitted). Within the context of the likely outbreak of Chikungunya, the response is to strengthen the use of mosquito nets and provide essential drugs.

MADAGASCAR

The cyclonic season starts in mid-November and lasts until mid-April. Due to a slight El Niño effect, National Meteorology Institute forecasts between four and six cyclones (with a probability rate of 40 per cent) and good to heavy rains between January and March. The regional rain deficiency of 2006 is also affecting some parts of Madagascar and, presently, in the southern region of Anosy the population of 22 municipalities has been declared food insecure by the national surveillance system. Some 28,400 inhabitants are concerned and a targeted food distribution will be done by WFP until next harvest (December). In addition, UNICEF is supporting the Ministry of Health and the National Nutrition Office for the detection, targeting and supplementation of children at risk. Should next harvest be poor, the situation could further deteriorate in acute nutritional crisis.

Planned activities for 2007 (US\$ 1,200,000)

- Continue to monitor and strengthen national capacities to cope with food insecurity in the southern region of Anosy and, if needed, support an anthropometric survey (SMART);
- Support the National Relief Council (CNS); support the CNS web site maintenance and update;
- Support warehouses rehabilitation and effective regional stockpiles for emergencies;
- Respond to climatic emergencies: cyclone, flooding, drought and potential nutritional crises; maintain and manage buffer stock in concordance with UNICEF's Core Commitments for Children in Emergencies and new risks (Avian Influenza/Human Influenza Pandemic, arboviroses);
- Strengthen emergency preparedness and response plan as well as the Inter-Agency Contingency Plan process and update;
- Develop cluster lead;
- Maintain Country Office Emergency Officer.

UNITED REPUBLIC OF TANZANIA

Several emergencies affected Tanzania during 2006, including droughts, floods, measles and cholera outbreaks, in addition to the threat of Avian and Human Influenza. Tanzania continues to host the largest refugee population in Africa, with 300,000 refugees from Burundi and Democratic Republic of the Congo (DRC) residing in the camps in North-Western Tanzania (in addition to 200,000 Burundians outside of the camps). While Burundian refugee repatriation reached 'promotion' stage, the movement is still very slow, with only 400,000 expected to be repatriated by the end of the year. Uncertainty over presidential election outcomes in DRC is also slowing down Congolese repatriation.

In 2006, in collaboration with UNHCR, WFP and NGO implementing partners, UNICEF continued to support children and women in refugee camps in the areas of health/nutrition, education, child protection and HIV (prevention of mother-to-child transmission (PMTCT), youth life skills, and paediatric AIDS). Most indicators surpass national average (i.e., infant and under-five mortality rates are half of Tanzanian average, gross school enrolment ratio is 95 per cent, access to PMTCT services is close to 100 per cent). The drought that affected East Africa in late 2005 and early 2006 rendered 3.7 million Tanzanians, of which roughly 1.8 million children, food insecure. FAO and WFP led the UN response to support the Government in the area of food security, and UNICEF coordinated a rapid nutrition assessment with focus on women and under-five children in the most vulnerable regions. While the Country Office was preparing for potentially needed interventions, it appeared that people had successfully responded with coping mechanisms and that no significant increase in malnutrition rate was reported. Additional response was therefore not required.

Severe food shortages in neighbouring Burundi resulted in the influx of over 10,000 asylum seekers in North-Western Tanzania, which was already hosting over 300,000 refugees. The new arrivals were crammed into temporary way stations designed for several hundred people and posed potential health hazards. Together with UNHCR, WFP and NGO implementing partners, UNICEF immunized all children, coordinated the organization of temporary classrooms, provided school and other essential supplies. The crisis ended with the repatriation of the new arrivals after cross-border discussions involving UN and the governments. An urgent vaccination campaign was organized in August in Dar-es-Salaam to address a measles outbreak. UNICEF supported the vaccination of 800,000 children over one week-end just before the Ramadan. Vaccination continued as low-profile intensive vaccination. UNICEF Tanzania also responded to a number of other localized calamities, such as the flood in Moshi that affected 15,000 people and the cholera outbreak that hit several hundreds of people in Dar-es-Salaam. UNICEF intervened providing essential supplies and technical support.

Planned activities for 2007 (US\$ 5,000,000)

- Continue to support refugee children and women as well as refugee-hosting communities in health/nutrition, education, child protection and HIV, PMTCT, youth life skills, and paediatric AIDS into 2007 and beyond.
- Increase support to repatriation operations in close coordination with UNHCR and WFP as well as UNICEF Country Offices in Burundi and DRC, especially in the areas of child protection. Managing transition from emergency to post-emergency in refugee-hosting communities will also be a priority in 2007. (US\$ 3, 000,000)
- Continue to work with Government, UN Country Team and Development Partner Group to strengthen preparations and possible response to Avian Influenza, with UNICEF lead in communication. (US\$ 1,500,000)
- Respond to other emergencies as they arise. (US\$ 500,000)

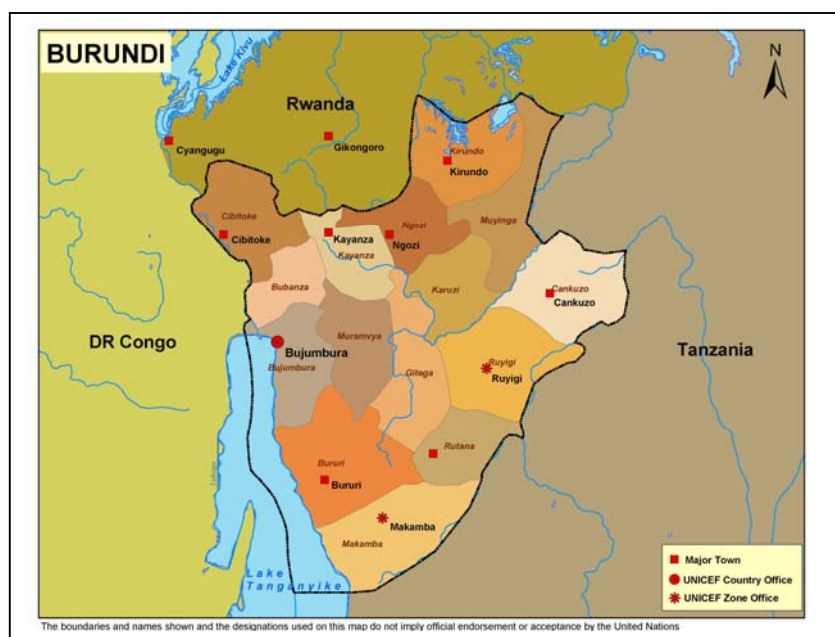
For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

BURUNDI

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	3969
U5 mortality rate	190
Infant mortality rate	114
Maternal mortality ratio	n/a
Primary school enrolment ratio, 2000-2005, net (male/female)	60/54
% U1 fully immunized (DPT3)	74
% population using improved drinking water sources	79
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	150
% U5 suffering from moderate and severe underweight	45

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	8,317,041
Water and environmental sanitation	1,500,000
Education	1,200,000
Child protection	1,013,300
Emergency preparedness and response	899,196
Total	12,929,537

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The situation of children and women remains precarious as Burundi grapples with a fragile peace and heightened expectations of democracy dividends. The 12-year-long conflict and continuing political tensions have greatly hampered the Government's capacity to deliver basic services or address human rights violations of children and women. The infrastructural decay and lack of capacity to pull out of the emergency phase was clearly illustrated during the implementation of the Government's declaration of Free Birth Delivery Services and Medical Care for Children Under Five, aimed at reducing the high maternal and infant mortality rates, as well as of Free Primary Education.

The latest Multiple Indicator Cluster Survey indicated a rise in maternal and infant mortality rates, as well as an increase in acute malnutrition among children, especially those aged under five. According to Government figures for 2002, an average of 880 mothers died during childbirth for every 100,000 live births recorded in health centres and 1,030 died for every 100,000 live births recorded in hospitals, making it the third most common cause of maternal mortality. The number of mothers who die of haemorrhage, infection, abortion and other complications before reaching the health centres is however not known. Generally, infant deaths are closely interwoven with maternal deaths; 2003 figures show that, on average, 32 infants die for every 1,000 live births; children still-born or dead on delivery are estimated at nearly 74 per 1,000 in the hospitals and at about 60 per 1,000 in community health centres.

Only 79 per cent of the population have access to potable water and less than 36 per cent to safe sanitation facilities. The 2006 food shortages compounded displacements of refugees and returnees, putting severe pressures on the resources of host communities. Cholera epidemics frequently break out in 7 of the 17 provinces and the situation in the camps for refugees and repatriated persons is deteriorating.

The war left a legacy of mines and unexploded ordnance lying in wait for innocent victims. According to the United Nations Mine Action Coordination Centre (UNMACC), until September 2006, 14 mine-related accidents have been recorded in 2005 and one in 2006. The threat is particularly serious for returnees, internally displaced persons (IDPs) and the associated humanitarian relief efforts. The close proximity of many suspected hazardous areas to schools and other points of public interest also calls for special attention. Targeted mine-risk education is a necessity for reducing the suffering in human lives caused by remaining landmines.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Interventions in some provinces were hindered due to the insecurity caused by clashes between former rebel forces and government troops. UNICEF has, however, continued to support the Government and to collaborate with national and international partners in responding to the humanitarian needs of the displaced Burundi population affected by the war, refugees from neighbouring Rwanda and the Congo, as well as Burundian returnees from Tanzania, Democratic Republic of the Congo (DRC) and Rwanda. It has focused primarily on health, nutrition, water and sanitation, education and child protection.

UNICEF's Emergency Preparedness and Response Section delivered potable water through water tankers to 23,000 persons in two Rwandan asylum camps, as well as to eight communities along Lake Tanganyika and Ruzizi river to prevent cholera epidemics. In addition to distributing non-food items, such as mosquito nets, clothes, soap and jerrycans, to about 15,000 children and 5,000 mothers, UNICEF also provided recreation and school-in-a-box kits for three Congolese and Rwandan refugee camps to implement non-formal education activities in collaboration with UNHCR and NGOs.

In the area of health and nutrition, routine immunization services were improved through increased UNICEF technical and supply assistance to the Ministry of Health and other national partners. Some 1,230,000 under-five children were immunized against measles in a nationwide campaign from 19 to 23 June 2006. Up to 1,170,000 under-five children were also de-wormed, over and above the initially estimated 1,053,546 children. Vitamin A supplements were given to 151,000 children aged 6-12 months and to 1,100,000 aged 12-59 months, as against the planned 1,193,226 under-five children. An estimated 100,000 moderately and acutely malnourished children were successfully treated in therapeutic feeding centres thanks to the provision of nutritional supplies and the training of health staff.

Under the Emergency Preparedness and Response Project, UNICEF established child-friendly spaces to provide educational, recreational and counselling services to more than 100,000 displaced children. For this purpose, assistance was extended to local communities for the establishment of 181 classrooms and the access to education of another 10,000 children in the host communities. A major back-to-school campaign, begun in 2004 to return to the classroom children from Tanzanian refugee camps, has by 2006 returned to school more than 400,000 repatriated children, indigent students, displaced children, and children forced out of school by war, as well as 5,000 teachers.

During 2006, UNICEF supported the training of 981 unqualified teachers to ensure quality teaching for the Free Primary Education scheme. UNICEF also provided all pupils with exercise books and other school materials; constructed 706 additional classrooms; rehabilitated 556 classrooms to accommodate 63,100 additional pupils; and distributed 53,500 students' desks and 850,000 copies of school textbooks, mainly for grade one pupils.

Water and sanitation facilities are essential components of the Free Primary Education programme, as unsafe water and poor hygiene are major causes of child deaths in the country, while the provision of latrines is necessary to retain girls in school. For this purpose, UNICEF provided water and sanitation facilities to 72 schools around the country. In addition, some 80,000 people gained access to safe water through the rehabilitation and construction of water sources and benefited from improved hygiene through awareness raising and the distribution of hygiene kits.

In the field of child protection, UNICEF provided technical and financial support to sexual and gender-based violence prevention and treatment centres in five provinces, enabling these to offer medical, psychosocial, legal and referral assistance to more than 700 victims during 2006. UNICEF helped UNMACC develop mine-risk education (MRE) tools (including 500 training displays, 45,000 schoolbooks, 110,000 leaflets, 2,000 posters, 100,000 calendars and 1,000 T-shirts) and trained 100 teachers in MRE for UNICEF convergent schools. UNICEF also facilitated the establishment of a platform for street children, which meets on a monthly basis to coordinate and harmonize the efforts of all stakeholders on the reintegration of children into their communities of origin and to undertake sensitization activities.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Joint planning for humanitarian action is undertaken with the Government, media and civil society under the leadership of the Bureau Intégré des Nations Unies au Burundi (BINUB) which replaces the UN Contact Group and comprises Representatives of FAO, OCHA, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, WFP, and WHO. Thematic Groups plan and coordinate sectoral activities. UNICEF is cluster leader for education, and water and environmental sanitation (WES). UNICEF convenes nutrition meetings but shares cluster leadership with FAO and WFP. These structures are replicated at provincial and local levels in collaboration with local authorities, NGOs and community-based organizations. Sectoral coordination groups for health, nutrition, reintegration, agriculture, education and WES come together under the umbrella of provincial focal points.

Regular programme

Emergency preparedness and response is integrated into all programmes in the 2005-2007 Country Programme Action Plan, which is the outcome of the joint collaboration between UNICEF counterparts, government ministries, UN agencies and other partners.

Health and nutrition (US\$ 8,317,041)

Some 117,000 displaced persons, host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 436 health centres;
- Train 80 county staff and 900 district-level staff in immunization services and cold-chain management;
- Provide essential drug supplies to 39 districts for an estimated 3 million people;
- Support impregnated mosquito net promotion through the training of 350 community health-based workers and distribute 300,000 impregnated mosquito nets to 150,000 households;
- Continue to support partners running 20 therapeutic feeding centres which cater to a monthly average of 1,500 severely malnourished children and 196 supplementary feeding centres which cater to a monthly average of 14,000 children;
- Train 60 health staff in the treatment of severe malnutrition;
- Support the implementation of four nutritional surveys, assessments and evaluations;
- Procure and distribute vitamin A and de-worming treatment medicines to all children under 14 years;
- Initiate the Community Therapeutic Care pilot project and develop the protocols;
- Reinforce the competencies of health service providers through competency-based quality training on emergency obstetric care for 19 doctors, 750 midwives and anaesthetist nurses from 12 provinces;
- Provide equipment and drugs in order to upgrade every district hospital and rural health centres in 12 provinces and enable them to provide comprehensive quality emergency obstetric care.

Water and environmental sanitation (US\$ 1,500,000)

Some 80,000 displaced and repatriated persons, especially children and women in the cholera-prone areas, will be reached through the following key activities, which will also benefit their host communities:

- Construct/rehabilitate water gravity-fed systems and adequate sanitary facilities in 120 schools;
- Provide potable water for some 50,000 individuals in permanent and return areas;
- Promote and support the construction of 10,000 household latrines;
- Train 7 provincial and 18 local water authority management teams in water assessments, repair and maintenance of mini-water supply systems and water source protection;
- Promote hygiene education and hygiene awareness programmes in 120 schools and 30 local communities to complement existing water and sanitation services.

Education (US\$ 1,200,000)

A total of 300,000 displaced and war-affected children and 2,500 teachers will benefit from the following key activities:

- Supply basic scholastic materials including notebooks, pencils and erasers for 2,000 primary schoolchildren;
- Procure and distribute recreation kits and school supplies for 300,000 children;
- Train 2,500 primary schoolteachers, with special emphasis on HIV/AIDS and peace education;
- Rehabilitate schools and build latrines in 120 localities;
- Support the construction of 200 temporary school and classroom structures to accommodate 10,000 primary schoolchildren.

Child protection (US\$ 1,013,300)

Some 2,000 street children and displaced children will benefit from the following key activities:

- Reinforce existing structures through further training, organizational management, and provision of relevant supplies for the reintegration of street children and displaced children;
- Support identification, tracing, care and family reunification;
- Set up five child-friendly spaces for street children and displaced children;
- Establish mechanisms for the prevention of violence, exploitation, discrimination, abuse and neglect for street children and internally displaced children.

Some 5,000 severely traumatized children in need of psychosocial support will be reached through the following activities:

- Identify children in need of psychosocial support through Focus Groups. Special attention will be paid to children living in IDP camps and to specially vulnerable children (street children, children in situation of exploitation and abuse, repatriated children);
- Sensitize and train local administration, NGOs and other stakeholders (teachers, trainers).

Some 25,000 children and their families will benefit from mine-risk education (MRE) through mass media and community networks:

- Conduct MRE programmes for IDPs and returnees through community networks and mass media;
- Provide MRE training for primary schoolteachers and pupils, and support the broadcasting of MRE messages over the national network of community-based radio stations.

Emergency preparedness and response (US\$ 899,196)

Some 15,000 children and 7,000 mothers will be reached through the following key activities:

- Conduct rapid assessment in emergencies in respect of the Core Commitments for Children in Emergencies in coordination with partners;
- Distribute non-food items and/or shelter material in emergency situations to IDPs, refugees, expelled people, natural disaster victims, extremely vulnerable people and minorities;
- Enhance emergency preparedness and response via local capacity-building – training, field simulation exercise, workshop on contingency planning with local partners (authorities, NGOs, church).

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UNICEF HUMANITARIAN ACTION

ERITREA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	2266
U5 mortality rate	78
Infant mortality rate	50
Maternal mortality ratio (1990-2005, reported)	1000
Primary school enrolment ratio, 2000-2005, net (male/female)	50/42
% U1 fully immunized (DPT3)	83
% population using improved drinking water sources	60
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	59
% U5 suffering from moderate and severe stunting	38

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,000,000
Water and environmental sanitation	10,000,000
Education	1,750,000
Child protection	1,800,000
Mine-risk education	214,000
Total*	18,764,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Parts of the Horn of Africa were critically affected by drought in the first quarter of 2006, triggering emergency needs among populations in Eritrea. The Eastern Lowlands of the country, which suffered failure of the Bahri rains between October 2005 and February 2006, were the most affected areas. In addition, the impact of the 1998-2000 border war between Eritrea and Ethiopia, coupled with cyclic drought, has resulted in reduced food production, less investment in development, increased poverty and vulnerability. Only just over half of the rural population has access to safe water and as little as 4 per cent of the population in rural areas to sanitation facilities.

Acute respiratory infections (30 per cent) and diarrhoea (19 per cent) are the leading causes of under-five mortality. National Nutrition Surveillance System 2006 data from three out of six regions (Gash-Barka, Maekel and Southern Red Sea) indicate high levels of malnutrition in under-five children and show that malnutrition underpins more than 60 per cent of under-five mortality. The global acute malnutrition (GAM) rate in Gash Barka region is more than 20 per cent, i.e., above the 15 per cent emergency threshold, with an increasing pressure on therapeutic feeding centres nationally. Malnutrition among women of childbearing age is among the highest in sub-Saharan Africa, estimated at 38 per cent nationally and at 53 per cent in the most severely drought-affected regions, reflecting chronic food insecurity.

Just over half of the primary school-aged children attend school, as domestic tasks, such as fetching water (schools being far from villages), early marriage and illness, are barriers against school enrolment, especially among girls. On average, 47 per cent of households are female-headed, a heavy burden for women who have less time caring for their children, especially if weakened by malnutrition and illness. At the beginning of 2006, an estimated 50,000 people were still internally displaced, many living in camps. The Government, supported by the international community, is resettling the majority of the displaced through a two-year programme. Basic social services, already stretched to their limit, are now overburdened and the return of internally displaced persons (IDPs) needs to be accompanied by at least basic services, such as clean water, sanitation, shelter, classrooms, mine-risk education, non-food items and health/nutrition services.

Since the Government of the State of Eritrea passed the NGO proclamation in 2005 most of the international NGOs have left the country and the few national NGOs are not able to access funds through UN agencies. This has led to most activities being implemented by the line ministries with the close involvement and monitoring by UNICEF Eritrea.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In 2006 UNICEF continued to respond to the humanitarian needs of the Eritrean population affected by the drought in close collaboration with line ministries, regional/local authorities and other UN agencies. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education, and child protection. In the area of nutrition, 3,000 children were treated against severe malnutrition in the 53 therapeutic feeding centres in the country, with 10 new centres established during 2006. UNICEF supported the provision of supplies, including therapeutic milk, and the training of staff. In cooperation with the Ministry of Health, a community-based therapeutic feeding pilot project was initiated in three villages, seeking to treat 500 severely malnourished children without other complications while they stay in their families. If successful, the project will be expanded to target all severely malnourished children in Eritrea. In addition, 30,000 moderately malnourished under-five children and pregnant women receive supplementary food each month through health facilities. Ninety-five per cent of Eritrea's under-five children received vaccination against measles and vitamin A supplementation in a nationwide campaign to

prevent any potential outbreak posing a serious threat to children's health, especially those weakened by malnutrition. Emergency health kits to serve 50,000 people and 16,000 insecticidal treated nets were provided to IDP resettlement areas.

Water supply systems covering close to 57,400 people were constructed/rehabilitated and 40,000 people in drought-affected villages received clean water through trucking. Latrines were constructed to improve sanitation and hygiene and 12,000 schoolchildren gained access to clean water through trucking. Jerry cans, water bladders and purification tablets were distributed to resettled IDPs. As the leader of the water and sanitation cluster, UNICEF focused on a nationwide rapid assessment of the status of water supply coverage and system functionality in the country. The assessment covered close to 2,600 villages and results will be the basis for further planning of strategic interventions.

In the area of education, schools were constructed/rehabilitated and material targeting 150,000 children provided. In order to ensure a safe and protective learning environment for the returning displaced children, 58 existing makeshift classrooms from the former camps were reconstructed in the IDP resettlement areas in Gash Barka and Debub regions. In addition, 45 temporary classrooms are being constructed and school furniture and material provided in 2006 and beginning of 2007. Twelve schools were also provided with latrines as part of the IDP programme.

Multiple displacements have resulted in the loss of livelihoods, which seriously compromises the coping strategies and resilience of resettled internally displaced families to provide welfare support to their children. Tarpaulin plastic roofing sheets, woollen blankets, water jerry cans and soap as well as family relief kits were distributed to close to 3,000 vulnerable families. Income-generation assistance was provided to 280 vulnerable child/female-headed households with very limited resources and life skills, survival and savings. In addition, 45 recreation kits for children were distributed in resettlement villages. In cooperation with the Eritrean Demining Authority, UNICEF supported mine-risk education activities for 58,260 people (25,000 children).

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Line ministries remain the key partners for UNICEF. Joint Programmes with other UN agencies are being implemented in several sectors, including nutrition, recovery/IDP return and HIV prevention. Cooperation on emergency activities is facilitated by the Inter-Agency Standing Committee (IASC). UNICEF is the cluster leader in nutrition and water and environmental sanitation, as well as an active participant in the health cluster led by WHO. Eritrea has not formed cluster leadership in education or child protection, as UNICEF is practically the only active player in those sectors.

Regular programme

Emergency preparedness and response is integrated in all programmes for disaster mitigation, ensuring a phased approach with essential linkages and effective transition from short-term relief to longer-term development.

Health and nutrition (US\$ 5,000,000)

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

- Conduct rapid health and nutrition assessment with special focus on women and child health and nutrition;
- Train staff and provide therapeutic and supplementary food and equipment to more than 50 health centres;

- Organize community education sessions on prevention of common diseases in emergency situations;
- Provide emergency health kits to all sites where IDPs are settled;
- Ensure quality preventive and curative health care including training of health workers and volunteers on first aid and prevention and control of childhood diseases;
- Provide essential drugs, oral rehydration salts and vitamin A supplements;
- Strengthen the nutrition information management system/surveys and nutrition units at decentralized levels to improve quality of nutrition interventions;
- Provide vaccines and supplies such as cold-chain equipment, needles, syringes and safety boxes for vaccination of 125,000 children aged 0-12 months;
- Ensure malaria control (provision of insecticide-treated nets, antimalarial drugs and insecticides, etc.);
- Upgrade the national and regional capacity to prevent/respond to avian influenza and/or human pandemic.

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

Some 170,000 people will be provided clean water and 60,000 people will have access to latrines through the following activities:

- Provide 40 communities, including schools and health facilities, with clean water through the construction of water systems and water trucking when no other alternative is feasible. Water trucking mostly applies to the regions of Anseba, Northern Red Sea and Southern Red Sea;
- Ensure adequate management of water, sanitation and hygiene (WASH) facilities in 40 communities through the establishment of 40 village WASH committees, the training of 120 WASH promoters and tariff collectors and 80 operation and maintenance technicians;
- Provide urgent temporary water to 40 to 60 primary schools in Northern Red Sea, Southern Red Sea and Anseba regions;
- Support the construction of 12,000 household latrines, 120 latrines for 40 schools and 20 latrines for health facilities in 40 communities.

Education (US\$ 1,750,000)

Some 600 teachers will improve their skills and 50,000 primary school-aged children will be supported through the following activities:

- Create and expand additional safe and protective temporary learning spaces for early learning, basic education and life skills education;
- Train 600 teachers and community facilitators to not only facilitate gender-fair learning environments but to also provide basic psychosocial care and support;
- Provide essential educational and recreational materials/orientation on use of recreation kits;
- In collaboration with WASH provide facilities in schools and learning spaces;
- Mobilize communities to participate in education activities and sensitize them on the importance of education, especially for girls, to ensure early recovery and make as many children as possible go back to normal daily school activities.

Child protection (US\$ 1,800,000)

Some 10,000 vulnerable and mainly child/female-headed households will be targeted with the following activities:

- Train counterparts on emergency preparedness and response to better respond to the needs of vulnerable groups;
- Train social workers and community leaders on basic psychosocial support and care, and on the prevention of abuse, violence and exploitation in emergency/post emergency situations;
- Provide family kits, blankets and other non-food items;
- Provide recreation kits for children and train teachers/community workers on psychosocial care;
- Support alternative income-generating activities for early recovery purposes.

Mine-risk education (US\$ 214,000)

Some 200,000 people, at least half of whom children, will be targeted through the following activities:

- Provide technical support and strengthen national institutional mine-risk education (MRE) capacity through Eritrean Demining Authority (EDA), as an integrated part of the overall mine action capacity-building programme;
- Maintain MRE field presence using 14 EDA MRE field teams in the 300 high-, medium- and low-impacted communities (based on Landmine Impact Survey data);
- Identify and train 2,000 community volunteers and conduct MRE training with special emphasis on children and young people;
- Provide direct (emergency) MRE to at-risk populations, especially to IDPs and refugees returning to their communities and follow up with their communities;
- Support the collection of mine/explosive remnants of war-related data;
- Provide psychosocial support and recreation activities for children injured and affected by mines/explosive remnants of war;
- Conduct regular joint monitoring visits with partners and strengthen MRE coordination.

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ETHIOPIA

IN 2007



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

CORE COUNTRY DATA

Population under 18	39792
Population under 5	13063
U5 mortality rate	164
Infant mortality rate	109
Maternal mortality ratio (1990-2005, reported)	870
Primary school enrolment ratio, 2000-2005, net (male/female)	58/55
% U1 fully immunized (DPT3)	69
% population using improved drinking water sources	22
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	420-1300
% U5 suffering from moderate and severe stunting	47

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	20,600,000
Water and environmental sanitation	16,700,000
Education	2,500,000
Child protection	3,850,000
HIV/AIDS	2,000,000
Total*	45,650,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Ethiopia's under-five mortality stands at 164 per 1,000 live births, according to *The State of the World's Children 2007* report. There has been an encouraging 1.8 per cent decline in the under-five mortality rate every year since 1990 (Demographic and Health Survey 2005, preliminary results), but preventable conditions still account for the bulk of the deaths of young Ethiopian children. Malaria, diarrhoeal diseases, pneumonia and neonatal complications each account for nearly a quarter of under-five mortality.

Severe acute malnutrition remains one of the most critical issues facing children. The drought that hit south-eastern Ethiopia in the first half of 2006 was the latest reminder of how vulnerable the country's children and women are to water scarcity and sudden nutritional shocks. Data collected through the nationwide UNICEF-backed Enhanced Outreach Strategy (EOS)⁷ and other surveys uncovered alarming pockets of severe acute malnutrition amongst under-fives across the country. A total of 44 nutritional surveys carried out between January and September 2006 recorded global acute malnutrition (GAM) levels as high as 23.5 per cent and severe acute malnutrition (SAM) levels as high as 3.9 per cent – both rated critical. Up to 130,000 under-five children are estimated to be suffering from severe acute malnutrition at any given time in Ethiopia. Malnutrition remains the underlying cause of more than half of all child deaths in the country.

Pervasive poverty underpins the situation of most Ethiopian children, leaving them more vulnerable to the onset of emergencies. This vulnerability is compounded by inadequate implementation capacity at local levels, gender inequality, disproportionate service provision between urban and rural areas, poor sanitation and underserved vulnerable groups, including pastoralist communities.

This underlying vulnerability of Ethiopia's children was highlighted again in the second half of the year when severe floods in 7 out of Ethiopia's 11 regions killed at least 635 people, destroyed farmland, forced thousands to leave their villages and exposed up to 235,800 under-fives to the risks of homelessness, water-borne disease and malnutrition. During the year, children also had to face the appearance and spread of a range of conditions including measles, polio, acute watery diarrhoea (AWD) and meningitis. By October 2006, more than 22,000 AWD cases had been recorded in treatment centres, together with 207 deaths. Many more people will have died in remote communities, beyond the reach of Regional Health Bureau statisticians.

Polio re-emerged as a critical issue for Ethiopian children. A total of 37 cases have been reported in 4 of Ethiopia's 11 regions since the beginning of a fresh spread of the disease in December 2004. Malaria also remains one of the primary causes of child mortality in the country, particularly during the main October to December transmission season. The disease infects more than 9 million Ethiopians in an average year and can kill more than 100,000 children in a matter of months in an epidemic. Children and pregnant mothers are the most vulnerable to the sudden impact of epidemics on unprepared immune systems. Drought-related malnutrition, poor health and sanitation leave youngsters even more exposed.

A ground-breaking study funded by UNICEF found that children across Ethiopia are facing alarming levels of physical, sexual and physiological violence in the private as well as the public domain. There are also indications that increasing numbers of children are made more vulnerable to cross-cutting problems like trafficking and commercial sex work. The findings were made in the

⁷ Full name: Enhanced Outreach Strategy/Targeted Supplementary Feeding for Child Survival Interventions. The largest ever partnership between UNICEF, WFP and the Ethiopian Government targets more than 7 million children under five, as well as pregnant and lactating mothers twice every year. It provides a child survival package of vitamin A supplementation, de-worming, measles catch-up, nutritional screening, referral to supplementary or therapeutic feeding programmes and, increasingly, malaria insecticide-treated nets. THE EOS is designed to form a bridge to the Ethiopian Government's own Health Services Extension Programme.

detailed *Report on Violence against Children in Ethiopia* which fed into the global *United Nations Secretary General's Study on Violence Against Children*, released in October 2006.

Beyond the report, it was found that Ethiopian children's vulnerability to abuse rises significantly during emergency situations, especially related to conflict. The Committee on the Rights of the Child this year expressed its concern over the treatment of children by the military and police, particularly in the wake of political unrest. UNICEF is pioneering a scheme to turn schools into 'Zones of Peace' to reduce incidents of gender-based violence in the capital Addis Ababa and the strife-torn western region of Gambella.

Children's education is one of the first things to suffer in emergency situations in Ethiopia. Schools across the drought-hit Somali region closed as pastoralists took their children out of classes to help supplement the family income. Many schools were closed or destroyed as floodwaters overwhelmed communities during the rainy season.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

UNICEF Ethiopia led the way in responding to a string of emergencies in 2006, in partnership with a wide range of NGOs, UN bodies and government agencies. Chief among the emergencies were the drought that hit border regions with Kenya and Somalia in the first quarter of the year; floods that devastated towns and large areas of farmland across the country during the long rainy season from June to September; and the outbreak of acute watery diarrhoea (AWD) that continued to spread into new districts as the year came to a close.

One of UNICEF Ethiopia's main contributions – as cluster lead in water and environmental sanitation and nutrition – was overall coordination and technical support. In all emergency situations, UNICEF encouraged federal and regional authorities to set up coordination committees (Emergency Coordination Task Forces) to oversee the interventions of the UN, state actors and NGOs. In many cases it provided the entire secretariat for these committees (task forces) and led them in collecting, analysing and distributing data from the field. International and national staff were hired to lead these coordination efforts. Thanks to UNICEF, many overlaps in response were spotted and many gaps were filled.

During the drought, UNICEF's interventions included: funding water tankering to more than 96,000 affected people; pioneering the use of 23 mobile health teams to reach all 1.8 million of the affected, predominantly pastoralist populations with high-impact child health services; distributing over 200,000 long-lasting insecticidal nets (LLINs) in drought-affected communities by emergency mobile health teams and through health centres; setting up five water purification units on the affected regions' main rivers; repairing 88 boreholes and pumps, benefiting more than 280,000 people; vaccinating more than 1.5 million children against measles; and funding hygiene and sanitation promotion activities that benefited more than 887,000 people.

UNICEF's response to the floods and spread of AWD was ongoing as this report went to press. By October 2006, it had allocated more than US\$ 4 million from donors and reserve funds to kick start the roll-out of a planned US\$ 18.35 million appeal. UNICEF purchased supplies for more than 70 AWD case treatment centres – each capable of treating between 10 and 25 patients at any one time. Supplies included tents, beds, bed pans, blankets, pillows, jerrycans and soap. UNICEF sent cash assistance worth US\$ 432,000 to the Health Bureaus of the affected regions, together with medicines including ringer lactate and oral rehydration salts. Seven emergency water kits with appropriate chemicals were sent into the field, each capable of supplying 50,000 litres of safe water a day – enough for 2,500 people, if each individual takes 20 litres. UNICEF also broke new ground in coordinating the Amhara response, as water and environmental sanitation cluster lead. Officers from Oromia Regional Health Bureau, the Regional Water Bureau, Médecins sans Frontières (MSF) - Greece, Médecins sans Frontières (MSF) - Netherlands, Oxfam-GB, UNICEF,

WHO and other bodies worked together on a range of responses including the training of 60 local health and water professionals.

By the end of 2006, UNICEF will have directly funded or supported the acquisition of 8 million treated malaria nets, as part of the largest ever distribution of nets in the country's history. By the end of 2007, there will be more than 20 million nets in the country, enough to protect 10 million households or 50 million Ethiopians – 100 per cent of the population that is exposed to both endemic and epidemic malaria. UNICEF has been instrumental in rolling out the new antimalarial drug, Artemether/Lumefantrine (Coartem), which is especially good at preventing and controlling emergency malaria epidemics.

Just under 7 million under-five children were reached twice during the year with a life-saving package of vitamin A supplementation, de-worming, measles catch-up, nutritional screening and referral to supplementary or therapeutic feeding programmes. This took place through the UNICEF-backed EOS. Around 1.1 million pregnant and lactating women were also screened for malnutrition twice during the year.

UNICEF moved in to protect the education of children caught up in emergency situations in Gambella, Oromia and Somali regions. 'Back-to-school' and 'schools as zones of peace' programmes were set up in Gambella, with the aim of increasing enrolment and reducing gender-based violence following years of ethnic conflict. A total of 16 destroyed primary schools were rehabilitated and 26 facilitators from the schools were trained in community dialogue. Emergency programmes aiming at preventing sexual abuse and exploitation in Somali region, Southern Nations, Nationalities and People's region (SNNPR) and Oromia region reached 114,000 children. School-in-a-box kits were supplied to drought-hit communities in Somali region and Oromia's Borena zone.

UNICEF supported the Ethiopian Government in monitoring and reporting on the status of the implementation of the Convention on the Rights of the Child in the country during the UN special session held in Geneva and hosted by the Committee on the Rights of the Child. UNICEF drew up the first detailed rapid assessment guidelines for child protection in emergencies to guide its own interventions as well as those of government agencies and NGO partners.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Much of UNICEF Ethiopia's coordination work will take place within the framework of the new Cluster Leadership Approach, as it has taken on the cluster leadership role in nutrition and water and environmental sanitation. UNICEF will also work closely with other UN agencies to achieve the UN Development Assistance Framework (UNDAF) goals. UNICEF also continues to be a leading member of all regional and federal Task Forces coordinating State, UN and NGO response in all relevant sectors, from nutrition to sanitation. Regional and district-level coordination is led by UNICEF Ethiopia's network of regional offices, which are due to grow in number through 2007.

Regular programme

UNICEF Ethiopia's new Country Programme Action Plan 2007-2011 focuses on mainstreaming a transitional approach to emergency prevention and recovery, linked to capacity-building for ensuring longer-term solutions to protecting lives and livelihoods. Programmatically, regular country responses – for example sanitation advocacy sessions – are regularly upgraded and re-focused to respond to emergency situations.

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

Ethiopian women and children caught up in health and nutrition emergencies will benefit from the following interventions in 2007:

- Purchase therapeutic products to benefit 240,000 severely malnourished children;
- Supply life-saving package of interventions – including vitamin A supplementation, deworming, measles vaccinations and nutritional screening – to benefit 7 million children under the UNICEF-backed EOS;
- Purchase and distribute 500 emergency drug kits benefiting more than 1,250,000 people;
- Fund, equip and support 25 mobile health teams reaching 450,000 remote patients;
- Support operational costs for preparedness in the event of further AWD outbreaks (treatments have already been pre-positioned);
- Support operational costs in the event of a malaria epidemic affecting 1 million people;
- Procure meningitis vaccines and syringes for an at-risk population of 3 million people;
- Procure measles vaccines and support emergency operational costs;
- Respond to health emergencies among pastoralist populations, benefiting an estimated 800,000 people.

Water and environmental sanitation (US\$ 16,700,000)

About 3.2 million people are expected to be affected by drought, flood and AWD emergencies throughout the country in 2007. UNICEF has planned to reach 700,000 children through the following key activities:

- Provide safe water through water tankering to 100,000 people, mainly the pastoral population of Afar and Somali regions;
- Rehabilitate/construct 100 deep wells and 500 shallow wells to provide safe drinking water to some 750,000 individuals in drought and other hotspot areas of the country;
- Train 5,000 water, sanitation and hygiene (WASH) committee members, 1,500 pump attendants and 150 government staff on scheme management, operation and maintenance;
- Train 1,000 health government staff on response, prevention and management of AWD;
- Construct demonstration and model household latrines and promote appropriate household latrine construction for 700,000 community members;
- Provide water purification treatment for 150,000 people affected by flooding and AWD;
- Undertake hygiene education and hygiene awareness programmes for some 1.5 million individuals in flood and AWD hotspot areas of the country;
- Provide hygiene, sanitation and isolation kits for 50 case treatment centres in AWD-affected areas of the country;
- Provide essential education information materials; organize mass communication awareness programmes and organize ad hoc awareness-raising campaigns for 1 million community members to protect them from AWD;
- Provide school water and sanitation packages (water supply, sanitation facilities, hygiene promotion) in 70 schools for 14,000 schoolchildren in drought-affected areas of the country;
- Provide water and sanitation facilities in 30 health institutions in drought-affected areas;
- Provide technical assistance in monitoring, evaluation and coordination of anticipated emergency water, sanitation and hygiene interventions.

Education (US\$ 2,500,000)

An estimated 650,000 schoolchildren, whose education will be affected by emergencies, will benefit from the following interventions:

- Undertake advocacy, training (of teachers and local administrators) and social mobilization on the importance of basic education even during emergencies, and on psychosocial and educational needs of children in crises situations;
- Support the establishment and equipping of alternative basic education centres/semi-permanent learning centres as well as the training of facilitators selected from within the community;

- Provide basic educational materials (school-in-a-box kits) for pupils seriously affected by emergencies;
- Promote girls' education through the provision of school uniforms, incentives and tutorial classes for needy/emergency-stricken girls and orphan students, with special focus on emergency-affected feeding schools;
- Provide technical assistance and monitor and evaluate the performance of anticipated emergency education interventions;

Child protection (US\$ 3,850,000)

Children in need of protection during emergency situations – particularly those vulnerable to gender-based violence – will benefit from the following interventions:

- Follow up on the recommendations of the *United Nations Secretary General's Study on Violence Against Children* for what is relevant to Ethiopia, with a special focus on gender-based violence against young adolescent girls;
- Follow up on the recommendations of the Committee on the Rights of the Child on improving legal and social protection practices for children in emergency situations in Ethiopia;
- Roll out the emergency package for vulnerable children to reach 2.5 million orphans by the end of 2007;
- Introduce further 'zones of peace' in additional five regions to protect children in schools;
- Implement 50 child rights trainings for military troops in border zones, particularly in Gambella and the troubled Somali region;
- Train 250 social workers on psychosocial techniques to support children in emergencies;
- Deliver basic social services for 2,000 victims of abuse, exploitation or trafficking;
- Fund the African Child Policy Forum's Children's Legal Protection Centre to give legal aid to children in conflict with the law;
- Strengthen the capacity of child protection police units to operate during times of political unrest;
- Work with all partners to develop an effective surveillance system that includes data collection on mine-risk education activities, victims of unexploded ordnance, suspect mined areas, and village profiles.

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

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

- Develop training materials for peer facilitators in an emergency;
- Develop the capacity of secretariats and the Federal Disaster Prevention and Preparedness Commission (FDPPC) to deal with HIV/AIDS as part of a disaster preparedness and response strategy;
- Ensure that the Federal and Regional HIV/AIDS Prevention and Control Offices (HAPCOs) have a sufficient store of condoms, post-exposure prophylaxis kits, rapid testing kits, as well as drugs for sexually transmitted infections;
- Establish youth committees/teams at regional, zonal and woreda levels and equip them to respond rapidly in an emergency and to support the Regional AIDS Commissions;
- Develop the capacity of zonal and woreda officials and of youth associations/clubs at woreda level to respond rapidly and effectively in an emergency;
- Develop mapping and monitoring tools to help identify vulnerable groups, risk areas and high-risk behaviour in affected populations.

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KENYA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	17214
U5 mortality rate*	115
Infant mortality rate*	77
Maternal mortality ratio (1990-2005, reported)	410
Primary school enrolment ratio, 2000-2005, net (male/female)	76/77
% U1 fully immunized (DPT3)	76
% population using improved drinking water sources	61
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1300
% U5 suffering from acute malnutrition*	7 **23.2

Source: *The State of the World's Children 2007*

* Kenya Demographic and Health Survey 2003

** However 23.2 in 10 most affected districts.

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,500,000
Water and environmental sanitation	4,000,000
Education	1,500,000
Child protection	1,000,000
Total*	12,000,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The impact of recurrent droughts in Kenya has resulted in continued poverty among many people living in the pastoral economy. While nationwide Kenya is not short of food, many people in arid and semi-arid regions cannot afford to buy food, water, medicines or other services. A succession of poor rain seasons preceding the 2006 long rains led to significant livestock losses among pastoralists and agro-pastoralists, adversely affecting a critical source of food and income for most households in the North and North-Eastern provinces of Kenya. Although the 2006 long rains resulted in mixed improvements in some areas, such as pasture and water availability, drought-affected communities are still experiencing a crisis. These communities remain extremely vulnerable and require short-term assistance to recover their livelihoods, together with long-term strategies to reduce vulnerability. There still is an urgent need for emergency assistance as well as medium- to long-term interventions.

At the height of the current drought that started in 2004, 3.5 million people received free food handouts. As a result of the recent rains, however, the number of people requiring some sort of supplement to household income has been revised down to 2.4 million, most of whom live in the 10 most affected districts in the North and North-East. Out of these, 89,000 are pregnant women and 531,000 are under-five children, with 159,000 of them needing immediate emergency attention. Although malnutrition exists throughout Kenya, the highest prevalence of acute malnutrition can be found in the northern and north-eastern districts, namely: Garissa, Ijara, Isiolo, Mandera, Marsabit, Moyale, Samburu, Tana River, Turkana and Wajir, where approximately 80,000 children aged 6-59 months are acutely malnourished and 12,000 severely malnourished. Complicated by poor infrastructure and services, poor rains have continued to keep levels of malnutrition high in recent years.

Poverty, HIV/AIDS, a declining economy, a less than optimal health infrastructure as well as harmful socio-cultural beliefs and practices all negatively impact on women and children in Kenya. Results from the Kenya Demographic and Health Survey (2003) show an increase in both infant and under-five mortality rates since previous surveys. Infant mortality rates increased by nearly 30 per cent, from 60 deaths per 1,000 live births in 1989 to 77 deaths per 1,000 in 2003. Under-five mortality rates also increased by almost 30 per cent over the same period, from 89 per 1,000 live births to 115 per 1,000. The same survey revealed that 24 per cent of Kenyan households draw their water from either rivers or streams. Only 21 per cent have piped water connected to their dwelling or compound, while 11 per cent use a public tap. The report also states that two-thirds of households in Kenya have traditional pit latrines, while only 11 per cent have flush toilets.

The national HIV prevalence rate stands at 6.7 per cent (Kenya Demographic and Health Survey 2003) which is an improvement from the prevalence rate of 10 per cent in the mid-1990s. More recent sentinel surveillance data indicate that adult prevalence has fallen even further to 6.1 per cent (*Kenya HIV and AIDS Data Booklet*, 2005). However, there are wide regional variations, with particularly high prevalence areas in the major towns around truck routes frequented by transporters of relief goods.

In the health sector, only 25 per cent of Kenyans have access to health facilities within 8 km of their homes. Health expenditures in rural areas account for 30 per cent of Government spending on health, while in urban areas (where only 20 per cent of the population live) they account for 70 per cent. Malaria remains the highest direct cause of death and disease among Kenya's children and women, causing an estimated 34,000 deaths in under-fives every year. This translates into 93 child deaths per day. It is closely followed by respiratory infections and malnutrition. Malaria is the main cause of severe anaemia in pregnant women and, thus, a major contributor to maternal mortality in a country where access to quality emergency obstetric care is rare outside of major urban areas.

The recurrent droughts, especially in the northern part of Kenya have aggravated the conditions of women and children affecting all aspects of their livelihoods, with 23.2 per cent of under-five children suffering from acute malnutrition. One out of five girls enrolls in school, one out of ten completes primary school and one in a hundred completes secondary school. Water for livestock and animals is often scarce, and families are scattered, making it a challenging service provision environment. The health status of the people is poor and the health system is largely non-performing. Major efforts are needed to reach the population with a package of essential health services – and to regularly monitor the situation, provide logistical support and train health workers to increase capacity for preparedness and response.

The limited resources in the drought-affected districts often result in families splitting up and women and children moving towards towns in search of support. Children are also involved in looking for fuel and water. These initiatives make children, especially girls, vulnerable to abuse and exploitation. Children also become victims of clashes over pasture, land and livestock.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Kenyan population affected by the drought and disease outbreaks. UNICEF supports and co-chairs the government-led emergency response coordination mechanism for health and nutrition, water and sanitation and education. This coordination mechanism falls under the Office of the President and it is functioning in most of the affected districts. Regular meetings of the District Steering Group, Food Security, Health and Nutrition, Water and Sanitation and Education groups are held on a monthly basis.

The UNICEF programme has established four outposts in the most drought-affected districts, namely Mandera, Turkana, Marsabit and Wajir, to supplement the existing zonal office in Garissa. In these districts, UNICEF has established permanent presence of its programme staff. As a result, UNICEF has been able to upgrade its support to the Government of Kenya in coordinating, monitoring and providing updated information on the situation of women and children and in coordinating the water and sanitation, education and health and nutrition emergency response committees in these areas. UNICEF is also supporting the districts in North-Eastern Kenya to prepare joint emergency preparedness plans for health, nutrition and water. This will be done first at provincial level before formulating district-specific plans.

Since September 2005, UNICEF Kenya has supported the scaling-up of an emergency health and nutrition response to the drought affecting the northern areas, focusing on the 10 worst districts. Emergency nutrition supplies have been delivered to 12 supplementary feeding centres and 14 therapeutic feeding centres on a monthly basis. Since the beginning of 2006, 43,065 children have been supported through supplementary feeding programmes and 1,846 through therapeutic feeding programmes. Between March and May 2006, UNICEF supported nine nutritional surveys in Turkana, Moyale, Samburu, Isiolo and Marsabit and acutely malnourished children were treated through support to selective feeding programmes, provision of nutritional supplies and training of health staff. Partnership agreements have been signed to operate supplementary and therapeutic feeding programmes with seven NGOs (Action Against Hunger, Concern, Islamic Relief, Merlin, Samaritan's Purse, Tearfund and World Vision) and the Ministry of Health to cover the 10 districts most affected by high malnutrition rates. In four of these districts, there are 17 fixed outreach posts where minor health treatments, bednet distribution, vaccination, nutrition surveillance and support and vitamin A supplementation are provided to the affected children. Vitamin A is given as part of the essential package of care to all children attending supplementary feeding centres.

During this year, support to health centres and fixed outreach posts has been strengthened by the deployment of 156 high-level health professionals and 10 nutritionists from the Ministry of Health. These personnel were deployed in some of the 10 drought-affected districts to provide support and

help with the coordination of emergency activities. A further 52 health professionals are in the process of being posted to these districts. Ninety-six refrigerators were ordered to strengthen the cold-chain system in 10 districts. Training on how to handle malaria cases was provided for health workers and community leaders in Isiolo district. Between May and July 2006, UNICEF supported the Ministry of Health to carry out a measles campaign that immunized over 290,000 children in 16 districts achieving over 95 per cent coverage in all except one district.

Seeking to increase spaces in boarding schools, targeting the children of pastoralists who would otherwise not send their children to school, UNICEF provided boarding equipment in the 10 drought-affected districts (beds, blankets, fire extinguishers, insecticide-treated nets and recreation kits) for 2,200 pupils, the majority of whom were girls. In addition, UNICEF supported 2,400 pupils in the Mandera district through the school feeding programme, and closely monitored water provision to schools. Some 3,600 teachers were trained in child-friendly school approaches, which cover all sectors. Contracts were prepared for the construction of four new dormitories in four districts to cope with an increased numbers of girl pupils (400). Through these and other interventions (WFP school feeding; Ministry of Education cash support to schools), enrolment and attendance have increased by 21,000 in the 10 districts.

In the water and sanitation sector, 415,000 litres of fuel for water pumping were supplied at key boreholes and also used for water trucking. Eight gensets, 13 submersible pumps and spare parts were supplied for the rehabilitation of water sources. In terms of water quality, 445 x 45 kg drums of chlorine were delivered to the drought-affected districts. In addition, PUR sachets and water purification tablets were made available for 4,000 families and 350 x 5,000 litre tanks were delivered to schools. A contract for improved water was developed for 37 schools and an additional nine solar-powered boreholes will be provided for schools before the year ends. The worst affected schools are being provided with latrines. A programme for hygiene and sanitation for 10,000 households is being developed for Turkana district. In addition, emergency water and environmental sanitation strategic planning workshops were held in 11 districts. The district water repair rapid response teams were supported with operational funds.

Finally, since the key problem is a combination of poverty and low quality social services the programme has been working with the Government to pilot test the transfer of cash to the households identified as being the homes of the most vulnerable children in the Garissa district, as an alternative to free food handouts. This is part of a programme of national scope that is not only operating in drought-affected districts.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

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

Regular programme

UNICEF operates within the framework of the 2004-2008 Country Programme of Cooperation with the Government of Kenya. This programme focuses on five priority areas, namely: health, nutrition, water and environmental sanitation, child protection and education. Humanitarian activities are mainstreamed into the programme which geographically targets the most disadvantaged districts of North and North-East Kenya. In this region, key social indicators are amongst the worst in the country and drought cycles have progressively compromised the livelihoods of children and women. UNICEF works in these areas to ensure that sectoral programmes accelerate key life-saving interventions during times of emergency in line with the organization's Core Commitments for Children in Emergencies.

Health and nutrition (US\$ 5,500,000)

Health (US\$ 1,500,000)

Some 159,000 children under five (30 per cent of the children under five) and pregnant women in emergency areas will benefit from the following key interventions:

- Provide an integrated package of essential health and nutrition services for vulnerable women and children in the northern areas. Malnutrition rates remain high at 25 per cent which makes children more vulnerable to infections in drought-stricken areas. Major efforts are needed to reach the population with a package of essential health and nutrition services and through these services monitor the levels of malnutrition and morbidity.
- Increase support for logistics and provide basic medicines and supplies combined with the training of health workers, in order to increase the Ministry of Health's capacity to respond effectively to any future emergency.
- Strengthen routine health and nutrition services through static and fixed outreach services that increase coverage of essential services, such as EPI immunization, vitamin A supplementation, distribution of insecticide-treated nets (ITNs), whilst also being prepared to support scaling-up, if and when an emergency arises. This will enable the system to be more responsive to the fluctuating food security situation in this area.
- Provide emergency kits, ITNs, vitamin A and basic medicines to the target population.
- Support the hiring of staff to provide these services.

Nutrition (US\$ 4,000,000)

Levels of acute malnutrition, both moderate and severe, are consistently higher than 'emergency' level thresholds. In the 10 districts currently identified as facing a humanitarian crisis or emergency, the number of moderately malnourished children amounts to almost 80,000 and the severely malnourished to around 12,000. Key activities will include:

- Continue supporting the 60 therapeutic feeding centres previously established and run by partners for approximately 6,000 severely malnourished children;
- Expand management of severe malnutrition to government health facilities;
- Support the management of moderately malnourished children in 10 districts;
- Train 100 health staff in treating severe malnutrition;
- Support the implementation of 10 nutritional surveys, assessments and evaluations;
- Procure and distribute Vitamin A, iron and worm treatment medicines to all children under five years.

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

Despite some improvement in water availability and access, there is still an urgent need for interventions in the water and sanitation sector in most areas. A total of 200,000 children will benefit through the following key activities:

- Rehabilitate and improve water facilities for at least 50 water supplies, improving efficiency;
- Provide safe drinking water systems and hygiene education to an additional 100 schools, set up school gardens to reduce the impact of drought and supplement the school feeding programme;
- Support an environmental impact assessment of the current emergency, specifically targeted at the water trucking and delivery points;
- Develop additional boreholes, create pans in the emergency-affected areas and set up kitchen gardens to support improved nutrition projects;
- Support capacity-building of drought-affected communities;
- Extend the fuel subsidy support to the most affected districts and communities;
- Scale up the promotion of hygiene and sanitation, linked with the promotion of exclusive breastfeeding in 10 districts and especially with the therapeutic feeding centres and areas supported by the nutrition programme and WFP food aid.
- Continue supporting the rapid response water supply repair teams.

Education (US\$ 1,500,000)

A total of 150,000 schoolchildren and 5,000 teachers will benefit from the following key activities:

- Provide safe learning spaces (including temporary classrooms);
- Provide essential learning materials (school kits, uniforms and other educational materials);
- Ensure that 5,000 teachers and other education personnel receive relevant training on psychosocial care and support with particular attention to emergency preparedness and mitigation and peace education;
- Ensure availability of water and provide meals to children through the expanded school feeding programme, in close collaboration with WFP and the Water and Environmental Sanitation Co-ordinating Group (WESCOORD);
- Provide supplies (beds, blankets) to boarding schools to address the increased enrolment;
- Procure and distribute recreation kits for 250 low-cost boarding schools;
- Mobilize affected community members, including children and youth, to actively participate in the implementation of education and particularly girls' education;
- Support regular monitoring and timely responses.

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

With the setting-up of emergency outposts in Marsabit, Turkana, Wajir and Mandera, and with the existence of the Garissa sub-office, a total of 15,000 vulnerable children will benefit from the following child protection services:

- Expand the cash transfer programme from less than 200 households in Garissa district to the 3,000 most vulnerable children in North-Eastern province;
- In coordination with other partners, conduct rapid assessments on child protection issues in emergency situations, such as children coming in from Somalia to the Dadaab refugee camp, on drought and conflict over limited resources in North-Eastern and Rift Valley provinces;
- Provide psychosocial support; trace and reunite children with parents or guardians; protect unaccompanied children; monitor and follow up abuse and exploitation of children; provide legal aid and information on child rights; and create safe spaces for children;
- Train 250 teachers and 200 health staff, social workers, children's officers and paralegals on response to violence and abuse.

1. CRITICAL ISSUES FOR CHILDREN

With a national HIV seroprevalence of 23.2 per cent among adults, Lesotho has the third highest prevalence rate in the world. Consistent with the trends in the region, HIV prevalence among young people aged 15-19 years is estimated at 7.8 per cent in females and 2.3 per cent in males (Lesotho Demographic and Health Survey 2004/2005). The AIDS epidemic, poverty and drought are recognized as the underlying factors behind the current complex humanitarian crisis in southern Africa. Lesotho is one of the six affected countries in the sub-region. The estimated number of vulnerable people in need of emergency food aid rose from 448,000 to nearly 700,000 or one third of the population between 2002 and 2004. Poverty has increased significantly due to the restructuring of the mining sector in South Africa and the retrenchment of unskilled labour. Many of the gains made in the 1980s in improving children's access to quality social services have been reversed, largely due to the inability of families to cover the costs of basic services, such as education and routine health care.

The country is also confronted by an increasing number of orphans, estimated at 180,000 in 2005. While the education system already counts 142,000 orphaned children in primary and secondary school, care and protection of this group, who is at high risk of dropping out of school and, subsequently, of being exposed to abuse and exploitation, is a national challenge. Some 30 per cent of orphaned children are estimated to be out of school.

Many orphans are forced to undertake some of the most hazardous forms of labour (herding, domestic work or commercial sex) in order to survive. This is due to the lack of an appropriate policy and legislative framework specifically addressing their rights to access services and entitlements, such as health and basic education, in the absence of parents and primary caregivers. A national policy for orphaned and vulnerable children awaits urgent approval by Cabinet. The Child Protection and Welfare Bill (2005) also awaits enactment in the near future.

With the threat of influenza virus H5N1 looming in other parts of the world, Lesotho is at risk of double impact: the high HIV prevalence makes many Basotho susceptible to a rapid progression of the virus in an event of Avian Influenza breaking out in Lesotho; poultry is one of the main commodities that the country uses in daily diet and traditionally a dead bird means a meal for the family. It is against this background that the country is putting in place majors to prevent this.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

During 2002-2004, using funds from the Consolidated Appeal for Lesotho, and in collaboration with government, NGOs and international partners, UNICEF responded to the humanitarian crisis by addressing both its immediate and long-term impact on critical areas in health, nutrition, education and protection.

In health and nutrition, routine immunization continued to be strengthened and National Immunization Days for polio supported. In a mass campaign in September 2004, 170,000 under-five children were immunized and received vitamin A supplementation. UNICEF is supporting the establishment of a national nutritional surveillance system in the 10 districts, of which five are now operational. Sets of dietary guidelines for people living with HIV/AIDS and for infants and young children were finalized. An integrated emergency training package for service providers covering health, nutrition, protection, child rights and life skills – developed in 2003 with partners under the coordination of the Disaster Management Authority – is being cascaded at district and community levels after the initial training in 2003 of 80 trainers. More than 200 heads of department, 140 community service providers, 50 youth leaders and 300 young farmers have already been trained at the height of the crisis. The package continues to be shared with partners, including NGOs, for use in conducting training among their own constituencies. A training module on HIV/AIDS, gender

and life skills was developed in late 2002 with the Ministry of Education and Training and inputs from children – 8,000 out of 10,000 teachers in the 10 districts were trained on it. Sara Communication material was widely distributed. As no further emergency funds were received after 2004, emergency interventions with a long-term impact were integrated into regular programming.

For the long term, since 2003, existing systems for the registration of newborns and orphaned children under the Ministry of Local Government are being strengthened with the provision of computer and printer equipment, the development of a computerized database and capacity-building of assistant registrars, traditional leaders and district secretariat staff. This activity is key to ensuring that vulnerable children are recognized by the State and access their rights to basic services. The Department of Social Welfare is also closely involved.

The two above-mentioned education activities preceded the curriculum revision and the development of the life skills curriculum – supported by UNICEF – that is now under way for rolling out in 2007 through both formal and non-formal education systems. This new stand-alone subject in the curriculum is expected, among other things, to enhance the knowledge and awareness of HIV/AIDS and develop coping skills among children in and out of school and among youth to confront issues of parental loss, recognizing situations of risk and minimizing high-risk behaviour that could lead to becoming infected with HIV.

During 2005-06, Lesotho developed a national preparedness and response plan for Avian Influenza pandemic in collaboration with the Ministry of Health and Social Welfare and the Ministry of Agriculture and Food Security. This plan aims to prepare the country for a timely, consistent and coordinated response in the event of an Avian Influenza pandemic, which could affect the Basotho nation. The plan outlines measures to prevent and/or control the pandemic to be executed at different phases of its progression in the country. It is structured in accordance with WHO *Strategic actions in responding to the avian influenza pandemic threat – Recommended strategic actions* (WHO, 2005) and *Influenza pandemic risk assessment and preparedness in Africa* (WHO, 2005).

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF works closely with key government counterparts: the Ministries of Health and Social Welfare, Education and Training, Agriculture, Local Government; the Child and Gender Protection Unit of the Police; the Food and Nutrition Coordination Office; the Disaster Management Authority; UN agencies, such as FAO, UNFPA, WFP and WHO; and local and international NGOs/faith-based organizations.

UNICEF supports the Ministry of Health and Social Welfare in carrying out its mandate as the focal point agency for orphaned and vulnerable children (OVC). This includes the establishment of multisectoral coordinating mechanisms at central and district levels that facilitate improved intersectoral collaboration in implementing the OVC National Action Plan and the OVC policy. UNICEF is a member of the HIV/AIDS Theme Group, the Gender Theme Group and the Food and Nutrition Task Force.

Regular programme

The current Country Programme 2002-2007 has four programme areas: child survival, care and development; basic education for all; adolescent development; and social policy development and planning. The Country Programme is national in scope, with emphasis on going to scale with most activities. Since 2002, humanitarian crisis-related activities have been implemented within the context of the regular programme. *While there is no emergency programme per se, HIV/AIDS is the overall operational context for programming since the epidemic is perceived as a chronic and long-term crisis.*

Health and nutrition (Avian Influenza) (US\$ 50,000)

Avian Influenza poses a threat to the overall survival and well-being of women and children, especially orphans and other vulnerable children. To this end, a national preparedness plan has been drawn up by the Government of Lesotho in the event of an Avian Influenza pandemic. The measures needed to execute the National Plan fall under medical interventions, non-medical interventions and effective communication. The UN system is in the process of assisting the country prepare a resource mobilization strategy document to support the Plan. Though Lesotho may currently be on the inter-pandemic phase, necessary actions need to be taken to facilitate a timely, consistent and coordinated response against the pandemic. This is particularly important in light of Lesotho's high HIV infection rate and resulting susceptibility to a double impact of a possible pandemic. Targeting 10,000 mothers and children, UNICEF's main objective is to contribute to the country's immediate response promoting preventive measures, launching social mobilization campaigns, producing and distributing information, education and communication materials, as well as ensuring the availability of the required medical care to the affected mothers and children. The following medical supplies will be made available during the emergency preparedness phase:

- medical supplies; antibiotics, antipyretics, personal protective supplies/equipment for frontline workers and masks for patients;
- related vaccines and antiviral drugs.

UNICEF will also contribute to the overall coordination mechanism in response to the outbreak providing technical expertise and supporting capacity-building activities.

Child protection (US\$ 562,700)

Although primary education is free up to grade 7, many children still do not have access to school because they cannot afford the cost of uniforms, transport and other accessories. The revised Education Act, which makes primary school free and compulsory, will contribute to higher enrolment of the most marginalized children, such as herd boys. Herd boys in Lesotho are a group of people who have high illiteracy rates and least access to education. Children who are herd boys are not only engaged in one of the worst forms of child labour but are also exposed to high levels of abuse and neglect. There are some 15,000 herd boys around the country. Many get employed in order to help their families survive. While there are no official data to indicate how many orphaned children are herd boys, it is estimated that 30 per cent of orphaned children are compelled to drop out of school. Many among these can be expected to resort to work. With increasing poverty and lack of primary caregivers due to the pandemic, orphaned children are at further risk of exploitation by communities. Herd boys are exposed to harsh weather conditions at the cattle post. They form part of a society that is isolated from national programmes and rarely reached by services. Many lose out on most of their childhood years. In view of the high infection rates among youth who practice unprotected sex, herd boys are also at risk of being exposed to HIV infection for lack of knowledge and awareness about the modes of transmission. In freezing winter temperatures that last for over five months and hot summer days, they look after animals that are not their own. While continuing to support the formulation and enactment of the requisite legal and policy frameworks to ensure universal access to basic education, UNICEF also collaborates with the Lesotho Distance Teacher Centre (LDTC) and NGOs to reach vulnerable groups such as herd boys with non-formal education which also includes information on HIV/AIDS prevention and life skills. Given the unpredictable weather conditions, should there be an emergency situation related to climatic factors, UNICEF would wish to target this group of children and youth working through the LDTC, NGOs and the District Administrators' Offices in the 10 districts. Activities will include:

- Procure and distribute blankets to 5,000 herd boys in 10 districts;
- Procure and distribute 5,000 rain coats and gum boots to herd boys;
- Procure and distribute 5,000 wind-up radios to herd boys;
- Procure and distribute torches and batteries for 5,000 herd boys;
- Procure and distribute candles and matches for 5,000 herd boys;
- Procure and distribute literacy kits containing hygiene equipment.

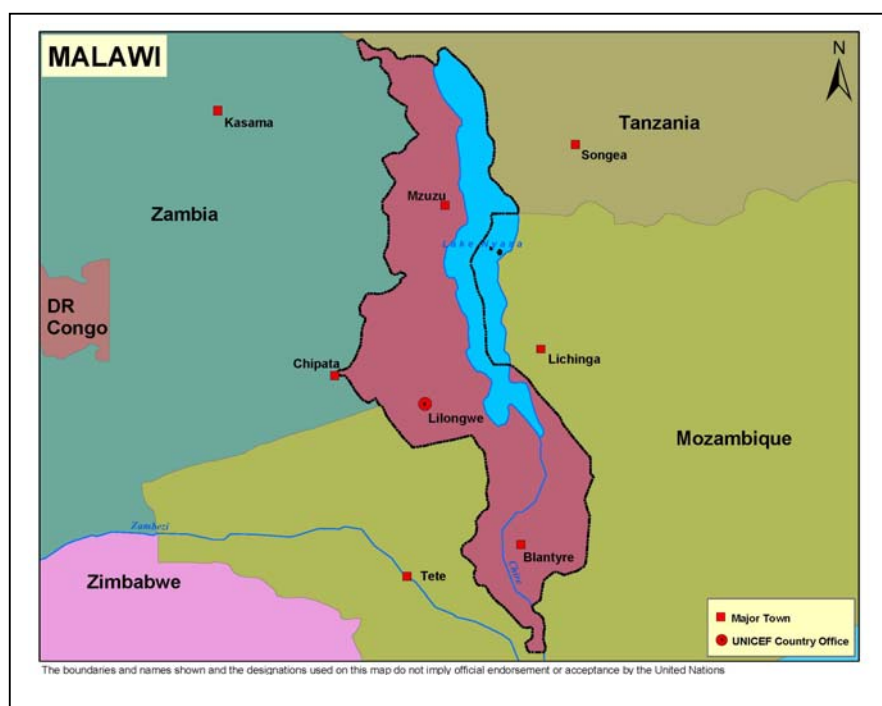
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UNICEF HUMANITARIAN ACTION

MALAWI

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	6945
U5 mortality rate	125
Infant mortality rate	79
Maternal mortality ratio (1990-2005, reported)	980
Primary school enrolment ratio, 2000-2005, net (male/female)	93/98
% U1 fully immunized (DPT3)	93
% population using improved drinking water sources	73
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	940
% U5 suffering from moderate and severe stunting	48

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	3,500,000
Water and environmental sanitation	3,000,000
Education	300,000
Child protection	200,000
Total*	7,000,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The population of Malawi continues to face unacceptable levels of vulnerability. The country has frequently suffered from prolonged dry spells of different magnitudes, which have contributed significantly to low production of both food and cash crops. In 2005, prolonged dry spells led to the worst food crisis since 1994, with almost 5 million people affected until April 2006.

In 2006, the maize harvest was the largest since 2000 with a total production of some 2.35 million tonnes, exceeding the national food requirements by 8 per cent. However, some parts of the country in early 2006 suffered dry spells and devastating floods which destroyed crops and, as a result, many households have harvested virtually nothing. Consequently, the Malawi Vulnerability Assessment Committee (MVAC) estimated in June 2006 that approximately 833,000 people will not be able to meet their minimum food requirements until the next harvest in April 2007. A further 147,800 people are borderline cases and any adverse economic developments will mean that they too will have inadequate food supplies. The estimated figures do not reflect the 'chronic' vulnerability (which is the large number of households that have entitlements or means of living that fall short of their required needs every year, even when there is no disaster).

Women and children are considered the most vulnerable group to food insecurity. As food insecurity grows, they are more exposed to malnutrition and infections and vice versa leading to a vicious circle. A deterioration of the food situation will put more pressure on households hosting orphans and will increment the number of children expected to drop out of school, in search of work for food. Child abuse and exploitation are common in Malawi, especially among orphans and other vulnerable children (OVC). The rising vulnerability of children will materialize in more children being abused and exploited, in more children engaged in child labour, in an influx of children on the streets and in increasing numbers of children in conflict with the law.

Cholera remains a major threat in Malawi, with recurrent outbreaks during the rainy season between November and April, and is a particularly high risk factor in flood situations because of the possible and immediate breakdown of water and sanitation facilities. Food shortages and malnutrition have a direct effect on individual susceptibility to diseases, and thus the level of a possible epidemic will be closely related to people's access to food and safe water. Underlying a situation of food shortage are two mutually reinforcing causes of insecurity, namely a high prevalence of HIV/AIDS and chronic poverty, which need to be addressed in tandem with food aid. There are an estimated 1 million orphans in Malawi, of which close to half a million are orphaned due to AIDS. The long-term impact on households and communities is evident, as they are becoming less and less resilient and more and more vulnerable to shocks resulting from drought, floods and other natural disasters.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with partners (Government, UN agencies and NGOs), UNICEF has continued to assist the Malawi population affected by the humanitarian crisis. In the area of nutrition, UNICEF has supported the treatment of approximately 4,000 severely malnourished children per month in 95 nutrition rehabilitation units (NRUs) and through community therapeutic care in 199 centres in 14 districts. Training was conducted for 124 health staff from 35 NRUs on the WHO protocol on case management of severe malnutrition. Thus, all 95 units are using the WHO protocol. UNICEF, together with WFP, has scaled up support of the supplementary feeding programme for moderately malnourished women and under-five children from 42,845 beneficiaries under the regular programme to 81,251 in 19 districts between January and July. An additional 140 clinicians were trained on case management of severe malnutrition to ensure support to the 95 NRUs. The case fatality rate in NRUs has dropped from 15 per cent to about 10 per cent and is close to meeting the Sphere standards of less than 10 per cent. Four NGO partners and district

health office staff in 14 districts were trained on screening and referral of moderately and severely malnourished children to supplementary and therapeutic feeding. A nutrition survey was conducted in April as an integral part of the annual vulnerability assessment in four livelihood zones with a high proportion of people missing food entitlements. Approximately 1 million children aged 6-59 months and postnatal women received vitamin A supplementation during Child Health Days in June. De-worming was integrated into the Child Health Days and administered to 832,000 children aged 12-59 months. A second round is planned for November 2006 and will be combined with re-treatment of mosquito nets to control malaria.

In collaboration with partners, UNICEF undertook the rehabilitation and repair of existing water and sanitation facilities at 50 schools, 35 NRUs and 50 health facilities in 18 districts. A total of 600 awareness-campaign sessions in 5,500 communities were carried out. Preparedness for the cholera season took place in all 15 cholera-prone districts through the pre-positioning of chlorine and essential drugs. A total of 4,500 cases were treated. In an effort to reduce the number of malaria outbreaks during the rainy season, a national campaign for the re-treatment of approximately 4 million mosquito nets was conducted in November 2006.

Together with UNAIDS, UNFPA, WFP and NGO partners, a joint programme was implemented to prevent sexual and economic exploitation and abuse of women and children during and after the humanitarian crisis period through advocacy and communication at all levels. Sentinel sites were established in five districts to monitor and collect data on reported cases of child abuse related to the food crisis.

In collaboration with WFP and the German Agency for Technical Cooperation (GTZ), UNICEF provided school feeding for approximately 540,000 children in 670 schools. In addition, some 8,000 pre-school children in 125 community-based child-care centres (CBCCCs) received supplementary feeding from May to September. Surveillance of school absenteeism was conducted in 69 schools in 23 districts on a monthly basis.

UNICEF responded to all areas that had been affected by flooding through mobilization campaigns, hygiene education, distribution of chlorine for treatment of contaminated water sources and repair of water and sanitation facilities. UNICEF also assisted in responding to the immediate needs of approximately 4,000 families in nine districts who had their houses destroyed by floods and therefore were in need of basic relief items while rebuilding their homes. Twenty-two schools affected by heavy storms and floods were rehabilitated in six districts. Four workshops on contingency planning were conducted for district assemblies from all 28 districts in preparation for the upcoming rainy season with particular focus on flood situations.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF cooperates with the Government of Malawi, UN and NGOs partners and donor agencies. It participates in national humanitarian coordination fora, the UN Country Team (UNCT), UN Disaster Management Groups and various technical working groups. UNICEF is the lead in the coordination of the following sectors: nutrition, child protection, education, and water and sanitation.

Regular programme

To support the humanitarian action, existing activities/programmes will be expanded and adjusted as needed and will build on partnerships (Government, UN and NGO partners) developed through the Country Programme of Cooperation as well as on community mobilization and participation. Through a solid network of partnerships, UNICEF monitors changes in the environment in an attempt to ensure early warning and timely response within the limits of its cluster responsibilities (nutrition, child protection, education, and water and sanitation).

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

UNICEF will respond to an increase in cases of severe and moderate malnutrition amongst women and under-five children and to a potential rise in susceptibility to diseases, such as cholera, measles and malaria nationwide. Efforts will be made to ensure visibility of children affected by HIV/AIDS. Key activities will include:

- Provide support to treat up to 4,000 severely malnourished women and under-five children per month in 95 NRUs and 199 community therapeutic care centres nationwide;
- In partnership with WFP, treat some 96,000 moderately malnourished women and under-five children through supplementary feeding activities;
- Continue to support the monitoring system established for NRUs and supplementary feeding centres, which allows district and national level nutrition managers to monitor trends in acute malnutrition and the quality of the centres' treatment;
- Pre-position emergency drugs, including oral rehydration salts and chlorine as well as medical supplies in 15 cholera-prone districts to ensure a total treatment capacity of 5,000 cholera cases;
- Procure and distribute 15,000 mosquito nets and drugs for pregnant women and under-five children admitted to NRUs and intensify regular distribution of nets in all malaria-affected areas;
- Undertake prevention, care and support programmes in the area of HIV/AIDS;
- Support the Ministry of Health in conducting nationwide measles and vitamin A campaigns targeting some 956,000 under-five children.

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

In an effort to prevent and reduce outbreaks of water-borne diseases, in particular cholera, UNICEF will continue to promote cholera prevention and improve water and sanitation facilities, primarily at NRUs and school feeding centres, and in communities. Key activities will include:

- Support the National Cholera Task Force in undertaking national awareness campaigns on the prevention of cholera in all communities prior to and during the rainy season;
- Pre-position chlorine and essential supplies at all health centres in sufficient quantities in all districts at risk of cholera outbreaks;
- Construct/rehabilitate wells and adequate sanitary facilities in 400 schools and 150 community-based child-care centres (CBCCCs) and, if needed, support minor repairs to water facilities at NRUs and supplementary feeding centres in those areas that are considered at high risk of food insecurity;
- Undertake sanitary surveys of water sources and test their contamination by *E. coli* with rapid test kits (H2S strips); initiate local solutions for improvement of water sources along with chlorination;
- Provide hygiene education and management support to 10 district health officials and 100 workers, 1,200 communities and 2,000 caregivers at 500 CBCCCs, 95 NRUs and 400 school feeding centres in order to complement existing water and sanitation services;
- Provide jerrycans/buckets with taps and enamel cups, with user instructions and messages in local languages on safe handling of water and disposal of excreta and solid waste; provide soap and detergents; and disseminate key hygiene messages on prevention of cholera and other diseases;
- Support post-mortem workshops at national and district levels in the aftermath of the 2006/07 cholera season in order to incorporate lessons learned and experiences gained for the preparedness of the following season.

Education (US\$ 300,000)

UNICEF will continue to strengthen its efforts to prevent absenteeism among schoolchildren, especially among OVC, particularly in those areas that are considered at high risk of food insecurity. Key activities will include:

- Support the school feeding programme in 621 schools supported by WFP and 350 schools supported by the German Agency for Technical Cooperation (GTZ) through the improvement of facilities and the provision of instructional and recreational materials, targeting some 800,000 primary schoolchildren;
- Increase the surveillance of school absenteeism to 100 sentinel sites in 28 districts, including the training of 288 schoolteachers in the education management information system;
- Support educational programmes for primary/secondary schoolchildren to prevent HIV and build self-esteem;
- Support extracurricula activities in all districts to help prevent sexual abuse and exploitation, and train 33 district education managers and 99 primary education advisers in the education management information system for effective data prevention of sexual abuse.

Child protection (US\$ 200,000)

Approximately 250,000 people are targeted through interventions that aim to protect women and children from sexual and economic exploitation. Efforts are also made to provide legal and other support to children in conflict with the law and to the large number of children in prison. Key activities will include:

- Zero-tolerance campaigns in collaboration with WFP. Strengthen the coordination structures to better the response on prevention, abuse and exploitation of women and children during a crisis period;
- In collaboration with WFP, undertake a survey in the most affected areas to explore possibilities to upgrade the capacity of approximately 200 CBCCCs through the provision of supplementary food;
- Increase by five the number of sentinel sites in the most affected districts;
- Produce materials (child rights books for schools and information, education and communication materials) on child protection to prevent the exploitation of children in the affected areas.

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UNICEF HUMANITARIAN ACTION

MOZAMBIQUE

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	10049
U5 mortality rate	145
Infant mortality rate	100
Maternal mortality ratio (1990-2005, reported)	410
Primary school enrolment ratio, 2000-2005, net (male/female)	75/67
% U1 fully immunized (DPT3)	72
% population using improved drinking water sources (rural/urban)	26/72
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1800
% U5 suffering from moderate and severe underweight	24

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	2,140,000
Water, sanitation and hygiene	1,765,500
Basic education	802,500
Child protection	181,900
National capacity-building for disaster preparedness and response	321,000
Total*	5,210,900

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Mozambique is a country prone to natural disasters, chronic vulnerability and persistent humanitarian conditions. The UNICEF Country Programme endeavours to strengthen national capacity to prepare for and respond to the country's endemic humanitarian crisis.

In recent years, Mozambique has made encouraging strides in reducing its crippling poverty levels and is making gradual progress towards benchmarks set by the national Action Plan for the Reduction of Absolute Poverty (PARPA) and the Millennium Development Goals. Nevertheless, Mozambique remains one of the least developed countries in the world, ranking 168 out of 177 countries on the 2005 Human Development Index.

Mozambique's persistent chronic vulnerability is due to several factors: the country is still attempting to rebuild after more than a decade of civil war which decimated the infrastructure of basic social services; the rapidly escalating HIV/AIDS pandemic is weakening national capacities and considerably slowing the rate of development; the threat of natural disasters, including seasonal floods, cyclones and prolonged droughts, disrupts livelihoods and services, exhausts limited coping mechanisms and exacerbates populations' vulnerabilities – especially women and children.

While the latest assessments indicate that food security and nutrition have improved substantially, households have not fully recovered from five years of persistent drought and will continue to experience humanitarian conditions.

Vulnerable populations face the constant threat of cholera outbreaks due to the poor availability of clean water and sanitation facilities – especially in areas most hit by the ongoing drought. Diarrhoea resulting from water-borne diseases is still a major child killer, with a prevalence of 14 per cent among under-five children. Poor access to clean water affects women and girls directly as they are responsible for collecting most of the domestic water at the household level – leaving less time for school attendance and childcare.

Nutritional problems are the underlying cause of almost 50 per cent of all child deaths in Mozambique: of an estimated 715,000 children born every year, about 89,000 will die before reaching age one and an additional 39,000 will die before reaching age five. National, provincial and district health service providers lack the capacity to address the basic health needs of children and women – especially in areas affected by drought, natural disasters and other emergency situations. Malaria is responsible for the majority of child deaths in the country.

Education activities are often threatened by natural disasters, most notably seasonal floods and drought. National and sub-national education authorities are missing the resources and the capacity to quickly resume educational activities after an emergency in order to return some normalcy to the lives of children affected.

In 2006, the number of children orphaned by HIV/AIDS was estimated at 380,000. This figure is expected to increase to 630,000 by the year 2010. Orphaned children are becoming more and more vulnerable as extended families are unable to meet their basic needs, particularly in areas where the worst humanitarian conditions prevail.

The Government of Mozambique is taking steps to address chronic vulnerability and the country's humanitarian crisis. The National Institute for Disaster Management (INGC) has developed a National Strategy for the Prevention and Mitigation of Natural Disasters: this eight-year strategy proposes medium- and long-term reforms that will help strengthen Mozambique's capacity to predict and mitigate the impact of frequent natural disasters. Line ministries are also working to incorporate emergency preparedness and response planning into their policies and action plans – the Ministry of Education and Culture is developing its first Emergency Preparedness and

Response Plan in 2006. Nevertheless, these longer-term strategies need to be transformed into practical actions before they can have the desired impact.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Through its 2002-2006 Country Programme, UNICEF has been addressing the country's chronic vulnerability and humanitarian crisis in partnership with the Government and other private-sector, bilateral and multilateral stakeholders.

In 2006, UNICEF undertook a number of emergency preparedness and response interventions aiming to reduce the impact of natural disasters and other emergency situations. In February, in response to an earthquake measuring 7.5 on the Richter scale, UNICEF provided educational supplies and tents to set up temporary learning spaces in Manica province for some 5,300 children. UNICEF also helped the Ministry of Education and Culture develop the Education Sector Emergency Preparedness and Response Plan, and assisted INGC in the development and dissemination of key messages on earthquake safety.

In the area of water, hygiene and sanitation, UNICEF provided emergency supplies for cholera prevention and environmental clean-up, as well as cash assistance, to government authorities in districts where the January flooding affected 12,000 people. Emergency cholera prevention supplies were also provided to drought-affected areas. UNICEF supported the rehabilitation/construction of 148 water points in drought- and cholera-affected areas, benefiting over 140,000 people. Trucking of safe water to cholera-prone areas helped another 136,300 chronically vulnerable Mozambicans.

UNICEF is also supporting the cholera prevention struggle through the implementation of community-based social mobilization and communication strategies, such as theatre and mobile unit activities, together with local partners and the Ministry of Health, reaching over 216,000 people. Some 600 community leaders have been trained to promote discussion on individual and environmental hygiene practices in their communities for cholera prevention. Health emergency interventions addressed cholera outbreaks by procuring supplies and tents, supporting the recruitment of staff for cholera treatment centres and community health centres, and providing training for cholera case management – to date over 6,200 people in four target provinces have benefited from these activities.

Nutrition emergency interventions included capacity-building for the treatment of severe malnutrition in all provinces, with an emphasis on the most vulnerable districts, seeking to reach the approximately 32,000 under-five children estimated to be severely malnourished. In partnership with the Ministry of Health and WFP, the Nutrition Rehabilitation Programme aims to reach malnourished children under age five through community health centre-based screening and treatment in 18 districts and provincial capitals most affected by chronic vulnerability and drought, as well as by high HIV/AIDS prevalence. To date, some 73,000 children have been screened, with over 5,500 identified to receive corn-soya blend (CSB). In addition, 32,000 children have received vitamin A supplements and 34,000 de-worming tablets.

In collaboration with WFP, UNICEF supported the training of some 300 national and international humanitarian workers on the prevention of sexual exploitation and abuse.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF Mozambique is an active participant of the UN Disaster Management Team, which works closely with the Government of Mozambique to respond to emergency conditions and the resulting chronic vulnerability in the country, and to strengthen national capacity for emergency preparedness and response. It is an active participant in the health, nutrition, water and sanitation and education sub-groups of the National Disaster Management Institute (INGC), which brings together UN agencies, national and international NGOs, and Government line ministries on disaster preparedness and contingency planning. In addition, UNICEF takes part in, or chairs, national and inter-agency processes, such as the PARPA II (national poverty reduction strategy), UNDAF working groups, and sector-wide approach (SWAp) working groups. UNICEF Mozambique is prepared to assume its cluster leadership responsibilities for nutrition, water and environmental sanitation, protection and data communication, as mandated within the IASC cluster leadership framework.

Regular programme

Because of the country's propensity to natural disasters, the prevalence of emergency situations and the resulting chronic vulnerability of the population, UNICEF has mainstreamed emergency preparedness and response interventions into its routine programme activities. The new 2007-2009 Country Programme emphasizes this commitment, while recognizing the need for preparedness and response capacity to address fast-onset emergency interventions.

Health and nutrition (US\$ 2,140,000)

UNICEF's humanitarian actions in health and nutrition will focus on the following key activities:

Disaster response capacity (US\$ 1,284,000)

- Conduct health and nutrition assessments in conjunction with national and international partners and counterparts after a disaster strikes;
- Support the reestablishment of the health network, providing supplies and supporting mobile health teams;
- Enhance post-emergency nutritional surveillance and response, including supplementary and therapeutic feeding interventions as required.

Cholera mitigation and response (US\$ 642,000)

- Train health staff and community activists on cholera mitigation and response interventions in districts and urban areas most affected by natural disasters and cholera outbreaks;
- Promote communication and social mobilization activities – through radio, community theatre, posters, leaflets and community activists – to prevent and mitigate cholera and to change behaviours;
- Provide cholera treatment supplies to cholera treatment centres and community health facilities in targeted areas;
- Strengthen health officials' capacity at national, provincial and district levels for cholera planning, mitigation and monitoring.

Avian Influenza prevention and preparedness (US\$ 214,000)

- Support the national strategy for Avian Influenza prevention and response, especially through communication campaigns to inform the public on prevention and detection practices.

Water, sanitation and hygiene (US\$ 1,765,500)

In an integrated multisectoral approach, UNICEF will endeavour to provide technical and financial support to its Government counterparts, national and international partners, and community-based organizations to prepare for and respond to the emergency conditions provoked by natural disasters and chronic vulnerability, through the following key activities:

- Maintain a minimum stock of emergency water and sanitation supplies to address the needs of 50,000 potentially displaced persons, in order to respond to emergency needs, particularly cholera outbreaks;
- Provide support to national counterparts and partners for the proper storage and management of emergency supplies, as well as the monitoring and evaluation of emergency impact on water supply and hygiene conditions;
- Support the provision of safe water and sanitation facilities to communities, primary schools and health centres in most emergency-affected locations where access to drinking water is limited and the risk of fecal and oral transmission of disease is high – through water trucking, the construction/rehabilitation of water points in communities (including in schools) and support to the building of household sanitation facilities;
- Strengthen community capacities to maintain water points in emergency- and cholera-prone areas in order to support longer-term sustainability and preparedness; train community water management committees and school management committees on water point maintenance;
- Support participatory hygiene promotion campaigns for the adoption of safe hygiene practices and for the prevention of cholera and other diarrhoeal diseases.

Basic education (US\$ 802,500)

To prepare for and respond to educational needs in the face of natural disasters, UNICEF will assist the Ministry of Education and Culture to:

- Implement the education sector emergency preparedness and response Plan, providing support for Ministry coordination and response capacity;
- Pre-position tents and basic education materials for learners, teachers and schools in regional warehouses and support the delivery of supplies to schools affected by emergencies;
- Conduct assessments on education facilities and infrastructure in conjunction with national and international partners and counterparts after a disaster strikes;
- Integrate the monitoring of schools affected by emergencies into the education management information system (EMIS).

Child protection (US\$ 181,900)

UNICEF will help strengthen national capacity to address protection issues in emergency situations, through the following key activities:

- In conjunction with the Ministry of Women and Social Action and civil society partners, and under the auspices of the Technical Working Group for Orphaned and Vulnerable Children, adapt the basic package for orphans and other vulnerable children to include emergency-specific support elements;
- Help revise the *Manual on Psychosocial Support* used by the Ministry of Women and Social Action and incorporate components on emergency response, thus enabling the social workers of the Institute of Women and Social Action to meet the needs of the most vulnerable;
- In conjunction with the Social Workers Training Institute, introduce special training modules on psychosocial care and support in emergencies;
- In collaboration with the Ministry of Interior and the Ministry of Women and Social Action, train social workers and focal police to better address the increased incidence of gender-based violence in emergency situations.

National capacity-building for disaster preparedness and response (US\$ 321,000)

UNICEF aims to support the efforts of the National Disaster Management Institute (INGC) through the following key activities:

- Support INGC to develop a communication strategy in order to strengthen national capacity to reach chronically vulnerable populations threatened by emergencies with key messages for preparedness and response;
- Provide technical assistance for the implementation of the National Strategy for the Prevention and Mitigation of Natural Disasters, particularly in the areas of water, hygiene and sanitation, health and nutrition;

- Strengthen INGC capacity to prepare for, respond to, monitor and evaluate disaster response initiatives providing resource materials and supporting training and simulation exercises;
- Work with INGC to ensure the effective assessment of emergency situations in order to provide the most efficient and coordinated response;
- Provide logistical support to conduct emergency assessments and to ensure the distribution of humanitarian supplies during natural disasters.

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UNICEF HUMANITARIAN ACTION

SOMALIA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	4152
U5 mortality rate	225
Infant mortality rate	133
Maternal mortality ratio (2000 adjusted)	1100
Primary school enrolment ratio*	28
Primary school enrolment ratio for girls*	22
% U1 fully immunized (DPT)**	33
% population using improved drinking water sources	29
% HIV/AIDS prevalence***	0.9
% U5 suffering from moderate and severe malnutrition**	17

Sources: *The State of the World's Children 2007*

* Somalia Primary Education Survey, preliminary results, UNICEF 2005/6

** MICS Survey, UNICEF Somalia, 2000

***Median sentinel site prevalence, WHO, 2005

Summary of UNICEF financial needs for 2007

Sector	US\$
Health	7,400,000
Nutrition	6,136,000
Water and environmental sanitation	2,824,800
Education	2,979,876
Child protection	2,473,350
Early recovery	1,735,750
Shelter, non-food items and operations	952,300
Total*	24,502,076

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Children in Somalia continue to face some of the world's worst survival conditions in a country where under-18-year-olds make up 53 per cent of the population. Unresolved ethnic divisions, weak or non-existent administration and prevailing poverty severely limit access to basic health care, safe water and primary education. In the last year alone, the southern and most populous part of the country has faced severe drought, localized flooding and major political instability that threatens to become a major conflict with international ramifications. In contrast, North-West Somalia and, to a lesser extent, North-East Somalia enjoy comparative stability and have fledging administrative structures.

The drought that began in late 2005 and continued into 2006 has put further stress on children with more than 20 per cent suffering from acute malnutrition. In any year, water is a precious commodity, and while less than 29 per cent of the population have access to safe water sources, this figure falls to 18 per cent in Central/South Somalia. Additionally, improved means of excreta disposal are available to only 51 per cent of the population. In these conditions, cholera and diarrhoeal diseases are endemic. This is set against a backdrop of a lack of basic health care resulting in an estimated 133 of every 1,000 babies dying in infancy and less than 30 per cent of children attending primary school. The control of preventable diseases, including polio and malaria, continues to be problematic due to lack of access and to the ongoing displacement of the population by conflict and drought. Vulnerable groups and the displaced also require protection from increased risks of violence and exploitation. Although the HIV prevalence rate remains below the 1 per cent threshold, public health experts are concerned that the pandemic could rapidly spread if this threshold is breached. Prevention therefore remains essential.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

UNICEF's major challenges in 2006 focused on assisting drought-affected populations in Central/South Somalia. Despite limited access and weak implementing partner capacity due to security concerns and lack of funding, UNICEF-supported emergency interventions improved nutritional and health status, access to education and protection of children. UNICEF took up the Inter-Agency Standing Committee (IASC) designated lead in the coordination of the nutrition, water and sanitation and education clusters.

Improving access to safe water was the immediate priority as assessments were showing that in most drought-affected areas 84 per cent of the population did not have access to safe water supply nor to adequate means of excreta disposal. An estimated 775,000 people (of which 295,000 were directly assisted by UNICEF) benefited from emergency drought response interventions conducted by the cluster. A measles campaign was undertaken with WHO and NGO partners to address the risk of measles outbreaks due to vaccination rates below 50 per cent. Initial findings show that 86 per cent coverage (696,000 children) was achieved in the drought-affected areas. UNICEF coordinated the nutrition cluster attempts to reach 58,000 malnourished children and supported the expansion of the supplementary feeding programmes from 10 to 27 sites in the affected areas. In partnership with WFP, UNICEF supported selective school feeding with the aim to retain in school more than 18,000 children.

To assist one of the most vulnerable groups in the country, the estimated 400,000 internally displaced persons (IDPs), UNICEF supported expanded learning opportunities for 150 schools, strengthened health services, including immunization and nutritional care, in 40 community health facilities and improved access to safe water for 50,000 IDPs and their host populations. In addition, UNICEF provided information on HIV/AIDS and supported community mobilization activities for child protection. UNICEF's tsunami programme continued the 'build back better' approach in communities based on the initial emergency response.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF works in partnership with numerous national and international NGOs, UN agencies, donors, Somali administrations and local communities. Coordination with these partners is based on its active participation in the UN Country Team, the Somalia Support Secretariat (SSS) and the cluster system, in which UNICEF leads the nutrition, water and sanitation, and education clusters.

Regular programme

As Somalia is characterized by chronic vulnerability to natural and man-made emergencies, the 2007 Consolidated Appeal Process includes an early recovery pillar to help focus on restoring livelihoods. UNICEF will use its emergency relief activities combined with early recovery activities to ensure that assistance is linked to the regular country programme. This approach will help build sustainable results and leverage additional resources to pursue long-term targets, including the Millennium Development Goals.

Health (US\$ 7,400,000)

In 2007, UNICEF is seeking to strengthen and expand its emergency health response through the provision of basic primary health care services for 1.4 million people affected by conflict and drought in Central/South Somalia and to reach a further 400,000 displaced people dispersed across the country. Since nutritional recovery takes time, the children who experienced the severe drought situation in 2006 are expected to be more vulnerable to infectious diseases and complications that will increase morbidity and mortality. Priority interventions will focus on the provision of expanded primary health care services to combat the main communicable diseases and to promote safe motherhood. Key activities will include:

- Provide essential medical supplies for health posts and maternal and child health centres;
- Provide fixed, advanced and outreach immunization services countrywide with emphasis on vulnerable groups; strengthen routine immunization;
- Launch a polio immunization campaign to support the containment and reversal of the current outbreak;
- Combine social mobilization in communities with capacity-strengthening and supervision of health care providers;
- Support mobile health teams in displaced communities;
- Provide child health services, including immunization, micronutrient supplementation and antenatal care;
- Disseminate health messages through information, education and communication initiatives;
- Provide institutional support to transitional institutions to develop capacity for emergency response.

Nutrition (US\$ 6,136,000)

The nutrition surveillance activities in most parts of Central and South Somalia record unacceptable acute malnutrition rates of 15 per cent and above. In 2007 priority nutrition programme activities aim to support an estimated 60,000 malnourished children to prevent excess mortality and promote their nutritional well-being. The programmes will expand life-saving selective feeding and address the underlying causes of malnutrition that were identified in the 2006 drought response. Community-based therapeutic care to ensure nutrition response in insecure areas and coordinated support through related activities will be the key programming approaches to increase the coverage of vulnerable children. Main activities will include:

- Provide technical support and improve the capacity of selected feeding implementing partners;
- Provide emergency nutrition supply and support the warehousing facilities;
- Support current routine and emergency nutrition response activities and advocate for the integration of complementary programmes, including food security and livelihood promotion projects, comprehensive public health services, and water and sanitation;

- Identify and support community-based organizations and Somali nationals with the potential to improve nutrition response coverage in both accessible and inaccessible areas;
- Improve intra-cluster and inter-sectoral programme coordination in the emergency response.

Water and environmental sanitation (US\$ 2,824,800)

This project aims to provide emergency water and sanitation to 300,000 people, particularly those displaced or at increased risk of displacement due to the ongoing drought. The provision of safe water and basic sanitation amongst vulnerable groups will improve the well-being of women and children and reduce the risk of communicable diseases, including cholera outbreaks. UNICEF will focus on partnerships with international and local NGOs to reach the most remote areas. Capacity-building of local partners will be central in the response. Key activities will include:

- Rehabilitate water sources and protect as appropriate;
- Provide basic sanitation and hygiene services;
- Chlorinate water points in cholera-prone areas;
- Provide water trucking services when no other solutions are available;
- Conduct regular monitoring to identify gaps and enhance coordination and partnerships.

Education (US\$ 2,979,876)

To ensure that the right to education is fulfilled for all, UNICEF will set up temporary learning spaces and provide educational materials, together with appropriate incentives and training to ensure quality education and to retain students and teachers. These activities will be integrated into the 'back-to-school' campaign that will cover all areas of Somalia, with particular focus on girls and hard-to-reach groups such as IDPs. The capacity-building components aim to support the development of local and national institutions to assess the situation, provide educational opportunities, coordinate the response and monitor the impact of education interventions. Key activities will include:

- Provide tented learning spaces and educational material for 10,000 displaced children;
- Provide rapid training to displaced teachers and community education committees to ensure effective management and sustainability of schools and learning spaces;
- Ensure girls' access to educational opportunities through affirmative action;
- Train national and local authorities in conducting rapid assessments, undertaking advocacy and complying with the Minimum Standards for Education in Emergencies (INEE);
- Train national and local authorities in management functions to support a rapid response for education in emergencies;
- Support the development of the education management information system (EMIS) to ensure that information is collected on the number and location of children displaced or affected by emergency; on the availability and conditions of school facilities; and on the availability of learning materials and teachers.

Across Somalia there is a need for education initiatives that focus on out-of-school adolescents who have missed the opportunity of formal education. UNICEF's activities will aim at developing life skills amongst adolescents to contribute to early recovery/conflict resolution and to emphasize the role of girls:

- Youth-to-youth (Y2Y) education for adolescents, including IDP adolescents, through information communication technologies via existing equipped youth multipurpose centres, and through peace education via participatory education theatre and ongoing youth broadcasting initiatives;
- Peace mentoring, leadership and organizational development training for 100 youth groups programming for adolescents.

Child protection (US\$ 2,473,350)

The impact of drought and conflict on livelihoods and on the availability and access to food and water exposes children and women to increased risk of violence, exploitation and HIV transmission. UNICEF is tackling these issues by focusing on community-based programmes to build a rights-based culture amongst vulnerable groups, such as IDPs and their host communities. Key activities will include:

- Assess and develop capacity of existing local partners in human rights and in the monitoring of protection issues; identify at least 20 new NGO partners to expand coverage;
- Develop community mobilization tools to enhance awareness of protection issues related to children, IDPs and sexual and gender-based violence;
- Provide greater access to information and to life skills development for HIV prevention, care and support amongst vulnerable women, especially among female IDPs (for 12,000 women);
- Support new legal institutions, particularly with regard to vulnerable groups in the justice system, including child victims, offenders and witnesses;
- Engage influential religious and secular leaders in the HIV response;
- Train and deploy psychosocial workers and establish peer support mechanisms to respond to abuses, particularly gender-based violence;
- Document reported cases of sexual and gender-based violence and disseminate information among monitoring networks and authorities;
- Develop mine-risk education materials for community mobilization and for use in schools.

Early recovery (US\$ 1,735,750)

Early recovery funding is a cross-cutting programme aimed to support the link between relief and development, with special emphasis on rebuilding sustainable livelihoods. The programme emphasizes capacity development to ensure that both authorities and communities retain and build upon the benefits of humanitarian interventions. Activities proposed include:

- Enhance early warning systems to improve disaster preparedness capacities with local authorities;
- Promote UNICEF's Core Commitments for Children in Emergencies with key local stakeholders;
- Support community-driven development to integrate a human rights-based programming approach to ensure individuals are aware of their entitlements in the transition from relief to development;
- Strengthen regional coordination mechanisms to provide a minimum package of HIV interventions to vulnerable populations in Central and South Somalia;
- Support the participation and political inclusion of women, minorities and youth as new local government structures are established in order to ensure these groups have the skills to actively engage in and influence policy dialogue.

Shelter, non-food items and operations (US\$ 952,300)

UNICEF is one of the major humanitarian actors present in Somalia with a broad range of programme activities. This allows UNICEF to provide a rapid response in emergencies in support of the Core Commitments for Children in Emergencies through the provision of shelter and non-food items. In close coordination with key partners, such as WFP and OCHA, UNICEF coordinates the flow of relief items and maintains efficient logistical capacity to access vulnerable populations. Key activities include:

- For rapid emergency response, procure and pre-position key shelter items and family relief kits that include essential items such as blankets, insecticide-treated nets, jerrycans and kitchen sets;
- Provide support to maintain flexible operational capacity, including security, air operations and general logistical support.

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UNICEF HUMANITARIAN ACTION

SWAZILAND

IN 2007



CORE COUNTRY DATA

Population under 18 (2003)	530,000
U5 mortality rate (2004)	156
Infant mortality rate (2004)	108
Maternal mortality ratio (2000, per 100,000 births)	370
Primary school enrolment ratio (1997)	67
Primary school enrolment ratio for girls (1997)	67.4
% U1 fully immunized (measles) 2004	70
% population using improved drinking water sources (2004)	52
HIV/AIDS prevalence (2004)	42.6
% U5 children underweight (2004)	10

Sources:

2003: Vulnerability Assessment Committee
2004: *The State of the World's Children 2004*
1997: Education Statistics
2000: *The State of the World's Children 2004*
2004: ANC Sentinel Surveillance

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	500,000
Water and environmental sanitation	870,000
Education	120,000
Child protection	2,150,000
Total	3,640,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Swaziland's children are the foremost victims of the tremendous negative effects on families from HIV and AIDS. In a country with a population of about 1 million people, more than 200,000 are HIV-positive, and HIV prevalence among pregnant women is over 42 per cent. As a result of the impact of AIDS, more than one third of children cannot access basic services, including health, food, education, water and sanitation, and psychosocial support. Swaziland's under-five mortality rate, estimated at 74 per 1,000 live births in 1995, now stands at 156 per 1,000.

About 20,000 households are caring for persons ill with AIDS, and this burden is exacerbating the poverty that affects the two-thirds of the Swaziland population whose income is about US\$ 20 equivalent per month or less. It is estimated that over 17,000 people in Swaziland are dying of AIDS-related causes annually, the majority of them young and middle-aged adults, often with dependent families, contributing to the ongoing crisis of newly orphaned children who have overwhelmed traditional extended family safety net systems. Numbers of orphans are now estimated at over 69,000, growing by about 10,000 per year, with large numbers left to fend for themselves in child-headed households. In addition to the children who have lost one or both parents, there are over 60,000 additional children, not orphaned, who are highly vulnerable due to the extreme poverty of caregivers, sicknesses of parents, or home situations of abuse and exploitation. With numbers expanding rapidly, it is estimated that by 2010 there will be 178,000 orphans and vulnerable children (OVC).

Successive years of drought since 2000 led the Government to declare a national disaster emergency in 2004, and Swaziland, like much of southern Africa, has been affected again in 2006 by protracted drought. Approximately 30 per cent of children are stunted (chronic malnutrition). The 2000 Multiple Indicator Cluster Survey (before the major impacts of AIDS were felt) reported that 37 per cent of the population was below the minimum level of dietary energy consumption. At the national level, there has been a 34.2 per cent reduction in the area under cultivation in households experiencing AIDS-related deaths (Ministry of Agriculture and Cooperatives, 2002). In late 2005, nearly one-third of the country's population (some 330,000 people) needed food aid to survive (Ministry of Agriculture and Cooperatives, 2005). The regional food crisis in 2006 will exacerbate the situation increasing the burden on communities already trying to take in orphaned children.

Over a 10-year period, the proportion of children completing primary and secondary school education has been declining due to the increasing inability of families to pay school fees on time. Large-scale Government intervention in 2004 to 2006 set out to establish systems to cover the fees of OVC in public primary and secondary schools, bringing tens of thousands of children back into school. However, many of the most vulnerable and those from the poorest families are still out of school, and are attending Neighbourhood Care Points (NCPs) instead. While the NCPs are beginning to meet the basic needs of these children with respect to nutrition and health, non-formal education and psychosocial support, they do not provide basic clothing and are only reaching 20 to 25 per cent of OVC. The situation is worsening as the full impact of AIDS is hitting families. OVC are also subject to increased risks of abuse and exploitation, and there has been an increase in the number of reported sexual abuse and rape cases. Swaziland is thus at risk of entering a 'second cycle' of the AIDS epidemic where, without rapid and well-focused interventions, the impact of AIDS will exacerbate poverty and children's vulnerability, enhancing risks of further HIV infections among increasingly marginalized young people and women.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

“... there are community support groups that have been set up in the country to address the issues of orphans and vulnerable children. This is one of the greatest challenges to Government because the number of these children is growing daily.”

*H.E. Absalom Themba Dlamini
Prime Minister of Swaziland*

Since 2000 UNICEF's regular programme has worked closely with an 'Orphans and other Vulnerable Children's Network' which has grown to include more than 100 government and civil society partners in a 'Child Protection Network'. They have developed a community-centred model to establish an infrastructure of volunteer protectors of OVC at neighbourhood levels, through 'Neighbourhood Care Points' (NCPs). Children who were 'invisible' in their homesteads have in the NCPs become visible, raising consciousness of OVC issues in their own communities, among service providers, for national leaders, and among donors. The

Network endorsed the 2006-2010 National Plan of Action for OVC, which was launched by the Prime Minister in the presence of over 230 government, civil society stakeholders and children. The Plan also provides for a comprehensive and coherent framework for responding to the needs of OVC.

Since 2003, UNICEF emergency activities have helped more than 140 communities to establish 438 of these innovative NCPs, enabling daily support to more than 33,000 children. Volunteers provide them with care, hot meals, play and psychosocial support, along with pre-school and non-formal education activities. The NCPs are currently reaching 20 to 25 per cent of the country's most vulnerable children. There are presently more than 450 unsupported NCPs, which are seeking critical emergency materials and training support to become established. However, there are large numbers of additional children, in a majority of communities, without access to NCPs or other structures for their support and protection.

There are also shortfalls in the NCPs, especially in water and sanitation. An earlier emergency support package for 345 NCPs included provision of 500-litre water tanks, child-size buckets and 20-litre jerrycans that children and volunteers could use to bring water from nearby water sources, for purification at the NCP. Especially severe drought conditions in the low veld area, where the majority of NCPs are located, have created a new crisis for children in both the NCPs and in schools, as surface water sources and even boreholes begin to dry up. In 2006, ninety 5,000-litre tanks were purchased and distributed to NCPs, with water delivered by water tanker, but there are still over 345 NCPs without access to safe water. This is also affecting feeding activities, and a number of schools and NCPs are at risk of closing down if emergency water supplies cannot be delivered to the sites.

In 2006 the Ministry of Education began gradual introduction of universal primary education through OVC grants, the provision of free books and stationery for all children, and the reduction of school fees. Government grants of US\$ 7.2 million in 2006 brought back to school more than 80,000 OVC. A comprehensive approach to addressing OVC retention in schools is being phased in through the Schools as Centres of Care and Support initiative, which seeks to make schools child-friendly through a strengthened protective school and community environment for children. This links closely with NCPs in communities.

Through the UNICEF-supported Child Survival and Development Programme services were expanded to outreach sites in 2006 and initiatives were taken for the health system to reach OVC in NCPs through 'Child Health Days', which provided immunization, micronutrients, growth monitoring and other preventive care. These need to be scaled up to reach all 438 existing NCPs, as well as additional ones that are established by communities.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF coordinates its HIV and AIDS work through the Joint UN Team on AIDS and the UN Theme Group (UN Country Team), and is convenor of the 'Child Protection Network' which brings together more than 25 NGOs to coordinate OVC activities. The core community activities are implemented through the Regional Development and Youth Affairs Ministry, which is also in charge of disaster response. UNICEF has close partnerships with the ministries of Health and Education, which have focused on getting services to the grass roots.

Regular programme

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

The emergency programme mobilizes resources to scale up OVC initiatives. In line with UNICEF's Core Commitments for Children in Emergencies (CCCs), UNICEF Swaziland in 2006-2007 seeks to strengthen and expand humanitarian action to protect and promote the rights of 50,000 to 60,000 OVC who are severely affected by HIV/AIDS and drought. This will include enhancing protection and early childhood development opportunities through strengthening and expanding NCPs; providing safe drinking/cooking water and basic hygiene; expanding access to basic health services; and supplying basic clothing for the most marginalized children attending NCPs.

Health and nutrition (US\$ 500,000)

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

- Procurement/distribution of essential emergency drugs and micronutrients for 250 outreach sites and 500 NCPs (US\$ 240,000);
- Support to outreach services to NCPs and communities in the areas of logistics, supplies and monitoring (US\$ 260,000).

Water and environmental sanitation (US\$ 870,000)

At least 12,000 children in drought-affected NCPs will benefit from safe water for drinking and cooking, along with basic hygiene materials for more than 33,000 children, through:

- Drilling of a well or borehole and installation of a Village-Level Operation and Maintenance (VLOM) pump in 20 NCPs, and provision of maintenance training (US\$ 100,000);
- Costs of emergency water provision (trucking and quality monitoring) from identified safe sources to 300 water-deficient NCPs (US\$ 520,000);
- Soap, water purification and two 5,000-litre water storage tanks for 438 existing NCPs (US\$ 250,000).

Education (US\$ 120,000)

Some 25,000 OVC attending 335 NCPs will receive early childhood development and life skills education. Activity will include:

- Training and equipping 1,675 caregivers in four-day training sessions.

Child protection (US\$ 2,150,000)

Benefiting over 25,000 vulnerable children in communities without adequately functioning NCPs:

- Establish 335 NCPs to reach 25,000 OVC with day-time care, feeding, shelter, protection, and psychosocial support (US\$ 1,900,000);
- Provide cloth to NCP caregiver associations to make basic clothing for 25,000 OVC (US\$ 250,000).

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UNICEF HUMANITARIAN ACTION

UGANDA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	16,539
U5 mortality rate	136
Infant mortality rate	79
Maternal mortality ratio (2000, adjusted)	880
Primary school enrolment ratio*	87
Primary school enrolment ratio for girls*	87
% U1 fully immunized (DPT3)	84
% population using improved drinking water sources	60
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1000
% U5 suffering from moderate and severe underweight	23

Sources: *The State of the World's Children 2007*

* *Report on the Situation of Children and Women in Uganda, October 2005.*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	15,106,795
Water and environmental sanitation	7,220,360
Education	9,179,530
Child protection	10,189,860
Family shelter and non-food items	6,314,000
Total*	48,010,545

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Two decades of armed conflict between the Uganda People's Defence Force (UPDF) and the Lord's Resistance Army (LRA) have perpetuated a severe humanitarian crisis, marked by varying degrees of insecurity; the massive internal displacement of approximately 1.7 million people into more than 200 camps in the Acholi (Amuru, Gulu, Kitgum and Pader districts) and Lango (Apac, Amolatar, Dokolo, Lira and Oyam) sub-regions; and violence affecting the lives of the most vulnerable populations including children and women.

Children and women comprise 80 per cent of internally displaced persons (IDPs) and have been direct targets of attacks, sexual violence and abductions perpetrated by the LRA and others. Of the nearly 25,000 children abducted since the late-1980s, 7,500 are girls of whom 1,000 returned from LRA captivity having conceived and borne children of their own. With their rights to health, education, safe water, shelter, protection and other essential services remaining largely unfulfilled, a generation of children is growing up physically, psychologically and economically blighted.

Humanitarian indicators in the north-eastern Karamoja sub-region (Kaabong, Kotido, Moroto and Nakapiripirit) remain consistently lower than national averages as the region continues to experience an endemic conflict involving the agro-pastoralist Karamojong population. In the Teso sub-region (Kaberamaido, Katakwi and Soroti), an additional 165,000 people remain internally displaced in relation to ongoing Karamojong-induced insecurity.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the most vulnerable populations in the most disadvantaged districts of northern and north-eastern Uganda. The focus has been on the priority areas of emergency health and nutrition, basic education, clean water, HIV/AIDS prevention and treatment, child protection and shelter.

In the area of health and nutrition, UNICEF and its partners trained and equipped 2,500 community-based health volunteers to provide first-line treatment to 300,000 children; provided therapeutic milk and other materials to benefit more than 6,000 severely malnourished children receiving assistance in therapeutic feeding centres, conducted a mass vaccination campaign to contain an outbreak of measles; implemented a rapid response to a cholera outbreak in three districts; and distributed more than 70,000 insecticide-treated nets for use by children and pregnant women as part of malaria prevention and control.

In education, UNICEF and its partners provided some 300 early childhood development (ECD) sites with learning materials and training for caregivers; constructed 350 new classrooms in temporary learning centres based in the camps; and provided in-service training to 400 primary schoolteachers in psychosocial care, the special needs of girl pupils and the promotion of hygiene and sanitation.

In water and environmental sanitation, UNICEF and its partners constructed more than 30 new motorized and reticulated water systems to increase access to safe water in the IDP camps; fitted 214 boreholes and 15 shallow wells with handpumps; repaired 317 existing boreholes; installed 40 rainwater harvesting systems in temporary learning centres and ECD sites; and constructed more than 12,800 latrine stances.

In HIV/AIDS, UNICEF and its partners provided voluntary counselling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) services to approximately 13,200 people; and

strengthened services by supporting the procurement and distribution of antiretroviral drugs to benefit more than 80,000 people.

In child protection, UNICEF and its partners reunified and provided follow-up psychosocial counselling to approximately 1,700 formerly abducted and other unaccompanied children; supported 'night commuter' shelter sites to provide basic services benefiting up to 16,000 children; and established a mechanism to assist up to 2,000 children and women returning from the LRA, as part of contingency arrangements following the announcement of an agreed ceasefire between the Government and LRA in August.

In shelter, UNICEF and its partners provided emergency household and other non-food items to approximately 69,000 households including those affected by fire outbreaks in the camps, those returning to their communities of origin and those whose members include persons living with or affected by HIV/AIDS.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Activities are implemented with District Local Governments and more than 40 NGO partners. UNICEF collaborates with WFP in protection and nutrition; and with UNAIDS, UNFPA and WHO in emergency health, nutrition and HIV/AIDS. UNICEF in Uganda is the Inter-Agency Standing Committee (IASC) cluster leader in health and nutrition and water and sanitation; and leads the sub-cluster in child protection and sexual and gender-based violence (SGBV) and the working group for education in emergencies. At national level, clusters have developed their specific sectoral strategies and have engaged specific technical ministries in these activities. At field level, through existing coordination mechanisms, UNICEF has maximized on the IASC approach to humanitarian response development and delivery by leading coordination groups for health/nutrition; HIV/AIDS; water and sanitation; child protection and SGBV; as well as education in Kitgum, Pader, Gulu, and Lira districts. In addition, UNICEF has been a key leader in the UN and humanitarian community in developing and supporting the Population Movement Sub-Committee in Kitgum and Pader districts. The focus in 2007 will be to strengthen existing mechanisms by developing and implementing common district- and sector-specific strategies that address the complex and fluid context of each of the conflict-affected districts.

Regular programme

UNICEF supports interventions in all conflict-affected and post-conflict districts of northern and north-eastern Uganda, with emergency response and Country Programme interventions interchanged based on security and assessed needs. UNICEF prepares an annual plan for capacity-development activities in the north and north-east, funded by the regular budget with humanitarian response activities integrated into the overall plan as resources become available.

UNICEF's humanitarian response in 2007 is planned within the context of a constantly changing scenario with regards to the prospects for a peaceful resolution of conflict and increased security in northern Uganda, with an attendant voluntary population movement and efforts by communities to resettle before the next planting season. A major challenge for humanitarian agencies is to sustain existing services, and rehabilitate and expand services where population movements are occurring. UNICEF has agreed with sister UN agencies and NGO partners to enhance the protection and living conditions in IDP camps and to support voluntary population movements as strategic priorities.

Health and nutrition (US\$ 15,106,795)

Some 720,000 under-five children, including up to 10,000 severely malnourished children and 800,000 women, will benefit from the following key activities to scale up interventions in IDP camps and areas of return and resettlement, and the Karamoja sub-region:

- Immunize children and pregnant women against polio, measles and maternal and neonatal tetanus through 'Child Health Days' and routine immunization activities;
- Equip and train community-based health volunteers to treat, or refer where necessary, children under age five for malaria, pneumonia, diarrhoea and other childhood illnesses;
- Provide therapeutic milk, anthropometrical and other supplies to therapeutic feeding centres and supplementary feeding centres;
- Support distribution and regular re-treatment of insecticide-treated nets for malaria prevention;
- Support menstrual management for 20,000 girls and women of childbearing age.

Some 800,000 children and 200,000 persons living with HIV/AIDS in IDP camps and areas of return in Acholi, Lango and Teso sub-regions, and in Karamoja sub-region, will benefit from the following key activities to strengthen prevention and treatment including PMTCT and paediatric AIDS in IDP camps and areas of return and resettlement:

- Assist implementing partners to increase capacity to provide testing and counselling services according to national standards and guidelines, and expand comprehensive PMTCT services to Health Centre III (sub-county) level;
- Provide comprehensive care including antiretroviral treatment, palliative care and paediatric management;
- Assist procurement and distribution of drugs and supplies, including paediatric formulations and diagnostic facilities;
- Strengthen the participation of children, community groups, village health teams and related networks to provide quality essential services for orphans due to AIDS.

Water and environmental sanitation (US\$ 7,220,360)

Some 657,000 children and women in IDP camps and areas of return in Acholi, Lango and Teso sub-regions will benefit from the following key activities to increase access to safe water in IDP camps and areas of return and resettlement within Sphere standards:

- Construct new motorized and hand-pumped water facilities, and repair existing facilities;
- Construct sanitation facilities in schools and urban/trading centres, and construct demonstration sanitation facilities in remote areas (rocky, collapsing and waterlogged);
- Provide latrine construction kits and related materials to returning communities;
- Equip districts with water testing kits, sanitation kits and other materials to facilitate monitoring activities.

Education (US\$ 9,179,530)

Some 950,000 primary school-aged children aged 6-12 years; 77,000 children below age six; 4,175 primary schoolteachers, non-formal education instructors and administrators; and 5,325 ECD caregivers in Acholi, Lango, Teso and Karamoja sub-regions will benefit from the following key activities to re-open schools and learning environments, and prioritize the return of children back to school in IDP camps and areas of return and resettlement:

- Strengthen infrastructure of 60 schools, including through repairs to classrooms and playground areas, and installation of water and sanitation facilities;
- Scale up accelerated learning strategies to 20 schools per district, expand non-formal education programmes and implement back-to-school/go-to-school campaigns;
- Provide start-up facilities and equipment, and training in early learning and stimulation interventions for volunteer caregivers and other stakeholders to establish and sustain community-based ECD and day-care centres;
- Train teachers and pupils in life skills for HIV/AIDS prevention and psychosocial support;
- Establish 50 ECD and 50 day care-centres; supply school-in-a-box education and recreation materials to all primary schools; expand Girls Education Movement activities and breakthrough-to-literacy teaching-learning methodology in primary schools and non-formal education sites.

Child protection (US\$ 10,189,860)

Some 450,000 children and women in Acholi, Lango, Teso and Karamoja sub-regions will benefit from the following key activities to provide a safe and supportive environment, with special focus on children in IDP camps and areas of return and resettlement:

- Assist interim care and transit facilities (reception centres for formerly abducted children, women and youth) to provide early return support, and medical care, family-tracing, family preparation and reinsertion support;
- Provide reintegration assistance, including child social and livelihood networks, gender-specific reintegration, micro-projects and non-formal education for formerly abducted children, women and youth;
- Assist Government and NGOs to strengthen integrated protection mechanisms and case management systems to benefit children in 75 IDP camps and areas of return;
- Strengthen multisectoral prevention and response to gender-based violence by improving access to quality health, psychosocial protection and legal services for girls and women.

Family shelter and non-food items (US\$ 6,314,000)

Up to 630,000 vulnerable persons in IDP camps and areas of return in Acholi, Lango and Teso sub-regions will benefit from the following key activities:

- Provide 85,000 non-food items, essential/emergency family kits – each kit contains plastic sheeting (1); blankets (3); jerrycans (2); cooking set for five persons (plates, cups, forks, spoons, knife and pots); and soap (1kg);
- Provide 30,000 non-food items, complementary population movement kits – each kit contains farming tools (1 pick axe, 1 shovel, 1 hoe); antiseptic solution (150ml); safety matches and candles (20) and related materials.

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UNICEF HUMANITARIAN ACTION

ZAMBIA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	6215
Orphan population, 0-18 years (thousands)	1200
U5 mortality rate	182
Infant mortality rate	102
Maternal mortality ratio (1990-2005, reported)	750
Primary school enrolment ratio, 2000-2005, net (male/female)	80/80
% U1 fully immunized DPT3	80
% U1 fully immunized measles	84
% households using improved drinking water sources	58
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	17.0
% U5 suffering from moderate and severe underweight	20
% U5 with birth certificate	9.6

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health, nutrition and HIV/AIDS	3,000,000
Water and environmental sanitation	890,000
Education	1,450,000
Child protection	750,000
Total	6,090,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Zambia is not on track to achieving most of the Millennium Development Goals. Its development is being substantially undermined by the mutually re-enforcing 'triple threat' of high HIV/AIDS prevalence, chronic and acute food insecurity and poverty, and weak governance. In turn, this is resulting in the widening of the gaps between the 'haves' and the 'have-nots' and threatening the human rights of millions of Zambians. Vulnerable children and women are more disadvantaged in claiming their access to education, health care services and protection.

As one of the poorest nations in the world, 53 per cent of people in urban areas and 78 per cent in rural areas are living below the poverty line. Under-five mortality is estimated at 182 deaths per 1,000 live births and life expectancy at birth has fallen to 38 years, the fourth lowest in the world. The maternal mortality ratio stands at 750 deaths per 100,000 live births and is showing no signs of decreasing.

Malaria accounts for one-third of under-five deaths, with HIV and AIDS, diarrhoea, respiratory infections and neonatal conditions constituting the other main causes. Having deteriorated throughout the 1990s and reflecting the economic determination and changes in the environs and rain cycle, chronic malnutrition in under-five children is now estimated to be as high as 50 per cent. Malnutrition is widespread and continues to be one of the major factors contributing to child deaths. Two thirds of all children suffer from both vitamin A deficiency and anaemia. In rural areas, about 4.8 million people lack access to safe water and 6.6 million to adequate sanitation. While Zambia is free of polio, cholera continues to be endemic in selected areas, including compounds in Lusaka province and Central province. Successful emergency measles immunization campaigns have resulted in a drastic decline of cases from over 30,000 reported cases in 2001 to 15 in 2003. In 2006 a small-scale immunization campaign was conducted in response to new reported cases.

Against the declining provision of social services, educational access is also in jeopardy. Statistics indicate a steady drop from 38 per cent in 2001 to 34 per cent in 2003 in the number of the new seven-year-old entrants (official primary school entrance age) to grade 1. With respect to the quality of learning, the proportion of pupils who attained the minimum levels of learning performance in 2003 remains low, with 36.7 per cent for English and 38.8 per cent for mathematics. The combination of low enrolment and low achievement means that only one out of five children realizes his/her right to a quality basic education.

HIV/AIDS is a pervasive reality: 16 per cent of Zambians aged 15-49 years are infected with HIV. Amongst urban women aged 20-24 years infection rates reach 22 per cent and rise to 42 per cent for women aged 25-39 years. This reality impacts not only the lives of children, but also the capacity of human resource-starved sectors, such as health and education, to respond to their needs. Currently, an estimated 1.1 million children are orphaned, 33 per cent of whom are currently living in households headed by grandmothers. It is predicted that the number of orphans will rise to an estimated 1.3 million by 2010, while the number of adults capable of providing care will simultaneously decline. Many orphans are themselves HIV-positive, infected either at birth from HIV-positive mothers or through sexual activity, including the increasing sexual abuse of children by older males. The rate of mother-to-child transmission of HIV without preventive intervention is estimated at 30 to 40 per cent, causing 32,000 children to be born HIV-positive every year.

Recurrent food shortages and faulty rains in the Western, Southern and Eastern provinces have exacerbated the influence of HIV/AIDS and the social and economic vulnerability of households and Zambian society. Socio-economic issues include not only increasing morbidity and mortality, but also the breakdown of traditional coping mechanisms and increasing gender-based abuse and violence against women and children.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

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

Districts presenting cases of chronic and severe malnutrition were identified following the publication in late 2005 of the UNICEF-supported vulnerability assessment conducted by the Government, WFP and others. Nutrition education and mobilization for the early referral of affected children was undertaken in collaboration with the Zambian Ministry of Health, NGOs and sub-national government structures, as well as the training of health workers and the distribution of supplies and equipment to four provinces (Western, Southern, Eastern and Lusaka). Currently, 15 hospitals are providing case management care to severely malnourished children. To this effect, guidelines and protocols, as well as monitoring and evaluation indicators were developed in collaboration with WHO.

To address cholera, UNICEF has been working with the Government to establish committees, provide technical and material support and develop a surveillance system for recent outbreaks. The successful containment of measles and the elimination of polio have allowed UNICEF, in 2004, 2005 and 2006, to enhance its assistance to routine immunization in order to maintain the immunization uptake. Progress included improved vaccine management, forecasting and injection safety, resulting in the vaccination of 80.2 per cent of all children. UNICEF also continued its assistance to the Equity Malaria Control Programme reaching the most vulnerable groups of society, such as refugees, orphans, pregnant women and people living with HIV/AIDS, most of whom have no access to insecticide-treated mosquito nets through regular social marketing programmes.

In response to the HIV/AIDS pandemic, which has reached a point of national emergency, UNICEF is playing a leading role within the UN Country Team in support of the national multisectoral response to the humanitarian crisis. Of particular interest are the inclusion of the social safety nets and the protection of OVC into the United Nations Development Assistance Framework. UNICEF has supported the expansion of prevention of mother-to-child transmission (PMTCT) services in 2006, increasing their number from a dozen in 2002 to more than 220 public health facilities in 2006. Voluntary counselling and testing (VCT) is now offered at more than 250 public health centres in all 72 districts. UNICEF contributed to the supply of VCT HIV test kits in 2005 and 2006. Efforts to strengthen laboratory capacity for managing opportunistic infections and paediatric treatment are also underway. This is particularly critical in light of the antiretroviral therapy scale-up plan launched by the Government in September 2004, and for which UNICEF partially procures antiretroviral drugs with resources from the Global Fund to Fight Aids, Tuberculosis and Malaria. Lessons learned from the support provided to selected orphanages caring for HIV-infected children will help to document and replicate efforts to increase the access of HIV-positive orphans to antiretroviral therapy.

In response to the shocking rate of sexual and gender-based violence against women and children, UNICEF continued to support the partnership of civil society and Government to raise awareness on sexual exploitation among women's groups in various provinces and informal urban settlements where the prevalence is at its highest. In this regard, provincial consultations were held on a draft bill to address gender violence. With psychosocial support constituting an important intervention in addressing violence and other vulnerabilities, in 2006 the Ministry of Community Development and Social Services conducted 46 district and community trainings for community workers. Community action plans for 2007 were developed at these trainings to provide psychosocial support to victims of violence and vulnerable households caring for OVC.

The care and support of orphans continued to be expanded with the assistance of UNICEF, other development partners and community-based NGOs/faith-based organizations. Programmes addressed needs such as education, psychosocial support and livelihood for caregivers. At the policy level, with the support of UNICEF, the Ministry of Sport, Youth and Child Development launched a revised Child Policy, incorporating OVC issues, as well as a revised Youth Policy. UNICEF assisted the Ministry of Community Development and Social Services to undertake a study on street children aiming to inform policy formulation as well as strategies to address the growing number of street children in the country. UNICEF also assisted this Ministry in launching a draft manual on minimum standards of care in child-care institutions, such as orphanages, day-care centres, and others. The National Committee for Orphans and Vulnerable Children is becoming more active, and its members have contributed to the *Zambian Fifth National Development Plan* by developing the chapters on social protection.

In order to address school drop-out rates due to chronic drought and famine, UNICEF, in cooperation with the Ministry of Education and WFP, has been running a rural school feeding programme in five districts in Southern and Eastern provinces since 2002, as well as a WFP/Project Concern International/UNICEF-supported urban intervention in three districts in Lusaka province. During 2006, the education programme provided non-food items to 107 schools, targeting 66,047 pupils in the 17 most drought-affected districts in Western, North-Western, Southern, Eastern and Lusaka provinces. WFP provided food aid in the same schools. As part of the school feeding programme, UNICEF supported Sport in Action to train the teachers and parents from the 61 schools on the integration of HIV/AIDS and child rights messages into sports and games. School-in-a-box and recreation kits were provided to the children participating in the school feeding programme and to the Angolan refugee children. UNICEF will continue implementing these interventions in severely drought-affected schools in Western, Southern, Eastern, and Lusaka provinces, in collaboration with the Ministry of Education, NGOs and UN development partners, such as WFP.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Overall responsibility for national disaster management is with the Office of the Vice-President of the Republic of Zambia. UNICEF is a member of the Government's Committees of the Disaster Management and Mitigation Unit, which implements disaster management programmes and activities. Effective coordination and partnership among the UN Country Team and other cooperating partners is ensured through the Disaster Management Working Group, which coordinates all disaster management actions. In addition, there are various other mechanisms, such as the Expanded HIV/AIDS Theme Group, the Disaster Management Consultative Forum, the National Epidemics Preparedness Committee, the National OVC Steering Committee, the Health Sector Committee, the Education Sector Strategy Coordination Committee, and the School Feeding Programme Steering Committee. UNICEF is an active member of all these planning and coordination mechanisms.

Regular programme

The current Country Programme 2007-2010 has four components – health, nutrition and HIV/AIDS; basic education; water, sanitation and hygiene education (WASHE); and child protection – with a pre-eminent focus on HIV and AIDS. At the same time, emergency preparedness and programming will be thoroughly integrated into all programming components.

Health, nutrition and HIV/AIDS (US\$ 3,000,000)

During 2007, the overall goal will be to minimize the impact of the ongoing food crisis and the HIV/AIDS epidemic on the health and nutritional status of children under five, and to ensure that pregnant women in affected areas are identified, receive micronutrient supplementation and malaria prophylaxis and have access to PMTCT Plus services. Specific interventions will include:

- Establish a nutritional status surveillance system to monitor changes in the nutritional status of vulnerable populations, measure the impact of food and nutrition interventions, and provide timely data for adapting programme interventions;
- Support the treatment of severely malnourished children through training and capacity-building in the management of severe malnutrition; provide therapeutic food (F75, F100, Plumpy'nut, antibiotics), cooking sets and technical assistance;
- Strengthen the existing disease surveillance, recognition and response system; provide essential drugs and equipment and ensure adequate monitoring and response capacity for the management of cholera outbreaks;
- Provide micronutrient supplements to children and pregnant and lactating women (vitamin A, iron/folic acid);
- Support malaria prevention and control through the distribution of impregnated mosquito nets and antimalarial drugs;
- Ensure targeted measles vaccination of children under 15 years in vulnerable areas;
- Maintain and increase EPI coverage supporting the cold chain and improving injection safety.

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

In 2007 UNICEF will intensify its efforts in responding to acute water and sanitation needs in the Southern and Eastern provinces of the country. The southern African nations are prone to droughts and have been hit repeatedly over the last 10 years. UNICEF will continue collaboration with the Ministry of Education and WFP to expand the school feeding programme in drought-affected areas. During 2007, WFP and UNICEF will assist another 10,000 children in Southern and Eastern provinces. An additional 200 schools are estimated for inclusion and will receive the following assistance from UNICEF:

- Construct/rehabilitate water sources (approximately 100 boreholes);
- Construct/rehabilitate latrines (separate for boys and girls) and handwashing facilities, and conduct hygiene education campaigns in 200 schools;
- Procure and distribute 20-litre jerrycans to 200 schools for water storage, as well as chlorine for water treatment;
- Procure and distribute vegetable seeds for school gardens to supplement dry rations;
- Support programme implementation in 10 districts (district coordination, technical assistance, logistics, communications, etc.).

Education (US\$ 1,450,000)

In collaboration with the Ministry of Education, NGOs and UN development partners, such as WFP, the following interventions will be implemented in all 2005 drought-affected and still vulnerable schools in four provinces (Western, Southern, Eastern and Lusaka):

- Expand the school feeding programme benefiting approximately 150,000 pupils, which provides a minimum package of non-food items to 300 schools, while WFP continues to provide food aid;
- Continue to promote sports (football, netball, volleyball and traditional games) as a medium for sending key messages related to HIV/AIDS prevention and child abuse among schoolchildren, teachers and the community. Support will entail the provision of recreation and school-in-a-box kits, as well as the training of teachers and parents/community schools committee members on social mobilization and advocacy through sports;
- In order to ensure effective implementation of education in emergencies, the section will require additional technical staff who will be directly responsible for managing and coordinating these activities with education colleagues and development counterparts.

Child protection (US\$ 750,000)

During 2007, the child protection response will aim to further mitigate the negative impact of violence and sexual abuse against children, as well as extend adequate care for OVC (to be based in the family and the community), through the following activities:

- Support further consultations on the draft bill on gender violence and promote its enactment;
- Train 90 community facilitators on international legal instruments protecting children's and women's rights and on other humanitarian principles to raise awareness on the rights of children and women in 100 communities in 18 districts targeting traditional leaders, teachers, social workers, relief workers and other key community members;
- Support 100 Community Welfare Assistance Committees to provide psychosocial support to victims of violence and vulnerable households caring for OVC and to monitor abuse and gender violence;
- Train at least 300 law enforcement officers of the Police (Victim Support Unit) on human rights instruments and the management of abuse cases;
- Support the Community Welfare Assistance Committee in 18 districts to strengthen the coping mechanisms of elderly-headed households caring for OVC and to ensure access to basic social services;
- Provide technical assistance to implement and monitor child protection emergency interventions.

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



UNICEF HUMANITARIAN ACTION

ZIMBABWE

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	6256
U5 mortality rate	132
Infant mortality rate	81
Maternal mortality ratio (1990-2005, reported)	1100
Primary school attendance ratio, 1996-2005, net (male/female)	85//87
% children immunized (DPT1)	95
% population using improved drinking water sources	81
% U5 suffering from moderate and severe stunting*	29.4
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1700
Estimated adult HIV prevalence rate	20.1
Children 0-17 years orphaned due to all causes, 2005 (thousands)	1400
Number of children orphaned in 2005 (thousands)	130

Sources: *The State of the World's Children 2007* and *Africa's Orphaned and Vulnerable Generations, 2006*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,600,000
Water and environmental sanitation	1,500,000
Education	1,500,000
Child protection	4,190,000
HIV/AIDS	1,000,000
Total*	13,790,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Zimbabwe continues to face a complex mix of challenges that conspire to deepen the overall vulnerability of the population. The contracting economy, HIV/AIDS epidemic, drought and under-performing agriculture sector, as well as the diminishing capacity of the public sector to deliver basic social services result in poor health and social outcomes for women and children.

The humanitarian situation in Zimbabwe is characterized by the simultaneous presence of acute humanitarian needs and more protracted, chronic vulnerabilities. The most acute humanitarian needs include those of populations affected by serious food insecurity and cholera outbreaks as well as those of the populations displaced during the fast-track land reform programme, 'Operation Murambatsvina', and more recent re-evictions. The more chronic vulnerabilities include inadequate access to basic social services, lack of agricultural inputs and disrupted livelihoods.

Recent studies report that 29.4 per cent of under-five children are stunted (low height for age). This is the highest it has been since 1988. Acute malnutrition, as measured by wasting (low weight for height), has remained relatively static at around 6 per cent since 1999. In the context of increasing chronic malnutrition, it is important to realize that, in order to make an impact on malnutrition in Zimbabwe, each of the underlying causes (health, maternal care and food security) must be addressed.

Zimbabwe is one of the countries hardest hit by the HIV epidemic, with an adult seroprevalence rate estimated at 20.1 per cent. An estimated 1.7 million people were living with HIV/AIDS in 2005. More than half of all new infections occur among young people, especially girls. As a result, life expectancy has dropped from 61 years during the early 1990s to 34 years at the end of 2005 creating a generation of orphans. Of the estimated 1.4 million orphans in Zimbabwe in 2005, about 75 per cent have been orphaned by AIDS. In 2007 alone, 130,000 children will lose one or both parents, and orphans will account for 25 per cent of children.

Furthermore, the economic situation has led to the deterioration of the health sector and has reduced its capacity to deliver services. The maternal mortality ratio, a measure of the robustness of the health services, increased from 283 deaths per 100,000 live births in 1995 to 1,100 per 100,000 live births in 2004 and the proportion of children who had not received any vaccination from 12 per cent in 1999 to 21 per cent in 2006.

In rural areas, 17,068 communal water supply facilities (24 per cent) are currently not functioning. As a result, there is a daily shortage of safe water supply amongst approximately 2.5 million people. Furthermore, Zimbabwe continues to experience cholera epidemics that have affected 27 rural districts and Harare city between November 2005 and June 2006, with a total of 1,034 cases and 70 deaths reported. The epidemics have been associated with poor hygiene and sanitation and shortage of safe drinking water supply in the affected districts. The situation is expected to worsen during 2007.

The education system in Zimbabwe has been eroded by a combination of deteriorating infrastructure, reduced public expenditure and high attrition of human resources. It is now experiencing low enrolment rates, declining attendance and completion rates, low transition rate to secondary, shortage of learning spaces, teachers and learning materials. Population movement in farms due to the government's land reform programme has resulted in the establishment of nearly 628 satellite schools which lack basic infrastructure. The textbook/pupil ratio is 1:8 for 2 million primary school-aged children and 1:16 for 1.5 million secondary schoolchildren aged 13-18 years. As a result, performance rates have been declining – only 42 per cent of pupils pass their grade 7 exams.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to respond to the needs of the Zimbabwean population affected by this complex humanitarian situation. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education, HIV prevention and support to orphans and other vulnerable children (OVC).

In June 2006, UNICEF supported a national measles vaccination and vitamin A supplementation campaign, achieving more than 90 per cent coverage for the immunization against measles of children aged 0-59 months and for the vitamin A supplementation of children aged 6-72 months. A community-based nutrition and care programme was supported in response to the large numbers of children malnourished as a result of HIV and limited access to timely health services. Plumpy'nut and corresponding therapeutic medications were distributed to benefit approximately 2,500 severely malnourished children in the eight community-based nutrition care package pilot districts. Donor funds were also used to distribute emergency nutrition commodities for some 7,500 severely malnourished children.

UNICEF has provided intensive support in the water and sanitation sector, not only through the nationwide coordination of activities and response, but also through temporary water and sanitary facilities which were put in place for more than 30,000 internally displaced persons (IDPs) affected by 'Operation Murambatsvina'. Participatory health and hygiene education is fundamental in the prevention and control of diseases such as cholera, dysentery and other enteric fevers. More than 25,000 people have benefited from hygiene promotion activities.

In the area of education, UNICEF supported the access to school after the drop-outs due to 'Operation Murambatsvina' through the 'Be in School' campaign. More than 5,700 children out of school or at risk of dropping out were identified and tracked in order to enrol/ retain them in school. Children were assisted with relief levies and fees to allow them to go to school in their new places after displacement. Over 10,000 children benefited indirectly from the distribution of textbooks and sanitary facilities to disadvantaged schools affected by 'Operation Murambatsvina'.

UNICEF is currently reaching 100,000 OVC within the framework of the National Action Plan for Orphans and Other Vulnerable Children. Gender-based violence is one of the key challenges in the current humanitarian situation. Families affected by 'Operation Murambatsvina' were exposed to sexual exploitation and abuse as they tried to access basic humanitarian aid. The vulnerability of internally displaced persons was compounded by factors such as inadequate social protection mechanisms in the new settlements and acute decline in opportunities for livelihoods. In response, a total of 294 people received training on the Inter-Agency Standing Committee's Code of Conduct for humanitarian workers to prevent sexual exploitation and abuse.

UNICEF is coordinating the national HIV/AIDS humanitarian response for chronically ill people. Approximately 10,000 chronically ill have been reached through the training of volunteers in home-based care (HBC), the provision of HBC kits, as well as related supplies requested by implementing partners. In addition, 15,000 people benefited from support to crisis management and from community-based counselling training.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

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

Regular programme

The overall goal of the 2007-2011 Country Programme is to promote the right of every Zimbabwean child to equitable access to good quality services, including health, water, sanitation and hygiene, basic education, and protection. The programme places orphans and other children made vulnerable by HIV/AIDS at its centre.

Health and nutrition (US\$ 5,600,000)

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

- Support immunization, by procuring vaccines, injection supplies, cold-chain equipment and other related supplies, and vitamin A supplementation;
- Distribute 100,000 insecticide-treated mosquito nets to vulnerable populations in 17 malaria-prevalent districts to ensure the protection of more than 200,000 vulnerable people;
- Train 200 community health workers in five districts on key childcare;
- Provide prevention of mother-to-child transmission (PMTCT) services to 50,000 women;
- Strengthen linkages between the community-based nutrition care programme and HIV services, including PMTCT, voluntary counselling and testing, home-based care and paediatric treatment;
- Support the printing of manuals and guidelines on paediatric AIDS and the training of 100 health workers on paediatric AIDS management;
- Support the implementation of community-based nutrition care in eight districts reaching 2,250 severely malnourished children;
- Enhance community-level nutrition education linked to HIV/OVC/garden programmes;
- Monitor the health and nutritional status of children through the nutritional status surveillance system and through vulnerability assessments.

Water and environmental sanitation (US\$ 1,500,000)

Four million people will be reached through the following key activities:

- Strengthen the coordination of water and sanitation humanitarian response and improve sectoral information management and sharing;
- Prevent and control water and sanitation-related epidemics, such as cholera and dysentery, and provide other essential emergency supplies;
- Rehabilitate 700 broken-down water points and drill 30 new boreholes in priority districts;
- Procure water treatment chemicals for urban areas and treat water in communities without access to safe water supply in emergency situations;
- Construct 1,500 latrines for mobile and vulnerable populations and schools;
- Promote sustainable community management of water and sanitation facilities;
- Develop institutional capacity at all levels to effectively respond to the emergency situation.

Education (US\$ 1,500,000)

A total of 65,000 children, especially OVC (of which 50 per cent are girls), will be reached through the following key activities:

- Rehabilitate 50 satellite schools at temporary and new settlements arising from population movements through the procurement and the distribution of teaching and learning materials;
- Provide cash grants for OVC, with a focus on girls and disabled children;

- Train at least 720 parents in quality early child-care practices;
- Train 1,500 teachers in gender, HIV/AIDS and psychosocial support;
- Equip OVC and youths with life skills and vocational and technical skills.

Child protection (US\$ 4,190,000)

Approximately 1 million children and 500,000 women are targeted through the following interventions that aim to protect children and women from sexual and economic exploitation resulting from the desperation of children, parents and guardians during this crisis period. Key prevention and care activities include:

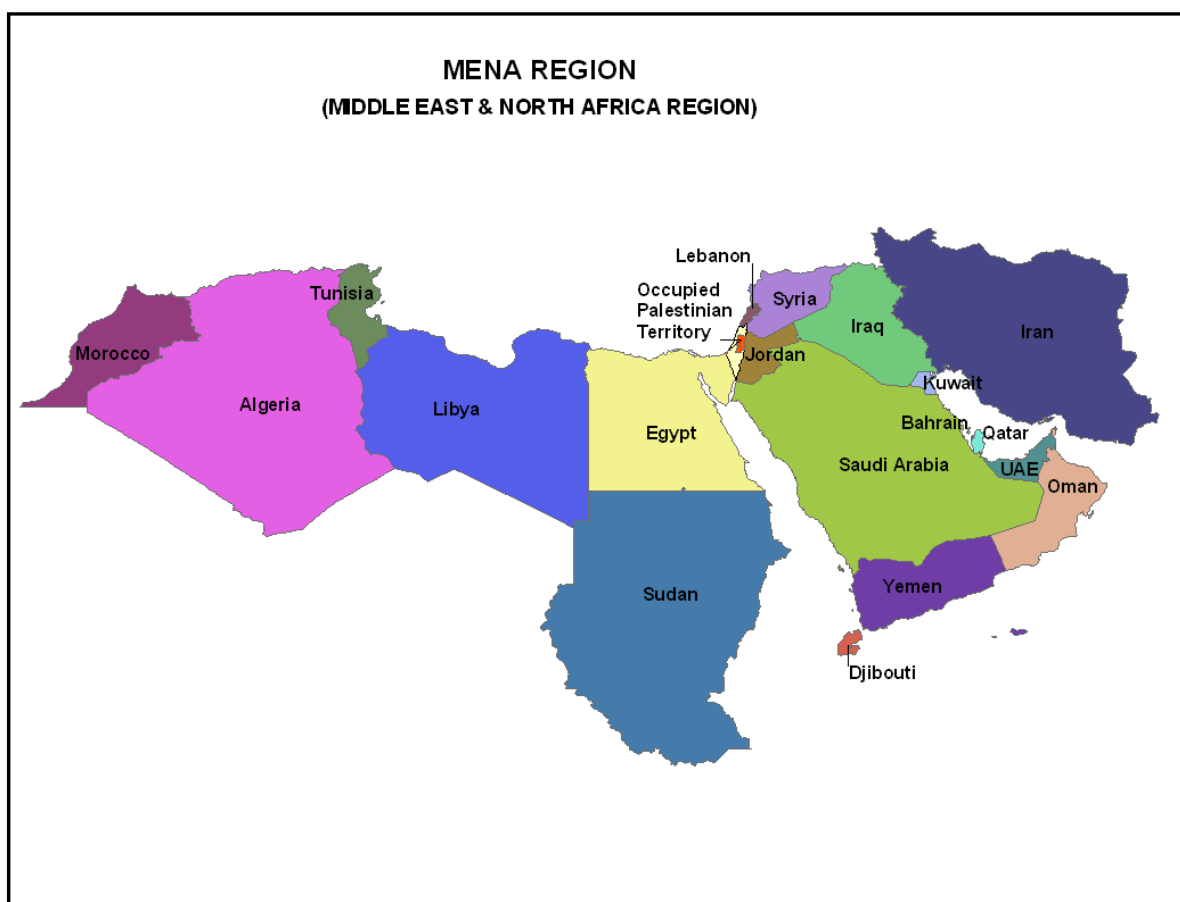
- Undertake advocacy and social mobilization for the implementation of the new Domestic Violence Act at district and community level;
- Develop the capacity of the police and judiciary to ensure victim-friendly services;
- Provide training on the IASC Code of Conduct for humanitarian workers and community members, that also includes guidelines on sexual and gender-based violence;
- Remove children from worst labour conditions;
- Reduce the risk of family separation during emergencies;
- Provide counselling, family tracing/assessment and reunification services to children separated from their families;
- Establish and strengthen child protection committees at district levels;
- Empower IDPs with community-based psychosocial support interventions.

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

Approximately 160,000 children and young people most vulnerable to HIV infection or most severely impacted by it, will be reached through the following key activities:

- Provide support for the integration of OVC care and support into the home-based care (HBC) programmes through the training of 2,000 HBC volunteers and 2,000 young people, to reach a minimum of 50,000 OVC and chronically ill;
- Coordinate and map nationwide HBC and counselling services;
- Procure and distribute 2,000 HBC kits and replenishment materials;
- Implement district action plans to address underlying causes of HIV infection among most vulnerable girls, including gender, cultural norms and gender-based violence;
- Disseminate 80,000 information, education and communication materials on HIV/AIDS and gender-based violence;
- Procure and distribute 500 post-rape kits, including post-exposure prophylaxis.

UNICEF HUMANITARIAN ACTION MIDDLE EAST AND NORTH AFRICA IN 2007



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

Regional Office financial needs for 2007 (staff costs included)

Sector	US\$
Emergency preparedness and capacity-building	150,000
Emergency response	350,000
Building partnerships and coordination	100,000
Total	600,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The Middle East and North Africa (MENA) region remains plagued by emergencies, be it as a result of man-made or natural disasters. It is also, unfortunately, a region in which providing humanitarian assistance has increasingly become dangerous. The respect of the universal principle of comprehensive humanitarian access has oftentimes been denied in the latest crises plaguing the region. When granted however, the Darfur crisis and the resulting deaths of 12 humanitarian workers in 2006 alone, painfully reminded all stakeholders that not all believed in the purity and neutrality of their role.

Iraq continues to illustrate both points, and daily reports from the country are characterized by violence, absence of law and order and loss, as well as a recurrent extreme difficulty for humanitarian actors – UN and NGOs alike – to reach out to the most vulnerable, due to this persistent insecurity. The impact this situation is having on children and women alike in terms of lost lives, human rights violations, health and educational opportunities missed and overall lack of access to services is simply terrible.

On a daily basis, Iraqi children are directly or indirectly affected by ongoing violence and the unacceptable numbers of civilians who pay the price with their lives seems to be increasing in a disquieting way, based on news reports, unofficial estimates and evidence from the ground. Rapid social changes which are taking place due to civil upheaval are contributing to a breakdown in family coping and support systems especially the loss of parents and caregivers. Between July and August 2006 alone, the Human Rights Office in Baghdad reports a total of 6,600 deaths. Also the number of displaced populations continues to increase, whether within or outside the country. Internally displaced persons (IDPs) due to internal violence are estimated to exceed 360,000, while several reports estimate the number of Iraqis having left the country since 2003 at above 1.2 million. Yet, despite the presence of significant security forces in the country, humanitarian work in Iraq continues to be incredibly risky and costly for international and national assistance organizations. This clearly hampers their ability to bring support and assistance, and has a very negative impact for the protection and well-being of children and women who are the most vulnerable with respect to the need for humanitarian assistance during emergencies.

The war in Lebanon has in turn highlighted once again the volatility of the region, and has resulted in many lost lives – one third of them children –, massive relocation of more than a fifth of the country's population during the acute phase of the conflict, and their return to severely destroyed areas of origin. The conflict also resulted in huge damages to the national infrastructure, including schools, water and electrical supply systems and health facilities with an immediate impact on the ability for women and children to access services, but also clearly with a very significant bearing on the country's overall economic development. The use and the persistent presence of cluster bombs and unexploded ordnance after two months of intensive clearing efforts constitute a major threat to children and youngsters alike in the South.

In the occupied Palestinian territory (oPt), the situation is particularly tense in the Gaza strip with worries of further deterioration. It is reported that, between January and September 2006, 464 Palestinian were killed, including 90 children. This is more than double the number killed during all of 2005 (210). There has been a continued system of closures of access and infrastructure as well both in the West Bank and throughout the Gaza strip. This seriously affects both the economic and social fabric of Palestinian society – including the right to education, to play and to health and nutrition. By the same token, the election of the Hamas government and the following restrictions of funding on the Palestinian authorities have resulted in very serious political tensions within the Palestinian population, and in the closure of a number of public services and Palestinian Authority-supported public institutions. The consequences in terms of access to services or overall insecurity in the country will continue to be felt for some time to come.

In the Sudan, despite the massive mobilization of humanitarian assistance for the Darfur emergency in the past two years, the situation of children, women and internally displaced communities remains extremely tenuous. It is estimated that almost 4 million people have been affected by the conflict – 1.8 million of which are children – and that about 2 million are displaced from their homes. Of the displaced, 1 million are estimated to be children and 120,000 have been newly displaced between April and October 2006.

The situation in Darfur is currently in the global spotlight for both humanitarian and political reasons, with humanitarian needs on the rise and the United Nations and the Government of Sudan (GOS) unable to agree on the means to protect civilians from the ongoing conflict. While negotiations have led to an extension of the African Union's peacekeeping mandate in the region, the issue is far from resolved. A possible upsurge in conflict threatens the fragile situation of the population and could send the region into chaotic insecurity leading to the withdrawal of most, if not all, of the humanitarian agencies who are currently the only lifeline for the displaced communities. Even now, humanitarian agencies are operating under very difficult and dangerous conditions. In 2006, twelve humanitarian workers have lost their lives in Darfur, which is more than in the last two years together.

In the South, special focus will need to be provided to the large number of IDP returnees and refugees. Despite political developments and agreements with the Lord Resistance Army (LRA), insecurity remains a concern for Sudanese returnees, while the Southern areas of Sudan have also proven many times over their vulnerability to natural disasters.

Beyond the very public emergencies mentioned above, children and women in MENA are constantly at risk of natural disasters. Countries such as the Djibouti, the Islamic Republic of Iran, and the Sudan – as well as Algeria, Morocco and Yemen, though to a lesser extent – are often victims of floods, drought and earthquakes. Each disaster leaves a humanitarian crisis in its wake, including death, injury, displacement and homelessness. Equally alarming is the risk associated to Avian Influenza with outbreaks reported in Djibouti, Egypt and the Islamic Republic of Iran.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

The UNICEF Middle East and North Africa Regional Office (MENARO) continued to be the first port of call for the small Country Offices facing significant humanitarian crises, and has dedicated significant assistance to the Lebanon crisis – with implications in the Syrian Arab Republic – as well as to the Djibouti drought. Deterioration of the humanitarian contexts and political situation in Darfur, oPt and Iraq alike also meant increased support to fine tune and review contingency and early response planning for these crises.

Likewise, MENARO continued to focus its attention on building internal capacity regarding preparedness and early warning in all country teams, in order to improve emergency preparedness and response capacity while maintaining appropriate staff security. Within both the preparedness and the response focus, earlier lessons learnt underlined the need to build up and/or maintain a solid and up-to-date knowledge base regarding indicators on children affected by conflict and natural disasters, so as to be able to improve performance evaluation efforts but also enable UNICEF to be the voice of children, with underlining evidence-based indicators.

Emergency preparedness

Preparedness planning exercises included the identification of risks and threats specific to a country situation and consultations on the capacity and ability of governments and partner agencies to react to a given emergency scenario. Decisions on UNICEF's planned role and operations in such context were conducted in Djibouti, the Islamic Republic of Iran, oPt, the Syrian Arab Republic, the Sudan and Yemen, as well as in Lebanon for the end-year period. During 2006

more focus was dedicated to working in-depth at sub-national level to review the consequences of the planned scenarios and the role of all staff at every level of the Country Office.

In all countries, including at sub-national level, emergency preparedness and response (EPR) exercises were preceded by a one-day training on basic concepts and methodologies of EPR planning, as well as on UNICEF's Core Commitments for Children in Emergencies and the fundamental humanitarian principles involved in emergency response.

MENARO recently supported an advance response planning in the Sudan towards anticipating and responding to a deterioration of humanitarian access in Darfur. As result of this effort, UNICEF completed an intensive Emergency Contingency Plan aiming at ensuring continued programme delivery and readiness by anticipating possible threats/needs and defining how staff will engage individually and collaboratively across the sectors.

In oPt, two similar exercises of reviewing the humanitarian context and its possible evolution – with attached humanitarian consequences and expected humanitarian access – were undertaken this year. The first was conducted in the context of the Gaza disengagement and consisted of strengthening response capacity in Gaza, notably in the areas of response planning, logistics, telecommunications and security. The second was aimed at preparing for and responding to the significant deterioration of security and access to services due to the lack of financial security for Palestinian Authority public workers, as well as the political tensions between Fatah and Hamas movements, in addition to the usual military incursions and closure of Gaza/Rafah strips from the Israeli Defence Forces and their humanitarian and psychological impact on women and children. Both exercises were particularly challenging in anticipating further difficulties in humanitarian access and trying to find innovative and effective ways to continue to provide at least minimal humanitarian assistance.

Finally, comprehensive and wide-ranging preparedness efforts were made to support each and every country in the region with Avian Influenza (AI) preparedness. UNICEF played a key role in supporting public institutions to structure their communication and advocacy efforts towards the most vulnerable – young children in particular – while continuing a much required assistance to both the health and education sectors in adequately reviewing their own preparedness/response capacities and requirements for potential AI epidemics. It is noteworthy that in MENA, the H5N1 virus has been reported in wild and migratory birds in the Islamic Republic of Iran and Kuwait, and among domestic poultry in Djibouti, Egypt, Iraq, Jordan, oPt and the Sudan. Human cases of Influenza type A (H5N1) have also been reported in Iraq (3 cases), Egypt (14 cases), Jordan (1 imported case from Egypt) and Djibouti (1 case). Within the framework of AI preparedness, a joint memorandum of understanding was formulated and signed by Regional Directors of UNICEF, WFP and WHO, defining their roles and responsibilities in MENA/Eastern Mediterranean regions.

Internal capacity-building efforts

Striving to help country teams, MENARO supported a three-day emergency simulation exercise in Syria on 18-24 March 2006, with a view to put the Country Office in a crisis-like situation, and for all staff to learn to react and use 'naturally' existing emergency response tools mechanisms, as well as identify internal bottlenecks in the office response. This exercise proved extremely useful and will be replicated in as many Country Offices as possible over 2007.

In a similar effort to learn from past efforts, MENARO supported the lessons learnt and evaluations conducted regarding the crises in Darfur, Iraq, the Islamic Republic of Iran and Lebanon over 2006. Recommendations for action emanating from these exercises will constitute an important and solid basis for MENARO's focus in 2007-2008.

Finally, MENARO contributed to the global consultation on adolescents in conflict situations, in an effort to reflect the particularities of MENA in terms of the size of the adolescent and youth

population, which the regional entity sees as an opportunity for different/improved programming in emergencies.

Emergency response

MENARO continued to support Country Offices facing crisis situations. During 2006, considerable assistance was provided to the drought crisis in Djibouti and to the recent Lebanon war and its sub-regional implications. Similarly, though to a lesser level, MENARO supported countries in crisis such as oPt, Iraq and the Sudan, however more in an advisory capacity regarding humanitarian policy and mechanisms available to support the response, considering the more experienced and larger-sized teams available in these countries.

In Lebanon, as in all other crises, MENARO assisted in maintaining the focus and ensuring that immediate response met UNICEF's Core Commitments for Children in Emergencies. Efforts on performance monitoring were equally important in trying to have and sustain evidenced-based indicators to help support a verifiable results-based review of the impact of UNICEF's activities on the ground.

Efforts on programme excellence were pursued through significant thematic training facilitated in the area of nutrition in emergencies for Djibouti, the Sudan and Yemen, with two centres of excellence in this area set up in Yemen for the training of the entire Region. Likewise, considerable attention was dedicated to security-related initiatives, with sizeable improvements achieved in Egypt, Jordan, Lebanon, oPt, the Sudan, the Syrian Arab Republic and Yemen.

Coordination and partnerships

MENARO participated in an Inter-Agency Meeting in Cairo aimed at building a regional network of UN and non-UN counterparts working on emergency preparedness and response. The objectives include the undertaking of joint missions, be it for joint preparedness/contingency planning efforts or for joint response; the convergence of tools and processes with regards to emergency preparedness and response planning; and, potentially, joint training.

Equally important for UNICEF in future years will be to move beyond its own capacity-building towards partners capacity. A first step was undertaken through MENARO's support to the Iraq Country Office who trained their Iraqi Red Crescent partners on child protection in emergencies.

3. PLANNED HUMANITARIAN ACTION FOR 2007

During 2007 MENARO will aim at enhancing UNICEF's capacity to prepare itself to adequately and efficiently respond to the needs of women and children living in unstable environments and continue to work on increasing the Region's emergency preparedness and response capacity, with special emphasis on response planning, thereby prioritizing countries facing ongoing and/or potential (new) emergencies, such as Iraq, Lebanon, oPt, the Sudan and Yemen, but also Algeria, Djibouti, Egypt, the Islamic Republic of Iran and the Syrian Arab Republic. Another important focus will be an outward-looking perspective, in reaching out to partners and attempting to build up their own capacity to respond, whether in conjunction with UNICEF, or independently. Similarly important, in the context of the global humanitarian reform, will be the opportunities for joint missions/training to be pursued with other key UN partners, with special emphasis on building capacity for cluster leadership/cluster network requirements. In a nutshell, the following activities will structure MENARO's focus for 2007:

Emergency preparedness and capacity-building (US\$ 150,000)

- In the attempt to alert Country Offices of potential emergencies that would require UNICEF's assistance, continue to expand the early warning/early action system introduced in 2005, which will trigger the implementation of a mandatory set of minimum essential preparedness actions (early warning);

- Support UNICEF Offices in countries considered most volatile/at risk, such as Iraq, Lebanon, oPt, the Sudan and Yemen to a) develop and update, b) operationalize and c) practice advanced response planning, including at sub-regional and sub-national levels and within an inter-agency context;
- In the above-mentioned countries, and in the framework of the cluster approach, support the review of national partners' capacity and establish/reinforce existing technical partners/coordination networks;
- Support Country Offices from other at-risk countries, such as Algeria, Djibouti, Egypt, the Islamic Republic of Iran, and the Syrian Arab Republic to a) develop and update, b) operationalize and c) practice response planning within an inter-agency context;
- Focus on operational preparedness – oftentimes weaker than programme planning in former evaluations of response – with regular missions in sectors of supply/logistics, telecommunications and security, including civil/military coordination and Minimum Operating Security Standards (MOSS), in order to make sure that preparedness steps are indeed operationalized;
- As much as possible, use the simulation tool to build Country Office capacity to react quickly and in a coordinated manner, while building in 'reflexes' within the teams in terms of coordinated early action.

Emergency response (US\$ 350,000)

- Should funding be available, ensure that at-risk countries can rapidly assist at least 50,000 affected people at the onset of any crisis; pre-position limited supplies in high-risk countries – or, when more appropriate, in a regionally central location – to enable Country Offices to respond quickly, safely and comprehensively to the needs of children and women;
- Strengthen the 'surge capacity' mechanism for the MENA region to allow fast deployment of experienced staff – particularly in the sector of cluster leadership – through the expansion of MENA rosters, providing opportunities for national staff from other countries to gain experience in an emergency country; secure targeted standby agreements with seconding agencies etc.;
- Increase capacity to implement emergency operations in a safe and secure manner adhering to UN/UNICEF security policy guidelines and instructions; operate within the framework of the United Nations Security Management System; and coordinate fully with UN field security and designated officials;
- Support performance monitoring and assist all Country Offices in crises to maintain/develop evidence-based indicators that will give them clear tools for advocacy in speaking out for children, while allowing the team to review its actual impact on children's living conditions;
- Support the above by compiling and reviewing lessons learnt and evaluation exercises, and find ways/tools to better use the recommendations stemming from such initiatives.

Building partnership and coordination (US\$ 100,000)

- Looking beyond its internal capacity-building efforts, attempt to forge strong partnerships with national/regional bodies and partners with a view to undertake joint training of respective partners' staffs in the area of emergency response. If nothing else, such an activity would greatly improve mutual understanding of both partners' mandate and respective capacities, and thus tremendously improve the sectoral coordination in any future crisis;
- Within the same wavelength, continue to strongly support the set-up and regular coordination of efforts undertaken through the nascent regional inter-agency network on emergency preparedness and response, be it through joint missions, transparent and open sharing of information, or joint training/contingency planning;
- In the continuation of its earlier efforts in this domain, endeavour to produce a programme concept note focusing on how to best partner and implement programme activities with/through adolescents in crises and conflict situations. It is hoped that such a note would then prove useful to other regions where adolescents equally constitute an important portion of the population.

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UNICEF HUMANITARIAN ACTION

LEBANON

IN 2007



The boundaries and names shown and the designations used on this imply official endorsement or acceptance by the United Nations.

CORE COUNTRY DATA

Population under 18 (thousands)	1225
U5 mortality rate	30
Infant mortality rate	27
Maternal mortality ratio (1990-2005, reported)	100
Primary school enrolment ratio, 2000-2005, net (male/female)	94/93
% U1 fully immunized (DPT3)	92
% population using improved drinking water sources	100
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	2.9
% U5 suffering from moderate and severe underweight	4

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	1,700,000
Education	1,500,000
Child protection	2,500,000
Total*	5,700,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The war waged on Lebanon from 12 July to 14 August 2006 has had a devastating effect on the population and most especially on children. Some 1,191 people were killed during the conflict and 4,398 injured, most of them civilians and an estimated one third of them children. Within days of the start of hostilities, over 900,000 people were displaced from their homes, primarily in South Lebanon and the southern suburbs of Beirut.

Massive damage to roads and other major infrastructure coupled with insecurity of movement – even for UN convoys – made the transport of humanitarian supplies into Lebanon and their distribution inside the country an especially complex task. The aerial, sea and land blockade created additional impediments to logistical operations.

The first week of the conflict saw the relocation of hundreds of thousands of internally displaced persons (IDPs) to safer areas in the north of the country including public gardens, schools, cinema theatres, and old uninhabited houses. Many people sought refuge with families and friends in parts of the country not directly impacted by the fighting. Immediately after the ceasefire was announced, families started to return to severely destroyed areas which posed a major threat to their physical safety.

Damage to health infrastructure, lack of essential drugs and low fuel reserves prevented minimal health standards from being maintained in conflict-affected areas. These public health challenges have been heightened by the damage and destruction to water systems in both urban and rural areas in South Lebanon, the Beqa'a Valley and the southern suburbs of Beirut. At least 1.7 million people are affected by either temporary interruption or full stoppage of water supply to their households.

Rapid assessments in the education sector indicate that 40 to 50 schools, of which 16 are public schools, were totally destroyed, while around 300 schools (or 10 per cent of all schools in the country) need repair. In addition to physical damages to the education infrastructure, school teachers will need to be prepared for the psychosocial effects of the war on children, young people and their parents. Feelings of frustration, hopelessness and distress will need to be acknowledged and addressed.

Cluster bombs and unexploded munitions pose an immediate and acute threat, particularly in the South which suffered the heaviest bombardment. By end-September 2006, the UN Mine Action Coordination Centre (UNMACC) for South Lebanon had identified 592 cluster bomb strike locations where, according to UNMACC, as many as 1 million unexploded cluster sub-munitions could be scattered. The National Demining Office reports that, as of 6 November 2006, unexploded ordnance (UXO) have killed 5 children and injured 47. Without a massive education and awareness campaign, particularly targeted at children, these injuries are likely to increase over the estimated 18 months that it will take to destroy the majority of UXOs.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

To respond to short- and medium-term effects of the war on children and women in Lebanon, UNICEF-supported interventions focused on the priority areas of health, nutrition, water and sanitation, education, child protection and mine-risk/UXO awareness.

Health

UNICEF supported an urgent immunization campaign, vaccinating 21,000 children aged 0-15 years against measles and 8,000 children aged 0-5 years against polio. The campaign also included vitamin A supplementation and was carried out in IDP locations and host families in Greater Beirut and South Lebanon (Saida).

UNICEF's assistance to the Ministry of Public Health also helped in alleviating critical threats to the health of displaced populations through the provision of essential drugs sufficient for an estimated 70,000 people.

After the ceasefire and massive return of the displaced populations to their home towns and villages, UNICEF's emphasis has shifted to the establishment of reliable cold-chain hubs and the extension of mobile outreach to underserved communities and the activation of a national polio vaccination campaign that was launched in its first phase on 30 October 2006.

Water

To respond to the challenge of immediate relief assistance to IDPs temporarily sheltered in schools and other public spaces (totalling up to 140,000 people) in Beirut and other nearby towns in Mount Lebanon, UNICEF provided fifty-one 5,000-litre tanks of potable water for 25,000 IDPs and supplied bottled water to conflict-affected areas in South Lebanon. In addition, UNICEF provided family water kits and hygiene kits for young children and their parents.

As soon as the ceasefire allowed, these emergency interventions were complemented by a more systematic cooperation with Water Authorities of Beirut/Mount Lebanon, Beqa'a and South Lebanon, aimed at resuming sustainable water supply by reconstructing and extending major pipelines serving approximately 140,000 people. UNICEF also supported water tankering in 33 villages, repaired and reconstructed 16 water reservoirs, installed more than 300 water tanks and supplied 10 generators for water pumps.

An additional final distribution of 2 million litres of bottled water was sent to the most affected communities in South Lebanon where safe water supply has not yet been restored. These deliveries have been replaced by water tankering.

Protection

Partnering with national and international NGOs, UNICEF supported the provision of psychosocial assistance and basic counselling to more than 300,000 children who suffered through the various distressing experiences during the weeks of conflict. Six hundred animators have been trained in creative, recreational and sports activities. These animators facilitate about 30 child-friendly spaces that have been established in Beirut, South Lebanon and Beqa'a. Mobile teams have also been established to provide services to surrounding villages. Similarly, youth groups have been sensitized to the values of citizenship and solidarity and also mobilized and trained to build their capacities in leadership, community work, counselling and establishing economic opportunities. The most vulnerable children's needs are addressed through a specifically designed project aimed at providing special services in the most affected areas of the South. Child protection is being formalized by establishing a child protection monitoring system with the Ministry of Social Affairs, which will continue to identify and respond to the needs of children.

UXO-awareness campaign

At least 1 million people in South Lebanon, Beqa'a Valley and the southern suburbs of Beirut (i.e., in areas especially affected by landmines, cluster munitions, and unexploded ordnance) are being reached with mine-risk education/UXO-awareness messages, as part of a UNICEF-promoted campaign implemented in coordination with the National Demining Office, the Lebanese Army and other UN agencies. To reach a maximum audience, various information, education, and communication materials have been used, such as posters, flyers, banners, TV spots and radio messages. Labels printed on UNICEF-supplied bottled water have also carried these messages and have been distributed in most affected areas. UNICEF and the Norwegian People's Aid (NPA)

funded the training on mine-risk education of over 200 trainers, who will lead sessions in 148 villages targeting parents, agriculture workers, farmers, children and teachers. UNICEF's partners have already begun mine-risk education sessions for children in child-friendly spaces in affected areas of South Lebanon.

Education

The Ministry of Education, in partnership with UNICEF, initiated a national back-to-school campaign to ensure that public schools began on 16 October 2006. UNICEF has provided essential learning materials to 1,400 public and subsidized private schools throughout Lebanon. These materials include items for teachers to set up their classrooms as well as school supplies and backpacks for each individual student. This programme will benefit 400,000 students throughout the country.

To help ensure children's emotional recovery, UNICEF is supporting 'train-the-trainer' sessions in which counsellors receiving training will in turn provide teachers with the skills to work with children affected by conflict or crisis, including identifying and working with distressed children, managing classrooms effectively and contributing to children's psychosocial well-being.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UN Country Team is involved in the national recovery/reconstruction process through the mechanism of the Recovery Cell established at the Prime Minister's Office. Lebanon Recovery Fund is currently being established jointly by the Government and the UN as a channel for donor contributions pledged at the post-conflict Stockholm Conference in August 2006 (as an additional option complementing any bilateral arrangements that may still be preferable for some donors). Finalization of Lebanon's Common Country Assessment and preparation of the UN Development Assistance Framework for the period 2009-2013 will reflect the cluster approach and lessons learned in cluster coordination. Joint UN Country Team emergency preparedness plan will be operational for 2007.

Regular programme

Lebanon recovery and reconstruction activities in 2007 will be accommodated by the approved structure of the Country Programme of Cooperation, with post-emergency health, education, water and sanitation, child protection and mine-risk education components absorbed by regular programmes addressing the issues of childcare and development, learning, child and youth development and protection and policy development (including national emergency preparedness policies).

Health and nutrition (US\$ 1,700,000)

Some 400,000 children and their families in the conflict-affected areas in South Lebanon and Beqa'a Valley will benefit from the following key activities:

- Restore and strengthen primary health care services with the provision of supplies and equipment by integrating community outreach services, especially for women and children, into the primary health care system in conflict-affected and underserved areas;
- Revitalize routine immunization activities by effective outreach micro-planning and activities to reach every village in underserved/not served areas ('reach every district' approach);
- Restore destroyed cold-chain infrastructure with special emphasis on underserved areas and purchase necessary equipment;
- Support the Ministry of Public Health (MoPH) in the development and implementation of a long-term master plan for the reconstruction of the health sector in Lebanon. UNICEF will support MoPH in building capacity for emergency response and management at the central and governorate levels.

Education (US\$ 1,500,000)

Some 400,000 schoolchildren and their families in the conflict-affected and impoverished areas will benefit from the following key activities:

- Provide recreational material and equipment for all 1,400 public schools in the country;
- Involve all 1,400 public schools in specialized teacher trainings on psychosocial counselling techniques (through a series of cascade trainings to be done in coordination with the Ministry of Education to the 105 trainers already trained on classroom management and who in turn train and orient teachers nationwide);
- Involve all 1,400 public schools in identifying and training one or two counsellors in each school to be a peer counsellor and give proper psychosocial support both to the administration and the students;
- Support the Ministry of Education in the development and implementation of a long-term master plan for the reconstruction of the education sector in Lebanon.

Child protection (US\$ 2,500,000)

Up to 250,000 children in the conflict-affected areas in South Lebanon and Beqa'a Valley will benefit from the following key activities:

- Establish about 30 child-friendly spaces in areas where no cultural/recreational facilities for children and youth currently exist;
- Provide psychosocial assistance to children to promote resilience and distress-coping mechanisms through structured play and other recreational activities facilitated by specially trained social workers and animators (with special emphasis on severely affected children and children from 'at-risk' groups, such as disabled children, orphans, out-of-school children and/or those exposed to violence and abuse);
- Stimulate the participation of Lebanese youth in the recovery process of their communities, by contributing to the rehabilitation of schools and community centres in their neighbourhood and by promoting civic participation and national dialogue;
- Ensure that all people in conflict-affected areas are covered by mine/UXO-awareness and education activities to reduce their exposure to mines and unexploded ordnance.

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UNICEF HUMANITARIAN ACTION OCCUPIED PALESTINIAN TERRITORY IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	1938
U5 mortality rate	23
Infant mortality rate	21
Maternal mortality ratio (1990-2005, reported)	n/a
Primary school enrolment ratio, 2000-2005, net (male/female)	86/86
% U1 fully immunized (DPT3)*	83.4
% population using improved drinking water sources	92
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	n/a
% U5 suffering from moderate and severe underweight	5

Source: *The State of the World's Children 2007*

* Demographic and Health Survey 2004

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	8,631,000
Water and environmental sanitation	4,345,100
Education	6,337,300
Adolescents	3,158,640
Child protection	3,366,815
Total*	25,838,855

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

2006 witnessed the detrimental unravelling of the institutions and systems that children rely on for protection and support. Across the occupied Palestinian territory (oPt), the ongoing conflict, the withholding of resources to the Palestinian Authority, the decrease in donor funding, and internal strife, have generated a massive rise in poverty and pushed the humanitarian crisis to the brink of disaster. Whether it is health care and education, protection from violence and abuse, or opportunities to play without fear – children have never had it so bad.

Escalations in both external and internal fighting have generated abuses of child rights on an unprecedented scale, including extraordinary levels of violence both inside and outside the home. By the end of September 2006, 91 children had lost their lives due to the conflict, double the number as compared with the same period last year (47), and 348 children were in detention facilities. Health, education, water and sanitation and adolescent and psychosocial needs are at critical levels, with a risk of further deterioration. UNICEF's commitment to protect and support Palestinian children has never been greater. If ever there was a time to scale up support to children, now is it.

This year, the withholding of funding from the Palestinian Authority also prevented the Government from assuming its normal role in providing basic social services. Tighter restrictions on access and movement, and continued military incursions affected the entire population in the West Bank and Gaza extensively. The protracted non-payment of civil servants salaries and the open strike called in September added a new dimension to the humanitarian crisis.

The impact on children is corrosive and enduring. Indicators on child well-being have deteriorated and will continue to decline without scaled-up action. Access to quality health care and education, water and sanitation, and activities for children and adolescents have been severely restricted. Violence among children on the streets is rising, as well as in homes and schools, where children are supposed to be safest. A 2005 study by the Palestinian Central Bureau of Statistics and the Secretariat for the National Plan of Action for Children titled *Psychosocial Wellbeing Indicators for Palestinian Children and Families* revealed that children are showing signs of acute distress including anxiety, nightmares, and withdrawal. Because prolonged exposure can leave lasting impact on child development, psychosocial support for both children and their caregivers has become more important than ever.

In the health sector, the lack of essential drugs and equipment, along with power, fuel and water shortages in Gaza, has cut services back significantly. One in ten children is stunted, one in two is anaemic, and 75 per cent of children under the age of five suffer from vitamin A deficiency. Deepening poverty and food shortages in Gaza are also exacerbating nutrition deficiencies. The majority of children die in the first month of life because they are born prematurely or with low birthweight, and due to the lack of drugs and equipment to provide proper care. (According to the Demographic and Health Survey 2004, low birthweight rates are as high as 8.2 per cent in the West Bank and 8.3 per cent in Gaza.)

A number of marginalized rural communities are not served by piped-water systems or other potable water sources, and many children lack safe drinking water at home and in schools, particularly in Gaza. Public hospitals and clinics, again in Gaza, are also in need of reliable and steady supply of drinking water, as well as appropriate storage facilities. Sanitary conditions in schools and in the most vulnerable district hospital buildings are a significant public health concern.

The simple act of getting to school on a daily basis remains a serious challenge for both students and teachers. When children are unable to access their schools, it is difficult for them to maintain their studies, and when they do return to school, they need help in catching up with their missed lessons. Education quality also continues to be a major challenge. Schools lack basic teaching

and learning materials, and few teachers have the skills needed to create child-friendly learning environments. Outside classrooms, students have few opportunities for sports and recreation.

The conflict has had a particularly damaging impact on adolescents, who comprise a large, vulnerable and volatile group. At least two-thirds do not have safe spaces for recreation and most of the 300 youth clubs across oPt lack funding and are poorly managed and equipped. Worsening socio-economic conditions point to the likelihood that the numbers of adolescents exposed to abuse, violence, and exploitation will increase.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In the area of health, UNICEF provided all vaccines for children and tetanus toxoid for 75,000 women of reproductive age. Children's vaccines included BCG, HepB, IPV, DPT, OPV, measles, MMR, Td, Dt. A new vaccine, Hib-DPT, against *Haemophilus Influenzae*, was added to the immunization schedule and administered to children in November. Beneficiaries included an estimated 200,000 children under two years of age and 245,000 students. UNICEF also provided logistical support (fuel and vehicle maintenance) to the Ministry of Health outreach services. Emergency supplies and equipment, including eight generators, were provided to primary health care clinics and neonatal units of 17 general hospitals. Essential medicines, including paediatric drugs and disposables, were delivered to around 400 primary health care clinics. UNICEF distributed more than 400,000 bottles of iron syrup, 13 million iron/folic acid tablets, 108,000 bottles of vitamin A and D supplements and promoted breastfeeding and appropriate child feeding.

In the area of water and sanitation, UNICEF provided large water tankers, water testing kits, and family water and hygiene kits to around 2,200 households in communities in Gaza where water networks were destroyed. Five wells were drilled to provide emergency supplies of water to 25,000 residents in Gaza city (Beach refugee camp and Al Nasser suburb), Khan Younis, and Nusseirat refugee camp, which were previously unserved areas. An awareness-raising campaign targeting at-risk populations on hygiene, food and water safety helped lower diarrhoea incidence. Siafa community, previously not served by piped-water systems or other potable water sources, was provided access to water. In Gaza, sanitation and safe drinking water facilities were upgraded in 342 schools (reaching 230,000 students), 10 hospitals and 25 health centres (reaching about 7,500 patients and hospital staff).

In the area of education, 10 schools in former enclaves or conflict zones received a comprehensive package, including lab and sports equipment, library furniture and books, computers, and training. To support the back-to-school programme, UNICEF procured emergency supplies worth US\$ 4 million, including 380 school-in-a-box kits, 1,000 maths and science kits, 151,000 sets of remedial worksheets, 110,000 schoolbags with stationery, and 50,000 school uniforms. During a period of unprecedented incursions and shelling, activities were organized to provide children with a much-needed respite from violence and stress.

To help adolescents overcome their frustration through meaningful programmes outside schools, UNICEF supported 15 adolescent-friendly learning spaces in larger cities that reached at least 20,000 adolescents aged 13-18 years, and 22 youth clubs in smaller towns or remote areas that offered learning as well as recreational activities. In deprived, isolated or incursion-prone areas 37 safe play spaces gave some 37,000 children aged 5-12 years opportunities to play in a safe environment, both indoor and outdoor.

In 2006, 12 psychosocial teams in the West Bank and Gaza have reached more than 50,000 children and 25,000 caregivers with skills on how to cope with violence. Twenty outreach centres were opened in Gaza following the fighting to provide individual counselling, as well as five socio-legal defence centres and three child protection networks involving the police, judiciary, social protection, and health and education sectors across the territory.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

The 2007 Inter-Agency Consolidated Appeal Process (CAP) is based on a needs assessment framework completed with the participation of UN agencies, relevant Palestinian Authority ministries and international and local NGOs. UNICEF has the sector lead in education, WES child protection (psychosocial support) and participates in the health and nutrition sector. Coordination of humanitarian action is facilitated by the Operational Coordination Group with the participation of both the UN and NGOs. Overall coordination of humanitarian activities and development is ensured through the United Nations Country Team (UNCT).

Regular programme

The UNICEF regular programme for 2006-2007 aims at realizing Palestinian child rights to survival, development, protection and participation. It aims at supporting the Palestinian Authority in reaching Millennium Development Goals and realizing their national goals for children and development. The programme focuses on Health, Nutrition, Education, Child Protection, Adolescents, Water, Sanitation and Social Policy. The programme focuses on capacity building, service delivery and policy development and is designed to be flexible and adaptable to the prevailing operational conditions.

In 2007, UNICEF's humanitarian programme will focus on protecting children and women from the impact of the worsening humanitarian crisis, and on supporting the Palestinian Authority in its work to prevent and, where possible, reverse further declines in child well-being.

Health and nutrition (US\$ 8,631,000)

Some 1.5 million children and mothers living in the most vulnerable areas in the West Bank and Gaza will benefit from the following key activities:

- Provide vaccines, immunization-related supplies and cold-chain equipment to reach all children aged 0-15 months, as well as more than 240,000 schoolchildren aged 6-15 years;
- Procure essential drugs for under-five children;
- Upgrade and provide equipment, supplies and medicine for neonatal units in hospitals;
- Provide tetanus toxoid to 75,000 women, covering 10 per cent of all women of reproductive age;
- Provide routine vitamin A and D supplementation to children aged 0-12 months;
- Train 600 mother and child health doctors, nurses and village health workers on growth monitoring, management of macro- and micro-nutrient deficiency, and young child feeding during emergencies;
- Assist the Ministry of Health in establishing an efficient drugs management information system, including training on effective procurement, forecasting, logistics, warehousing and distribution.

Water and environmental sanitation (US\$ 4,345,100)

Some 1.7 million poorly served people will be reached through the following key activities:

- Rehabilitate/construct wells in some 40 primary schools in the West Bank and Gaza;
- Rehabilitate/construct 15 wells and boreholes, and install handpumps to provide safe drinking water to 1.4 million individuals in areas not reached by water networks;
- Rehabilitate/construct sanitation facilities for 10 schools and 10 clinics/hospitals, benefiting around 15,000 students and 5,000 patients;
- Supply 25 primary schools with two-cubic-metre water tanks and 15 hospitals/clinics with 3- or 10-cubic-metre water tanks;
- Distribute drinking water to 400 schools and 120 hospitals/clinics, reaching approximately 300,000 students and 35,000 patients;
- Rehabilitate 14 water networks, reaching more than 700,000 people.

Education (US\$ 6,337,300)

Children, teachers and schools in most conflict-affected areas will benefit from the following activities:

- Provide 800 schools in Gaza and the West Bank with school-in-a-box and recreation kits for 50,000 primary school-aged students;
- Equip 300 primary schools, especially in Gaza, with teaching equipment;
- Provide needy schoolchildren with 200,000 schoolbags and stationery items and 50,000 uniforms and footwear;
- Orient 1,000 teachers on using remedial worksheets to enable children to keep up and catch up with their studies, as well as on how to use teaching and recreation kits. Orientation will also include improved teaching approaches and psychosocial counselling in emergency situations.

Adolescents (US\$ 3,158,640)

Key interventions will include:

- Establish 16 adolescent-friendly learning spaces within larger cities to provide learning and recreational activities, and pro-actively reach out to marginalized adolescents. The centres will offer sessions over six-week periods in literacy, numeracy and information technology, music, sports and life skills benefiting 8,000 adolescents;
- Establish and rehabilitate 35 safe play areas in conflict-affected or deprived zones to offer regular, structured recreational activities for 35,000 younger children.

Child protection (US\$ 3,366,815)

Children and caregivers suffering from conflict-related distress and violence will be the focus of the following activities:

- Establish 14 psychosocial emergency teams to reach 100,000 children and 50,000 caregivers with support aimed at strengthening their capacity to protect themselves and cope with violence. Caregivers will also learn skills to better support children in distress and foster healthy home environments;
- Support seven existing socio-legal defence centres and a toll-free line providing legal, psychological and social assistance to children who are victims of violence, conflict-related or otherwise;
- Organize 'fun days' and festivals in order to get children out of their homes and provide them with an outlet for stress;
- Conduct mine-risk education activities for 100,000 children and 40,000 adults.

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UNICEF HUMANITARIAN ACTION

SUDAN

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	16547
U5 mortality rate	90
Infant mortality rate	62
Maternal mortality ratio (2000, adjusted)	590
Primary school enrolment ratio, 2000-2005, gross (male/female)	64/56
% U1 fully immunized (DPT3)	59
% population using improved drinking water sources (total)	70
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	350
% U5 suffering from moderate and severe underweight	41

Source: *The State of the World's Children 2007*
Official statistics generally exclude Southern Sudan

Summary of UNICEF financial needs for 2007 (US\$)

Sector	North Sudan, including Darfur	Southern Sudan	Total
Health and nutrition	39,797,195	10,400,000	50,197,195
Water and environmental sanitation	23,529,500	6,020,000	29,549,500
Education	3,421,622	8,500,000	11,921,622
Protection and human rights	7,945,000	2,525,000	10,470,000
Mine action	National		1,971,200
Non-food items and emergency shelter	12,778,285	3,200,000	15,978,285
Cross-sectoral support for return	National		750,000
Coordination and common services	0	800,000	800,000
Basic infrastructure and settlement development	230,760	0	230,760
Total	87,702,362**	31,445,000**	121,868,562

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

** These totals exclude the national projects.

1. CRITICAL ISSUES FOR CHILDREN

Sudan continues to be a country characterized by diversity. While the signing of the Comprehensive Peace Agreement (CPA) in 2005 brought the hope that Sudan could once again enjoy peace and stability, large pockets of humanitarian need persist. Nearly two years after the CPA – as the nascent Government of Southern Sudan (GoSS) actively engages in recovery and development planning in the context of the wider peace – numerous inter-tribal conflicts continue to be reported in most states in Southern Sudan. In the North, where development work has long been underway, the humanitarian crisis in Darfur continues.

In this context, UNICEF is engaging through strategies that support recovery and development, while actively targeting humanitarian interventions towards vulnerable children, women and communities throughout the country, including the large number of families returning to their home areas as a result of the Peace Agreement.

In Darfur, the situation of children, women and internally displaced communities remains tenuous despite the massive mobilization of humanitarian assistance in the past two years. It is estimated that almost 4 million people have been affected by the conflict – 1.8 million of which are children – and about 2 million are displaced from their homes. Of the displaced, 1 million are estimated to be children and 120,000 have been newly displaced since April of this year.

The situation in Darfur is currently in the global spotlight for both humanitarian and political reasons, with humanitarian needs on the rise and the United Nations and the Government of Sudan unable to agree on the means to protect civilians from the ongoing conflict. While negotiations have led to an extension of the African Union's peacekeeping mandate in the region, the issue is far from resolved. A possible upsurge in conflict threatens the fragile situation of the population and could send the region into chaotic insecurity leading to the withdrawal of most, if not all, of the humanitarian agencies who are currently the only lifeline for the displaced communities. Even now, humanitarian agencies are operating under difficult and dangerous conditions. At present, national and international agencies are planning for, and concurrently responding to, the unfolding scenario. Specifically, UNICEF is planning for the possibility of increased displacement, large-scale human rights abuse, inaccessibility of some populations, communities with very limited access to basic services and the withdrawal of aid agencies. Any combination of these factors would lead to an increase in malnutrition, an increase in preventable illnesses, an increase in recruitment of children and gender-based violence and a rise in mortality.

UNICEF is also monitoring and responding to needs in Sudan's Three Areas (Blue Nile State, South Kordofan and Abyei) – which remain characterized by fragile networks for primary health care, limited access to nutrition services and overburdened systems for water and environmental sanitation – and to the situation in Eastern Sudan, which continues experiencing intermittent insecurity and marginalization leading to significant humanitarian need.

In Southern Sudan, although access has improved for humanitarian agencies, the long-term effects of the conflict continue to negatively impact children and women. While some roads have improved in 2006, overland transport routes remain problematic and insecure at the best of times and impassable during the rainy season which cuts off a large proportion of the population for four to five months of the year. The limited basic social services that are available are inequitably distributed across the 10 states and many already vulnerable communities have come under increasing pressure during 2006 as an estimated 240,000 people returned to the South during the late 2005-early 2006 dry season. Although this dividend of the peace is welcome, a lack of information about returnee numbers, needs and destination also reduces the chance of effective planning for their successful reintegration.

Southern Sudan continues to host a range of rare tropical diseases as well as being endemic for malaria and other common diseases that disproportionately affect young children and pregnant

women. In areas not yet covered by an ongoing mass measles campaign, the measles vaccination coverage is estimated at no more than 20 per cent and the disease continues to claim lives, together with yellow fever, meningitis and severe cholera outbreaks in 2006. Assessments in 2006 have confirmed that large areas of Southern Sudan are still food insecure. Nutrition surveys report unacceptably high rates of acute malnutrition among under-five children, and micronutrient deficiencies, such as iodine deficiency disorders, remain a problem.

A comprehensive HIV seroprevalence survey has not yet taken place in Southern Sudan, but rates of over 20 per cent have been recorded at some voluntary counselling and testing centres. The Southern Sudan Commission for HIV/AIDS, formed in mid-2006, estimates the blanket prevalence to be at 2.6 per cent. Women and children in the South who are living with HIV/AIDS still face stigmatization and, although prevention of mother-to-child transmission (PMTCT) services were launched in 2005, they remain extremely limited.

Access to safe drinking water in Southern Sudan remains low despite progress each year to create new water points and keep existing water points operational. It is estimated that around 60 per cent of the people of Southern Sudan have no access to safe drinking water and most do not have access to sanitary means of excreta disposal. The prevalence of diarrhoea is 43 per cent in children aged 6-59 months. Guinea worm is still endemic in about 3,400 villages; the last available information suggests that around 7,000 cases are reported every year.

Peace and the activities of the 'go to school' initiative have translated into a large jump up in the number of children receiving basic education – over 770,000 children were enrolled in primary school by September 2006. However, hundreds of thousands of school-aged children in Southern Sudan remain out of school and a lack of child-friendly learning spaces and qualified teachers has created a 'positive emergency'. Schools remain dependent on UNICEF to transport even the most basic materials into Southern Sudan.

The exact number of children still associated with armed groups in Sudan is unknown. Previous estimates are no longer accurate following the absorption of militia groups into the now official government army, but it may be around 16,000. Abduction of children from one community to another and the very early marriage of young girls motivated by bride price continue in Southern Sudan. Inter-tribal conflict and forced displacement continue to destabilize Southern Sudan even as children and women struggle to come to terms with the psychological and economic effects of long-term war. Large areas of Southern Sudan, including around major towns and places of return, are known to be contaminated by landmines and unexploded ordnance.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF continues responding to the humanitarian needs of Sudanese children, women and vulnerable groups, focusing on the priority areas of health, nutrition, water and sanitation, education and child protection.

By the end of the year, about 7.4 million people (including internally displaced communities) will have benefited from primary health care provided by UNICEF and its partners through the distribution of essential medicines to health facilities, immunization activities and training of medical staff. In the North, an estimated 1.5 million people were treated for malaria and a cumulative total of more than 315,000 vulnerable mothers and young children will be better protected against malaria thanks to the provision of long-lasting insecticidal nets in both North and Southern Sudan. UNICEF trained more than 175 health care workers in Southern Sudan and provided equipment, drugs and expertise to assist the Government of Southern Sudan (GoSS) Ministry of Health in fighting yellow fever and meningitis outbreaks during the year. In both North and Southern Sudan, cholera response has been paramount. Thanks to massive response efforts

approximately 9,000 people were treated and some 100,000 people were provided with clean drinking water in affected areas.

More than 1.2 million children in Southern Sudan were immunized against measles by mid-2006 through the joint Ministry of Health/WHO/UNICEF mass measles campaign. Measles activities in the North reached 75 per cent, or 400,000, of the targeted children through mop-up campaigns in Darfur. In Southern Sudan, the campaign has been one of the key initiatives in 2006. It allowed to boost routine immunization services by training 2,000 vaccinators and 1,500 social mobilizers; enhance the development of county-level micro plans; ensure the provision of transport and equipment to each state; and expand the cold chain. Towards a polio-free Sudan, some 7.2 million children were reached with polio vaccination throughout the country and no cases of the wild polio virus were reported in 2006. Alongside polio immunization, over 6.1 million post-partum women and under-five children received vitamin A supplementation.

Although cumulative reports from partners were not available at the time of writing, UNICEF distributed and pre-positioned sufficient plumpy'nut supplies to treat 16,500 severely malnourished children or 66,700 moderately malnourished children for one week, as well as enough BP-5 biscuits to benefit more than 12,000 people for one week at a 'maintenance' level in Southern Sudan. Some 20,000 severely malnourished children received therapeutic care in the North.

UNICEF provided water and sanitation facilities for tens of thousands of returnees at eight way stations during the early 2006 return season. In communities throughout Sudan – including internally displaced persons (IDPs) in Darfur, returnees and other vulnerable communities in both North and Southern Sudan – over 2.9 million people gained access to safe water through the rehabilitation or construction of water sources, including access to safe water that was sustained for more than 2 million people through the repair and maintenance of existing water points. Over 225,000 people gained access to adequate excreta disposal facilities and 1.2 million people were reached with key hygiene messages on how to protect themselves and their children from water- and sanitation-borne diseases. Numerous households and more than 100 schools benefited from new or improved hygiene and sanitation facilities and materials. The sustainability of water and sanitation systems was promoted by building the technical/managerial capacities of the affected communities: over 10,000 community members were trained on water sources operation and maintenance and acquired management and water chlorination skills.

UNICEF has supported the Southern Sudan Disarmament, Demobilization and Reintegration (DDR) Commission to release more than 1,000 children formerly associated with various armed forces in the South. A family tracing and reunification network with 15 partners was established and has been active in reuniting these children with their families. An additional 700 children have been registered for demobilization. More than 20 children associated with former other armed groups have been registered in Khartoum by the North Sudan DDR Commission and are being prepared for family tracing and reunification, and 43 community-based child protection networks have been established in South Kordofan and Abeyi to facilitate community reintegration of children associated with armed forces and groups and of returnees with their families. UNICEF has also implemented the first social work training event ever held in Southern Sudan. Working with the Ministry of Legal Affairs, a Children's Bill has been tabled for the GoSS Assembly. Community-based child protection networks have expanded in several states of the South. Supplies and services were pre-positioned in preparation for the possible release of up to 2,500 children and women from the Ugandan rebel group, the Lord's Resistance Army.

Child protection in Darfur and other vulnerable areas of the North was a priority in 2006. Child protection assessments took place on a regular basis. In addition, UNICEF presented the findings and recommendations of a situation analysis conducted on child protection in Darfur. A clear and prioritized strategy and plan of action were developed for the engagement, capacity-building and promotion of open discussion with the government in the three states of Darfur. Also in Darfur, UNICEF supported the training of 1,484 African Union Mission in Sudan (AMIS) observers and

police on child rights and protection within the Inter-Agency Capacity-Building Programme for AMIS troops in Darfur. UNICEF-supported projects also enabled more than 165,000 children to access psychosocial support activities in some 400 child-friendly spaces; 400 adolescents were trained on livelihood opportunities and some 7,000 adolescents participated in sports and recreational activities through youth committees and clubs in the three states of Darfur. Prevention and response to sexual violence against girls and women was supported through psychosocial/emotional counselling and skills training, including fuel efficient stove making, for some 30,400 adolescent girls and women. More than 500 community workers and key service providers were trained to offer psychosocial support to sexual violence survivors in Darfur.

UNICEF coordinated mine-risk education activities for all partners in Sudan and provided training and information to more than 370,000 at-risk individuals. Some 500 teachers/social workers participated in training of trainers courses, and 400,000 posters, leaflets, fact sheets, stickers and other information materials were printed and distributed among at-risk groups.

The 'Go to School' campaign has been in full swing in Southern Sudan throughout 2006. A total of over 770,000 children were enrolled in school by September and a massive distribution effort brought 4,245 MT of educational materials to Southern Sudanese schools. For the first time, schoolchildren in Southern Sudan will all have access to textbooks, including those learning in Arabic. UNICEF also supported the training of 1,800 teachers. In addition, Girls' Education Movement (GEM) networks were established in 6 of the 10 states by mid-year and a rapid assessment succeeded in mapping most learning spaces across Southern Sudan and in creating an information database that will support multiple efforts to strengthen the education system in the South. Education activities in the conflict areas of the North are also measuring successes, with an increase in the gross enrolment ratio of 7 per cent recorded in the Darfur states.

In collaboration with the United Nations Mission in the Sudan (UNMIS), IOM, the Norwegian Refugee Council (NRC), UNCHR and other agencies, UNICEF is leading the Sudan Information Campaign for Returns. Through this campaign, vital information has been provided to 3.8 million IDPs, refugees, returnees and host/receiving communities and other vulnerable groups, enabling them to make informed decisions about their own health, movement, protection, safety and security. Public information was disseminated through a number of radio programmes and interpersonal communication channels and through information, education and communication materials printed, distributed and disseminated throughout IDP camps, returnee routes, and refugee camps and within host and receiving communities. Altogether, 850,000 copies of 35 fact sheets were printed and distributed covering generic behaviour change communication issues like prevention of disease, hygiene and sanitation, HIV/AIDS awareness and child protection as well as geographic-specific issues explaining the prevailing conditions in the intended returnee destinations.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

The UN in Sudan maintains parallel 'Country Teams' in the north and south, reflecting the 'one country, two systems' formula outlined in the peace agreement. Inter-agency sectoral coordination mechanisms in Southern Sudan are evolving under the leadership of the relevant GoSS bodies. The United Nations Mission in the Sudan (UNMIS) is taking an integrated UN approach to major policy issues. UNICEF acts as sector lead in water and sanitation, nutrition and education and supports WHO in the coordination of the health sector and works with United Nations Mine Action Service (UNMAS) on protection issues. UNICEF works closely with the relevant government bodies and both coordinates and collaborates with numerous local and international non-governmental organisations.

Regular programme

UNICEF seeks to contribute to reducing child and maternal morbidity, mortality and malnutrition; reducing water-borne diseases; improving hygiene and other behavioural practices among communities (including the eradication of guinea worm); increasing access to quality basic education; promoting grass-roots peace-building and respect for children's rights and humanitarian laws protecting children and women; and continuous monitoring of the situation of children and women. The programme includes preparedness for emergencies such as conflict-related displacement, drought, floods and epidemics. Both the North and Southern Sudan programmes contain elements of humanitarian, recovery and development assistance. The humanitarian programmes focus on major crisis, such as Darfur and other conflict-related emergencies, but also include outbreak prevention and response as well as immediate support to returning populations and support to the internally displaced.

In 2007, UNICEF will promote the survival, protection and well-being of children, women and vulnerable communities in conflict- and disaster-affected areas. In Darfur, where up to 4 million people have been affected by the conflict, including an estimated 1.8 million children, UNICEF will work with partners to ensure survival and development through health, nutrition, water and sanitation and protection activities. Throughout Sudan, work will continue to help prevent and respond to disease outbreaks and natural disasters. Support will be maintained for families returning to their homes, particularly for children and women, who are vulnerable during and immediately following their return. Host communities will also be supported, as the returning populations exacerbate existing vulnerabilities. The demobilization and reintegration of children formerly associated with armed forces continue to be critical. All of these efforts should serve the broader peace process and alleviate pressure and conflict over scarce resources. Programmes will reach an estimated 10 million people, including 6 million under-five children.

As outlined in the UN and Partners Work Plan for the Sudan, key humanitarian interventions will include:

Health and nutrition (US\$ 50,197,195)

Up to 4 million children and vulnerable people in Southern Sudan will be reached through the following key activities:

- Immunize at least 3.2 million children in Southern Sudan aged 6 months-15 years against measles and 2 million people against meningitis in case of outbreak;
- Provide nutritional support in Southern Sudan to an estimated 300,000 children and 25,000 pregnant or lactating mothers, persons living with HIV/AIDS and other vulnerable people; aim to reduce global acute malnutrition rates to less than 15 per cent;
- Ensure that up to 10,000 people affected by rapid onset emergencies in Southern Sudan receive emergency medical supplies within 72 hours;
- Reach at least 600,000 young people in Southern Sudan with correct information and relevant life skills to reduce their risk of acquiring HIV/AIDS.

Some 5.8 million children and vulnerable people in North Sudan, including Darfur, will be reached through the following key activities:

- Improve quality of antenatal care and access to and attendance at referral hospitals for emergency obstetric care for 110,000 pregnant women and 98,000 surviving infants in Darfur state and increase husbands'/partners' participation in safe motherhood/reproductive health services;
- Give access to primary health care to 3.7 million conflict-affected people in Darfur, and protect against vaccine-preventable diseases under-five children and pregnant women;
- Administer two doses of polio vaccine to 5.8 million under-five children;
- Reach 2 million people with health-related disease outbreak activities, including rapid response to outbreaks or national disasters.

Water and environmental sanitation (US\$ 29,549,500)

An estimated 180,000 returnees and host community members in Southern Sudan will gain access to clean water and improved sanitation while local capacity to respond to emergencies is enhanced through the following key activities:

- Serve an estimated 80,000 returnees at way stations along major routes of return and at reception points in Southern Sudan; pre-position supplies for an additional 2,000 households affected by emergencies with basic clean water and sanitation facilities;
- Assist an estimated 100,000 people living in guinea worm-affected areas of Southern Sudan through the creation of approximately 200 boreholes providing safe water;
- Train and adequately equip some 25 persons to train emergency response teams (ERTs) at the state level in Southern Sudan to respond quickly to emergencies; train about 200 counterparts for ERTs.

At least 539,000 emergency-affected community members in North Sudan, including Darfur, will gain access to improved water and will be reached with hygiene messages, while 136,000 will gain access to adequate means of excreta disposal, and local capacity to respond to emergencies will be enhanced through the following key activities:

- Increase/re-establish access to improved drinking water and awareness/practice of improved personal hygiene and sanitation behaviours for 274,000 IDPs and host communities in Darfur; 57,000 returnees and host communities in South Kordofan; 89,000 IDPs/host communities and drought/flood-affected people in Khartoum and the North states; 64,000 returnees, flood-affected, IDPs and host populations in the Eastern states; 29,000 returnees and host population in Blue Nile state; and 26,000 returnees and host communities in Abyei;
- Increase/re-establish access to improved sanitary means of excreta disposal for 91,000 IDPs and host communities in Darfur; 6,000 returnees in South Kordofan; 18,000 IDPs/host communities and drought/flood-affected people in Khartoum and the North states; 12,000 persons in the Eastern states; 5,000 returnees and host population in Blue Nile state; and 4,000 returnees and host communities in Abyei;
- Maintain access to improved drinking water and hygiene education for 870,000 IDPs and host communities in Darfur through supporting the operation/maintenance of the existing systems;
- Reach 100,000 people newly affected by emergencies within 10 days through a strengthened water and sanitation response capacity;
- Increase access to improved sanitary means of excreta disposal, hand washing facilities and improved awareness on hygienic practices for about 27,000 schoolchildren in 64 schools in the emergency-affected areas, and provide five clinics with sanitation facilities in the affected areas.

Education (US\$ 11,921,622)

An estimated 600,000 out-of-school and war-affected children will be enrolled in schools and 2,700 teachers will be trained to improve the quality of education in Southern Sudanese classrooms through the following key activities:

- Retain in school 750,000 children already enrolled in Southern Sudan;
- Enrol an estimated 500,000 out-of-school boys and girls, orphans and other vulnerable children (OVC), demobilized child soldiers and 100,000 returnee children in Southern Sudan, and promote their participation in basic education (including alternative learning systems for over-aged girls and out-of-school youth);
- Improve the skills of 2,500 teachers/facilitators in Southern Sudan through fast-track training on interactive teaching methodologies, and provide intensive English language training to 200 returnee teachers.

A total of 360,000 primary school-aged children will benefit from increased access to school and improved teaching in Northern Sudanese classrooms, through the following key activities:

- Give access to quality basic education to an additional 59,500 primary school-aged children, and nearly 9,500 nomadic children in Abyei and Darfur;

- Strengthen capacity of local educationalists through vocational and teacher training for 2,000 adolescents and 155 teachers;
- Reach 100,000 children and 200 teachers with correct information and life skills to reduce their risk of acquiring HIV/AIDS and increase their ability to disseminate information about HIV/AIDS.

Protection and human rights (US\$ 10,470,000)

Some 25,500 vulnerable children in the dangerous process of return or in unsafe environments in Southern Sudan will be reached through the following key activities:

- Give access to social work and community-based child protection services to 10,000 highly vulnerable children in Southern Sudan; establish and train 300 community welfare committees; extend coverage of psychosocial activities to 10,000 vulnerable children and their mothers;
- Monitor and address grave violation of children's and women's rights in Southern Sudan through advocacy at community and local authority levels;
- Support up to 3,000 children (including returnees) and up to 2,500 children in potential emergency situations with prevention of separation services and/or family tracing services in Southern Sudan;
- Increase acceptance of and community support for 3,000 persons living with HIV/AIDS and their children in five communities in Southern Sudan through social mobilization.

Some 250,000 vulnerable children in the dangerous process of return or in unsafe environments in North Sudan will be reached with support through the following activities:

- Effectively coordinate child protection efforts in all three Darfur states, working towards case management and referral mechanisms for handling individual cases of abuse and exploitation;
- Mainstream the psychosocial well-being of children in 350 schools in South Kordofan, West Darfur and Khartoum states through the training of some 1,000 teachers, benefiting some 90,000 children;
- Establish appropriate systems/mechanisms to document and respond to cases of under-age recruitment, including joint monitoring of children's rights violations, based on UN Security Council Resolution 1612;
- Release 1,500 children recruited or used by armed forces and groups and those in need of support benefiting from reintegration services, including services through drop-in centres and child-friendly spaces;
- Support the tracing, family reunification and reintegration services for an estimated 1,500 displaced and separated children;
- Provide to an estimated 150,000 vulnerable children and young people psychosocial support, protection monitoring, information about returns etc.

Mine action (US\$ 1,971,200) – national

- Raise awareness on mines and unexploded ordnance and avoid injury and death among 600,000 people, including IDPs, returnees and people in at-risk areas.

Non-food items and emergency shelter (US\$ 15,978,285)

- Identify 30,000 vulnerable IDPs, returnee and host community households (about 150,000 people) in Southern Sudan through inter-agency assessments and provide shelter and relief items through area-based coordination mechanisms;
- Provide 330,000 IDPs, returnee and vulnerable households in North Sudan with items to improve their living conditions.

Cross-sectoral support for return (US\$ 750,000) – national

- Reach some 500,000 IDPs in the North and 100,000 returnees in the South, together with 2.5 million persons from the general population with information about movement, health, protection and well-being issues, including information on their rights, and ensure Government and other stakeholders are organized to assist returns in a coordinated and organized manner.

Coordination and common services (US\$ 800,000)

- Support the security of UN and NGO workers providing humanitarian services and attempting to access vulnerable communities in Southern Sudan.

Basic infrastructure and settlement development (US\$ 230,760)

Some 900,000 people in 205 vulnerable communities will be reached through the strengthened capacities of local administrations to provide basic services, improve infrastructure, promote participation and meet the needs of the population, including returnee and host groups.

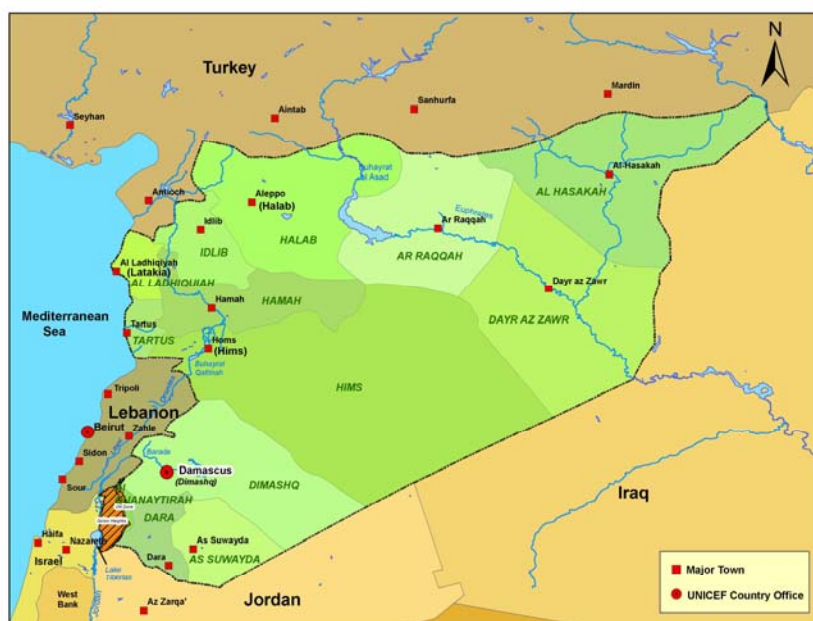
For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

SYRIAN ARAB REPUBLIC

IN 2007



The boundaries and names shown and the designations used on this imply official endorsement or acceptance by the United Nations.

CORE COUNTRY DATA

Population under 18 (thousands)	8375
U5 mortality rate)	15
Infant mortality rate	14
Maternal mortality ratio (1990-2005, reported)	65
Primary school enrolment ratio, 2000-2005, net (male/female)	97/92
% U1 fully immunized (DPT3)	99
% population using improved drinking water sources	93
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	n/a
%U5 suffering from moderate and severe underweight	7

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	235,400
Education	235,400
Child protection	192,600
Project coordination and documentation	74,900
Training on emergency preparedness and response	32,100
Total*	770,400

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Since the 2003 Gulf War, a silent and steady exodus has made the Syrian Arab Republic the host to the largest number of Iraqi refugees in the region, estimated at approximately 450,000, half of which are children under the age of 18. Most of these refugees have settled in the capital Damascus and rural Damascus and are increasingly facing aggravated difficulties related to their ambiguous legal status and unsustainable income. A recent UNHCR, UNICEF and WFP joint assessment on the conditions of the Iraqis mostly living in the areas of Sayyeda Zaynab, Jaramana and Masaken Barzeh indicated that there is low vaccination coverage among children (65 per cent for measles and 75 per cent for polio/OPV3) and a rather high prevalence of diarrhoea amongst under-five children (19 per cent during previous two weeks to assessment). Iraqi families' access to public hospitals and clinics has been limited, except for emergency cases. Maternal health is also an area of concern, with around 15 per cent of pregnant Iraqi women not receiving antenatal care and, more importantly, 40 per cent not being vaccinated against tetanus.

Although Iraqi children have the right to go to Syrian schools, as many as 30 per cent aged 6-11 years are not enrolled. Poverty and their insecure legal status are main causes for families not sending their children to schools. Complex registration procedures and administrative requirements as well as cases of children being downgraded to lower classes are also contributing to low enrolment and high drop-out rates. In addition, Iraqi children face difficulties adapting to a new school environment and different curriculum. There are an estimated 1,500 families living in poverty and both girls and boys from these families often work in order to supplement family income. They typically work long hours for as little as SYP 50 (approximately US\$ 1) a day, with boys working in market places and girls as housemaids.

While not yet a widespread phenomenon, information from the qualitative assessment indicates that 12-year-old girls are involved in sex work. Evidence was also collected that girls and women are being trafficked by organized networks or family members. Moreover, clear cases of traumatized families and children were identified. These currently receive very little or no care. The causes of their trauma range from exposure to war and insecure situations in Iraq to long-lasting feelings of material and social insecurity since leaving Iraq.

In addition to the above, some 600 Palestinians from Iraq, half of which have crossed the Syrian borders, were placed in Al Hol camp (north-east of Syria) while the rest are trapped in a no man's land (Al Tanf) between the Syrian and the Iraqi borders since mid-May 2006. The latter are living in very precarious conditions, in tents made of blankets (in one case, 70 people were living in a small room), lacking adequate water, sanitation and hygiene conditions, particularly for children and women, and with garbage piling up near the tents in the absence of a disposal system. Medical support is inconsistent and, as children remain in the outdoors under the sun, most of them have untreated sun burns. Recreational or educational resources at the disposal of children and adolescents are scarce. Finally, an increasing level of aggression and distress among the refugees is leading to cases of disputes, serious marital problems and, in some cases, domestic violence.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

As an initial response to the situation of Iraqi refugees in Syria, UNICEF supported, in collaboration with UNHCR and WFP, a comprehensive assessment of the situation to develop appropriate responses to the refugees' immediate and medium-term needs. (Funds covering the assessment were provided by UNICEF Iraq in the amount of US\$ 30,000.) UNICEF also ensured water and sanitation services for approximately 300 Palestinians from Iraq placed in al Hol camp, providing hygiene items, clothes for children as well as school-in-a-box kits.

UNICEF Syria was fully mobilized by the Lebanese emergency. In close collaboration with the Syrian Government, local and international NGOs and other UN agencies, its humanitarian response was twofold: assisting the estimated 180,000 Lebanese refugees in Syria and providing logistical support to Lebanon in view of Syria's strategic position for the delivery of humanitarian relief.

In order to prevent disease outbreaks among the refugees placed in Syria's hosting sites, all children under 15 years were immunized against measles and 80,000 under-five children vaccinated during a catch-up campaign aimed at completing vaccinations. The result was 100 per cent coverage. Health staff were trained on health and nutritional assessment and an awareness campaign on breastfeeding and supplementary feeding was organized in collaboration with WHO. UNICEF also ensured access to safe water and appropriate sanitation conditions through the maintenance/construction of sanitation facilities in temporary accommodation centres and on the borders. Personal hygiene items were distributed to 64,000 Lebanese refugees and recreation kits to some 4,500 children. Volunteers from the Syrian Arab Red Crescent received training on psychosocial assessment and support. Together with the Syrian Planning Association, they were also trained on the set-up and management of four child-friendly spaces which provided children with recreational, education and counselling services. Upon the return of Lebanese refugees, UNICEF contributed to a returnee package, distributed by UNHCR and SARC at border crossings, with more than 40,000 sachets of oral rehydration salts and 75,000 leaflets to raise awareness among returnees about the danger of unexploded ordnance. UNICEF also facilitated the transit and local procurement for Lebanon of more than 12 tons of essential drugs, first aid kits, family water kits and personal hygiene kits, 30,000 baby hygiene kits, 2,000 recreation kits and 400,000 schoolbags for the Lebanese back-to-school campaign.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF works closely with the Syrian State Planning Commission, relevant ministries (Education, Health, Social Affairs) as well as with NGOs, raising issues and coordinating support in its relevant mandated areas, including health, education, child protection and water and sanitation. Coordination is also ensured on a bilateral basis with emergency teams within relevant ministries, as well as through the national government task force set up on an emergency case basis. A UN emergency thematic group has been established whereby emergency focal points meet on a regular basis focusing on emergency preparedness issues.

Regular programme

The current and forthcoming Syria Country Programme (2007-2011) focuses on improved access and quality of services in the areas of health, education and protection in the most deprived urban (also sometimes informal) suburbs as well as on enhanced institutional outreach capacity (of both the Government and NGOs/community-based organizations). Development- and participation-focused programmes are targeting adolescents, with special emphasis on those living in difficult areas, with the aim to facilitate their integration. Prevention-related work is ongoing to protect children from violence and exploitation (child labour and sexual exploitation). The Palestinian programme component also targets the Palestinians living in Syria, in collaboration with UNRWA, who are facing similar conditions.

Health and nutrition (US\$ 235,400)

In response to an increasing concern regarding the lack of access to health facilities and the low level of vaccination coverage among children, UNICEF will support, in cooperation with the Ministry of Health and NGOs running local public health facilities, the following key activities:

- Vaccinate all children and pregnant women in the targeted areas; support both public and NGO-managed health centres with a focus on child immunization and other child preventive care, including the provision of supplies (syringes, cold chain, medication supplements); print vaccination cards for immunization campaigns;

- Provide to at least 1,500 families most at risk information on child and maternal health-related issues, such as breastfeeding, hygiene and child immunization (with emphasis on the importance of regular antenatal visits and tetanus toxoid vaccination for pregnant women); train relevant health and social workers on primary health care services, health education and outreach; support home visits by 'health visitors', and organize awareness-raising sessions in health centres;
- Establish a network of community volunteers in the targeted areas and strengthen their outreach capacity to meet the needs of underserved populations;
- Support the implementation of a health and nutritional surveillance system.

Education (US\$ 235,400)

In this initial phase, support will be focused on facilitating Iraqi children's integration in Syrian schools and on assisting drop-out children/children who have never been enrolled in school through the following activities:

- Enrol in school at least 1,000 children from families most at risk and cover the costs of education-related supplies (uniforms, scholastic materials);
- Improve the equipment of 10 primary schools and enhance their capacity to receive and integrate Iraqi students by providing them with educational resources and equipment; train teachers and social workers to facilitate the integration of Iraqi students;
- Undertake educational projects for at least 1,500 out-of-school children from families most at risk; help increase the education level of 5,000 children to match the Syrian curriculum; in cooperation with a network of volunteers from NGOs/community-based organizations and youth unions, set up special education and recreation spaces to assist targeted groups of children with difficulties, especially in mathematics, physics and languages;
- Establish a network of community volunteers to reach out to 1,500 families with out-of-school children and raise awareness about opportunities for children's enrolment in schools;
- Pursue dialogue with the Ministry of Education to ensure a more adequate and effective integration of Iraqi children in Syrian schools.

Child protection (US\$ 192,600)

Children and adolescents most at risk of violence and exploitation, particularly those from poor and distressed families, will benefit from the following activities:

- Provide counselling services to at least 1,000 children at risk of sexual exploitation or involved in child labour and to 1,500 distressed children; support the training in psychosocial counselling skills of experts and volunteers from NGOs/community-based organizations already engaged in the prevention of child prostitution and child labour, and support the cost of psychosocial counselling services to children and families;
- Set up and equip educational and recreational spaces for at least 1,000 working children and adolescents with the aim to keep them off the street, to detect/respond to trauma and abuse cases, and to run development and participation activities targeting adolescents;
- Establish information and counselling hotlines for children and families to be managed by counsellors and legal experts;
- Reinforce outreach through the establishment of a network of volunteers able to detect trauma cases among the families;
- Ensure that health centres and NGOs/community-based organizations in the targeted areas are equipped with counselling skills;
- Facilitate the establishment of an effective network of actors in the field of child protection together with relevant government agencies and ministries as well as with NGOs/community-based organizations, leading among others to the set-up of a team of experts able to work with distressed children.

Project coordination and documentation (US\$ 74,900)

Good coordination in the field and documentation are essential to the success of the proposed interventions. A national professional will be hired and with the support of UNICEF technical, she/he will ensure continuous presence in intervention sites and link with partners, such as the Ministry of Health, the Ministry of Education, the State Planning Commission, Caritas, The Syrian Arab Red Crescent, The Syrian Family Planning Association, local NGOs and youth unions. Other activities will involve regular monitoring visits and field assessments to evaluate the situation related to the influx and to the evolving needs of refugee children and mothers. Advocacy materials will be produced, such as video clips and human interest stories.

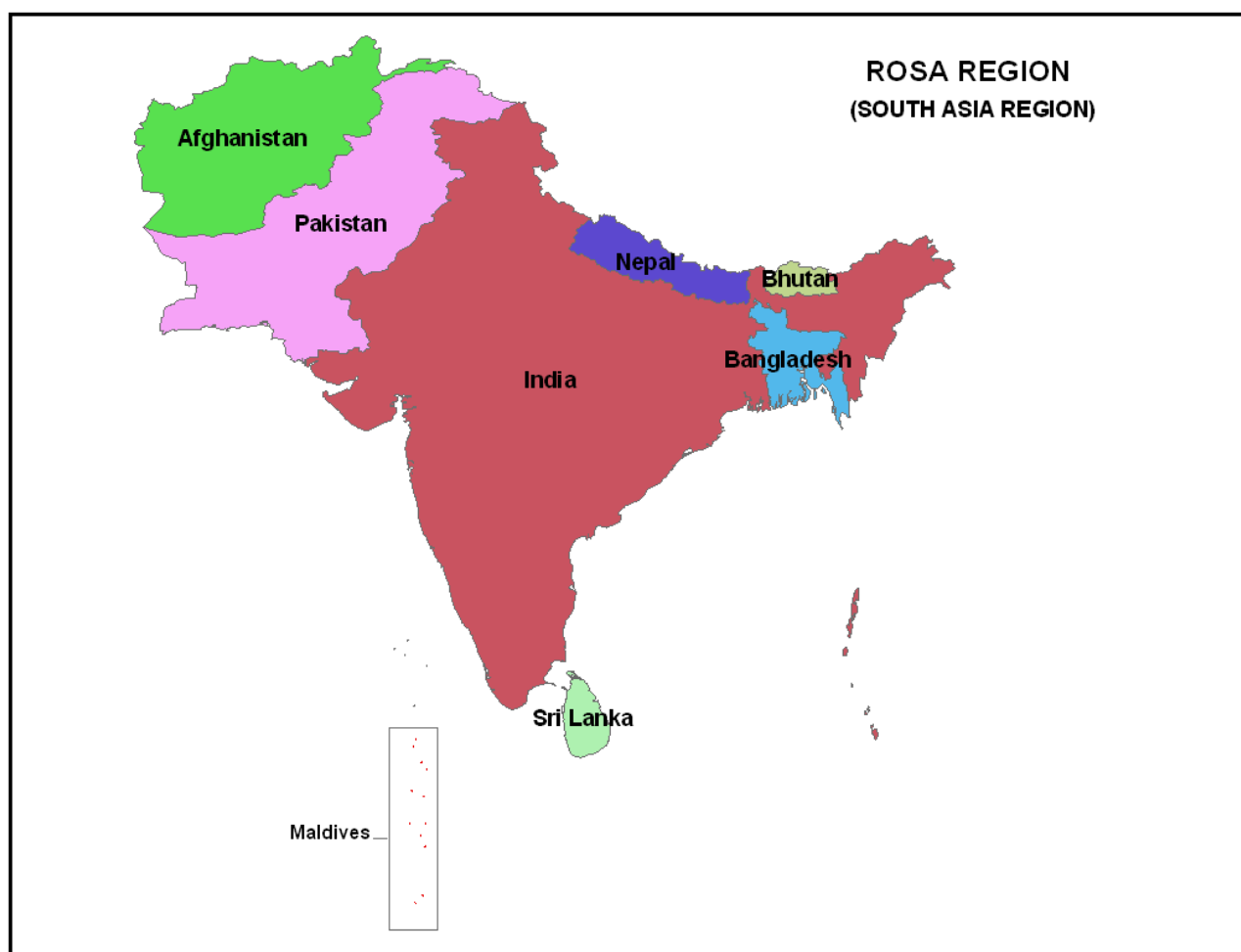
Training on emergency preparedness and response (US\$ 32,100)

Lessons learned from past emergencies and, more particularly, the recent Lebanon crisis, a persistent unstable environment as well as high government staff turnover show that there is a clear need for regular emergency preparedness and response training of relevant government counterparts and partners, as well as of UNICEF staff. The recent Lebanon crisis highlighted shortfalls, particularly in terms of coordination, regular updating of national sector-based contingency plans, maintenance of information systems and provision of logistical support.

UNICEF HUMANITARIAN ACTION

SOUTH ASIA

IN 2007



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

Regional Office financial needs for 2007	
Sector	US\$
Reinforcement of linkages from preparedness to early action at country level	1,258,100
Reinforcement of human resources: Regional Rapid Response Team and surge capacity at regional level	537,700
Total*	1,795,800

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Despite South Asia's rapidly growing economies, governments' commitments to the Millennium Development Goals (MDGs) as expressed in the United Nations Millennium Declaration, and each country's rights-based constitution and ambitious development plans, the MDGs remain unmet in most countries in the region. More children live in absolute poverty in South Asia than in any other region in the world. South Asia has by far the largest prevalence of underweight children under five. The level of child mortality is also one of the highest: one out of every three children who dies is from South Asia. While there has been progress in providing drinking water and sanitation, over 900 million people, many of them children, still live without access to improved sanitation facilities. The region also lags behind in primary school enrolment and completion, and is home to the greatest number of primary school-aged children who are out of school (42 million). The MDGs are about children's rights. Achieving the MDGs would enable the 584 million children living in South Asia to reach their full potential and become engaged, active, and productive members of society.

The children of South Asia also face a myriad of challenges that compound those relating to poverty and access to quality social services. Social exclusion due to gender, caste, religion, ethnicity, language, disability, and geographical location figures prominently in many children's lives and impedes their access to education and health services. Children also suffer systemic abuse of their rights through such practices as child labour, bonded labour, and trafficking.

Frequent and severe natural disasters and longstanding, pervasive armed conflicts affect children in many South Asian countries, robbing them of their childhood and, in many cases, their lives. South Asia contains some of the greatest population concentrations of urban and rural poor anywhere and is one of the most emergency-prone regions in the world. Natural disasters directly affect tens of millions of people perennially. All eight countries that comprise the South Asia region are affected. Six have major portions of territory in highly seismically active zones. Three countries in the region (India, Maldives and Sri Lanka) were severely affected by the December 2004 Indian Ocean earthquake through the tsunami that it triggered. Bangladesh, India, parts of Nepal and Pakistan are regularly affected by monsoon floods. Afghanistan, with all its other challenges, is now contending with a major drought emergency. India has a history of major drought-affected areas. More than 38,000 people were killed in Sri Lanka, and the tsunami affected 80 per cent of the Maldivian population. As always, children were among the first casualties of this devastating disaster. India and Pakistan were severely affected by the 8 October 2005 earthquake. As with the December 2004 Tsunami, the scale of the emergency in the impacted areas was unprecedented. In Pakistan, where half of the earthquake victims were children, the death toll reached 73,338 with another 69,400 seriously injured and more than 3.3 million left homeless.

As noted above, in addition to natural disasters, most countries in the region continue to experience political crises and civil strife, posing severe challenges for human rights, the rights of children and child protection. In 2006, of greatest concern in this respect were the rash of bombing incidents in India, the escalation of internal conflicts in Afghanistan and Sri Lanka, uncertain prospects for an end to Nepal's ten-year insurgency, and continuing socio-political conflict in Bangladesh.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Coordination and partnership

The emergency programme support of the UNICEF Regional Office for South Asia (ROSA) to the eight UNICEF Country Offices in the South Asia region was made largely possible through the contribution of donors in the form of financial support for UNICEF's Global Thematic Humanitarian Response facility, funding received from the Government of Australia under the AusAID International Refugee Fund facility as well as regional allocations made possible through

contributions to UNICEF from the Government of Japan, the United Kingdom Department for International Development (DfID), and the European Commission Office of Humanitarian Aid (ECHO). UNICEF ROSA also collaborated on a range of inter-agency emergency preparedness support measures at the country level with other United Nations regional offices, notably those of the Office for the Coordination of Humanitarian Affairs (based in Bangkok) and of the World Health Organization (based in New Delhi). In association with Mercy Corps and Conflicts Dynamics International, 'Advanced Training in Humanitarian Negotiations with Non-State Armed Groups' was conducted for 89 UNICEF and humanitarian partner staff in Nepal and in Sri Lanka. UNICEF ROSA has also opened up to UNICEF staff in the region training courses offered through the Asian Disaster Preparedness Centre (ADPC) in Bangkok.

Actions and achievements

In the first half of 2006, emergency preparedness and response (EPR) training was made available to 166 UNICEF staff members and 46 humanitarian partner staff across four countries (Afghanistan, Bangladesh, Bhutan and Sri Lanka). EPR planning update support missions were undertaken in Bangladesh, the Maldives and Sri Lanka. In addition, UNICEF ROSA supported the organization of a briefing session for all South Asia region Country Office Senior Programme Officers on the cluster leadership approach and related coordination responsibilities with partners; the piloting of data collection tools (pilot multisectoral rapid assessment matrix tested in Sri Lanka); the training of UNICEF country office staff in INEE (Inter-Agency Network on Education in Emergencies) standards through the field testing in Sri Lanka of a pilot toolkit on education in emergencies.

As a result of this support and earlier activities conducted in 2005, most of the eight Country Offices have developed an updated emergency preparedness response programme (EPRP) and all of them have prepared a specific EPRP for the risk of Avian/Human Influenza (AHI). Nonetheless, experience has shown that these plans are not always fully operational upon the onset of a crisis. Simulation SWOT (strength weaknesses, opportunities and threats) exercises around specific hazards (drought, floods, earthquake, civil disorder) is a strategy for challenging the operational aspects of the preparedness plans. SWOTs in ROSA commenced in selected Country Offices in late 2006. However, the funding available for this is limited and will expire by the end of the first quarter of 2007.

All eight South Asia region UNICEF Country Offices, as well as UNICEF ROSA, participate in the early warning/early action system coordinated through the EMOPS Preparedness Support Unit in Geneva.

Beginning in mid-2005 and continuing into 2006, ROSA has actively supported, both technically and financially, the decision of the Global Consortium for Tsunami-Affected Countries to adapt DevInfo (the common UN-system tool used for monitoring progress on the MDGs) to include, among several design innovations, an emergency monitoring and reporting component. The result – DevInfo version 5.0 – has been again endorsed as a common UN system tool and, within the South Asia region, is being field tested in 2006, in India, the Maldives and Sri Lanka.

The pre-positioning of emergency contingency supplies and the training in a new emergency supply management and logistics system (UNITRACK) have been supported through UNICEF ROSA and are integral elements of the strategy to strengthen South Asia region UNICEF Country Office emergency response operational capacities. An allocation from an AusAID grant received in July 2006 was channelled directly to the concerned project focus Country Office (for Bangladesh) for the procurement and pre-positioning of emergency supplies in most risky areas. UNITRACK training was pursued in the second half of 2006 in specific countries under Phase II of the ECHO-funded Emergency Preparedness Project.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Continue the collaborative and partnership arrangements established with the Regional Offices of other UN agencies, in particular with OCHA Regional Office in Bangkok for preparedness, with WFP Regional Office in Bangkok for the implementation of the Memorandum of Understanding for nutrition interventions in emergencies, with WHO Regional Office in Delhi and with the UN System for Influenza Coordination (UNSIC) in Bangkok for Avian/Human Influenza preparedness. Collaboration with academic and training institutes in South Asia will be explored with a view to the longer-term goal of establishing a partnership network with South Asian disaster management institutes based in the region.

Planned activities

In 2007 ROSA will continue to focus on improving the operationalization of South Asia region UNICEF Country Office contingency plans. This will be achieved following two strategic axes: i) reinforcement of linkages leading from preparedness to early action at the country level; ii) reinforcement of UNICEF ROSA's human resources base so as to establish a comprehensive rapid response team and a surge capacity commensurate with: a) UNICEF's global cluster approach leadership roles in coordination and in partnership with other humanitarian actors; b) ROSA's technical support, guidance and oversight accountabilities as required in UNICEF's Core Commitments for Children in Emergencies (CCCs).

Expected results

- UNICEF offices based in high-risk countries can provide upon the onset of a crisis an immediate, efficient, effective and sustainable response for a pre-established, minimum number of beneficiaries in the first days of an emergency. This minimum number of beneficiaries and their assistance and protection requirements will be determined during the pre-crisis onset contingency planning process and will take into account the contingency plans and partnerships of other UN agencies and NGOs.
- With the onset of an emergency, Regional Office emergency staff are deployed within 48-72 hours to support the affected Country Office in the management of the crisis including coordination with partners. The profile of staff to be deployed will be chosen based on Country Office needs in discharging accountabilities under UNICEF's Core Commitments for Children in Emergencies (CCCs) as well as where UNICEF will be called upon to play a leading role within the framework of the cluster leadership approach.

Strategy 1: Reinforcement of linkages leading from preparedness to early action at the country level (US\$ 1,258,100)

The goal is to ensure that minimal levels of readiness are in place. Rapid assessment training, humanitarian needs analysis, sectoral action plans, supply and human resources assessment needs, resource mobilization plan development, and inter-agency coordination and support are all requisite components. ROSA's support to the Country Offices will include:

- Improvement of tools and practices for the formulation of updated generic preparedness plans and for specific hazard-based contingency planning at the country level;
- Direct field support from the ROSA Emergency Team to initiate the contingency planning process for Country Offices facing an imminent crisis;
- Special simulation exercises as well as specialized training opportunities to strengthen staff programmatic and operations capacities with respect to scenario-specific emergencies;
- While providing direct technical assistance with respect to supply management and logistics requirements, mobilization of resources for Country Office-managed purchases and pre-positioning of emergency contingency supplies.

The use of newly developed monitoring and evaluation tools for the implementation of emergency response activities (notably DevInfo version 5.0 and UNITRACK) will be extended within South Asia region Country Offices. UNICEF ROSA will look to the UNICEF Headquarters' Evaluation Office for developments with respect to other emergency-context adaptations of programming monitoring and evaluation tools (e.g., performance monitoring of CCC implementation). At the same time, the results of the field-testing in Sri Lanka of the pilot multisectoral rapid assessment matrix should result in a final version of this tool that can be applied within the region.

UNITRACK training will be extended to include all Country Offices in the region. In addition, emergency contingency supplies will be pre-positioned as determined by the contingency plan minimum standing response readiness levels and on the basis of fixed modalities and accountabilities for the regular replenishment of these supply stocks.

Activities

Contingency plans will be prepared by Country Offices with ROSA Emergency Team's direct support. Specific action plans for each programme sector, including related operations as well as monitoring and evaluation processes, will be developed to ensure that the necessary measures are taken for an initial response. During this same process, funding requirements will be quantified and funding mechanisms defined. At the same time, the need for scenario-specific simulation exercises (SWOT) will be determined along with additional specialized training needs (e.g., in rapid assessment methodology, community-based disaster management, emergency programme monitoring and evaluation) for staff holding major programme management, implementation and monitoring/evaluation responsibilities. (US\$ 129,000)

As part of this process, emergency contingency supplies for pre-positioning plus related supply management and logistics requirements will be identified and quantified. These supply requirements will be calculated on the basis of the minimum level of standing response readiness capacity that is necessary to allow for life-saving interventions during an initial emergency response phase. The volume of supplies required will vary by country in function of a minimum caseload as expressed in numbers of beneficiaries within an initial response time frame preceding the mobilization of additional resources as per funding mechanisms such as the United Nations Flash Appeal and the subsequent Inter-Agency Consolidated Appeal Process (CAP). (US\$ 1,129,100)

Strategy 2: Human resources reinforcement – establishment of a comprehensive Regional Rapid Response Team (RRRT) and surge capacity at the regional level (US\$ 537,700)

To be truly comprehensive, a regional and regionally-supported human resources response capacity must have the following components fully operational:

- *Regional emergency planning cluster:* only since 2006 has the Regional Emergency Planning Cluster Programme Assistant position been funded from the core budget. The two international professionals within the Cluster remain funded on extra-budgetary (i.e., non-core budget) funding sources that have a limited duration. Presently the Regional Emergency Assistant position is funded until the end of 2007, while funding for the Project Officer-Emergency position expires at the end of March 2007. Additional funding is required to maintain the requisite level of staff within the Emergency Planning Cluster.
- *Regional Office staffing in line with cluster leadership approach responsibilities:* within the Regional Office as a whole, the present staffing contingent does not mirror the full range of programme areas for which UNICEF must assume cluster approach leadership responsibilities. While regional staff capacities exist for the education, child protection, water and sanitation as well as common data services clusters, the Regional Office remains without a Regional Nutrition Adviser-Emergency. In a region with nearly half of the world's malnourished children, and with the cluster leadership role in nutrition assigned to

UNICEF in all emergencies, this shortfall in technical personnel must be addressed on a priority basis.

- *External surge capacity:* compared with UNICEF Headquarters' emergency roster and country-to-country deployment, the regional roster has had less application than initially expected. As a result of a December 2005 consultation between Headquarters and UNICEF ROSA human resources and emergency planning cluster staff, this roster of external personnel is being redesigned in regard to the level of information available for each candidate and to ensure that systematic technical screening and clearance is provided by Regional Advisers in their respective areas of expertise. This is very much a work-in-progress and one that periodically requires additional personnel to coordinate updating of the roster.

Activities

Establishing a comprehensive regional human resources base to respond in emergencies is an organizational priority. While recent regional support to major emergencies (December 2004 tsunami and October 2005 South Asia earthquake) has been timely and effective, it remains partial with respect to the full range of programme accountabilities for which UNICEF is now responsible. Establishing and maintaining this capacity will require the following support for which funding is sought under the present proposal:

- One Regional Nutrition Adviser-Emergency L-5 for one year (US\$ 268,800);
- One Project Officer-Emergency L-4 for one year (US\$ 215,100);
- Surge capacity-related mission costs for the Regional Rapid Response Team (US\$ 10,800);
- Personnel and other support costs required to conduct regular updates of the ROSA external surge capacity roster (US\$ 43,000).

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UNICEF HUMANITARIAN ACTION AFGHANISTAN IN 2007



CORE COUNTRY DATA

Population under five (thousands)	5535
U5 mortality rate	257
Infant mortality rate	165
Maternal mortality ratio (1990-2005, reported)	1600
% U1 fully immunized (DPT3)	76
% population using improved drinking water sources	39
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	<1.0
% U5 suffering from moderate and severe stunting*	54
Population under five (thousands)	5535

Source: *The State of the World's Children 2007*
* Ministry of Health/CDC survey

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	1,908,636
Water and environmental sanitation	2,093,548
Education	8,013,631
Child protection	275,775
Humanitarian response and coordination	3,670,322
Total *	15,961,912

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The consequences of the conflict in Afghanistan over the past decades, periodic natural disasters, extreme weather conditions, impeded access to services, and displacements and hardship caused by the ongoing insurgency continue to threaten the well-being of its people, especially children and women. Against this backdrop, demonstrated peace dividends are hard to come by for this vulnerable segment of the population, causing extreme suffering. While development investments with a long-term perspective are taking place, there is a pressing need to provide humanitarian support to Afghanistan.

With a maternal mortality ratio of 1,600 deaths per 100,000 live births, one of the highest in the world, there is almost one death every half hour. The infant mortality rate is 165 per 1,000 live births and one child out of four does not survive his/her fifth birthday. Among under-five children, 6.7 per cent suffer from acute malnutrition and 54 per cent of them are chronically malnourished (Ministry of Health/CDC survey).

Access to health services is improving; however disparities between provinces and regions remain an issue. Immunization coverage for DPT1, DPT3 and measles1 is estimated at 88, 76 and 64 per cent respectively. Preventable or easily-treated diseases, such as diarrhoea, respiratory infections, measles and malaria remain the main killers of Afghan children. Only 23 per cent of the entire population have access to potable water. Access to sanitation facilities is similarly low, at 12 per cent.

Two million children of primary school age (54 per cent) are out of school with an estimated 1.3 million of these being girls. Attacks on schools have been on the rise and gains made in education in the last five years run the risk of being lost. More than 100 school incidents, including school burnings, missile attacks, explosions and threats against staff and families, have been reported since January 2006. Children eager to be educated and included are being schooled in tents, under trees or canvases, dilapidated buildings, or exposed openly to the harsh climatic conditions of Afghanistan. Despite the approximately 2,000 schools that have been rehabilitated or constructed since 2002, there is a projected need to target the construction of an additional 2,000 schools every year for three years.

The security situation, particularly in the South and South-East, is deteriorating and affecting access to basic services and development assistance. Recent armed conflict in these areas has resulted in the displacement of some 15,000 families, expected to increase over time. Pending a voluntary return, these displaced families who are vulnerable and exposed to all kinds of hazards will continue to require relief assistance including non-food items and social services such as potable water, health care and education. Landmines and unexploded ordnance continue to affect all regions of the country with 100 victims each month.

Afghanistan has an annual cycle of small- to medium-scale natural disasters. Flooding is the most common and frequent one. Caused by the melting of snow as well as rains, it contaminates the already poor water supplies, resulting in diarrhoeal disease outbreaks and the destruction of or damage to livestock, crops, homes, and other infrastructures. Extreme cold weather combined with a lack of appropriate housing and heating systems increases the likelihood of acute respiratory infections and mortality among children. Prolonged conflict has severely reduced the coping capacities of not only the government, but also the communities, thus leaving the demand for relief and humanitarian assistance likely to remain as high, if not increase altogether, until more sustainable development measures are set in place to mitigate the effects of disasters.

Some 2.5 million people in 13 provinces in the North, North-East, West and the South are facing a serious drought, causing displacements, child malnutrition, spread of disease, water shortages and exposure to exploitation due to loss of livelihood.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the population affected by natural and man-made disasters.

As a result of internal displacement in the South and an increased vulnerability to health hazards, 277,700 children were vaccinated against measles and received vitamin A supplements, in addition to 1,000 children who were immunized following a number of localized measles outbreaks. UNICEF supported the Ministry of Public Health in conveying hygiene education messages to over 2 million people in four major cities with the aim to control and prevent diarrhoeal diseases during the high-risk summer months. As of September 2006, non-food items (family kits, blankets, tarpaulin, jackets, water tanks and medicines) were distributed to 4,000 families affected by natural disasters (floods, avalanches, landslides, cold weather, strapping wind and earthquake) and to 2,727 internally displaced families in the South. In response to an outbreak of acute respiratory infections more than 2,000 children were provided antibiotics and additional medicines.

In response to the drought, UNICEF supported the Government of Afghanistan to provide potable water to 110,000 people in drought-affected areas of Northern provinces through water tankering. UNICEF also provided 23 collapsible water tanks in the collection points and distributed 250 drums (50 kg/drum) of chlorine and 2 million water purification tablets to high-risk areas. More than 15 water yards (including drilling of deep borewells) were initiated in strategic areas covering a large population in order to provide access to safe drinking water within affordable reach, covering at least 600,000 people.

Immediate assistance was provided to the schools damaged following school burnings and attacks, and floods, to resume school functionality. Support included the provision of teaching/learning supplies, tents, floor mats as well as the rehabilitation of four schools. More than 461 school tents and 1,800 floor mats were distributed to address school incidents and lack of appropriate learning spaces.

UNICEF also provided emergency preparedness and response training to 175 government/UNICEF staff to enhance their capacity, particularly on the issues concerning children and women during emergencies.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Emergency response is coordinated by the Government of Afghanistan, through its Emergency Response Commission, incorporating eight line ministries. UN system support is provided through this Commission, along with NGO inputs, and coordinated by the United Nations Assistance Mission for Afghanistan (UNAMA). A Combined Disaster Management Team (CDMT), consisting of UN agencies, NGOs and local authorities, is tasked with the practical implementation of emergency response and reports to the Commission.

Regular programme

Emergency preparedness and response activities are fully integrated into the main programme sectors of the UNICEF Country Programme 2006-2008. In addition to mainstreaming support to national and area-based capacity-building, each programme sector is responsible for ensuring that a humanitarian response element is included in its annual work plan to support the development of emergency response capacity and management among government counterparts.

Health and nutrition (US\$ 1,908,636)

Some 200,000 vulnerable children among the displaced, host communities and impoverished will benefit from the following key activities:

- Distribute essential emergency drugs and equipment to 200,000 children, particularly to internally displaced and drought-affected children through health centres;
- Continue assessment, technical support and provision of nutritional supplies to therapeutic feeding centres previously established and run by partners for 2,000 severely malnourished children in drought-affected areas;
- Administer vitamin A to 100,000 internally displaced and drought-affected children;
- Vaccinate 100,000 children against measles, particularly internally displaced and drought-affected children;
- Provide rapid response to diarrhoeal and acute respiratory disease outbreaks with a planning figure of 200,000 children in high-risk areas.

Water and environmental sanitation (US\$ 2,093,548)

Some 200,000 people from internally displaced and drought-affected communities, focusing particularly on children and women, will be reached through the following key activities:

- Provide water purification tablets at the household levels for 10,000 families;
- Support water tankering for a population of 200,000 in drought-affected areas of the North, North-East, South and Western regions;
- Chlorinate 10,000 wells in high-risk areas;
- Construct 10,000 family latrines;
- Repair 1,500 water points in drought-affected areas, mainly in schools;
- Promote hygiene education and hygiene awareness programmes amongst 10,000 families, schools and surrounding local communities;
- Provide collapsible water tanks.

Education (US\$ 8,013,631)

A total of 2.2 million children will benefit from the following key activities:

- Construct 600 cost-effective schools/classrooms in remote areas for 24,000 children, including latrine construction, water point establishment, hygiene education and training of teachers on participatory approaches to promote healthy behaviour among children;
- Procure teaching/learning materials for 2.2 million primary school-aged children;
- Procure supplies for temporary learning spaces for 40,000 children;
- Distribute supplies for children in remote areas and for temporary learning spaces.

Child protection (US\$ 275,775)

Children affected by armed conflict and natural disasters are targeted through the following key activities:

- Create child-friendly spaces and interim care centres;
- Establish child rights monitoring committees with women's participation in disaster-affected areas;
- Trace and reunite separated children;
- Sensitize the community on child abuse, violence and exploitation through local media channels and the Ministry of Labour and Social Affairs;
- Provide mine-risk education to schoolchildren of affected communities.

Emergency relief items and coordination (US\$ 3,670,322)

In coordination with the Government/UN emergency preparedness and response mechanism, UNICEF will pre-position relevant supplies in its zonal offices and other strategic locations. This will cover 30,000 families with a standard package of family kits, tarpaulins, jerrycans, blankets and warm clothing for women and children.

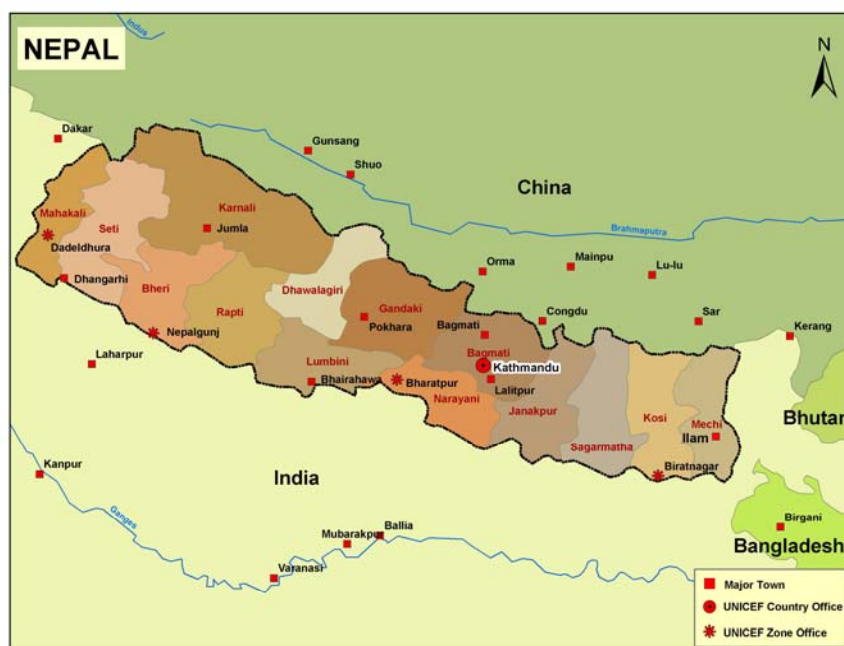
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UNICEF HUMANITARIAN ACTION

NEPAL

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	12395
Population under 5 (thousands)	3639
U5 mortality rate	74
Infant mortality rate	56
Maternal mortality ratio (2000, adjusted)	740
Primary school enrolment ratio, 2000-2005, net (male/female)	83/73
% U1 fully immunized (DPT3)	75
% population using improved drinking water sources	90
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	75
% U5 suffering from moderate and severe underweight	48

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	1,055,000
Water and environmental sanitation	495,000
Education	1,120,000
Child protection	3,320,000
Mine-risk education	368,000
Total*	6,358,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Due to the Maoist insurgency Nepal has suffered from a civil conflict since 1996. In April 2006 the King stepped back, a ceasefire was declared and a new interim Government was set up that must prepare elections to a Constituent Assembly. At the request of the Government, the United Nations Secretary-General assigned a Personal Representative to support the peace process. Negotiations to bring the Maoist into the political mainstream have just started and many difficult issues need to be addressed. The international community is ready to fully support Nepal's reconciliation and recovery efforts, but a relapse into civil war remains a possibility.

The armed conflict has severely affected children of all ages. In a number of cases, children were killed or injured as a direct result of the conflict, or detained by the Maoists or the State's security forces. Many children were abducted and recruited by Maoist rebels to carry ammunition and supplies, and act as sentries and messengers, or abducted and subjected to political indoctrination. Others were separated from their families or became orphans. Some were pushed into the labour market, including into the worst forms of child labour, and the conflict increased the numbers of children migrating to urban areas to find work in the informal sector. Birth registration was also seriously hampered, making children more vulnerable to exploitation. Access to education and health services has been affected and the number of health care workers and teachers in rural areas declined due to harassment and attacks by the Maoists. Schools were targets of attacks and grounds for Maoist recruitment and political indoctrination, discouraging many families from sending their children to school.

The parties to the conflict have used explosive devices across the country, placing children in grave danger. A recent UNICEF study puts Nepal amongst the 10 most affected countries for victim-activated explosions – ranking higher than Chechnya – and with the second highest proportion of child casualties in the world.

According to the Office of the Coordination for Humanitarian Affairs, the number of internally displaced persons (IDPs) could be anywhere between 100,000 and 250,000. Generally, these IDPs have either gone to India or quietly settled in district headquarters. The majority wish to remain unidentified due to fear, insecurity or unawareness of their status. Post ceasefire, limited returns have been taking place, but many displaced are not yet ready to return due to security concerns and the absence of other conditions (food security, shelter, income opportunities, and social services).

During the first half of 2006, a severe drought affected 10 districts in the North-West, where child malnutrition rates are under normal circumstances already high. In response, WFP provided emergency food assistance to about 225,000 beneficiaries through food-for-work schemes. Many households lost their cattle and had to sell assets and valuables. Problems were compounded by the near total lack of functioning health facilities in the affected areas. Nepal is highly prone to earthquakes and other natural disasters. Since 1971 more than 3.5 million people have been affected by floods and landslides, which are yearly recurring events. The pre-positioning of drugs and supplies for safe drinking water and education materials has shown to be effective, as was demonstrated by UNICEF's ability to immediately respond to such situations in August/September 2006.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

UNICEF has been working closely with sister UN agencies (most notably ILO, OHCHR, UNAIDS, UNESCO, UNOCHA, WFP and WHO), local and international NGOs and bilateral agencies to respond to the needs of the Nepalese children and women affected by the conflict. Particularly, in the period before the ceasefire, national and local human rights organizations played an indispensable role in facilitating access to populations in conflict-affected areas. There are several coordination mechanisms, including children associated with armed forces and armed groups, Education for All, and the Emergency Health and Nutrition Working Group.

A nationwide vitamin A supplementation campaign reached around 95 per cent of children in April 2006, and polio mop-up campaigns in September 2006 were successfully conducted in five remote conflict-affected districts. UNICEF, WFP and Action Contre la Faim consulted closely regarding standards and modalities for supplementary feeding interventions in 10 districts severely affected by drought. Conflict-induced migration and lawlessness have facilitated the spread of HIV/AIDS. In this regard, UNICEF supported primary prevention activities among young people as well as programmes for the prevention of mother-to-child transmission and paediatric care and support. UNICEF carried out several district-level nutrition surveys, which have highlighted the pervasiveness of malnutrition, whether conflict-induced or caused by other factors.

Sanitation and hygiene promotion was conducted in 1,000 schools and the handwashing-with-soap campaign, launched in 2005, was expanded to at least 800,000 people through mass media. Intensive interpersonal promotion has reached over 350,000 in four focus districts and separate toilets for girls and boys were installed in 166 schools and an estimated 43,000 toilets installed in households. Some 150,000 tube-wells were tested for arsenic.

In the education sector, UNICEF continued to support the national welcome-to-school campaign, which it had pioneered in previous years. The focus was on the enrolment of lower caste children, especially girls, in 30 districts, where UNICEF also provided technical support for data management and micro-planning to cope with the increased enrolment resulting from the campaign. An extensive programme to improve quality and retention is also being implemented. In non-formal education UNICEF supported the child-centred out-of-school programme after which children can join the formal school system. UNICEF continued to support innovative HIV/AIDS programming for young people, using a life skills approach aimed at both formal and non-formal education sectors.

With respect to protection, UNICEF has been supporting community-based paralegal committees since 1999 when it started as an anti-trafficking project. With UNICEF's support their role continues to expand. Today these committees are active in over 300 villages in 15 districts in defending children and women's rights and are increasingly playing a role in reconciliation, particularly in the context of returning populations, including returning child soldiers. UNICEF and the Office of the United Nations High Commissioner for Human Rights (OHCHR) are leading the Nepal Task Force on the Monitoring and Reporting Mechanism on children affected by armed conflict violations (UN Security Council Resolution 1612). UNICEF has worked with local NGOs on the monitoring of child rights violations in the context of armed conflict covering 39 districts. In September, UNICEF and a group of UN and NGO partners carried out a first rapid assessment in five districts to identify concerns, risks and pre-conditions for the return of children associated with armed forces and armed groups. Taking into account the concerns of communities for the return of these children and their capacity to support them, a plan of action was developed and implementation started in late 2006.

UNICEF continued its systematic surveillance of victim-activated explosions in Nepal. An annual report will be published early 2007. In September UNICEF started implementing its plan of action for mine/improvised explosive device prevention.

As part of a coordinated response, UNICEF provided 2,000 households affected by heavy floods with hygiene and drinking water supplies, shelter and education materials.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF collaborates closely with the UN Country Team (UNCT), local and international NGOs and bilateral agencies. The 2006 Consolidated Appeal Process has been particularly fruitful in terms of coordination and the UNCT has continued to work in this spirit. The decentralized character of UNICEF's implementation modalities requires close coordination with district authorities and civil society.

Regular programme

The 2007 short-duration Country Programme focuses on community initiatives in 23 districts to improve the lives of children and women. Nationwide interventions include support to the national immunization and vitamin A programmes. The Country Programme has been adapting its implementation modalities to operate effectively in the context of conflict and post-conflict and the humanitarian activities are woven into the regular programme. UNICEF will target additional areas whenever particularly affected by the conflict.

Health and nutrition (US\$ 1,055,000)

Up to 900,000 people, mostly children and women in districts affected by the conflict or affected by drought or other factors impacting on their health and nutritional status, will benefit from the following key activities:

- Pre-position essential drugs and medical equipment for 50,000 people affected by emergencies;
- Develop micro-plans and train health staff on expanded programme on immunization in 10 districts in the far western part of the country;
- Provide technical assistance on emergency nutrition to the Emergency Health and Nutrition Working Group co-chaired by UNICEF;
- Conduct 10 nutrition surveys in areas affected by man-made and/or natural disasters;
- Establish community-based therapeutic care and treat 1,000 severely malnourished children;
- Provide therapeutic food (F-75 and F-100) to health centres for the treatment of 300 severely malnourished children;
- Rehabilitate health facilities in nine remote conflict-affected mountain districts.

Water and environmental sanitation (US\$ 495,000)

Some 21,000 people affected by the conflict or natural disaster will be reached through the following key activities:

- Rehabilitate 50 gravity-fed water supply schemes in disrepair due to inadequate maintenance during the conflict or damaged by floods, benefiting 2,500 households;
- Train user groups and village maintenance and sanitation workers (VMSWs);
- Train project beneficiaries and VMSWs in handwashing and point-of-use drinking water treatment;
- Provide drinking water and sanitation facilities to 10 schools with the help of child clubs;
- Prepare an intersectoral response plan to ensure immediate response to local disasters;
- Pre-position relief items for hygiene/drinking water supplies and shelter items;
- Translate, print and distribute instruction flyers to be used along with relief items;
- Orient relief agencies on proper use of emergency supplies.

Education (US\$ 1,120,000)

A total of 35,000 displaced and war-affected children will benefit from the following key activities:

- Conduct a rapid assessment on overcrowding in schools in six urban centres;
- Provide alternative education programmes for 3,000 urban out-of-school children affected by the conflict, including life skills-based education;
- Implement the schools as 'zones of peace' programme in selected districts;
- Develop, pre-test and print peace education modules, including psychosocial training;
- Pre-position stocks of basic emergency supplies and equipment for 6,000 children;
- Rehabilitate primary schools in nine remote conflict-affected mountain districts.

Child protection (US\$ 3,320,000)

Some 10,500 children associated with armed groups or otherwise affected by the conflict, as well as 20,000 women and children at risk due to other factors will benefit from the following key activities:

- Develop and implement a national strategy for the recovery and reintegration of children associated with armed forces and armed groups and children otherwise affected by the conflict, benefiting 10,000 children aged 10-18 years (advocacy, family tracing, alternative care for special protection cases, psychosocial interventions, formal and non-formal education, vocational training, income-generation, awareness and preparation of the communities and victims for the recovery process);
- Strengthen the Nepal Task Force on the Monitoring and Reporting Mechanism on children affected by armed conflict violations (UN Security Council Resolution 1612) and expand coverage to at least 40 districts and seven core violations (use of children as soldiers, abduction of children, sexual violence, maiming and killing, attacks on schools and health facilities, denial of humanitarian access, and illegal detention related to the conflict);
- Train staff of child protection agencies in basic social work, case management and psychosocial interventions for vulnerable children;
- Establish and strengthen community-based paralegal committees to address violence, abuse and exploitation of children and women, and promote reconciliation in 23 districts.

Mine-risk education (US\$ 368,000)

Communities affected by improvised explosive device will benefit from the establishment of a mine-risk education programme, advocacy and victim assistance through the following activities:

- Regularly convene the Mine Risk Education Working Group;
- Establish a comprehensive management surveillance system;
- Develop awareness and victim assistance programmes;
- Conduct research on mechanisms for reaching target audiences;
- Identify populations most at risk, their location and behaviours that put them at risk;
- Promote systematic risk-reduction strategies, such as standardized marking/fencing.

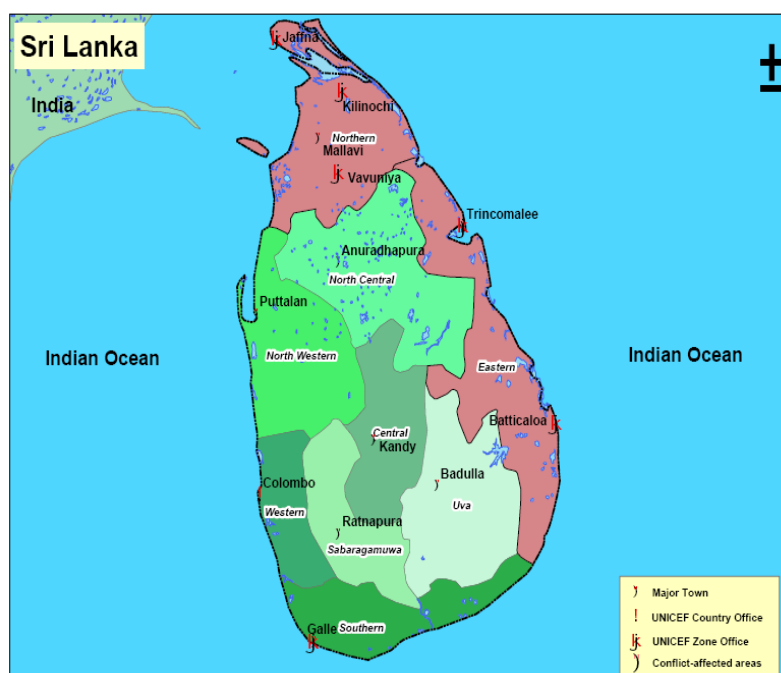
For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

SRI LANKA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	6054
U5 mortality rate	14
Infant mortality rate	12
Maternal mortality ratio*	43
Primary school enrolment ratio**	96.3
Primary school enrolment ratio for girls**	95.6
% U1 fully immunized (DPT3)	99
% population using improved drinking water sources	79
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	5.0
% U5 suffering from moderate and severe underweight	29

Source: *The State of the World's Children 2007*

*Family Health Bureau, Ministry of Health, 2003

** Labour Force Survey, 2002

Summary of UNICEF financial needs for 2007

Sector	US\$
Health	1,000,000
Nutrition	1,250,000
Water and environmental sanitation	2,500,000
Education	1,600,000
Child protection	1,500,000
Non-food relief items	1,800,000
Total*	9,650,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Sri Lanka has been afflicted by a serious civil conflict between the Government of Sri Lanka (GoSL) and the Liberation Tigers of Tamil Eelam (LTTE) since 1983. The Ceasefire agreement (CFA) signed by the GoSL and the LTTE in February 2002 created high expectations and opportunities for internally displaced persons (IDPs) and refugees to return to their places of origin or to resettle in new locations. However, since the end of 2005, the security situation in the country, particularly in the northern and eastern districts has been deteriorating. The escalating conflict in the northern and eastern parts of Sri Lanka is resulting in grave humanitarian consequences including a significant number of civilian casualties, including children. The violence has so far killed over 1,000 people since the beginning of the year. Nineteen humanitarian workers have been murdered in the East and North of Sri Lanka. On 14 August, more than 100 adolescent school girls were killed or injured during a Sri Lanka Air Force bombing raid. The critical situation has caused massive displacement resulting in over 200,000 newly displaced persons since April 2006, with the overall figure of IDPs since the onset of the conflict estimated at 450,000. The displaced persons have settled in over 170 locations, mostly schools and public buildings, as well as with family and friends. An additional 16,000 people have sought refuge in India.

The security situation remains tense and volatile in Jaffna, Trincomalee, Kilinochchi, Mullaitivu, Batticaloa, Vavuniya, Mannar and Ampara districts due to the ongoing military operations. The humanitarian access to assist the civilian population in vulnerable areas has been greatly impeded due to the prevailing security situation and lack of clearance from the authorities. The A9 road from Jaffna to Kilinochchi has remained closed since 12 August, making movement of humanitarian supplies to Jaffna extremely difficult. UN staff remain in Jaffna to assist with the emergency, but movement of UN personnel and supplies have been limited to a UN-chartered plane scheduled on a fortnightly basis.

Food and other items are in extreme shortage in conflict areas due to access restrictions for suppliers and civilians. There is a continued need for sanitation and hygiene related interventions in IDP concentration points. The imminent monsoon requires rapid action as many of the IDP sites provide inadequate shelter and are prone to flooding. The recruitment of children by the LTTE continues to be a major violation to children's rights in Sri Lanka with an average of 45 cases per month reported in 2006. Recruitment attributed to the Karuna Faction has also become significant, with 107 cases reported for the period of June to September 2006.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

UNICEF, in close collaboration with sister UN agencies, the ICRC, international and national NGOs and government partners, has continued to respond to the humanitarian needs of the Sri Lankan conflict-affected population. (Although UNICEF has been supporting the conflict-affected areas throughout the year, the key achievements mentioned in the text mainly refer to actions undertaken since the escalation of violence in August 2006.) It has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection.

UNICEF is continuously distributing non-food relief items in order to provide basic support for the conflict-affected households and actively promotes the access of IDPs to quality health and nutrition services. In some conflict-affected areas, UNICEF has supported the resumption of routine vaccination activities. UNICEF is further supporting health promotion through community-level health promoters in IDP locations and supplies de-worming tablets for pregnant women and vitamin A supplementation in all IDP areas.

UNICEF is the lead agency for education and is actively supporting the Ministry of Education in coordination committees among participating partners at national, zonal and district levels.

UNICEF is setting up temporary learning spaces and providing tarpaulins and mats to enable classes to take place outside of school buildings. School-in-a-box kits, blackboards, uniforms, schoolbags and stationery are distributed in order to accelerate the integration of conflict-affected children into learning environments.

Based on lessons learnt from the tsunami crisis, the water, sanitation and hygiene (WASH) emergency preparedness and response plan was immediately initiated. Action was taken to facilitate effective sector coordination and an appropriate response, ensuring access to safe water and adequate sanitation services in camps, and the delivery of WASH emergency supplies to the accessible affected population without delays. UNICEF is currently constructing emergency temporary toilets at IDP locations and providing safe water to displaced people through support for water dowsers and supply of water tanks. UNICEF is further supporting waste management activities and providing water quality monitoring training and instruments for water quality testing. Rehabilitation of toilet and bathing spaces is ongoing in IDP camps. Tarpaulins have been distributed to ensure the privacy, dignity and security of women and girls. Emergency hygiene promotion activities are conducted by health animators, particularly with children in the schools where IDPs are temporarily located in Kilinochchi, Trincomalee, Jaffna, Mullaitivu and Batticaloa districts.

UNICEF complements UNHCR's overall protection lead by providing coordination in child protection through district-led coordination of child protection agencies linked to national coordination. UNICEF is further collaborating with the Government in the rapid registration of separated and unaccompanied children at IDP sites in Jaffna, Kilinochchi and Batticaloa, with the aim of reunifying the children with family members or to find a safe temporary caretaker. In Trincomalee a total of 51 separated and 7 unaccompanied children were registered.

Regarding the tsunami response, UNICEF had moved from emergency assistance to recovery and reconstruction by trying innovative approaches in health, nutrition, water, sanitation and hygiene as well as cognitive and psychosocial development. UNICEF's support further includes the construction and rehabilitation of 35 health centres and hospitals, the rehabilitation of three major water supply projects, the construction of 35 child-friendly schools and the repair and construction of 60 social-care centres. This response spans across 10 tsunami-affected districts, but the work in the northern and eastern districts has been increasingly thwarted by the growing violence in the country. Construction met with significant delays and postponements from transportation and hiring difficulties. Limited or lack of access to many of the conflict-affected areas has further hampered programme implementation.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

A UN Common Humanitarian Action Plan (CHAP) was developed and launched on 30 August 2006 involving the UN agencies and a wide variety of NGO partners. An extension for 2007 is currently under preparation. A country-level Inter-Agency Standing Committee (IASC) meets regularly to coordinate the humanitarian response and address common problems with access and protection. Humanitarian response at the district level is led by the Government Agent and coordination meetings with the key agencies are held regularly. UNICEF also leads or is an active member of sector coordination groups that meet regularly at the national and district level.

Regular programme

The UNICEF Sri Lanka Programme has included a focus on children affected by armed conflict in the past years. All sector programmes include a significant if not predominant component for immediate emergency response and medium-term projects addressing issues arising from the conflict that are impacting on children's lives. In 2007, the UNICEF-supported tsunami recovery programme will continuously cover 10 affected districts rebuilding stronger and safer infrastructure and services for children and communities. Tsunami funds will further be used at a national and provincial level to build up capacity and work on policies and also to strengthen emergency preparedness/response.

Health (US\$ 1,000,000)

Some 200,000 displaced persons, including 34,000 under-five children, 7,000 pregnant women and 14,000 lactating mothers, will benefit from the following key activities:

- Procure and distribute refrigerators, cold boxes and vaccine carriers for vaccine storage and distribution in order to re-establish routine immunization services for 34,000 under-five children and 7,000 pregnant women;
- Procure and distribute essential medical supplies and emergency obstetric care and newborn care equipment to cover the basic medical needs of 200,000 IDPs;
- Procure and distribute vitamin A and worm treatment medicines to 34,000 under-five children and 14,000 lactating mothers;
- Supply emergency health kits and first aid kits;
- Promote health through community-level health promoters in IDP locations;
- Train health service providers and community-level health promoters;
- Provide technical assistance to support government capacity to coordinate health emergency response at the field level.

Nutrition (US\$ 1,250,000)

In order to maintain or improve the nutritional status of displaced children's and women's nutritional status, the following key activities will be undertaken:

- Initiate and maintain nutrition surveillance in all IDP locations;
- Establish mother/baby-friendly spaces for breastfeeding mothers in 14 IDP locations;
- Supply fortified supplementary food/biscuits for under-five children and pregnant women;
- Support printing of behavioural change communication materials and nutrition promotion;
- Strengthen capacity for treatment of severe malnutrition and ensure availability of supplies;
- Provide technical assistance to support coordination and implementation.

Water and environmental sanitation (US\$ 2,500,000)

Families affected by the conflict will be provided with adequate water, sanitation and hygiene facilities and information. Some 30,000 conflict-affected IDP families, including 75,000 children and 40,000 women, will be reached through the following key activities:

- Ensure the availability of a minimum safe water supply, taking into account the privacy, dignity and security of women and girls, through the installation of emergency water supply systems and transport of water by trucks;
- Provide bleach, chlorine or purification tablets including detailed user and safety instruction in local languages;
- Provide jerrycans, family hygiene kits and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases;
- Facilitate safe excreta and solid waste disposal with the construction of emergency temporary toilets and garbage structures;
- Ensure effective communication of hygiene messages and information to affected families;
- Provide technical assistance to support coordination and implementation.

Education (US\$ 1,600,000)

Education is a fundamental right of every child. In emergencies, UNICEF is committed to getting all children – with a special focus on girls – back to school. In emergencies, schooling is a means of restoring a sense of normalcy to the lives of children and can help them overcome psychological and other forms of distress. Education offers a regular routine, opportunities for self-expression and the chance to engage with peers – all vital elements of normalcy for children whose lives have been disrupted by conflict and displacement. A total of 50,000 children affected by the conflict and children in host communities will be supported to resume schooling through the following key activities:

- Provide temporary child-friendly teaching/learning spaces and learning materials (education kits), uniforms and schoolbags;

- Provide teacher training for 2,000 teachers on emergency education response;
- Support the Ministry of Education in coordination committees among participating partners at national, zonal and district levels.

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

Conflict and displacement present particular threats for children, such as separation from their families, recruitment by fighting forces and exposure to targeted violence or landmines/unexploded ordnance (UXO). At the same time, pre-existing threats – such as sexual and gender-based violence, labour exploitation or malnutrition and disease – often increase. Through its activities, UNICEF is striving to prevent and respond to all forms of violence, abuse and exploitation committed against the conflict-affected children. UNICEF is continuously monitoring and reporting on underage recruitment and is currently working with the Government and other agencies to set up a mechanism for monitoring and reporting other child rights violations particularly in conflict areas. UNICEF has maintained a comprehensive database of underage recruitment since 2001, which is updated when the child's status changes. The database provides a record of known cases of recruitment and has proven to be an effective advocacy tool for the release of underage recruits.

Some 100,000 children in IDP and conflict-affected communities will be supported through the following key activities:

- Establish child-friendly spaces in IDP settings;
- Develop mass small media campaign on UXO awareness for displaced populations in order to mitigate the number of new mines/UXO casualties;
- Provide technical assistance to support coordination and implementation.

Children associated with armed groups in the East and North of Sri Lanka as well as those at risk of recruitment and other forms of violations are targeted through the following key activities:

- Reinforce community-based protection in target zones most at risk of child recruitment/abduction;
- Develop monitoring and reporting system in the eight conflict-affected districts of East and North of Sri Lanka on gross rights violations (such as killing or maiming of children; recruiting or using child soldiers; attacks against school or hospitals; rape or other grave sexual violence against children; abduction of children and denial of humanitarian access for children);
- Develop systems for the systematic verification, proper documentation and referrals of reported cases of gross violations at both national level and in the eight conflict-affected districts in the East and North of Sri Lanka;
- Ensure that child protection organizations at both district and national levels are trained on monitoring, reporting and responding to gross rights violations.

Non-food relief items (US\$ 1,800,000)

Some 30,000 conflict-affected IDP families will be reached to fulfil the essential non-food daily needs through the following key activities:

- Continue to assess non-food relief items (NFRI) needs;
- Procure and distribute NFRI such as hygiene kits, clothes, towels, jerrycans, sleeping mats, cooking pots, plastic sheeting and eating utensils, bed sheets, hurricane lanterns, basins, buckets, cups, plates, soap, sanitary pads, children's dresses, t-shirts and shorts, saris, sarongs, children's, men's and women's underwear and other essential items to IDP locations.
- Monitor distribution and use of NFRI.

UNICEF HUMANITARIAN ACTION

THE AMERICAS AND

CARIBBEAN

IN 2007



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

Regional Office financial needs for 2007

Sector	US\$
Technical support to emergency preparedness in 35 countries	500,000
Advocacy, technical support and capacity-building of national counterparts	400,000
Capacity-building of UNICEF and IASC partners for cluster-specific response	300,000
Regional surge response capacity	600,000
Support to risk reduction initiatives	600,000
Total*	2,400,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Protracted conflict in Colombia, continued instability in Haiti and disasters affecting vulnerable communities in countries throughout the region created in 2006 dire humanitarian conditions for hundreds of thousands of children and women across the Americas and the Caribbean region.

This section reviews major emergency situations in the region in 2006 and their humanitarian impact on children and women and seeks to mobilize support for actions by UNICEF's Regional Office for the Americas and the Caribbean (TACRO) in 2007 that will improve preparedness for emergency response, will enhance humanitarian relief operations that better meet the specific needs of children and women and will reduce their exposure to risk.

Situation of women and children affected by conflict in Colombia and instability in Haiti

Levels of violence in Colombia, either directly or indirectly related to the armed conflict, remain alarmingly high. Children constitute 40 per cent of the population that continue to be displaced every year because of the conflict or that cannot yet return to their communities of origin. Disaggregated data show that displacement has a very significant negative impact on the satisfaction of the rights of children. The conflict also results in restricted access to communities which results in limited access to basic social services for children and women. Furthermore, children continue to be recruited by illegal armed groups, even as demobilization efforts are pursued and yield results. They are also victims of landmines and unexploded ordnance, in a country which in 2005 registered the highest number worldwide of victims of mine accidents.

Whilst Haiti registered overall progress in 2006, having conducted elections and increasing access to communities due to improved security, the situation for children and women in the poorest country of the Western hemisphere remains dire. Violence linked to years of political instability, leading on occasions to armed conflict, chronic poverty and a virtual absence of institutionalized safety nets are all factors that put children at risk. These conditions of high vulnerability also explain the magnitude of the disasters brought about by the seasonal passage of hurricanes over the island.

The humanitarian situation of children and women in these two countries, their needs and UNICEF's proposed action for 2007 is examined in further detail under separate chapters of this Appeal.

Other emergencies throughout the region

After the disastrous 2005 season, which registered the highest number of hurricanes ever and caused the highest damages in history, it is with relief that predictions for a 2006 season of similar intensity did not materialize. Tropical storms and a few hurricanes did create in 2006 humanitarian needs of limited scale in a few countries in the region. The more significant needs, however, remain those of communities across Central America that are still struggling to cope with the consequences of disasters caused by the passage of hurricanes Stan and Wilma in 2005. Whereas humanitarian assistance flowed generously in the immediate aftermath of these disasters, addressing their impact and reducing the vulnerability of communities requires that recovery efforts be sustained and, in some cases, intensified.

A significant number of countries endured in 2006 disasters caused by other types of natural phenomena, some of which are of recurrent nature. These disasters, spread across the continent and affecting very diverse countries, provide a stark reminder of the vulnerability of a high proportion of communities throughout the continent, of the shortcomings of emergency preparedness efforts and, sometimes, of the inadequacy of humanitarian response. All of these factors regularly put children and women at risk, create large scale humanitarian needs and hinder the attainment of development goals at sub-national and even national level.

Severe humanitarian consequences for children and women were brought about by flooding affecting parts of Guyana in January (albeit on a lesser scale than in 2005), six out nine provinces in Bolivia in February and, in what was the most serious disaster for that country in recent memory, the southern part of Suriname in May. Floods of a lesser scale also affected Haiti in August and countries across Central America, a direct result of the heavy rains which are characteristic of the late months of the Atlantic hurricane season. Repeated explosions of the volcanoes Tungurahua in Ecuador and Galeras in Colombia led to the long-term displacement of thousands of children and women. Other localized emergencies, which also occur seasonally, were linked to continued drought in the Eastern provinces of Cuba, in the North Eastern provinces of Brasil and in the Chaco region of Argentina, Bolivia and Paraguay, and to the recurrent cold snaps that affect children and women in the Andean regions of Peru and Bolivia.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Coordination and partnerships

Coordination for emergency preparedness and humanitarian response with key humanitarian actors at regional level continued to be ensured through the Risk, Disaster and Emergency Task Force of the Inter-Agency Standing Committee (IASC) represented at regional level. In 2006 the Task Force also established a joint inter-agency work plan which required the pooling of resources for a few key preparedness activities of interest to all members. The Task Force has established working groups on communication and logistics; a mechanism to share information on rosters of emergency personnel has also been agreed upon. The Task Force was key to advance at regional level humanitarian reform initiatives approved by the IASC: it ensured common understanding on reform issues by members, which agreed to a timetable for technical support to UN Country Teams (UNCTs) in the region on humanitarian reform, and facilitated information on preparedness activities undertaken at global level by cluster lead agencies. Cooperation with other UN agencies not part of the IASC include joint initiatives with Economic Commission for Latin America and the Caribbean (ECLAC) and the UN International Strategy for Disaster Reduction (ISDR) related to the impact of emergencies and risk reduction in the education sector.

Cooperation between UNICEF and sub-regional risk management international bodies (CEPRENAC for Central America, CAPRADE for Andean countries and CDERA for the Caribbean) was also strengthened, expanding from the traditional fields of emergency preparedness and response to increasing involvement with risk reduction initiatives. To respond adequately to this demand, UNICEF established in 2006 a strong partnership with ISDR (International Strategy for Disaster Reduction) and convened a continental meeting of agencies involved with risk reduction in the education sector, a key element of the Hyogo Framework for Action, as well as a contribution to the International Risk Reduction Campaign 2006-2007 'Disaster prevention begins at School'.

Key achievements

- Technical support to 24 Country Offices to review and enhance preparedness for emergency response, including contingency planning specific to avian-influenza-related emergencies;
- Capacity-building of all UNICEF officers and their counterparts in the region on planning for sector-specific response in emergencies in health, nutrition, water and sanitation and HIV/AIDS;
- Maintenance and upgrade of regional level surge capacity (roster of internal and external candidates in all areas of UNICEF's Core Commitments for Children in Emergencies (CCCs), buffer stock of key emergency relief items, regional logistical arrangements);
- Establishment of mechanisms to ensure capacity for discharge of cluster lead mandates, in accordance with humanitarian reform initiatives decided by IASC;
- Support to Country Offices for planning, delivery and monitoring of humanitarian relief actions in response to emergencies;

- Regional initiatives to raise preparedness, response and recovery standards in the sectors of shelter and education;
- Leadership of network of institutions supporting risk-reduction initiatives in the education sector;
- Co-sponsorship with ISDR of bi-annual risk-reduction campaign in education sector;
- Resource mobilization at sub-regional level for risk reduction initiatives.

3. PLANNED HUMANITARIAN ACTION FOR 2007

The UNICEF Regional Office for the Americas and the Caribbean (TACRO) will continue in 2007 to provide the first line of support to 24 UNICEF Country Offices through which cooperation programmes are supported in 35 countries of the region. Support by TACRO will focus on the following five main areas: 1) Preparedness for emergency response: technical support to country offices for adequate planning of response; 2) Advocacy for adoption of CCC standards by national response institutions and support for national capacity-building initiatives; 3) Capacity-building of UNICEF staff, IASC members and partners for planning and delivery of emergency response in specific sectors; 4) Surge response capacity maintained at regional level, taking into account cluster leadership arrangements; 5) Risk reduction initiatives, with a particular focus on the education sector: technical support to ensure mainstreaming in UNICEF and UN Country Teams programming and for planning and implementation of national or sub-regional initiatives.

All emergency preparedness, humanitarian response and risk reduction initiatives will continue to be coordinated by TACRO with all other stakeholders through mechanisms established at regional level. TACRO will also monitor the existence, and if required support the establishment, of similar coordination mechanisms at country level.

Technical support to UNICEF Country Offices for enhanced preparedness to meet humanitarian needs of children and women in emergencies (US\$ 500,000)

In 2007 TACRO will provide technical support to update preparedness for emergency response in 35 countries of the region where UNICEF operates in coordination with other IASC actors at national level. Priority will be given to countries in complex emergencies and to countries prone to disasters, as well as to highly vulnerable communities across the region.

Expected results

- UNICEF planning for emergency preparedness at country level involves other IASC members and national actors;
- Country Offices conduct in-depth analysis of national response capacities in all CCC sectors;
- Emergency preparedness plans in all countries of the region are updated and measures for enhanced preparedness adopted;
- Preparedness is tested in selected countries through disaster simulations.

Advocacy for adoption of CCC standards by national response institutions and technical support and capacity-building of national entities in 10 countries (US\$ 400,000)

Recognizing the key role of national entities for humanitarian relief in many countries of the region, TACRO will in 2007 support advocacy by Country Offices in the region for appropriation by national actors of CCC standards in all sectors. Wherever national emergency response capacities are developed, they invariably fall short of meeting many of the more specific needs of children in emergencies (e.g., infant nutrition, psychosocial recovery, education in emergencies, protection, etc.). TACRO will therefore provide technical support to 10 countries in the region for inclusion of CCC standards in national preparedness instruments and will support capacity-building of national counterparts for emergency response in accordance with CCC standards further to identification of training needs in 10 countries.

Expected results

- Advocacy for CCC standards is ensured at central and departmental levels in all countries of the region;
- National emergency response training materials and standards are revised in 10 countries in the region and adapted to meet CCC standards in all sectors;
- Needs assessment of capacity-building of national counterparts for emergency response in accordance with CCC standards is conducted in 10 countries;
- Capacity-building of national counterparts for sector-specific CCC-compliant emergency response is conducted in countries to be determined by needs assessment.

Capacity-building of UNICEF staff, IASC members and partners for planning and delivery of emergency response in specific sectors (US\$ 300,000)

TACRO will work with other IASC members to identify gaps in national and regional emergency response capacities in all sectors. TACRO will ensure capacity-building of UNICEF staff, staff of other IASC members and partners in order to meet these gaps. These capacity-building efforts will focus, in particular, on those sectors where UNICEF has been designated cluster lead by the IASC or where it plays a recognized leadership role.

Expected results

- Analysis of regional capacities to support emergency response in nutrition, water and sanitation, education and data communications is conducted;
- Support is provided to UN Country Teams to review capacities of IASC partners at country level in nutrition, water and sanitation, education and data communication sectors;
- Staff from UNICEF and other IASC partners receive training on technical standards of response to emergencies in nutrition, water and sanitation, education and data communication sectors.

Surge response capacity maintained at regional level, taking into account cluster leadership arrangements (US\$ 600,000)

TACRO will maintain the capacity to provide direct assistance from the regional level to Country Offices faced with medium- and large-scale emergencies in 2007. Buffer stocks of essential relief items will be maintained in Panama and in three logistical bases operated by WFP in cooperation with sub-regional international bodies in Barbados, Ecuador and El Salvador. The existing roster of internal candidates for rapid deployment in emergencies will continue to be updated and training will be provided to its members; the roster of external candidates will be expanded, with particular attention paid to those sectors in which UNICEF plays a leading role. A mechanism will be established, in coordination with other members of the regional IASC task force, to review and complement early warning/early action assessments by Country Offices in the region.

Expected results

- Emergency stock of relief items available and regularly replenished;
- Sub-regional emergency relief stocks established with WFP in San Salvador, Quito and Bridgetown;
- Major suppliers of relief items identified and arrangements passed at regional or sub-regional level;
- Roster for surge capacity including internal and external experts in all sectors relevant to the CCCs is regularly updated;
- Rapid deployment of staff in emergency situations and participation in inter-agency missions;
- Enhanced early warning systems at regional levels that integrate those of other UN agencies.

Support to risk reduction initiatives, with focus on the education sector (US\$ 600,000)

TACRO will pursue partnerships with sub-regional risk management entities (CEPREDENAC, CAPRADE and CDERA) and with international organizations mandated to reduce risk in order to ensure mainstreaming of risk reduction in all programmes supported by UNICEF in the region and to support specific initiatives that reduce risk. Building on work carried out in 2006 and on the opportunity provided by the 2006/2007 international campaign on risk reduction in schools, these efforts will particularly focus on the education sector.

Expected results

- UNICEF Country Offices are equipped with tools for effective advocacy for risk reduction initiatives;
- UN Country Teams receive support for inclusion of risk reduction in all programmatic documents;
- Design and implementation of risk reduction initiatives in the education sector in 10 countries: inclusion of risk reduction in education curricula, review of school safety plans, review of safety of school infrastructure.

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UNICEF HUMANITARIAN ACTION

COLOMBIA

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	16755
U5 mortality rate	21
Infant mortality rate	17
Maternal mortality ratio (2000, adjusted)	130
Primary school enrolment ratio, 2000-2005, net (male/female)	90/92
% U1 fully immunized (DPT3)	87
% population using improved drinking water sources	93
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	160
% U5 suffering from moderate and severe underweight	7

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Thematic areas of work – humanitarian action	US\$
Protection of child soldiers and prevention of recruitment	3,800,000
Humanitarian action for internally displaced children	600,000
Humanitarian mine action	1,100,000
Total*	5,500,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Colombia has a population of more than 45 million inhabitants, of which 37 per cent are less than 18 years old. In 2005, it is estimated that 64.2 per cent of the population were living in poverty and 31 per cent in extreme poverty.⁸ Rural poverty is three times higher than urban poverty; children have a 36 per cent greater probability of living in poverty⁹ than adults, and the rate of violence associated with the conflict is twice as high in the territories of Native American groups than in the rest of the country.¹⁰ Colombia is also vulnerable to natural disasters, including earthquakes, floods and volcanic eruptions.

Political negotiations during 1998-2002 with the two main guerrilla groups – the Colombian Revolutionary Armed Forces (FARC) and the National Liberation Army (ELN) – were suspended in early 2002, though they have been recently re-established at the end of 2005 with the ELN. Negotiations with various blocks of the AUC (*Autodefensas Unidas de Colombia*, United Self-defences of Colombia), the main rightwing illegal armed group, since the end of 2003, have been carried out, allowing the demobilization of approximately 30,000 members of these groups. However, only some 400 children have been handed over in the frame of collective demobilizations. The re-groupment of demobilized children in criminal groups remains a serious concern, as well as the surge of new illegal armed actors or the strengthening of the existing ones in areas already evacuated by demobilized groups.¹¹ The conflict remains impregnated by drug trafficking interests.

The level of violence, both related and unrelated to the armed conflict, continues to be very high. Violence has a tremendous impact on society and childhood and poses serious obstacles to humanitarian operations. Although homicides have declined since 2003, the 2005 rate of 42 homicides per 100,000 inhabitants – 18,111 deaths per year – is one of the highest in the world.

All groups involved in hostilities are blamed for forced displacement as a result of fighting, pressure and threats. It is estimated that approximately 40 per cent of the displaced population is less than 18 years old.¹² Assistance to internally displaced persons (IDPs) is limited in several zones of the country, especially in those with difficult access due to lack of roads, military blockades or other security conditions. In most cases there is no guaranteed return process for families who are internally displaced because of security and socio-economic conditions. The average school absenteeism rate of displaced children is 4.2 per cent, almost double the national average of 2.7 per cent. The child malnutrition rate amongst displaced populations is estimated at 23 per cent, as compared to the national average of 12 per cent.

Colombia has experienced an alarming increase in the number of events involving mines and unexploded ordnance (UXO). Between 1990 and 2006, 2,742 accidents were reported, leaving a total of 5,275 victims, of which 89 per cent were adults and 11 per cent children – 37 per cent of all casualties being among civilians.¹³ In 2005 Colombia registered the highest number of new victims worldwide. The registration of victims is ongoing despite delays due to difficult access to and knowledge of procedures. There is no comprehensive demining programme underway in Colombia.

⁸ Joint Declaration of Colombian Social and Non-Governmental Organizations - 2006, for the 62nd session of the UN Commission on Human Rights. Colombia-Europe-US NGO Coordination, Bogotá, January 2006.

⁹ Measured by unsatisfied basic needs (UBN). Source: Colombia National Department of Planning.

¹⁰ *Los pueblos indígenas en Colombia. Derechos, políticas y desafíos*, UNICEF, Bogotá, 2003.

¹¹ Sixth Quarterly Report of the Secretary-General to the Permanent Council on the Mission to support the Peace Process in Colombia (MAPP/OEA), March 2006.

¹² Percentages sourced from Presidential Agency for Social Action and International Cooperation (for the period June 2002-31 May 2006).

¹³ Programa Presidencial de Derechos Humanos y Derecho Internacional Humanitario, Observatorio de Minas Antipersonal, 17 de julio de 2006.

The recruitment of children into non-State armed entities remains a serious concern. While the National Army has complied with the law approved in 1998 that forbids forced and voluntary recruitment of under-18-year-olds, some 5,000 to 6,000 children remain enrolled in non-State armed entities in the country, while an additional similar number is estimated to participate in urban militias. In 2005 and 2006, 853 children and adolescents were demobilized and joined the programme of the Colombian Institute for Family Welfare (ICBF). Still, with recruitment continuing, it is unlikely that the number of children associated with fighting forces will decrease.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

UNICEF has been supporting and promoting actions aimed at preventing the recruitment of children and adolescents by armed groups, as well as implementing strategies for their demobilization, protection and social reintegration. In 2006 UNICEF supported the Centre for Specialized Assistance in Palmira, hosting 30 demobilized children, as well as socio-familiar reintegration alternatives, such as the new assistance system, the *Hogar Gestor*, which benefited 100 children and adolescents. Throughout the year UNICEF provided technical support to the ICBF to develop guidelines on how to deal with recruitment threats.

UNICEF has also supported 'El Golombiao: Playing for Peace', which seeks to promote sports, education for peace and systems of social coexistence among vulnerable adolescents, while contributing to the prevention of voluntary recruitment of youths into illegal armed groups. By the end of the year 'El Golombiao' will be active in 60 municipalities. In the departments of Cundinamarca and Eje Cafetero the project 'Sowers of Peace', and in Montes de María the project 'Interactive City of the Rights of Children', are benefiting almost 5,000 children and youths.

UNICEF's intervention was directed mainly at families forcefully displaced or at high risk of displacement, as well as at communities severely affected by armed conflict. The programme included an integrated intervention that addressed crisis recovery and capacity-building needs and aimed at strengthening local authorities' capacity to provide IDPs with access to social basic services. Within this integrated approach, UNICEF supported the access to health and education of some 33,242 children in 28 municipalities seriously affected by conflict violence and destruction. Activities increased education coverage, facilitated accessibility and improved the quality of education with a rights perspective, transferring the child-friendly schools strategy to 21 municipalities in Chocó, Urabá, Antioquia and Córdoba. This involved 7,546 children in basic primary schools as well as 232 teachers and 3,773 parents who were trained to educate other parents on the strategy.

UNICEF worked in conjunction with the National Landmines Observatory, at the office of the Vice-President, and several partner NGOs, and acted as the United Nations focal point for coordinating action against mines. As a result of joint advocacy by UNICEF, UNDP, the Office of the Governor of Antioquia and the Peace and Democracy Corporation, local governments in 63 of the 125 municipalities in Antioquia included the issue of mines into their plans for 2004-2007, and 10 departments of Cauca developed a municipal plan on mines. Together with its counterparts in the departments of Antioquia, Cauca and Magdalena Medio, UNICEF developed a training programme for local authorities and landmine survivors on the rights of victims of armed conflict, which benefited 4,700 local civil servants as well as 753 children and adolescents. A basis was set up for supporting the physical and psychological rehabilitation of 63 mine survivors in Antioquia and Bolívar. In Oriente Antioqueño and Bolívar, UNICEF supported Handicap International and the Colombia Integral Centre for Rehabilitation (*Centro Integral de Rehabilitación de Colombia – CIREC*) in the identification, rehabilitation and social reintegration of 65 mine survivors. Fifty-two municipalities participated in the mine-risk education programme developed by local counterparts and UNICEF.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Three Inter-Agency Standing Committee (IASC) clusters are in place for coordination. The assistance and basic services cluster will have a rotating leadership system, with UNICEF as the first leader agency to chair this group. Among the five thematic groups of this cluster, UNICEF will lead mine action and education. UNICEF is also active in the protection cluster led by UNHCR and in the early recovery cluster led jointly by IOM and UNDP.

Regular programme

The Country Programme has the following components: basic policies, protection and humanitarian affairs, monitoring and evaluation, and communications. The 2002-2007 programme has two overall objectives: the promotion and defence of children's, adolescents' and women's rights; and the promotion of equality and social inclusion. Humanitarian action has three main components: prevention and care of children and adolescents recruited or associated to armed groups, mine action, and attention to IDPs and at-risk communities.

Protection of child soldiers and prevention of recruitment (US\$ 3,800,000)

UNICEF will assist vulnerable children and their families through the following key activities:

- Support government initiatives to promote a culture of peace and give children and adolescents alternatives for leisure: with the project 'El Golombiao' it is expected to reach 100 municipalities, benefiting around 29,000 adolescents and youngsters;
- Prevent the recruitment of children and adolescents into non-State armed entities, by expanding the execution of existing projects (Cauca, Antioquia, Norte de Santander, Montes de Maria, Chocó, Córdoba, Eje Cafetero, Caribe, Cundinamarca), benefiting an estimated 68,000 children and adolescents;
- Support the reintegration into their family environment of 200 children and adolescents demobilized from irregular armed groups – through support units – and provide subsidies;
- Provide technical support to the Colombian Institute for Family Welfare (ICBF) to improve assistance to some 1,000 demobilized children and adolescents;
- Contribute technical assistance for Colombia's comprehensive legislative reform, as well as strengthen public policies with respect to humanitarian action and the protection of children's rights;
- Together with the Ministry of Communications, develop and strengthen Adolescents Network Organizations through radio stations, and create community radio modules to train adolescents and youngsters on child rights and on the prevention of child recruitment;
- Support adolescents' initiatives, benefiting 3,000 adolescents in Oriente Antioqueño;
- Publish and disseminate a Study carried out by the Ombudsman's Office with the support of UNICEF on children formerly associated with armed groups.

Humanitarian action for internally displaced children (US\$ 600,000)

Subject to funds, UNICEF will benefit 17,000 internally displaced children through the following key activities:

- Strengthen psychosocial support for 15,800 children affected by displacement and armed conflict and train teachers and support groups through the *Return to Happiness* methodology in 45 municipalities;
- Implement primary health care programmes, including nutritional education at community level for 100 pregnant women and 5,800 children and adolescents affected by displacement and armed conflict, as well as HIV prevention for vulnerable adolescents affected by armed conflict and internal displacement. In alliance with WFP, UNICEF will distribute food rations to 1,300 internally displaced children and 130 pregnant women suffering from malnutrition and support families and community health workers to monitor their nutritional status. Through the Healthy Homes Initiative, UNICEF will support the training of 150 adolescents and young mothers with

the aim to improve the environmental sanitation conditions of displaced families affected by the armed conflict;

- Promote hygiene education and hygiene awareness programmes in 30 schools and 60 local communities in order to complement existing water and sanitation services;
- Provide technical and financial assistance to the establishment of sanitation systems in temporary accommodation centres;
- Support the prompt re-establishment and improved quality control of existing water systems which may be damaged or that must satisfy an increased demand;
- Undertake advocacy at local level and train/support teachers to facilitate the access to school of children displaced by armed conflict through the strategy *La Escuela Busca al Niño*.

Humanitarian mine action (US\$ 1,100,000)

Subject to funds, the following activities in mine action will benefit 60,000 people:

- Assist national authorities, NGO partners and civil society organizations to develop a comprehensive, sustainable and decentralized mine action programme in support of the National Mine Action Plan; decentralize mine action to departmental and municipal levels, creating and developing the necessary capacity within government institutions to plan and develop mine action initiatives at community level and to ensure that those responsible respond to their legal obligations providing assistance to those most at risk;
- Support the overall strengthening of information networks, improving data collection and analysis through the decentralization of responsibilities, providing technical assistance to authorities and national NGOs for the training of government officials (municipal spokespeople, majors, teachers, hospital directors etc.) for the development and provision of well planned and well targeted mine-risk education (MRE) programmes, for the sharing and dissemination of information regarding mine and unexploded ordnance (UXO) contamination in at-risk communities, and streamlining service provision to victims. To make this plan operational it will be necessary to develop a range of activities to be conducted in partnership with all stakeholders – government, UN agencies and NGOs:
 - Strengthen local capacity to plan and implement mine action programmes at national, departmental and municipal levels, providing training and tools to local institutions to respond to mine/UXO threat;
 - Design and develop an MRE community-based strategy for the reduction of accidents caused by landmines/UXO;
 - Promote integral care for mine/UXO victims by empowering survivors to claim their rights and access to health care and humanitarian assistance;
- Support activities in 31 departments, with special focus on the 64 municipalities identified in the needs assessment published by the National Landmines Observatory.

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UNICEF HUMANITARIAN ACTION

HAITI

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	3846
U5 mortality rate	120
Infant mortality rate	84
Maternal mortality ratio (1990-2005, reported)	520
Primary school enrolment ratio	67*
Primary school enrolment ratio for girls	57*
% U1 fully immunized (DPT3)	43
% population using improved drinking water sources	54
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	190
% U5 suffering from moderate and severe underweight	17

Source: *The State of the World's Children 2007*
*2003 Census

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	1,800,000
Water, sanitation and hygiene	1,600,000
Education	1,200,000
Child protection	1,500,000
Preparedness	390,000
Total*	6,490,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Haitian children continue to live in dire conditions due to violence linked with political instability, chronic poverty, and a virtually absent child protection system. The daily life of a typical Haitian child is a struggle to survive. With weak State institutions, overall extreme poverty and a serious brain drain access to food and basic social services is decreasing. Every year, tropical storms, mudslides and heavy rains add a new plague to the already precarious livelihood of children and their families in most of the regions of Haiti. Unless families are supported to regain or strengthen coping mechanisms, future emergencies may be disastrous for children and women.

Recurrent crises in the last few years have resulted in an increasing number of vulnerable children. According to the preliminary results of the latest Demographic and Health Survey (*Enquête mortalité, morbidité et utilisation des services*/Mortality, morbidity and use of services survey – EMMUS IV) more than one-quarter of children are orphans or otherwise vulnerable. Many more are deprived of basic services and are victims of violence, exploitation and abuse. Child mortality rates in Haiti are the worst in the Americas. One child out of five dies from preventable illnesses before reaching the age of five. Health projects have an uneven geographical spread, with the result being patchy services, understaffed and poorly supplied. UNICEF estimates that across the country, 23 per cent of under-five children suffer from moderate to severe malnutrition, with much higher rates in rural areas. Diarrhoea is the leading cause of death for under-five children – not surprising with only 50 per cent of the population having access to water and 70 per cent of water systems not functioning anywhere near full capacity.

In addition, Haiti's HIV prevalence rate remains the highest in the region. However, efforts to stem the spread appear to have had results, with a slight decreasing prevalence rate according to the preliminary results of EMMUS IV. The latest figures (from 2004 by the Ministry of Health accompanied by independent institutions) pointed to a 3.44 per cent prevalence rate, based on tests of pregnant women. At least 200,000 children have lost one or both parents to AIDS. An estimated 19,000 children are living with HIV/AIDS; 6,000 among them need medical treatment, but only 300 have access to antiretroviral therapy.

According to the Ministry of Education figures, more than 70,000 schoolchildren did not have a chance to complete the school year in 2005, mainly due to security, and overall well over 500,000 school-aged children are not receiving an education. In a country in which 80 per cent of schooling on offer is private, school fees constitute the main obstacle. Parents often choose to either rotate their children in school or have them attend only a few years.

Against Haiti's backdrop of violence and poverty, child labour is another issue of serious concern. An estimated 300,000 children, amounting to 1 in 10, are engaged in domestic work. Three-quarters of these are girls. This phenomenon is spreading beyond Haiti's border to the Dominican Republic, where between 2,000 and 3,000 children are crossing annually in search of a better life. Port-au-Prince alone is the home to 2,500 street children, working and/or sleeping in the streets. A loosely estimated 1,000 children are associated with armed gangs in Port-au-Prince, as messengers, spies, and some even carry guns and participate in the fighting. More than half of girls and women living in those areas have been victims of rape.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

During the course of 2006, UNICEF has, together with its local, national and international partners, addressed emerging humanitarian requirements and sought out opportunities to improve the lives of the most desolate and disadvantaged children. Despite serious access problems, UNICEF managed to undertake key protection, health, nutrition, water and sanitation, and education activities. As explained further below, the main activities focused on preventing youth from joining or continuing to take part in armed gang activity (well over 2,000 targeted), on vaccination

campaigns for children and women of childbearing age, on supplementary and therapeutic feeding of acutely malnourished children (10 centres covering about 1,000 under-five children), on improving water, sanitation and hygiene in 40 schools and 2 health centres, and providing supplies to schoolchildren and schools. Except for the nutrition sector, humanitarian efforts have been concentrated in Port-au-Prince areas – primarily in Cité Soleil – which are the ones most marred by violence, general lawlessness, extreme poverty and consequent rights violations. This was in line with the expressed strategy of the United Nations family to address most urgent needs and help decrease violence due in large part to a lack of services and alternatives to violent behaviour.

The efforts in Cité Soleil thus serve as the case in point. For years, powerful gangs have seized control over the community, forcibly recruiting children, and keeping away outsiders, including most humanitarian workers. Violence and increased poverty have forced many schools to shut down, leaving thousands of children without an education. Following the election of René Préval as the new President in February, the gangs declared a unilateral truce, and the area finally became accessible.

To address the protection concerns of children implicated in and affected by armed violence, UNICEF, together with AVSI (*Associazione Volontari per il Servizio Internazionale*), gave psychosocial support, returned to school or provided vocational training to 2,250 children, as alternatives to the violent environment. Together with the International Organization for Migration (IOM) and the local authorities, UNICEF identified requirements to bring every child back to classrooms in Cité Soleil. For this purpose, water and sanitation facilities are being improved in 40 schools, while essential supplies are distributed to all students and their teachers in all 201 schools. Across Port-au-Prince, 271 schools and more than 68,000 children are being provided with basic learning materials in the most violence-affected neighbourhoods. Recently, the plans for the children's disarmament, demobilization and reintegration programme were initiated by UNICEF. Together with a multitude of local and international governmental and non-governmental actors, the focus is on ensuring that children's best interest is always given highest priority, on supporting reinsertion and on providing viable alternatives for every child, with education as the best means to protect them against violence.

As part of the preparedness efforts to ensure quick evaluation and response in case of a disaster, UNICEF has partnered with WFP, *Terre des Hommes* and CARE to pre-position essential emergency supplies in three strategic locations outside the capital. Together with stocks in Port-au-Prince, UNICEF can presently distribute essential supplies to 3,000 families. In addition, local authorities and NGOs have been trained in emergency response, with a particular emphasis on child protection. As a first step, three departments in the south of the country (the most prone to natural disasters) have been targeted. The work is focusing on increasing the capacity of partners to ensure the protection of children in case of sudden onset disasters, but is also beneficial for the ongoing brewing conflict-related emergency. Principal activities undertaken include workshops involving the local Risk and Disaster Management Committees, presently focusing on psychosocial support and the prevention of sexual exploitation and abuse of women and children in emergency settings.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF remains an active member of the United Nations-led coordination structure, under the umbrella of the (recently arrived) United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Memoranda of understanding in different sectors with UNFPA, UNOPS, WFP and WHO/PAHO being finalized serve as evidence of the joint action in the United Nations family. Close liaison continues with the Government Department of the Protection of Civilians, which has the overall lead of humanitarian activities.

Regular programme

The regular programme has just been extended by one year to align it with the Government-led Poverty Reduction Strategy. Humanitarian preparedness and response activities are incorporated into each of UNICEF's main programmes: health and nutrition, education, and child protection. The gradual shift away from a project approach and instead improving the life of larger proportions of the country's children (i.e., going to scale) continues. The operational work in several field locations will continue to maintain the hands-on expertise and to inform policy at central level. But, renewed emphasis is put on influencing central decisions with regard, for example, to national budget questions and finding ways to target all in a group of children who may have a specific right violated. In essence it means undertaking what has the largest possible impact for the largest amount of children whose rights are being violated.

Health and nutrition (US\$ 1,800,000)

Up to 50,000 vulnerable children and mothers will benefit from the following key activities:

- Procure and distribute essential emergency drugs and health kits and equipment for 10 health centres;
- Train health workers at district levels in immunization services, including monitoring, and in cold-chain maintenance;
- Vaccinate against measles and, as required, other communicable diseases;
- Support improved infant and young child feeding practices;
- Train health personnel as well as open and support six therapeutic feeding centres for severely malnourished children;
- Procure and distribute vitamin A and de-worming treatment to all children under 14 years.

Water, sanitation and hygiene (US\$ 1,600,000)

Some 250,000 persons, with special emphasis on children and women, will be reached through the following key activities:

- Drill 30 new boreholes and rehabilitate 200 existing boreholes to provide safe drinking water to some 200,000 people;
- Rehabilitate/construct five water stations;
- Construct 2,000 household latrines;
- Train 500 water local management committee members and local water authorities on management, operation and maintenance;
- Promote health and hygiene education and hygiene awareness in 50 schools and 500 local communities;
- Support one water, sanitation and hygiene (WASH) policy development expert for one year.

Education (US\$ 1,200,000)

Up to 40,000 mostly primary schoolchildren and 700 teachers will benefit from the following key activities:

- Supply basic material (books, backpacks, pencils, notebooks, etc);
- Procure school supplies and recreation kits;
- Provide training, with special emphasis on HIV/AIDS and non-violence;
- Undertake light rehabilitation of water systems and latrines in two communes;

- In case of a major natural disaster, set up 50 school structures to ensure emergency education for 20,000 children.

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

An estimated 1,000 children affected by armed violence, including those associated with armed groups, 5,000 children infected and/or affected by HIV/AIDS, and 2,500 street children are targeted in three departments through the following activities:

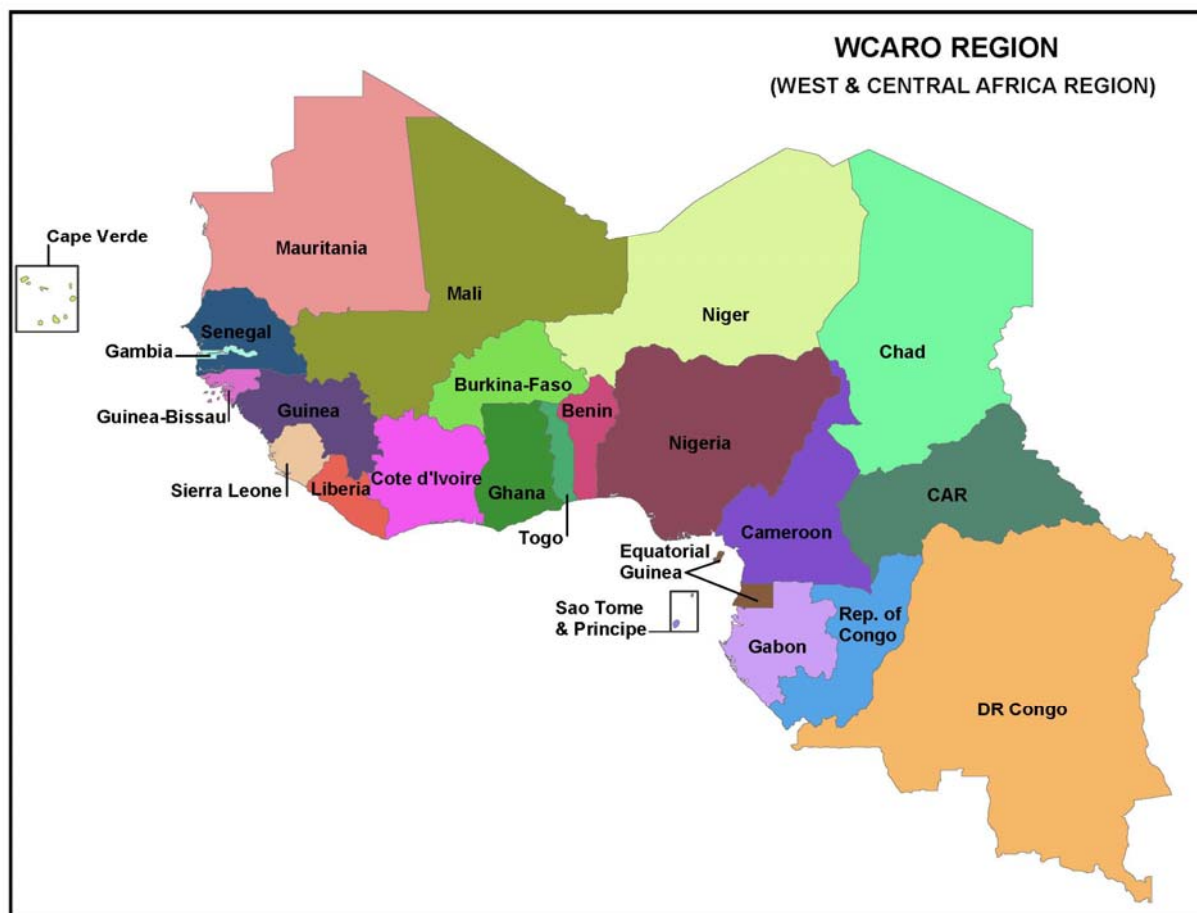
- Provide medical care and psychosocial support to street children, including HIV/AIDS prevention, testing, treatment, counseling and peer education;
- Provide medical, psychological and legal support to victims of sexual violence;
- Promote HIV/AIDS prevention and provide community-based psychosocial support to persons living with HIV/AIDS and their children, and medical and psychosocial care for children infected and/or affected by HIV/AIDS;
- Support reintegration of vulnerable children (affected by armed violence, street children, survivors of sexual violence and orphans and other vulnerable children) through schooling, life skills training, etc.;
- Train all social workers and facilitators for vulnerable children;
- Set up youth associations;
- Organize social activities for children in peace-building, including information, education and sensitization sessions on child rights, conflict resolution, self-esteem, and prevention of HIV/AIDS/sexually transmitted infections;
- Support identification, documentation, tracing, care and reunification of separated children.

Preparedness (US\$ 390,000)

Given the continued threat of natural disasters and the fragile political landscape, UNICEF needs to be prepared to respond in a coordinated way at all times through a comprehensive and continuous preparedness plan (requirements for preparedness activities in protection, health and education are covered under the respective budgets in those sectors). Key activities will include:

- Training of governmental and non-governmental partners;
- Emergency officer salary and related costs for one year;
- Logistic officer salary and costs for one year;
- Geographic information system officer salary and related costs for one year.

UNICEF HUMANITARIAN ACTION WEST AND CENTRAL AFRICA IN 2007



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

Regional Office financial needs for 2007

Sector	US\$
Coordination and support services	256,800
Child survival and nutrition	13,598,371
Water and environmental sanitation	882,750
HIV/AIDS	802,500
Child protection	2,597,796
Basic social services (including education)	3,928,826
Total*	22,067,043

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

During 2006, the nutritional situation in the Sahel region (northern Benin, Burkina Faso, Chad, Mali, Mauritania and Niger) remained at extremely critical levels. Child acute malnutrition rates are among the highest in the world and chronic malnutrition is widespread: an estimated 2 million children suffer from severe chronic malnutrition, whilst 324,000 children, the majority of whom are infants and young children under three years of age, are acutely malnourished. The persistence of such high rates despite the good harvests of 2005-2006 confirms that malnutrition is not limited to food-insecure areas. Rather, it is the result of a combination of factors, notably, poor access to essential child survival services, inadequate infant feeding and hygiene practices, and lack of access to water. This nutrition crisis is killing 300,000 children annually.

Throughout 2006, a number of countries in the West and Central Africa region continued to face the consequences of sub-regional crises, which have dire impact on the well-being of women and children. The political stalemate and continued volatility in Côte d'Ivoire during 2006 and ongoing exodus of Burkina Be and Malians to their original homes, has further exacerbated the capacity of local administration, civil society and NGOs in Mali and Burkina Faso to provide social and health services. The continuation and intensification of population displacements from Chad and the Central African Republic to Cameroon, with consequent pressure on existing structures, pose a particular threat to the vulnerability of both refugees and host communities. In Guinea, the prolonged presence of refugees, internally displaced persons (IDPs) and returnees in Forest Guinea has put a significant strain on health infrastructures. Data show that maternal mortality ratios in the country are at 530 deaths per 100,000 live births. With recurrent and severe epidemics (yellow fever, meningitis, malaria), morbidity and malnutrition rates are also on the increase. In the Casamance region of Senegal, in the second half of 2006, dramatic accidents linked to landmines have gravely affected many families in the Gambian, Guinea-Bissau and Senegal. The landmines mirror the trail of the conflict that has affected the sub-region for over 20 years and has recently taken a new intensity in the northern and southern parts of Casamance. The psychological effects of such violent situations, such as anxio-depressive symptoms and self-harming behaviours, are manifested most evidently in children with unresolved grief.

A wave of cholera outbreaks that commenced in early October 2005 and continued in 2006 in Benin, Burkina Faso, Cameroon, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal and Togo resulted in about 60,200 cases and more than 700 deaths, with its epicentre in Guinea-Bissau.

In the Mano River Union, the protection of women and children living along and/or crossing borders remains of particular concern. Recruitment of children in Liberia to join fighting forces in Côte d'Ivoire continued during 2006, notably children who were previously demobilized from the fighting forces. Moreover, there continue to be about 2,000 separated Liberian children in the sub-region, the largest number residing in Guinea. In Guinea, a high number of children are orphaned or in conflict with the law, and as such are particularly vulnerable to trafficking and recruitment. In Côte d'Ivoire, children who have self-demobilized remain at risk of exploitation and re-recruitment. Cross-border movements have dire consequences, particularly for women, girls and adolescent boys, as they continue to bear the burden of sexual and gender-based exploitation and violence, and the risk of being affected or infected by HIV/AIDS.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Coordination and partnership

In response to the nutrition situation, WFP and UNICEF have elaborated a joint strategy to prevent and combat acute malnutrition in West Africa and particularly in the Northern Sahel countries. The strategy includes large-scale integrated programmes for the management of acute malnutrition (therapeutic feeding, supplementary feeding and preventive interventions), advocacy, capacity-building of national governments, global partnerships, nutrition and food security surveillance and resource mobilization. Through this strategy, from July 2005 to July 2006, out of a total of 800,000 severely malnourished children in Niger, 700,000 were admitted to therapeutic and supplementary feeding centres. Death rates in these centres were as low as 5 per cent.

UNICEF mobilized a large range of partners for a regional training of trainers workshop on the IASC Guidelines for HIV/AIDS Interventions in Emergency Settings, organized jointly with UNAIDS and in collaboration with UNFPA, UNHCR, OCHA and WFP. The training not only involved the above-mentioned agencies but also government partners from six countries in the region (Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Guinea and Togo).

Similarly, together with UNESCO, WFP, Christian Children's Fund and Save the Children Alliance, a training of trainers course on the minimal standards for education in emergency situations was organized by the Inter-Agency Network for Education in Emergencies (INEE). The course brought together 21 trainers from the various organizations representing 11 countries in West and Central Africa.

Support to emergency response in Côte d'Ivoire+5 (Burkina Faso, Ghana, Guinea, Liberia and Mali) and Gambia/Senegal/Guinea-Bissau sub-region

In addition to Chad, the Democratic Republic of the Congo, the Republic of the Congo and Guinea-Bissau, which have been receiving support in the last few years, the Central African Republic and Côte d'Ivoire received priority attention in 2006. Côte d'Ivoire benefited from continued technical assistance for emergency programme planning and implementation, advocacy and resource mobilization. The immediate establishment of a minimal response capacity was reviewed to assist 52,000 persons. Stock pre-positioning, partnership amendments, human resources and financial needs in most-affected zones were assessed accordingly.

In response to the sub-regional crisis in Casamance, Gambia and Guinea-Bissau, technical support was provided to Country Offices for response planning, monitoring and evaluation. A minimum level of preparedness was set up in all three countries to cope with a potential new influx of refugees or internally displaced persons (IDPs). Cross-border activities were developed for mine-risk awareness and conflict prevention.

Emergency preparedness and response process and humanitarian principles

The early warning system designed by EMOPS has been rolled out in 19 of the 24 countries of the region and will be fully implemented in the coming months. The system is allowing UNICEF at field, regional and headquarters levels to agree on possible threats and on the magnitude of the humanitarian response. Contingency planning for countries at high risk of an imminent threat was supported in Chad, Côte d'Ivoire, Republic of the Congo, Guinea and Sahel countries. Besides responding to recurrent epidemic crises, initial emergency responses were supported in Central African Republic, Gambia, Guinea-Bissau, Mali and Senegal. A simulation exercise was undertaken to test the effectiveness of the contingency plans in Mauritania and Togo. As humanitarian principles are a key component of UNICEF's planning and response approaches to emergencies, a training of trainers course on humanitarian principles will be held in the Democratic Republic of the Congo late 2006 and then rolled out for governmental counterparts and national NGO partners. The Regional Office also implemented the rapid response strategy to respond to emergencies in Central African Republic and Guinea-Bissau.

Cross-border coordination in the Mano River Union and Côte d'Ivoire for children affected by armed conflict

UNICEF has been coordinating the inter-agency sub-regional child protection group, which aims at improving the capacity of child protection networks in the sub-region to coordinate responses to child rights violations. During 2006, a joint project was implemented by all partners involved and focused on the development of minimum standards on gender-based violence and psychosocial support, and on the design and piloting of an information management system. At country level, specific projects have been implemented at borders in order to protect children from abuse, exploitation and recruitment. Inter-agency cross-border meetings, as well as sub-regional inter-agency meetings, have been held to share information, identify key issues affecting children and to formulate strategies to better respond to the needs of the children.

3. PLANNED HUMANITARIAN ACTION FOR 2007

As part of its regional humanitarian programme, the UNICEF Regional Office for West and Central Africa will continue to strengthen country capacities to respond to conflicts and natural disasters, through the following projects.

Coordination and support services (US\$ 256,800)

Regional emergency rapid response project

This project aims to reinforce country-level emergency preparedness and response capacity in small-scale emergency contexts (e.g., Cameroon, the Gambia, Guinea and Senegal) through the following key activities:

- Establish a Regional Emergency Rapid Response Fund in support to countries' initial emergency response;
- Support Country Offices to initiate a contingency planning process when facing a specific emergency to ensure essential preparedness measures;
- Strengthen a regional human resource surge capacity mechanism to allow rapid deployment of experienced staff immediately before or at the onset of a crisis.

Child survival and nutrition (US\$ 13,598,371)

Regional support to emergency nutrition and child survival in the Sahel (US\$ 963,000)

This project will assist 776,800 under-five children suffering from acute malnutrition (of whom 92,300 with severe acute malnutrition) in five Sahelian countries: Benin, Burkina Faso, Mali, Mauritania and Niger. Activities will focus on:

- National guidelines: develop and implement national policies, protocols and guidelines for the management of acute malnutrition;
- Information systems: strengthen the capacity of national nutrition and child survival surveillance systems to collect and analyse relevant nutrition and child survival data and information;
- Supply and logistics: strengthen the capacity of country programmes to ensure an uninterrupted pipeline of therapeutic and supplementary foods; micronutrient supplements and essential drugs; anthropometric, monitoring and counselling tools; and complementary health and hygiene commodities.
- Nutrition and child survival: promote exclusive breastfeeding and complementary feeding practices; ensure vitamin A supplementation, de-worming and measles vaccination; distribute impregnated mosquito nets for malaria prevention; promote handwashing and treatment of child diarrhoea with oral rehydration therapy;
- Cluster leadership and coordination: strengthen inter-agency coordination and accountability in nutrition and feeding as per IASC agreements for emergency preparedness and response.

Regional support to emergency nutrition and child survival in North Benin, Burkina Faso, Mali, Mauritania and Niger (US\$ 12,635,371)

These projects will target 230,000 under-five children in Burkina Faso, 8,000 in Benin, 150,000 in Mali, 88,800 in Mauritania and 300,000 in Niger. Activities will focus on:

Therapeutic and supplementary feeding:

- Develop and implement national policies and guidelines for the management of acute malnutrition and the implementation of a training strategy for facility-based and community-based care providers;
- Ensure an uninterrupted pipeline of therapeutic and supplementary foods; micronutrient supplements and essential drugs; anthropometric, monitoring and counselling tools for the management of acute malnutrition;
- Support national capacity-building to collect and analyse nutrition and child survival data and respond timely and effectively to nutrition emergencies.

Nutrition and child survival:

- Infant and young child feeding: support the promotion of exclusive breastfeeding practices for the first six months of life and adequate complementary foods and feeding practices from 6 to 24 months in the 10 regions;
- Nutrition and child survival commodities: ensure vitamin A supplementation, de-worming, measles vaccination and distribution of insecticide-treated nets for all under-five children;
- Health and hygiene: ensure the prevention and control of diarrhoeal diseases through the intense promotion of handwashing and oral rehydration therapy.

Water and environmental sanitation (US\$ 882,750)

Strengthening regional capacity to respond to cholera outbreaks

- Programme communication: Exchange communication materials between countries and develop a regional reference centre for emergency and pre-emergency hygiene campaigns;
- Regional Emergency Rapid Response Fund: Establish a regional contingency fund for countries with above average epidemic levels, and pre-position diagnostic kits, chlorine, Ringer's lactate, oral rehydration salts etc. in most vulnerable areas;
- Assessment and planning: conduct risk assessments and prepare water/sanitation plans for acknowledged cholera at-risk areas; coordinate country plans in four countries.

Child protection (US\$ 2,597,796)

This project will assist children affected by armed conflict, children living along borders affected by population movements and lack of infrastructure and basic services, child protection committees, community-based organizations.

Monitoring child rights' violations along the borders of the Mano River Union countries and Côte d'Ivoire (US\$ 636,700)

- Mobilization of community-based child protection committees (CPCs) in border areas: create greater awareness among community leaders, civil society, parents and children at the community level;
- Train CPCs and social workers (including Police and Immigration Officers) in monitoring cross-border movements of children and in identifying child protection issues that need to be addressed and establish effective coordination mechanisms;
- Organize sub-regional cross-border meetings to reinforce cross-border linkages among agencies and CPCs established along the borders in order to facilitate information-sharing on cross-border movements and provide rapid response;
- Provide information on the situation of children and inter-agency cross-border responses to the Regional Steering Committee for advocacy and strategic planning purposes.

Strengthening the inter-agency sub-regional initiative for the protection of children in the Mano River Union and Côte d'Ivoire (US\$ 535,000)

- Organize sub-regional inter-agency child protection coordination meetings to analyse and address key policy issues affecting child protection in cross-border areas;
- Train on key child protection thematic areas with a view to harmonizing approaches and building capacity at national and sub-regional levels in line with existing minimum standards (e.g., IASC, Sphere);
- Organize cross-border inter-agency meetings to promote protection surveillance for children and provide rapid response in the case of emergencies.

Stress counselling and mine-risk education for vulnerable populations in the Gambia, Guinea-Bissau and Senegal affected by the Casamance crisis (US \$1,426,096)

- Train counsellors; design and/or distribute education materials;
- Undertake group counselling on stress sessions and play and activity therapy sessions; Sensitize communities to prevent family separation; sensitize the police and army to child rights violations);
- Conduct mine-risk education sessions.

HIV/AIDS (US \$ 802,500)

Improving prevention and response to gender-based violence and HIV/AIDS among conflict-affected populations (US\$ 374,500)

Capacity-building (UNICEF): provide trainings on assessment, programme design, monitoring and evaluation; *Caring for Survivors* (validated UNICEF manual); and on IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings;

Technical assistance (UNICEF): identify areas where technical support is needed and mobilize resources; ensure quality of interventions; provide rapid response on sexual and gender-based violence in emergencies (consultant roster); update and disseminate list of key policy documents and resource materials; produce and disseminate tools and information, education and communication materials.

Integrating HIV/AIDS interventions into emergency preparedness, prevention and response (US\$ 428,000)

Assessment, monitoring and evaluation: adopt and implement protocols for data collection; identify and disseminate tools for baseline data collection and analysis; consolidate, analyse and use existing data; identify good/best practices and lessons learned; map out HIV/AIDS activities and outcomes to create a regional overview;

Advocacy and coordination: ensure that regional working groups include HIV/AIDS in their humanitarian response plans and actions; support Country Offices in lobbying national governments to adopt IASC Guidelines and to integrate refugee and displaced populations needs into national HIV/AIDS programmes;

Capacity-building: provide training on IASC Guidelines on HIV/AIDS Interventions in Emergencies; provide trainings on assessment, programme design, monitoring and evaluation; *Caring for Survivors* (validated UNICEF manual); and IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings;

Technical assistance: identify areas where technical support is needed and mobilize resources; ensure quality of interventions; provide rapid response on HIV/AIDS and gender-based violence in emergencies (consultant roster); update and disseminate list of key policy documents and resource materials; produce and disseminate tools and information, education and communication materials.

Basic social services (including education) (US\$ 3,928,826)

Assistance to children and women victims of armed conflict in Guinea (US\$ 2,308,846)

Guinean women and children, Liberian and Ivorian refugees as well as Burkinabe and Malian returnees will benefit from the following key activities:

- Organize regional and district-level epidemic outbreak management services; provide essential drugs, basic medical kits, vaccines for districts health facilities; disinfect and protect water sources; provide rehabilitation care for severely malnourished children;
- Provide legal clinic services, psychosocial support and access to basic services (shelter, food, education and health) to survivors of sexual abuse and exploitation;
- Strengthen the coordination of HIV/AIDS activities and support health structures – voluntary counselling and testing, prevention and care for HIV/AIDS and sexual violence survivors;
- Contribute to decrease case fatality rates providing essential drugs, vaccines and medical equipment to health centres and hospitals for the management of epidemics and their nutritional consequences on children;
- Disinfect water sources.

Assistance to vulnerable groups affected by population movements in Burkina Faso and Mali (US \$ 1,619,980)

- Protection: train partners in the prevention of separation and in family tracing and reunification; support interim care arrangements for separated children; sensitize women and adolescents on STI/HIV/AIDS and gender-based violence (GBV); train medical and social workers in prevention and response to GBV survivors and in STI case management;
- Education: provide material for temporary classrooms; supply equipment, pedagogical materials and recreation kits; identify/recruit and train teachers; organize life skills education and recreational activities;
- Health and nutrition: conduct anthropometric assessments; supply BP5, vitamin A, iron/folic acid, micronutrients, de-worming tablets; provide measles and tetanus vaccines and cold-chain equipment; distribute impregnated mosquito nets and provide preventive treatment to pregnant women; train health personnel; support behaviour change.
- Water and sanitation: Construct/rehabilitate/maintain water points and latrines; provide hygiene supplies and education.

Support to emergency response in Burkina Faso and Mali

A nutrition crisis is under way in Burkina Faso and Mali. Rates of global acute malnutrition are at 19 per cent in Burkina Faso and up to 18.5 per cent in some regions of Mali. The water, hygiene and sanitation situation is critical mainly in rural areas, further exacerbating malnutrition and child mortality rates. In Burkina Faso, safe drinking water and sanitation coverage is respectively 44 per cent and 8 per cent, whilst in Mali only 42 per cent of households have access to safe water and 15 per cent of families to adequate excreta disposal facilities. Child malnutrition is the result of a combination of factors including inadequate food and feeding practices in the first two years of life, poor care practices for children and women particularly during early childhood and pregnancy, and inadequate access to essential health services and a healthy environment; this leads to a vicious cycle of malnutrition and disease and results in an unacceptable burden of child mortality attributable to malnutrition.

The vulnerability of women and children in Burkina Faso and Mali is further exacerbated by the ongoing crisis in Côte d'Ivoire. Since the onset of the crisis, more than 350,000 Burkinabe and 50,000 Malians have fled their homes to their original countries. With the continued risk of a deterioration of the situation in Côte d'Ivoire, it is anticipated that 420,000 Burkinabe and 255,000 Malians would flee the conflict. Moreover, some 30,000 returnees are expected to transit through the region, within refuge camps or hosted by the resident population (estimated at 100,000 persons). Schools in host communities (Burkina Faso) and reception camps (Mali) are already overcrowded. Access to safe water and adequate sanitation facilities, currently inadequate, will be further compounded, increasing the likelihood of water-borne diseases and increasing malnutrition and child mortality rates. There has been no special registration of children who have been separated from their parents and it is not known how many unaccompanied/separated children have crossed the borders at unofficial border posts. Women, and especially adolescents, remain highly vulnerable to sexual abuse. The already overstretched technical and financial capacities of existing health and social infrastructures to provide quality primary health care and referral services to children and women will reach a breaking point.

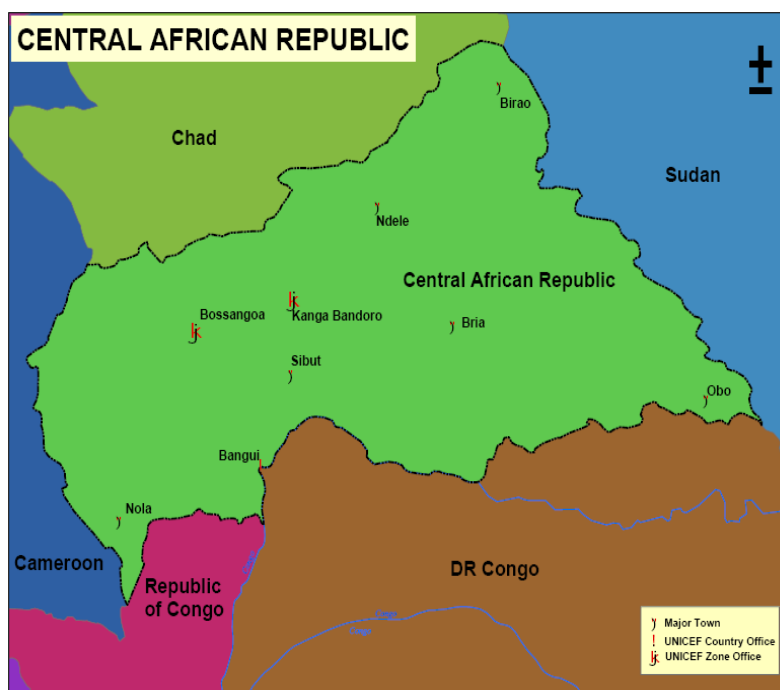
Planned activities

UNICEF's response to the nutrition crisis in Burkina Faso and Mali includes a range of evidence-based, low-cost, high-impact interventions for child nutrition and survival that can be delivered at national scale. The focus is on strengthening the capacity of the Mali and Burkina Faso Governments and their humanitarian partners to prevent and manage acute malnutrition of among 380,000 malnourished children, of whom 38,000 with severe acute malnutrition. Support will be provided to support the development of national protocols for the management of acute malnutrition, to ensure an uninterrupted pipeline of therapeutic and supplementary foods, to establish nutrition and child survival services, as well as to promote exclusive breastfeeding, micronutrient supplementation, hygiene and management of diarrhoeal diseases.

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



UNICEF HUMANITARIAN ACTION CENTRAL AFRICAN REPUBLIC IN 2007



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

CORE COUNTRY DATA

Population under 18 (thousands)	2021
U5 mortality rate	220
Infant mortality rate	132
Maternal mortality ratio (1990-2005, reported)	1355
Primary school enrolment ratio, 2000-2005, net (male/female)	44.3/36.9
% U1 fully immunized (DPT)	25.7
% population using improved drinking water sources	47
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	540
% U5 suffering from moderate and severe underweight	37

Source: General Census on Population and Housing 2003

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	6,967,485
Water and environmental sanitation	2,167,000
Education	2,641,295
Child protection	711,240
Non-food items/shelter	775,750
Total*	13,262,770

*The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The Central African Republic (CAR) remains a precarious environment for children. The humanitarian crisis in Africa's most forgotten nation persists after a decade-long armed conflict. With the persistence of armed groups and increasing banditry in the North, the impact of crises in Chad, Democratic Republic of the Congo, Darfur and Southern Sudan, an extremely difficult institutional environment and a very low international presence, the country remains on the edge of a generalized armed conflict and humanitarian crisis. More than 1 million people are considered to be highly vulnerable due to disease, malnutrition and insecurity. Since January 2006, some 150,000 people have been forced to flee their homes, including 30,000 additional refugees into Chad, because of heightened insecurity in the North and North-West. Some 200,000 persons are internally displaced, mainly women and children, of which more than half are children. Likewise, the number of persons fleeing to Chad and Cameroon has also increased.

The State is unable to deploy in, or to effectively police, the territory. The lack of a judicial system severely impacts on the protection of civilians, with the military often relied upon to enforce the law. There is a desperate need of protection, basic health, nutrition, water and sanitation services, education as well as food and non-food aid. The situation continues to worsen: if no additional aid is provided soon, more people risk death or displacement.

Widespread human rights violations continue to be perpetrated on local populations by military forces and armed groups. Looting of entire villages, forced displacement, child kidnapping, child recruitment, abuse and sexual violence have become commonplace. With almost total silence and impunity, massacres of civilian populations have occurred in Paoua, in the road axes villages, and the insecurity is increasing. Banditry and fighting have suddenly resumed, notably in Nana-Grbzi, Bamingui-Bangoran, Vakaga, Ouham and Ouham Pendé. Some areas of the Vakaga region are under rebels' control as from June 2006, including its capital which was seized on 30 October.

Indicators have deteriorated with, for example, under-five mortality increasing from 157 deaths per 1,000 live births in 1995 to 220 in 2003, meaning that more than one child out of five does not live to see his/her fifth birthday, and that every 30 minutes a child dies due to vaccine-preventable diseases, inadequate nutrition, or lack of safe water. Likewise, maternal mortality has increased from 683 deaths per 100,000 live births in 1988 to 1,355 in 2003 (one of the highest in the world), meaning that every six minutes a woman dies from birth-related causes. In the last 10 years, Central Africans' life expectancy has decreased half a year every 12 months, with 38 the average life expectancy in 2007. Acute malnutrition has reached 4.7 per cent (2.9 per cent to 7.2 per cent) and chronic malnutrition stands at 29.5 per cent (25.3 per cent to 33.9 per cent). WFP reports that the food security situation in the North-West and North-East (prefectures of Ouham Ouham-Pende and Vakaga), already very fragile, has worsened during the lean season. The percentage of people living below the poverty threshold has increased from 63 per cent in 1993 to 71 per cent in 2003 (81 per cent of women and 69 per cent of men in rural areas).

Insecurity, weak institutional capacity and corruption constitute an unfavourable policy climate for children. Prior to the conflict, school facilities were already scarce; now, it is estimated that one third of the existing school buildings have been destroyed as a direct result of the ongoing conflict. Furthermore, benches and other school equipment have been stolen or damaged. Most teachers have fled.

The country has the highest HIV prevalence rate in Central and West Africa: 15 per cent according to 2002 official figures. This is resulting in an increasing number of orphans and other vulnerable children (OVC) affected by HIV/AIDS, including 140,000 orphans due to AIDS, 24,000 children living with HIV and more than 6,000 OVC living in the streets. The group aged 15-24 years is the most vulnerable and girls are five times more likely to become infected than boys. Only 2 per cent of children who are infected receive care and treatment, and only 2.8 per cent of orphans benefit from external support.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners including international NGOs, such as Médecins sans Frontières (MSF) - Holland/France/Spain, Cooperazione Internazionale (COOPI) and International Partnership for Human Development, UNICEF has continued to respond to the humanitarian needs of the Central African population. Actions have been focused mainly on the priority areas of health, nutrition, HIV/AIDS, water and sanitation, education and child protection. However, increasing and persisting insecurity in the northern part of the country hampered the achievement of expected results.

In an effort to restore expanded programme on immunization (EPI) activities, UNICEF, in close collaboration with WHO, supported three immunization campaigns, administered de-worming tablets to 322,852 under-five children and vitamin A to 393,908 under-five children and distributed 154,000 mosquito nets. High levels of immunization coverage (85 per cent for DT3 and 95 per cent for measles by end 2006) were achieved during these campaigns.

To revitalize primary health care, UNICEF contributed to the prevention and treatment of malaria through the provision of generic essential drugs. Refrigerators and one generator, as well as logistic support, were provided to the areas of Paoua and Markounda to assist internally displaced populations. In water and sanitation, UNICEF helped improve access to safe drinking water and latrines in the prefecture of Ouham Pende and sub-prefecture of Markounda. UNICEF signed a project cooperation agreement with International Partnership for Human Development for the rehabilitation of 150 handpumps enabling 90,000 persons to access safe drinking water and for the construction of latrines for 2,000 households.

In August 2005, in close collaboration with WHO and the NGO Foyer de Charité, UNICEF supported a nutrition survey in the former conflict zone, Bangui and Lobaye, to assess the nutritional status of under-five children. Data were validated in January 2006 with the support of the NGO Action contre la Faim and a therapeutic feeding centre for severely malnourished children was opened in Bangui. The centre has been able to treat 75 under-five children since the month of August, with the help of UNICEF. Three additional therapeutic feeding centres and ten supplementary feeding centres were operational before the end of 2006 with the assistance of Action contre la Faim.

In the area of education, UNICEF continued to invest in the conflict-affected areas: 5,000 wooden school benches were supplied to carry on with the replacement of the 55,000 benches destroyed or stolen during the conflict; construction materials and technical advice were provided for community school construction projects, along with school kits for 10,000 pupils; 447 teachers were trained; two vehicles and four motorcycles were supplied to the districts to further strengthen the technical and operational capacity of the Ministry of Education. Unfortunately, up to reporting date, the Ministry of Education has not been able to provide updated records on primary education.

In close collaboration with other UN agencies and within the framework of UNAIDS, UNICEF supported government efforts to adequately respond to the AIDS crisis in the country. Three youth-friendly information, education and counselling centre are now operational in Bangui. Young people are being involved in activities aiming to reduce their vulnerability to HIV/AIDS and other sexually transmitted infections.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF is an active member of the UN Country Team and is represented in all planning and coordination events. UNICEF participates in UN Thematic Group Meetings supporting the Government in the different sectors assisted by UN agencies. UNICEF leads the education, non-food items and water and sanitation sector coordination groups; it co-leads the protection sector with UNHCR, and contributes to the health and nutrition sectors. It participates in the Inter-Agency Coordination Group with other UN agencies, NGOs and bilateral agencies and also attends other national coordination meetings in the areas of health, education and child protection.

Regular programme

UNICEF played a key role in the 2004-2006 United Nations Development Assistance Framework (UNDAF) review process and in 2007-2011 UNDAF initiation and development, ensuring that children's and women's needs and rights are adequately addressed by the entire UN Country Team and others. The new Country Programme Document is aligned with the priorities of the new Medium-Term Strategic Plan and the Millennium Development Goals – girls' education; child survival and development; HIV/AIDS; child protection; and advocacy and social policy.

Health and nutrition (US\$ 6,967,485)

Expanded programme on immunization (EPI) (US\$ 2,011,600)

Some 389,730 under-five children and 550,207 lactating women will benefit from the following activities:

- Support the organization of local measles campaigns;
- Support the organization of local maternal and neonatal tetanus elimination campaigns;
- Organize outreach activities to boost routine EPI coverage;
- Set up an effective EPI monitoring system;
- Support communication activities to increase demand for services.

Integrated Management of Childhood Illness (IMCI) (US\$ 2,975,850)

Some 389,730 under-five children will be targeted through the following activities:

- Provide family- and community-based care: promotion of health/nutrition practices; use of long-lasting insecticidal nets (LLINs); infant and young children feeding practices; community-based management of malaria, pneumonia, diarrhoea;
- Support outreach services: distribution of LLINs to under-five children; vitamin A supplementation for children aged 6-59 months; distribution of de-worming tablets to children aged 12-59 months;
- Strengthen primary health care services: training of health workers and provision of essential drugs for primary health centres to better manage malaria, diarrhoea, pneumonia, measles and neonatal infections; supervision and monitoring.

Maternal mortality reduction (US\$ 430,140)

Some 62,158 pregnant women and 36,259 newborns will be reached through the following key activities:

- Provide family- and community-based intervention package:
 - For newborns: social mobilization activities and training of traditional birth attendants (TBAs) and volunteers for prevention of infections, hypothermia and asphyxia; for detection of newborn danger signs and of breastfeeding problems; for promotion of immediate and exclusive breastfeeding;
 - For pregnant women: social mobilization activities and training of TBAs and volunteers on 'making pregnancy safer' (MPS) strategy and interventions;
- Support outreach interventions: antenatal care, preventive intermittent treatment of malaria; distribution of LLINs;
- Strengthen primary health care services: training of midwives and nurses on MPS strategies and interventions; promotion of baby-friendly hospital initiatives; provision of basic kits;

Cotrimoxazole prophylaxis to infants of HIV-positive mothers; voluntary counselling and testing for HIV; antiretroviral treatment for HIV-positive mothers and their children.

Nutrition (US\$ 695,500)

Some 2,061,846 conflict-affected people, including 318,349 under-five children and 117,228 pregnant and post-partum women from the prefectures of Ouham, Ouham Pendé, Ombella Mpoko, Nana Grebizi and Bangui, will be targeted through the following activities:

- Provide supplies and technical support for the management of five therapeutic feeding centres and thirty supplementary feeding centres in the five most conflict-affected districts;
- Reinforce national capacities on nutritional status assessment and monitoring, through training and supply/equipment programme;
- Support community-based nutrition activities to prevent malnutrition among under-five children, tackling the most important causes of malnutrition (community-based growth monitoring; food security; infant and young feeding practices).

HIV/AIDS (US\$ 854,395)

Some 1,035,962 conflict-affected people, including 62,158 pregnant women, 9,325 new infected mothers and 186,500 young people and children will be reached through the following key activities:

- Undertake HIV/AIDS risk mapping and adopt life skills approach;
- Develop an advocacy and integrated communication plan for behaviour change;
- Strengthen existing health services with STI/HIV/AIDS facilities and resources: voluntary counselling and testing (VCT), youth-friendly services for STDs/STIs;
- Strengthen antenatal care services in all health facilities: tests, necessary materials and VCT equipment;
- Train health workers and volunteers (support groups, community-based organizations, community-based health workers, traditional birth attendants, traditional healers, religious groups) in counselling, testing and providing antiretroviral therapy and drugs for the treatment of opportunistic infections.

Water and environmental sanitation (US\$ 2,167,000)

Some 175,000 displaced persons, focusing particularly on children and women, will be reached through the following key activities:

- Construct at least 50 new water points equipped with handpumps in schools;
- Rehabilitate 600 broken water and sanitation facilities (handpumps) in villages to ensure safe access to water for at least 175,000 displaced persons and returnees (care and maintenance);
- Support water point management at village level and latrination of at least 6,000 households;
- Intensify hygiene education campaigns in schools and at household level;
- Provide family emergency kits (soap, bucket etc.);
- Strengthen capacities of government and communities in the management of water systems;
- Foster coordination for water and sanitation sector emergency preparedness.

Education (US\$ 2,641,295)

A total of 88,868 displaced and war-affected children, including more than 34,000 girls, and 1,267 teachers, will benefit from the following key activities:

- Map existing school facilities and equipments within the conflict zones;
- Mobilize and sensitize communities for school rehabilitation and re-opening;
- Provide support for the rehabilitation of 74 classrooms;
- Procure and distribute recreation kits and basic school kits to 74 schools, 1,267 primary schoolteachers and 88,868 pupils.
- Train 1,267 teachers on basic pedagogic skills and competencies, with particular emphasis on HIV/AIDS and peace education;
- Support the construction of 30 temporary school/classroom structures to accommodate 88,868 primary schoolchildren.

Child protection (US\$ 711,240)

Monitoring and reporting on child rights violations (US\$ 278,200)

Some 60,000 internally displaced persons and 60,000 especially vulnerable people (30,000 children and 30,000 women) are targeted through the following key activities:

- Assess, analyse and document cases of severe violations of human rights and their trends, particularly against women and children, to enable effective and well-targeted advocacy efforts;
- Establish/strengthen existing mechanisms and systems to monitor and report on violations, including a pilot child protection network as well as a pilot database on child rights violations;
- Train military forces, rebels, law enforcement officials and other relevant actors on children's and women's rights, including special protection accorded to children in conflict situations and protection from sexual abuse and exploitation at all levels.

Protection, care and support of OVC (US\$ 241,700)

Some 115,000 especially vulnerable children from conflict-affected areas, including 3,000 street children, are targeted through the following activities:

- Reinforce operational capacity (equipments, materials, etc.) of 20 NGOs in the conflict-affected areas to improve access of OVC to basic social services;
- Train 100 social workers on home-based care and psychosocial follow-up of OVC and their families;
- Provide technical assistance for the design and implementation of the first national action plan on OVC, ensuring quality planning and effective fundraising strategies;
- Elaborate a service and institutional mapping of beneficiaries and children affected by conflict;
- Create a database on children living in the streets and abandoned children in the conflict-affected areas, including an annual report on research and analysis of data related to OVC and children living in the streets as a direct consequence of the armed conflict.

Birth registration in conflict area (US\$ 191,340)

Some 453,000 children, including 305,000 under-five children and 136,000 especially vulnerable children, will benefit from the following activities:

- Provide technical and financial assistance for a birth registration system needs assessment in the prefectures of Kémo, Ouham and Ouham Pendé;
- Support reconstruction/reconstitution of at least 51 registrars' offices destroyed during conflicts;
- Deliver equipment and materials (birth registration forms, etc.) to reestablish minimum operational capacities of at least 51 destroyed registrars' offices;
- Support judiciary system in order to ensure free and compulsory birth registration;
- Train 300 registration agents, officials and other key actors on applicable legal provisions;
- Support the free registration of OVC (newborn or children not registered at birth).

Non-food items/shelter (US\$ 775,750)

Some 90,000 internally displaced and vulnerable people, including 65,000 children and women, will be reached through the following activities:

- Permanently assess the situation of affected communities (affected towns/permanent rural communities) and of temporary settlements in the bush; upgrade temporary settlements and affected communities;
- Pre-position basic emergency non-food items (NFIs) buffer stock for 25,000 people at UNICEF's Bossangoa sub-office and at UNICEF/WFP Kaga-Bandoro facilities (UN common services);
- Ensure regular delivery of emergency NFI assistance and seasonal input for 60,000 most vulnerable people in rural areas identified by community leaders (hygienic kits, cooking sets, soap, bed linen, plastic sheeting, metal buckets, impregnated mosquito nets, seeds, fishing and agricultural tools, nutritional/non-food complementation, and clothes for children);
- Deliver emergency NFIs and seasonal input for 5,000 affected/vulnerable people in Nana-Grebizi and Bamingui-Bangoran.

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UNICEF HUMANITARIAN ACTION

CHAD

IN 2007



CORE COUNTRY DATA

Significant disparities exist between regional and national averages.

Population under 18 (thousands)	5257
U5 mortality rate	208
Infant mortality rate	124
Maternal mortality ratio (1990-2005, reported)	1100
Primary school enrolment ratio (gross – World Bank)	78
Primary school enrolment ratio, 2000-2005, net (female)	46
% U1 fully immunized (DPT3)	20
% population using improved drinking water sources	42
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	180
% U5 suffering moderate and severe underweight	37

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Eastern Chad – Sudanese refugees from Darfur and host communities	
Health and nutrition	1,148,000
Education	4,872,000
Water and environmental sanitation	2,648,000
Protection	873,600
Eastern Chad – Internally displaced persons and host communities	
Health and nutrition	804,700
Education	1,084,600
Water and environmental sanitation	1,934,000
Protection	414,400
Southern Chad – Central African refugees and host communities	
Health and nutrition	350,268
Education	694,400
Water and environmental sanitation	1,013,675
Protection	420,000
Total*	16,257,643

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The most critical humanitarian challenge for Chad stems from continued population displacement in the East, resulting both from conflict in the Darfur region of neighbouring Sudan and from insecurity within Chad itself. The instability in the northern part of the Central African Republic is also increasingly interrelated with the conflict in Darfur and the instability in Eastern Chad, thus raising an additional challenge in Southern Chad.

More than 215,000 Sudanese refugees from Darfur now live in 12 camps in Eastern Chad as a result of the crisis that began in 2004. It is estimated that some 85 per cent of these refugees are children and women, many of whom are victims or witnesses of unspeakable atrocities. Sudanese refugees are now receiving assistance that meets international standards, such as 15 litres of water per person per day, food rations consisting of 2,100 kcal per person per day, access to health care and nutrition, and primary education for school-aged children. Maintenance of these international standards of assistance is one of the main objectives for humanitarian intervention in 2007. Other important objectives include protection of refugee children and women, such as preventing the recruitment of children by rebel groups and protecting women from domestic and sexual violence. Secondary education is urgently needed to reduce adolescents' exposure to the threat of recruitment, and to enable them to develop skills for rebuilding their lives once they are able to return to Sudan. Another critical issue for children and women refugees is the proximity of two refugee camps to the Chad-Sudan border, and the impact that a deterioration of security might have on their well-being. For this reason, the government of Chad and UN agencies have agreed to relocate Oure Cassoni and Am Nabak camps.

Humanitarian intervention in Eastern Chad in 2007 must also respond to the assistance needs of nearly 65,000 internally displaced Chadians, as well as the local population affected by their displacement. In Eastern Chad, only 34 per cent of the population have access to safe drinking water and less than 1 per cent of families in rural areas use latrines. The sudden rise in population density with the arrival of internally displaced persons (IDPs) has caused overcrowding, which can lead to disputes over limited resources between IDPs and host communities and to a high risk of epidemics from the use of contaminated water and inadequate sanitation facilities. Lack of access to health services and essential medicines must also be addressed. Malaria is the number one cause of death among under-five children in Eastern Chad, where only 10 per cent of the population have access to health centres. Chronic malnutrition and almost universal failure to maintain exclusive breastfeeding during the first six months of life weaken children's capacity to fight off and recover from illness.

Access to education is also very limited; most schools are rudimentary shelters, with teachers who have little or no formal training and students who lack learning materials. The main objectives for providing assistance to IDPs and affected Chadian communities in 2007 are to provide safe drinking water and adequate sanitation facilities, essential health care and nutrition assistance, such as measles vaccinations, vitamin A supplementation, de-worming treatments, high-protein biscuits, and insecticide-treated mosquito nets, as well as primary school education for school-aged children.

In Southern Chad, over 45,000 refugees from the Central African Republic (CAR) are living in four refugee camps. The critical issue for 2007 is to provide basic services to both refugee and host communities, addressing the low health and nutritional status of CAR refugee children; the high incidence of acute respiratory infections, malaria and diarrhoeal diseases; the lack of adequate access to safe drinking water and basic sanitation facilities; the need for protection and medical care of women who have suffered sexual and gender-based violence; and the shortage of classrooms and teaching and learning materials for school-aged children.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with Chadian governmental authorities, international and national NGOs and other UN agencies, UNICEF continued to respond to the humanitarian needs of displaced populations and host communities in Eastern and Southern Chad. It has mainly focused on the priority areas of health, nutrition, education, water and environmental sanitation, and child protection.

Sudanese refugees and host communities

Health and nutrition: 96 per cent of refugee children aged 6 months-15 years were vaccinated against measles; health workers were trained for vaccinations; insecticide-treated mosquito nets were provided to under-five children and pregnant women; equipment, supplies, medicines and nutritional supplements were provided to supplementary and therapeutic feeding centres (to date in 2006, 83.4 per cent of children admitted for severe acute malnutrition recovered); 96 per cent of children aged 6-59 months received vitamin A supplementation; 86 per cent of children aged 12 months-14 years were de-wormed. UNICEF also conducted nutritional surveys in four camps.

Education: 96 per cent of school-aged children aged 6-14 years (51 per cent girls) were enrolled in primary school and 60 per cent of children aged 3-6 years were enrolled in pre-school; 900 primary schoolteachers and 372 pre-school facilitators were trained; physical education classes were provided in four camps.

Water and environmental sanitation: In Ouro Cassoni camp, almost 30,000 refugees received 15 litres of water per person per day. In Touloum, Iridimi and Ouro Cassoni camps, almost 70,000 refugees received sanitation assistance in the form of family latrines and school latrines with handwashing facilities, and benefited from hygiene promotion programmes. UNICEF also provided water and environmental sanitation to Chadian communities living in a radius of 5 to 10 km around refugee camps. With its partners, UNICEF drilled 46 boreholes with handpumps and 20 wells with handpumps, and has developed hygiene promotion programmes for the prevention of hepatitis E.

Child protection: 72 child-centred spaces were established in eight camps and surrounding host communities to function as protection entry points and provide educational non-formal activities for war-affected children; sensitization campaigns that reached over 125,000 parents, teachers and children were also conducted in order to strengthen responsibility of adults for children in their care; 65 child well-being committees were established to strengthen and develop local community protection mechanisms, while gendarmes were trained on children's rights and prevention/response to gender-based violence.

IDPs and host communities

Health and nutrition: With its partners, UNICEF monitored the nutritional status of children in IDP-affected communities and established a stock of high-energy biscuits; 92 per cent of children aged 6 months-15 years were vaccinated against measles and 92 per cent of those aged 0-59 months were vaccinated against polio; 80 per cent of children aged 6-59 months received vitamin A supplementation, and 20 per cent of those aged 12 months-14 years were de-wormed. In addition, 852 insecticide-treated mosquito nets and 3,000 blankets were distributed to families with pregnant women and under-five children.

Education: UNICEF conducted a census of school-aged children and trained 54 community-based teachers; 120 classrooms are currently under construction; 145 school-in-a-box kits were pre-positioned, each of which provides teaching and learning materials for 80 students. Parent-teacher associations were strengthened and encouraged to become fully involved in running their schools and financially supporting their teachers.

Water and environmental sanitation: UNICEF provided over 13,000 IDPs and people from host communities with safe drinking water by installing four water pumping stations and drilling 12

boreholes with handpumps; 38 additional boreholes with handpumps are being drilled in IDP-affected villages; 160 family latrines, each serving 20 persons, were constructed with UNICEF support; four water point management committees were established to oversee the consumption of fuel and the use of equipment at the pumping stations and boreholes; family water kits and sanitation kits were distributed to over 5,000 IDPs. Each family water kit contains one bucket, two jerrycans, one packet of 50 chloride tablets, and seven bars of soap. IDPs and host communities benefited from hygiene education activities.

CAR refugees and host communities

Health and nutrition: Children aged 6 months-15 years were vaccinated against measles; insecticide-treated mosquito nets were distributed to children and pregnant women to reduce the incidence of malaria; children aged 6-59 months received vitamin A supplementation.

Education: UNICEF distributed school materials to all CAR refugee children for the current school year and is currently building 30 semi-permanent classrooms, in addition to having conducted an evaluation mission to prepare new interventions.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Coordination structures are well established for humanitarian actions by government, agencies, and NGOs. UNICEF coordinates education, child nutrition, and child protection; and coordinates water and environmental sanitation together with UNHCR, and health together with WHO.

Regular programme

The humanitarian actions are directly linked to the national development programme. The Sudanese refugees and Chadian IDPs are located in two of the five regions of concentration for the UNICEF development programme. Through this overlap of humanitarian and development locations, UNICEF supports the needs of the Chadians affected by the presence of the refugees and capacity-building for government officials to manage the totality of their development and humanitarian responsibilities.

Eastern Chad – Sudanese refugees from Darfur and host communities

Health and nutrition (US\$ 1,148,000)

UNICEF will improve the health of some 135,000 Sudanese refugee children, 80,000 refugee women of childbearing age and nearly 200,000 children and 115,000 women of childbearing age from host communities, by implementing the following key activities:

- Train health personnel and community workers on nutrition issues;
- Purchase and distribute vaccines and immunization materials, essential drugs, vitamin A, blankets, insecticide-treated nets, micronutrients, therapeutic foods, anthropometric materials and tools required for nutritional surveys;
- Organize catch-up immunization campaigns and outreach immunization activities;
- Undertake information, education and communication through mass sensitization campaigns directed to populations in Eastern Chad on community-based measures aimed at preventing and fighting malnutrition;
- Support therapeutic feeding centres in camps and host communities;
- Conduct monitoring and evaluation activities through nutritional surveys.

Education (US\$ 4,872,000)

To ensure that 61,000 primary school-aged refugee children, 25,000 pre-school-aged refugee children and 20,000 primary school-aged children from host communities have access to quality education, UNICEF will implement the following key activities:

- Increase school attendance, particularly the enrolment of girls in host communities, through

- social communication campaign;
- Improve and/or upgrade classrooms and provide sufficient teaching and learning materials in refugee camps;
- Provide water points, latrines, learning materials, furniture and teacher training in 40 schools in host communities;
- Promote the use of the Sudanese Curriculum in refugee camps;
- Train and monitor teachers in refugee camps and host communities, including on gender-sensitive approaches;
- Monitor the quality of education and evaluate standards and progress in the sector.

Water and environmental sanitation (US\$ 2,648,800)

UNICEF will ensure availability of safe water and basic sanitation and prevent water-borne diseases for the 215,000 refugees and 30,000 members of host communities in Eastern Chad through the following key activities:

- Support operation/maintenance of existing water supply infrastructures;
- Rehabilitate/construct water infrastructures, latrines and handwashing facilities;
- Promote hygiene and train on proper use and maintenance of latrines and water points;
- Procure and distribute basic family water kits and hygiene kits for 15,000 households;
- Set up a surveillance system and promote vector control interventions.

Protection (US\$ 873,600)

UNICEF will contribute to protect and improve the well-being of 120,000 Sudanese refugee and host community children and of 50,000 women in Eastern Chad through the following key activities:

- Consolidate child-friendly spaces, provide refresher courses on child rights and reproductive health for members of the committees and distribute recreational and basic materials for children;
- Undertake birth registration campaign and support parental education;
- Support vocational training and income-generating projects;
- Train security personnel, NGO staff and community leaders on children's rights and on the prevention of and response to recruitment/association of children with fighting forces;
- Provide life skills training and relevant materials/equipments to adolescents;
- Support prevention of sexual and gender-based violence as well as sensitization campaign;
- Support sexual and gender-based violence referral systems to provide gender-sensitive psychosocial and medical care to victims.

Eastern Chad - Internally displaced persons and host communities

Health and nutrition (US\$ 804,700)

UNICEF will contribute to the improvement of the health and nutritional status of approximately 70,000 internally displaced and host community children, through the following key activities:

- Purchase and distribute 25,000 insecticide-treated nets and 25,000 blankets for vulnerable under-five children and pregnant women;
- Provide cold-chain and communication equipment for the eight health centres in the IDP areas;
- Provide support to therapeutic feeding centres in IDP areas through the provision of anthropometric equipment, food supplements and therapeutic foods, ReSoMal and oral rehydration salts;
- Establish home-based therapeutic feeding practices for severely malnourished children in host communities;
- Undertake mass and interpersonal communication campaign to reduce water feeding of children under six months of age from current 98 per cent prevalence to below 40 per cent;
- Purchase and distribute 10 emergency health kits and midwifery equipment;
- Purchase and distribute essential drugs, including de-worming tablets, antimalarial drugs etc.;

UNICEF HUMANITARIAN ACTION REPORT 2007

- Reinforce routine expanded programme on immunization (EPI) with all seven antigens;
- Train and supervise health staff (NGO and Government) serving in IDP areas;
- Set up a nutritional surveillance system and conduct a nutritional survey among IDPs every six months;
- Support information, education and communication campaigns for promoting healthy behaviours.

Education (US\$ 1,084,600)

UNICEF will ensure that 14,000 internally displaced and host community school-aged children in Eastern Chad have access to quality primary education through the following key activities:

- Organize campaigns to sensitize refugee and host communities on the benefits of community support of teachers and primary schools through parent/teacher associations;
- Improve and/or upgrade 120 classrooms in communities hosting IDPs;
- Train 120 teachers on gender-sensitive techniques and methodologies;
- Procure and distribute pedagogical material, books and school supplies, including UNICEF school kits;
- Monitor the quality of education and evaluate standards and progress at IDP sites.

Water and environmental sanitation (US\$ 1,934,000)

UNICEF will ensure the availability of safe water and basic sanitation and prevent water-borne diseases among 65,000 IDPs and 20,000 members of host communities in Eastern Chad through the following key activities:

- Support operation/maintenance of existing water supply infrastructures;
- Rehabilitate/construct water infrastructures, latrines and handwashing facilities;
- Promote hygiene and train on proper use and maintenance of latrines and water points;
- Procure and distribute basic family water kits and hygiene kits for 13,000 households;
- Set up a surveillance system and promote vector control interventions.

Protection (US\$ 414,400)

UNICEF will contribute to protect 35,000 internally displaced children under 18 years of age and ensure availability of services that prevent and respond to violence, exploitation and abuse of children through the following key activities:

- Consolidate child-friendly spaces in IDP sites and host community villages;
- Provide recreational and basic materials for children;
- Train security personnel, NGO staff, child-friendly spaces animators and community leaders on children's rights and on the prevention of and response to child soldiering;
- Provide life skills training and relevant materials/equipments to adolescents;
- Sensitize and train on sexual and gender-based violence and provide gender-sensitive programmes to support victims;
- Support parental education.

Southern Chad – Central African refugees and host communities

Health and nutrition (US\$ 350,268)

In order to improve the general health and nutritional status of approximately 45,000 Central African refugees and 98,900 members of host communities in Southern Chad, UNICEF will implement the following key activities:

- Purchase and distribute 15,000 insecticide-treated nets for children and pregnant women living in camps and host communities and create buffer stock of 1,000 nets for new refugee arrivals;
- Support supplementary feeding centres and therapeutic feeding centres in refugee camps, the district hospital (Gore and Danamadji) and health centres in Southern Chad;
- Purchase and distribute five new emergency health kits; five midwifery kits, 2 - Equipment; twenty midwifery kits, 3 - Renewable for 1,000 normal deliveries; drugs for health centres;

- equipment for two hospitals and three health centres;
- Support routine expanded programme on immunization activities in refugee camps and in host communities;
- Conduct a maternal and neonatal tetanus immunization campaign in refugee camps;
- Train health staff and therapeutic feeding centres' workers serving in refugee camps and in host communities on health themes and on the new protocol for the management of acute malnutrition;
- Support information, education and communication campaigns on immunization, antenatal care, nutrition and prevention of acute respiratory infections, malaria and diarrhoea diseases.

Education (US\$ 694,400)

UNICEF will ensure that 10,000 Central African refugee children and 5,000 primary school-aged children from host communities have access to quality education through the following activities:

- Organize campaigns to sensitize refugee and host communities on the benefits of community support of teachers and primary schools through parent/teacher associations;
- Construct classrooms as well as water and sanitation facilities;
- Provide school furniture, teaching and learning materials;
- Train and build capacity of school principals, teachers, parent/teacher associations;
- Provide nutritional supplements for targeted children and treatment for intestinal worms;
- Support planning, coordination and project management.

Water and environmental sanitation (US\$ 1,013,675)

UNICEF will ensure the availability of safe water and basic sanitation as well as prevent water-borne diseases for the benefit of 45,000 refugees and 98,900 members of host communities through the following key activities:

- Construct water infrastructures, latrines and handwashing facilities;
- Promote hygiene and train on proper use and maintenance of latrines and water points;
- Procure and distribute basic family water kits and hygiene kits for 25,000 households;
- Set up a surveillance system and promote vector control interventions.

Protection (US\$ 420,000)

UNICEF will contribute to protect and improve the well-being of 30,000 CAR refugee and host community children and youth and of 15,000 women in Gore, Gondje, Maro and Danamadji through the following key activities:

- Consolidate child-friendly spaces in each of the refugee camps and in the host community villages;
- Provide training on child rights and reproductive health;
- Distribute recreational and basic materials for children;
- Organize birth registration campaign and support parental education;
- Support vocational training and income-generating projects;
- Train security personnel, NGO staff and community leaders on children's rights;
- Provide life skills training and relevant materials/equipments to adolescents;
- Support sexual and gender-based violence referral systems to provide gender-sensitive psychosocial and medical care to victims;
- Sensitize and train on sexual and gender-based violence and provide gender-sensitive programmes to support victims.

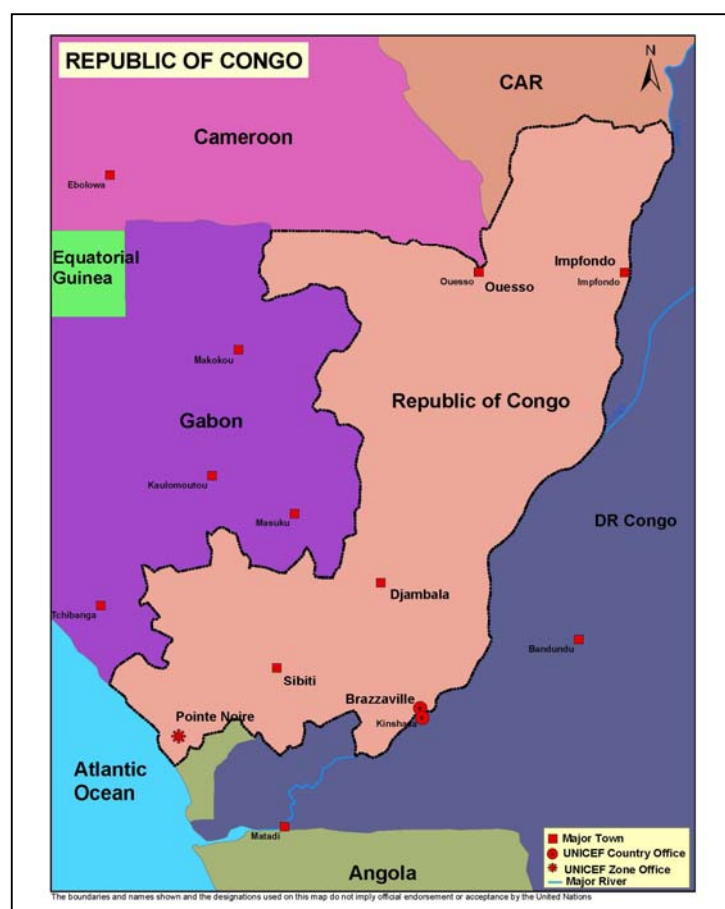
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UNICEF HUMANITARIAN ACTION

REPUBLIC OF THE CONGO

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	2153
U5 mortality rate	117*
Infant mortality rate	75*
Maternal mortality ratio	781*
Primary school enrolment ratio, 2000-2005, net (male/female)	55/53
% U1 fully immunized (without yellow fever)	52.1*
% U1 fully immunized (with yellow fever)	25.5*
% population using improved drinking water sources	58
HIV prevalence rate (total population)	4.2**
% U5 suffering from moderate and severe stunting	26

Sources: *The State of the World's Children 2007*

* Congo Demographic and Health Survey (DHS), 2005

** National Council for the Fight against HIV/AIDS (SEP/CNLS), Government of Congo, 2006

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	1,515,360
Water and environmental sanitation	1,005,312
Education	319,200
Child protection	1,147,440
Total*	3,987,312

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The Republic of the Congo is still suffering from the consequences of 10 years of armed conflict (1993-2003) that have devastated its infrastructure, ruined its economy and brought about massive suffering and population displacement. Despite the progressive return to peace, the socio-economic situation remains characterized by very low access to basic social services of acceptable quality, high child and maternal mortality rates, high urbanization, high unemployment and widespread poverty. Especially worrying is the situation of the people living in Pool Department where the security situation has not yet improved (approximately 200,000 people have returned into the Department after the 2003 Peace Accord), and of the indigenous population (Pygmies) living in the forested areas of the North-West, almost completely deprived of any human right and of access to basic social services. Congo's Pygmy population represents approximately 5 to 10 per cent of the country's population.

The recent Congo Demographic and Health Survey (2005) shows a deterioration of important basic indicators related to children and women as compared to 1990: the under-five mortality rate is 117 per 1,000 live births and the infant mortality rate 75 per 1,000 live births. Twenty-six per cent of children are chronically malnourished. The full immunization rate is still low, at 52.1 per cent (disregarding yellow fever vaccination, without which the rate drops to 25.5 per cent). Maternal mortality is still very high, at 781 deaths per 100,000 live births, despite high rates of assisted deliveries (86 per cent) and high access to antenatal services (88 per cent) – a result of the poor quality of maternal services. The HIV prevalence rate is at 4.2 per cent nationally, with 7 to 8 per cent prevalence among pregnant women. Access to water of acceptable quality is 58 per cent nationally and access to improved latrines is estimated at 7 per cent in urban areas and at 2 per cent in rural areas. Net primary school enrolment ratio is estimated at 55 per cent for boys and 53 per cent for girls. Birth registration is 81 per cent nationally for children under 10 years. Girls' rape is still a common phenomenon, and gang-rape is spreading, essentially as a result of the post-conflict deterioration of social values and the prevailing impunity. Children in conflict with the law are usually detained with adult prisoners. Due to extreme poverty, sexual exploitation is widespread.

It needs to be noted that most of the above indicators hide important regional, gender and ethnic disparities, not all of them fully documented. For example, most of the indigenous children in the Congo are not registered at birth and thus do not have access to primary education and to other basic social services.

Particularly difficult is the situation in the Pool Department, with a population of approximately 200,000 returnees. This Department (which surrounds Brazzaville) suffered especially severe fighting and destruction in the course of the conflicts, and still presents some degree of insecurity. An estimated 1,500 children in this Department are still armed and/or associated with armed groups. Since the demobilization, disarmament and reintegration (DDR) process has not yet started despite the Peace Accord of March 2003, these young people – in some cases not controlled by opposition leaders – constitute a permanent source of insecurity, as they use arms to attack trains and commercial convoys. Sexual exploitation and violence are widespread. The high presence of armed groups and sexual violence puts particularly at risk young people – and especially girls.

On the health front, although several health centres have re-opened, the majority still require basic rehabilitation. They are very poorly equipped, lack qualified staff and essential drugs, and cannot offer basic health care of acceptable standard. Many health centres and primary schools lack access to clean water and sanitation. The consequence is a high degree of water-borne diseases, such as diarrhoea and parasitic and skin diseases. Market gardening and farming are only timidly restarting due to limited security, shortage of tools and seeds, and absence of basic conditions for economic recovery (roads, means of transport, credit). This situation continues to negatively affect the nutritional status of children and women.

On the education front, the destruction of almost 80 per cent of the infrastructure, the lack of furniture and school supplies as well as trained teachers shortage have resulted in poor teaching quality, in the closure of many schools, and in low school attendance. Many children are therefore two, sometimes three years behind in their schooling, girls being most affected because of sexual violence in particular. Most school buildings have yet to be rehabilitated.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Throughout 2006, UNICEF has continued to respond to the humanitarian needs of the Pool Department's population, in close collaboration with local, national and international partners. UNICEF has focused on the priority areas of health, nutrition, water and sanitation, education and child protection. These interventions have been severely hindered by continuing insecurity and poor road infrastructure. Both of these problems have made it impossible for UNICEF to access some areas within the Department for months on end.

Major achievement in 2006 were, among others, the rehabilitation of two health centres (Mbandza Ndounga and Kimpanzou), coupled with the supply of furniture, equipment, essential drugs, nutrition kits and non-food items. Two rounds of local vaccination days against polio were conducted in the Department and routine EPI vaccination supported, reaching 54,732 children aged 0-5 years. In addition, 29 health staff have been trained in the identification and treatment of severe malnutrition.

In partnership with local NGOs, UNICEF is completing 50 wells (with pumps India Mark) in primary schools, kindergartens, health centres and markets, in addition to 55 latrines and two shower rooms, and has protected two springs. Hygiene training and the setting-up of 62 water management committees are taking place. UNICEF has equipped with furniture and pedagogic materials two kindergartens that were rehabilitated in 2005 and has rehabilitated two additional ones (Boko and Kinkala) as well as three primary schools (Kimba, Mayama and Nkoue). In the area of child protection, UNICEF has continued to support late birth registrations: 5,195 unregistered children were identified and 599 birth certificates signed. UNICEF is currently providing trauma counselling training to religious organizations, supporting youth clubs against HIV/AIDS and training peer educators in the Kinkala youth club.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF's humanitarian interventions are implemented in collaboration with other humanitarian actors, NGOs and UN agencies, within the coordination framework provided by OCHA. Two main structures have been set up to ensure effective coordination: the Permanent Committee of Humanitarian Agencies, and the Sectoral Coordination Committee. Both of these Committees meet monthly. In addition to consultations, sharing of information and, in some cases, joint planning, these Committees have been pivotal in the development of the Inter-Agency Contingency Plan relating to the potential post-electoral problems in the Democratic Republic of the Congo. In this regard, a simulation exercise has also taken place, and its results have been analysed and incorporated within the updated Plan.

Regular programme

UNICEF emergency interventions are fully integrated within the Country Programme of Cooperation. Technical support is provided through relevant sectoral programmes, within a coordination set-up. A major effort is taking place to progressively ensure appropriation by relevant ministries, as the political and security situation slowly improves.

Health and nutrition (US\$ 1,515,360)

Some 40,000 children aged 0-5 years, 8,000 pregnant women and 7,800 women in post-partum in Pool Department will benefit from the following interventions:

- Supply vaccines, impregnated mosquito nets, essential drugs, therapeutic and supplementary food and various equipment to health centres;
- Undertake routine immunization and supplementary immunization;
- Undertake de-worming of children;
- Provide vitamin A supplementation for children aged 6-59 months;
- Distribute impregnated mosquito nets to pregnant women and under-five children;
- Procure treatment for malaria cases;
- Provide vitamin A supplementation for post-partum women;
- Undertake de-worming of pregnant women;
- Identify and treat moderately and severely malnourished children, following the national protocol recently developed: identify malnourished children at the health centres and at community level, with the support of community-based volunteers, who will link with health centres and follow up on children already treated at health centre level and discharged. A communication component focusing on parental education will also be part of this intervention.

In addition, 275,631 children aged 0-5 years, and 55,125 children aged 6-59 months in Pool Department will benefit from an integrated package of interventions in the course of the measles campaign planned for 2007. This package includes:

- Vaccination against measles;
- Vitamin A supplementation;
- De-worming;
- Distribution of impregnated mosquito nets;
- Education on handwashing.

Water and environmental sanitation (US\$ 1,005,312)

Some 75,000 vulnerable persons in Pool Department will benefit from the following interventions:

- Construct/rehabilitate 50 wells (equipped with India Mark handpumps);
- Build 10 water reservoirs to catch rain water;
- Build 50 ventilated improved pit latrines (three doors) and organize handwashing points near them;
- Sensitize and educate on hygiene in intervention areas;
- Set up and train 50 water management committees (this training will include cost recovery);
- Train 50 local artisans in pump maintenance and well chlorination.

Education (US\$ 319,200)

UNICEF will work in partnership with UNESCO to provide primary education to 12,000 children in Pool Department, via the training of volunteer teachers. Activities will include:

- Train 250 volunteer teachers;
- Enrol in school 10,000 children and provide additional classes to 2,000 under-educated children;
- Distribute school kits and schoolbooks to 12,000 children.

Also in partnership with UNESCO, in refugee camps alongside Congo and Oubangui rivers and in surrounding communities, UNICEF will help train teachers to provide basic education and run extra-curricular activities for children from refugee and host populations. Activities will include:

- Train 5,000 teachers and trainers in basic education and life skills activities;
- Increase children's awareness about AIDS, hygiene and peace;
- Procure sport equipment for 17,000 children;
- Administer nutritional supplements and de-worming tablets to children in need.

Child protection (US\$ 1,147,440)

In Pool Department, 500 children and women victims of sexual violence, 50 children born out of rape and 20 social/health workers from the Department will benefit from the following interventions:

- Undertake in-depth evaluation of the scope and modalities of sexual violence;
- Train social workers and health staff in appropriate and quality medical and psychosocial care of victims of sexual violence;
- Provide integrated interventions for victims' care, treatment and psychosocial rehabilitation at selected health facilities;
- Put in place community-based mechanisms in order to prevent and fight against sexual violence;
- Promote sensibilization campaigns against sexual violence.

Additionally, young people aged 10-24 years and women of childbearing age from Pool Department and Likouala, as well as combatants and ex-combatants from Pool Department, will benefit from behaviour change interventions aiming at reducing the risks of contracting HIV/AIDS.

Another programme will target approximately 7,000 very vulnerable children from ethnic minorities who will benefit from the following interventions:

- Conduct emergency situation analysis on the survival and development of these vulnerable children, as no data whatsoever exist at the present time;
- On the basis of the above evaluation, develop an emergency programme on the survival and development of these very vulnerable children (water, sanitation, vaccination, basic health services and primary education);
- Undertake advocacy and social mobilization on the issues of sexual violence against minorities' children and on the lack of birth registration that prevents them from accessing health services, primary education, legal protection and other basic human rights;
- Develop a monitoring and evaluation mechanism to guarantee that assistance provided to minorities' children does effectively reach them.

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UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO IN 2007



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

CORE COUNTRY DATA

Population under 18 (thousands)	31071
U5 mortality rate*	205
Infant mortality rate*	123
Maternal mortality ratio (1990-2005, reported)	1300
Primary school enrolment ratio (% net, male/female)*	52 (55/49)
% U1 fully immunized (DPT3)	73
% population using improved drinking water sources**	22
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1000
% U5 suffering from moderate and severe acute malnutrition*	16

Sources: *The State of the World's Children 2007*

* Multiple Indicator Cluster Survey 2/2001

** DRC, Poverty Reduction Strategy Paper

Summary of UNICEF financial needs for 2007

Sectors	US\$
Health and nutrition	28,500,000
Water and environmental sanitation	10,000,000
Education	7,000,000
Child protection	5,000,000
HIV/AIDS	3,000,000
Mine action	1,000,000
Cross-sectoral initiatives	
Rapid response mechanism for emergencies	20,000,000
Programme of expanded assistance to returns	20,000,000
Cluster leadership and coordination	1,750,000
Total*	96,250,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Following the peace accords and the reunification of the country in 2003, the transition process of the Democratic Republic of the Congo (DRC) culminated in 2006 with the holding of its first democratic presidential elections. The year 2007 is therefore extremely crucial for the progress towards stability, peace and democracy that need to prevail over the ongoing persistence of conflict and emergency situations which in past years defined the country as one of the most serious humanitarian crises in the world.

The last decade of conflict resulted in some 4 million deaths, while about 1,200 people die in silence every day due to ongoing epidemics and conflict-related emergencies.¹⁴ More than 1.6 million persons remain displaced in the DRC, most of them women, adolescents and children, and a further 1.6 million recent returnees are only starting to rebuild their shattered lives. An estimated 40,000 people flee their homes every month mostly in Ituri and the Kivus, but also in Katanga. Homes, villages, markets, fields, health structures and schools have been looted and often destroyed, leaving families without access to basic services or shelter. Eighty per cent of the population live on much less than \$1 a day. It is believed that 8,000 children are still with armed groups and forces in the district of Ituri and in North and South Kivu, and that the 19,000 released from armed groups require social reintegration.

Internally displaced persons (IDPs) are preparing to return to their villages but landmines and unexploded ordnance risks exist in many of these former conflict zones. Approximately 3 million people are believed to be affected by this contamination, particularly in 6 provinces out of 11; few of them covered by the existing landmine activities.

Malnutrition and micronutrient deficiencies underlie almost half of the deaths among children below the age of five. Up to approximately 20 per cent of these deaths could be prevented through appropriate infant and young child feeding practices (*The Lancet* series), but only 24 per cent of infants aged 0-6 months are exclusively breastfed and 60 per cent of infants aged 0-2 months are given water, other liquids or even solid foods (Multiple Indicator Cluster Survey 2 (MICS2)). These underlying causes of malnutrition combined with continued insecurity in some areas explain the high underweight (31 per cent, MICS2) and acute malnutrition rates (16 per cent, MICS2). UNICEF is supporting all therapeutic feeding centres, except the few that do not reach national norms. The community-based therapeutic feeding programme approach has been piloted in DRC and will be extended once the new standards of therapeutic feeding are adopted. The maternal mortality ratio remains very high, at 1,289 deaths per 100,000 live births. Only 22 per cent of the population have access to safe drinking water and 9 per cent to improved water supply and sanitation, the situation being far worse in rural than in urban areas. According to recent studies, the HIV prevalence rate is estimated at 5 per cent, with significant local disparities (Lubumbashi 7 per cent; Kinshasa 3.8 per cent; Mikalayi 1.8 per cent). Prevalence peaks are estimated to be much higher in areas affected by conflict and by gender-based violence resulting from conflict. In 2006 incidents of sexual violence were becoming more frequent.

The latest statistics from MICS2 show that the net school enrolment ratio fell from 59 per cent in 1995 to 52 per cent in 2001 (boys 55 per cent and girls 49 per cent; urban areas 72 per cent and rural areas 53 per cent). The school drop-out rate remains in excess of 10 per cent. More than 4.4 million school-aged children, including 2.5 million girls and 400,000 displaced children, are not enrolled in school. The quality of schooling is affected by low salaries, crumbling infrastructure and educational material shortages, resulting in an inefficient school system – only 25 per cent of pupils reach grade 5.

¹⁴ In its 7 January 2006 issue, *The Lancet* published the results of the 2004 International Rescue Committee (IRC) mortality survey in the Democratic Republic of the Congo.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to build on its emergency response capacity during 2006 and has been one of the most operational humanitarian actors in the DRC. Response has been focused on the sectors of health and nutrition, education, protection, water and sanitation, and shelter and non-food items. UNICEF has taken the lead for the emergency response through the establishment and lead of five main clusters at national and provincial levels: water and sanitation, education, nutrition, non-food items/emergency shelter and emergency telecommunications. Through the management of the rapid response mechanism, more than 600,000 conflict-affected people have been directly assisted with life-saving shelter and household items and some 500,000 people have had access to safe water and sanitation services. The innovative programme of expanded assistance to returns (PEAR) has been launched to provide rapid assistance to internally displaced returnees.

In the area of health, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other partners. Some 9.5 million children were immunized in a major measles campaign. Additional children have received life-saving emergency nutrition assistance in some 94 therapeutic feeding centres. UNICEF has supported schools through the distribution of educational supplies and the rehabilitation of classrooms, the distribution of school supplies to 208,000 internally displaced children and 4,000 teachers, the training of teachers and non-formal' educators in the alternative education curriculum. More than 500,000 vulnerable people have also benefited from water and sanitation services. During the past years, UN agencies (UNICEF, FAO, WFP), together with implementing partners and in close collaboration with the National Nutrition Programme (*Programme national de nutrition – PRONANUT*), have been able to not only develop and integrate a national nutritional protocol for the treatment of acute malnutrition throughout the country, but have also successfully trained authorities and their counterparts, including health staff and implementing partners. As of the 2006 review, more than 34,580 children in 94 nutritional centres were supported by UNICEF and partner NGOs, such as Action contre la Faim (ACF), Bureau des œuvres médicales diocésaines (BDOM) and Save the Children Fund (SCF). The overall recovery rate was 86 per cent.

In 2006 a major focus was placed on promoting the release and community reintegration of children associated with armed groups and forces: so far, UNICEF has supported the release of 10,483 of these children and community reintegration of 9,195 children. Enormous efforts have been made to fight against sexual violence, including documentation, medical and psychosocial care, legal assistance, and economic reintegration of sexual violence survivors. Most of the activities have been developed in Eastern DRC where more than 20,000 sexual violence survivors have been identified. During 2006, some of the major achievements include the training of 206 police staff and the adoption of two laws on sexual violence as a result of UNICEF's and others partners' advocacy work since 2005. In addition, 1,200 sexual violence survivors have benefited from integrated support. Training sessions were conducted for medical staff and drugs provided for the medical centres in Lodja and Mbujimayi (Kasai Oriental) and Kalemie (Katanga). UNICEF has also provided emergency telecommunication support to humanitarian actors responding to the emergency crisis in Central Katanga, e.g. VSAT (very small aperture terminal) installed in Mitwaba.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF leads five of the ten clusters established in the DRC since 2006: water and sanitation, nutrition, education, non-food items/emergency shelter, and emergency telecommunications. UNICEF is the child protection focal point for the protection cluster and participates actively in the health, early recovery and logistics clusters. UNICEF works in close collaboration with all other UN agencies in the framework of the humanitarian action plan covering not only humanitarian emergencies but also post-conflict and transition issues, as well as with local and international NGOs, state authorities and religious entities throughout DRC.

Regular programme

UNICEF DRC is in the second and final year of its current Country Programme of Cooperation 2006-2007. The programme addresses the rights of the child through activities in primary education and early childhood development, maternal and child health, vaccination, nutrition, water and sanitation, legal and social protection of the child, community mobilization as well as HIV/AIDS throughout the country. UNICEF's emergency activities are integrated into the programme structure and are developed and implemented by technical experts.

Health and nutrition (US\$ 28,500,000, of which US\$ 9,000,000 for nutrition)

Some 7.5 million IDPs, host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 300 health centres;
- Provide vaccines, materials and support for the vaccination of 3.9 million children against measles, 6 million children against polio and 2 million children against all other antigens;
- Provide medicines and operational support in response to cholera epidemics;
- Distribute insecticide-treated mosquito nets to 1.5 million children and pregnant women, and train community-based health workers in their promotion and use;
- Continue supporting feeding centres previously established and run by partners for 45,000 malnourished children and their families, in partnership with FAO, WFP and the Ministry of Health, with therapeutic products, drugs, equipments, rehabilitation, and training. This also includes training mothers of malnourished children on good feeding practices, with special emphasis on infant feeding in emergencies.

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

Some 500,000 displaced and war-affected persons, focusing on children and women, will benefit from the following water, sanitation and hygiene (WASH) interventions:

- Construct protected water points to provide safe drinking water;
- Construct ventilated improved pit (VIP) latrines in health centres, schools and other public spaces;
- Promote family latrine construction through social marketing and hygiene education;
- Distribute water containers and hygiene kits as necessary;
- Promote hygiene education and hygiene awareness programmes in communities for vulnerable persons in order to complement existing water and sanitation services;
- Train community hygiene educators;
- Establish and train water committees.

Education (US\$ 7,000,000)

A total of 300,000 displaced and war-affected children and 6,000 teachers will benefit from the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 600 primary schools and lower secondary schools;
- Procure and distribute recreation kits and school supplies for 300,000 displaced and conflict-affected children and adolescents;
- Train 6,000 primary schoolteachers and 500 school principals on HIV/AIDS prevention, gender and equity issues and peace education;
- Rehabilitate 100 schools and build latrines in most affected areas;
- Undertake social mobilization and communication activities towards host communities.

Child protection (US\$ 5,000,000)

Some 28,000 vulnerable children, including children associated with armed groups, children victims of sexual violence as well as separated and unaccompanied children are targeted through the following key activities:

- Support the release of those children who remain within armed groups and have not participated in the official disarmament, demobilization and reintegration programme;
- Support the social and economic reintegration of an estimated 11,000 children already released from armed groups and forces (the remaining 8,000 released children will be targeted next year);
- Reach 8,000 children and their families through actions to prevent separation by strengthening or developing local community protection mechanisms and sensitization;
- Identify and provide an appropriate response (medical and psychosocial) to ensure the reintegration of 15,000 women and children subjected to sexual violence;
- Reinforce community-based rapid response mechanisms, through training on prevention of and response to sexual violence;
- Support free enrolment in school of some 12,000 OVC in AIDS-affected communities;
- Provide free access to health care for some 3,000 OVC and their caregivers in AIDS-affected communities;
- Strengthen operational monitoring mechanisms at community level.

HIV/AIDS (US\$ 3,000,000)

Some 950,000 children and vulnerable families will be reached through the following activities:

- Reduce vertical transmission of HIV/AIDS by 85 per cent in prevention of mother-to-child-transmission (PMTCT) centres;
- Train 700 peer educators, teachers and community workers in life skills and HIV/AIDS education, and promote knowledge of the disease and preventive measures to limit its spread among young people and vulnerable groups;
- Strengthen and expand provincial and community-level AIDS prevention networks in targeting the most vulnerable young people;
- Construct 120 needle and syringe incinerators and train 480 health actors in their management.

Mine action (US\$ 1,000,000)

Some 500,000 at-risk people will be reached through the following activities:

- Train 150 trainers in mine-risk education (MRE);
- Strengthen MRE capacity of international and national NGOs;
- Make MRE available to affected communities via schools, churches, and other community structures;
- Provide technical assistance to the Government and governmental partners.

Rapid response mechanism (RRM) for emergencies (US\$ 20,000,000)

It is expected that more than 130,000 internally displaced families (650,000 people) will be assisted through the rapid response mechanism. Key activities will include:

- Strengthen the capacity to respond to emergency humanitarian needs of acutely affected vulnerable Congolese families, saving lives and reducing future vulnerability; encourage communities to participate in the assessment, response and monitoring and evaluation processes wherever possible. It is expected that 130,000 Congolese families (approximately 650,000 people) will be assisted.
- When humanitarian crises cannot be responded to by the RRM due to the scale of a crisis or in cases where the RRM is not mandated to respond, retain a stand-by capacity to provide emergency family relief kits and clothes to a further 25,000 families (120,000 people), with special emphasis on children and women-headed households.

The rapid response mechanism (RRM) is a concept implemented by UNICEF in collaboration with the Office for the Coordination of Humanitarian Affairs (OCHA). Its rationale is to enhance the capacity of the DRC humanitarian community to respond rapidly to acute, life-threatening crises. Funds are currently being channelled through OCHA (mostly in the areas of coordination and assessment) and through UNICEF (operational costs, supplies, logistics, and security materials) to pre-position stocks of relief items and to provide operational partners (focal points) with the

capacity to deploy within 48 hours of an identified humanitarian crisis. A contingency fund is also reserved to allow other partners to engage in interventions beyond the capacity of the focal point.

The main activities are to *assess* humanitarian needs resulting from acute, rapid-onset crises within 48 hours of identification (security permitting); to *respond* via NGO partners to the needs of eligible beneficiaries in the sectors of shelter and non-food items, water and sanitation, and emergency education; to *coordinate* assessment and response; to *monitor* the utilization of supplies and/or services delivered; and to *evaluate* the impact of interventions.

Programme of expanded assistance to returns (PEAR) (US \$20,000,000)

It is expected that some 100,000 internally displaced returnee families (500,000 people) will be assisted through UNICEF's PEAR. As the cluster lead for non-food items/emergency shelter, UNICEF will retain a stand-by capacity to provide emergency family relief kits and clothes to a further 15,000 families (75,000 people).

The programme of expanded assistance to returns is implemented by UNICEF in collaboration with all key UN agencies and partner NGOs. Its rationale – similar to the RRM initiative – is to enhance the capacity of the DRC humanitarian community to respond rapidly to humanitarian needs of provincial health inspectors returning to their home communities. The PEAR is intended to assist returnee displaced families in eastern and southern DRC and support their reintegration and recovery in the sectors under UNICEF cluster lead (water and sanitation, nutrition, education, child protection and non-food items/emergency shelter) as well as in other sectors where UNICEF has a substantial role to play (health, community participation and mobilization, HIV/AIDS, etc.). This will be achieved through the following activities:

- Provide timely and accurate information to potential IDP returnees on the conditions in their villages of origin with regard to the sectors under UNICEF lead;
- Ensure storage, distribution and end-use monitoring of non-food items return kits for eligible returnee families;
- Ensure access of children to primary education in return zones, providing school materials, and/or rehabilitating schools or constructing temporary learning spaces;
- Conduct detailed water and sanitation assessments of the affected communities so that interventions can efficiently and quickly respond to urgent needs;
- Contribute to sectoral coordination through the cluster leadership approach, primarily via the return, reintegration and recovery cluster, but also in collaboration with all other key clusters (education, water and sanitation, nutrition, non-food items and child protection).

Coordination and cluster leadership (US\$ 1,750,000)

UNICEF will continue to strengthen the effective, timely and well-coordinated inter-agency response to humanitarian crises by assuming leadership in 5 out of the 10 clusters established in DRC: 1) water and sanitation, 2) nutrition, 3) education, 4) non-food items/emergency shelter, 5) emergency telecommunications. It will do so through improved and coordinated planning and strategy development, identification of key partners, standard setting, monitoring and reporting, advocacy, training and capacity- building.

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UNICEF HUMANITARIAN ACTION

CÔTE D'IVOIRE

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	8908
U5 mortality rate	195
Infant mortality rate	118
Maternal mortality ratio (1990-2005, reported)	600
Primary school enrolment ratio, 2000-2005, net (male/female)	62/50
% U1 fully immunized (DPT3)	56
% population using improved drinking water sources	84
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	750
% U5 suffering from moderate and severe stunting	21

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	10,575,345
Water and environmental sanitation	3,079,460
Education	3,639,070
Child protection	1,772,990
Total	19,066,865

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The politico-military crisis in Côte d'Ivoire entered its fifth year, and is characterized by a tense security situation on the ground, a continued breach of international humanitarian law and violations of human rights, and obstacles to law enforcement in all parts of the country. In turn, the protection of individuals and the scope and impact of the humanitarian response have been severely affected. The weak public administration and basic social services in the north of the country are further exacerbating the vulnerability of the population. The absence of a sustainable solution to the political deadlock and a second postponement of general elections give rise to well founded fears of renewed conflict and/or violent demonstrations in the city of Abidjan. This would accentuate the vulnerability of the affected populations, notably in terms of access to basic social services, increment the number of internally displaced persons (IDPs), overburden and impoverish host families and communities, increase the enrolment of children into armed forces as well as aggravate the prevalence of HIV/AIDS.

The current situation has already resulted in greater vulnerability of Ivorian women and children. Weakened traditional protection structures and increased poverty have left children and women more at risk of sexual exploitation, abuse and violence. Such cases have multiplied and are leading to a rise in sexually transmitted diseases (STDs). Victims' access to STD treatment, psychosocial care, legal advice and compensation for trauma is extremely limited. Children living in border areas (specifically with Guinea, Liberia and Sierra Leone) are particularly exposed to exploitation, violence and abuse, with risks exacerbated due to the conflict.

In the health sector, the main concerns are the lack of access to health care, the low quality of care and nutritional precariousness. Before the crisis, the proportion of women assisted by qualified staff during delivery was estimated at around 30 per cent, with the number decreasing ever since. Each year, 50 per cent of children under one and 67 per cent of pregnant women are not immunized against vaccine-preventable diseases. Vaccination coverage is low due to stock-outs of tuberculosis (BCG), yellow fever and tetanus vaccines. Malaria-related morbidity and mortality have increased over the past years, malaria remaining the principal cause of mortality in children under five. Countrywide, 7.3 per cent of children are acutely malnourished.

In the water and environmental sanitation sector, North, West and Central Côte d'Ivoire suffer from a chronic lack of drinking water: 50 per cent of rural populations do not have access to drinking water, and 40 per cent of rural pumps are out of order. In the cities that have received the most significant number of IDPs (Abidjan, Yamoussoukro, Daloa, Duékué), the still functioning hydraulic infrastructures and sanitary facilities (68 per cent have broken down countrywide) are at the verge of collapsing due to over-exploitation.

The education sector is particularly affected by the division of the country. In government-controlled areas the demand for enrolment exceeds the capacities of the educational institutions while, in the Forces Nouvelles-controlled zone, shortages of full-time teachers and the deterioration of school infrastructures have seriously impaired the education system. Exams had not been held in the North since 2003, leaving hundreds of thousands of children without final results and increasing the likelihood of children dropping out. The organization of two rounds of exams in March and September 2006 has partly addressed the situation.

According to the preliminary results of the 2006 AIDS Indicator Survey, the national prevalence rate is estimated at 4.7 per cent, making Côte d'Ivoire the most severely affected country in West and Central Africa. Countrywide, some 450,000 children have been orphaned by the HIV/AIDS epidemic and, of the 40,000 HIV-infected children, only 2,000 are registered beneficiaries of antiretroviral therapy. Only 6.5 per cent of orphans and vulnerable children receive external support.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, and with the ongoing support from donors, UNICEF has continued to respond to the humanitarian needs of the Ivorian population affected by war. It has mainly focused on the priority areas of health and nutrition, water and sanitation, education, child protection and HIV/AIDS. However, these interventions were partly hindered by the political instability and the subsequent insecurity in and lack of access to some parts of the country. Response was also limited due to the restricted availability of funds.

In the area of health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. Thanks to mass immunization campaigns, the prevention of poliomyelitis and measles has increased considerably. Some 5,329,500 infants aged 0-59 months were immunized against polio and 4,644,000 children aged 6-59 months received vitamin A supplementation during a major immunization campaign in May 2006, attaining 98.6 per cent coverage. During the first five months of 2006, an estimated 70 per cent of children under one have received three doses of DTP-HepB vaccines and 72 per cent their measles vaccine. Out of a population of 30,000 children, some 6,360 moderately and 2,250 acutely malnourished children were treated through the establishment of treatment centres, the provision of nutritional supplies and the training of health staff. At the end of the first half of 2006, 551 out of 595 (92 per cent) primary health care centres in the North were functioning again thanks to UNICEF's intervention and EU funding, after almost all had to close due to the departure of most of the qualified staff. Currently, 107 schools, that were damaged or misused during the conflict, are being rebuilt and rehabilitated. Meanwhile, UNICEF actively advocated for the organization in the northern half of the country of school exams, which had not been held since 2003. This led to the organization of two rounds of national exams at primary, secondary and high school level in March and in September 2006.

UNICEF continued its activities for the benefit of children (formerly) associated with armed groups. An action plan was implemented with the Forces Nouvelles in November 2005. Advocacy activities have resulted in agreements with militia on not engaging children into their groups. UNICEF has supported the social reintegration of 1,594 children, of which some 1,000 were associated with armed groups in West and Central Côte d'Ivoire.

During 2006, some 450,000 people gained access to safe water through the rehabilitation/construction of 1,160 water pumps and benefited from improved hygiene through awareness raising and the distribution of hygiene kits. Sanitation facilities were provided to 120 primary schools and a total of 222 latrines were built in 30 communities.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF is working in close collaboration with other UN agencies through the UN Country Team. Sectoral meetings coordinate relief efforts between all UN agencies and NGOs. UNICEF is coordinating the sectors of education, nutrition, and water and sanitation. Memoranda of understanding have been signed with UNDP, UNFPA and WFP, and joint action plans are currently being developed. Cooperation agreements have been signed with numerous international and national NGOs.

Regular programme

UNICEF is currently implementing its 2003-2007 Country Programme. The activities proposed in the emergency appeal fall within the framework of the Country Programme but highlight specific areas where the rights of children are especially endangered due to the current situation in the country.

Health and nutrition (US\$ 10,575,345)

Some 500,000 pregnant women, 800,000 women of childbearing age and 1,740,000 children under five (of which 154,000 are under one), primarily in the Centre, North and West of the country, will benefit from the following key activities:

- Supply essential drugs for malnutrition treatment, therapeutic feeding and anthropometric devices;
- Supply and install obstetrical equipment;
- Supply clean delivery kits for midwives;
- Supply and distribute routine vaccines and injection materials;
- Deliver vaccination and other preventive care to children through fixed and outreach strategies;
- Supply 644,000 long-lasting insecticidal nets;
- Supply artemisinin-based combination therapy for malaria case management;
- Supply sulfadoxine/pyrimethamine for intermittent preventive malaria treatment of pregnant women;
- Supply tetanus vaccines and injection materials;
- Immunize 800,000 women of childbearing age against tetanus;
- Train health workers on severe malnutrition treatment, antenatal care, emergency obstetrics, stock management, injection safety and waste disposal, malaria prevention, and management of malaria, acute respiratory infections, diarrhoea and measles;
- Train traditional birth attendants on hygiene during delivery;
- Train village health workers in effective follow-up of the immunization status of children under one and of pregnant women in their village (including orientation to the health centre when needed); in severe malnutrition management in the community; in infant and young child feeding practices; in early detection of malaria, diarrhoea and acute respiratory infections and timely referral to health centres; in vitamin A distribution and de-worming; in prevention of malaria, dehydration, and sexually transmitted infections/HIV;
- Support decentralized planning of preventive and curative care activities in the health centres with the involvement of both the health centre staff and the beneficiary community (micro-planning);
- Support outreach activities in order to increase access to health care for those that live far from health centres;
- Promote social mobilization and communication for behaviour change;
- Advocate for scaling-up of long-lasting insecticidal nets utilization and distribution and for community-based treatment of malnourished children.

Some 20,000 young people and children formerly associated with armed groups will be reached through the following key activities on HIV/AIDS:

- Train peer educators among children formerly associated with armed groups and young people in life skills and HIV/AIDS, aiming to prevent STDs and HIV/AIDS;
- Train health staff in health centres for STD syndrome management;
- Train medical social workers for HIV counselling;
- Support awareness raising on HIV/AIDS by peer educators;
- Produce and duplicate leaflets, booklets and posters about STDs and HIV/AIDS;
- Provide HIV test kits and STD kits for children and young people.

Water and environmental sanitation (US\$ 3,079,460)

Some 2,500,000 persons, of which 1,750,000 children and women, will be reached through the following key activities:

- Repair 1,000 water and sanitation facilities, protect and disinfect 2,000 traditional wells;
- Promote community mobilization and awareness raising through the production and dissemination of sensitization messages;
- Provide hygiene and sanitary kits;
- Establish epidemic surveillance committees;

- Train community health workers in hygiene promotion;
- Rehabilitate 600 hydraulic village pumps and reactivate their management committees;
- Train local craftsmen in pump repair, provide equipment and establish 10 spare parts shops;
- Repair damages in 10 water treatment plants and in 18 water quality analysis laboratories;
- Provide analysis kits and chemicals to 18 water quality analysis laboratories;
- Establish hygiene committees and provide basic analysis kits and chemicals.

Education (US\$ 3,639,070)

A total of 27,900 war-affected children and their teachers will benefit from the following key activities:

- Rehabilitate 558 classrooms in 93 schools damaged and degraded during the crisis;
- Construct latrines and water points in 80 schools;
- Provide school furniture (tables, chairs and cupboards) to same 93 schools;
- Provide life skills training for 558 teachers;
- Provide life skills didactic materials for 558 teachers and 27,900 students;
- Promote life skills education (peace/tolerance education, HIV/AIDS prevention, hygiene and sanitation);
- Create peace messenger, health and HIV/AIDS clubs in all 93 schools;
- Support capacity-building of 93 school management committees.

Child protection (US\$ 1,772,990)

Some 37,500 war-affected children (of whom 2,000 victims of sexual abuse and 400 associated with armed groups) are targeted through the following key activities:

- Train health workers, social workers, legal advisors, policemen, peer educators, soldiers and journalists to protect children, women and youngsters from sexual violence and sexually transmitted diseases (STDs);
- Sensitize communities, children, youngsters, teachers, school counsellors and decision makers on sexual abuse and child rights;
- Provide holistic care for and reintegration of children victims of sexual abuse;
- Provide post-exposure prophylaxis kits and STD drugs to health facilities for accurate protection and care for adolescents and children victims of sexual abuse;
- Support capacity-building of local committees on child protection and provide training on child rights and protection principles;
- Support recreational and non-formal educational activities;
- Supply non-food items;
- Establish an information system on child rights' violations;
- Demobilize and reintegrate children associated with armed groups;
- Provide education and/or vocational training as well as medical and psychosocial care for children formerly associated with armed groups;
- Advocate at all military levels for the promotion and dissemination among all forces and armed groups of the Convention on the Rights of the Child and relevant Security Council resolutions.

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UNICEF HUMANITARIAN ACTION

GUINEA

IN 2007



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

CORE COUNTRY DATA

Population under 18 (thousands)	4723
U5 mortality rate*	163
Infant mortality rate	98
Maternal mortality ratio (1990-2005, reported)	530
Primary school enrolment ratio, gross (male/female)**	83/73
Primary school enrolment ratio, net (male/female)**	66/60
% U1 fully immunized (DPT3)	69
% population using improved drinking water sources	50
Estimated no. of people (all ages) living with HIV*	174,020
% U5 suffering from moderate and severe underweight	26

Source: *The State of the World's Children 2007*

* Demographic and Health Survey 2005

** National Education Database

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition (including water, sanitation and hygiene)	1,714,200
Child protection and HIV/AIDS	642,800
Total *	2,357,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

In Guinea, despite the improvement of the situation and the ongoing repatriation process of Liberian refugees, the humanitarian conditions continue on their downward trend with increasing levels of vulnerability, malnutrition, morbidity and mortality rates. The outbreak of almost eradicated diseases such as yellow fever, a more than 60 per cent fuel price increase and the continued inability of the Government to provide basic social services, further contributed to deteriorate the very precarious living conditions of vulnerable populations. Today, Guinea's social indicators have become similar to those of countries emerging from a prolonged war. Demographic and Health Survey 2005 data indicate that the under-five mortality rate is very high and stands at 163 deaths per 1,000 live births, with the worst regional rates in Forest Guinea (215) and in Upper Guinea (199). There is a relative lack of health posts and health centres in these areas as well as shortage of staff and resources, especially essential drugs and medical equipment. This situation makes it difficult to address health issues for host communities, returnees and internally displaced persons (IDPs).

In addition, both Forest Guinea and Upper Guinea are badly affected by epidemics. In 2005 a meningococcal epidemic in Mandiana district (184 cases, 17 deaths) has warranted mass immunization and emergency support from Médecins sans Frontières (MSF), UNICEF and WHO. In 2006, a total of 1,923 cholera cases (with 158 deaths) have been recorded up to week 39 with a lethality rate of 8.2 per cent, out of which 1,563 cases (with 138 deaths) in Forest Guinea. Sporadic yellow fever and measles cases have also been reported and may at any time acquire an epidemic dimension given the insufficient immunization coverage. The significant number of malaria cases, with regular epidemic outbreaks, is directly responsible for more than 30 per cent of deaths among under-five children in Guinea.

In education, despite some improvements, didactic materials and equipment are still lacking and classrooms often remain overcrowded. In Forest Guinea, this situation is due to the destruction of a large number of schools and is aggravated by the fact that host communities have to absorb more than 100,000 returnee children and 35,000 IDPs. The net enrolment ratio at national level is 66 per cent for boys and 60 per cent for girls, meaning that some 40 per cent of children are out of schools. The gross repetition rate is almost 20 per cent.

Concerning HIV/AIDS, the seroprevalence surveys carried out in Guinea show that the HIV/AIDS epidemic had jumped from 1.03 per cent prevalence rate in 1995 to 2.8 per cent in 2001 among the adult population, with a higher proportion in cities. According to 2006 official estimations based on a national prevalence of 1.5 per cent, 174,020 Guineans are HIV-positive (67,500 adults and 106,520 children). The seroprevalence is higher in Forest Guinea. In the three countries bordering Guinea, HIV prevalence is two to four times higher. In 2001, the HIV prevalence rate had reached 7 per cent among pregnant women in the city of N'Zérékoré.

As for child protection, despite progress made in addressing some critical issues, women, girls and adolescent boys continue to bear the burden of sexual and gender-based violence, exploitation and abuse. An increasing number of children are orphaned and rendered vulnerable by HIV/AIDS (OVC) and have to face stigmatization and discrimination. Protection needs also continue to exist along border areas. Humanitarian actors should be more attentive and better respond to the needs of young people, especially children formerly associated with fighting forces, street children, children in conflict with the law, and children at risk of abuse, exploitation and trafficking.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with the Guinean Government, UN agencies, civil society and beneficiaries, UNICEF has continued to respond to the humanitarian needs of the population affected by the war (refugees, IDPs, host communities) in the areas of health, nutrition, water and sanitation, education and child protection. Health, nutrition and WASH projects have significantly contributed to control and stop the cholera epidemic, particularly in Forest Guinea, by providing medical supplies (oral rehydration salts, Ringer's lactate, catheter), by promoting hygiene education and by delivering messages on how to handle suspected cases and disinfect water points. To reduce the incidence of diarrhoea among children, water and sanitation achievements included the chlorination of 3,454 water points along the border with Liberia, Côte d'Ivoire and Sierra Leone for 1,384,000 people, mainly children. In addition, 500 latrine facilities were constructed for the benefit of 2,500 persons. Sensitization messages were also broadcast through national and local radios to raise awareness on cholera prevention. As for meningitis, the situation led to set up a crisis committee at national, regional and prefectural levels for the coordination and mobilization of resources. With the support of partners (via the National Task Force), Guinea received from the International Co-Coordinating Group for meningitis vaccine provision 200,000 doses of meningitis vaccine, while UNICEF provided 15,000 vials of oily chloramphenicol. Médecins sans Frontières, UNICEF and WHO supported operational costs related to the care of patients and to the immunization of 157,259 people in Mandiana district, the worst-affected area, reaching 78 per cent coverage. All these actions contributed to stop the meningitis epidemic in nine weeks with zero cases reported in week 18. Furthermore, the lack of essential drugs was temporally alleviated thanks to the support provided jointly by Plan Guinea and UNICEF to all Forest Guinea health centres for an eight-month period ending March 2007, while vaccines and immunization material, vitamin A as well as therapeutic food for five nutritional rehabilitation centres, including refugee camps, have been supplied throughout the year. Support was also provided to monitor and improve the capacity of health staff.

In regards to HIV/AIDS, 2,000 pregnant women in four prevention of mother-to-child transmission (PMTCT) sites in Forest Guinea received counselling and testing during the first semester of 2006. Among them, 26 HIV-positive mothers and 10 newborn babies received medical treatment. The capacity of 10 trainers was strengthened to further expand the PMTCT project to the districts of Beyla, Lola and Macenta in 2007. These trainers are now able to train caregivers in preventive care and treatment of infected mothers and children.

In the education sector, 30 education kits and 31 recreation kits were distributed among 3,200 children (refugees, IDPs, host communities) in Forest Guinea. Thirty teachers were trained to provide psychosocial support to war-affected children and to promote peace education in their respective regions.

Regarding child protection, 100 women and girls victims of sexual abuses during/after armed conflict benefited from psychosocial support through a rehabilitation programme in collaboration with TWIN (Today's Women International Network), a local NGO. In addition, 25 former child soldiers and 125 vulnerable children living in Macenta (Forest Guinea) received educational, recreational, health and counselling services as preventive and rehabilitation/reinsertion measures. In addition, 150 unaccompanied minors and separated children benefited from the 'Durable Solutions', among which 55 were reunited with their families in Sierra Leone and 15 others were locally reintegrated into Guinean or Sierra Leonean families. A total of 50 members of the Child Protection Committee in Forest Guinea were trained on protection issues and on the referral process of children in need of special protection.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

In 2006, the existing inter-agency coordination mechanism was strengthened through sectoral working groups in terms of information-sharing and humanitarian project preparedness that include the regional Consolidated Appeal Process (CAP) 2007 and the updating of UNICEF Guinea's contingency plan as well as the inter-agency contingency plan. UNICEF is the lead agency for nutrition, water, sanitation and hygiene, and IT/database.

Regular programme

The Government of Guinea and the UNICEF Country Office are finalizing the elaboration of the new Country Programme of Cooperation (2007-2011) which is built around the sectors of child survival and development, basic education and equity, child protection, social policy/advocacy/HIV/AIDS (cross-cutting sector). The new programme is tailored to take into account both development and emergency situations. As for the current programme (2002-2006), UNICEF continues to support the humanitarian projects in Forest and Upper Guinea through its zonal offices in Kissidougou and N'Zérékoré.

Health and nutrition (including water, sanitation and hygiene) (US\$ 1,714,200)

Some 932,000 Guinean people, with special emphasis on refugees, IDPs and host community children in Forest Guinea, will benefit from the following key activities:

- Ensure the management of cholera, meningitis, measles, malaria and yellow fever outbreaks at regional and district levels;
- Provide essential drugs, basic medical kits and vaccines for district health facilities, including vitamin A and Mebendazol for systematic supplementation and de-worming, through a community based-approach;
- Treat 1,500 severely malnourished children in five Forest Guinea facilities and extend care to two hospitals;
- Support water disinfection and the rehabilitation of water sources to prevent cholera outbreaks;
- Develop communication activities to prevent meningitis and cholera outbreaks;
- Strengthen the coordination response system through regular coordination meetings at regional and district levels.

Child protection and HIV/AIDS (US\$ 642,800)

Some 5,000 victims of armed conflict, 3,000 women victims of gender-based violence and/or sexual abuse and exploitation and 500,000 people affected by HIV/AIDS with priority for Liberian and Ivorian refugees and IDPs, are targeted through the following key activities:

- Provide early intervention, rehabilitation and reintegration services for victims of abuse or exploitation;
- Provide legal clinic services and psychosocial support;
- Provide access to basic services (shelter, food, education and health);
- Strengthen coordination of HIV/AIDS-related activities and support health structures to provide voluntary counseling and testing, PMTCT services and care to people living with HIV/AIDS as well as to victims of sexual violence.

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UNICEF HUMANITARIAN ACTION

LIBERIA

IN 2007



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CORE COUNTRY DATA

Population under 18 (thousands)	1769
U5 mortality rate	235
Infant mortality rate	157
Maternal mortality ratio (2000, adjusted)	760
Primary school enrolment ratio, 2000-2005, net (male/female)	74/58
% U1 fully immunized (DPT3)	87
% population using improved drinking water sources	61
HIV prevalence	n/a
% U5 suffering from moderate and severe underweight	26

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	7,000,000
Water and environmental sanitation	4,800,000
Education	5,000,000
Child protection	4,000,000
Total*	20,800,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Liberia continues as a difficult implementing environment. However, with the Government of Liberia's commitment to a Millennium Development Goal (MDG)-based Poverty Reduction Strategy, and with an improving yet fragile security climate, UNICEF Liberia's programme management environment is opportunistic in building on the significant results for children and women achieved in 2006. UNICEF remains committed to assisting Liberia's children and women, especially as the country shifts from humanitarian emergency to development. With funds raised by the *Humanitarian Action Report*, UNICEF Liberia will benefit more than 800,000 children and women in health and nutrition; 485,000 in water and sanitation; 1,011,329 in education; and more than 10,000 through child protection.

Despite opportunities for positive change, the capacity of the Government remains extremely limited, especially in the delivery of basic social services. It is estimated that the United Nations, NGOs and community-based organizations are directly funding 85 per cent of activities in the areas of health, education, and water and sanitation. Institutional capacity was decimated during the 14-year war (1989-2003) and most institutions, including government ministries, lack essential equipment and supplies. Gross Domestic Product has fallen by 90 per cent since 1980. Monrovia remains a capital city with limited electricity and piped water and with a population threatened by malaria (the country's biggest child killer), endemic cholera, and HIV/AIDS. With a population of more than 3.2 million, there are only 28 Liberian doctors working in the country (including three paediatricians). Liberia continues to be among the most food-insecure countries – it is estimated that 35 per cent of the population is undernourished – and to have one of the world's highest rates of child stunting at 39 per cent. The country's estimated 2005 Human Development Index is 0.319, well below the estimated 0.515 for sub-Saharan Africa. Despite ongoing national and sub-regional security concerns, President Ellen Johnson Sirleaf is working to restore basic social services, but infrastructure is still a small proportion of what it was before the war and much effort is needed to rebuild and staff it.

While the gender gap in education has reduced since 1989, there are still approximately three boys to two girls in primary and secondary schools and more than three boys to one girl at tertiary level. Pressures for girls to work and high teenage pregnancy are among the reasons for the disparities. Liberia can make real progress towards MDG 2, but needs to work hard and fast to do so. It is unlikely that the MDGs for child mortality, maternal health and malaria will be met. The national prevalence of HIV/AIDS in Liberia is not known but a 2001 estimate puts infection rates at 8.2 per cent – although for adolescents it is thought to be significantly higher. It is unlikely the MDG for HIV/AIDS will be met.

Exacerbated by the war, gender-based violence continues as a major problem in Liberia. In 2004, surveys conducted in camps for internally displaced persons and other programme data showed that 75 per cent of women and girls had experienced some form of sexual violence during and after the war. Despite the adoption in 2005 of a Rape Law that sentences convicted rapists to life imprisonment, sexual violence against women and children continues to be high and recognized as a serious problem by the President, though improved reporting may be a contributing factor.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national, and international partners, UNICEF has continued to respond to the humanitarian needs of Liberia's children and women. It has mainly focused on the priority areas of health and nutrition, water and environmental sanitation, education, and child protection.

In the area of health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and Social Welfare. Measles

and DPT3 coverage increased from 42 and 31 per cent in 2004 to 94 and 87 per cent in 2005. Liberia is on track to be polio-free. A national campaign to provide more than 500,000 children with vitamin A and Albendazole de-worming tablets was held and, for the first time, a national tetanus vaccination campaign was launched in Liberia, targeting 800,000 women of childbearing age. Wells, handpumps, and latrine facilities for 1,000 schools were constructed, benefiting approximately 220,000 students (with separate latrines for girls, boys, and teachers), and safe water supplies and latrines were provided to 90 health facilities. During the year, some 400 participatory hygiene promotion sessions were held in schools.

With the support of UNICEF, a national avian and human influenza (AHI) preparedness plan has been adopted by the Government and a National AHI Task Force is working to implement it.

To help rebuild Liberia's public school system, and to strengthen the capacity of the Ministry of Education, UNICEF provided essential learning materials and other supplies for 400,000 students at 2,000 public schools and trained 500 government school teachers. With UNICEF's support, President Sirleaf launched the Government's Girls' Education National Policy that calls for meeting MDG 2 by providing free and compulsory primary education, reducing secondary school fees by 50 per cent and recruiting and training more female teachers. UNICEF is working in cooperation with the United Nations Mission in Liberia and many other partners to enrol into basic formal primary education 5,000 demobilized children formerly associated with fighting forces (CAFF) through the Community Education Investment Programme. An additional 5,000 demobilized CAFF will receive skills training.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

The United Nations in Liberia is an integrated mission with the UN Country Team working as a pilot country for the humanitarian cluster system. UNICEF, as the lead UN agency in nutrition and water under the humanitarian cluster approach, is also expected to be part of the protection, health, and early recovery clusters. Key partners include the United States Agency for International Development, the European Commission, the World Bank, and more than 100 Liberian NGOs.

Regular programme

The 2007 Country Programme is an emergency programme that aims to restore basic service delivery while simultaneously providing services to returning IDPs and refugees as they work to rebuild their lives and their nation. Capacity development is focusing on implementation strategies to strengthen mid-level management at the national ministry and county levels.

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

More than 800,000 children and women will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 27 health centres;
- Train 200 health workers on the Integrated Management of Childhood Illness initiative;
- Launch a measles vaccination campaign for an estimated target population of 500,000 children;
- Vaccinate 140,000 children under age one with DPT3 and maintain DPT3 coverage above 87 per cent (coverage level in 2004 was 31 per cent); vaccinate 800,000 women of childbearing age with tetanus toxoid during a maternal and neonatal tetanus vaccination campaign;
- Support malaria prevention through the distribution of 150,000 impregnated mosquito nets to under-five children and pregnant women;
- As the lead agency in infant and young child feeding in emergencies, and in collaboration with WFP, help ensure the timely supplementary feeding of children suffering from moderate acute malnutrition. Support the integrated management and care of children suffering from severe acute malnutrition through facility- and community-based approaches to ensure wider

coverage and better impact on mortality reduction, including the support to three therapeutic feeding centres for 2,000 severely malnourished children;

- Procure and distribute vitamin A and de-worming tablets to under-five children, directly benefiting 600,000 children;
- Support four newly established centres for the prevention of mother-to-child transmission (PMTCT) of HIV.

Water and environmental sanitation (US\$ 4,800,000)

Some 485,000 displaced persons, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate wells and adequate sanitary facilities in 300 schools;
- Construct/rehabilitate 250 wells and boreholes and install handpumps to provide safe drinking water to some 85,000 individuals in permanent and return areas;
- Support construction/rehabilitation of 1,500 household latrines and 50 wells;
- Train 100 local water authority management teams and 15 central teams in county/city water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini-water supply systems;
- Promote hygiene education and hygiene-awareness programmes in 1,000 schools and 1,000 local communities in order to complement existing water and sanitation services.

Education (US\$ 5,000,000)

A total of 1,011,329 displaced and war-affected children and 28,266 teachers will benefit from the following key activities:

- Procure and distribute recreation kits and school supplies for 1,011,329 children and 28,266 teachers;
- Train 500 primary schoolteachers, with special emphasis on life skills, including HIV/AIDS and peace education;
- Support county and district education officers in seven counties that suffered high levels of destruction during the war and today need urgent humanitarian action, especially as refugees and IDPs return to rebuild their lives and their country.

Child protection (US\$ 4,000,000)

Some 10,000 children formerly associated with fighting forces (CAFF) as well as children at risk of recruitment are targeted through the following key activities:

- Complete the reintegration process of 10,000 demobilized CAFF through the community education investment programme and the skills training programme, and provide 2,500 former CAFF with business development skills training;
- Train 500 teachers on sexual exploitation and abuse and train and sensitize 5,000 students in 50 schools;
- Continue to support transit centres for juveniles as an alternative to their detention with adults, with separate centres for girls and boys;
- Provide training on legal protection to 50 judges, 50 magistrates, 50 social workers, and 30 law school students, and revitalize juvenile court;
- Train 150 Liberian National Police (LNP) officers serving in the LNP's Women and Children's Protection Unit.

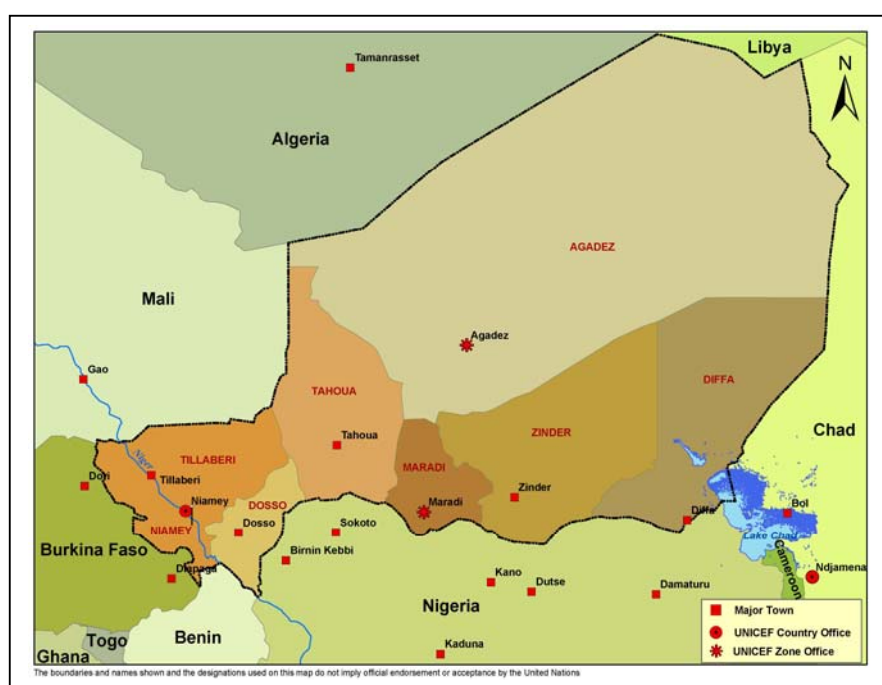
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UNICEF HUMANITARIAN ACTION

NIGER

IN 2007



CORE COUNTRY DATA

Population under 5 (thousands)	2851
U5 mortality rate*	198
Infant mortality rate*	81
Maternal mortality ratio (1990-2005, reported)	590
Primary school enrolment ratio, 2000-2005, net (male/female)	46/32
% U1 fully immunized (DPT3)	89
% population using improved drinking water sources	46
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	79
% U5 suffering from moderate and severe underweight	40

Sources: *The State of the World's Children 2007*

* Multiple Indicator Cluster Survey, 2006

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,879,318
Water, sanitation and hygiene	1,300,000
Education and child protection	380,000
Total*	7,759,318

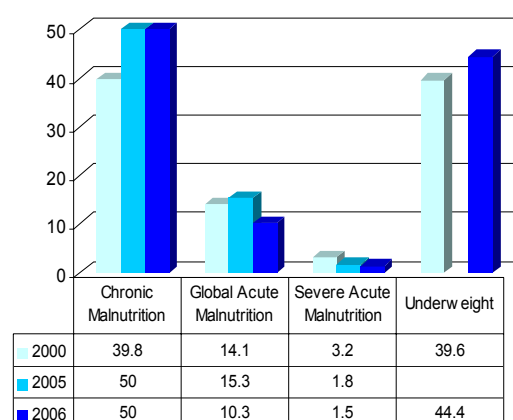
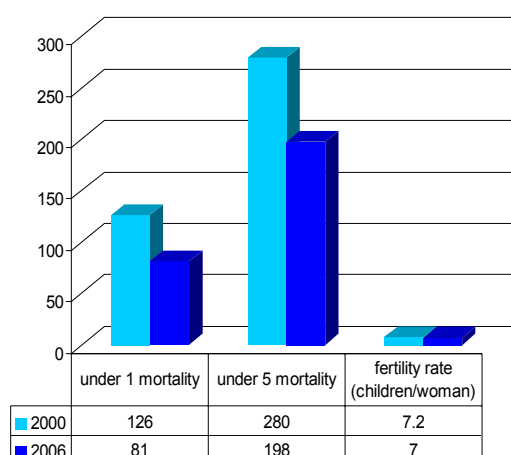
* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Classified as both a least developed and a low-income country, Niger is the lowest-ranked country in UNDP's Human Development Index. Niger has a population estimated at 13.9 million, of which 61 per cent survive on less than \$1 a day and almost 49 per cent are under 15 years old.

Women and children live in extreme vulnerability. One child out of five dies before the age of five, due primarily to the prevalence of acute respiratory infections, water-borne diseases, malaria, other preventable diseases and malnutrition. Infant and under-five mortality rates are among the highest in the world, at 81 and 198 per 1,000 live births respectively, according to the latest Niger Multiple Indicator Cluster Survey conducted in 2006 (MICS 2006). More than half of deaths in under-five children are associated with malnutrition. Malnutrition in infants and young children in Niger remains a major public health problem. The nutritional status of children deteriorated during the 2005 food security crisis that severely eroded the capacity of households to survive further shocks.

Although acute malnutrition declined as compared to the peak of the food and nutrition crisis in 2005, the prevalence of global acute malnutrition (both moderate and severe) in children 6-59 months is above emergency threshold at 10.3 per cent, and almost one child under five out of two suffers from chronic malnutrition. This reveals a deeply rooted nutrition crisis undermining children's survival and development. Underlying and root causes notably consist in the low performances of the national health system, both in terms of availability and access to adequate childcare, and in poor implementation of key family practices for adequate child nutrition and care at the household level (i.e., only 13 per cent of children aged 0-6 months are exclusively breastfed).



Malnutrition indicators for children under 5 years

As shown in MICS 2006, the prevalence of diarrhoea in under-five children stands at 26 per cent, an underlying cause of the high mortality rate for this age group. Poor hygienic practices contribute to the persistence of water-related diseases, which have been exacerbated during recent emergencies (drought, floods, and cholera outbreaks). In 2006, 1,018 cholera cases and 4,103 meningitis cases were reported, with a lethality rate of 5 per cent and 7.1 per cent respectively. In addition, malaria is endemic in Niger, with more than 750,000 reported cases in 2005 and 2,054 reported deaths.

Poor school attendance, especially among girls, contributes to Niger's 85 per cent illiteracy rate. The rainy season floods destroyed school books, equipment and buildings and washed away food sources, which educational authorities say might lead to considerable migrations of children and their families and to low school attendance as parents prioritize food over education.

The precariousness of women's livelihoods has an important effect on the access of children to education and on the abandonment and trafficking of children. In some regions, as many as 47 per cent of households are headed by women, as men habitually migrate to look for work, leaving women in increasingly worsening conditions that are exacerbated during floods, food shortages and other emergency situations. Children's rights are often violated as they face abuses, violence, exploitation and neglect.

Out of 8,301 schools in 2004/2005, more than 6,990 (84 per cent) had no latrines, hindering both school access and quality, as well as students' health. Nutrition and hygiene have not been fully integrated into schools making it difficult to have a long-term impact on malnutrition and water-borne diseases.

Despite progress in the availability of basic social services, as illustrated in MICS 2006, the incidence of natural disasters and endemic poverty call for a lot of efforts to ensure child survival and development and to achieve the Millennium Development Goals.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In 2006, UNICEF's support to the Government of Niger in response to emergency issues focused on the management of the nutrition crisis, the response to the meningitis and cholera outbreaks and mass communication campaigns to respond/prepare to respond to avian influenza outbreaks.

Coordination

As nutrition cluster lead, UNICEF's action in support to the Government of Niger focused on the coordination of a network of 24 international and national NGOs in the treatment of acute malnutrition. In addition, UNICEF led the revision of the National Plan of Action on nutrition, the preparation of a guide on management of nutritional rehabilitation centres as well as the review of the national protocol for the management of acute malnutrition. Through its coordination role, UNICEF facilitates the process of integrating nutritional rehabilitation activities run by NGO partners into the national health system and enables the exchange of good practices and lessons learned on the implementation of nutritional programmes as well as the standardization of methodology on surveys, blanket feeding operation and the one-year review of the national protocol for the management of acute malnutrition.

Achievements

As of 24 September 2006, a total of 287,722 malnourished children had been treated at UNICEF-supported supplementary and therapeutic feeding centres. UNICEF provided more than 850 feeding centres with essential food and non-food items.

A blanket feeding has been conducted during the months of September to November 2006. Some 355,000 children under three years of age benefited from this operation in the regions of Tahoua, Maradi and Zinder most affected by malnutrition. UNICEF also coordinated the training of around 700 health workers in support to the Ministry of Health.

A nutrition-related Knowledge, Attitudes and Practice study and an in-depth qualitative socio-anthropologic survey were carried out to formulate an integrated communication plan and tools for behavioural change with respect to nutrition and childcare. In addition, a national nutrition and mortality survey was conducted during the month of October, which focused on the nutrition status of children aged 6-59 months and on the survival of children aged 0-59 months. It also offered a report card on exclusive breastfeeding for infants, early initiation of breastfeeding and complementary feeding practices for toddlers, as well as an update on indicators related to the performance of health care services (measles vaccination, vitamin A supplementation, use of long-lasting insecticidal nets) and supplementary feeding centres.

UNICEF supported the Ministry of Health in tackling meningitis and cholera outbreaks that mainly affected children by providing, in addition to technical support, supplies and funds for a total amount of US\$ 200,000. Thanks to UNICEF's support, 224,475 people were vaccinated at the time of the meningitis epidemic in the region of Douthi and 350 children were treated with adequate antibiotics. UNICEF provided emergency supplies for 1,000 severe cholera cases. Additional supplies for sanitation and hygiene were provided to allow intervention teams to disinfect wells, houses and health and therapeutic feeding centres.

UNICEF also significantly contributed to the emergency response to flash floods that occurred during the months of August and September and affected more than 46,000 people in 6,500 households in seven of the country's eight regions. In addition to ongoing support to the Government, UNICEF ensured the provision of emergency non-food supplies to the affected population. UNICEF has reinforced its partnership with NGOs in order to tackle the post-emergency with the rehabilitation of dig wells damaged during the floods.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF will continue to participate in the emergency preparedness and response coordination mechanism, the National Mechanism for Disaster Management, chaired by the Secretary-General of the Prime Minister's cabinet, through a joint consultation committee that includes UN agencies, the donor community and the network of NGOs operating in Niger. OCHA ensures the coordination of UN agencies' support to the national response through cluster working groups. UNICEF leads the nutrition cluster and partners with 24 NGOs with whom it signs memoranda of understanding.

Regular programme

The interventions to be implemented through this emergency appeal are complementary to the regular activities carried out in the overall Country Programme, in particular with regard to strengthening basic health services as part of the strategy to accelerate child survival and development through the implementation of evidence-based high impact interventions at scale. The strategy focuses on the development of human resources and the availability of essential equipment, as well as on the reinforcement of capacities at the community level to enable the adequate care and protection of children at the household level. It also aims at strengthening the liaison between communities and the national health system.

Health and nutrition (US\$ 5,879,318)

The overall goal is to reduce child mortality and to reduce/maintain the rate of acute malnutrition at or below 10 per cent by treating 300,000 under-five children and implementing a behavioural change communication plan at the community level targeting key population groups in the eight regions of Niger. The strategic approach adopted with national authorities and international NGOs is to continue to support nutritional rehabilitation centres, to ensure access to health for under-five children and to implement effective nutritional surveillance. Main activities will include:

- Therapeutic and supplementary feeding: support the development and implementation of national policies and protocols, ensuring an uninterrupted pipeline of therapeutic and supplementary foods and anthropometric tools for the treatment of moderate and severe acute malnutrition in under-five children;
- Blanket feeding for children under three in the most vulnerable regions;
- Breastfeeding for infants and complementary feeding for toddlers: support the promotion and protection of exclusive breastfeeding and adequate complementary feeding for young children;
- Vitamin A supplementation, de-worming and vaccination: ensure an uninterrupted supply of vitamin A supplements, de-worming tablets and systematic immunization;
- Information systems: conduct surveys, early warning and surveillance, undertake advocacy;
- Water and sanitation: promote management of diarrhoeal diseases (oral rehydration therapy) and handwashing;

- Protect water sources to ensure water availability to all with minimum risk of contamination;
- Promote improved sanitation and sensitization using existing training materials as well as newly developed ones;
- Improve utilization of long-lasting insecticidal nets for infants, young children and pregnant women;
- Undertake contingency planning on meningitis epidemic with increasing risk of X meningitis outbreaks particularly in the Niamey urban area and bordering region;
- Reinforce preparedness on management of cholera outbreaks, strengthening prevention activities, enhancing local capacities to cope with disaster and pre-positioning supplies;
- Train staff and community workers on care of sick children, particularly against acute respiratory infections, diarrhoea and malaria.

Water, sanitation and hygiene (US\$ 1,300,000)

- Promote the management of diarrhoeal diseases (oral rehydration therapy) and handwashing;
- Protect water sources to ensure water availability to all with minimum risk of contamination;
- Promote improved sanitation and sensitization using existing training materials as well as newly developed ones;
- Improve school environments providing water and sanitation facilities.

Education and child protection (US\$ 380,000)

Interventions will focus on post-emergency rehabilitation of schools affected by floods and the education of children and parents in collaboration with women's associations on key nutrition and hygiene issues:

- Rehabilitate classrooms and equipment damaged by floods in five districts;
- Provide school manuals for approximately 1,500 children affected by floods;
- Construct latrines in 100 schools in cholera-prone regions;
- Provide parental education on key nutrition and hygiene issues in 100 pre-school centres and 400 schools.

GLOSSARY

AHI	avian/human influenza
ASEAN	Association of Southeast Asian Nations
AusAID	Australian International Development Aid Bureau
AIDS	acquired immune deficiency syndrome
AI	avian influenza
AWD	acute watery diarrhoea
BCG	anti-tuberculosis vaccine (bacille Calmette-Guérin)
BP5	high energy food supplement (biscuit)
CAFF	children associated with fighting forces
CAP	United Nations Inter-Agency Consolidated Appeal Process
CBCCC	community-based child-care centre
CCCs	Core Commitments for Children in Emergencies (UNICEF)
CDMT	Combined Disaster Management Team
DDR	disarmament, demobilization and reintegration (of child soldiers)
Devinfo	software tool to assist countries in monitoring the MDGs and advocate their achievement through policy measures, multisectoral strategies and the development of appropriate interventions
DfID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DPKO	United Nations Department of Peacekeeping Operations
DPT3	3 doses of combined diphtheria/pertussis/tetanus vaccine
DT	diphtheria and tetanus toxoids
EAPRO	East Asia and Pacific Regional Office (UNICEF)
ECHO	European Commission Humanitarian Aid Office
EMIS	education management information system
EMOPS	Office of Emergency Programmes (UNICEF)
EPI	expanded programme on immunization
EPR	emergency preparedness and response
ERW	explosive remnants of war
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
F75	milk-based product designed for initial treatment of severely malnourished children. Supplies 75 kcal/100ml
F100	milk-based product designed for rehabilitation of severely malnourished children. Supplies 100 Kcal/100ml
Plumpy'nut	ready to use therapeutic food -high protein and high energy peanut-based paste in a foil wrapper that can be distributed to children at home rather than in specialist feeding stations and can be eaten without any preparation
FAO	Food and Agriculture Organization of the United Nations
GAM	global acute malnutrition (: includes children with low weight-for-height (z score less than -2) and children with oedema
GAVI	Global Alliance for Vaccines and Immunization
GTZ	German Agency for Technical Cooperation
HAR	<i>Humanitarian Action Report</i> (UNICEF)
HBC	home-based care
HepB	hepatitis B vaccine
HIV	human immunodeficiency virus
IASC	Inter-Agency Standing Committee (United Nations)
ICRC	International Committee of the Red Cross
IDPs	internally displaced persons
IEC	information, education and communication (campaign/material)
IFRC	International Federation of Red Cross and Red Crescent Societies
IMCI	Integrated Management of Childhood Illness (initiative)
IMR	infant mortality rate

IOM	International Organization for Migration
IPV	inactivated polio vaccine
ISDR	International Strategy for Disaster Reduction
LLIN	long-lasting insecticidal net
MDGs	Millennium Development Goals
MENARO	Middle East and North Africa Regional Office (UNICEF)
MICS	multiple indicator cluster surveys
MOSS	Minimum Operating Security Standards
MOU	memorandum of understanding
MRE	mine-risk education
MSF	Médecins sans Frontières (Doctors without Borders)
MTSP	medium-term strategic plan (UNICEF)
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
OPV	oral poliomyelitis vaccine
ORS	oral rehydration salts
OSCE	Organization for Security and Co-operation in Europe
OVC	orphans and other vulnerable children
Oxfam	Oxford Famine Relief Campaign
PAHO	Pan American Health Organization
PARPA	<i>Plano de Acção para a Redução da Pobreza Absoluta</i> (Action Plan for the Reduction of Absolute Poverty)
PEP kits	post-exposure prophylaxis kits
PMTCT	prevention of mother-to-child transmission (of HIV)
PMTCT Plus	provides treatment and care to mothers, partners and their children
Nutrisurey	free software that allows for nutrient analysis and calculation of requirements, creation of diets, diet history, food frequency, searching for nutrients, addition of recipes and foods
PUR	powdered mixture that removes pathogenic microorganisms and suspended matter, rendering previously contaminated water safe to drink
ROSA	Regional Office for South Asia (UNICEF)
RRM	Rapid response mechanism
RRRT	Regional Rapid Response Team
SAM	severe acute malnutrition: includes children with severely low weight-for-height (z-score less than -3) and children with oedema
SGBV	sexual and gender-based violence
SMART	goals that are specific, measurable, achievable, realistic and timely
Sphere	Sphere Project was launched in an effort to improve the quality of assistance provided to people affected by disaster and to enhance the accountability of the humanitarian system in disaster response.
STD	sexually transmitted disease
STI	sexually transmitted infection
Supplementary feeding	concerns groups such as pregnant and lactating mothers, and moderately malnourished infants and children. They are designed as a safety net to prevent further deterioration of nutritional status and reduce mortality
SWAP	sector-wide approach to programming or planning
SWOT	strength weaknesses, opportunities and threats
TACRO	The Americas and Caribbean Regional Office (UNICEF)
TBA	traditional birth attendant
Td	tetanus and diphtheria vaccine
Therapeutic feeding	targets the severely malnourished, particularly infants and young children. These patients are critically ill on admission with high rates of mortality in the first few days.

	The priority in the acute phase (days 1-2) is treating dehydration, infections, hypoglycaemia, fluid and electrolyte imbalance and hypothermia
Tsunami	(Indian Ocean tsunami of 26 December 2004): very large ocean wave caused by an underwater earthquake
U5M	under-five mortality rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Coordination Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNITRACK	warehouse management and commodity tracking database designed for UNICEF
UNMAS	United Nations Mine Action Service
UNMIS	United Nations Mission in the Sudan
UNMIT	United Nations Integrated Mission in Timor-Leste
UNOPS	United Nations Office for Project Services
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
UXO	unexploded ordnance
VCT	voluntary counselling and testing
VIP	ventilated improved pit (latrine)
WASH	water, sanitation and hygiene
WASHE	Water, sanitation and hygiene education programme
WCARO	West and Central Africa Regional Office (UNICEF)
WES	water and environmental sanitation (UNICEF)
WFP	World Food Programme
WHO	World Health Organization