UNICEF HUMANITARIAN ACTION REPORT 2008
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FOREWORD

In 2007, natural and man-made disasters continued to take a toll on the lives of people. Flooding, cyclones, landslides and tropical storms have threatened lives and livelihoods on every continent. And in many parts of the world, from Somalia and the Democratic Republic of the Congo to Iraq, Zimbabwe and Sudan, children and women continue to bear the brunt of conflict, displacement and deteriorating living conditions.

An important lesson learned from major emergencies is that timely and flexible funding enables humanitarian actors to respond rapidly and most effectively to priorities established with national counterparts. To ensure timely availability of funds, UNICEF has increased its Emergency Programme Fund (EPF) to US$ 75 million per biennium.

Throughout the year, UNICEF and its partners have worked to meet the needs and rights of affected children and women. Partnerships are key to making a lasting difference for them and UNICEF has focused on further expanding its partnerships with communities, governments, NGOs, UN agencies and the private sector. Experience has taught us that children and communities must be equipped with the knowledge and skills they need to better prepare and cope with disasters.

Coordination is crucial for effective delivery of humanitarian aid. A strong supporter of humanitarian reform, UNICEF continues to work with its partners to improve the coordination of humanitarian response in all sectors. UNICEF is the global cluster lead for nutrition, water, sanitation and hygiene and common data services. In education, UNICEF and the Save the Children Alliance are leading the cluster. The successful response to the floods in Mozambique is a good example of how improved coordination allows humanitarian actors to respond better to the needs of affected populations.

UNICEF continues to strengthen its early warning system and country offices' preparedness to respond to disasters. Important measures are being taken to further enhance preparedness and response skills of UNICEF and its partners.

The 2008 Humanitarian Action Report outlines UNICEF’s appeal for 39 emergencies around the world. We count on the continued support and generosity of our donors to help ensure the survival, protection and well-being of women and children in these emergency situations.

Ann M. Veneman
Executive Director
2004 INDIAN OCEAN EARTHQUAKE AND TSUNAMI: LESSONS LEARNED

In 2004, the Indian Ocean earthquake and tsunami challenged humanitarian assistance to an unprecedented degree. After three years implementing programmes in eight countries, 1 UNICEF has achieved results for over 6 million children and women in tsunami-affected areas.

Some 1.2 million children were immunized against measles and more than 3 million children received vitamin A supplementation and essential drugs, as well as emergency water and sanitation to help prevent disease outbreaks in the aftermath of the disaster. Since then, UNICEF and its partners (including governments, UN agencies, NGOs and civil society groups) have helped build capabilities that did not exist before and assisted in reconstructing and improving on what the tsunami destroyed. They have combined the training of more than 56,000 health staff, the provision of key supplies and equipment to more than 7,000 health facilities and 2 million schoolchildren, the development of child protection policies and the construction/rehabilitation so far of 107 schools, 59 health facilities, 28 child centres and water facilities serving some 700,000 people.

In doing so, lessons were learned for future humanitarian assistance. The evaluation of UNICEF’s initial tsunami response highlighted some good practices that will lead to lasting improvements. Partnerships were expanded, particularly with UN agencies, the private sector and the military. 2 Funding was timely and abundant and, as 53 per cent of incoming funds were thematic, they were also unearmarked and long term. This allowed for their flexible use according to priorities established with national counterparts. The global corporate trigger mechanism was activated, giving emergencies full organizational priority with respect to supplies, fundraising and deployment of staff for the initial 90 days. Global financial monitoring tools were modified to permit monthly tracking and reporting to the Office for the Coordination of Humanitarian Affairs (OCHA). Country Offices’ twice-yearly reports on the results achieved in tsunami programmes allowed for a rigorous schedule of audits and evaluations. Information was widely shared through reports to donors, public UNICEF reports and the posting of evaluations and information on the UNICEF website.

The evaluations also identified several shortcomings, which bring to light six key lessons for future humanitarian support. While some have already been put in practice, follow-up actions will address remaining gaps. Many of the lessons learned are similar to the learnings of other emergencies, such as Darfur, Iraq, Liberia, Mozambique and Pakistan. They are part of a broader humanitarian reform agenda, responding to the growing number and complexity of emergencies and to the need for greater predictability, accountability and leadership in humanitarian action. This includes the drive for a greater coherence among UN agencies and for UNICEF’s proactive effort to become more effective, efficient and focused in line with its Core Commitments for Children in Emergencies (CCCs).

1. Effective coordination, partnership and stewardship are necessary to reach all children affected by an emergency

*Problem:* The number, size and complexity of emergencies exceed any one agency’s capacities. Only through collaboration and coordination with partners will UNICEF achieve its mandate on behalf of children. The needs assessment conducted by the Tsunami Evaluation Coalition (TEC) showed that the voluntary nature of the international humanitarian system leads to uneven coordination, lack of predictable leadership and accountability systems, as well as to long-standing gaps in response.

*Completed:* Under the Inter-Agency Standing Committee (IASC), the international humanitarian community is tackling this problem through the *cluster approach,* which assigns leadership and support roles for emergency response to different agencies within a cluster of sector actors. The approach is increasingly providing the framework for humanitarian partnership and coordination. Globally, UNICEF is cluster lead for water, hygiene and sanitation, nutrition and education (with Save the Children). UNICEF also supports the Office of the UN High Commissioner for Refugees (UNHCR) in leading the protection cluster, provides common data services under the Emergency Telecom Cluster led by the Office for the Coordination of

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1. The eight countries with UNICEF programmes in response to the 2004 tsunami are: India, Indonesia, Malaysia Maldives, Myanmar, Somalia, Sri Lanka and Thailand.

2. Military partnerships are carried out in line with Inter-Agency Standing Committee (IASC) norms.
Humanitarian Affairs (OCHA) and plays an important role in health, logistics, early recovery and emergency shelter clusters. At the global level, advisory groups comprising UN agencies, international non-governmental organizations and donor partners are developing global work plans for each cluster. Global rosters of country coordinators were set up and coordinators trained. In the field, the cluster approach is operational in 14 emergencies to date, including the Pakistan earthquake, the Lebanon war, the Mozambique cyclone and chronic emergencies, such as Chad, Ethiopia and Liberia. Initial self-assessments found improved predictability and response capacity, clearer leadership in former ‘gap’ areas and better cooperation among UN and non-UN actors. The findings of a more in-depth evaluation, aimed at gauging the effect on quality and effectiveness of humanitarian response, were shared in late 2007.

Inter-agency emergency contingency plans are becoming common and, when combined with simulations and training, they have made a difference in effective emergency response, for example in non-cluster countries, such as Bangladesh, Djibouti, Haiti, Syrian Arab Republic and Zimbabwe. The cluster approach must be part of all multisectoral contingency planning for major new emergencies.3

Through its mandate for children in emergencies, UNICEF has contributed to new and updated inter-agency standards, policies and guidance, including the Inter-Agency Network for Education in Emergencies’ (INEE) minimum standards for quality, accountability and coordination in the education cluster. It has issued joint statements on the use of vaccines, on infant and young child feeding, on micronutrients, and on community-based management of severe acute malnutrition. With donor support, UNICEF has enhanced its capacity to guide and inform protection in emergencies. In collaboration with its partners, UNICEF has developed the Paris Principles on children associated with armed forces or armed groups; the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings; handbooks and database tools on separated and unaccompanied children; and training packages on child protection in emergencies.

**Actions in progress:** UNICEF continues to advance cluster implementation. Building on the initial phase, cluster rosters are being expanded to include broader expertise. Sector-specific coordinator trainings (for information management) are under way to strengthen cluster technical capacities. Support is ongoing in several countries where the cluster approach was piloted, while coordination and guidance are required in chronic emergency-affected countries that have not yet formally adopted the cluster approach.

Activities to build national capacities for emergency preparedness, response and disaster risk reduction are part of UNICEF’s Country Programmes, targeting both national disaster management bodies and sectoral line ministries. Reinforced by recent emergency education funding, education has emerged as an entry point, with Guyana, the Islamic Republic of Iran, Malaysia, Mozambique and Sri Lanka and as examples where national emergency preparedness and response plans have been developed in the sector.

**Future actions:** The implementation of the cluster approach will be adjusted to evaluation recommendations. It is recognized that the strengthening of national emergency capacities has to be accelerated and institutionalized in order to reduce the need for external emergency assistance in the long run. Wider partnership with NGOs is a goal for the whole of the United Nations. As identified by its recently completed organizational review, UNICEF will need to secure adequate funding for capacity-building efforts.

2. Children and communities should be provided with the knowledge and skills needed to identify warning signs, and prepare for and better cope with disasters

**Problem:** Recent catastrophic natural disasters, including the 2004 tsunami, have raised awareness that governments must put in place robust preparedness systems and adopt a more comprehensive and systematic view of risk management. While UNICEF has supported disaster risk reduction (DRR) projects since the 1990s, the organization needs to further scale up its support to disaster reduction initiatives and develop a more consistent risk reduction strategy in line with the ‘Hyogo Framework for Action’, endorsed at the 2005 Kobe Conference.

**Completed:** Since the launch of the International Decade for Natural Disaster Reduction, more than 15 years ago, UNICEF has collaborated in efforts to enhance governments’ and civil society’s capacities in emergency preparedness, public awareness on disaster risk, and risk education in schools. As examples,

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UNICEF and the UN International Strategy for Disaster Reduction (ISDR) jointly developed the Riskland game to raise children’s awareness on natural disasters, which has now been translated into more than 15 languages. Over the years, UNICEF has supported various national emergency training efforts and participatory community preparedness planning programmes, and provided technical expertise. In June 2007, UNICEF formally committed itself to supporting the implementation of the Hyogo Framework for Action by officially joining the ISDR. In July 2007, UNICEF held a global consultation to develop a UNICEF disaster risk reduction (DRR) strategy and a specific plan of action for the education sector.

**Actions in progress:** Disaster risk reduction is being addressed through both development programming and emergency response, in a comprehensive approach that includes prevention, risk mitigation, preparedness, early warning, response and recovery. UNICEF is committed to introducing DRR as part of its new cluster responsibilities in water, hygiene and sanitation, nutrition, protection and education, in close coordination with partners. One strategic UNICEF focus is formal and non-formal education, including school curricula, school safety and public awareness. For example, in the Philippines, UNICEF strives to make school buildings safer and to mainstream disaster risk reduction into school curricula. The DRR strategy proposed by UNICEF emphasizes national-level capacity-building as well as community-based initiatives, since the first responders to disasters are most often local populations, especially in disaster-prone remote areas.

**Future actions:** Given the renewed focus on risk reduction within emergency response and regular programming, UNICEF’s technical units in health, water and education are reassessing ways to integrate and accelerate risk reduction efforts. With the creation of a new unit in January 2008 UNICEF will support global risk reduction efforts and strengthen staff capacities to further emphasize risk reduction in education. In line with the development of a global risk reduction strategy UNICEF will continue to build partnerships at national and regional levels, working closely with ISDR and national authorities.

3. Effective emergency response requires the right person at the right place at the right time

**Problem:** While acknowledging the achievements of tsunami staff, the evaluation of UNICEF’s tsunami response underscored the need to expand emergency surge capacity, including strengthening staff capacity and overall preparedness.

**Completed:** The tsunami tested every possible aspect of UNICEF’s emergency response capacity. It brought to light a number of areas in need of improvement. One such area was UNICEF’s human resource (HR) surge capacity, which was underdeveloped and required more effective systems and tools to respond to and manage large-scale emergencies in a coordinated and predictable manner.

Several lessons learned and many best practices were systematically captured. This has led to the development of UNICEF’s three-pronged approach to HR surge capacity:

- Internal redeployment – UNICEF staff are identified and deployed on mission status;
- External recruitment – candidates are identified and deployed as consultants or temporary staff;
- Standby arrangements – the Office of Emergency Operations (EMOPS) in Geneva coordinates the deployment of candidates through UNICEF’s standby partners.

Systems to monitor and coordinate emergency staff deployment have been strengthened. This has made it possible to meet UNICEF’s Core Commitments for Children in Emergencies (CCCs) for all staff deployments in response to the 2006 Horn of Africa drought and for the 2007 South Pacific tsunami. Since end-2006, thanks to these strengthened systems and tools, more than half of all emergency staff deployments fulfil the CCC target, compared to about one-third during the 2004 South-East Asia tsunami.

Additionally, three pilot regions are establishing regional rapid response mechanisms for HR surge capacity, and two Regional Offices have recruited a Regional Emergency Focal Point for HR. The impact of these actions as well as the improvements in systems and tools has greatly helped conform to UNICEF’s CCCs.

UNICEF has established standby arrangements with a growing number of partners, building on comparative advantages, enhancing response capacity in key sectors and shortening staff deployment time. UNICEF, jointly with the World Food Programme (WFP) and UNHCR, organizes twice-yearly trainings for standby
partners in the important logistics area. The support of donors in strengthening staff emergency response capacity has resulted in new staff policies and guidance, including a comprehensive Emergency Field Handbook, Minimum Operating Security Standards (MOSS) and mandatory security training. Some 500 staff worldwide have completed a computer-based learning course for emergencies. More than 1,000 staff have undertaken emergency preparedness and response training (EPRT), and emergency support at regional level was expanded from six to twenty staff in the past three years.

**Actions in progress:** Training is ongoing, including EPRT, emergency simulations employing SWOT (strengths, weaknesses, opportunities and threats) analysis and sector-specific emergency training. An updated emergency training package is being developed, including cluster responsibilities and stronger rooting in humanitarian laws, principles and guidelines. A roster of cluster coordinators where UNICEF is cluster lead is maintained as part of the broader Global Web Roster.

**Future actions:** Based on these successful pilots in sub-Saharan Africa and in the Latin America and Caribbean regions, the concept of Emergency Focal Point should expand globally. In addition, the Division of Human Resources, EMOPS and the Executive Office will review the next steps to consolidate all efforts and initiatives in order to create a sustainable structure for a global rapid response mechanism for HR surge capacity. Standby arrangements will be enlarged as part of cluster responsibilities, expanding private sector partnerships. The Global Web Roster of external candidates will be further developed to facilitate the identification of pre-screened talents available for emergency response.

4. Providing the right supplies in the right place at the right time can go far in addressing emergency needs

**Problem:** Large-scale emergencies stretch UNICEF’s capacity to deliver the most appropriate supplies where and when needed. The tsunami response evaluation noted the need for improvement in emergency supply.

**Completed:** UNICEF conducted a comprehensive review of emergency supplies to:
- set improved sectoral supply lists based on common emergency scenarios and delivery times for each type of supply;
- determine the best mix of central, local, supplier-managed and UN partner procurement;
- determine the best location for stockpiling, including establishing new standby agreements with governments and private sector.

To further reduce delays and improve in-country tracking of supplies, tsunami programmes have supported the roll-out of the UniTrack supply and logistics tracking system in 20 Country Offices so far, including Afghanistan, Ethiopia, Indonesia, Lebanon, Pakistan, Somalia, Sri Lanka and the Sudan. Field staff who make use of UniTrack are able to watch all supplies from initial procurement to temporary storage at transit centres as well as inland transportation and delivery to implementing partners. Programme staff and donors can more easily follow up with end users and assess whether supplies meet beneficiary needs in terms of timeliness, quality and cost, while supply managers at country and global levels can make better choices from available options. Most Country Offices have updated their emergency preparedness and response plans, identifying supply needs and sources.

**Actions in progress:** An improved version of UniTrack capable of managing multiple sites per country will be integrated into UNICEF’s financial information systems. It will be rolled out in up to 60 offices.

Packaged supplies (e.g., essential drug kits, recreational and ‘school-in-a-box’ kits) designed to meet some of the most common emergency needs can be delivered quickly. UNICEF is piloting ways to customize kit components to minimizing delays and is testing new kits for family tracing, interim centres and early childhood development. To ensure the proper use of such kits, UNICEF is developing new guidance, both for the users and for programme officers who manage and monitor their use.

**Future actions:** In chronic emergency countries, UNICEF will support the use of commodity assessment tools to analyse the supply chain, from production to utilization, with a view to strengthening national capacities at all levels, including the manufacture of needed items. As a key component of global stockpiling strategies, Country Offices will increasingly purchase themselves and preposition emergency supplies, but have so far faced funding constraints.
5. Reliable information is essential in order to target the most vulnerable, and plan, monitor, coordinate and be accountable to stakeholders

**Problem:** The Tsunami Evaluation Coalition (TEC) needs assessment and the evaluation of UNICEF’s tsunami response point out that, in general, programming decisions and reports are not sufficiently based on objective assessment evidence and on regular monitoring and evaluation information.

**Completed:** As part of the cluster approach, an initial rapid assessment tool (IRA) encompassing water, hygiene and sanitation, nutrition and health was developed, peer-reviewed and tested in six emergency-affected countries. Intended for use by generalists within the first 72 hours, it provides a common, objective basis for emergency response decisions within those sectors.

Experience in monitoring programme results during the tsunami emergency has fed into the development of tools to monitor UNICEF’s progress against its *Core Commitments for Children in Emergencies (CCCs)*, including EmergencyInfo, a custom version of the UN DevInfo software, which is being used in several countries, such as Afghanistan, the Maldives, Nepal, Thailand and Timor-Leste. Other countries, like Indonesia, Myanmar, Solomon Islands, Sri Lanka and Viet Nam, are using handheld computers (PDAs) to enter data in the field.

To analyse what works and what does not work in emergency response, UNICEF is increasingly using real time evaluation (RTE) methodologies to obtain feedback during the early implementation of emergency programmes, as was the case in Niger. UNICEF also realized real time evaluations in collaboration with other IASC partners during the Horn of Africa drought, the Pakistan earthquake, and the Mozambique and Pakistan floods.

A web-based Early Warning/Early Action system has been established with the participation of more than 130 Country Offices to monitor emergency preparedness globally. The system alerts the UNICEF network to potential threats and provides Country Offices with guidance on essential preparedness actions.

**Actions in progress:** Through the cluster approach, the initial rapid assessment tool is being further developed. Sectoral assessment tools for more in-depth follow-up assessment during the first three to six weeks are also in preparation. CCC performance monitoring and EmergencyInfo will be tested in additional countries and further refined. To help ensure necessary pre-emergency baseline data, UNICEF is slated to scale up support to household surveys. UNICEF will contribute to the OCHA-led information management (IM) agenda, including systems that show who is doing what, and where, in emergency response.

**Future actions:** UNICEF will help develop tools for clusters to identify and monitor gaps in emergency response. Planned evaluations will assess outcomes and impacts of tsunami programmes.

6. Adequate funding and adaptable financial and administrative procedures are necessary for rapid response to sudden onset emergencies

**Problem:** The evaluation of UNICEF’s tsunami response pointed out that emergencies are times when large amounts of money have to be disbursed quickly, posing significant risks for UNICEF. Avoiding such risks by emphasizing process over results has delayed implementation, discouraged partnership and tied up staff time, underscoring the need for improved access to information on financial and administrative procedures in emergencies. Unlike the tsunami case, humanitarian response is typically underfunded. Funds that are delayed, earmarked or valid for too short a duration often constrain humanitarian response and recovery.

**Completed:** In 2007, UNICEF completed and launched a website repository of simple, accessible emergency policies and procedures and has recently completed a simple guide for emergency programme managers.

Though all programmes are audited, special audit guidelines first developed for the tsunami were also applied to the Pakistan earthquake. The guidelines include management of needs assessments and transition from relief plans to recovery plans.
The tsunami marked a watershed in long-term, unearmarked, thematic funding. Its continued encouragement has seen thematic humanitarian funding rise from about US$ 4 million in 2003 to a cumulative total of US$ 752 million as of 31 October 2007.

To institutionalize timely availability of funds, UNICEF increased its Emergency Programme Fund (EPF) to US$ 75 million per year. The General Assembly introduced an upgraded Central Emergency Response Fund (CERF) that now includes grants. In 2006, CERF funds were the second largest single source of UNICEF’s emergency funds.

Based on lessons from the tsunami financial management, new guidelines were issued specifying how future thematic funds should be allocated and how Country Offices should code projects in financial information systems so as to facilitate global and multi-agency financial monitoring and reporting in future emergencies.

**Actions in progress:** The guide on emergency policy and procedural options is being aggressively promoted in the field through three levels of training. All Country Offices and programme and operations staff will have greater access to and understanding of simplified policy guidance and will begin to put these options into practice. In addition to regular audits of emergency programmes, an initial audit of emergency preparedness sampled nine Country Offices worldwide. Country Office preparedness will continue to be audited in the future. Follow-up audits of tsunami programmes continue. The recruitment process for emergency staff is being streamlined in order to minimize delays.

**Future actions:** Lessons learned from the tsunami financial monitoring will be used to improve UNICEF’s financial tracking systems in general. UNICEF will support the improvement of multi-agency financial systems and provide data on contributions and expenditures against appeals. UNICEF will work with media and donors to promote a more equitable, needs-based distribution of emergency funds in accordance with the principles of the Good Humanitarian Donorship initiative.

**Conclusion**

Thanks to generous support, UNICEF’s tsunami programmes have achieved a great deal and continue to build on results for children and women. At the same time, it is acknowledged that programmes could have been even more successful. Applying the lessons learned from tsunami successes and shortcomings will obviously not happen overnight, but the process is well under way with encouraging results in recent emergencies. Above all, UNICEF remains open to modifying the way it works and committed to the principle of continuous improvement.
EMERGENCY FUNDING IN 2007

Donor funding to UNICEF humanitarian programmes reached US$ 431 million as of 31 October 2007, reflecting a decrease of 14 per cent from 2006 level of US$ 513 million (as of 1 November 2006). In comparison to 2006, the amount of funding required for rapid onset disasters has fallen (from US$ 275 million in 2006 to US$ 61 million in 2007) impacting the level of humanitarian funding received by UNICEF as Flash Appeals tend to be well funded. Emergency funding for 2007 may reach higher levels by the end of December 2007 as there are positive indications that donors will continue their support to fulfilling the humanitarian needs of children and women globally.

UNICEF’s emergency response in 2007 included 17 Consolidated Appeal Processes (CAPs), 14 Flash Appeals and 29 other crises requiring humanitarian assistance. Overall, UNICEF required a total of US$ 874 million in 2007 (as of 31 October 2007) for its humanitarian interventions to ensure the protection of vulnerable children and women.

In contrast to previous years, the CAPs were relatively well funded, with 56 per cent funded vs. 53 per cent for Flash Appeals. The other crises attracted less donor attention with only 26 per cent of financial needs being met.

Apart from the traditional channels of funding, UNICEF received substantial emergency contributions in 2007 from new funding modalities, such as funding through various multi-donor pooled funding mechanisms including OCHA’s Central Emergency Response Fund (CERF). In 2007 CERF funding was the largest source of emergency funding for UNICEF. Other multi-donor pooled funds for the Democratic Republic of...
the Congo (DRC), Sudan, Ethiopia, and Somalia among others made up the second largest source of emergency funding. The donors who contributed towards the pooled funding mechanisms are also providing emergency funding directly to UNICEF. As noted in the chart below, the top ten sources for emergency funding as of 31 October 2007 are: CERF, pooled funds (excluding CERF), United States of America, Sweden, European Commission Humanitarian Aid Office (ECHO), United Kingdom, Netherlands, Japan, Canada, and the German National Committee for UNICEF.

In terms of thematic (unearmarked) humanitarian funds, the top donor in 2007 is Sweden with a total of US$ 24 million. The chart above 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$ 752 million as of 31 October 2007.

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. However in comparison to the total thematic funding of US$ 144 million received in 2006, the thematic funding level in 2007 has fallen to US$ 65 million.

Out of the total emergency contributions of US$ 431 million received in 2007, US$ 65 million (15 per cent) was contributed thematically as of 31 October 2007. This is lower than the percentage of thematic contributions received in 2006 – thematic humanitarian contributions accounted for 24 per cent of the total humanitarian funds received in 2006. The drop in thematic humanitarian funding primarily from National Committees is tied to the decrease in the amount of funding required for rapid onset disasters which National Committees actively fund generally providing thematic allocations.

We are grateful for donors’ support, particularly those channelling unearmarked funding, and we urge donors to continue channelling unearmarked funds to support our humanitarian interventions.

During 2008, 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 (unearmarked) humanitarian funds to increase the adaptability and flexibility of UNICEF’s humanitarian action in the ever-changing context of humanitarian aid.
## UNICEF Humanitarian Action Funding Requirements for 2008

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<th>Region/Country</th>
<th>Funding requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASIA AND THE PACIFIC</strong></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>12,925,784</td>
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<td>Democratic People's Republic of Korea</td>
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<td>Nepal</td>
<td>6,070,000</td>
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<td>74,283,000</td>
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<td>Sri Lanka</td>
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<td>Timor-Leste</td>
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<td><strong>CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES</strong></td>
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<td>Occupied Palestinian Territory</td>
<td>20,578,880</td>
</tr>
<tr>
<td>Sudan</td>
<td>150,374,335</td>
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<tr>
<td>Syrian Arab Republic</td>
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<tr>
<td><strong>THE AMERICAS AND CARIBBEAN</strong></td>
<td>1,100,000</td>
</tr>
<tr>
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<td>5,250,000</td>
</tr>
<tr>
<td>Haiti</td>
<td>6,850,000</td>
</tr>
<tr>
<td><strong>WEST AND CENTRAL AFRICA</strong></td>
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<tr>
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<tr>
<td>Côte d'Ivoire</td>
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<tr>
<td>Guinea</td>
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<tr>
<td>Guinea-Bissau</td>
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<tr>
<td>Liberia</td>
<td>18,170,000</td>
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<tr>
<td>Mauritania</td>
<td>2,850,000</td>
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<tr>
<td>Niger</td>
<td>7,524,000</td>
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<tr>
<td><strong>TOTAL CAP</strong></td>
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<tr>
<td><strong>TOTAL NON CAP</strong></td>
<td>378,536,990</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>850,027,646</td>
</tr>
</tbody>
</table>

*Appeals within the Consolidated Appeal Framework
Appeals outside the Consolidated Appeals Framework*
Asia and the Pacific Regional Offices financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and cluster-specific emergency preparedness and</td>
<td>750,000</td>
</tr>
<tr>
<td>response planning support to Country Offices</td>
<td></td>
</tr>
<tr>
<td>Strengthening emergency response to natural disasters and</td>
<td>220,000</td>
</tr>
<tr>
<td>other rapid onset emergencies (incl. contingency planning</td>
<td></td>
</tr>
<tr>
<td>and regional surge response capacity)</td>
<td></td>
</tr>
<tr>
<td>Avian and human influenza pandemic and business continuity</td>
<td>220,000</td>
</tr>
<tr>
<td>support and roll-out</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>1,190,000</strong></td>
</tr>
</tbody>
</table>

* 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

This chapter covers two UNICEF regions: East Asia and the Pacific and South Asia.

A. REGIONAL CONTEXTS

East Asia and the Pacific

Throughout 2007, the East Asia and Pacific region, and particularly Indonesia, faced an increased number of natural disasters, epidemics of infectious diseases, and renewed outbreaks of violence and conflicts. The Regional Emergency Unit, in its technical advisory and support role for Country Office response to humanitarian crises, further strengthened the capacity of Country Offices – and of the Regional Office itself – for preparedness and response in line with UNICEF’s Core Commitments for Children in Emergencies, increasingly in an inter-agency context, in the framework of the UN humanitarian reform and the cluster approach.

One particularly significant event occurred in the early hours of 2 April 2007, when an earthquake of magnitude of 8.1 struck the Solomon Islands, damaging houses and buildings and triggering a powerful local tsunami less than five minutes later. The earthquake and subsequent tsunami took the lives of 52 inhabitants, injuring another 40 and displacing 36,588 people, many of them women and children. The earthquake in the Solomon Islands was only the strongest of dozens more that, together with volcanic eruptions, affected several countries in the region, mainly along the Ring of Fire.

A number of other events required humanitarian responses in 2007. Torrential rain leading to severe flooding and landslides devastated China, Indonesia, Malaysia, Myanmar, the Philippines, and particularly DPR Korea, leaving more than 1700,000 people homeless, causing heavy damage to and loss of infrastructure, disrupting basic services and destroying extensive farmland. Given the extremely complex political and programmatic context, access to the affected areas was a challenge, as was the timely provision of assistance and delivery of basic services to the affected population; this threatened particularly the survival of children and women.

In 2007, the region was also significantly affected by severe outbreaks of otherwise manageable diseases. DPR Korea reported an outbreak of measles, with more than 600 persons falling sick within the space of one month, requiring the mobilization of an intensive vaccination campaign led by UNICEF and WHO, during which 6 million children and 10 million adults were immunized. Cambodia, Indonesia, Malaysia, Myanmar, Singapore and Thailand were burdened with more than the usual number of dengue cases. In some countries the problem has approached epidemic proportions and caused increased child mortality.

Unresolved conflict characterized by fragile ceasefires and escalating tensions and political instability triggering civil unrest continued to roil the region, especially Myanmar, the Philippines, Thailand and Timor-Leste. As a result, as refugees or displaced within their own country, the most vulnerable continue to suffer the worst humanitarian consequences: weakened, collapsed or non-existent basic social services and the partial or complete breakdown of social coping mechanisms that jeopardize particularly the protective environment for children and women.

Increasingly effective coordination and collaboration with local authorities and other humanitarian partners paired with a stronger role being played by the Regional Office have greatly enhanced UNICEF’s capacity to prepare for and respond to humanitarian crises throughout the region.

South Asia

Previous editions of this report have highlighted the major endemic and structural imbalances that affect developmental efforts in South Asia and also create huge vulnerabilities to both natural and man-made disasters: the Millennium Development Goals (MDGs) remain unmet in most countries in the region and 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 of every three children who die is from South Asia. While the region has made 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.

The children of South Asia also face myriad 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.

The profile of South Asia, which contains some of the greatest population concentrations of urban and rural poor anywhere, as one of the most emergency-prone regions in the world, was again evidenced in 2007, when nearly 60 million persons were affected by the cyclone and flood emergencies that struck during the annual monsoon season in Bangladesh, India, Nepal and Pakistan. Recurrent natural disasters in the form of floods, drought, and severe winter weather combine with the permanent threat of sudden onset events of cataclysmic proportions such as the December 2004 Indian Ocean earthquake and tsunami and the October 2005 South Asia earthquake. In addition, prolonged, and in 2007, escalating armed conflict in Afghanistan and Sri Lanka, as well as in regions of both Nepal and Pakistan, do not appear to augur any early solution. These conflicts affect the lives of millions of children, robbing them of their childhood and, in many cases, their lives. In Afghanistan 2 million primary school-aged children (54 per cent) are out of school with an estimated 1.3 million of them being girls. Several attacks against schools, mainly torching and explosions, were reported in 2007 in all parts of the country. In Sri Lanka, targeting of civilians, killing and abductions and blocked access to towns have all contributed to create a large number of internally displaced persons (IDPs) in the northern and eastern parts of the country and increased acute undernutrition rates among children. In Pakistan, civil unrest and fighting in some parts of the country, combined with restricted humanitarian access, is further deteriorating the health and nutritional situation of children. In Nepal, despite the peace agreement, there are continuous reports of violation of human rights and recruitment of children. Civil-political disorders in Bangladesh and, on a lesser scale in the Maldives, also remain of concern.

B. AVIAN AND HUMAN PANDEMIC INFLUENZA

Highly pathogenic avian influenza (HPAI)/H5N1 continues to circulate throughout East Asia and the Pacific, threatening the livelihoods of smallholder poultry farmers and the health of families in some of the most vulnerable communities. Children have been acutely affected by exposure to sick birds as they live and play in close contact with their animals. While human cases are still rare (265 cases and 173 deaths in East Asia through the end of September 2007), there is growing concern that each new human case increases the chance of the mutation that will trigger a pandemic of a new, highly transmissible virus. The effects – especially on children – of such an event would be catastrophic in this part of the world. South Asia, too, has experienced outbreaks of HPAI/H5N1 in poultry in Afghanistan, Bangladesh, India and Pakistan, triggering the culling of thousands of birds. While there have been no confirmed human cases of avian flu in humans in South Asia yet, UNICEF remains vigilant.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Coordination

The UNICEF Regional Office for East Asia and the Pacific (EAPRO) has further strengthened coordination and contacts with other humanitarian actors in the region. The establishment, in February 2007, of an Inter-Agency Standing Committee (IASC) network system in Bangkok, including key UN agencies and intergovernmental organizations, for which EAPRO continuously advocated, has allowed for a great increase of regional inter-agency coordination and joint initiatives in support to the UN Country Teams (UNCTs) and local IASCs. On two occasions, in the Philippines and in Timor-Leste, in collaboration with the respective UNICEF Country Offices and the Regional Office for the Coordination of Humanitarian Affairs (OCHA), EAPRO took the lead in organizing comprehensive inter-agency emergency preparedness and contingency planning workshops in the framework of the United Nations humanitarian reform and the cluster approach. A specialized working group, including FAO, UNICEF, WHO, and other UN partners, and coordinated by the Asia-Pacific Regional Office of the UN System Influenza Coordination (UNSIC), has been established in Bangkok to address avian and human influenza issues and to provide support to UNCTs as required.
The UNICEF Regional Office for South Asia (ROSA) collaborated on a range of inter-agency emergency preparedness support measures at the country level with other UN regional offices, notably those of OCHA, based in Bangkok, and WHO, based in New Delhi. Coordination, including a progressive synchronization of technical assistance to Country Offices, is especially developed with ROSA in such areas as pandemic simulation training and contingency planning and the rolling-out of newly developed UNICEF emergency programming tools, such as those for rapid assessment and monitoring and evaluation.

Achievements

**East Asia and the Pacific Regional Office (EAPRO)**

Throughout 2007, the Regional Emergency Unit further strengthened the capacity of EAPRO, as well as its management and coordination systems, to support Country Offices in their emergency preparedness and response processes, in the framework of the United Nations humanitarian reform’s components, especially the cluster approach, and the overall inter-agency coordination context.

As part of emergency preparedness and disaster mitigation, the Regional Emergency Unit participated in advisory missions and facilitated workshops and trainings organized in Cambodia, Indonesia, Mongolia, Myanmar, Papua New Guinea, the Philippines, Timor-Leste, Thailand, Vanuatu and Viet Nam, supporting them in effectively mainstreaming and planning emergency and preparedness response in the framework of UNICEF’s *Core Commitments for Children in Emergencies*, and in the wider inter-agency United Nations humanitarian reform context.

At the onset of new emergencies (Malaysia, Solomon Islands, Timor-Leste), EAPRO provided direct technical support to Country Offices, with missions comprised of the Regional Emergency Unit and other technical advisers and officers. EAPRO also acts as a main liaison within the region and/or between Headquarters (Office of Emergency Programmes and Programme Division) and the Country Offices during emergency response operations.

In the Solomon Islands, for example, as part of the direct technical support provided to the Country Office at the onset of the emergency, EAPRO facilitated the release/loan of assistance from several countries in the region (Bangladesh, Indonesia, Myanmar, the Philippines and Timor-Leste) both in terms of staffing and supplies. It also engaged Regional Office technical advisers in direct support missions, in the revision of planning and fundraising documents, human resources support, activation of Headquarters’ support and fundraising activities.

In line with the application of UNICEF’s *Core Commitments for Children in Emergencies*, the Regional Emergency Unit intensified its collaboration with participatory monitoring and evaluation colleagues in assisting Timor-Leste, Viet Nam and the Pacific Islands’ Country Offices in testing and applying monitoring and evaluation tools in emergencies. Increasingly, this collaboration has been expanded to other agencies and organizations, as well as governmental counterparts.

With the aim of strengthening regional coordination of emergency response, EAPRO is developing regional emergency surge capacity rosters, including internal and external qualified candidates, to be interfaced with the Headquarters’ main global rosters.

**South Asia Regional Office (ROSA)**

In the South Asia region, a special area of emphasis has been on operationalizing Country Office preparedness and response plans through specific training and the application of newly developed programmatic tools in areas such as rapid assessment and emergency monitoring and evaluation as well as the cluster leadership approach that emerged from recent United Nations humanitarian reform measures as an inter-agency coordination mechanism in emergency settings.

Specific achievements in 2007 are as follows: Afghanistan, Bangladesh, Nepal, Pakistan and Sri Lanka Country Offices have received direct support for the update of their respective preparedness plans. The UNICEF Early Warning-Early Action (EW-EA)
system was adopted and regularly updated in seven of the eight Country Offices of the South Asia region. With the support of ROSA, India and Nepal conducted a simulation exercise to test their level of preparedness.

New emergency preparedness tools have been rolled out at country level. UNITRACK (a UNICEF supply management and tracking system for emergency settings) has been installed in Afghanistan and Pakistan Country Offices in early 2007. A multisectoral rapid assessment (MRA) toolkit is now available for UNICEF offices and counterparts in Afghanistan, Assam and the Maldives. The toolkit was immediately used in India during the floods in July-August 2007. By end-June 2007, following two years of sustained effort, an Education in Emergencies Toolkit had been field-tested and rolled out in all eight ROSA Country Offices and endorsed by Headquarters for dissemination and use in UNICEF offices throughout the world.

Concerning preparedness and response in the framework of the cluster approach, two nutrition in emergency specialists and one water and sanitation in emergency specialist are now available in ROSA to support Country Offices. A diagnosis of nutrition cluster capacities in two countries (Nepal and Sri Lanka) has been conducted. Pakistan and Sri Lanka have been supported for the definition/revision of the protocol for case management of severe undernutrition using the community-based approach.

In support of surge capacity needs, ROSA staff were immediately deployed for the 2007 flood emergencies in India and in Pakistan, to provide technical support in the implementation areas.

Avian and human pandemic influenza

UNICEF has been a key actor in the overall response to avian influenza and in pandemic preparedness planning coordinated by the UN System Influenza Coordination (UNSIC). At the regional level, UNICEF plays a lead role in shaping and providing technical support on initiatives for effective risk communication and pandemic preparedness planning. The South Asia emergency team, in collaboration with the Early Warning and Preparedness Unit of the Office of Emergency Programmes (EMOPS), developed a pandemic influenza simulation module. The simulation exercise has been carried out in eight offices in South Asia and two offices in East Asia and the Pacific, with more exercises planned throughout 2008. Using a functional exercise approach, UNICEF tests the operational quality of pandemic contingency plans and identifies shortcomings in preparedness planning while enhancing staff understanding of their roles in a pandemic response to support governments to meet the needs of children for lifesaving information, essential supplies and protection. As a follow-up activity, all eight offices in South Asia have received support to update their plans based on the lessons drawn from the exercises. During the latter half of 2007, EAPRO has supported UNSIC in the field-testing and roll-out of an adaptation of the UNICEF methodology for the testing of full UN Country Team (UNCT) plans – an initiative which will significantly strengthen the role of the entire UN system in supporting governments during a pandemic emergency.

3. PLANNED HUMANITARIAN ACTION FOR 2008

In light of the results of the Organizational Review, the UNICEF Regional Offices for East Asia and the Pacific (EAPRO) and South Asia (ROSA) agreed to create, starting from July 2008, a Shared Function Unit in Bangkok, including, among others, an Emergency Section. This Shared Function Unit will be tasked with providing advice and support to all the Country Offices in the two regions. The new Emergency Section will include – funding permitting – Senior Emergency Specialists for each of the clusters for which UNICEF has leadership responsibility: water, sanitation and hygiene (WASH), nutrition, education and child protection. The Emergency Sections in EAPRO and ROSA have already started harmonizing their approaches to planning and resource utilization.

The new expanded Emergency Section, in light of the evolving inter-agency context and in the framework of the United Nations humanitarian reform, will continue to ensure strengthened capacity of UNICEF Country Offices to be prepared and able to respond to arising humanitarian crises, taking a cluster leadership role whenever required, with sound and predictable advisory and technical support from the Regional Office.

4 Under the cluster leadership approach, within the protection sector, where child protection is a component for which UNICEF has the lead role, UNICEF will coordinate its efforts with other agencies that have complementary roles, notably UNHCR and OHCHR.
Key activities will include:

- Continue supporting Country Offices in the two regions on UNICEF emergency preparedness and response capacity-building activities (training, coaching events, workshops, simulation exercises), disseminating the expected new emergency preparedness and response planning (EPRP) matrix, reflecting revised *Core Commitments for Children in Emergencies* and other EPRP-related tools, and reinforcing linkages leading from preparedness to early action at the country level in order to ensure minimum levels of readiness.

- Within the inter-agency framework and the United Nations humanitarian reform, improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership. Further strengthen, through cluster-specific trainings and tools, the dissemination of the cluster approach in WASH, education, nutrition and protection, for which UNICEF has been given the global responsibility. As part of the regional IASC network, continue to advocate and support Country Offices to organize inter-agency EPRP events, aiming at developing inter-agency specific contingency plans with clearly defined action plans for each cluster/sector, with clear roles and responsibilities for each member partner.

- Ensure provision of direct assistance to Country Offices affected by new, emerging crises, in terms of generic initial humanitarian response support, inter-agency coordination, fundraising, liaising between the Country Offices and Headquarters (Office of Emergency Programmes and Programme Division) within the region, and deploying, when required, emergency staff and/or cluster specific staff to support the Country Offices in delivering UNICEF’s *Core Commitments for Children in Emergencies* and cluster accountability.

- Reinforce the development of regional cluster and non-cluster specific surge capacity rosters, interfaced with global ones to establish a comprehensive rapid response team in line with UNICEF’s global cluster approach leadership roles as well as UNICEF Regional Office technical support and guidance.

- Strengthen the information management component within all emergency and response activities in Country Offices through continued enhanced collaboration with regional participatory monitoring and evaluation colleagues. This includes technical assistance for the development of rapid assessment methodologies, including specific measures for the development of relevant baseline datasets in emergency preparedness activities (i.e., DevInfo), performance monitoring and gap analysis as well as other information management tools in line with the latest IASC *Guidelines*. Contribute to effective information management between and within clusters through enhanced monitoring and evaluation capacity of Country Offices.

- As part of a multi-year strategy for avian and human pandemic influenza (AHPI), continue to support more long-term and strategic work on risk communication and emergency communication systems to increase community resilience to cope with and respond to a range of threats, including a human influenza pandemic. Collaboration with UN partners on pandemic preparedness initiatives will contribute to increased national capacity to prepare for and respond to a pandemic in other programme areas that have critical implications for children and their families. The coherence of this work will be enhanced and sustained by integration within broader emergency preparedness and response systems. The long-term vision will shape intensified support to Country Offices for AHPI preparedness, through strengthened communication systems, inter-agency coordination, technical advice, and simulations of a pandemic response. Roll-out of business continuity training and preparation of business continuity plans in all Country Offices by the end of 2008 will complement this work by addressing the anticipated direct consequences of a pandemic on UNICEF staff.

- Liaise and coordinate with the Office of Emergency Programmes and Headquarters for global processes and discussions on key humanitarian initiatives, and at the regional level continue and optimize inter-agency coordination, mainly through the regional IASC network, as well as interact with other relevant regional and subregional organizations.
Afghanistan is facing a variety of natural and man-made disasters across the country. Armed conflict, school burning, suicide attacks, and kidnapping and killing of humanitarian workers limit the access to civilian populations and hamper the delivery of humanitarian assistance. Influx of deportees/returnees from the Islamic Republic of Iran and Pakistan, population movements and natural disasters are the main phenomena. Approximately 2.4 million children and women will be assisted via the funds raised by UNICEF’s Humanitarian Action Report 2008.

### CORE COUNTRY DATA

<table>
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<tr>
<th>Indicator</th>
<th>Value</th>
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<tr>
<td>Population under 5 (thousands)</td>
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<tr>
<td>U5 mortality rate (2006)</td>
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</tr>
<tr>
<td>Infant mortality rate (2006)</td>
<td>165</td>
</tr>
<tr>
<td>Maternal mortality ratio (2000-2006, reported)</td>
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</tr>
<tr>
<td>% U1 fully immunized (DPT3)</td>
<td>77</td>
</tr>
<tr>
<td>% population using improved drinking water sources (total)</td>
<td>39</td>
</tr>
<tr>
<td>% U5 suffering moderate and severe stunting</td>
<td>54</td>
</tr>
</tbody>
</table>

Sources: *The State of the World’s Children 2008* and Ministry of Health/Centers for Disease Control.

### Summary of UNICEF financial needs for 2008

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<thead>
<tr>
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<th>US$</th>
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<tr>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>Education</td>
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<td>Child protection</td>
<td>674,314</td>
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<td>Humanitarian response and coordination</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,925,764</strong></td>
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</tbody>
</table>

* 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

Afghanistan had been in a state of complex emergency for over the past twenty years. The country’s infrastructure and systems were largely destroyed. Although the security and stability have been gradually improving since 2002, armed conflict, sporadic security incidences and drought continue to threaten the welfare of Afghan people. An estimated 22 million Afghans live in poverty and substandard conditions. Over 100,000 people, most of them children and women, remain displaced by conflict and drought. Of a total of 4 million refugees, mostly in Iran and Pakistan, over 2 million returned during 2002 and 2003 and continue to return further straining overburdened social systems. More than half of the population is under the age of 18 years. This structure of the relatively young population has implications for the ability of the Government to deliver services, and calls for an urgent need to invest in children and women.

Afghanistan has a maternal mortality ratio of 1,600 deaths per 100,000 live births which accounts as one of the highest in the world. The infant mortality rate is 165 per 1,000 live births, whereby one child out of every four does not survive his/her fifth birthday. Recurrent drought, chronic household food shortage and widespread inappropriate infant and young child feeding and caring practices have led to increased admissions of under-five children to therapeutic care centres over the last two years. Among under-five children, 7 per cent suffer from acute malnutrition and 54 per cent of them are chronically malnourished. The nutrition figures could be higher in the areas affected by conflict and drought, where access is denied and humanitarian services are difficult to deliver. Immunization coverage for DPT1, DPT3 and measles is estimated at 90, 77 and 68 per cent respectively. Whereas health services are available in 82 per cent of districts, there is a significant population without access to such services.

Two million primary school-aged children (60 per cent) are out of school, with an estimated 1.3 million of them being girls. As per Ministry of Education figures provided in 2006, 3,929 schools do not have buildings, 535 school buildings are damaged and 1,481 schools need additional classrooms; overall there are 2,219 schools which have useable buildings. Only 23 per cent of the entire population has access to safe drinking water. Access to sanitation facilities is as low as 12 per cent. School incidents and threats against students and teachers continue to terrorize education in Afghanistan. Thirty-seven attacks against schools, mainly torching schools and explosions were reported in all parts of the country during 2007 up to mid-August. Deliberate attacks on girl students and women teachers resulted in at least five deaths and six injuries. Education in the insecure areas is facing qualitative and quantitative challenges.

The security situation in the country is deteriorating; more areas have fallen into active military operation zones between the Government/Coalition forces and Anti-Government Elements (AGE), which hampers humanitarian operations and access to affected populations. As of May 2007, approximately 41 per cent of districts were inaccessible to the UN on a permanent/semi-permanent basis. The security situation in the southern, south-eastern and some eastern provinces is fragile. The situation for some western provinces reported alarming. In January 2007, 1,500 families were displaced in the southern province of Helmand as a result of armed conflict. Around 15,000 families were displaced due to the fighting in the south in the latter part of 2006. Civilians are victims of armed conflict on both sides and are allegedly used as human shields during conflict by AGE. According to the UN Assistance Mission in Afghanistan (UNAMA), 600 civilians have been killed in the military operations and suicide attacks up to June 2007 either by Government/Coalition forces or by AGE.

There are more than 2 million illegal Afghan migrants living in Iran and Pakistan. The Government of Pakistan is planning to close four Afghan refugee camps in Pakistan, which is likely to result in an estimated 150,000 Afghans returning to Afghanistan. The anticipated influx of returnees and deportees certainly has grave implications for UNICEF’s action in the affected areas, mainly the provision of basic services for children and their families as well as special protection measures for vulnerable groups, such as unaccompanied minors and female-headed households.
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

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. Routine immunization has been badly affected in the conflict zones and several outbreaks of measles reported in 2007 particularly in southern Afghanistan. Measles and tetanus vaccination campaigns were conducted in the southern and western provinces; 396,192 children under the age of 12 and 177,981 women of childbearing age were vaccinated against measles and tetanus respectively.

Medical supplies, emergency health kits and oral rehydration salts (ORS) for 200,000 people were procured and dispatched to Zonal Offices for emergency preparedness and response. Supplies are being used for the victims of natural, man-made as well as disease outbreaks. The supplies will also cover the requirements for the winter 2007/2008. Sixteen care providers were trained in the management of severe childhood malnutrition in the southern provinces. Nutrition supplies for 2,000 malnourished children and micronutrient tablets for 5,000 pregnant women were delivered to provincial health departments in the southern region. So far, 395 malnourished children have been treated in the therapeutic feeding units and 65,496 kg of BP5 have been distributed, benefiting 219,780 under-five children and 43,956 pregnant women.

In the southern drought- and conflict-affected areas, 343 community water points were constructed, and in Panjwai district of Kandahar the construction of 200 handpump water points and 1,200 family latrines is in progress. Emergency supplies for 100 water points and 200 latrines in the south have been completed. An additional 300 community water points and a strategic water point are planned in the southern, western and northern drought-affected areas.

To ensure school functionality, over 4,000 students received emergency education supplies, in response to natural disasters and attacks on schools. Thirteen cost-effective schools were constructed in the northern provinces of Samangan and Baghlang. Over 6,240 students, particularly girls, benefited from this project. A national workshop on education in emergencies was conducted to address education concerns in emergencies, mainly in insecure areas. As a result, UNICEF is developing a psychosocial support package and has adapted the recreational kit contents for Afghanistan. The procurement of 1,000 recreational kits for 2008 is in progress.

In response to emergencies, UNICEF provided family kits (blankets, tarpaulin, hygiene and cooking utensils) and warm clothing (jackets) to 6,790 families affected by natural emergencies, to 9,044 internally displaced families affected by the conflict in the south and to 1,863 deported families in the west and south, covering a total population of about 123,879. Provision of non-food items complemented food assistance provided by the World Food Programme (WFP) and the contributions from other UN agencies, Government and Afghan Red Crescent Society as a single package. Procurement of non-food supplies for 45,000 families is in progress to assist internally displaced families in the south, families affected by natural disasters and those returning from Iran and Pakistan. A pandemic influenza simulation was conducted in UNICEF Afghanistan Country Office. The simulation revealed a number of gaps which are being addressed in order to strengthen emergency preparedness for avian/human influenza.

Two armoured vehicles were procured and will be deployed to Kandahar to support the monitoring of lifesaving interventions for women and children. This will help the office to comply with Minimum Operating Security Standards (MOSS) and ensure staff safety during field trips.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency response is coordinated by the Government of Afghanistan, through its Emergency Response Commission, incorporating line ministries. The UN system support is provided through this Commission, along with NGO inputs and coordinated by the UN Assistance Mission for Afghanistan (UNAMA). A Combined Disaster Management Team (CDMT), consisting of UN agencies, NGOs and local authorities, is tasked with practical implementation of emergency response and reports to the Commission.</td>
</tr>
</tbody>
</table>
Health and nutrition (US$ 2,210,835)
Some 600,000 vulnerable children among the displaced, returnee host communities and impoverished will benefit from the following key activities:

- Distribute essential emergency drugs and equipment to 200,000 population, particularly internally displaced persons (IDPs), returnees and drought-affected areas through health centres and mobile clinics;
- 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;
- Provide multiple micronutrients for 90,000 pregnant and lactating women and vitamin A for 40,000 post-partum women only;
- Administer vitamin A to 100,000 internally displaced and drought-affected children;
- Vaccinate against measles 100,000 children, particularly IDPs, returnees and children affected by natural and man-made disasters;
- Provide rapid response to diarrhoeal and acute respiratory disease outbreaks with a planning figure of 200,000 children in high-risk areas.

Water, sanitation and hygiene (US$ 2,434,298)
Some 1 million IDPs, returnee families and drought-affected communities, focusing particularly on children and women, will be reached through the following key activities:

- Provide water purification tablets at household level for 10,000 families;
- Support water tankering for a population of 150,000 in the returnees’ concentrated townships and communities affected by drought;
- Chlorinate 10,000 wells in high-risk areas;
- Construct 1,000 sanitary household latrines for IDPs and returnees;
- Construct five roof water harvesting systems for five schools in drought-affected areas of northern and western regions;
- Repair 2,000 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;
- Construct and repair piped water systems in drought- and flood-affected areas;
- Provide 60,000 collapsible water jerrycans to IDPs and families affected by natural and man-made disasters.

Education (US$ 5,064,541)
A total of 550,000 children will benefit from the following key activities:

- Construct 305 cost-effective schools/classrooms in remote areas for 20,000 children with possible community contribution;
- Procure teaching/learning materials and teacher support for 20,000 primary school-aged children, including IDPs and returnees;
- Procure/distribute teaching/learning supplies and set up temporary learning spaces for 10,000 children;
- Provide psychosocial support to traumatized and war-affected children through schools;
- Provide IDP/deportee (adolescent) girls’ education and promote community intervention in the western region.
**Child protection (US$ 674,314)**
Children affected by armed conflict and natural disasters are targeted through the following key activities:

- Create child-friendly play areas for children in the IDP/deportee concentrated areas and for children affected by armed conflict and natural disasters;
- Strengthen monitoring of child rights violations and abuse through existing Child Protection Action Networks;
- Support community-based psychosocial/child-friendly corners in the IDP/deportee concentrated areas (activities will cover setting up the places, training volunteers/teachers/peer educators and developing relevant materials);
- Undertake mine-risk awareness programmes with special focus on training of peers, implementation of community-based interventions, advocacy and materials development;
- Trace and reunite separated children in the event of natural and man-made disasters.

**Humanitarian response and coordination (US$ 2,541,776)**
In coordination with the Government/UN emergency preparedness and response mechanism, UNICEF will preposition 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. UNICEF, in collaboration with UNAMA, will support disaster risk reduction trainings at community level.
Despite improvements in the political context, the availability and quality of basic social services in health, nutrition, water supply and education for women and children, especially for over 2 million under-five children and 300,000 pregnant women, will continue to rely critically on the support of the international community. The devastation caused by the floods in 2007 has further increased the vulnerability of children despite the progress made over the last decade in areas such as reduction of severe child malnutrition. Child and maternal mortality and chronic malnutrition of pregnant women and under-five children remain high as a result of prolonged poverty, under-resourced health systems, decaying water and sanitation systems, inadequate caring practices for young children and pregnant women and fragile food security.

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Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>6,000,000</td>
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<tr>
<td>Education</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>15,000,000</strong></td>
</tr>
</tbody>
</table>

* 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 the political progress over the past year, the devastation caused by the floods in August 2007 has further increased the vulnerability of the children of the Democratic People’s Republic of Korea (DPR Korea). The floods directly impacted the lives of over 1 million people but many more have been indirectly affected through the destruction and serious damage of basic service infrastructure such as schools, health centres and water supply networks and, among them, young children and pregnant women tend to be the most vulnerable.

According to government figures, from 1993 to 1998, the under-five mortality rate rose from 27 to 55 per 1,000 live births and has remained at that level since then. This increase resulted from acute food shortages, combined with heightened morbidity and reduced capacity of the health system to manage childhood illnesses caused by shortages of essential drugs and decaying water and sanitation systems. Though government figures indicate that the majority of the population gets drinking water from piped networks, which are considered as improved drinking water sources, field observations show that most of the networks are in very poor condition, often contaminated and provide water only for a limited number of hours per day. This situation has been exacerbated by the floods, causing significant increases in the cases of diarrhoea among young children and jeopardizing the progress made in the area of nutrition over the past decade.

In fact considerable progress has been achieved in the area of child malnutrition since the crisis of the mid-nineties. As documented in the nutrition surveys, between 1998 and 2004 acute malnutrition fell from 16 per cent to 7 per cent and chronic malnutrition from 62 per cent to 37 per cent. In 2006, a government survey and field observation showed that this trend was continuing. However these levels of malnutrition are still considered high by the World Health Organization (WHO) standards. Moreover, some one third of mothers are still found to be malnourished and anaemic.

Primary and secondary schooling in DPR Korea is free and compulsory, and 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. All these factors have combined to negatively affect the quality of education.

Collaboration with Government on humanitarian action improved significantly over the past year. Despite a late release of information on the measles outbreak, the Government conducted a very effective mass immunization campaign, vaccinating over 16 million people. Following the August 2007 floods, the Government extended very good collaboration to aid agencies, especially to facilitate the implementation of joint assessments, increased monitoring and additional human resources to respond to the emergency. Despite these improvements, many challenges remain and, notably, the access to the populations living in the three north-west provinces of the country which remain inaccessible to international staff since the end of 2006, and where, as a result, UNICEF had to suspend its support except in the area of immunization and vitamin A supplementation.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with national and international partners, UNICEF has continued to respond to the humanitarian needs of women and children through its regular programme and through its emergency response to an outbreak of measles and to the floods that devastated the country. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, and education. However, progress in these areas is often hindered by chronic shortages of material and financial resources due to the absence of the major investments and the large-scale assistance needed to reduce child mortality and improve maternal health.

The regular routine immunization programme maintained high vaccination coverage (more than 90 per cent for almost all antigens). Essential medicines to treat the most common childhood diseases continued to be provided to the over 2,000 health facilities serving over 10 million people, although support to the north-west provinces of North Hamgyong and Ryanggang had to be suspended as of June 2007 due to Government’s refusal to grant access to international staff for monitoring purposes. Nutritional supplementation, including vitamin A, multi-micronutrients and iodine, proceeded and therapeutic milk was supplied to all paediatric and county hospitals for the treatment of severe child malnutrition cases. The availability and quality of water
supply was improved through the construction of three new gravity-fed systems providing quality water to over 75,000 people in three counties. Finally, in addition to supplying paper for the printing of school textbooks for over 2 million schoolchildren, UNICEF helped to notably improve the quality of education by training teachers, revising the mathematics curriculum and providing life skills education focused on health and hygiene promotion.

In addition to its regular programme, UNICEF responded to two emergencies in the course of 2007. In the first quarter of the year, in collaboration with the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF supported the Government to conduct a mass immunization campaign in response to an outbreak of measles. Over 16 million people aged 6 months to 45 years were vaccinated within a period of three months.

Following the August 2007 floods, UNICEF’s emergency response included the provision of essential medicine kits to affected county hospitals and health centres; extra nutritional supplementation for women and children; emergency water kits to 5,000 families, and chlorine and pump spare parts to flood-affected counties.

In addition, UNICEF supported the Government to conduct a detailed assessment of damages to submerged water pump stations and a rapid screening of the nutritional status of under-five children in the 20 most affected counties. These two assessments will enable UNICEF and Government to better address the continuing emergency rehabilitation needs in the areas of nutrition and water supply.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordinating and partnership

Five inter-agency theme groups comprising UN agencies, development partners and Government regularly meet to strengthen coordination in key sectors. UNICEF chairs the groups on health and nutrition and water, sanitation and hygiene, which were both very active in coordinating sectoral responses to the floods. Weekly inter-agency meetings exchange information among UN agencies and other development partners.

Regular programme

Though DPR Korea stopped being part of the Consolidated Appeal (CAP) in 2005 when Government called for development assistance, the UNICEF Country Programme retains a humanitarian focus by providing direct support to basic services for women and children in health, nutrition, water and education. In the absence of the CAP, funds have been secured mostly through the Humanitarian Action Report (HAR). The devastation resulting from the 2007 floods have further strengthened the humanitarian focus of the 2008 Country Programme, hence justifying an increase in the HAR appeal for DPR Korea.

In DPR Korea UNICEF is implementing a two-tier system of national and focus county interventions. At the national level UNICEF will support capacity-building of government counterparts providing basic social services and implementing national programmes, such as immunization and nutritional supplementation. In selected 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 the Government’s own or external resources that might be available in the future.

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

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

**At the national level**
- Provide vaccines and cold-chain equipment to maintain a high immunization coverage of more than 90 per cent for all antigens among children under one and pregnant women;
- Procure and distribute essential medicines to over 2,000 health facilities covering over 10 million people;
- Support the local production of oral rehydration salts (ORS) for the treatment of childhood diarrhoea;
• Provide multi-micronutrient and vitamin A supplementation to 300,000 pregnant women;
• Provide vitamin A supplementation and deworming two times per year to 2 million under-five children;
• Provide deworming to 3 million primary schoolchildren;
• Develop and/or update information, education, communication (IEC) materials to improve the care of young children and pregnant women;
• Develop a comprehensive training package and resource manual for household doctors in collaboration with WHO and IFRC.

**In selected focus counties**
• Promote a model care framework for young children and pregnant women at both institutional (nurseries and health centres) and household levels in 10 counties;
• Improve the quality of child and maternal health care at facility level in 10 counties through rehabilitation, provision of equipment and training.

**Water, sanitation and hygiene (US$ 6,000,000)**
An estimated 5 million people will benefit from the following key interventions:

**At the national level**
• Provide water treatment chemicals and spare parts for the provision of safe water to 10 million people living in urban and semi-urban areas (provincial capitals and 89 counties affected by floods in 2007);
• Develop an emergency recovery module for counties where existing pumps for provision of safe drinking water have been damaged beyond repair by the 2007 floods;
• Strengthen emergency preparedness in water supply by training partners at national, provincial and county levels and prepositioning key supplies;
• Strengthen the water quality monitoring capacity of six provincial hygiene and epidemic stations through the provision of portable laboratories and relevant trainings.

**In selected focus counties**
• Rehabilitate and construct water supply systems in four focus counties to provide safe drinking water to 80,000 people through gravity-fed systems;
• Construct water supply systems based on the emergency recovery module in four flood-affected counties to provide safe drinking water to 80,000 people;
• Rehabilitate water and sanitation facilities and promote hygiene education in 20 child-care institutions benefiting 10,000 children.

**Education (US$ 1,000,000)**
An estimated 250,000 children will benefit directly from the following key interventions:

**At the national level**
• Improve the quality of education through child-friendly approaches, such as curriculum revision, setting standards for school readiness, elaboration and printing of new life skills material;
• Provide paper for the printing of hygiene and health textbooks in primary and secondary schools;
• Improve emergency preparedness in education through the training of Ministry of Education staff, local authorities, headmasters and teachers and the identification of supplies needed for improved preparedness.

**In selected focus counties**
• Provide basic rehabilitation to, at least, 16 schools in focus counties, benefiting around 16,000 children, through the rehabilitation of the roof/basic structure of the schools in order to reduce their vulnerability to heavy rains and freezing winter temperatures;
• Provide training to an estimated 10,000 teachers and headmasters on child-friendly methodologies;
• Print and distribute new life skills materials and specific innovative material/equipment for mathematics and science, benefiting 8,000 classrooms.
The 10-year Maoist insurgency in Nepal has affected the lives of millions of women and children in remote and poorly resourced districts, especially in already vulnerable households. In the most severely affected areas, the government’s health and education systems have been put under extreme pressure, and progress in improving water and sanitation and preventing HIV/AIDS has been stalled. Issues related to child protection have become increasingly urgent. The effects of the conflict have been compounded by natural disasters, particularly flooding, in many parts of the country. It is estimated that over 3 million people will be assisted in these areas with the funds raised by the Humanitarian Action Report.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>1,620,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>450,000</td>
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<tr>
<td>Education</td>
<td>400,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Mine-risk education</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,070,000</strong></td>
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</table>

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1. CRITICAL ISSUES FOR CHILDREN

The Maoist insurgency in Nepal began in 1996 and intensified over the following 10 years, eventually affecting the whole country. In April 2006, after a three-week ‘people’s movement’, the incumbent government (led by the King) resigned, the Maoists declared a ceasefire, and a new interim government was established. At the request of the new government, the UN Secretary-General assigned a Personal Representative to support the peace process. In September 2006, a Comprehensive Peace Agreement was signed and the Maoists joined the government. Preparations for a Constituent Assembly are under way, and elections were expected in November 2007 but were postponed. However, varying levels of violence are still being experienced in the southern plains (terai), especially in the Central and Eastern Development Regions. In addition, the Maoists recently withdrew from the government. The political situation is still extremely precarious.

The armed conflict has severely affected children and women of all ages, but under-five children and women of childbearing age remain the most vulnerable. In a number of cases, children have been killed or injured as a direct result of the conflict, or detained by the Maoists or the State’s security forces. A considerable number of children were abducted and recruited by the Maoists to carry ammunition and supplies or act as sentries and messengers; many more were abducted and subjected to political indoctrination. Others were separated from their families or orphaned. 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. Children’s access to education and health services has been affected, as the already fragile capacity of the health and education systems to deliver accessible and effective services has been diminished further by the conflict: the number of health-care workers and teachers in rural areas declined due to harassment and attacks by the Maoists, and resources were restricted. Schools were targets of attack and grounds for Maoist recruitment and political indoctrination, discouraging many families from sending their children to school.

The conflict has also been associated with increased sexual violence and sexually transmitted infections (STIs), including HIV/AIDS. Both parties to the conflict used improvised explosive devices and landmines across the country. Nepal is amongst the 10 worst-affected countries in the world for victim-activated (VA) explosions. In 2006, VA explosions were reported in 51 of Nepal’s 75 districts, with a high proportion of child casualties. The Mid Western and Far Western Development Regions of the country have been the most severely affected by the conflict. Post ceasefire, limited returns have been taking place, as many displaced are not yet ready to return due to security concerns and the absence of other essential conditions (food security, shelter, income opportunities, and social services).

Child malnutrition rates remain persistently high. Acute malnutrition (or wasting) – an indicator of sudden and severe nutritional deficit – has increased over the past five years, from 11 per cent in 2001 to 13 per cent in 2006. In particular, the Far Western Development Region shows a disproportionately high acute malnutrition rate of 17 per cent. A prevalence rate of 10 per cent or less is the conventionally accepted threshold for a nutrition emergency. Treatment for severely malnourished children remains largely unavailable in Nepal. A few facility-based or food-based rehabilitation initiatives are currently available, but coverage is very limited.

Nepal lies in an earthquake-prone region, and parts of the country are also vulnerable to landslides, drought and other natural disasters. Some regions have become increasingly affected by flooding, which carries greater risk of vector-borne diseases, including Plasmodium falciparum malaria. Since 1971 more than 4 million people have been affected by floods and landslides. Prepositioning of drugs and preventive measures for vector-borne diseases, 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 and in July/August/September 2007.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF has been working closely with sister UN agencies (most notably ILO, OHCHR, UNAIDS, UNDP, UNESCO, UNOCHA, WFP, WHO), local and international NGOs and bilateral agencies to respond to the needs of Nepalese children and women affected by the conflict. There are several coordination mechanisms, including a working group for children associated with armed forces and armed groups (CAAFAG), a mine action working group, Education for All, and the Emergency Health and Nutrition Working Group.
In health and nutrition, community-based integrated management of childhood illnesses is being expanded to four emergency-affected districts. Health facilities that were damaged during the conflict have been mapped and will soon receive minor rehabilitation. Therapeutic feeding for severe acute malnutrition has been provided in remote areas, and in areas affected by cholera outbreaks. A pilot project for community-based therapeutic care for severe acute malnutrition is being started in three districts. UNICEF responded to the flooding emergency during the 2007 monsoon by providing essential supplies, such as insecticide-treated nets, tarpaulins and oral rehydration salts. With respect to HIV/AIDS, UNICEF has provided drugs and commodities for prevention of mother-to-child transmission (PMTCT) and treatment of children living with HIV/AIDS. UNICEF has supported the government in setting up seven pilot PMTCT sites, and treatment for children living with HIV/AIDS. UNICEF has also been working with the government to train school teachers and peer educators in life skills-based education that is aimed at in-school and out-of-school youth to reduce their vulnerability to HIV/AIDS.

Sanitation and hygiene promotion was conducted in 1,000 schools and the ‘handwashing-with-soap’ campaign was expanded to over 2 million people through mass media and interpersonal communication campaigns. Point-of-use water treatment promotion was started and has reached an estimated 500,000 people and 60,000 children in 200 schools. Some 120,000 tube wells were tested for arsenic. Over 15,000 hygiene kits were distributed during the monsoon floods and female community health volunteers were trained to demonstrate and distribute soap for handwashing and water purification tablets and solution to over 600,000 flood-affected people. UNICEF provided information materials and calcium hypochlorite for water treatment after a cholera outbreak in the Kathmandu valley. Plans are under way to rehabilitate some 60 water supply schemes damaged by floods and landslides.

In the education sector, UNICEF continued its support to the national ‘Welcome to School’ campaign, which is now well established. The focus is on enrolment of lower-caste children, especially girls, in 30 districts, where UNICEF also provides 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 be mainstreamed into the formal school system. UNICEF is taking leadership of the education cluster for emergency education to coordinate emergency responses for conflict- and disaster-affected children. UNICEF is also working with the government and partners to strengthen and expand peace education initiatives for formal and non-formal education settings.

With respect to protection, UNICEF currently supports 406 community-based paralegal committees in 23 districts. These committees advocate for the rights of children and women, and actively mediate in cases related to abuse, exploitation and violence against them. They are also involved in the reintegration of children affected by armed conflict. UNICEF and the Office of the High Commissioner for Human Rights (OHCHR) are the co-chairs of the Nepal Task Force on the Monitoring and Reporting Mechanism on children affected by armed conflict violations (UN Security Council Resolution 1612), with coverage now extending to 43 districts across all five Development Regions. The Task Force has created a database of all reported cases of children affected by armed conflict. A reintegration package for CAAFAG has been developed by UNICEF and other members of the CAAFAG working group, and the knowledge and capacity of community-based organizations has been reinforced in respect to their support for the reintegration of these children. A national surveillance system and reporting on victim-activated explosions is operational. UNICEF, together with the mine action working group, has supported the establishment of a National Mine Action Authority (NMAA) at government level.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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</thead>
<tbody>
<tr>
<td>UNICEF collaborates closely with the UN Country Team (UNCT), local and international NGOs, and bilateral agencies. The Consolidated Appeal Process has been particularly fruitful in terms of coordination. The decentralized character of UNICEF’s implementation modalities requires continued close coordination with district authorities and civil society.</td>
</tr>
</tbody>
</table>
Health and nutrition (US$ 1,620,000)
Some 3 million people, with emphasis on children and women in districts affected by conflict and/or natural disasters, will benefit from the following key activities:

- Preposition essential drugs and medical equipment for timely emergency response to address increased risk of child mortality and morbidity, including for water- and vector-borne diseases;
- Introduce neonatal health interventions into community-based health activities;
- Promote breastfeeding and complementary feeding practices;
- Map hard-to-reach areas and help establish additional vaccination centres;
- Provide technical assistance on emergency health and nutrition to the Emergency Health and Nutrition Working Group, co-chaired by UNICEF and WHO;
- Support scale-up of community-based therapeutic care for children suffering from severe acute malnutrition;
- Procure ready-to-use therapeutic food for home treatment by caretakers and for therapeutic feeding (i.e., F-75 and F-100 therapeutic milk) for the rehabilitation of severely malnourished children in health facilities;
- Introduce emergency nutrition surveillance to monitor increased risk of malnutrition during emergencies, hence triggering emergency interventions and coordination;
- Procure post-exposure prophylaxis kits for women and girls to reduce risk of HIV transmission, including training of service providers on psychosocial counselling and referral;
- Procure paediatric antiretroviral drugs to ensure continued supply during emergencies.

Water, sanitation and hygiene (US$ 450,000)
Some 600,000 people (150,000 under-five children) at risk of diarrhoeal disease caused primarily by contaminated water and poor hygiene practices following floods and heavy monsoon rains in nine hill and 11 terai districts will be reached through the following activities:

- Train female community health volunteers, Nepal Red Cross volunteers, and health workers in the promotion of handwashing with soap, and in the promotion and demonstration of options for household treatment of drinking water;
- Distribute samples of soap and sodium hypochlorite (disinfection) solution;
- Conduct a promotion campaign on household treatment of drinking water and handwashing with soap through radio messages and printed posters, brochures and flyers;
- Rehabilitate water supply schemes damaged by floods and landslides;
- Preposition relief items for shelter, hygiene, sanitation and drinking water purification;
- Translate, print and distribute instruction flyers to be used with relief items.

Education (US$ 400,000)
A total of 60,000 displaced, conflict- and disaster-affected children will benefit from the following activities:

- Implement the schools as ‘zones of peace’ programme in seven districts with continued unrest;
- Develop, pretest and print peace education modules, including psychosocial training modules;
- Preposition stocks of basic emergency education supplies and equipment for 6,000 children;
- Strengthen UNICEF’s cluster leadership for emergency education response.

Child protection (US$ 3,500,000)
Although it is difficult to be exact, there are approximately 10,500 children associated with armed forces and armed groups (CAAFAG). In 2006, the Office of the High Commissioner for Human Rights (OHCHR) estimated that about 30 per cent of the People’s Liberation Army (Maoist) were children. CAAFAG and other conflict-affected children will benefit from the following activities:
• Enhance the capacity of the Nepal Task Force on the Monitoring and Reporting Mechanism on children affected by armed conflict to report on grave violations, as specified in UN Security Council Resolution 1612, and identify other critical rights violations that can be monitored;
• Implement the national strategy for reintegration of CAAFAG and other children affected by the conflict;
• Design a strategy to mainstream and address issues related to children affected by armed conflict within a national child protection framework;
• Strengthen the capacity of community-based organizations, including paralegal committees, to support the reintegration of children affected by armed conflict, including CAAFAG, into communities.

Mine-risk education (US$ 100,000)
Through reduced humanitarian and socio-economic threats posed by improvised explosive devices (IEDs), landmines and other explosive remnants of war, people affected will benefit from the following key activities:

• Support the National Mine Action Authority (NMAA) to design a national strategy, and provide effective coordination of activities in collaboration with the UN Mission in Nepal (UNMIN) and the UN Country Team (UNCT);
• Develop new communication approaches, training methods and tools for mine-risk education, in conjunction with the national technical committee and the joint working group;
• Assist NMAA, UN agencies and NGOs in the development and consolidation of national systems to assess explosive device risks and needs;
• Advocate for compliance with legal instruments in relation to the protection of civilians from explosive devices that have indiscriminate effects;
• Support NMAA and the joint working group in the development and implementation of a national strategy for victim assistance;
• Enhance the capacity of the government, UN agencies, NGOs, and the Nepal Red Cross to meet emergency risk reduction needs in an appropriate, effective, and timely fashion.
The programme supports the reconstruction efforts after the earthquake that devastated parts of Kashmir and Northern Pakistan in October 2005. UNICEF seeks to rebuild 55 health centres, train and employ 4,000 community health workers, construct water systems for some 4,000 schools and communities, build 500 elementary schools, support the school system and strengthen a range of protection networks for children. About 1.5 million children live in the earthquake-hit areas. All will, to varying degrees, benefit from the programme.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>34,571,000</td>
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<tr>
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<td>Education</td>
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<td>Child protection</td>
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<td><strong>Total</strong></td>
<td><strong>74,253,000</strong></td>
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*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

Pakistan suffered its worst ever natural disaster on the morning of 8 October 2005, when an earthquake measuring 7.6 on the Richter scale struck the vast valleys and hilly areas of Pakistan’s North West Frontier Province and Azad Jammu and Kashmir. An estimated 73,000 people died and some 150,000 people were seriously injured; 42,000 children were orphaned; and some 3.3 million people were left homeless. Most physical infrastructure was devastated with more than 500 health delivery facilities and 6,000 schools destroyed. Water systems were also badly hit with some 3,500 of them destroyed or severely damaged.

An efficient six-month emergency relief effort, followed by a large-scale early recovery programme, has ensured good relief and rehabilitation results in the two years following the earthquake. The emergency phase lasted through the first winter, and extraordinary collective efforts from all involved agencies prevented a second wave of suffering and deaths following the quake.

The earthquake programme now seeks to rebuild infrastructure under the motto ‘Build Back Better’. UNICEF will rebuild and re-equip schools, rebuild and restaff damaged health centres, train a network of female community health workers, rehabilitate rural water systems and ensure adequate public and communal protection measures for vulnerable groups and children. If work in the rehabilitation stage succeeds as well as during relief and early recovery, then work in post-earthquake Pakistan would be among the most successful disaster relief and rehabilitation programmes ever to be launched.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF has continued to respond to the humanitarian needs in the early recovery phase for the earthquake with a focus on the priority areas of health and nutrition, water, sanitation and hygiene, education and child protection.

In health and nutrition, UNICEF supported the basic services of the Ministry of Health. This implied continued support to the expanded programme on immunization (EPI) and supply and staff support to ensure that rural health services continued to operate from tents and temporary shelters. The programme also identified and started training some 2,600 rural female health workers and constructing permanent health centres.

Child-friendly spaces, set up by UNICEF in tented facilities, continued to provide educational, recreational and counselling services to vulnerable children in the post-traumatic period of the emergency. The programme also started work on reform of policies, laws and enforcement systems to protect children in the earthquake areas from violence, abuse, neglect and exploitation.

UNICEF’s education programme provided material support to schools and students. Some 5,000 tents were supplied with accompanying educational equipment to be used for classrooms in communities without school buildings. UNICEF also constructed about 100 temporary classrooms for communities where school tents were not a practical solution. And UNICEF started construction work on 25 elementary schools. UNICEF also supported a range of training components for different groups of people in the school community.

UNICEF’s water, sanitation and hygiene programme installed rural water systems in affected communities. Some 500 schemes were completed and another 300 started. Water and sanitation facilities were provided to some 2,500 tented schools to ensure that education would not suffer in spite of the earthquake. UNICEF supported hygiene and sanitation promotion programmes to ensure behaviour change.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
All agencies work under the general guidance of the Earthquake Reconstruction and Rehabilitation Authority (ERRA), who coordinates all post-earthquake rehabilitation work. UNICEF also coordinates closely with UN agencies, technical government departments and NGOs that implement the programme.
Regular programme
The earthquake programme is closely linked with the Pakistan Country Programme. The two programmes seek to tackle the same issues, though the earthquake programme naturally has a larger infrastructure rebuilding programme than the regular programme. The UNICEF staffing structures in Islamabad are now integrated, so that the same sections work for both programmes.

Health and nutrition (US$ 34,571,000)
Some 500,000 people will benefit from the following services and outputs:

- Eighty per cent of children and families in target areas will practise behaviours that are essential to prevent and manage illness, so that they will achieve their full physical and intellectual potential. This will be achieved through persuasive personal communication of some 4,000 trained, professional female community health workers who will work with women and children in the target communities. The health workers will be local women who will enter the programme with basic education. The programme will train them as community health workers, and they will then operate directly in the communities with a specifically assigned number of about 100 families per worker. The health workers will focus their work on health education and preventive medicine.

- At least 400,000 people will have access to primary health-care services through stationary health facilities and community-based outreach services. UNICEF will construct 50 basic health units and five of the slightly larger rural health centres. These facilities will generally be placed in rural areas and have adequate medication, equipment and supplies to provide essential health services for the first 12 months. All static expanded programme on immunization (EPI) services will be integrated in these facilities to ensure full vaccination coverage for the relevant target populations. The health workers described in the first bullet point will also contribute to the provision of health services, as they will perform basic diagnostic and curative functions.

- The district health management systems will be strengthened through a wide range of activities: 120 senior health managers will be trained, health facilities will be equipped with IT supplies and equipment, and key baseline data will be collected and assessed. All efforts will be made to ensure thorough monitoring of programme developments so that the programme will have a learning function for the wider health community as well as benefiting the target communities. The programme’s overall aim is to serve as a long-term model for primary health-care development in Pakistan on a national level.

Water, sanitation and hygiene (US$ 8,203,000)
Some 600,000 people, particularly women and children, will be reached through the following key activities and outputs:

- Schoolchildren in some 1,000 elementary schools will have access to basic water and sanitation facilities with water taps and toilet installation in all UNICEF-supported permanent, temporary and tented schools. The programme will either extend water connections to schools from existing water systems, or build and create new systems. These systems most often use surface water sources rather than well-drilling. Entire communities also stand to benefit from the new water systems, as pipes can then be extended from school systems to community water points as well. Training will be provided to 6,800 schooletachers to be better able to promote and advocate hygienic behaviours among their students, and other child-to-child activities for hygiene promotion will be arranged. This programme has a positive influence on girls’ school attendance, as inadequate sanitary facilities are a significant deterrent for girls’ enrolment and retention in education.

- Some 500 communities with about 600,000 inhabitants, where water systems were either damaged or destroyed, will have their old systems restored or new water systems constructed. Most of these communities are located in hilly terrain were water is available, but not easily accessible, from brooks and rivers. The impact of the restoration of these water systems is immense and goes beyond the mere convenience of having easily accessible water. Both child health and sanitation, and the workloads for women, benefit. Sound hygienic practices depend totally on the availability of water. And, fetching and carrying water long distances is traditionally women’s work in the target areas. When this time is freed for other activities, then the quality of life for women increases correspondingly

- Family-level hygiene and sanitation practices determine the overall health of communities. The programme will therefore work with partners to ensure that some 1.5 million people are reached with appropriate hygiene messages on the importance of using clean water. Other hygiene messages,
construction and use of sanitary latrines, handwashing with soap, the connection between hygiene and diarrhoeal diseases and related themes will also be promoted.

- All health centres in the targeted communities will also have access to clean water piped to the centres.

**Education (US$ 26,202,000)**

A total of 400,000 earthquake-affected children and 20,000 teachers will benefit from the programme through the following key activities:

- Some 10,000 schools were damaged or destroyed during the earthquake, and these will now be rebuilt. Many actors will participate in this ambitious rebuilding programme. UNICEF has agreed with the authorities to construct, furnish and re-equip 500 elementary schools in five districts. The schools vary in size from two to five classrooms, and most are located in remote and inaccessible areas. UNICEF has produced child-friendly school designs for permanent school buildings in the spirit of the ‘Build Back Better’ strategy. Initial designs are for brick and mortar buildings, and light steel frame structures may be used for construction in places close to geological fault lines.

- The above rebuilding of the school will take time, and in the mean time education takes place in temporary shelters. UNICEF will support these temporary shelters with provision of tents to be used as classrooms. UNICEF will also construct basic classrooms of sheet metal and plywood in weather-beaten places where tents are not a practical solution. UNICEF will provide 4,000 such classrooms, and the majority of these will be tented. UNICEF will also provide educational equipment, both the ‘school-in-a-box’ set and other supplies, such as schoolbags and exercise books for children, with each classroom. Through maintaining schools in temporary structures UNICEF will also sustain and increase demand for education in the affected areas to ensure that enrolment rates will not drop following the earthquake.

- UNICEF will also support the non-material components of education development in the earthquake-hit areas. Support here will include teachers’ training; some 20,000 primary schoolteachers will complete training on psychosocial skills and on establishing and maintaining well-managed, supportive multigrade school environments in temporary structures. The programme also includes a component to rebuild the education management and administrative systems in six districts, as these too were severely damaged in the earthquake.

- There will be emphasis on creating inclusive schools with healthy learners. The health status of the schoolchildren will be monitored, and referral links will be established to the health systems and for nutritional interventions in 2,400 temporary schools. Deworming, for example, will be pursued. Though local topography and terrain are sometimes prohibitive and limit access to the schools, the needs of learners with disabilities will still be kept in mind.

**Child protection (US$ 5,277,000)**

It is estimated that some 42,000 children lost one or both parents in the earthquake and that 23,000 acquired long-term or permanent disability. For these and other particularly vulnerable children the programme will:

- Establish a comprehensive and integrated protective environment to ensure that children will not fall victims to violence, abuse, neglect or exploitation from family and community level to the district level in six target districts. Parents and caregivers of vulnerable children will be empowered with knowledge on parental skills, child rights and child rearing to enable them to fulfil their protective roles.

- Access to inclusive and non-discriminatory basic services for 60 per cent of the orphans and other children vulnerable to violence, abuse, neglect and exploitation will be established in severely affected areas in six districts. Some 1,800 intersectoral government officials will be trained on child protection issues such as birth registration, gender-based violence, orphaning, referral and child rights.

- Strengthen policies, laws and enforcement systems to protect children in earthquake-affected areas from violence, abuse, neglect and exploitation. There will be new policies on family-based care for orphans and other vulnerable children, and there will be standards and guidelines for use of institutional care as a last resort. And, 150 government officials will be informed about the legal and policy frameworks involving orphans and other vulnerable children.

- Monitor, assess and report on child protection interventions undertaken in the best interests of the child. Thus monitoring systems will be developed and put in place at federal, provincial, state and district levels. These will be reviewed and reported on quarterly with government agencies and other implementing partners.
In collaboration with partners, UNICEF’s humanitarian action focuses currently on internally displaced persons (IDPs), resettled populations and host communities in northern and eastern Sri Lanka, numbering up to half a million people, made vulnerable by the resurgence of conflict between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam. Main constraints of the emergency response relate to the deteriorating security situation, lack of humanitarian access to numerous areas of the country and escalation of fighting in the North, East and Vanni regions. Acute shortage of trained staff and volunteers in peripheral areas in all key sectors remains a challenge to the timely delivery of response.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene (WASH)</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,800,000</td>
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<tr>
<td>Child protection</td>
<td>2,000,000</td>
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<td><strong>Total</strong></td>
<td><strong>9,300,000</strong></td>
</tr>
</tbody>
</table>

*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.*

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5 The Vanni is the region below the Jaffna peninsula and includes parts of Kilinochchi, Mannar, Mullaitivu and Vavuniya districts.
1. CRITICAL ISSUES FOR CHILDREN

The resurgence of conflict in Sri Lanka since April 2006 has severely impacted the well-being and livelihood of children and women, particularly in the North and East of the country. As of September 2007, some 190,000 persons remain displaced due to the conflict (excluding another 200,000 tsunami-displaced) and some 100,000 have been resettled. Severe acute malnutrition (SAM) among under-five children in parts of conflict-affected Batticaloa and Jaffna districts is 6 per cent and 6.7 per cent respectively (Ministry of Health 2007), while the country prevalence is 2.5 per cent (Demographic and Health Survey 2000). Access to potable water stands at 79 per cent for the entire population; and access to safe sanitation is 76 per cent. However, in some conflict-affected districts, sanitation coverage is as low as 30 per cent (2007). More than a quarter of a million primary school-aged children are partially and/or completely out of the education system. The resumption of open fighting has increased the risk of underage recruitment by armed groups and other child rights’ violations related to conflict. Displacement and pervasive indiscriminate violence, including claymore attacks, landmines/unexploded ordnance (UXO) and aerial bombings, have resulted in a climate of fear and significant disparity in vulnerable areas. Despite a strengthened mechanism in place to monitor and report on grave child rights’ violations through implementation of UN Security Council Resolution 1612, the recruitment of children by armed groups continues. Since the establishment of the monitoring system in 2002, UNICEF has verified more than 6,600 cases of child recruitment. As of September 2007, more than 1,600 of those reported are still with armed groups.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In collaboration with partners, the UNICEF-assisted humanitarian response in 2007 focused on the priority areas of health & nutrition, water & sanitation, education and child protection. During the peak displacement period, February to May, about 300,000 conflict-affected internally displaced persons (IDPs) were sheltered in more than 260 locations.

In the health & nutrition sector, deployment of mobile clinics and staff benefited 37,000 IDPs. Routine immunization and antenatal care services were strengthened with technical and supply assistance to the Ministry of Healthcare and Nutrition to cover all pregnant women and children. The majority of displaced under-five children received routine vaccination, vitamin A supplementation and deworming treatment. Around 30,000 under-five children were screened and 589 children suffering severe acute malnutrition were treated through community- and facility-based therapeutic feeding supported by trained health staff. Prevention of growth failure and impaired cognitive development was achieved in 65 per cent of the children rehabilitated. Approximately 10,000 children with moderate wasting benefited from 10 MT of high-energy biscuits provided through child health clinics, including regular follow-up for growth monitoring.

In the education sector, a ‘Back to School’ campaign and the development of a consolidated syllabus enabled 45,000 children to return to school following extended periods of inaccessibility. Targeted training ensured basic awareness of psychosocial issues for more than 1,150 teachers working directly with 45,000 displaced children. An estimated 11,000 students continued their education in 74 temporary learning spaces, of which 36 have been constructed by the School Development Societies of affected schools. More than 180,000 students received essential learning materials. Capacity development of emergency education focal points within the Ministry of Education was supported as a first step to ensuring a sustainable and comprehensive system to plan and respond to educational needs. More than 15,000 displaced children received educational, recreational and counselling services in some 198 child-friendly spaces. Mine-risk education (MRE) was provided to 240,000 community members through 5,600 trained field staff and volunteers (from a range of Government and NGO providers). Reintegration support was provided to 1,327 children formerly recruited by armed groups and released, including those participating in vocational training. A total of 3,600 children in conflict-affected communities received vocational training.

In the water, sanitation and hygiene sector, 265,000 IDPs gained access to sanitation facilities and safe drinking water and maintained minimum Sphere standards in hygiene. Over 20,000 family hygiene kits were provided and specific hygiene-related information was disseminated in IDP camps. A new concept of reusable and easy-to-construct prefabricated emergency toilets was designed by UNICEF and 240 units, separated by gender, prepositioned in emergency-prone districts. These toilets can be easily dismantled and transported to other emergency sites. UNICEF and its implementing partners were able to respond to the needs within 72 hours, as building takes no more than half a day.
3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordinated partnership
UNICEF supports the Government of Sri Lanka to coordinate the water & sanitation and education sectors, working together with UN agencies, the International Committee of the Red Cross (ICRC), NGOs and community-based stakeholders. UNICEF is sub-cluster leader for child protection and collaborates actively with the other sector leaders: with the Office of the UN High Commissioner for Refugees (UNHCR) for shelter and protection, with the World Health Organization (WHO) for health issues and with the World Food Programme (WFP) for food security and nutrition.

Regular programme
The emergency appeal and the Country Programme are complementary and mutually reinforcing. National capacity development, policy analysis and reforms, and related technical assistance to fulfill the Government of Sri Lanka’s human rights obligations are supported mainly under the Country Programme, while UNICEF’s humanitarian response, which focuses on the North and East of the country, further promotes standards and international norms in reaching UNICEF’s Core Commitments for Children in Emergencies.

Health and nutrition (US$ 2,500,000)
About 165,000 under-five children and 60,000 pregnant women and lactating mothers displaced or living with host communities or in vulnerable areas will benefit from the following key activities:
- Procure and distribute essential drugs, emergency health kits, cold chain and other essential equipments to 90 health centres;
- Facilitate outreach mobile clinic services for displaced population; rehabilitate health facilities;
- Provide iron/folic acid and vitamin C in six districts for 387,000 adolescents and 62,000 mothers;
- Procure and distribute vitamin A capsules to under-five children and schoolchildren of grades 1, 4, and 7 and deworming tablets to all children aged 2-5 years and to all pregnant women;
- Support promotion of insecticide-treated mosquito nets through the training of 350 community-based health workers and provide 387,000 nets to 387,000 households;
- Continue supporting the nutrition rehabilitation programme through community- and facility-based therapeutic feeding in six districts for the management of up to 5,000 severely wasted children and the training of 380 health staff to implement the programme;
- Provide ready-to-use therapeutic food (BP-100) and combined multivitamin (CMV) or therapeutic milk for severely wasted children and high-energy biscuits as contingency for moderately wasted children;
- Support the implementation of two rounds of nutrition surveillance in six districts and disseminate the findings;
- Undertake behaviour change communication including promotion of lactation management and complementary feeding practices through the training of public health staff in six districts.

Water, sanitation and hygiene (WASH) (US$ 2,000,000)
Up to 100,000 displaced and war-affected persons, particularly children and women, will have access to water, sanitation and hygiene, according to the Sphere standards, through the following key activities:
- Develop new partnerships, standby agreements and long-term agreements for emergency response;
- Develop and conduct emergency response training for partners with special emphasis on participatory hygiene and sanitation transformation (PHAST), gender and protection issues;
- Replenish and further develop emergency prepositioned supply stocks;
- Promote solid waste management and septage safe disposal through coordinated advocacy and construction where feasible;
- Support water supply and sanitation to IDP camps, including the upgrading of facilities. Improvements to facilities will incorporate gender-, disability- and child-oriented interventions;
- Provide hygiene kits, soap, jerrycans and other items to IDP camps. Rehabilitate wells and provide adequate child-friendly sanitary facilities in schools. Rehabilitate/construct communal wells and boreholes equipped with handpumps.
About 50,000 (or about 50 per cent of total) resettled people will have access to safe drinking water and sanitation facilities according to Sphere standards through the following activities:

- Implement ‘Quick Implementation of Recovery Projects’ to repair, rehabilitate and improve existing water and sanitation infrastructure; conduct hygiene awareness programmes in resettled areas, with a participatory community water supply planning component and technical feasibility assessments for a permanent water supply solution in drought-prone communities;
- Construct community-managed water supply facilities in resettled areas;
- Implement the community-led total sanitation (CLTS) approach for the construction of sanitary facilities for all families. A menu of low-cost sanitation technologies, demand-based and community-driven will be supported to improve sanitation practices that do not require major funding.

**Education (US$ 2,800,000)**

An estimated 200,000 displaced and conflict-affected children, 2,500 teachers and 150 key partners will benefit from the following key activities:

- Provide 50 temporary learning spaces, including water and sanitation facilities, to ensure continued access to safe learning environment for 7,500 children;
- Supply essential learning materials to 75,000 children and teaching materials to 2,500 teachers;
- Provide recreational materials, blackboards and non-food relief items (including water buckets, hygiene kits, mats and tarpaulin) to 150 schools;
- Finalize emergency training packages and train 75 resource trainers in emergency education management, emergency teacher training and psychosocial support;
- Train 2,500 teachers in emergency education methods and issues, with particular attention to psychosocial support;
- Support the training of youth and community workers in psychosocial and alternative learning activities in collaboration with the protection team;
- Provide temporary transport for teachers in acute phase and remote areas;
- Reintegrate students into formal education by supporting back-to-school programmes and school-based support for children who have been out of school for extended periods;
- Ensure appropriate learning opportunities to conflict-affected children through additional or alternative learning activities and supplementary materials for 50,000 students;
- Repair schools sustaining minor damages due to conflict or occupation of IDPs;
- Continue strengthening key government, community and partner capacity to plan and respond to education needs in emergencies enabling a more comprehensive response at all levels (includes data management, skills building, material development, etc.);
- Provide support and coordinate activities under the Inter-Agency Standing Committee (IASC) cluster together with Save the Children in Sri Lanka.

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

Some 252,000 conflict-affected children, including children used by armed groups and those at risk, will be reached through the following activities:

- Support 1,500 children used by armed groups with care and reintegration activities;
- Provide psychosocial support through child-friendly spaces and children’s clubs, and train teachers in displacement-affected areas;
- Strengthen community-based protection networks for prevention of child rights’ violations and refer to appropriate services and authorities;
- Strengthen the response to grave violations of child rights, including through an enhanced monitoring mechanism in line with UN Security Council Resolution 1612; strengthen advocacy strategies at both national and local levels and support advocacy at the international level;
- Provide emergency response for separated and unaccompanied children;
- Minimize the risks of mine accidents for children and communities through mine-risk education in all affected communities.

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6 Coordinated action with other WASH partners will cover the remaining 50 per cent of the resettled population.
The children of Timor-Leste are still suffering the consequences of violence that resulted from the political and civil unrest in 2006. A large majority of the displaced population still lives in camps, and a significant number remains with host families. For many, return is not yet a viable option. The nutritional status of children and lactating mothers continues to deteriorate. Children are particularly vulnerable, especially in camps where they face increased risks of physical and gender-based violence, and trafficking. The situation remains volatile; violence flared up in some districts following the announcement of the new Government and triggered further displacement. Schools have been burnt and vandalized. Children continue to be victims of violence.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>700,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>Education</td>
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<tr>
<td>Child protection</td>
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<tr>
<td>Adolescents/youth and HIV/AIDS</td>
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<tr>
<td>Advocacy and communication</td>
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<tr>
<td>Emergency coordination, monitoring and evaluation</td>
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</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>3,406,800</strong></td>
</tr>
</tbody>
</table>

* 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.

Sources: The State of the World's Children 2008
1. CRITICAL ISSUES FOR CHILDREN

Eighteen months after political and civil unrest triggered generalized violence in the country, the children of Timor-Leste continue to endure the consequences. A large majority of the population displaced then is still living in camps, mainly in the capital Dili, and a significant number of internally displaced persons (IDPs) remain with host families in the districts. For many, return is not yet a viable option. Over 45 per cent of IDPs reported that their homes have been destroyed and 33 per cent that they had been damaged. While the specific vulnerability of IDPs is well recognized and not questioned, there is also an acknowledgment that in the context of Timor-Leste, IDPs are not the only category of persons in need of protection and assistance.

Over 40 per cent of the population live below the poverty line. The level of household food insecurity in Timor-Leste is reflected in the malnutrition rate among vulnerable groups, including young children and women. The nutritional status of children and lactating mothers continues to deteriorate. Around 49 per cent of under-five children are chronically malnourished, and 46 per cent are underweight. Combined effects of frequent and severe infectious diseases, constant malnutrition and parasites have led to an under-five mortality of 130 deaths per 1,000 live births.

Food shortages and household food insecurity are particularly severe during the country’s ‘lean’ season, from October to March. However, the upcoming ‘lean’ season is expected to start much earlier this year because of a reduction of 25 to 30 per cent in crop production, due to adverse weather conditions and an outbreak of locusts, according to the WFP/FAO joint Crop and Food Supply Assessment Mission (CFSAM), conducted in March/April 2007. Besides being affected by the resulting reduction in agricultural production, household food insecurity also increased due to the civil unrest and the subsequent IDP movements.

Rapid interventions in IDP camps, especially timely provision of water, sanitation and hygiene, have helped the general morbidity rates to remain under control, albeit malnutrition and maternal mortality rates remain very high. Despite the above bleak picture, the population in Dili IDP camps was somewhat reduced with some IDPs moving to transitional shelters and others to districts. The Government has shown leadership and has undeniably responded to humanitarian needs rapidly.

Yet, violence flared up in Baucau, Viqueque and Metinaro following the announcement of the new Government on 6 August 2007 and triggered a further new displacement of 5,111 people. Children have yet again been victims of violence. Schools have been burnt and vandalized. Children remain particularly vulnerable, especially in camps where they face increased risks of physical and gender-based violence, and trafficking.

Besides these predicaments, Timor-Leste is vulnerable to natural disasters, in particular floods and landslides. The impending rainy season presents new challenges. A number of camps in Dili are vulnerable to flooding and landslides; and the general shelter conditions have deteriorated in the camps over the last six months. There is an urgent need for an increased focus on creating conditions for transition from camps to longer-term shelter solutions. Some of the makeshift camps are located in unsuitable areas, such as in the National Hospital in Dili, creating public health concerns. The transitional shelter programme, whilst not a durable solution, does represent a considerable improvement in the facilities available in most of the camps.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF’s response to humanitarian needs focused on the sectors of health and nutrition, water, sanitation and hygiene, education, adolescents and communication/advocacy. UNICEF was actively involved in many of the sectoral working groups – formed after the crisis to coordinate the emergency response – in particular providing joint leadership with the government in the sectors of child protection, education and water, sanitation and hygiene. The provision of long-lasting insecticidal nets helped reduce the incidence of vector-borne diseases in particular among under-five children. UNICEF persistently promoted breastfeeding in IDP camps and communities. In addition, UNICEF has now a nutritionist tasked with developing strategy, protocols and training modules for a pilot implementation of community-based management of acutely malnourished children. Key intervention in IDP camps, in collaboration with partners, helped avert waterborne diseases. UNICEF trucked water into camps when needed; built drainage and

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7 World Food Programme (WFP) Emergency Food Security Assessment conducted in Dili in September 2007 reveals that 3,900 people including under-five children and lactating mothers are at risk to lives with continuing deterioration in nutritional status.
water systems; procured emergency equipments; distributed health promotion materials along with hygiene kits, and strengthened the National Directorate for Water (DNAS) with a maintenance team who is providing support in the camps.

Shortly after the crisis, a ‘Back to School’ campaign was launched to encourage children to return to and stay in school, with emphasis on keeping schools safe for children. UNICEF’s emergency child protection response was expanded to include increased partnerships with government and civil society to monitor, report on and address child protection concerns. UNICEF continued to establish Child Protection Networks in districts and to reinforce collaboration between police, social workers and community organizations to prevent child abuse. UNICEF supported the Government’s efforts to monitor and report on the status of implementation of the Convention on the Rights of the Child (CRC) to the Committee on the Rights of the Child. Young people benefited from life skills-based education training which also increased their awareness on HIV/AIDS through peer education. Children in IDP camps were able to receive Jornal Labarik, a monthly children’s journal produced for children with several inputs from in-school and out-of-school children. Through continued advocacy, UNICEF managed to convey key messages, including against the manipulation of children in political activities.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

The Humanitarian Coordinator (HC) is the main focal point for humanitarian assistance from the UN side, supported by the Office for the Coordination of Humanitarian Affairs (OCHA) and an integrated humanitarian coordination team. It is worth mentioning that humanitarian coordination in Timor-Leste towards a coordinated and effective approach in support of the Government is along the lines of the Principles of Partnership endorsed by the Global Humanitarian Platform. There is one sole humanitarian coordination forum which brings the UN humanitarian agencies and NGOs under the auspices of the HC. While the cluster approach has not been formally activated in Timor-Leste, humanitarian assistance is undertaken by sectoral working groups – chaired by the Government and comprising UN agencies and NGOs – in which UNICEF has key roles. The sectoral working groups report to an Operational Task Force which brings policy recommendations and all pressing humanitarian issues to a special interministerial commission. In order to address emerging and cross-cutting issues in the humanitarian context of Timor-Leste, UNICEF along with OCHA organized an Inter-agency capacity-building workshop for preparedness, contingency planning and response.

Regular programme

One of UNICEF Timor-Leste’s key achievements in 2007 was to fully incorporate emergency response into regular programmes. Humanitarian assistance and emergency preparedness will continue to be an integrated part of the Country Programme in 2008, 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.

Humanitarian assistance to IDPs, including children and women, will continue with continued focus on assisting IDPs in communities and districts. At the same time, UNICEF will support the Government to facilitate the return of IDPs to their communities and help with the transition from humanitarian assistance to development activities. UNICEF’s key planned activities will incorporate transitional activities, while addressing the critical elements of a minimum level of emergency preparedness for natural disasters and 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 in-patient therapeutic feeding countrywide and community-based therapeutic feeding in one pilot district for children, and preventative and curative care against malaria and other vector- and waterborne 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 25 community health centres over one year;
- Procure communications and logistics equipment for immunization outreach;
- Provide support for outreach activities and promotion of immunization;
- 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;
- Support implementation of Family Health Promoter Programme in four pilot districts, to include strengthening of monitoring systems and community support structures. Provide technical assistance with strategy for scaling up the Programme countrywide;
- Develop an infant and young child feeding communication strategy to be implemented throughout the target area;
- Recruit national and international technical assistance to manage/implement the programme.

**Water, sanitation and hygiene (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 include:

- Provide safe, clean and reliable water supply systems and support sanitation and hygiene promotion in at least 50 schools/communities in six districts;
- Facilitate the construction/rehabilitation of 1,500 household latrines in districts;
- Support the celebration nationwide of the International Year of Sanitation 2008;
- Help develop human resources and enhance the capacity of 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;
- Provide water, sanitation and hygiene support to IDPs and disaster-affected people;
- 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 Timor-Leste's emergency preparedness and response is fully funded under the Dutch Emergency Education grant. Education activities will endeavour to enhance the capacity of the Ministry of Education in the area of emergency preparedness and response at national, regional and district levels. This will include developing a manual and a training programme tailored to the needs of Timor-Leste as well as preparing response plans at all levels.

UNICEF will support the development of emergency school kits based on locally available or regionally easily accessible resources. The kits will include teaching/learning materials as well as teacher manuals to address specific needs in times of emergency, such as stress management and conflict resolution. In addition to these efforts, UNICEF will provide technical assistance to strengthen the logistical capacity of the Ministry of Education to deal with material distribution, warehousing and supply management.

**Child protection (US$ 256,800)**

A total of 30,000 crisis-affected children and their families will be reached through community-based interventions and will receive psychosocial support through play and recreation. To address the issue of increased arrests linked to violence during emergencies, preparedness training on approved Rules of Procedure for police officers will be carried out. New laws related to children in conflict with the law (often children and youth involved in gang violence) will be developed and programmes related to their implementation supported. Peace-building will be supported through advocacy and social mobilization as well as trainings on conflict resolution, positive discipline methods and reconciliation.
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 with particular reference to the National Division of Social Services (DNSS);
- Distribute recreation kits, containing sporting equipment and toys for young children in IDP camps and affected communities;
- Implement community-based planning processes to support Child Protection Networks 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 community-based diversion programmes for children in conflict with the law in Dili and selected districts;
- Provide technical assistance and human resources to Government, particularly the Ministry of Social Solidarity and Ministry of Justice to implement new policies and procedures related to children’s protection in emergencies (e.g., Guidelines on Separated and Unaccompanied Children).

Adolescents/youth and HIV/AIDS (US$ 300,000)

Young people will continue to benefit from life skills-based education training as well as from HIV/AIDS awareness. Key activities will include:

- Support HIV/AIDS prevention education activities targeting 20,000 young people in and out of school in 13 districts;
- Conduct life skills-based education training for 2,000 young people in and out of school in six districts;
- Set up 10 literacy classes (basic and primary school equivalency literacy) in IDP camps for 250 adolescents;
- Support sporting activities to reach 10,000 young people in 13 districts;
- Support youth-initiated community peace promotion and reconciliation initiatives in Dili and selected districts;
- Stockpile canopies for 30 learning spaces in response to emergency.

Advocacy and communication (US$ 200,000)

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:

- Conduct focus group discussions with children and youth, particularly those who have been severely affected by the crises, on the type of information they would want to access and media activities they would like to participate in;
- Support the participation of displaced children and young people in TV and radio programmes and in print materials, such as Jornal Labarik;
- Organize film screenings in IDP camps and emergency radio programmes;
- Develop, produce and disseminate key radio announcements and information materials on children and women’s protection, health, education, early childhood care and development;
- Support local media to improve quality and balance of reporting, especially on the situation of internally displaced children and women;
- 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;
- Conduct training for community radios for them to develop, produce and air programmes on health, education and protection;
- 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;
• Provide technical and human resources to community radios, national radio and television and other communication partners for them to effectively advocate child rights and to effectively monitor activities.

Emergency coordination, monitoring and evaluation (US$ 250,000)
• An Emergency Specialist is recruited to effectively coordinate UNICEF’s broad scope of areas in emergency preparedness and response; and further enhance sectoral coordination under the government coordination structure; this function will continue in 2008 and additional funds will be required to carry on the position;
• 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 2007 to take stock of lessons learned and further improve ongoing support to IDPs and emergency preparedness.
Regional Office financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity)</td>
<td>200,000</td>
</tr>
<tr>
<td>Humanitarian capacity development: Assistance to Country Offices and inter-agency partners in strengthening capacities in emergency preparedness and response. Training on humanitarian principles, Core Commitments for Children in Emergencies and cluster approach</td>
<td>200,000</td>
</tr>
<tr>
<td>Risk reduction activities: Assistance to Country Offices in developing and implementing disaster risk reduction activities, mainly through education and early childhood development programmes</td>
<td>200,000</td>
</tr>
<tr>
<td>Total</td>
<td>600,000</td>
</tr>
</tbody>
</table>

* 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

Women and children will continue to be vulnerable to both natural and man-made disasters in the region of Central and Eastern Europe, Commonwealth of Independent States (CEE/CIS).

Natural disasters. The CEE/CIS region is continually prey to a number of natural disasters. Throughout 2007 UNICEF Country Offices supported local initiatives responding to floods, earthquakes and winter-related avalanches and mudslides. Most countries in the region are vulnerable to earthquakes, which can have a devastating impact in heavily populated urban areas. In 2007, minor earthquakes were recorded in Central Asia which damaged school buildings, roads and other communication infrastructure. Flooding and landslides are frequent in mountainous countries, such as Armenia, Azerbaijan, Kyrgyzstan and Tajikistan and, when occurring in Central Asia areas where vulnerable chemical and nuclear plants are located, they pose a serious threat to densely populated regions. These emergencies negatively affect children and women, particularly in distant rural areas with limited basic services. Drought is also a major issue in all Central Asian countries. This year, South-Eastern Europe suffered severe drought, mainly Bulgaria, Moldova and Romania. Along with drought, unusually hot weather also caused large forest fires which had serious consequences for agricultural and timber production. Droughts are particularly devastating for the pastoralist and agricultural communities and their families who are dependent on livestock and crops for their livelihood.

As the climate change accelerates, natural disasters are likely to strike more frequently and ferociously the CEE/CIS region, especially impacting countries which, in the past, were considered much less vulnerable to disasters.

Other vulnerabilities. Other risks and vulnerabilities are due to unresolved political tensions. The Regional Office ensured preparedness in the event of worsening crises. Areas of concern include the situation of internally displaced persons, the condition of populations living in the unresolved frozen conflict areas, and any potential ‘spillover’ effect of the deteriorating situation in the UN Administered Province of Kosovo. At the same time, the situation in neighbouring countries, such as Afghanistan and Iraq, could also have serious implications for border countries in the region.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

The UNICEF CEE/CIS Regional Office supported Country Offices with emergency preparedness and response. Thanks to the financial support from both the United Kingdom Department for International Development (DfID) and the European Commission Humanitarian Aid Office (ECHO), the Regional Office was able to assist Country Offices in reviewing and updating their emergency preparedness and response plans; disseminating information to staff about new humanitarian policies and guidelines, such as the cluster approach; training staff on key humanitarian principles and emergency response procedures and mechanisms; and providing country-level response through rapid staff deployment. Emergency trainings and simulation exercises were held for UNICEF staff in Armenia, Georgia, Kazakhstan, the UN Administered Province of Kosovo, Kyrgyzstan, Montenegro, Serbia, Tajikistan, The former Yugoslav Republic of Macedonia and Turkmenistan. In some cases, these events involved sister UN agencies and other organizations, such as the International Federation of Red Cross and Red Crescent Societies (IFRC).

Within the framework of the humanitarian reform and the regional inter-agency cooperation, the Regional Office actively supported inter-agency initiatives, including logistics and procurement capacity assessment in Kazakhstan with World Food Programme (WFP), UN Country Team (UNCT) simulation exercise in Armenia, school earthquake safety workshop in Tajikistan with UN/International Strategy for Disaster Reduction (ISDR), as well as preparedness planning consultation in Almaty with inter-agency partners, such as the UN Development Programme (UNDP), the Office of the UN High Commissioner for Refugees (UNHCR), ISDR, WFP and the World Health Organization (WHO). In addition, a series of water and sanitation assessments were supported covering almost half of the countries in the CEE/CIS region. These were followed by a consultation to discuss and develop a regional strategy for the water, sanitation and hygiene sector.
3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**
The CEE/CIS Regional Office has made significant progress in strengthening collaboration with key UN agencies at the regional level. The regional inter-agency network meets on a regular basis and undertakes joint capacity-building activities in the region. The further strengthening and expansion of the network to other members of the Inter-Agency Standing Committee (IASC) will be a priority.

**Regular programme**
In addition to emergency preparedness and response, disaster risk reduction activities will be supported in 2008. The main strategy will be to build on UNICEF’s existing education and/or early childhood development programmes.

Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity) (US$ 200,000)
This emergency fund will support the immediate needs of countries in emergencies and enable the following activities:

**Monitoring and assessment**
The Regional Office will continue to monitor existing and potential emergencies in the region and advise Country Offices on adequate preparedness measures. It will continue to maintain contacts with other UN agencies at the regional level for information-sharing, joint preparedness planning and coordinated response actions.

**Emergency response**
Direct technical assistance will be provided to those Country Offices which are involved in contingency planning and 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.

Humanitarian capacity development (US$ 200,000)

**Emergency preparedness and response planning**
The Regional Office will continue to provide technical guidance to Country Offices and other humanitarian partners (UNCTs, other IASC partners and governments) on child rights, UNICEF’s Core Commitments for Children in Emergencies (CCCs) and cluster approach modalities. A series of specialist coaching and simulation exercises will be organized for various Country Offices in 2008. The events will focus on the core ‘cluster’ responsibilities and programmes identified for UNICEF in water, sanitation and hygiene, nutrition, information technologies (IT), education and child protection, as well as continued training in human rights, humanitarian principles and the CCCs, 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 country and regional levels by organizing briefing sessions, holding inter-country/agency consultations and commissioning and disseminating relevant studies related to humanitarian and regional issues.

Disaster risk reduction (US$ 200,000)

**Risk reduction**
The Regional Office will actively work with inter-agency partners, especially UN/ISDR, in mobilizing government, civil society and other relevant actors to implement disaster risk reduction activities in the region. Ongoing national and subregional disparity reduction rates (DRR) initiatives will be supported. The Regional Office will assist Country Offices in identifying, developing and implementing disaster risk reduction, primarily through existing education and early childhood development programmes. Country Offices will be provided with relevant policy guidance and support to establish links with key players and mobilize funds.
The Eastern and Southern Africa region continues to face humanitarian crises that have gravely worsened the well-being of children and women. Violent attacks and ethnic clashes in Kenya (Mount Elgon) and Somalia have left over 500,000 people homeless. The prolonged dry spells caused a massive crisis that affected more than 11 million people. More than 400,000 people were hit by flooding in Northern and Eastern Uganda in September 2007, just as populations in Ethiopia, Kenya, Madagascar, Mozambique and Rwanda in the early months of the year. More than 130,000 acute watery diarrhoea/cholera cases were reported. Urgency arises over the increased possibility of conflict in the Horn and Great Lakes, the instability in Zimbabwe as well as worsening food insecurity and seasonal natural disasters in Southern Africa.

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity):</td>
<td>600,000</td>
</tr>
<tr>
<td>Building partnerships and coordination</td>
<td>50,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>750,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>250,000</td>
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<tr>
<td>Child protection</td>
<td>200,000</td>
</tr>
<tr>
<td>Comoros</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,514,500</strong></td>
</tr>
</tbody>
</table>

* 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 has suffered more emergencies in the past decade than any other region. Wars and civil conflict, droughts, cyclones, floods, and various epidemics have been significant hurdles towards realizing women’s and children’s rights. The region continues to face multifaceted humanitarian crises, and 2007 was no exception. The year began with a massive crisis in the Horn of Africa with drought affecting 8 million people in Djibouti, Eritrea, Ethiopia, Kenya and Somalia. Later in the year, severe drought hit Lesotho, Swaziland and Zimbabwe where rains failed or were erratic in many areas. Flooding coincided with the cyclone season (December-April 2007) seriously affecting Madagascar and Mozambique, while riverine communities in Zambia experienced localized displacement. Significant damage to infrastructure, especially in Mozambique, was assessed in schools, health facilities, roads and food stores.

In the Horn of Africa, the ongoing conflict in Somalia, continuing border tensions between Ethiopia and Eritrea and unresolved ethnic clashes in Kenya and Ethiopia increasingly threaten human security and ongoing humanitarian assistance efforts. Violent attacks in Mogadishu (Somalia) have caused over 402,000 people to flee their homes since March 2007. In Western Kenya, 67,000 people remain internally displaced following the Mount Elgon ethnic clashes. An almost unprecedented number of countries in the region reported cases of acute watery diarrhoea (AWD) or cholera, several of which have been in sustained crisis during 2007. UNICEF offices in Eastern and Southern Africa are responding to the acute humanitarian needs that both exacerbate chronic vulnerabilities and complicate efforts towards achieving the Millennium Development Goals (MDGs).

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

The UNICEF Eastern and Southern Africa Regional Office (ESARO) Emergency Support Unit (RESU) continued to focus on emergency preparedness and response. Emergency funds received in 2007 were used to build capacities in nutrition, monitoring and evaluation, communication and advocacy as well as supply and logistics. The Regional Communication Section centralized energies on the situation of children in the Horn of Africa and conducted extensive research on developmental challenges facing pastoral children in the Horn. UNICEF ESARO supported nutrition and child protection activities, promoting nutritional information systems in the Horn of Africa and initiatives to prevent sexual and gender-based violence (SGBV) in Zambia and Uganda; monitoring and reporting on major child rights violations (as per UN Security Council Resolution 1612) in northern Uganda and on HIV and AIDS in emergencies. The UNICEF Comoros Country Office supported a number of humanitarian activities due to the country’s political instability, simmering Karthala volcano, the cyclone season and, more recently, localized cholera outbreaks. In the framework of the humanitarian reform and inter-agency coordination, UNICEF ESARO worked closely with the Regional Humanitarian Partnership Team (RHPT) in Nairobi as well as the Regional Inter-Agency Coordination Support Office (RIACSO) in Johannesburg. Both teams have enabled and facilitated structured coordination among UN agencies as well as broader coordination with governments, donors and NGOs. UNICEF ESARO has been an active member of these teams who provide a regular senior-level forum to formulate joint policies concerning regional coordination matters, including humanitarian reform, humanitarian financing and consolidated appeal process, harmonization of needs assessment tools and analysis, and emergency preparedness. Within this framework, UNICEF ESARO supported the UN Country Teams (UNCTs) through regional inter-agency workshops and inter-agency support missions.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
As mentioned above, significant progress was achieved in implementing the humanitarian reform agenda through engagement with the Regional Humanitarian Partnership Team (RHPT) in Nairobi and the Regional Inter-Agency Coordination Support Office (RIACSO) in Johannesburg. The strengthening of these mechanisms is a priority for UNICEF’s cooperation.
Regular programme
To meet preparedness and response commitments in all sectors, UNICEF ESARO secured dedicated posts in each of the sectoral areas (some already existing and some new under this project). This enabled surge capacity and the development of sector-specific guidance, tools and training. Nutrition, child protection and water, sanitation and hygiene (WASH) sectors will continue to be the main pillars of UNICEF’s activities in 2008.

During 2008 UNICEF ESARO will continue to enhance its emergency preparedness and response capacity to meet the needs of women and children in emergencies, with emphasis on countries facing ongoing and/or potential new emergencies.

Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity): (US$ 600,000)
UNICEF ESARO will undertake simulations, vulnerability analyses, preparedness and contingency planning; support real-time evaluations and country/regional training; strengthen rapid response team; develop regional surge capacity rosters by enhancing the regional ‘surge capacity’ mechanism thus allowing for the fast deployment of experienced staff, particularly in sectors where UNICEF is cluster lead; support the cluster approach and strengthen leadership in water, sanitation and hygiene and data communication; reinforce surveillance systems; assess the use of emergency-integrated monitoring and evaluation as well as Core Commitments for Children in Emergencies (CCCs) information tools and database; strengthen logistics and link with World Food Programme (WFP) as cluster lead.

Building partnerships and coordination (US$ 50,000)
UNICEF ESARO will continue to work closely with the Regional Humanitarian Partnership Team (RHPT) in Nairobi and the OCHA Regional Office South Africa in Johannesburg. ESARO will strengthen its subregional contingency planning in consideration of the implications of the Horn of Africa and Zimbabwe crises through the promotion of inter-country coordination and the sharing of good practices, with a special focus on child protection and nutrition.

Nutrition (US$ 750,000)
UNICEF ESARO will ensure that nutrition information in emergencies is further standardized and presented in a format that influences decision-making. ESARO will support nutrition clusters to guarantee the high quality and good coverage of acute malnutrition management programmes and make sure that acute malnutrition management is a focus for an integrated minimum nutrition package, aiming to prevent malnutrition through programmes that address its underlying causes. ESARO will also support nutrition programmes related to the prevention of mother-to-child transmission (PMTCT) of HIV and to paediatric AIDS. This emerging area requires support in evaluating experience to date and developing strategies/guidelines for programming.

Water, sanitation and hygiene (WASH) (US$ 250,000)
ESARO will support Country Offices to update/develop their WASH preparedness and response plans and provide direct technical assistance and training on cluster work planning, coordination, and review mechanisms.

Child protection (US$ 200,000)
ESARO will assist Country Offices to organize and facilitate training/capacity-building on child protection in emergencies; provide technical support to documentation of countries’ experience in a number of critical areas such as disarmament, demobilization and reintegration of child soldiers; develop lessons learned and good practices; provide technical support for initiatives promoting the participation of adolescents in emergency and post-conflict transition; enhance capacity-building of UNICEF and local NGO partners on psychosocial counselling; and provide technical support to Country Offices in HIV/AIDS in emergencies.

Comoros (US$ 500,000)
In the event of a volcanic eruption or floods in 2008, UNICEF should be prepared to assist women and children in case of damaged schools, health centres, roads etc., and provide humanitarian assistance to displaced populations; cover cisterns to prevent water contamination; supply safe drinking water in case of contamination; procure basic drugs and supplies to prevent waterborne diseases and provide rapid response to disease outbreaks; train health workers; undertake social mobilization for care-seeking behaviour; install fixed/temporary water and sanitation facilities in affected locations; treat affected populations, and provide temporary learning spaces.
A cholera outbreak has been ongoing in Angola since February 2006, resulting in 16,731 confirmed cases and 435 deaths in 2007, largely in peri-urban areas. Some 33,650 cases of cholera are estimated to occur in 2008, with prevention actions needed in all communities nationwide. In view of recent changes in weather patterns, regional flooding is likely to affect between 10,000 and 20,000 people in 2008. In the event of an outbreak of haemorrhagic fever, given the 2005 Marburg epidemic in Angola and the 2007 Ebola epidemic in the Democratic Republic of the Congo, national mobilization would be needed.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
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<tbody>
<tr>
<td>Health and nutrition</td>
<td>2,041,982</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,723,262</td>
</tr>
<tr>
<td>Education</td>
<td>57,617</td>
</tr>
<tr>
<td>Child protection</td>
<td>300,724</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,123,585</strong></td>
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</tbody>
</table>

*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

Angola is living a transitional period where programming is increasingly focused on transition and development, despite the relatively recent end of the conflict in 2002. The war had a profound impact on all aspects of social and economic life in Angola, with the destruction of basic infrastructure and the disruption of educational provision continuing to lead to poor service delivery. Ongoing mass migration of populations from urban to rural areas has resulted in large slums in and around urban centres, putting considerable pressure on housing and access to basic services. High unemployment, in particular with regards to women and youth, is still one of the biggest obstacles to stabilizing the situation. There is a pressing need to restore services and revive local economies in rural areas. However mine infestation continues to prevent agricultural renewal and household food security.

Sixty-eight per cent of Angolans live below the poverty level, of which 28 per cent are classified as living in extreme poverty. Access to basic social services is often impossible due to their limited and unbalanced distribution across the country. Social indicators for Angola are consistently among the worst in the world. In urban areas 75 per cent of the population uses improved drinking water sources, whereas in rural areas only 40 per cent of the population has access to safe water supplies. Access to adequate sanitation facilities is 56 per cent in urban areas and 16 per cent in rural areas. Angola has one of the highest infant mortality rates in the world at 154 per 1,000 live births, and an under-five mortality rate of 260 deaths per 1,000 live births; 35 per cent of children suffer chronic malnutrition. Angola is ranked 161st of 177 countries in the 2006 Human Development Index.

Angola is in a period of transition. The Government of Angola (GoA) is therefore assuming more responsibilities and has reoriented flows of aid progressively away from emergency programming towards development. The international community has shifted its cooperation from the provision of humanitarian funds to financing middle/long-term development programmes and reinforcing economic cooperation with GoA. As a result, some humanitarian sectors are now poorly funded by the donor community and/or poorly assisted by GoA. In this sense, Angola’s priorities are: water, nutrition, and health, especially cholera. Unless needs are met illnesses are likely to increase, mainly cholera, malaria and diarrhoea, as well as mortality rates.

In 2007, there have been 16,731 confirmed cholera cases and 435 deaths. While the number of cholera cases has been small over the dry season as of April 2007, a significant number of cases have continued to be recorded in the major urban capitals of Luanda, Benguela, Cabinda, Malange and Uige. Cholera has been largely a peri-urban phenomenon, tied to seasonal rains. The rainfall season can be divided into two periods: the first starting in September and the second later in the year, from November/December until April. In the north of Angola heavy rains fall during the first period, while across the country the heaviest rains are felt during the second period.

In the first quarter of 2007, as a result of very heavy rains in the provinces of Luanda, Cabinda, Uige, Malange, Moxico, Huambo and Kuando Kubango, a significant number of families were displaced after their houses were destroyed and large areas flooded. Camps were set up in several of the affected provinces, and relief items rushed; food, water, sanitation, temporary learning spaces and long-lasting insecticidal nets (LLINs) to avoid a rise in malaria were also provided.

Haemorrhagic fever is a serious concern as Angola responded to a large Marburg haemorrhagic fever epidemic in 2005 and the Democratic Republic of the Congo (DRC) is responding to an Ebola epidemic close to the Angolan border in late 2007. However, the massive bioprotective response required by haemorrhagic fever is hampered by local traditional practices in both DRC and northern Angola.

The Angolan health system continues to be stretched by ongoing emergencies and the detection of polio and measles cases, leading to low coverage of routine health services, and to the need to maintain vaccination campaigns and vitamin supplementation.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Since the end of the armed conflict the Government of Angola (GoA) has been developing systems to coordinate interventions responding to natural disasters, epidemics and other emergencies. In 2007 UNICEF has worked with GoA, UN agencies and NGOs to develop a contingency plan to prepare for and respond to
potential emergencies. The National Cholera Task Force meets regularly at national level and in cholera-affected provinces under the leadership of the Ministry of Health. UNICEF, the World Health Organization (WHO), Médecins Sans Frontières and the International Federation of Red Cross and Red Crescent Societies (IFRC) attend these meetings amongst other GoA and NGO actors. The national response to flooding in 2007 was coordinated by the national Civil Protection Commission, with the Provincial Governor’s Office of each province affected coordinating partners locally. In September 2007 UNICEF supported a mission to assess preparedness levels regarding the prevention of Ebola in Angola’s border area and the treatment of cases in the event of cross-border transmission of the disease to Lunda Norte, Malange, Uige or Moxico provinces.

UNICEF responded to cholera, flooding, and a potential Ebola outbreak, while adopting contingency measures to respond to a small number of avian influenza cases. UNICEF assisted the Ministry of Health, the Ministry of Energy and Water and the Ministry of Education in developing and implementing cholera response interventions through the following activities: providing technical capacity to enhance national and subnational coordination and response management, producing annual supply contingency plans and supporting national monitoring and evaluation systems; in partnership with the National Cholera Logistics Commission, facilitating the distribution of supplies for the treatment of 50,000 cholera cases and helping set up the capacity of the government’s regional emergency warehouse; providing material assistance for 500,000 house-to-house visits to distribute home water treatment/storage supplies and hygiene kits as well as information, education and communication (IEC) materials on cholera prevention and the importance of early treatment; contributing to the establishment of 14 cholera treatment centres and to the training of 500 health workers; and conducting surveys for evidence-based management of interventions.

UNICEF responded to flooding distributing home water treatment/storage supplies and hygiene kits to meet the needs of 4,000 families in Luanda province left homeless and relocated in temporary camps. UNICEF also provided 40,400 LLINs to the eight affected provinces. UNICEF supported GoA, the World Health Organization (WHO) and other partners in the preparation of national and subnational contingency plans to respond to Ebola and avian influenza, including the design and production of programme communication materials. Eight thousand of the families most vulnerable to Ebola living on/near the border with DRC were reached with communication materials to help them prevent the spread of the outbreak.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### Coordination and partnership

When a national emergency is officially declared, the UN coordinates emergency response through the Emergency Resident Coordinator. The ongoing cholera outbreak is coordinated through the GoA Cholera Coordination Committee, and other emergencies are coordinated through the GoA Civil Protection Commission.

#### Regular programme

The *Humanitarian Action Report* emergency appeal will allow UNICEF to strengthen the delivery of programmes outlined in the 2005-2008 Country Programme Action Plan by improving national capacity to accelerate child survival and development. Interventions include: a) saving lives through the prevention and treatment of critical emergencies that threaten the efficacy and efficiency of routine programmes; b) facilitating fast recovery to enable communities to return to their normal lives.

### Health and nutrition (US$ 2,041,982)

Some 7.4 million displaced persons, host communities and impoverished persons will benefit from the following activities:

- Procure and distribute essential emergency drugs and equipment for health centres nationwide to treat the 33,650 cases of cholera estimated to occur in 2008. Essential supplies will include Ringer’s lactate, oral rehydration salts (ORS) and antibiotics;
- Support the establishment of cholera treatment centres in all affected areas to ensure fast effective treatment of all patients; train over 500 provincial staff for cholera treatment and control, thus ensuring the availability of a strong body of personnel at the provincial level in the event of an outbreak;
• Raise awareness of 7.4 million people on the importance of rapid effective treatment of cholera and/or haemorrhagic fever through mass media and community mobilization;
• In the event of an outbreak of haemorrhagic fever, distribute bioprotective materials to fully protect against the virium 400 health workers;
• Distribute hospital equipment, such as syringes and essential drugs, for the safe treatment of up to 600,000 users in all health centres located in areas affected by haemorrhagic fever;
• Facilitate the distribution of 15,000 LLINs to protect up to 30,000 children and pregnant women.

Water, sanitation and hygiene (US$ 2,723,262)
Some 7.4 million displaced persons, focusing particularly on children and women, will be reached through the following activities:
• Provide safe water to the most vulnerable communities in the event of a cholera outbreak; provide home water treatment/storage kits for 464,000 people (each kit contains one 20-litre jerrycan, water purification tablets/chlorine mother solution, a child-friendly water dispenser and soap for home hygiene);
• Assist GoA and non-governmental/faith-based/community-based organizations in the distribution of calcium hypochlorite mother solution to 800,000 families for the safe treatment of drinking water;
• Install water bladders in areas hardest hit by cholera for 22,500 people and urge local government to ensure all tanks are regularly filled;
• Raise awareness on the importance of using safe water in the home, routinely washing hands with soap and adopting safe sanitation practices to prevent cholera and/or haemorrhagic fever;
• In the event of flooding, provide home water treatment/storage kits to 90,000 people;
• Provide collapsible water tanks to ensure access to safe water for 10,000 people in the areas hardest hit by floods and provide 1,750 people displaced by flooding with water and sanitation systems in their areas of temporary residence;
• In the event of an outbreak of haemorrhagic fever (Ebola or Marburg), provide home water treatment/storage kits to 30,000 people, and water tanks for safe water storage to 5,000 people in the most vulnerable areas;
• In haemorrhagic fever-affected areas, support the improvement of water and sanitation systems in provincial and municipal hospitals for 20,000 people.

Education (US$ 57,617)
A total of 3,000 displaced children and 40 teachers will benefit from the following activities:
• Support the construction of 20 child-friendly temporary school/classroom structures to accommodate 3,000 primary schoolchildren;
• Supply basic scholastic materials, including notebooks, pencils and erasers, for 1,600 primary schoolchildren;
• Procure and distribute recreational kits and school supplies for 1,600 children.

Child protection (US$ 300,724)
Some 13,500 children and adolescents affected by flooding and/or haemorrhagic fever will be reached through the following activities:
• Support child protection networks to reach out to children and adolescents affected by flooding, providing birth registration documents for 10,000 children who have lost all documentation; facilitate housing, resettlement and support to 5,000 most vulnerable children; provide non-food items to 4,000 most vulnerable children;
• In the event of an outbreak of haemorrhagic fever, support child protection networks to distribute non-food items for 2,000 babies, provide psychosocial support and resumption of schooling to 1,000 children and adolescents, construct new houses where the old ones were destroyed to stop the spread of the virus, and provide vocational training to adolescent caregivers of young children.
In Burundi, 53 per cent of under-five children suffer from chronic malnutrition. Food deficit is estimated at 32 per cent, and only 32 per cent of citizens enjoy adequate hygiene and sanitation facilities. The country harbours 836,000 orphans and other vulnerable children (roughly 11 per cent of the total population). Funds are needed to address the poor nutritional status and low coverage of health services, thus ensuring the survival and healthy development of its 1.4 million under-five children.

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>500,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>600,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>500,000</td>
</tr>
<tr>
<td>Emergency preparedness and response</td>
<td>900,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,500,000</strong></td>
</tr>
</tbody>
</table>

*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

Burundi celebrated two years of democratic rule in August 2007, but the situation of children and women is a stark reminder of the human and infrastructural destruction of the years of conflict. Chronic malnutrition among under-five children, at 53 per cent, is one of the highest in the subregion. The country's food deficit is estimated at 32 per cent. The year 2007 began with heavy storms and flooding which destroyed homes, schools and infrastructure, swept away farms and caused food shortages, resulting in many children abandoning school.

Only 63 per cent of the population has access to potable water, while access to adequate sanitation facilities is available to only one third of the population at 32 per cent. Degeneration of basic social services, deterioration of infrastructures, food insecurity, HIV/AIDS, and weak legal and policy environment have been among the main causes of the increased vulnerability of children. Sexual and gender-based violence (SGBV), especially against underage girls, remains a problem despite official pronouncements condemning its prevalence. This is fuelling the increase in street children, HIV/AIDS and delinquency. According to the National Council on the Struggle against AIDS the number of orphans and vulnerable children (OVC) rose from 650,000 in 2004 to 835,996 in 2005 (roughly 11 per cent of the total population). From August 2006 to September 2007, neighbouring Tanzania expelled 13,734 Burundians as illegal immigrants, and from January 2007 to date, 7,319 persons. About 31 per cent are children under six years old and 30 per cent are women. Tanzania plans to send some 150,000 Burundian refugees across the border by December 2007. Apart from increasing land conflicts and stretching basic infrastructure to the limit, many children will miss school and access to health care.

The number of children seeking to benefit from the Free Education for All policy continues to grow. The return of refugees and expelled Burundians creates an additional demand for educational facilities and trained teachers. The government with support from UNICEF and other partners is working hard to meet this increasing need for school infrastructure, furniture, books and qualified teachers.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF has been supporting the ‘Consolidation of Peace in Burundi’ programme as the key agency within the United Nations Integrated Office in Burundi (Bureau intégré des Nations Unies au Burundi – BINUB). UNICEF collaborated with the Government, sister UN agencies and national and international partners to provide humanitarian aid to the population, but specifically to children and women, in its priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. Though changes in policies and resource allocation targeting children and women have suffered delays due to recurrent insecurity and the creeping paralysis of Burundi’s political institutions, there are still some positive developments. The 2005 Multiple Indicator Cluster Survey (MICS), which was released this year, indicates a reduction in infant mortality from 156 in the year 2000 to 120 per 1,000 live births in 2005 and a similar reduction of under-five mortality from 233 to 176 per 1,000 live births. Maternal mortality also fell from 855 to 615 deaths per 100,000 live births, while the 2005 National Nutritional Survey indicates a decrease in acute malnutrition from 10.4 per cent to 7.4 per cent.

In the area of health and nutrition, with UNICEF’s technical assistance and provision of supplies to the Ministry of Public Health, 3 million children aged 0-14 years and 700,000 women aged 12-45 years were immunized during catch-up vaccination campaigns, including deworming and vitamin A supplementation of 85 per cent of children aged 6-59 months and distribution of folic acid to pregnant women. Two rounds of tetanus vaccination campaigns in two high-risk provinces complemented the routine immunization in order to boost coverage to 73 per cent among girls aged 12 years and women of childbearing age. Ninety health workers received professional training on emergency obstetrical and neonatal care in five provinces. A newborn care strategy was introduced in the national reproductive health policy in September 2007. To reduce deaths from malaria, 200,000 insecticide-treated mosquito nets (ITNs) were distributed to fully immunized children and to pregnant women at their first antenatal care visit. UNICEF also provided logistics support for the importation and transportation of 720,000 UNITAID new antimalarial treatments (artemisinin-based combination therapy – ACT). HIV treatment was provided to 412 women, while 371 babies received antiretrovirals in 23 centres. Since January 2007, 15 new centres have become operational. UNICEF’s nutritional support to 19 therapeutic and 201 supplementary nutrition centres allowed for the case management of 71,045 malnourished children. The improved management of severely malnourished
children through the community-based therapeutic care approach in four pilot provinces resulted in 90 per cent recovery rate.

The government’s Free Primary Education for All has dramatically increased school enrolment rates according to a government evaluation report. In 2007 UNICEF constructed and rehabilitated 844 classrooms and 657 latrines, and installed 107 aquatanks for schools in the entire country. A total number of 27,500 school benches, 980 teachers’ desks and chairs were also procured and distributed to schools in all 17 provinces. UNICEF provided school materials for 400,000 identified orphans and other vulnerable children (OVC), while 31,293 pupils received sanitation education in Hygiene Clubs set up in 100 schools equipped with latrines. In five provinces, 18,000 households were supported and trained to construct their own latrines.

Advocacy for child protection to government and civil society is receiving greater attention; inter-agency collaboration within BINUB is assisting the government in the revision of laws affecting children. About 350 children previously associated with armed groups benefited from vocational training, while 125 received psychosocial support. Peace education is ongoing in 65 communes to ensure the reintegration of these former child soldiers. Faced with increasing incidence of sexual and gender-based violence (SGBV), UNICEF is supporting centres for SGBV case management and HIV prevention in the five high prevalent provinces where survivors receive medical care, psychosocial counselling and care, legal support and rehabilitation. UNICEF has helped train more than 1,000 community mobilizers for behaviour change at community level, as well as police and judicial officers.

In the emergency sector, UNICEF assisted more than 30,000 persons with non-food items, including 3,910 malnourished children and their mothers, 4,152 households expelled from Tanzania and 2,375 households affected by natural disasters. In cholera endemic areas, 4,000 households received cholera prevention kits.

3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**
UNICEF works within the coordinated collaboration of BINUB with Government, donors and civil society. A sectoral rather than cluster approach is in place with the Office for the Coordination of Humanitarian Affairs (OCHA) on natural disasters, and with the Office of the UN High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) on the rehabilitation of refugees and expelled people.

**Regular programme**
Emergency preparedness and response is integrated into all programmes of the 2005-2007 Country Programme Action Plan (CPAP). The CPAP results from the joint collaboration between UNICEF counterparts, government ministries, UN agencies and other partners.

**Health and nutrition (US$ 500,000)**
Some 150,000 refugees, 22,000 expelled persons, host communities and impoverished persons will benefit from the following key activities:

- Provide essential drug supplies in four transit centres for 22,000 expelled persons and for 798,000 people in 17 provincial health centres;
- Introduce community therapeutic care in five new provinces to treat a monthly average of 1,200 severely malnourished children in 60 outpatient treatment centres (OPTCs);
- Improve quality of care, including paediatrics, in 38 existing prevention of mother-to-child transmission of HIV (PMTCT) centres; train 25 medical doctors and 222 health workers on the prevention of HIV transmission; provide antiretrovirals and medicines (12,000 doses for 8,100 HIV+ pregnant women and 2,050 children), HIV tests and reagents, and establish a referral and monitoring system;
- Train 630 health workers in the ‘Reach Every District’ strategy and in mid-level management to improve the expanded programme on immunization (EPI) at provincial and district levels;
- Distribute 150,000 ITNs to scale up malaria prevention.
Water, sanitation and hygiene (US$ 600,000)
Some 50,000 displaced persons, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate wells and adequate sanitary facilities in 100 schools for 96,000 children;
- Rehabilitate/construct gravity-fed systems to provide safe drinking water to some 12,500 individuals in permanent and return areas;
- Construct/rehabilitate 4,000 household latrines;
- Train 10 local water authority management teams in three provinces on 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 100 schools and 5 local communities in order to complement existing water and sanitation services.

Education (US$ 2,000,000)
Some 533,600 displaced and war-affected children and 10,675 teachers will benefit from the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 533,600 primary school-aged OVC;
- Procure and distribute school supplies (‘school-in-a-box’ kits and supplementary notebooks) for 20,000 returnee/expelled Burundian children from Tanzania;
- Train 275 primary schoolteachers on HIV/AIDS and peace education;
- Rehabilitate/extend 2 schools and 12 classrooms per province (a total of 72 classrooms for over 3,600 schoolchildren) in 6 target provinces. These will be complemented by the construction of 144 latrine holes and 24 aquatanks for water points. The schools will also be provided with 12 administrative blocks for teachers and 72 teachers’ dormitories/homes;
- Support the construction of 200 temporary classroom structures as an intermediary strategy to accommodate 10,000 primary schoolchildren.

Child protection (US$ 500,000)

- Support an estimated 300 separated and unaccompanied children affected by their parents’ expulsion from Tanzania, and support their identification, documentation, tracing, care and reunification;
- Support partners to rehabilitate 2,000 OVC and reunite them with their families, communities and/or schools;
- Provide medical, psychosocial and legal assistance to an estimated 600 children and women victims of sexual and gender-based violence.

Emergency preparedness and response (US$ 900,000)
Some 6,000 children and 10,000 persons victims of natural disasters will be supported through the following key activities:

- Respond to emergencies in coordination with BINUB to implement UNICEF’s Core Commitments for Children in Emergencies;
- Distribute non-food items and/or shelter materials to at least 2,000 households;
- To prevent epidemics distribute hygiene kits to at least 1,200 households;
- Train five national partners (Burundi Red Cross, local and international NGOs and Government) in emergency preparedness and response.
Due to weather changes and cycles of drought leading to a lack of clean water, many children in Eritrea remain vulnerable to diarrhoea, acute respiratory infections and malnutrition. UNICEF seeks to improve the health of 45,000 children, including over 10,000 malnourished children for treatment and care and 60,000 people for water, sanitation and hygiene. UNICEF maintains its capacity, in all areas of interventions, to support the resettlement of another 13,000 internally displaced persons and to respond to the urgent needs of 20,000 people at any given time.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Mine action</td>
<td>375,000</td>
</tr>
<tr>
<td>Non-food items and shelter</td>
<td>800,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,975,000</strong></td>
</tr>
</tbody>
</table>

*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.*

**Source:** The State of the World’s Children 2008
1. CRITICAL ISSUES FOR CHILDREN

The state of ‘no peace no war’ following the border conflict with Ethiopia is one of the main factors adversely affecting the overall macro-economic situation in the country. The border stalemate has affected the performance of the economy and hampered development efforts. Eritrea’s location in a drought-prone part of Africa renders the country vulnerable to recurrent droughts with potential negative effects on the 80 per cent of the population depending on agriculture and pastoralism as main sources of livelihood. Due to previous droughts the water level has decreased in many areas and the harvest has not been enough to cover the needs of the population contributing to high malnutrition rates among children. Although the rains in 2007 have been better than the previous years, children remain vulnerable and there is not yet any indication of decreased malnutrition rates among under-five children. Regional nutrition surveys (2005/2006) indicate that rates of global acute malnutrition range between 11 in Maekel region to as high as 21 in Gash Barka.

Children are especially vulnerable to the lack of clean water and very low sanitation coverage in rural areas, thus diarrhoea and other waterborne diseases are common. One out of ten rural villages has a latrine of any kind indicating that in 90 per cent of villages the rural population practises open defecation. In 2007, floods affected an estimated 20,000 people in Gash Barka. Due to the heavy and continuous rainfall, the resulting flood destroyed bridges and water systems leaving the affected population without access to safe water. Gash Barka is also the most malaria-endemic region in Eritrea and had 58 per cent of the total country malaria cases in 2006. Floods are increasing the risk of both malaria and cholera outbreaks.

The resettlement of over 40,000 internally displaced persons (IDPs) in 2006 and 2007 has put an extra burden on social services such as schools, health facilities and water systems in host villages and, although much has been done, urgent action continues to be needed to fulfil the basic requirement of those communities in Debub and Gash Barka regions. In addition, by September 2007, close to 13,000 IDPs remain in camps since the border conflict in 1998-2000 and UNICEF will support the Government for their resettlement. Approximately 1,950 are primary school-aged children who are in need of reintegration or entrance into the education system. In addition, approximately 1,500 schoolchildren are still exerting serious pressure on existing schooling facilities and are yet to be reached with adequate educational services in the IDP resettlement programme carried out by the Gash Barka region in 2007. Many families are female or child headed and with their coping mechanisms even more worn out by displacement, there is a need of income-generating activities to allow these families to provide basic social services for their children and ensure a rapid recovery and resettlement process. Landmines and unexploded ordnance (UXO) are unfortunately another threat to the well-being of children in the country, and children are representing more than half of incidents. UNICEF is also supporting mine-risk education (MRE) in those areas targeting both host communities and newly resettled families.

Eritrea is on the route of migratory birds and, although no case has yet been identified, a preparedness plan has been developed and appropriate communication activities need to be strengthened.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with line ministries, regional administrations, other UN agencies and national and international partners, UNICEF has continued to respond to the humanitarian needs of the Eritrean population addressing the consequences of drought and floods in addition to the urgent needs of resettled IDPs. UNICEF is cluster lead for nutrition, education and water, sanitation and hygiene and has focused on improving coordination and data collection to plan and monitor programme interventions. The results of the 2006 rapid assessment on rural water supply and sanitation were discussed in three regions, and a rural sanitation policy drafted. Nutrition sentinel surveys were conducted in two regions.

Almost 3,000 severely malnourished children were reached by facility- and community-based therapeutic feeding programmes the first six months of the year and around 30,000 moderately malnourished children were reached by supplementary feeding to avoid further deterioration of their nutritional status. In May 2007, nearly 400,000 children aged 6-59 months (98.5 per cent) received vitamin A supplements to boost their immune system in the first round of the annual campaign. To support the resettlement of IDPs, four tent clinics and seven emergency health kits were distributed serving a total of 35,000 people. Ten thousand insecticide-treated mosquito nets, essential drugs, solar refrigerators, medical equipment and water bladders were also provided. The installation of handpumps and rehabilitation/construction of water systems covered 8,000 people in resettlement areas by the end of 2007. In addition, 2,000 people in two IDP resettlement...
villages in Gash Barka region have access to household latrines. Twenty new classrooms were constructed by December 2007 to accommodate resettled IDP children in Gash Barka region. Teachers were trained to provide basic psychosocial care, and essential educational and recreational materials in addition to school furniture for 3,200 resettled internally displaced children were distributed; 5,800 resettled IDP families in Gash Barka received jerrycans and 2,600 child/female-headed households received emergency relief kits; 12 recreational kits were provided to an estimated 3,500 children in IDP resettlement communities; four MRE field teams in Gash Barka and Debub regions provided mine-risk education (MRE) services to 17,500 people (including 10,760 children). Nationwide, 14 Eritrean Demining Authority (EDA) MRE field teams were deployed in 300 communities, and sensitization is done through interpersonal communication, radio and schoolteachers. In other drought-affected areas, 14,000 people had access to safe water through the provision of supply systems, rehabilitation of handpumps and hand-dug wells; 2,500 primary schoolchildren gained access to safe water and sanitation. An additional 3,900 people will benefit from clean water by the end of 2007. In response to the floods, UNICEF supported the rehabilitation of damaged water supply systems in five communities in Gash Barka region.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government line ministries, regional administration and other UN agencies remain the key partners for UNICEF. Joint programmes with other UN agencies are being implemented in (a) child health and nutrition and (b) IDP resettlement. UNICEF is cluster leader in nutrition, education and water, sanitation and hygiene, and is an active participant in the Inter-Agency Standing Committee (IASC).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency preparedness and response is integrated into all programmes ensuring a phased approach with essential linkages and effective and smooth transition from short-term relief to longer-term development. While the Country Programme’s main focus is on development, the emergency preparedness and response strategy incorporates: (i) programme flexibility to respond to a changing environment and (ii) strengthening of prevention, preparedness and early warning/surveillance systems.</td>
</tr>
</tbody>
</table>

As cluster lead in nutrition and water, sanitation and hygiene, UNICEF works to address the consequences of previous droughts. UNICEF maintains its capacity to respond to any environmental weather change, possibly leading to outbreaks, in the priority areas of health, nutrition, water, sanitation and hygiene, basic education, child protection, non-food items and mine-risk education (MRE). UNICEF seeks to maintain its capacity, in all areas of interventions, to support the resettlement of another 13,000 IDPs and to respond to the urgent needs of 20,000 people at any given time.

Health and nutrition (US$ 4,000,000)
Some 13,000 IDPs (including 2,000 under-five children) in Gash Barka and Debub regions, 45,000 under-five children (including 10,700 severely and moderately malnourished children) and pregnant women will be targeted through the following key activities:

- Support malaria control (provision of insecticide-treated nets, antimalarial drugs and insecticides);
- Support outreach services to resettled IDPs through the establishment of temporary health clinics and provide integrated services including training of health workers in emergency areas;
- Provide essential drugs, oral rehydration salts (ORS), vaccines, antibiotics, intravenous fluids, disinfectants, soap and vitamin A supplements, and establish cold-chain systems (10 solar lightening systems) for the expanded programme on immunization (EPI) in IDP areas;
- Provide basic drugs for community-based therapeutic feeding programmes in 39 sites and facility-based therapeutic feeding programmes in 53 facilities, and ensure national coverage of supplementary feeding;
- Support improved monitoring and strengthen the nutrition information management system/surveys and nutrition units at decentralized levels to improve the quality of nutrition interventions;
- Organize community education on prevention of common diseases in emergency situations and provide basic emergency health kits; train health workers on care and management measures;
- Upgrade the national and regional capacity to respond to avian influenza and/or human pandemic;
- Support the media and relevant ministries to disseminate basic avian influenza and hygiene information;
- Ensure an adequate response to HIV-related interventions in emergency.
Water, sanitation and hygiene (US$ 5,000,000)
Some 60,000 persons affected by drought, flood or resettled will be targeted through the following activities:

- Provide emergency supplies, such as water bladders, jerrycans, water purification tablets and limited water trucking for 15 flood/drought-affected/IDP resettlement villages;
- Rehabilitate 30 unprotected dug wells and/or drill 20 boreholes as appropriate in drought-affected villages and install handpumps;
- Construct five run-off cisterns in five drought-affected villages;
- Construct/rehabilitate water supply systems in eight flood-affected and IDP resettlement villages;
- Carry out water, sanitation and hygiene promotion for eight ‘open defecation-free’ villages;
- Train 50 village technicians in operation and maintenance of handpumps;
- Install water facility/connection and adequate sanitary facilities in eight schools;
- Ensure the elaboration of an emergency preparedness and response plan.

Education (US$ 1,300,000)
A total of 3,450 resettled children and 540 teachers, in addition to 3,000 primary schoolchildren affected by weather changes, will be targeted through the following key activities:

- Procure and provide basic educational materials and recreational kits;
- Train teachers, with special emphasis on HIV/AIDS, life skills, gender-fair teaching techniques and psychosocial care and support; support the construction of 35 temporary classroom structures;
- In collaboration with WASH provide sanitation and water storage facilities;
- Sensitize and mobilize communities to participate in providing education.

Child protection (US$ 1,500,000)
UNICEF supports the availability of services that prevent and respond to violence, exploitation and abuse of children. Some 5,000 vulnerable, mainly child-headed, households will be reached through the following activities:

- Train social workers and community leaders on basic psychosocial support, family tracing and reunification, care and prevention of abuse, violence and exploitation;
- Undertake documentation, tracing, care and reunification of an estimated 500 separated children;
- Establish 20 child-friendly spaces in IDP settings;
- Provide recreational kits and train 50 teachers/community workers on basic psychosocial care;
- Train counterparts and other UN agencies on gender-based violence interventions;
- Provide alternative income-generating activities for early recovery purposes to an estimated 4,000 child-headed households and vulnerable families hosting orphaned and other vulnerable children.

Mine-risk education (US$ 375,000)
Some 50,000 people, at least 15,000 children, will be targeted through the following key 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 communities (based on Landmine Impact Survey data);
- Identify and train 1,000 community volunteers and conduct MRE training, with special emphasis on children and young people;
- Provide direct (emergency) MRE to at-risk populations, especially children, IDPs and refugees resettled and returning to their communities, and follow up with surrounding population;
- Support the collection of mine/explosive remnants of war-related data;
- Provide psychosocial support and recreational activities for children injured and affected by mines/explosive remnants of war;
- Conduct regular joint monitoring visits with partners and strengthen MRE coordination.

Non-food items and shelter (US$ 800,000)
Some 33,000 vulnerable people, including IDPs, will be targeted with a special focus on child- and female-headed households through the following key activities:

- Permanently assess the situation of affected communities and of temporary settlements;
- Purchase basic emergency non-food items (NFIs) for 10,000 people; ensure regular delivery of emergency NFI assistance and seasonal input for the most vulnerable people.
The humanitarian situation faced by the Ethiopian children in 2007 has remained severe, marked by a continuing cholera epidemic, floods in several regions of the country, a situation of armed conflict in the Somali Region, the unresolved border tension between Ethiopia and Eritrea, and some of the worst child and maternal survival indicators in the world.

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>16,300,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,150,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>3,240,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>850,000</td>
</tr>
<tr>
<td>Total*</td>
<td>26,540,000</td>
</tr>
</tbody>
</table>

* 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 humanitarian situation faced by the Ethiopian children in 2007 has remained severe, marked by a continuing epidemic of cholera (called ‘acute watery diarrhoea’) at national level which started in 2006, floods in several regions of the country, a situation of armed conflict in the Somali Region with severe protection and assistance consequences on the civilians, the unresolved border tension between Ethiopia and Eritrea, and some of the worst child and maternal survival indicators in the world.

Data collected through nutritional screenings uncovered alarming pockets of severe acute malnutrition amongst under-fives across the country. Forty nutritional surveys carried out in rural areas between January and September 2007 recorded global acute malnutrition (GAM) levels as high as 20.8 per cent and severe acute malnutrition (SAM) levels as high as 3.2 per cent – both rated critical. Micronutrient deficiencies and malnutrition remain the underlying cause of more than half of all child deaths in the country. It is estimated that more than 280,000 under-five children are suffering from severe acute malnutrition in Ethiopia (Demographic and Health Survey 2005), 30 to 50 per cent of which are dying if not treated. Vitamin A deficiency affects 61 per cent of under-five children (Ethiopian Health and Nutrition Research Institute – EHNRI, 2006) and leads to 80,000 deaths a year.

In addition, about 8 million chronically food insecure people in Afar, Oromiya, Amhara, Tigray and Southern Nations Nationalities and Peoples’ regions continue to require assistance through the Productive Safety Net Programme (PSNP). The food security of these people is relatively stable as a result of the PSNP food and cash transfers. In addition, about 1.3 million people require emergency food assistance, comprised of 953,481 people from Somali Region (of whom 642,016 live in restricted areas), 84,000 people displaced by floods and 263,700 people based on the belg/gu assessment conducted in June/July. Most of the people requiring relief food assistance based on the belg assessment findings live in the lowlands of Oromiya Region.

Acute watery diarrhoea (AWD) remains one of the most critical issues the country faces. Currently, six of Ethiopia’s nine regions are still officially reporting cases. Since the beginning of the current wave of the AWD epidemic in 2006 in the country until the beginning of the third week of September 2007, a total of 92,255 cases of AWD with 1,079 deaths had been recorded in health facilities. Children under the age of 15 years accounted for 41 per cent of the cases of, and the deaths from, AWD. The extent of the problem could definitely exceed from the above levels when considering the likely cases of, and deaths from, AWD, which have occurred in the remote communities and hence could not be captured by the existing recording practise of the health system. A total of 120 districts from the six AWD-affected regions continue to report cases. Nationally, however, the timeliness and completeness of case reporting remains very low due to the lack of health professionals, poor coordination on this specific issue, weak communication systems and security problems in some areas. Without adequate response, this trend is likely to continue given the fact that the majority of the AWD-affected population is located in rural areas with water supply coverage ranging between 15 per cent and 41 per cent, and sanitation coverage between 5 per cent and 21 per cent.

Other infectious diseases such as measles, meningitis and malaria have been under control during 2007, as a result of effective preventative measures, although these need to be sustained to ensure that outbreaks do not occur in 2008. UNICEF procured meningitis vaccines and auto-disable syringes arrived early 2007 and were used to vaccinate more than 400,000 people. No major meningitis outbreaks occurred in 2007. Malaria epidemics, once a major emergency disease, have been halted in 2007 through the major expansion of the national malaria control programme.

Flooding continues to pose a risk as alarming increases in dam and river water levels were reported in October 2007. So far, flooding has affected an estimated 240,000 people in Tigray, Amhara, Afar, Somali, Gambella and Southern Nations Nationalities and Peoples’ regions, of whom about 84,000 are displaced. In 2007 the impact of flooding was lower than in 2006, when about 524,000 people were affected and close to 200,000 people displaced during the same period, as most communities were better prepared after the government supported by agencies, such as UNICEF, enhanced preparedness measures and issued a flood warning in early June 2007. Some households will require continued assistance, as an estimated 43,300 ha of crops were damaged, although most are expected to resume their normal activities once the flood waters recede, and some households are reported to have started going back to their villages.
Meanwhile, a severe and complex humanitarian crisis which rapidly scaled up around June 2007 has emerged in the Somali Region of Ethiopia where the Ethiopian Defence Forces has engaged into high-intensity level counter-insurgency warfare against the Ogaden National Liberation Front and other smaller armed groups which cross the border from neighbouring Somalia. The overall livelihood security situation of the estimated 1.4 million people living in the five zones under military operation (and mainly populated by the Ogadeni clans) — Fik, Degehabur, Korah, Gode and Warder — is deteriorating to an alarming extent particularly due to a blockade of commercial and livestock trade restrictions, with the threats of disease outbreaks such as measles or cholera increasing. The Region is now experiencing the highest level of armed conflict since 1977 linked to the deteriorating situation in Somalia, with severe humanitarian consequences. Fears that the situation could further deteriorate remain and UNICEF is particularly concerned about issues pertaining to the protection of children and women. In addition, active re-mining of fields not only on the border with Somalia but also in the inlands of Ogaden has affected tens of thousands of children. While the number of landmine injuries and casualties is uncertain due to the lack of a consolidated reporting system, several accounts and witnesses have reported a high increase in the use of landmines, remote-controlled ordnances, and landmine victims. In the same region, children have been actively involved, recruited and associated with armed groups. Accounts of burned villages, populations living in fear ‘in the bush’, and civilians being targeted by both sides of the warring parties have been reported to the UN. Post-traumatic stress disorders for children involved in, or affected by, the conflict is very likely to be widespread and severe. Sexual violence towards girls and women has also been reported as a major issue of personal fear and insecurity during a United Nations mission in August 2007.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF Ethiopia has remained at the forefront of humanitarian assistance activities in 2007, seeking to build more sustainable institutional disaster management capacities of the Ethiopian state structures as well as enhancing partnerships and coordination mechanisms within the framework of the humanitarian reform and the evolving cluster approach. One of UNICEF Ethiopia's main contributions – as cluster lead in water, sanitation and hygiene 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 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. UNICEF also, jointly with the World Health Organization (WHO), took a leading role in supporting the health system and partners throughout the country.

UNICEF’s response to the spread of AWD was ongoing as this report went to press. To date about 3.5 million sachets of lifesaving ‘PUR’8 have been distributed in AWD-affected areas through UNICEF. This intervention directly benefited an estimated 40,000 people in areas affected by AWD and flood across the country. In addition, over 2.5 MT of high-strength hypochlorite, a powerful water disinfectant used to treat community water supplies, were distributed, sufficient to treat over 600 million litres of drinking water. This has helped ensure that adequate quantities of safe water are available at most case treatment centres where people suffering from AWD receive lifesaving treatment. Furthermore, seven mobile emergency water supply units with appropriate chemicals were sent into the field, each capable of supplying 50,000 litres of safe water a day – enough for 5,000 people in an acute emergency situation. Together, these seven units provided safe water for over 140,000 people for an average of two months. Meanwhile, around 2 million people received sanitation and hygiene education, aided by over 100,000 posters and leaflets printed and distributed by UNICEF’s implementing partners in local languages. Training of trainers was conducted in several regions on prevention and hygiene communication for health professionals and administrators in several regions.

UNICEF has been supporting the Regional Health Bureaus and the Federal Ministry of Health to treat AWD cases and limit the case fatality rate by providing technical assistance, medical supplies and equipment to set up case treatment centres across the country.

Ethiopia has seen a major scaling-up of its national malaria control programme in 2007, with potential protection for 9,000 families owning 18 million insecticide-treated mosquito nets (ITNs), scaled-up Indoor residual Spraying (IRS) and the roll-out of the highly efficacious new antimalarial drug, Artemether-

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8 ‘PUR’ is a specially formulated powder, packaged in a 5-gram sachet, designed to treat highly contaminated and turbid water and make it safe to drink.
Lumefantrine. No malaria epidemics were recorded and the number of malaria cases has been decreasing throughout the country.

Just over 11 million under-five children were reached twice during the year with a lifesaving package of vitamin A supplementation, deworming, measles catch-up, nutritional screening and referral to supplementary or therapeutic feeding programmes. This took place through the UNICEF-backed Enhanced Outreach Strategy (EOS). Around 1 million pregnant and lactating women were also screened for malnutrition twice during the year. In the first half of 2007, more than 10.9 million children were supplemented with vitamin A, 7.7 million were dewormed, 6 million children and 1 million women were screened for malnutrition. A total of 715,000 children and women were identified with acute malnutrition and referred to the targeted supplementary food programme of WFP; 112,000 cases were identified with severe malnutrition and referred to in- and outpatient therapeutic feeding programmes. The preparation of the second half of 2007 EOS round was completed by the end of the year.

Meanwhile, UNICEF’s support for treatment of severe acute malnutrition in Ministry of Health facilities has significantly increased in 2007. UNICEF has supported the health system to strengthen its capacity to treat up to 25,000 cases per month, compared to 18,000 cases in December 2006. In addition, UNICEF procured over 800 tons of ready-to-use therapeutic food in 2007 to support the treatment of over 80,000 severe malnutrition cases.

In the area of child protection, UNICEF has revitalized the border war contingency plan of Tigray region and consolidated the deployment of child protection services and supplies around 10 children safe centers equipped to welcome separated or abandoned children. Youth trainings on tracing and family reunification also took place in the region. Mine-risk education (MRE) programmes, vulnerability profile of selected villages and rehabilitation services have been rolled out in all villages along the border. Cash grants for vulnerable children and orphans have been implemented in 10 woredas of the region. UNICEF has also developed its existing national prepositioned strategy with health, water, sanitation and hygiene (WASH) and shelter items in Addis and three decentralized stocks (Mekelle, Gambella and Gode) aimed at responding to the needs of 200,000 displaced women and children at any point in time. Over 30,000 displaced people were supported in 2007.

Meanwhile, in the Somali Region, were about 1.4 million civilians are affected by a violent counter-insurgency warfare, UNICEF has responded to the complex situation of non-international armed conflict by dispatching supplies for health, WASH and nutrition to 10 key health facilities for 200,000 people in the area of conflict during October 2007. UNICEF is also supporting the establishment of 15 mobile teams, 5 of which are being trained as of the first week of November. Plans are being made to increase UNICEF’s capacities to enhance regional coordination in nutrition, WASH and health and develop strategic partnerships with NGOs despite access restrictions imposed upon them. A comprehensive response plan until mid-2008 is being developed including a strong child protection component. Initial actions, such as training of the Ethiopian military forces on the Convention on the Rights of the Child and the Code of Conduct have been organized. Communication campaigns on landmine issues are also being developed. Rapid assessment of bottlenecks in the service provision of MRE and victim assistance is being undertaken and findings will guide further actions in this field. The rehabilitation and reinsertion of demobilized child soldiers is also being planned.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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<tbody>
<tr>
<td>Much of the office’s coordination work is taking place within the framework of the new cluster leadership approach in Ethiopia. UNICEF has taken on the cluster leadership role in WASH and nutrition. UNICEF works also very closely with WHO in support of the health cluster leadership. UNICEF is moreover a major partner in the UN Development Assistance Framework (UNDAF) theme group on ‘humanitarian assistance, recovery and food security’. Within the framework of the new Country Programme, UNICEF is deploying seven area-based teams which provide support to the government and enhance local partnerships with communities.</td>
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</tbody>
</table>
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 refocused to respond to emergency situations.

Health and nutrition (US$ 16,300,000)
Ethiopian women and children caught up in health and nutrition emergencies will benefit from the following interventions in 2008:
- Provide technical assistance, operations, supplies and costs for lifesaving package of interventions – including vitamin A supplementation, deworming, measles vaccinations and nutritional screening – to benefit 7 million children under the UNICEF-backed Enhanced Outreach Strategy (EOS);
- Purchase therapeutic products to benefit 160,000 severely malnourished children;
- Purchase and distribute 400 emergency drug kits benefiting more than 1 million people;
- Fund, equip and support 15 mobile health teams reaching 400,000 remote patients in the Somali Region;
- Support operational costs for preparedness for further outbreaks of AWD (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 2.3 million people;
- Procure measles vaccines and support emergency operational costs including the Somali Region;
- Respond to health emergencies among pastoralist populations, benefiting an estimated 800,000.

Water, sanitation and hygiene (US$ 5,000,000)
About 2.4 million people are expected to be affected by drought, conflict, flood and AWD emergencies throughout the country in 2008. UNICEF has planned the following key activities:
- Provide safe water through water tankering to up to 30,000 people suffering from acute water scarcity, mainly the pastoral population of Afar and Somali Regions, as a short-term emergency measure;
- Provide WASH facilities in up to 30 health facilities in emergency-affected areas, including 10 in the conflict-affected Somali Region;
- Train up to 500 government health staff on response, prevention, management of AWD, focusing on WASH;
- Provide point-of-use water purification chemicals, water storage containers and soap for up to 150,000 people affected by flooding and AWD;
- Provide up to 15 emergency water supply kits for up to 50,000 displaced people;
- Promote hygiene education and hygiene awareness programmes for some 100,000 individuals in flood and AWD hotspot areas;
- Provide water, hygiene and, sanitation kits for up to 50 case treatment centres in AWD-affected areas;
- Provide technical assistance in monitoring, evaluation and coordination of anticipated emergency water, sanitation and hygiene interventions in the country.

Education (US$ 1,150,000)
An estimated 540,000 schoolchildren, whose education will be affected by emergencies, will benefit from the following interventions:
- Conduct rapid assessments of the situation of children affected by emergencies so as to meet the commitment of rapidly resuming education for 100 per cent of school-going children in situations of displacement;
- 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, and training of facilitators selected from within the community;
- Provide basic educational materials for pupils (school-in-a-box kits) seriously affected by emergencies;
- Undertake advocacy in order to ensure that schools are not occupied by the military or armed groups in Somali and Gambella Regions;
• Provide technical assistance and monitoring and evaluation of the performance of anticipated emergency education interventions and develop a humanitarian education cluster;

**Child protection (US$ 3,240,000)**
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 Committee on the Rights of the Child’s recommendations on improving legal and social protection practices for children in emergency situations in Ethiopia;
• 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;
• Deliver basic social services for 2,000 victims of abuse, exploitation or trafficking;
• Demobilize and reintegrate child soldiers in the Somali Region. Roll out communication campaign through churches, local leaders and elderly to prevent further enrolment;
• 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 (MRE) activities, victims of unexploded ordnance (UXO), suspect mined areas, and village profiles in the Somali Region.

**HIV/AIDS (US$ 850,000)**
Some 1.2 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;
• Enhance the capacity of Secretariats and the Federal Disaster Prevention and Preparedness Commission (FDPPC) on 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 (PEP) kits, drugs for sexually transmitted diseases and rapid test kits;
• Establish youth committees/teams at regional, zonal and woreda levels who are equipped to respond rapidly in an emergency to support Regional AIDS Commissions (RACs);
• Enhance the capacity of zonal and woreda officials and youth associations/clubs at woreda level to respond rapidly and effectively in an emergency.
• Develop mapping and monitoring tools to assist the identification of vulnerable groups and risk areas and high-risk behaviour in affected populations.
The 2004-2008 Government of Kenya/UNICEF Programme focuses primarily on 10 key districts in arid and semi-arid hard-to-reach areas, subject to repeated severe droughts and floods, where 80 per cent of the population is nomadic. The country has experienced an increase in localized violence which has led to conflicts and to population displacements in certain areas. All this negatively affects the lives of children and women in Kenya. Their vulnerability is further exacerbated by the enormous social and economic impact of the high HIV/AIDS prevalence. It is estimated that there are 1.8 million orphans in Kenya; of which around 700,000 have lost both their parents. Some 15,000 children require protection services, including psychosocial support, and family tracing to recover from internal clashes and displacements, in addition to the earlier drought.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Health</td>
<td>1,500,000</td>
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<tr>
<td>Nutrition</td>
<td>1,000,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>1,000,000</td>
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<tr>
<td>Education</td>
<td>795,000</td>
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<tr>
<td>Child protection</td>
<td>750,000</td>
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<tr>
<td>Shelter and emergency coordination</td>
<td>750,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5,795,000</strong></td>
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* 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 2007 Kenya has continued to grapple with humanitarian challenges, the most recurrent being numerous conflicts and population displacements caused by land clashes. These emergencies have been compounded by the drought situation that has prevailed in certain parts of the country, especially in North and North-Eastern Kenya since 2004. All of them have occurred in quick succession; often having negative impacts on every aspect of children’s lives. Children have suffered from nutritional setbacks, bouts of disease, loss of already limited educational opportunities and death in the family. Available data from the 2003 Kenya Demographic and Health Survey (KDHS 2003) showed that under-five mortality had risen from 110 to 115 per 1,000 live births over the previous four to five years. Major disparities were also exposed – with under-five mortality ranging from 54 per 1,000 live births in Central Province to 163 per 1,000 in North-Eastern Province and 206 per 1,000 in Nyanza Province. Preliminary results of the just concluded Multiple Indicator Cluster Survey (MICS) also show a grim picture in terms of development indicators for children in North and North-Eastern Kenya.

A third of all child deaths occur within the first month of life. This is often linked with inadequate care during pregnancy and birth. About half of all deliveries in Kenya take place without skilled attendance. Other primary causes of child deaths are malaria, diarrhoea, respiratory infections and HIV and AIDS. Many malaria deaths are due to lack of access to insecticide-treated nets. Furthermore, prompt, effective and affordable malaria treatment is not always available. Malnutrition remains a key underlying factor in more than 55 per cent of all child deaths. About one third of Kenyan under-five children are chronically malnourished. The most recent government study completed in 2005/2006 showed a slight increase in stunting (33 per cent), wasting (6.1 per cent) and the proportion of under-fives who are underweight (20.2 per cent). There are wide regional disparities, with more than a quarter of children in North-Eastern Province suffering from wasting. During periods of food insecurity in ASAL (arid and semi-arid lands) districts, which are mostly in North and North-Eastern Kenya, levels of acute malnutrition have reached 37 per cent in some divisions. A key factor in poor child nutrition is low exclusive breastfeeding for six months, which is practised by less than 3 per cent of mothers, as well as consumption of diets of inadequate quality and diversity. It is unlikely that the pace of improvement in child survival can be maintained without significant breakthroughs in improving child nutrition, since this is an underlying factor in more than half of all child deaths.

Malnutrition affects boys and girls equally. Levels of micronutrient malnutrition are high with 43 per cent of both under-fives and women of reproductive age suffering from iron-deficiency anaemia and 76 per cent of preschoolers demonstrating vitamin A deficiency. Kenya has shown some progress towards the elimination of iodine deficiency disorders, with goitre rates moving down from 16 per cent in 1994 to 6 per cent in 2004 (Kenya Medical Research Institute (KEMRI), 2004). However, this far exceeds the International Council for the Control of Iodine Deficiency Disorders (ICCIDD)/WHO acceptable rate of 5 per cent with pockets around the country where prevalence reaches 36 per cent in certain areas, such as Lamu District.

Many under-five deaths in Kenya are also related to unsafe water supply, inadequate sanitation and unhygienic practices and behaviours. Diarrhoeal diseases account for almost 20 per cent of under-five mortality. According to the Kenya Integrated Household Budget Survey (KIHBS 2005/6), only 47 per cent of Kenyans have access to safe drinking water. The same study shows that 17 per cent have access to a flush toilet or ventilated improved pit (VIP) latrine, 67 per cent to pit latrines and 16 per cent are without any access to sanitation.

The 2003 KDHS shows a clear correlation at the provincial level between low child health indicators and low education indicators. Mothers with no education also have the highest levels of underweight children (33 per cent), whilst mothers with some secondary education have the lowest levels of underweight children (11 per cent). Almost 30 per cent of women with no education do not attend antenatal clinics, compared to 2 per cent of those with some secondary education. In the education sector, only 2 (one for girls) out of 10 children in North and North-Eastern Kenya have access to basic education under normal circumstances. In this region, gross enrolment ratio (GER) stood at 27.6 in 2006 (33.4 for boys and 20.5 for girls) compared to the national average of 109.9 per cent (boys 104.4, girls 107.2) for the same year. Many children have been

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put in boarding facilities to combat emergencies, and many of the facilities have become overstretched and need support. They are located in areas mainly inhabited by nomads and pastoralists, who in many instances do not see the value of education for their children, especially the girls, even under normal situations.

With 2007 being an election year, it is likely that conflicts will increase, triggered by politicized struggles on constituency boundaries, ethnicity of the voting populations, among other issues. This has already started in Mount Elgon, Bura, and other places. Violence in the Mount Elgon region has displaced between 60,000 and 90,000 people. As a result, UNICEF Kenya has increased its level of requirements for humanitarian interventions, mainly in terms of shelter and non-food items (NFI).

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of Kenyan children caught in various emergencies. Support has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. However, these interventions were often hindered by inadequate funding and lack of access to some parts of the country, especially during the floods experienced during the first months of 2007, and in the areas affected by land clashes due to security issues.

UNICEF continued having a strong presence in Northern Kenya through the establishment in 2006 of four permanent outposts. In these districts, UNICEF was able to upgrade its support to the Government of Kenya by monitoring and providing updated information on the situation of women and children and coordinating water, sanitation and hygiene, education, and health and nutrition emergency response committees. UNICEF also supported North-Eastern Kenya districts to prepare joint health, nutrition and water emergency preparedness plans.

In the area of health and nutrition, since January 2007, UNICEF has distributed 3,500 family kits to the displaced populations of Mount Elgon; non-food items to the displaced populations of Kieni in Central Province; 2,000 family kits to the populations affected by floods, drought and conflicts in Wajir, Garissa, Tana River and Marsabit districts. Some 159,000 under-five children have benefited from improved coverage of essential routine health and nutrition services. Fixed outreach routine immunization services have been strengthened through increased technical and supply assistance to the Ministry of Health and other national partners. The Malezi Bora weeks have ensured that children and their mothers continue to receive routine health and nutrition services. Some 6,000 severely malnourished children have received treatment thanks to the establishment of treatment centres, the provision of nutritional supplies and the training of health staff. UNICEF has set up child-friendly spaces to provide educational, recreational and counselling services to displaced children in the Dadaab refugee camp. Assistance has also been extended to local communities through the provision of boarding facilities (beds, mattresses and bed sheets) for 2,684 girls in Marsabit, Garissa, Wajir and Turkana districts. Ten classrooms have been constructed to accommodate 400 primary schoolchildren in the Dadaab refugee camp.

UNICEF is partnering with Action Aid to rehabilitate 12 flood-affected schools, including appropriate sanitation facilities, in Tana River district. To improve the coordination capacity at both national and district levels, 12 computers and printers are being procured. UNICEF also partnered with the Kenya Red Cross to ensure the delivery of 100 educational kits and 1,000 desks for some 7,000 internally displaced children in Mount Elgon. Fifty key education officers from the national level and from 11 districts were trained on emergency preparedness and response. UNICEF continued to support a hygiene education programme for schools in the cholera-prone areas of Mombasa district that reached over 10,000 children. A total of 26 portable water testing kits and reagents were supplied to the Public Health Department to monitor the quality of water in flood-affected districts. Over 2 million chlorine tablets and another 2 million PUR sachets for household water disinfection were distributed to over 18,000 flood-stricken families. Seven diesel-driven generating sets, pipes and fittings were provided to CARE International for water supplies in the refugee camps, benefiting 42,000 refugees. UNICEF Kenya has also contributed immensely to the ongoing review of national humanitarian coordination structures.

During 2007, the Child Protection Section brought in a child protection officer to focus specifically on emergency preparedness and provide appropriate responses in line with UNICEF’s Core Commitments for Children in Emergencies. In the Mount Elgon region, new partnerships were developed with national NGOs
to help strengthen protection responses for children displaced by the conflicts in the region. The Kenya Red Cross is conducting child tracing activities for an estimated 250 children (of more than 500 people seeking tracing services), and UNICEF is working with other NGOs, such as the National Council of Churches in Kenya (NCCK) and Inter-Medico Legal Unit (IMLU) to support evidence-based monitoring of abuses perpetrated upon children and the delivery of medical and legal assistance to children in areas where services are no longer accessible.

3. PLANNED HUMANITARIAN ACTION FOR 2008

### Coordination and partnership
The cluster approach is not formally implemented in Kenya. UNICEF, other UN agencies and international NGOs are working with the Government of Kenya in order to ensure that it addresses more effectively and efficiently all stages of the disaster management cycle (prevention, mitigation, preparedness, response and recovery) for natural and man-made disasters as well as humanitarian emergencies (the main objective of the UN Development Assistance Framework (UNDAF) for disaster management).

### 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, sanitation and hygiene, 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 lifesaving interventions during times of emergency in line with UNICEF’s *Core Commitments for Children in Emergencies*.

### Health (US$ 1,500,000)
Key activities will include:
- Procure and distribute essential emergency drugs and equipment to 200 health facilities;
- Train 100 health workers and 250 village-level staff in immunization services and cold chain;
- Provide essential drug supplies to 10 districts for 683,768 people;
- Train 250 community-based health workers to promote the use of insecticide-treated mosquito nets;
- Distribute 70,000 insecticide-treated mosquito nets to 9,000 households.

### Nutrition (US$ 1,000,000)
Populations in the most affected arid and semi-arid lands will continue benefiting from the following interventions:
- Procure and distribute essential emergency food and equipment to about 400 health centres in the most affected districts;
- Train about 1,200 health workers in infant and young child feeding practices and the management of malnutrition;
- Continue supporting therapeutic feeding programmes previously established and managed by partners and the Ministry of Health;
- Assist the Ministry of Health to scale up the management of severe malnutrition at district hospitals and at community level for severely malnourished patients;
- Continue supporting the Ministry of Health in the management of mild and moderate malnutrition through the UNICEF/World Food Programme partnership for about 35,000 moderately malnourished children and 25,000 pregnant and lactating mothers;
- Support the implementation of eight nutritional surveys, assessments and evaluations;
- Procure and administer vitamin A to all under-five children;
- Support field monitoring and supervision;
- Support additional district nutritionists;
- Continue supporting coordination systems at national and district levels in order to plan and coordinate nutritional response according to priority needs with partners.
Water, sanitation and hygiene (US$ 1,000,000)
Some 100,000 displaced persons, focusing particularly on children and women, will be reached through the following key activities:

- Rehabilitate/construct wells and adequate sanitary facilities in 50 schools;
- Rehabilitate/construct 100 wells and boreholes and install handpumps to provide safe drinking water to some 25,000 individuals in permanent and return areas;
- Rehabilitate/construct 100 household latrines;
- Train 200 local water authority management teams and 12 central teams in county/city water and sanitation assessments, strengthen implementation and monitoring capacity, disaster preparedness and response, good governance, strategic options, rehabilitation planning and water quality testing;
- Promote hygiene education and hygiene awareness programmes in 50 schools and 50 local communities in order to complement existing water and sanitation services.

Education (US$ 769,500)
UNICEF is working in the drought-affected areas and also provides support through its regular programmes. The education programme aims to promote access to quality early learning and education for all children in affected communities with special emphasis on girls, in collaboration with other partners. Key activities will include:

- Procure 1,000 educational and recreational kits to support 50,000 children;
- Procure 10 tents to create safe learning environment for 400 children;
- Support joint rapid assessment missions to drought- and conflict-affected areas;
- Strengthen Ministry of Education’s capacity to prepare for and respond to emergencies;
- Expand boarding facilities to accommodate 1,000 children in the affected areas;
- Support joint monitoring and evaluation exercises.

Child protection (US$ 750,000)
In 2008, UNICEF will embark on developing comprehensive child protection emergency preparedness plans in 10 arid districts prone to natural hazards in partnership with the Government of Kenya, nongovernmental/faith-based organizations and UN agencies. The development process will include workshops with stakeholders and intergenerational forums with children aiming at producing child protection emergency response networks in each district. These initiatives will focus on the following activities:

- Strengthen services for youth focusing on sports and on the training of youth facilitators;
- Train community paralegals and provide advocacy services to children during the monthly mobile courts;
- Undertake advocacy focusing on shari’a courts, and create a child protection police unit specifically for Dadaab;
- Train and incorporate teachers into the psychosocial support network.

Shelter and emergency coordination (US$ 750,000)
UNICEF will strengthen its own capacity for coherent and coordinated preparedness to respond to forthcoming emergencies. In doing so UNICEF will, through the UN Country Team joint approach, ensure that efforts are provided to develop the Government of Kenya’s capacity to deal with disaster management (from preparedness to timely and effective response as well as recovery). Activities will include:

- Strengthen UNICEF’s multisectoral preparedness and readiness capacity to immediately respond to any forthcoming emergency (medium-scale emergency: 100,000 affected persons);
- Coordinate UNICEF’s multisectoral response to emergencies;
- Build Government’s capacity to deal with disaster management, from the district to the national level;
- Immediately respond with comprehensive family kits to the shelter needs of 100,000 internally displaced persons (by conflict, floods and/or drought).
The humanitarian crisis in Lesotho is caused by a combination of economic, political and social factors causing the unfolding livelihoods crises of food insecurity, HIV and AIDS and poverty. Prevailing drought conditions in Southern Africa have severely impacted Lesotho during the last decade and 2007 was no exception as the Government declared a state of emergency. The current humanitarian situation in the country is posing a big threat to the general well-being of women and children and is expected to further worsen during 2008 the already precarious conditions in Lesotho.

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

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Health and nutrition</td>
<td>634,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>990,000</td>
</tr>
<tr>
<td>Education</td>
<td>150,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>575,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,349,000</strong></td>
</tr>
</tbody>
</table>

*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 humanitarian crisis in Lesotho is caused by a combination of economic, political and social factors causing the unfolding livelihood crises of food insecurity, HIV and AIDS and poverty. Prevailing drought conditions in Southern Africa have severely impacted Lesotho during the last decade and 2007 was no exception as the Government declared a state of emergency in July 2007. The below normal rainfall compounded with lengthy dry spells and unusually hot weather resulted in extremely poor harvests. The Crop and Food Supply Assessment Mission (CFSAM) and Vulnerability Assessment Committee (VAC) 2007 results ascertain that a total of 400,000 to 500,000 people would be requiring food assistance in the 2007/2008 season. Of these 200,000 children including 80,000 under-five children, 80,000 mothers and 40,000 pregnant and lactating women are in need of assistance.

The emergency, caused by prolonged drought, exacerbated the already poor nutritional situation and brought with it a broader and more holistic perspective on the importance of nutrition to save lives and ensure child survival and development. This situation further aggravates the vulnerability caused by the impact of HIV and AIDS. Lesotho has the third highest prevalence rate in the world with 23.2 per cent of adults aged 15-49 years infected, and peaking at over 43 per cent in women aged 35-39 years (Demographic and Health Survey 2004-2005). The total population living with HIV is estimated at 265,000 of which 130,000 are women aged 15-49 years and about 16,000 are children aged 0-14 years. There are an estimated 180,000 orphans, of which 100,000 have lost one or both parents to AIDS. The water, sanitation and hygiene (WASH) situation is further deteriorating with evidence of the water table receding and 30 per cent of boreholes and springs in populated rural areas having dried up (Water Commission 2007). In addition, 60 per cent of the health centres have no access to safe water, and health data revealed that 85 per cent of clinics’ outpatient consultations in all age groups were due to diarrhoeal diseases. The current humanitarian situation in the country is posing a big threat to the general well-being of women and children and is expected to further worsen the already precarious conditions in Lesotho well into 2008.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the population in Lesotho affected by the drought. The response has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, and protection.

- In the area of health, routine immunization services have been accelerated through increased technical and supply assistance to the Ministry of Health and other national partners. Some 221,719 children were immunized in a major measles immunization campaign. Vitamin A supplementation and deworming tablets were also provided. Preliminary coverage figures indicated 90 per cent.

- About 24,000 moderately and acutely malnourished children are being rehabilitated through the establishment of therapeutic and supplementary feeding centres, provision of nutritional supplies and training of health staff.

- UNICEF is providing technical assistance to strengthen and operationalize the national nutrition surveillance system and to ensure the regular monitoring of the nutritional status of the population.

- Water and sanitation facilities as well as hygiene promotion interventions are being carried out in drought-affected areas to reduce the risk of transmission of waterborne diseases through the provision of clean water and supplies and the training on participatory health and hygiene transformation to raise awareness and promote behavioural change among 154,000 people in schools, health centres and communities.

- The Department of Social Welfare under the Ministry of Health and Social Welfare, UNICEF and other partners are developing a psychosocial support package for orphaned and vulnerable children (OVC) as part of the Government/European Commission/UNICEF joint OVC programme which will target 60,000 of the most vulnerable OVC.
3. PLANNED HUMANITARIAN ACTION FOR 2008

Cooperation and partnership
UNICEF works closely with line ministries including the Ministry of Health and Social Welfare, Ministry of Education and Training, Ministry of Agriculture, the Child and Gender Protection Unit of the Police, the Food and Nutrition Coordination Unit and the Disaster Management Authority. As part of the UN Country Team, UNICEF coordinates with other UN agencies and other humanitarian partners, including non-governmental and community-based organizations etc. UNICEF is a member of all multisectoral working groups, such as the HIV and AIDS expanded theme group, the Food and Nutrition Task Force, the OVC Task Force as well as the Lesotho Vulnerability Assessment Committee.

Regular programme
The current Country Programme 2002-2007 has four programme areas: child survival, care and development; basic education for all; adolescent and youth development; and social policy development and planning with a number of cross-cutting themes featuring HIV and AIDS and gender. The implementation of regular programme activities was accelerated in the areas of UNICEF’s Core Commitments for Children in Emergencies (CCCs) to respond to the slow onset and recurrent humanitarian crisis (‘triple threat’ of food insecurity, weakened governance and HIV and AIDS).

Health and nutrition (US$ 634,000)
Some 200,000 women and children will be reached with the different response activities and services including:

- Procure and distribute essential emergency drugs and equipment to health centres;
- Set up 60 community-based therapeutic feeding centres in the most affected areas (growth monitoring activities, prevention and management of acute malnutrition);
- Support the provision of quality therapeutic feeding services in all 18 hospitals (including management of severe acute malnutrition);
- Set up supplementary feeding programmes in collaboration with the World Food Programme (WFP) in all 10 districts;
- Ensure that the nutritional surveillance system is operational; produce monthly reports and quarterly bulletins and secure timely dissemination;
- Set up 50 sentinel sites to monitor the trends of severe malnutrition and household food security;
- Promote appropriate infant and young child feeding and key family practices through the implementation of a comprehensive communication for behaviour change package;
- Support the institutionalization of the micronutrient supplementation programme;
- Train and build capacity of health workers, community health workers and personnel to effectively respond in all relevant areas (therapeutic and supplementary feeding as well as nutritional surveillance).

Water, sanitation and hygiene promotion (US$ 990,000)
Water, sanitation and hygiene (WASH) interventions in schools, communities and health centres will target 154,000 people through the following key activities:

- Provide a comprehensive WASH package to the affected/targeted population.
- Provide basic family WASH kits to 16,000 families (about 100,000 people) to break the transmission cycle of waterborne diseases;
- Provide 50 rigid high-density polyethylene (HDP) water tanks to the strategic locations, such as schools and health centres;
- Undertake simple and major repairs of handpump facilities benefiting an estimated 40,000 people. (At least 100 handpump facilities would be repaired and sustained for continuous use.)
- Construct 40 new and rehabilitate 20 old water facilities to benefit 24,000 people;
- Support the training of water committees for each of the 160 water facilities repaired, rehabilitated or newly constructed. Provide training on roles and responsibilities, fundraising and preventive maintenance of facilities;
- Train/orient 1,500 community health workers, volunteers and members of village committees, like water committees, on proper use of family WASH kits and biological water testing using H2S strips;
• Construct/rehabilitate sanitary facilities in 30 schools (10 latrines) to break the cycle of waterborne diseases;
• Promote hygiene education and hygiene awareness programmes in 30 schools and local communities and health centres in order to complement existing water and sanitation services.

**Education (US$ 150,000)**
Education activities targeting 171,000 schoolchildren will include:
• Conduct regular monitoring of drought impact on schools by collecting data on teachers’/students’ attendance;
• Procure school-in-a-box kits, blankets, solar panel torches and wind-up radios to support 80,000 out-of-school learners.

**Child protection (US$ 575,000)**
Some 60,000 children will targeted through the following protection activities:
• Provide psychosocial care and support to children and adolescents in drought-affected areas;
• Strengthen the capacity of the providers of child-friendly services to ensure the equitable provision of drought-related supplies;
• Provide out-of-school children with skills related to the prevention of sexual exploitation, abuse and violence during the drought;
• Train NGO workers, teachers and health staff on response to violence/abuse.
Because of its geographic location, Madagascar is prone to natural disasters, such as recurrent cyclones, flooding and endemic droughts. Together they cause additional hardship for an already vulnerable population. With almost 80 per cent of the 17 million populations living on less than a dollar a day, coping mechanisms for emergencies are limited. The challenge for the humanitarian community and the Government is to ensure the logistics work and that the most vulnerable children and women are reached timely. Funds raised through the Humanitarian Action Report will directly support an estimated 150,000 people, including women and children.

### CORE COUNTRY DATA

- Population under 18 (thousands): 9,613
- U5 mortality rate (2006): 115
- Infant mortality rate (2006): 72
- Primary school enrolment ratio (2000-2006, net, male/female): 93/92
- % U1 fully immunized (DPT3): 61
- % population using improved drinking water sources (rural/urban): 35/77
- Estimated no. of people (all ages) living with HIV, 2005 (thousands): 49
- % U5 suffering moderate and severe underweight/stunting: 42/48

*Source: The State of the World’s Children 2008*

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>1,700,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>550,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>60,000</td>
</tr>
<tr>
<td>Shelter and non-food items</td>
<td>300,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,110,000</strong></td>
</tr>
</tbody>
</table>

*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

Because of its geographic location Madagascar is prone to natural disasters, such as recurrent cyclones, flooding and endemic droughts. Together they are responsible for additional hardship for an already vulnerable population, causing damage to local communities and setbacks to economic growth and making some parts of the country especially vulnerable to food insecurity. As the lean season coincides with the cyclone season (December-April), seasonal food insecurity is often aggravated by the effects of natural disasters such as cyclones and floods. Moreover, coping strategies among vulnerable populations are limited.

The nutritional status of under-five children is precarious under normal conditions. As per the latest Demographic and Health Survey, 13 per cent of children suffer from acute malnutrition and among them 3 per cent are severely malnourished. The infant and under-five mortality rates declined over the 1997-2004 period from 96 to 72 per 1,000 live births and 159 to 115 per 1,000 live births respectively. Achieving Millennium Development Goal 4 (MDG4) will require a continued annual reduction of 6.4 per cent in the under-five mortality rate, with concerted efforts to address its leading causes: malaria (29 per cent), pneumonia (21 per cent) and diarrhoea (18 per cent).

In 2005, 69 per cent of the population was living in poverty – 27 per cent in absolute poverty. Urban poverty increased 10 percentage points over the preceding five years, mainly in peri-urban areas, while decreasing slightly in rural areas. One third of the rural population and two thirds of the urban population have access to an improved water source. Access to improved sanitation facilities is 34 per cent (48 per cent urban, 26 per cent rural). In many parts of the country, traditions and customs continue to dictate sanitation and hygiene practises, e.g., girls are often not allowed to use the same latrines as boys.

Over the last decade, the primary education net enrolment ratio jumped from less than 70 per cent to slightly more than 90 per cent, thanks to the abolition of school fees and the distribution of school kits for first-year students. Poor infrastructure, inadequately trained teachers and an average student/teacher ratio of 51 hamper quality and completion and contribute to the 20 per cent repetition rate. Low achievement is also associated with the use of a foreign language of instruction (French) and weak school readiness; only 5 per cent of children three to five years old attend early childhood care and education. The primary-to-secondary transition rate is only 55 per cent.

The humanitarian implications of the various natural disasters are particularly significant, since Madagascar is one of the poorest countries in the world, ranking 143 out of 177 countries in the 2006 Human Development Index. The scope and frequency of emergency situations remain a major challenge. Large structural problems, such as the remoteness of some towns and villages (making it difficult to reach disaster victims) and poverty (vulnerability in contingency situations due to the impossibility of accumulating resources), weaken the resilience of the populations as much as rapid response capabilities. Nevertheless, national systems have been strengthened, including at subnational levels, with child-focused responses on nutrition, water, sanitation and hygiene, warehouse management and local teacher/student support.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF has been at the forefront of the Madagascar emergency response in partnership with the Government during the last cyclone season. With a comparatively limited number of international NGOs active in the country, a quick response capacity to cope with frequent natural disasters was essential. UNICEF’s response was planned and implemented in close coordination with the World Food Programme (WFP), including air and road transport of supplies.

Between end-December 2006 and February 2007, heavy rains, cyclones, tropical storms, and flooding affected close to 293,000 people. The impact of the extreme cyclone season in 2007 temporarily displaced 64,000 people. In some areas, the displaced were quartered in schools, churches and public buildings. There was need for shelter assistance in seven regions. Sectoral assessments were undertaken in the accessible areas to determine the losses more precisely. A total of 166 classrooms were reportedly destroyed or rendered unusable in the north following cyclone Indiala, while another 1,443 classrooms were damaged in the previous cyclones. Some schools only required replacement of scholastic and learning supplies, while others needed structure rehabilitation and furniture. More than 260,000 people in the south-east suffered significant crop damages and lost upcoming harvests.
In December 2006, relief operations were launched, with the BNGRC (Bureau national de gestion des risques et catastrophes) and humanitarian partners, mobilizing in-country resources and capacity. In February 2007, the Malagasy Government launched a US$ 242 million appeal to the international community in response to cyclones and storms. In March, the United Nations and its humanitarian partners launched a Flash Appeal requesting US$ 9.6 million to provide aid to people affected by floods and cyclones for a period of six months. The International Federation of Red Cross and Red Crescent Societies (IFRC) launched an appeal at the request of the Malagasy Red Cross Society (MRCS) to support their relief and response operations. The UN Country Team submitted a Central Emergency Revolving Fund (CERF) application for US$ 4.5 million to fund the priority needs identified in the Flash Appeal and allow the UN and its partners to support the Government in averting large-scale mortality, malnutrition and disease outbreaks due to displacement and lack of food.

Based on the humanitarian reform process, the cluster approach has been introduced to enhance the emergency response in Madagascar. UNICEF has assumed the lead role in the areas of nutrition and water, sanitation and hygiene (WASH) as designated by the Humanitarian Coordinator. The health cluster is being led by the World Health Organization (WHO) and UNICEF worked closely with WHO and other counterparts to timely implement the health-related responses.

In the area of health and nutrition, UNICEF’s assistance included the distribution of 10,000 long-lasting insecticidal nets (LLINs) to vulnerable groups (pregnant women and under-five children) in affected areas; the supply of complete ‘new emergency health kits’ to serve 40,000 people during three months; and the rehabilitation of basic health centres. As an immediate emergency response, UNICEF dispatched 91,259 non-food item kits composed of water purifiers, jerrycans, buckets, cooking sets, plastic water barrels, soap, blankets and mosquito nets. UNICEF along with the BNGRC set guidelines for the standardization of non-food item packages per family, the identification of vulnerable populations and the distribution and monitoring of the use of these supplies. To improve the supply and quality of water to flood-affected people in Antananarivo UNICEF distributed water- and hygiene-related non-food items (household water purification products, water containers, soap) to 22,000 affected people. UNICEF also constructed and improved emergency latrines and provided emergency shelter (tents, plastic sheeting etc.). A total of 250,000 children have been screened for malnutrition and, among them, 8,700 have been diagnosed as malnourished. All diagnosed cases were followed up with nutrition rehabilitation services. Over 11,000 pregnant women received supplementary feeding.

In the area of education, a total of 73,036 primary students in 1,031 schools benefited from UNICEF’s emergency response. With the support of UNICEF, the school districts distributed 54 tents, 196 school-in-a-box kits, 37 recreational kits plus additional school supplies (notebooks, pens, pencils, chalk). This permitted students to complete the school year under acceptable conditions. Moreover, make-up classes were organized by the school districts for students who lost class time due to the cyclones. Further to the estimated 659 classrooms reported destroyed as a result of cyclones, 90 cyclone-resistant classroom structures are being constructed with community participation. The Ministry of Education has asked UNICEF to reconstruct 95 additional classrooms destroyed by cyclone Indiala with funds obtained from the Norwegian Government.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF leads the UN thematic group on emergency prevention and management. The cluster approach that was introduced in April 2007 will be continued and further developed in 2008 in tight collaboration with the BNGRC (Bureau national de gestion des risques et catastrophes). An inter-agency contingency plan is currently being finalized with the Government.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency preparedness and response is integrated into all programmes of the Country Programme: Mother and child survival and development, education, child protection and HIV/AIDS prevention. Programme communication promotes and informs on appropriate emergency preparedness. Supply planning includes emergency stocks and prepositioning.</td>
</tr>
</tbody>
</table>
Health (US$ 1,700,000)
UNICEF will protect 150,000 people affected by natural disasters from an increase in morbidity and mortality, through the following activities:

- Distribute insecticide-treated nets/artemisinin-based combination therapy (ITNs/ACT) and oral rehydration salts (ORS);
- Distribute emergency health kits;
- Support the rehabilitation of basic health centres in order to re-establish access to health services;
- Conduct outreach services for the expanded programme on immunization (EPI);
- Reinforce hospital services with equipment, specific drugs and therapeutic food;
- Restore cold chain for the conservation of vaccines and ensure vaccination of women and children in affected regions;

Nutrition (US$ 1,300,000)
UNICEF will screen 150,000 children affected by emergencies for malnutrition and follow up the severely malnourished with rehabilitation services, through the following activities:

- Undertake rapid assessment;
- Ensure management of acute malnutrition and follow up with nutrition rehabilitation services.

Water, sanitation and hygiene (US$ 550,000)
UNICEF will prevent the outbreak of communicable diseases associated with inadequate and unsafe water supplies, lack of sanitation facilities and poor hygiene practices for up to 60,000 displaced persons through the following key activities:

- Distribute water- and hygiene-related non-food items (household water purification products, water containers, soap);
- Disinfect/rehabilitate community and family wells (with the support of the Ministry of Energy and Mines) and equip them with manual hydraulic pumps;
- Construct and improve emergency latrines;
- Conduct hygiene education activities focusing on handwashing;
- Train and sensitize on WASH principles mayors, school directors, health centre directors and heads of Fokontany (village chiefs).

Education (US$ 1,200,000)
A total of 75,000 primary schoolchildren will benefit from UNICEF’s emergency response through the following key activities:

- Distribute tents, school-in-a-box kits, recreational kits and additional school supplies (notebooks, pencils etc.);
- Support the construction of temporary school/classroom structures to accommodate primary schoolchildren;
- Support the rehabilitation of schools and build latrines in affected localities;
- Support the training in emergency preparation and response of education officials;
- Train primary schoolteachers, with particular attention to HIV/AIDS and peace education.

Child protection (US$ 60,000)
UNICEF will provide psychosocial support to children and households in the affected areas through the following key activities:

- Improve local capacity of community members to ensure protection of children’s rights and provide psychosocial support to children in the affected communities by creating child-friendly spaces;
- Offer proper modes of recreational activities that act as positive stress or trauma reduction mechanisms for children.

Shelter and non-food items (US$ 300,000)
Up to 60,000 people will be reached through the following activities:

- Provide emergency shelter and other basic household items (tents, plastic sheeting, cooking sets etc.);
- Deliver relief goods in the most isolated municipalities by airlift operation (using helicopters).
Eight districts in Malawi have been identified as vulnerable based on floods, heavy rainfall and prolonged dry spells with a total of 519,200 people prone to be food insecure depending on worsening of economic conditions. Over 4 million children across the country live in poverty. The growing HIV crisis compounds poverty to increase poor people’s vulnerability to risks and shocks. Consequently women and under-five children are exposed to natural disasters, malnutrition and infections as well as to abuse and exploitation.

<table>
<thead>
<tr>
<th>CORE COUNTRY DATA</th>
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</thead>
<tbody>
<tr>
<td>Population under 18 (thousands)</td>
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<tr>
<td>U5 mortality rate (2006)</td>
</tr>
<tr>
<td>Infant mortality rate (2006)</td>
</tr>
<tr>
<td>Maternal mortality ratio (2000-2006, reported)</td>
</tr>
<tr>
<td>Primary school enrolment ratio (2000-2006, net, male/female)</td>
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<tr>
<td>% U1 fully immunized (DPT3)</td>
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<tr>
<td>% population using improved drinking water sources (rural/urban)</td>
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<tr>
<td>Estimated no. of people (all ages) living with HIV, 2005 (thousands)</td>
</tr>
<tr>
<td>% U5 suffering moderate and severe underweight/stunting</td>
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</tbody>
</table>

Source: The State of the Word’s Children 2008

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**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>600,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>600,000</td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td><strong>4,200,000</strong></td>
</tr>
</tbody>
</table>

* 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

People in Malawi continue to face unacceptable levels of vulnerability. Malawi ranks as the world's eleventh poorest, and 52 per cent of its population lives on less than a dollar a day. Over 4 million children across the country live in poverty, which is deep and widespread, characterized by low income, low literacy, food insecurity and high rates of child malnutrition. Almost 50 per cent of under-five children are stunted, and the growing HIV crisis compounds poverty to increase poor people's vulnerability to risks and shocks. Nearly 13 per cent of the country's 7 million children under the age of 18 have lost their parents and other caregivers, many to HIV and AIDS. More than 50 per cent of children who should be in primary school have dropped out of school because of poverty, hunger and cultural barriers.

The final crop production estimates released by the Ministry of Agriculture and Food Security indicate an overall maize production at 3,445 million MT for the 2006/07 season. 2007 estimates were 32 per cent higher than previous year production and 64 per cent higher than the national requirement. The increase in crop production is attributed to good rainfall performance, use of improved seed variety and increased access to and uptake of fertilizer through the subsidy programme and commercial fertilizer sales. Despite the bumper harvest, the Malawi Vulnerability Assessment Committee (MVAC) in June 2007 identified eight districts based on floods, heavy rainfall and prolonged dry spells with a total of 519,200 people which are prone to be food insecure depending on worsening of economic conditions, such as maize prices being higher than MK30/kg. These districts include Balaka, Chikwawa, Karonga, Machinga, Mulanje, Mzimba, Nsanje and Ntchisi.

Climate experts from the Southern Africa Development Community, National Meteorological Services and the Drought Monitoring Centre have concluded that Malawi will have an increased chance of receiving normal to above-normal rainfall from October 2007 to March 2008 season. It is expected that the La Niña phenomenon, in addition to other factors, will influence the weather patterns in the region. The quality of school buildings and the geographical location of some districts make them vulnerable to natural disasters, such as floods and storms. Nsanje, Chikwawa, Mangochi, Salima, Nkhata Bay and Zomba districts are prone to such natural disasters. More than 40 schools and 32,000 schoolchildren are annually affected by natural disasters.

Cholera remains a major threat in Malawi with recurrent outbreaks during the rainy season from November to April and is particularly a major risk factor in flood situations because of the possible and immediate breakdown of water and sanitation facilities. Food insecurity and nutrition have a direct effect on individual susceptibility to diseases and thus the level of a possible epidemic will be directly related to people's access to diversified food and safe water. Greater vulnerability will materialize in rising abuse and exploitation and more children engaged in child labour, an influx of children on the streets and an increase of children in conflict with the law. A deterioration of the humanitarian situation will put an extra burden on households hosting orphans and more children are expected to drop out from schools in search of work. 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 2007

Even though limited funds were received for health and nutrition, water and sanitation, child protection and emergency response, UNICEF Malawi was able to carry out crucial activities in these sectors through a US$ 1 million loan from UNICEF’s internal Emergency Programme Fund in 2007.

A total of 30,000 moderately malnourished under-five children and 12,500 pregnant and lactating women benefited monthly from the supplementary feeding programme. Nutrition supplies were procured and distributed for the treatment of 20,000 severely malnourished children in nutrition rehabilitation units (NRUs). The ‘Child Health Day’ campaign for vitamin A and deworming reached 956,000 under-five children in July. A nutrition assessment for the Malawi Vulnerability Assessment Committee (MVAC) took place in June in parallel with MVAC field visits. The survey covered a total of five expanded programming areas which were food insecure based on vulnerability assessment. This way, UNICEF and partners established the nutrition situation in these livelihood zones during this post-harvest period.
A total of 280 blocks of latrines, 56 urinals and 56 handwashing facilities were constructed in 28 schools giving access to about 16,800 schoolchildren to child-friendly and gender-sensitive sanitation facilities. Six thousand people have had access to safe water through chlorination during the cholera season. As a member of the National Cholera Task Force, UNICEF was involved in all activities of preparedness and response to cholera in 12 districts, distributing 50 tins of chlorine (50 kg each); assisting about 6,000 people with house-to-house chlorination of drinking water; procuring and distributing 20,000 hydrogen sulphide (H2S) vials for testing of drinking water at household level. Various medical supplies, such as oral rehydration salts (ORS), Ringer’s lactate and cannulas of various sizes were also distributed to cholera-affected districts throughout the crisis.

UNICEF rehabilitated four schools accommodating 3,500 schoolchildren and supported 17,326 schoolchildren in 24 flood-affected schools with school-in-a-box kits and large tents. The ownership of the sentinel site surveillance project has been undertaken by the Ministry of Education and is being integrated into one Ministry-owned monitoring and evaluation system. This outlines the Ministry of Education’s plans to complement the existing monthly collection of information on school attendance and absenteeism with term reports. The road map of the sentinel site surveillance project also includes plans to disseminate these reports effectively, and to conduct stakeholders’ meetings to assess utilization of and needs associated with these reports.

In response to the high incidence of sexual abuse and to build on and extend the scope of the ‘Zero Tolerance’ campaign UNICEF has supported the Ministry of Women and Child Development to launch a ‘Stop Child Abuse’ campaign in 2007. The campaign targets policy makers, service providers and the community to prevent child abuse, to protect children from abuse and to rehabilitate child victims of abuse. The ‘Stop Child Abuse’ campaign aims to mobilize leadership and commitment at all levels with a view to preventing and responding to violence, exploitation and abuse against children – including trafficking, child labour and harmful traditional practices. The campaign also targets children who are uniquely vulnerable to these abuses, such as those living without parental care and those in conflict with the law. UNICEF has produced 1.6 million copies of ‘A Trolley Full of Rights’ and distributed the books to all children in schools. Currently UNICEF is supporting the printing of information, education and communication materials related to the ‘Stop Child Abuse’ campaign that will be distributed nationally.

UNICEF actively participated in the review of the country’s inter-agency avian and human influenza preparedness and response plan. Emergency preparedness and response training sessions for UNICEF Malawi staff were conducted in Lilongwe in 2007. The emergency preparedness and response plan was submitted to the Regional Office and the Office of Emergency Programmes (EMOPS) for review. UNICEF provided assistance with non-food items and drinking water purification products to more than 1,500 flood-affected families in four districts. Non-food items were procured to replenish a contingency stock for more than 2,000 flood- or other natural disaster-affected families.

Malawi has started a Government social cash transfer pilot scheme in April 2006. Over 3,200 ultra poor and labour constrained households are being reached with a cash transfer of an average of US$ 12 monthly in Mchinji and Likoma districts. The impact of these cash transfers shows great gains in the areas of health, education, nutrition and child protection. Social cash transfers can help very vulnerable households build their resilience and asset base, which allows them to better cope with and respond to risks and disaster-related shocks. Hence, although social cash transfers are a social protection instrument designed for long-term sustainable programming, they can also be interpreted as a tool for disaster risk reduction in the short and medium term.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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</thead>
<tbody>
<tr>
<td>UNICEF cooperates with the Government, UN agencies, NGOs and donors. It participates in national humanitarian coordination fora, the UN Country Team (UNCT), UN Disaster Management Groups and various technical working groups. UNICEF further ensures a coordinated action among partners in the areas of nutrition, child protection, education and water, sanitation and hygiene.</td>
</tr>
</tbody>
</table>
Regular programme
To support the humanitarian action, existing activities/programmes will be expanded and adjusted as needed and will build on partnerships (Government, UN agencies and NGOs) developed through the Country Programme 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, sanitation and hygiene).

Health and nutrition (US$ 2,000,000)
UNICEF will respond to an increase in severe and moderate malnutrition amongst women and under-five children and to a potential increase in susceptibility to diseases, such as cholera, measles and malaria. Efforts will be made to ensure visibility of children affected by HIV and AIDS. Key activities will include:

- Preposition emergency drugs, including oral rehydration salts (ORS) and chlorine as well as medical supplies for 15 cholera-prone districts to ensure a total treatment capacity of 5,000 cholera cases;
- Procure and distribute 15,000 insecticide-treated mosquito nets and drugs for pregnant women and under-five children who will be admitted to nutrition rehabilitation units (NRUs); intensify regular distribution of mosquito nets in all malaria-affected areas;
- Provide support to treat up to 3,500 severely malnourished under-five children per month in 95 NRUs and 201 community therapeutic care centres nationwide; in partnership with the World Food Programme (WFP), support the treatment of 40,000 moderately malnourished under-five children and 18,500 pregnant/lactating women each month through supplementary feeding activities;
- Continue to support the monitoring system established for the therapeutic and supplementary feeding centres, which allows district- and national-level nutritional managers to monitor trends in acute malnutrition and the quality of the centres’ treatment;
- Run prevention, care and support programmes in the area of HIV and AIDS;
- Support the Ministry of Health in conducting nationwide vitamin A and deworming campaigns, targeting 956,000 under-five children.

Water, sanitation and hygiene (US$ 1,000,000)
In an effort to prevent and reduce outbreaks of waterborne diseases, in particular cholera, UNICEF will continue to raise awareness on prevention of cholera and improve water and sanitation facilities, primarily at therapeutic feeding centres, school feeding centres and in communities, including community-based childcare centres. Key activities will include:

- Support the National Cholera Task Force to undertake national awareness campaigns on cholera prevention in all communities prior to and during the rainy season;
- Repair wells and adequate sanitary facilities in 150 communities, including community-based childcare centres and 200 schools;
- Conduct sanitary surveys of water sources and test with H2S strips contamination of sources with *E. coli* at household level in 15 cholera-prone districts; initiate local solutions to improve water sources along with chlorination;
- Provide hygiene education and management support to 15 district health officials and 150 workers, 1,200 communities and 2,000 caregivers at 500 community-based childcare centres, 95 NRUs and 200 school feeding centres in order to complement existing water and sanitation services;
- Provide jerrycans/buckets with taps and enamel cups, along with user instructions and messages in local languages on safe handling of water and disposal of excreta and solid waste; provide soap and detergents; disseminate key hygiene messages on prevention of cholera and other diseases;
- Support post-mortem workshops at national and district level in the aftermath of the 2007/08 cholera season in order to incorporate lessons learned and experiences gained for the preparedness of the following season.

Education (US$ 600,000)
UNICEF will continue to strengthen its efforts to prevent absenteeism among schoolchildren, especially among orphaned and other vulnerable children, in those areas that are considered at high risk of food insecurity and floods. Key activities will include:

- Supply basic school materials including notebooks, pencils and erasers for 32,000 primary schoolchildren and recreational kits for 30 schools and 30 youth centres;
• Train 30 Ministry of Education staff and other stakeholders on managing education in emergency; train 240 primary school teachers, with particular attention to HIV and psychosocial care and support;
• Rehabilitate/construct school blocks and build water point sets of sanitation facilities which comprise latrines, urinals and handwashing facilities in 15 schools; support construction of 15 temporary school/classroom structures to accommodate 12,000 primary schoolchildren.

Child protection (US$ 600,000)
UNICEF’s ‘Stop Child Abuse’ campaign seeks to have an impact on all Malawi’s children, directly and indirectly, through community- and national-level activities:
• Produce materials on child protection to prevent the exploitation of children in line with the ‘Stop Child Abuse’ campaign for national coverage; produce radio programmes including the radio version of ‘A Trolley Full of Rights’ to raise awareness on child abuse;
• Support NGOs to conduct drama theatre on the issue of child abuse in each traditional authority area;
• Support the establishment of Police Victim Support Units at community level; train police from Victim Support Units on play therapy client-centred approach;
• Train 400 community child protection workers to advance the fight against child abuse.
Mozambique is a country prone to natural disasters, chronic vulnerability and persistent humanitarian conditions. The UNICEF Country Programme in Mozambique endeavours to address vulnerability reduction by mainstreaming humanitarian response through regular programme activities with the ultimate goal of strengthening national capacity to prepare for and respond to the country’s endemic humanitarian and chronic vulnerabilities.

### Summary of UNICEF financial needs for 2008*

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child health and nutrition</td>
<td>2,200,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Basic education</td>
<td>800,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>400,000</td>
</tr>
<tr>
<td>Programme communication</td>
<td>100,000</td>
</tr>
<tr>
<td>Emergency coordination and operations</td>
<td>650,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,650,000</strong></td>
</tr>
</tbody>
</table>

* Coordination is an integral part of emergency preparedness and response factored into all sector priorities of the Humanitarian Action Report.

** 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 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 (MDGs). Nevertheless, Mozambique remains one of the least developed countries in the world, ranking 168 out of 177 countries in the 2006 Human Development Index, mainly due to the country’s chronic state of vulnerability and humanitarian crisis.

There are several factors impacting the persistent chronic vulnerability and humanitarian conditions in Mozambique. First, 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. Mozambique is also threatened by natural disasters including seasonal floods, cyclones and prolonged droughts, disrupting livelihoods and services, and exhausting limited coping mechanisms and exacerbating population vulnerabilities – especially for women and children.

While the latest assessments indicate that overall national food security and nutrition have improved, households have not fully recovered from persistent drought conditions in the south of the country and will continue to experience humanitarian conditions. Preliminary results from the June 2007 Vulnerability Assessment Committee (VAC) exercise indicate that flood- and cyclone-affected families in parts of the Zambezi River basin and in the province of Vilanculos will not have the capacity to recover from the shocks caused by the 2007 floods and cyclones – and will require continued humanitarian assistance.

Vulnerable populations face the constant threat of cholera outbreaks due to the poor availability of clean water and sanitation facilities. Diarrhoea resulting from waterborne 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. 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 subnational 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.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In 2007 UNICEF Mozambique’s humanitarian action was marked by the response to floods in the Zambezi River Valley. On 4 February 2007, the National Institute for Disaster Management (INGC) declared a ‘red alert’ calling for the evacuation of communities along the Zambezi River basin, as rising water levels caused by heavy rains threatened to flood low-lying areas. An estimated 285,000 people were affected by the floods, with over 107,000 of them sheltered in accommodation centres.

UNICEF mobilized emergency education, health and nutrition, water, sanitation and hygiene supplies prepositioned with line ministry partners and supplies kept in the UNICEF Maputo warehouse. UNICEF Mozambique also deployed three multisectoral teams to the flood-affected areas to carry out preliminary rapid assessments with local officials and cluster partners, and to assist national, district and provincial authorities in the coordination and delivery of humanitarian assistance to the flood-affected population.

UNICEF supported the creation of the Mozambique Humanitarian Country Team and the implementation of the cluster approach to support the Government in its emergency response efforts. UNICEF assumed leadership of the water, sanitation and hygiene (WASH) and nutrition clusters; it co-led the education and
protection clusters with Save the Children Alliance; and it was an active participant in the health, logistics, telecommunications and shelter clusters during the emergency response. Technical coordination and logistical support were provided to the INGC Emergency Operations Centre (CENOE), to line ministry counterparts in Maputo and to the Caia operational hub for national disaster preparedness and response efforts, as well as to the operational bases established by UNICEF in the districts of Mopeia (Zambezia Province) and Mutarara (Tete Province).

On 22 February 2007, in the height of the flood emergency in the Zambezi River basin, Mozambique suffered the brunt of yet another natural disaster when cyclone Favio made landfall in the coastal Inhambane Province. In total, an estimated 133,670 people were affected by the cyclone in four districts – Vilanculos, Inhassoro, Govuro and Massinga. On 23 February, a UNICEF team was deployed to Vilanculos to assess the damages and support INGC in the emergency response. Supplies were dispatched immediately to meet shelter and water and sanitation needs. UNICEF worked with the clusters at the Maputo level to identify how to best support the INGC-led emergency response in the cyclone-affected areas, despite the limited presence of cluster partners in Inhambane Province.

In both the flood and cyclone emergencies, UNICEF worked with national and local authorities and with cluster partners to meet the basic needs of children and women, in accordance with its Core Commitments for Children in Emergencies. This included assisting in the restoration of basic health services, the re-establishment of child-friendly learning spaces and school facilities, the provision of supplementary and therapeutic feeding for under-five children in accommodation centres, the distribution of insecticide-treated mosquito nets, the promotion of positive behaviours for the prevention of cholera, malaria and HIV; the provision of safe water and sanitation facilities; and the distribution of emergency household kits for the most vulnerable affected families.

As part of its regular Country Programme efforts, UNICEF continues to support the Ministry of Health in the battle against cholera – most recently in Chemba District, one of the areas affected by the floods. Through its Nutrition Rehabilitation Programme, UNICEF is working with the Ministry of Health and the World Food Programme (WFP) to provide community-based integrated health and nutrition services for the detection and treatment of moderate and severe malnutrition. Through its Water, Sanitation and Hygiene Programme, UNICEF is also working with national water authorities and provincial public works authorities to ensure that the drought-affected populations have access to safe water thanks to the drilling and rehabilitation of water points, and the trucking of water to vulnerable communities.

3. PLANNED HUMANITARIAN ACTION FOR 2008

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 to the country’s resulting chronic vulnerability and to strengthen national capacity for emergency preparedness and response.

UNICEF will also work to achieve its humanitarian objectives through the UN ‘delivering as one’ joint programme for emergency preparedness and disaster risk reduction. An integral component of the joint programme is to strengthen national capacity for disaster preparedness and response. These overall objectives will be achieved in partnership with the Government of Mozambique, the Humanitarian Country Team, the Mozambique clusters, and other private sector, bilateral and multilateral stakeholders.

As a member of the Mozambique Humanitarian Country Team, as leader of the WASH and nutrition clusters and as co-leader of the education and protection clusters UNICEF forms part of the cluster-based emergency preparedness and response planning process. This process also aims to strengthen and support national capacity to respond to forthcoming natural disasters.

Regular programme
With the world’s highest HIV prevalence rate, responses to the pandemic are essential in all programme activities within the Country Programme. Women and children in general and orphaned and vulnerable children (OVC) in particular are severely affected, resulting in an ever increasing number of OVC and of grandmother- and child-headed households. UNICEF’s planned emergency interventions for 2008 are all linked to these target groups and aim to alleviate their burden.
Child health and nutrition (US$ 2,200,000)
- Cholera mitigation and response;
- Preventative and curative health-care support in emergencies (malaria prevention, integrated management of childhood illnesses (IMCI) initiative);
- Nutritional rehabilitation in disaster-affected areas;
- Avian influenza prevention and preparedness.

Water, sanitation and hygiene (US$ 1,500,000)
- Rehabilitation and construction of water points in disaster-affected areas;
- Latrine construction for affected populations;
- Trucking of potable water in disaster-hit areas.

Education (US$ 800,000)
- Prepositioning of school tents, school kits, learners' kits and didactic materials for teachers;
- Support to the Ministry of Education and Culture to implement the emergency preparedness and response plan for the education sector.

Child protection (US$ 400,000)
- Strengthening the capacity of civil society to monitor and address gender-based violence, exploitation and abuse, and psychosocial care in emergencies;
- Meeting the needs of the most vulnerable in emergency situations (e.g., provision of emergency household kits).

Programme communication (US$ 100,000)
- Supporting community-based social mobilization and outreach activities (e.g., mobile units, community radio, community theatre) in emergency situations;
- Providing social mobilization materials for the prevention of cholera, malaria, and HIV/AIDS in emergency contexts.

Emergency coordination and operations (US$ 650,000)
- Supporting the National Institute for Disaster Management (INGC) with technical assistance to prepare for, monitor and evaluate disaster response initiatives;
- Providing operational support for emergency assessments, and the transport and distribution of humanitarian supplies during natural disasters.

Coordination is an integral part of emergency preparedness and response factored into all the sector-specific initiatives and priorities highlighted above.

UNICEF Mozambique has also developed an emergency supply prepositioning strategy to support overall emergency preparedness and response plans. The prepositioning strategy takes into account emergency supply items to meet the immediate needs of 25,000 affected people within the first 72 hours of a natural disaster in line with UNICEF's Core Commitments for Children in Emergencies. The strategy is broken down by (i) essential supplies that will be prepositioned prior to an emergency, (ii) supplies that will be ordered in the first 24 hours of an emergency, and (iii) emergency supplies to be ordered to meet the needs of the affected as assessed through preliminary rapid assessments. The UNICEF emergency supply prepositioning strategy will form part of the broader emergency preparedness plans of the Mozambique clusters and the Humanitarian Country Team.
In 2008, UNICEF’s response will focus on accelerating young child survival, targeting at least 350,000 under-five children with high-impact lifesaving interventions and 250,000 women of childbearing age with basic health care. The provision of safe water and sanitation services for 1.2 million people will underpin this response as part of UNICEF’s overall goal of contributing to a major reduction in child mortality despite the insecure and complex operating environment. UNICEF will also target 120,000 children with access to basic education and 200,000 vulnerable children and young people with protection services.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>21,763,100</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>9,975,000</td>
</tr>
<tr>
<td>Education</td>
<td>9,842,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,821,400</td>
</tr>
<tr>
<td>Shelter and non-food items and multisectoral response</td>
<td>2,443,500</td>
</tr>
<tr>
<td>Coordination and support services</td>
<td>1,105,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46,950,000</strong></td>
</tr>
</tbody>
</table>

* 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.

**Sources:**
* The State of the World’s Children 2008
** Somalia Multiple Indicator Custer Survey (MICS) 2006
*** Somalia Primary School Survey, UNICEF 2005/06
1. CRITICAL ISSUES FOR CHILDREN

As Somalia enters 2008, over 1.5 million people are in a state of humanitarian emergency or acute food and livelihood crisis, up from 1 million people at the beginning of 2007. The escalating conflict in Mogadishu, combined with floods and disease outbreaks in 2007, has resulted in mass displacement and skyrocketing malnutrition rates. Insecurity, border closures, piracy along the coast and clan conflict continued to hamper humanitarian response during the year. Following the swift takeover of Mogadishu by Transitional Federal Government (TFG) and Ethiopian forces in January 2007, insurgent elements have mounted both targeted attacks against the TFG and its supporters, as well as near daily indiscriminate attacks on the civilian population. Thousands of civilians, including many children, have lost their lives in the crossfire and hundreds of thousands have fled the capital. In the first half of 2007, nearly 400,000 people fled Mogadishu. Although an estimated 125,000 people had returned by June, over 78,000 people fled the city again between June and early October. The majority of the displaced are children, women and the elderly. Conditions both inside the city and in places of refuge continue to deteriorate.

Newly displaced families have primarily relocated to communities with already limited access to basic social services. Somalia remains at the bottom of UNDP’s Human Development Index. The 2006 Multiple Indicator Cluster Survey showed improvement in under-five and infant mortality rates since 2000 (down to 135 and 86 per 1,000 respectively), but coverage of essential services remains woefully low. Only an estimated 20 per cent of the population has access to basic primary health care. The private sector service delivery exits, but is totally unregulated, of questionable quality and excludes the poor due to high costs. Over 90 per cent of births take place at home and maternal mortality ratios are among the highest in the world. A mere 5 per cent of one-year-old Somali children are fully immunized and easily preventable or treatable illnesses remain the major causes of child mortality (including diarrhoea, acute respiratory infections and malaria).

Only 29 per cent of the population use improved drinking water sources and 37 per cent use improved sanitation facilities. The survey showed large regional and urban/rural disparities. For example, 50 per cent of under-five children in the North-West Zone (and 38 per cent in urban areas) receive oral rehydration therapy for diarrhoea, compared to only 15 per cent in the Central and Southern Zone (and 14 per cent in rural areas). After widespread flooding in Central and Southern Somalia in late 2006 and early 2007, an outbreak of acute watery diarrhoea was brought under control, but not until it had infected about 35,000 people and led to 1,200 deaths – exacerbated by mass population movement.

Children in Central and Southern Somalia are the most directly affected by this combination of political turmoil, disrupted markets and food insecurity, low coverage of services and natural disasters. By September 2007, an estimated 83,000 children in the zone were acutely malnourished, including 13,500 who were severely malnourished. This includes not only displaced children; in fact, the majority of malnourished children are from inaccessible rural areas of the zone. While two northern zones of Somalia have remained stable and showed better gains in child mortality overall, they are receiving increasing numbers of internally displaced persons (IDPs) from the South and surveys in 2007 show persistent levels of global acute malnutrition rates above the WHO emergency threshold of 15 per cent amongst children in IDP communities in both northern zones. In addition, the October 2007 resumption of the conflict between Somaliland and Puntland over the disputed Sool and Saanag regions could escalate in 2008.

The conflict has also had a severe effect on access to basic education. Some 40,000 schoolchildren from Mogadishu have been displaced. Even before this, at 27.9 per cent, Somalia’s gross enrolment ratio was among the lowest in the world and only 35 per cent of primary school pupils were girls. Compounding these issues and, as a result of prolonged insecurity, is the diminished community capacity to protect the most vulnerable in society and ensure their access to humanitarian aid. Increasing reports of violence against children and women, separation of children from their families due to displacement, and the recruitment and use of children by all parties to the conflict are all key humanitarian concerns in Somalia.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Somali population affected by escalating conflict, natural disasters and disease outbreaks. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. The 2007 conflict has led to border closures and access restrictions, severely hampering UNICEF’s ability to provide assistance to the most vulnerable families, including thousands of
families too poor to flee Mogadishu. The bulk of emergency response has been in Central and Southern Somalia, with the two more stable northern zones also receiving support for response to disease outbreaks, existing IDP communities and the influx of new IDPs from Southern Somalia.

UNICEF continued to support over 137 selective feeding programmes in Central and Southern Somalia with food commodities and supplies and technical assistance and training, in response to the deteriorating nutrition situation. Approximately 15,000 malnourished children are being treated by partners every month. Maternal and child health facilities and health posts supported by UNICEF with medicines, vaccines and equipment continue to be the backbone of the health-care system in Somalia, giving approximately 500,000 people access to basic health care. Immunization campaigns have protected 1.6 million children against polio and 275,793 children against measles. No new polio cases have been reported since March 2007 – a significant milestone after the 2005 outbreak.

To contain the acute watery diarrhoea outbreak and reduce associated mortality, UNICEF also provided 36 cholera kits and 782,000 sachets of oral rehydration salts (ORS) to partners during the first half of 2007, alongside treatment of water sources and massive hygiene and sanitation campaigns. During the year, some 460,000 people had access to safe water through chlorination, rehabilitation or construction of water sources. Over 240,000 people displaced by flooding or conflict have received family relief kits with essential survival items. Nearly 29,000 children received access to basic education through the establishment of 360 temporary classrooms, teacher training and provision of school supplies and textbooks.

Community mobilization for child protection and HIV prevention has continued in all zones of Somalia; 48 child protection advocates have been trained and have in turn mobilized more than 200 communities to establish child protection committees. More than 40 displaced communities in Central and Southern Somalia benefited from family tracing support, psychosocial outreach and community mobilization for child protection. Over 500 teachers and health workers were trained on psychosocial care and support for children. Some 28,000 young girls and women throughout Somalia as well as 750 religious leaders and local authority figures gained knowledge and skills to respond to the risk of HIV infection, sexual violence and abuse. High-level advocacy focused on the impact of conflict on children, in particular regarding the recruitment and use of children by all parties to the conflict in Mogadishu. Troops from Burundi, Nigeria and Uganda were trained on HIV and child protection prior to their deployment with the African Union’s peacekeeping mission in Mogadishu.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 active participation in the UN Country Team (UNCT), the Somalia Support Secretariat and the cluster system, in which UNICEF leads the nutrition, water, sanitation and hygiene, and education clusters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF’s regular Country Programme in 2008 will be part of the joint 2008-2009 UN Transition Plan (UNTP) for Somalia, including early recovery and development programming. As Somalia is characterized by chronic vulnerability to natural and man-made emergencies, there will be close linkages between humanitarian response and longer-term initiatives towards the achievement of the Millennium Development Goals.</td>
</tr>
</tbody>
</table>

**Health and nutrition (US$ 21,763,100)**

All under-five children (about 350,000) and women of childbearing age (250,000) among the overall Somali population in need of humanitarian assistance will benefit from the following key activities:

- Provide 350,000 under-five children (as part of the overall country programme target of reaching 1.2 million children nationwide) with a twice-yearly, high-impact package of child survival interventions including measles vaccination, deworming, vitamin A supplements and oral rehydration salts (ORS); provide 250,000 women with tetanus toxoid vaccination.
• Provide supplies for over 137 selective feeding programmes run by partners to treat up to 90,000 malnourished children; increase the nutrition cluster ability to respond to the nutritional crisis by training and mentoring at least 10 new partners (both NGOs and community-based organizations);
• Support the implementation of 35 nutritional surveys, assessments and evaluations;
• Provide emergency medicines and basic equipment to targeted basic health-care facilities to benefit IDPs and host community members; support NGOs to manage and operate these facilities with a focus on immunization and control of common childhood illnesses, such as pneumonia and diarrhoea;
• Underpin all interventions with strong social mobilization and communication for behaviour change to address underlying causes of child mortality – this will include the promotion of handwashing and of immediate and exclusive breastfeeding;
• Vaccinate 1.4 million under-five children against polio, as part of joint polio eradication efforts.

**Water and sanitation (US$ 9,975,000)**

Some 1.2 million vulnerable people (including approximately 600,000 IDPs, 300,000 under-five children and 120,000 schoolchildren) will be reached through the following key activities:

• Rehabilitate/construct safe water sources and adequate sanitary facilities in 30 schools and at 20 health/nutrition facilities; rehabilitate/construct 30 existing community water supply systems, install emergency water supply systems when needed, or provide emergency water trucking services when no other solutions are available;
• Provide basic sanitary facilities and communication for behaviour change, with special emphasis on expanding mass coverage of home-based actions (such as handwashing with soap and home-based water treatment) for maximum impact linked to health, nutrition and education interventions;
• Chlorinate existing water sources as needed, particularly in the event of further flooding to prevent disease outbreaks;
• Train 40 local water committees and local authorities to manage and repair facilities;
• Monitor the quantity and quality of water sources, sanitation coverage and hygiene practices, with special focus on enhancing youth participation in community-based monitoring efforts.

**Education (US$ 9,842,000)**

Over 120,000 displaced/conflict-affected children and 2,400 teachers will benefit from the following key activities:

• Rehabilitate 20 schools and provide classroom tents for 400 schools, including provision of sanitary latrines, hygiene education and basic scholastic materials (including notebooks, pencils and erasers) for at least 120,000 primary schoolchildren;
• Train and provide incentives for 2,400 primary schoolteachers, with particular attention to training on HIV prevention, mine-risk education and psychosocial care and support;
• Train 500 Community Education Committees to ensure effective management of schools, increased enrolment (particularly of girls) and better retention of children in school;
• Reach 7,000 children and youth with life skills education and provide psychosocial care and support services to 15 schools in areas particularly affected by conflict.

**Child protection (US$ 1,821,400)**

Some 200,000 displaced, conflict-affected or vulnerable children are targeted through the following key activities:

• Train and deploy 15 psychosocial workers to establish child-friendly spaces and outreach in IDP and conflict-affected communities, train teachers and strengthen community-based response to abuses;
• Train 60 health workers/community workers on improved psychosocial support for survivors of gender-based violence and reach 20,000 vulnerable women and girls with information, knowledge and skills to prevent or respond to HIV, sexual violence and abuse;
• Ensure that protection violations against displaced and vulnerable children and women are more comprehensively and accurately reported to inform response and advocacy, especially against UN Security Council Resolution 1612;
• Support community mobilization on child protection issues in emergencies, including gender-based violence, family separation, child recruitment, HIV prevention and mine-risk education.
Shelter and non-food items (US$ 1,587,500) and multisectoral response (US$ 865,000)
Some 104,000 IDPs or those affected by rapid onset emergencies – as well as 150,000 community members – will benefit from the following key activities:

- Provide access to basic health, nutrition, water and education services for 14,000 longer-term IDPs;
- Preposition 5,000 family relief kits for distribution to displaced households throughout Somalia – each kit contains plastic sheeting, blankets, insecticide-treated mosquito nets, soap, jerrycans and a cooking set (to benefit approximately 30,000 people);
- Build the capacity of 200 communities to develop emergency preparedness and response plans, with particular emphasis on the protection of children and women in emergencies;
- Enhance child-focused emergency response in the northern zones by building the capacity of government early warning and disaster preparedness bodies and prepositioning supplies.

Coordination and support services (US$ 1,105,000)
The programme interventions above will be underpinned by enhanced UNICEF operations and logistics capacity for quick response to children and vulnerable populations impacted by the humanitarian crisis in Central and Southern Somalia.
During 2006/2007, Swaziland suffered drought and erratic weather conditions, exacerbating the impact of the highest prevalence of HIV/AIDS in the world. Orphans and vulnerable children in particular are facing a critical situation. Therefore, UNICEF is requesting US$ 3,137,500 to meet emergency needs during 2008, to support at least 180,000 children in the areas of health and nutrition, water sanitation and hygiene, education, and child protection.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>600,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Education</td>
<td>737,500</td>
</tr>
<tr>
<td>Child protection</td>
<td>600,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,137,500</strong></td>
</tr>
</tbody>
</table>

* 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 dominating trends in the Kingdom of Swaziland are a weak economy, widespread poverty, and increased vulnerability associated with the highest prevalence of HIV and AIDS in the world. The children of Swaziland face a continuing emergency. The country’s Central Statistical Office estimates the 2007 population to be 1.16 million. The average life expectancy has fallen from 56.4 years in 1997 to 41.4 in 2004. A continued decline in average life expectancy is projected until 2010, when it will reach its lowest level – 31.3 years. In addition, by 2010 the population growth rate for Swaziland is projected to be negative (-0.4 per cent) due to the high levels of HIV/AIDS.

The country continues to suffer from below-average and declining maize production due to erratic rainfall patterns. This exacerbates the impact of rising unemployment and increased poverty. The 2006/07 maize production reached 26,170 MT; 61 per cent below previous years’ average crop result. About 410,000 people (including 180,000 children) will require varying levels of humanitarian assistance, including food and agricultural inputs (FAO and WFP), water, sanitation and hygiene interventions, support for health and nutrition, and child protection (UNICEF).

The HIV/AIDS pandemic continues to be a major obstacle to economic and social progress. With an overall HIV prevalence rate of 25.9 per cent (Demographic and Health Survey 2006-2007), Swaziland has the highest HIV/AIDS rate in the world. Women have a higher prevalence than men, 31.1 per cent and 19.7 per cent respectively (DHS 2006-2007). The 2006 HIV sentinel surveillance in pregnant women stood at 39.2 per cent. The surveillance showed no difference in prevalence between rural and urban areas, but did record a variation in age groups; the group aged 25-29 years was the hardest hit with 48.6 per cent prevalence, followed by the group aged 34 years with 45.8 per cent prevalence. The epidemic has been fuelled by poverty, unemployment, a large migrant population, conservative religious and traditional beliefs against condom use, and multiple concurrent sexual partners. Today, more than 220,000 people in the country are living with HIV/AIDS.

A direct consequence of the pandemic is a disproportionate number of orphans and vulnerable children (OVC), which currently stands at 130,000. More than 70,000 of these are orphans, while 60,000 are vulnerable. This figure is projected to double by 2010. Many OVC are cared for in more than 1,000 Neighbourhood Care Points (NCPs) throughout the country that offer basic services, such as a hot meal and informal education. During the 2007 crisis, UNICEF witnessed the closure of a number of NCPs due to a lack of food. Children do not turn up if food is not available, and in a number of cases, the volunteer caregivers stay away as they too must fend for their family’s daily bread.

According to the Ministry of Education, there are 555 primary schools and 199 secondary schools in the country, with a total enrolment of 290,000 children. While the right to education is universal, a large number of OVC continue to be denied access, as they lack funds for food, clothing (including school uniforms) and books. In addition, they are often burdened with caretaker duties and household chores. The decline in children attending primary school, particularly in the drought-stricken areas or where there is a food emergency, has corresponded with a rise in the number of girls acting as surrogate mothers and as family ‘nurses’, tasked with the responsibility of caring for terminally ill relatives with AIDS.

Data from the March 2007 Vulnerability Assessment Committee (VAC) showed that nearly 40 per cent of under-five children were stunted, between 4.5 and 11 per cent of children were underweight, and a lower rate – around 2 per cent – were wasted. On the Lubombo plateau, the acute malnutrition rate for children is three times higher than the rates in other ecological zones. UNICEF has established approximately 50 sentinel sites in hospitals, health centres, schools and NCPs to closely monitor the nutrition situation, which is projected to deteriorate. In cooperation with the Swaziland Nutrition Council, UNICEF has established four therapeutic feeding centres, and is prepared to establish up to 20 such centres nationwide. Most likely the acute malnutrition prevalence will increase due to the combined effects of rising food insecurity, worsening water quality, and increased morbidities, such as diarrhoea combined with high levels of HIV/AIDS.

The 2007 VAC results showed that 64 per cent of rural households do not have access to safe drinking water and adequate sanitation. The situation is now deteriorating since the current drought has hindered replenishment water levels. This is expected to lead to increased disease outbreaks, particularly of diarrhoeal diseases.
As the impact of the drought worsens, Swaziland is experiencing increasing reports of physical and sexual abuse and exploitation, in particular rape. Conflicts over scarce resources increase during droughts, putting women and girls at higher risk of experiencing sexual violence. Sexual services might be used as a commodity for food exchange, which can lead to physical injury, transmission of HIV and other sexually transmitted infections, and unwanted pregnancy, in addition to loss of dignity and basic rights.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of Swaziland’s population affected by drought. It has mainly focused on the priority areas of health, nutrition, water and 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 other national partners. The nutritional situation is projected to deteriorate until the next harvest in March/April 2008. With the current drought and subsequent lack of food, UNICEF, in cooperation with partners, established four therapeutic feeding centres in the Lubombo and the Shiselweni regions and trained health workers to cope with the increased influx of malnourished children. UNICEF is currently supporting 585 NCPs. Most likely, an additional 200 NCPs will be established in 2007 to cater for the ever increasing number of OVC, and to provide educational, recreational, and counselling services to more than 40,000 OVC around the country. UNICEF, in cooperation with the Ministry of Education, has set up 50 sentinel sites in affected areas in Lubombo and Shiselweni to observe school attendance and drop-out rates. The objective is to follow the situation closely as the drought situation develops. In order to reduce morbidity and mortality due to waterborne diseases, in general, and to alleviate the burden of people living with HIV/AIDS, OVC, women and children in particular, UNICEF will provide access to safe water and adequate sanitation systems in 100 selected NCPs, 30 selected schools and in up to 20 therapeutic feeding centres/health facilities in the most affected areas.

At the same time, UNICEF and partners will strengthen institutional and community monitoring and response capacity in regards to water-related disease outbreaks.

3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**

With the world’s highest prevalence of HIV/AIDS, responses to the pandemic are essential in all programme activities within the Country Programme. Women and children in general and OVC in particular are severely affected, resulting in an ever increasing number of OVC and a high number of grandmother- and child-headed households. UNICEF’s planned emergency interventions for 2008 are all linked to these target groups and aim to alleviate the burden of people living with HIV/AIDS, OVC, women and children.

**Regular programme**

UNICEF is the lead agency for nutrition; water, sanitation and hygiene; and child protection. In the area of health, UNICEF cooperates with the World Health Organization (WHO). UNICEF is implementing its projects in close cooperation with various Government ministries, and with support from a number of non-governmental/faith-based organizations.

**Health and nutrition (US$ 600,000)**

Some 60,000 drought-affected persons, particularly orphans, will benefit from the following key activities:

- Procure and distribute essential drugs (Cotrimoxazole, oral rehydration salts, Zinc) and equipment to 10 health centres;
- Train 100 health staff and 200 community-level staff in immunization services and cold chain;
- Provide transport and logistics for immunization and clinical mobile outreach services to 100 communities for 10,000 children;
- Support long-lasting insecticidal nets (LLINs) promotion through the training of 200 community-based health workers; distribute 5,000 LLINs to 2,000 households;
- Continue supporting up to 20 therapeutic feeding centres previously established and run by partners for 1,200 severely malnourished children;
- Continue supporting the implementation of one annual vulnerability assessment survey;
- Continue providing support for 50 health and nutrition sentinel sites in NCPs and health facilities;
- Procure and distribute vitamin A, worm and skin disease treatment medicines to all under-five children;
- Train 100 health staff and 200 rural health motivators to promote infant and young child feeding.

**Water, sanitation and hygiene (US$ 1,200,000)**

Some 60,000 drought-affected persons, particularly children and women, will benefit from the following activities:

- Construct 30 water wells in 30 schools; rehabilitate 50 micro water schemes in 50 schools;
- Construct 80 sanitary facilities in 80 schools;
- Construct 20 water wells in 20 communities; rehabilitate 15 micro water schemes in 15 communities;
- Construct 3,500 household latrines in 35 communities;
- Train 115 local water management teams in schools and communities, 140 rural health motivators, 115 handpump caretakers, 10 motorized pump operators, 50 water quality testers, 50 water chlorinators;
- Promote hygiene education and hygiene awareness programmes in 80 schools and 35 local communities in order to complement existing water and sanitation services.

**Education (US$ 737,500)**

Provision of quality education in drought-affected primary schools will be ensured through the following activities:

- Reintroduce the ‘Community Education for All (EFA) Grants’, in at least 100 schools and communities for 50,000 OVC to ensure access, improved performance and retention of OVC. This will enable schools – in cooperation with the communities – to provide OVC with school fees, school uniforms, and teaching and learning materials;
- Train 800 community carers from the immediate school community to strengthen school community partnerships and to ensure that communities are involved in the decision-making in relation to ‘Community EFA Grants’, as well as to secure community ownership of schools;
- Establish monitoring systems for teachers and students’ attendance in 100 schools to get data on drop-out trends in drought-affected areas, such as Lubombo and Shiselweni.

**Child protection (US$ 600,000)**

UP to 15,000 children, in particular OVC, will benefit from strengthening community capacity to provide care and support for OVC, including prevention of child abuse and sexual exploitation, HIV/AIDS, child labour, stigma and discrimination and enhanced access to shelter and psychosocial support services through the following key activities:

- Procure NCP supplies and mobilize communities to establish and sustain 200 NCPs that will reach 10,000 OVC with emergency support in drought-stricken areas. These NCPs have become a community-based strategy to reach vulnerable children with food and other non-food services;
- Provide psychosocial support kits and early childhood development (ECD) educational materials with training to caregivers at 200 NCPs, reaching 10,000 OVC;
- Conduct awareness campaigns related to prevention of child abuse and exploitation, raising HIV/AIDS awareness, and reducing stigma and discrimination;
- Raise awareness of partners on appropriate mechanisms for reporting breaches of the six standards of behaviour included in the Code of Conduct of the Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse. Each implementing NGO partner can then sign the Code of Conduct as an annex to Partnership and Cooperation Agreements (PCAs);
- Develop Memoranda of Understanding (MOUs) for small-scale PCAs with at least three NGOs, including Swaziland Red Cross, Save the Children and World Vision to improve rapid response to victims of natural and man-made disasters;
- Develop MOUs with Women and Law in Southern Africa (WILSA) and the Swaziland Action Group Against Abuse (SWAGAA) to provide post-rape (health) and psychosocial care and support to an estimated 5,000 survivors of child sexual abuse;
- Provide technical and financial support to the Ministry of Regional Development and Youth Affairs to coordinate and assist in the implementation of district-level emergency action plans;
- Support the National Children’s Coordination Unit under the Deputy Prime Minister’s Office and the Ministry of Regional Development and Youth Affairs to improve monitoring and assessment of the vulnerability and needs of OVC;
- Support the National Children’s Coordination Unit to coordinate child protection emergency-related responses through the established Child Protection Network – Emergency Sub-Working Group.
Gradually secure conditions in the north have allowed internally displaced populations to return to original homesteads. But absent a permanent peace and basic infrastructure to fully absorb the recovery process, families will be averse to return all the way home. The north-east in 2007 has been affected by endemic conflict, a poor harvest and late onset of rains. Funds raised will enable UNICEF and partners to provide frontline, lifesaving assistance to 3.6 million children, including 1.5 million under-five children.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>8,191,920</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>17,619,593</td>
</tr>
<tr>
<td>Education</td>
<td>13,717,400</td>
</tr>
<tr>
<td>Child protection</td>
<td>9,784,755</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>3,439,900</td>
</tr>
<tr>
<td>Family shelter and non-food items</td>
<td>5,298,426</td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>58,051,994</td>
</tr>
</tbody>
</table>

* 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 Defense Forces and the Lord’s Resistance Army (LRA) have perpetuated a complex humanitarian situation in northern Uganda’s Acholi and Lango subregions, marked by violence, poverty and the internal displacement of more than 1.3 million people. Children and women represent 80 per cent of internally displaced persons (IDPs). Ongoing negotiations between the Government and LRA hold the promise of an increasingly secure environment to enable return, rehabilitation and recovery. At the time of this report, however, neither large-scale returns of IDPs nor the official release of children and women associated with the LRA – estimated to number as high as 1,500 – have occurred. While IDP population movements from camps to new settlement sites and areas of origin continue, assessments by humanitarian organizations in almost all rural areas of return indicate a stark lack of infrastructure.

Humanitarian indicators in the north-eastern Karamoja subregion remain persistently lower than national averages due to an endemic conflict involving the agro-pastoralist Karamajong population, as well as Turkana populations (from Kenya and neighbouring districts) on occasion. The subregion in 2007 faced severe food insecurity crises due to a poor harvest and late onset of rains, leading to more than half the population (500,000 out of 900,000) reliant on external humanitarian assistance. Following the Government’s resumption in May 2006 of a forced disarmament programme to address insecurity created by the illegal possession of firearms by some Karamojong members, security conditions have deteriorated, with the pronounced impact of civilian casualties, internal displacement and a pattern of out-migration to neighbouring districts and urban centres.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF continues 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 immunized more than 318,000 children against measles and 218,000 against diphtheria, pertussis and tetanus; administered vitamin A to 430,000 children and deworming tablets to an additional 1.3 million children; treated 150,000 children for fever and diarrhoea within 24 hours of disease onset; treated 3,400 severely malnourished children; and distributed insecticide-treated mosquito nets to 145,000 pregnant women with under-five children to prevent and control malaria.

UNICEF constructed 200 water points to provide 175,000 IDPs with access to clean water, in addition to the ongoing rehabilitation of water points for 850,000 IDPs in 57 camp settlements. The installation of 8,998 latrine stances benefited 360,000 IDPs. A major ‘Back to School’ campaign returned 727,000 children and 12,000 teachers to the classroom. The distribution of learning and recreational materials, as well as newly constructed classrooms and school water and sanitation facilities served 537,000 children. UNICEF and partners reunited over 1,000 formerly abducted children with their families; assisted 28,000 vulnerable children/youth – including the formerly abducted – through basic skills training, income-generating activities, structured play and peer support groups; and facilitated access to basic services for 1,200 sexual and domestic violence survivors. In the area of HIV/AIDS, voluntary counselling and testing (VCT) services were provided to 21,000 young persons living in IDP camps and to over 31,000 pregnant women as part of antenatal care.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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<tbody>
<tr>
<td>Activities are implemented with District Local Governments, sister UN agencies and more than 40 NGO partners. In Uganda, UNICEF is the Inter-Agency Standing Committee (IASC) cluster leader in water and sanitation; sub-cluster leader in child protection; and chair of the Working Group on Education in Emergencies.</td>
</tr>
</tbody>
</table>
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.

Health and nutrition (US$ 8,191,920)
Some 1.5 million children, 200,000 women of childbearing age (15-45) and 50,000 acutely malnourished children will benefit from the following key activities:
- Provide regular static and outreach services, pulse immunization activities;
- Rehabilitate health centres in conflict-affected and IDP returnee areas;
- Procure and distribute insecticide-treated mosquito nets;
- In support of the integrated management of childhood illnesses initiative equip health facilities and train health workers in newborn care and management of diarrhoea;
- Undertake integrated, community-based maternal, newborn and child health interventions;
- Promote infant and young child feeding and nutrition; support interventions to combat vitamin and mineral deficiency.

Water, sanitation and hygiene (US$ 17,549,583)
Some 1 million people, including 220,000 under-five children and 250,000 women of childbearing age, will benefit from the following key activities:
- Construct safe water points and rehabilitate existing facilities in transitional settlement sites and return areas, with particular focus on schools and health centres;
- Construct sanitation facilities in schools and health centres;
- Train and provide equipment for community-owned maintenance;
- Promote sanitation and hygiene.

Education (US$ 13,717,400)
Some 300,000 primary school-aged children (6-12 years) and 2,000 teachers will benefit from the following key activities:
- Expand the ‘Go to School, Back to School, Stay in School’ campaign in all districts of Karamoja;
- Rehabilitate primary schools in conflict-affected districts and IDP return areas;
- Run in-service teacher training programmes in thematic curriculum instruction, psychosocial education and gender-responsive pedagogy;
- Expand the Girls’ Education Movement (GEM) to support child and young people’s participation.

Child protection (US$ 9,784,755)
Some 8,000 children and women associated with the LRA, 300,000 children in conflict-affected and insecure areas, and 400,000 women and children at risk of gender-based violence will benefit from the following key activities:
- Support the government to ensure the application of standards and child-friendly procedures;
- Support child protection agencies to conduct cross-border family tracing and reunification, and provide interim care/transit facilities and alternative care arrangements for vulnerable children and children associated with armed groups;
- Expand monitoring and reporting mechanisms on child rights violations, and prevent and respond to underage recruitment in armed forces/groups;
- Support multisectoral prevention and response to gender-based violence through improved access to quality health, psychosocial, protection and legal services;
- Accelerate birth/death registration systems.
HIV/AIDS (US$ 3,439,900)
Some 1.2 million women of childbearing age and 35,000 persons with advanced HIV status will benefit from the following key activities:

- Procure and distribute HIV and syphilis test kits to health facilities;
- Train clinical teams in northern Uganda and Karamoja in comprehensive HIV care, antiretroviral treatment and prevention of mother-to-child transmission of HIV (PMTCT);
- Support HIV/AIDS commodities procurement and supply-chain management.

Family shelter and non-food items (US$ 5,298,426)
Some 590,000 persons, living in conflict-affected districts and/or made vulnerable by natural disaster, will benefit from the following key activities:

- Provide and distribute non-food items/emergency family kits. Each kit contains one 4x5 piece plastic sheeting; three blankets; two 20-litre non collapsible jerrycans; one cooking set for five persons (five plates, five cups, five forks, five spoons, one knife, two pots) and 1 kg of soap.
In 2007, Zambia experienced one of the worst floods in 40 years leading to severe damage to infrastructure and affecting approximately 1.5 million people. Priority attention is being given to the food shortage due to floods and faulty rains in the Western, Southern and Eastern provinces and its consequences on the nutritional status of children. On another front, UNICEF is playing a leading role within the UN Country Team in responding to the HIV and AIDS crisis, which has reached a point of national emergency.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health, nutrition and HIV and AIDS</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,410,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,550,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>750,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,710,000</strong></td>
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</tbody>
</table>

* 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 a large landlocked country with a total population of approximately 12 million (65 per cent rural) and surface area of 752 000 km$^2$. The country ranks as one of the poorest nations in the world. The population is predominantly young, with 17.2 per cent under five years of age, and 52.2 per cent under 18 years. The relatively low population density, at 13 persons per km$^2$, poses a huge challenge in the provision of basic social services.

Zambia is not on track to achieving most of the Millennium Development Goals (MDGs). Its development is being substantially undermined by the mutually reinforcing ‘triple threat’ of high HIV/AIDS prevalence, chronic and acute food insecurity and poverty, as well as weak governance. Under-five mortality is at 182 per 1,000 live births and life expectancy at birth has fallen to 37.5 years, the fourth lowest in the world. Maternal mortality stands at 729 per 100,000 live births, and is showing no signs of decreasing. The burden of infectious but preventable diseases is high and contributes significantly to child morbidity and mortality. Neonatal disease is the number one cause of morbidity and mortality, while respiratory infections (pneumonia), malaria and diarrhoeal diseases, in that order, are also important contributing factors (WHO 2006). Malnutrition underlies up to 52 per cent of all under-five morbidity and mortality in Zambia. The country has high levels of protein-energy malnutrition (28.1 per cent underweight, 46.8 per cent stunting, 5.1 per cent wasting) and micronutrient deficiencies (53 per cent suffer from vitamin A deficiency, 4 per cent of school-aged children suffer from iodine deficiency disorders; and 46 per cent have iron deficiency anaemia). Poor family/community infant feeding practices further compound the situation: only 40 per cent of children aged 0-6 months are exclusively breastfed and about 57 per cent are breastfed up to 24 months.

In rural areas, some 4.8 million people lack access to safe water and 6.6 million to adequate sanitation. In 2002, the water supply coverage was 51.3 per cent (37 per cent in rural areas and 86 per cent in urban areas), and the sanitation coverage was 23 per cent (13 per cent in rural areas and 41 per cent in urban areas).

Against the declining provision of social services, educational access is also in jeopardy. Available statistics on net intake rate (NIR) indicate a steady drop in the number of new entrants to Grade 1 (of the official primary school entrance age of 7 years) from 38 per cent in 2001 to 34 per cent in 2003. In terms of learning quality, 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 in five children realizes his/her right to a quality basic education.

HIV/AIDS is a pervasive reality: 16 per cent of Zambians in the 15 to 49 years age group are infected with HIV. Amongst urban young women, infection rates reach 22 per cent by age 20 to 24 and rise to 38 to 42 by age 25 to 39. 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. It is predicted that the number will grow to an estimated 1.3 million by 2010, while simultaneously the number of adults capable of providing care will decline. Already 33 per cent of orphans live in households headed by grandmothers. Of these orphans, many are themselves infected with HIV, either at birth from HIV-positive mothers or through sexual activities, including increasing sexual abuse against children by older males. The rate of mother-to-child transmission without preventive intervention is estimated at 30 to 40 per cent. Each year 32,000 children are estimated to be born HIV-positive.

Recurrent food and water crises have exacerbated the impact of HIV and 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.

The ‘triple threat’ – malignant interaction and impact of poverty, HIV and AIDS pandemic and challenges to governance – is undermining development and leading to widening gaps between the ‘haves’ and the ‘have-nots’, threatening the human rights of millions of Zambians, especially young and vulnerable. The scale and complexity of the ‘triple threat’ are unprecedented in several respects. Vulnerable children and women are more disadvantaged in claiming their access to education, health-care services and protection.

11 Source: IDD - IDD evaluation study, Vitamin A and Anaemia from the Micronutrients Impact Study. Both of these were spearheaded by the National Food and Nutrition Commission (NFNC).
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Since the onset of the food and water crisis in 2002 and in the context of the ‘triple threat’, UNICEF, in collaboration with Government, civil society and other cooperating partners, has continued to respond to the humanitarian needs of the Zambian population. Assistance was provided in the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection, with particular emphasis on orphans and vulnerable children (OVC). Specific areas of intervention in 2007 have included:

- **Support to in-depth nutritional assessment in flood-related areas in June 2007 through the National Food and Nutrition Commission and the Disaster Management and Mitigation Unit. Procurement and distribution of essential drugs and medical supplies to flood-affected regions, through the MoH.**

- **Cholera continues to be endemic in selected areas in Zambia (compounds in Lusaka province and Central province). UNICEF worked with Government to establish committees and provided technical and material support (lime, chlorine and oral rehydration salts). This support was instrumental to develop a surveillance system for recent outbreaks.**

- **Successful emergency measles immunization campaigns resulted in a drastic decline of measles cases from over 30,000 in 2001 to 15 reported in 2003. To sustain these gains and also respond to emerging measles cases in 2006, Zambia conducted a follow-up integrated measles campaign in July 2007. More than 2.1 million children aged 5-59 months were immunized against measles, including vitamin A supplementation, deworming and distribution of retreated mosquito nets.**

- **After seven years of concerted efforts by the Ministry of Health, the World Health Organization (WHO) and UNICEF, Zambia achieved the level of less than 1 case of neonatal tetanus per 1,000 live births in each district and passed the Lot Quality Assurance (LQA) survey that validates the attainment of maternal and neonatal tetanus elimination (MNTE). The challenge however remains to sustain the efforts that led the country to achieve this commendable milestone.**

- **In August 2007 the Ministry of Health and partners distributed a record 1.4 million long-lasting insecticidal nets (LLINs), procured with funds from the World Bank and the Global Fund to fight AIDS, Tuberculosis and Malaria, at no cost to the recipient families in 29 districts of the Eastern, Northern and Southern emergency-prone provinces. UNICEF provided technical assistance during the central-level planning and monitored distribution in the districts. UNICEF also contributed US$ 90,000 to support the district health management responsible for the transportation of LLINs to rural health centres and posts and for the training and mobilization of community members to participate in the mass distribution exercise.**

- **In line with the national prevention of mother-to-child transmission of HIV (PMTCT) and paediatric HIV care scale-up plan 2007-2010, UNICEF supported the expansion of PMTCT services in 2007. The availability of these services has increased from a dozen service centres in 2002 to 533 public health facilities in 2007, with 25 per cent of HIV-positive mothers receiving a complete course of antiretroviral prevention. By June 2007, 125,595 adults were on antiretroviral treatment (ART). Voluntary counselling and testing (VCT) is now offered at over 250 public centres in all 72 districts. UNICEF contributed to the supply of VCT HIV test kits in 2005 and 2006. Within one year the number of children on ART increased from 3,500 (Sep06) to 10,960 (Aug07). Partial procurement of ART drugs is done by UNICEF with resources from the Global Fund.**

- **During February 2007, 810 kits of classroom supplies were handed over to the Ministry of Education for distribution to flood-affected schools in six out of nine provinces. The kits included essential teaching/learning materials such as blackboards, rulers, chalk, pencils and exercise books.**

- **Along with the provision of classroom supplies for flood-affected schools, UNICEF supported the orientation of 840 teachers in five provinces and all Ministry of Education Standard Officers in nine provinces on the new curriculum and teaching methodologies, and a comprehensive nationwide school mapping exercise of community schools.**

- **UNICEF supported the training of teachers (27 women and 34 men) to facilitate the inclusion of HIV and AIDS life skills education in school curricula and extracurricular activities. These teachers introduced life skills education in 81 community schools with a total enrolment of 20,044 children in five districts in Central province. In addition, peer educators (one girl and one boy) from the same schools received training to facilitate child-to-child life skills activities. With support from UNICEF the Ministry of Education trained 150 facilitators from non-governmental and community-based organizations, working primarily with out-of-school children in four provinces, on life skills education.**
• UNICEF’s advocacy on behalf of orphaned and vulnerable children led to improved planning, legal policy and programme reform, and to greater coordination between Government and other actors.

• UNICEF played a substantial role in developing nationwide social protection programming in response to the concern that basic services are not readily available on a universal basis, thus remaining often inaccessible to those in greatest need. As part of this, targeted support was offered to households unable to provide for even the most basic needs, notably where elderly people are struggling to bring up their orphaned grandchildren.

• Activities at local level included protection and care of children made vulnerable by diverse risks due to poverty, including abuse, violence and exploitation; training of 168 probation officers and 200 magistrates on gender-based violence, psychosocial support and juvenile justice; support to community awareness activities on abuse and violence in four provinces.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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<tbody>
<tr>
<td>The 2007-2010 Country Programme has HIV/AIDS as an overriding focus, in collaborative action with other UN agencies. Effective coordination and partnership among the UN Country Team and other partners is ensured through various mechanisms such as the Expanded HIV/AIDS Theme Group, Disaster Management Consultative Forum, National Epidemics Preparedness Committee, National OVC Steering Committee, Health Sector Committee, Education Sector Strategy Coordination Committee, and School Feeding Programme Steering Committee. UNICEF is an active member of all these planning and coordination mechanisms.</td>
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<tr>
<th>Regular programme</th>
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<tbody>
<tr>
<td>The 2007-2010 Country Programme has four programme components – health, nutrition and HIV and AIDS; basic education, water, sanitation and hygiene; and child protection – with a pre-eminent focus on HIV and AIDS throughout all programmes. At the same time emergency preparedness and response will be thoroughly integrated into all programme components.</td>
</tr>
</tbody>
</table>

Health, nutrition and HIV and AIDS (US$ 4,000,000)

During 2008, the overall goal is to minimize the impact of both AIDS and the ongoing food crisis on the health and nutritional status of under-five children and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation, malaria prophylaxis and PMTCT Plus services. Specific interventions will include:

• Support the nutritional surveillance system in 10 sentinel sites 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; (US$ 600,000)

• Support the rehabilitation 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; (US$ 600,000)

• Strengthen existing disease surveillance, recognition and response system; provide essential drugs and equipment to 500 health centres, and ensure adequate monitoring and response capacity for the management of cholera outbreaks; (US$ 600,000)

• Provide micronutrient supplements to 500,000 children and 300,000 pregnant and lactating women (vitamin A, iron/folic acid); (US$ 200,000)

• Support malaria prevention and control through the distribution of 300,000 impregnated mosquito nets and antimalarial drugs; (US$ 400,000)

• Ensure targeted measles vaccination of under-15-year-olds in vulnerable areas; procure measles vaccines for 500,000 children, including auto-disable syringes and safety boxes; (US$ 300,000)

• Maintain/increase expanded programme on immunization (EPI) coverage, supporting cold chain maintenance and improving injection safety; (US$ 200,000)

• Support awareness campaigns on PMTCT targeting 500,000 pregnant women; (US$ 150,000)

• Provide supplies and equipment (drugs, hemocues, CD4 machines) for PMTCT and paediatric HIV care services for 500,000 pregnant women; (US$ 800,000)

• Provide HIV counselling and testing to 500,000 women and children (test kits, staff support); (US$ 150,000)
Water, sanitation and hygiene (US$ 1,410,000)
In 2008 UNICEF will intensify coordination, planning and implementation of emergency water and sanitation interventions in flood-affected and drought-prone districts in Southern, Western and Eastern provinces of Zambia. The following interventions can be expected to be implemented in 2008 in collaboration with the Ministry of Local Government and Housing, Ministry of Education, NGOs and UN development partners:

- Coordinate NGOs working in water, sanitation and hygiene emergency response through the National NGO WASH Forum, with additional coordination meetings as required during emergencies; (US$ 20,000)
- Undertake contingency planning with NGO WASH Forum and preposition emergency water and sanitation supplies and equipment; (US$ 100,000)
- Construct/rehabilitate water sources (approximately 100 boreholes) at an estimated cost of US$ 3,500 per water source; (US$ 350,000)
- Construct/rehabilitate latrines (separated for boys and girls) and handwashing facilities, and promote hygiene education and hygiene awareness programmes in 200 schools at an estimated cost of US$ 1,500 per school; (US$ 350,000)
- Procure/distribute 20-litre jerrycans for 200 schools for water storage and chlorine for water treatment at an estimated cost of US$ 500 per school; (US$ 120,000)
- Support programme in 10 districts (district coordination, technical assistance for water, sanitation and hygiene assessment and strategic planning, logistics, communications, etc.) at an estimated cost of US$ 5,000 per district; (US$ 50,000)

Education (US$ 1,550,000)
In 2008 UNICEF will continue assisting the Ministry of Education to respond to the damages caused by the 2007 flooding and be prepared to respond to future emergencies that are likely to disrupt access to education. The following interventions can be expected to be implemented in 2008 in collaboration with the Ministry of Education, NGOs and UN development partners:

- Provide construction materials for the rehabilitation of approximately 255 severely damaged school sites; (US$ 600,000)
- Procure/distribute recreational kits and school supplies to 300 schools affected by potential emergency; (US$ 250,000)
- Provide temporary school/classroom structures as necessary in emergency situations; (US$ 300,000)
- Train 1,000 teachers, with particular emphasis on HIV and AIDS and child protection issues; (US$ 350,000)
- In order to effectively implement education in an emergency situation, the UNICEF Education Section will require additional technical support to manage and coordinate the implementation of the above activities, including monitoring and evaluation, in collaboration with education colleagues and development counterparts. (US$ 50,000)

Child protection (US$ 750,000)
In 2008, UNICEF will continue to mitigate the negative impact of violence and sexual abuse on children as well as extend the coverage of interventions to provide adequate care and support to OVC, based in their family and community, through the following key activities:

- Support further consultations on the draft bill on gender violence and promote its enactment; (US$ 60,000)
- Train 90 community facilitators on the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and 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; (US$ 60,000)
- Train 100 community welfare assistance committees to monitor abuse and gender-based violence and to provide psychosocial support to victims of violence and to vulnerable households caring for OVC; (US$150,000)
- Train at least 300 law enforcement officers in the Victim Support Unit of the Zambian Police on human rights instruments and the management of cases of abuse; (US$ 80,000)
- Support Community Welfare Assistance Committees (CWACs) in 18 districts to strengthen coping mechanisms for elderly-headed households caring for OVC and facilitate their access to basic social services. (US$ 250,000)
- Provide technical assistance to implement and monitor child protection emergency interventions. (US$ 150,000)
The humanitarian situation in Zimbabwe continues to evolve along with a complex, overlapping and often worsening set of economic and social factors leading to poor health and social outcomes for women and children. In addition, there are growing concerns about the possibility of widespread disease outbreaks, and of rising malnutrition. An increasingly uncertain pattern of weather, combined with policy constraints, is making farming difficult and unpredictable, resulting in 4.1 million food insecure people in both urban and rural areas during the peak of the ‘hungry season’ in 2008.

<table>
<thead>
<tr>
<th>CORE COUNTRY DATA</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 (thousands)</td>
<td>6199</td>
</tr>
<tr>
<td>U5 mortality rate (2006)</td>
<td>106</td>
</tr>
<tr>
<td>Infant mortality rate (2006)</td>
<td>68</td>
</tr>
<tr>
<td>Maternal mortality ratio *</td>
<td>555</td>
</tr>
<tr>
<td>Primary school attendance ratio (2000-2006, net, male/female)</td>
<td>81/82</td>
</tr>
<tr>
<td>% children immunized (DPT3)</td>
<td>90</td>
</tr>
<tr>
<td>% population using improved drinking water sources</td>
<td>81</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe stunting *</td>
<td>29.4</td>
</tr>
<tr>
<td>Estimated no. of people (all ages) living with HIV, 2005 (thousands) **</td>
<td>1300</td>
</tr>
<tr>
<td>Estimated adult HIV prevalence rate **</td>
<td>15.6</td>
</tr>
<tr>
<td>Children 0-17 years orphaned due to all causes, 2007 (thousands) ***</td>
<td>1300</td>
</tr>
<tr>
<td>Number of children orphaned in 2007 (thousands) ***</td>
<td>100</td>
</tr>
</tbody>
</table>

Sources: The State of the World’s Children 2008
* Zimbabwe Demographic and Health Survey 2005/2006
*** Ministry of Health and Child Welfare
*** Africa’s Orphaned and Vulnerable Generations, 2006

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>8,021,310</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,615,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,250,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>900,000</td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>15,786,310</td>
</tr>
</tbody>
</table>

* 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 humanitarian situation in Zimbabwe continues to evolve along with a complex, overlapping and often worsening set of economic and social factors that result in poor health and social outcomes for women and children. Spiralling inflation, deteriorating physical infrastructure, the inability of the public sector to deliver basic social services, and the severe impact of the HIV/AIDS pandemic have led to a decline in the overall health and well-being of the population. In addition, there are growing concerns about the possibility of widespread disease outbreaks, and of rising malnutrition.

An increasingly uncertain pattern of weather, characterized by poor rains and droughts, combined with policy constraints (including land reform), is making farming difficult and unpredictable leaving 4.1 million food insecure people in both urban and rural areas during the peak of the ‘hungry season’ in 2008. A large population of migrants has emerged as a result of the combined impact of land reforms, disruption of livelihoods due to economic deterioration, urbanization, and Operation Murambatsvina in 2005.

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. From the June 2007 assessment, acute malnutrition, as measured by wasting (low weight for height), has increased beyond emergency thresholds in some pockets of the country. In other areas, malnutrition rates have doubled since November 2006 and such deterioration is of particular worry considering that the latest June assessment was carried out soon after the April/May harvest with the peak ‘hungry season’ still five to six months away.

Zimbabwe is one of the countries hardest hit by the HIV pandemic, with an adult seroprevalence rate estimated at 15.6 per cent. An estimated 1.3 million people were living with HIV/AIDS in 2007. 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 1.3 million orphans in Zimbabwe in 2007, about 77 per cent have been orphaned by AIDS. In 2008 alone, 100,000 children will lose one or both parents, and orphans will account for 24 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. Health sector has been negatively affected by brain drain of skilled and experienced personnel where more than 50 per cent of key posts within the public health system are vacant. For example, out of an established need of 2,500 primary care nurses in Zimbabwe, there were only 291 primary care nurses available, leaving a vacancy of 88 per cent in the country’s public health institutions. The maternal mortality ratio, a measure of the robustness of the health services, stood at an unacceptable high level of 555 deaths per 100,000 live births according to the 2005/2006 Demographic and Health Survey (DHS 2005/2006) and the proportion of children who received all of the recommended vaccinations (including DPT4 and polio4) dropped from 67 per cent in 1999 to 53 per cent in 2005/6; and the proportion of those who had not received any vaccination increased from 12 per cent in 1999 to 21 per cent in 2005/6.

Proportion of people with access to safe drinking water has been declining since early 2000 and the situation is expected to worsen further during 2008 due to the current economic challenges and the crumbling infrastructure. Financial constraints, fuel shortages, lack of foreign currency for spare parts and treatment chemicals have resulted in decreased maintenance of current water systems. The situation is exacerbated by frequent electricity power cuts, which reduce the pumping time into the reticulation water systems.

Increasing numbers of people in urban areas are living without sufficient access to safe water, including the estimated 1.5 million inhabitants of Bulawayo. Since September 2007, many suburbs in Bulawayo are receiving only seven hours of water in a one-week period. The water shortages are making it difficult for residents to use their flushable toilets, leading to unsafe sanitary practices.

Sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor maintenance. The breakdown of sewage systems has led in large volumes of raw sewage being discharged into natural watercourses, which ultimately feed into major urban water supply sources, thus carrying a significant risk to public health.

As a result, Zimbabwe continues to experience waterborne disease outbreaks (including cholera). In 2007 cholera occurred in Harare and five rural districts from January to May 2007. Diarrhoea outbreaks became more frequent with outbreaks already occurring in four sites where over 6,000 cases and over 90 fatalities
have been reported since May 2007. The epidemics have been associated with poor hygiene and sanitation practices due to shortage of safe drinking water supply. The impact of the outbreaks is expected to worsen in the coming months as lack of drugs, such as intravenous fluids, and of qualified health personnel is now permanent across the country. The overall situation is expected to deteriorate significantly during 2008, especially during the rainy season.

Access to quality education is continuing to be a challenge as significant increases in school fees and general costs of living negatively impact school attendance. The system is characterized by low enrolment rates, declining attendance and completion rates, low transition rate to secondary and insufficient 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 lacking 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. In consequence, performance rates have been declining – only 30 per cent of pupils pass their grade 7 exams.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

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, sanitation and hygiene, education, protection, HIV prevention and support to orphans and other vulnerable children (OVC).

In June and November 2007, UNICEF supported national Child Health Days (CHDs) including polio and vitamin A supplementation, achieving over 80 per cent coverage. Other catch-up immunization for all antigens was given to all under-five children who attended the CHDs and were due or had missed those vaccinations. The community-based nutrition and care programme was expanded. With community treatment of severe acute malnutrition as an entry point, the programme uses an integrated approach to the prevention and treatment of malnutrition in the community with strong links to HIV and other child survival interventions. In 2008 at least 2,500 severely malnourished children will access treatment through the programme and an additional 30,000 people will benefit from village-level action plans to address issues of malnutrition in the community.

UNICEF has provided intensive support in the water, sanitation and hygiene sector, not only through the nationwide humanitarian coordination of activities and response, but also through direct action taken to fight large diarrhoea outbreaks in several urban areas throughout the country. Aquatabs (5,000,000), intravenous (IV) fluids, oral rehydration salts (ORS) and other essential commodities were procured and distributed to health centres and NGO partners. Participatory health and hygiene education is fundamental in the prevention and control of diseases such as cholera, dysentery and other enteric fevers. More than 200,000 people have benefited from hygiene promotion activities.

UNICEF has developed a Programme of Support to Orphans and other Vulnerable Children (OVC) within the framework of the National Action Plan for OVC. Through a pooled funding mechanism an estimated 350,000 OVC will be reached the coming three years. In 2007, 88,000 OVC were already assisted with basic social services. Two schools in remote rural areas were established to give children displaced by Operation Restore Order access to education. Temporary school structures accommodated the children while plans to establish permanent schools were being processed. In Hopley Settlement, in Harare, which was established as a holding camp for people rounded up during Operation Restore Order, UNICEF expanded an early childhood development (ECD) centre reaching 793 children.

Child abuse and gender-based violence continue to be key protection concerns in the current humanitarian situation. The 2005/2006 Demographic Health Survey found that 25 per cent of Zimbabwean women had experienced sexual violence at some point in their lives. The economic decline, the long-term impact of Operation Murambatsvina and inadequate access to basic social services make children and women more vulnerable, often forcing them to resort to risky coping mechanisms. In response, 43,700 booklets on prevention of gender-based violence were produced and distributed through the Rural District Councils and NGO partners. Furthermore, 3,900 children and adults benefited from the community awareness campaign on child protection. A total of 192 personnel from the humanitarian community (UN agencies, its implementing partners and local government officials working in affected areas) also received training on the
Inter-Agency Standing Committee’s Code of Conduct for humanitarian workers to prevent sexual exploitation and abuse.

UNICEF continued to support the national HIV/AIDS humanitarian response for chronically ill people, including children and adolescents. A total of 3,000 home-based care kits and replenishment materials were procured and will be distributed through the National AIDS Council structures, to benefit approximately 15,000 home-based clients. In an effort to reduce the psychological impact of HIV/AIDS and gender-based violence, including sexual abuse, a total of 1,085 community-based volunteers were trained in counselling in nine districts, to enable them to provide effective counselling services in their communities.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF works with other humanitarian partners within the framework of the Inter-Agency Standing Committee (IASC) and other UN humanitarian coordination mechanisms. UNICEF leads working groups (composed of other UN agencies, government counterparts and NGOs) on nutrition, education, child protection, and water, sanitation and hygiene, and participates in the Health Working Group chaired by the World Health Organization (WHO), Agriculture Working Groups chaired by the Food and Agriculture Organization (FAO) and the Food Aid Group chaired by the World Food Programme (WFP).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Health and nutrition (US$ 8,021,310)

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 populations;
- Provide prevention of mother-to-child transmission (PMTCT) services to pregnant women and provision of paediatric HIV/AIDS care and treatment to 5,000 children;
- Improve child survival through the integration of neonatal health care into community-based maternal and child health-care services;
- Support the implementation of hospital and community-based management of acute malnutrition reaching 5,000 under-five children;
- Enhance community-level nutrition education linked to HIV/OVC/garden programmes;
- Strengthen nutrition aspects of HIV programming in the context of food insecurity;
- Monitor the health and nutritional status of children through the nutritional status surveillance system and through vulnerability assessments;
- Strengthen nutrition coordination response in order to reach the most vulnerable populations across the country.

Water, sanitation and hygiene (US$ 3,000,000)

Three 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;
- Promote health and hygiene practices amongst vulnerable communities and schools;
- Procure water treatment chemicals for urban areas and treat water in communities without access to safe water supply in emergency situations;
- Construct 900 latrines for mobile and vulnerable populations and schools;
• Drill 20 new and rehabilitate 600 broken-down water points in priority districts;
• Provide technical and management support in institutional capacity development at all levels for effective response to emergency situations.

**Education (US$ 2,615,000)**
Approximately 50,000 children will be reached through the following key activities:
• Assure quality education for 5,000 OVC at satellite schools in farm communities;
• Enable children in disaster-prone areas to have access to school and potentially mitigate the impact of disasters in affected areas;
• Support printing and distribution of teachers’ emergency manuals amongst 8,000 schools and train 16,000 teachers on emergency preparedness.

**Child protection (US$ 1,250,000)**
Approximately 600,000 children, young people and 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:
• Contribute towards improving the protective and preventive environment for children, youths and women.
• Strengthen capacity of the community and public services to respond to sexual and gender-based violence (SGBV);
• Advocate with parliamentarians to enact and implement laws and policies that create a protective environment against SGBV and child abuse;
• Mobilize and train various duty bearers, including police, magistrates, non-governmental and community-based organizations, village heads, teachers, church leaders and women, on the consequences of violence, their roles and responsibilities in prevention, control and care;
• Mobilize and train youths and children to participate in prevention, control and care activities;
• Identify, share and replicate best practices in prevention, control of SGBV and child abuse;
• Strengthen survivors’ access to legal services.

**HIV/AIDS (US$ 900,000)**
Approximately 90,000 children and young people most vulnerable to HIV infection or most severely impacted by it, will be reached through the following key activities:
• Provide HIV-related materials, access to HIV prevention services and supplies to vulnerable girls;
• Increase access to quality community home-based care and counselling for people living with HIV/AIDS, including children and women;
• Procure and distribute 2,000 home-based care kits and replenishment materials;
• Sustain resource centres and support groups for adolescents living with HIV/AIDS.
The Middle East and North Africa region, with its heterogeneity of oil-rich, middle-income and least developed countries is also one of the most politically volatile regions in the world. The ongoing conflicts and insecurity in Iraq, Darfur, the occupation of the Palestinian territory, the situation of the refugee populations, especially Iraqis and Palestinians, the general sense of instability in Lebanon, the Islamic Republic of Iran and Maghreb and the recurrence of natural disasters have devastating implications for women and children in the region.

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency preparedness and capacity-building</td>
<td>100,000</td>
</tr>
<tr>
<td>Strengthening emergency response to natural disasters and other rapid onsets emergencies (incl. contingency planning and regional surge response capacity)</td>
<td>350,000</td>
</tr>
<tr>
<td>Building partnerships and coordination</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>500,000</strong></td>
</tr>
</tbody>
</table>

* 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

Amongst the many and different crisis that were witnessed in the Middle East and North African (MENA) region during 2007 the most critical was the simultaneous deterioration of the humanitarian situation in Iraq and the unprecedented exodus of Iraqis to neighbouring countries, and its similar pendant in the occupied Palestinian territory (oPt) as well as in Darfur which, to compound the already dramatic levels of suffering for the vulnerable populations on the ground, saw an unprecedented number of attacks against UN and humanitarian personnel, resulting in dozens of deaths amongst humanitarian workers and subsequent cuts in humanitarian access.

Inside Iraq, over 1 million people have fled their homes since February 2006; insecurity has closed schools, eroded access to quality health care and safe water, and left many children without caregivers and communities hosting displaced families are being overwhelmed by the influx of new families. Some 2 million Iraqis are said to have migrated abroad: with commonly quoted figures of around 1.5 million to Syria, 750,000 to Jordan and up to 100,000 to Egypt. This population movement is posing a growing strain on the already overstretched public services in host countries, and it presents a major challenge to host governments and the international community to ensure that the urgent humanitarian and protection needs are being adequately met. A rising concern that is requiring serious and urgent attention for UNICEF is the psychosocial impact that this crisis is having on children and women together with the emerging reported engagement of children in insurgency and terrorist activities.

Recurrency concerning is the steady deterioration of the situation of Palestinian women and children in the subregion, and in oPt in particular. During 2007, across oPt, a deadly escalation in violence, financial and political crisis, along with unprecedented internal clashes, has pushed humanitarian conditions to the edge of disaster. UNICEF-supported interventions have been focusing primarily on preventing a worsening of all basic indicators, mitigating the impact of violence and strengthening development capacity. There are 451,000 Palestinians living in the Syrian Arab Republic, 1.8 million in Jordan, and 394,000 in the 12 refugee camps mandated by the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and 16 gatherings spread throughout Lebanon. Some 20,000 displaced Palestinians from the Gaza Strip live in the Al-Salleleh camp in Jordan. While the situation of the Palestinian refugees in the region is different from the most recent Iraq exodus, there is still much to do to ensure basic rights are guaranteed and protected.

In Darfur, where over 5 million people between internally displaced persons (IDPs) and host population are affected by the war, the decision to deploy an African Union-United Nations hybrid operation has given hopes of improvement and progress towards the implementation of the Darfur Peace Agreement. Nevertheless, insecurity keeps dominating the agenda and regular shifts in alliances and splintering of armed groups present a considerable challenge to delivering humanitarian assistance. While Southern Sudan continues to witness slow progress in the implementation of the 2005 comprehensive Peace Agreement, the majority of the population lives below the poverty line and with limited access to basic services. In addition, Sudan is very vulnerable to major natural disasters, such as floods and epidemic outbreaks all over the country.

In addition to all of the above, the general political instability in Lebanon, the continuing low-key conflict between the government and rebel forces in the north-western Saada province of Yemen, the influx of refugees from Somalia into Yemen, the nuclear programme debate in the Islamic Republic of Iran and recent terrorist attacks in the Mahgreb, are but some of the additional developments which require close monitoring in the event of serious humanitarian implications, in addition to the recurrent risks of vulnerabilities to natural disasters (Algeria, Iran and Morocco), disease outbreaks (Iraq, Sudan) and recurrent emergencies (Djibouti).

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

The UNICEF Middle East and North Africa Regional Office (MENARO) continued to be the first port of call for Country Offices facing small and significant humanitarian crises and worked on enhancing Country Offices’ staff members and partners’ preparedness.
Emergency preparedness and capacity-building

- MENARO supported Country Offices for the revision of all emergency preparedness and response plans (EPRPs) in the region with technical advice and missions when necessary. Emergency simulation exercises were also conducted in five non-emergency countries of the region in order to test Country Offices’ preparedness;
- Trainings on emergency preparedness and response (EPR) and on specific topics like child protection in emergency were organized for over 200 staff members in Iraq and the Sudan, and for key staff in the region;
- Support to evaluation/lessons learned of emergency programming in Iraq and Lebanon were organized and facilitated;

Emergency response

- MENARO supported the subregional coordination, information-sharing, fundraising and preparedness efforts to enhance UNICEF’s response towards the Iraq crisis – including its implications for Jordan and the Syrian Arab Republic in particular –, as well as continued significant support for strategic review of ongoing responses in the Islamic Republic of Iran, Lebanon and the occupied Palestinian territory (oPt);
- Staffing support was provided to Country Offices facing emergencies with the deployment of emergency personnel especially in Jordan, Syrian Arab Republic and Sudan; efforts to improve surge capacity were made with the review of the regional emergency roster;
- Prepositioning of health, nutrition, information technologies (IT) and water-related supplies used to respond to emerging needs and cluster/sector accountabilities and responsibilities in Algeria; oPt and Yemen,

Building partnerships and coordination

- MENARO organized a major information and coordination event around the issue of the humanitarian reform in partnership with the MENA desk of the Office for the Coordination of Humanitarian Affairs (OCHA) and reached out to over 100 key UN humanitarian stakeholders, international and national NGOs and civic organizations from/working in the region;
- Contact with key humanitarian partners in the region (particularly the national Red Crescent societies) was initiated and emergency preparedness and response training provided for over 90 partner staff in Iraq and Sudan.

3. PLANNED HUMANITARIAN ACTION FOR 2008

MENARO will continue to enhance UNICEF’s capacity to respond in an effective and timely manner to the needs of women and children living in unstable environments. During 2008, MENARO will work on increasing emergency preparedness and response capacity in the region, with emphasis on response planning, thereby prioritizing countries facing ongoing and/or potential new emergencies, especially Iraq, Lebanon, oPt, Sudan, and their subregional implications.

Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity) (US$ 100,000)

- Support countries considered most volatile/at risk in order to a) update scenarios, b) operationalize and c) practise advanced response planning, including at subregional and subnational levels and within an interagency framework. This will be particularly important in areas where UNICEF has global cluster leadership, which induces crucial accountabilities in the areas of preparedness and response.
- Assist in reviewing the capacity of national partners and establish/reinforce existing technical partners’ coordination networks as well as expand partners’ skills through continued efforts in training on emergency preparedness and response;

Strengthening emergency response to natural disasters and other rapid onset emergencies (US$ 350,000)

- Should funding be available, ensure that at-risk countries can respond rapidly to the needs of at least 50,000 affected people at the onset of any crisis; preposition limited supplies in high-risk countries or, when more appropriate, in a regionally central location;
- Strengthen the ‘surge capacity’ mechanism for the MENA region to allow fast deployment of experienced staff, particularly in sectors of UNICEF’s cluster leadership;
• Roll out performance monitoring and assist all Country Offices facing emergencies to maintain/develop evidence-based indicators that will allow them develop advocacy tools when speaking out for children;
• A dedicated water, sanitation and hygiene (WASH) emergency officer will work closely with Country Offices on reviewing WASH capacity in high-risk countries and mapping of partners in other priority countries.

Coordination and partnerships (US$ 50,000)
• Continue to coordinate efforts with regards to the subregional implications of the Iraq and oPt crises, promoting inter-country coordination and sharing good practices, with a special focus on child protection and education;
• Forge partnerships with national/regional bodies and partners with a view to undertaking joint training on emergency response for staff of respective partners;
• Continue to strongly support regular coordination efforts through the consolidated regional inter-agency network on emergency preparedness and response.
Djibouti is experiencing a silent forgotten emergency related to a nutritional crisis with a global acute malnutrition of 20.7 per cent, of which 7.5 per cent are severely malnourished under-five children. In 2008 UNICEF will support the country to reach at least 70 per cent of severely malnourished children and reduce the case fatality rate under 5 per cent. The water, sanitation and hygiene component will focus on the rehabilitation of water pumping stations and promote diversity of water abstraction systems in rural areas, strengthen institutional and communities’ capacities, and promote sanitation and hygiene practices.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>700,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,300,000</td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

* 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

Nutrition. The results of the Multiple Indicator Cluster Survey 3 (MICS 3) conducted in 2006 indicated an overall acute malnutrition rate of up to 20.7 per cent, with 7.5 per cent of the population being severely malnourished. This is an alarming level by any standard, and largely exceeds the critical threshold of 15 per cent as defined by the World Health Organization (WHO). The worsening of the nutritional status started several years ago as shown by the 2002 Pan Arab Project for Family Health (PAPFAM) survey with a prevalence rate of acute malnutrition of 17.9 per cent, including 5.9 per cent for severe malnutrition. Those data indicate that the nutritional status of children did not improve between 2002 and 2006. This is a typical situation of a ‘forgotten emergency’ detrimental to children’s survival.

In the context of the management of drought emergency, malnutrition case management started in 2006, focusing on supplementary feeding in community health centres for moderate acute malnutrition, and on therapeutic feeding in hospitals for severe acute malnutrition. According to the results at the end of 2006, 77.02 per cent of children severely malnourished were cured and the case fatality rate of severe malnutrition was 10.86 per cent. At the end of June 2007, the case fatality rate of severe acute malnutrition receded to 6.2 per cent. However, the coverage remains insufficient because less than 30 per cent of under-five children suffering from acute malnutrition are currently treated.

The nutritional situation remains critical in Djibouti and justifies the continuation of humanitarian action, while long-term development activities to tackle the underlying and structural causes of malnutrition are being set out. A national nutrition policy has been developed and validated by the Ministry of Health, and the development of a national strategy of food security is under way.

Water, sanitation and hygiene. Water and sanitation is not a new issue for the Republic of Djibouti in general and for the rural areas in particular. Over the recent years, a number of experts have clearly highlighted the scarcity of water in this semi-desert country of the Horn of Africa; a scarcity mainly due to poor quality water and difficult access to available resources essentially abstracted from groundwater (more than 95 per cent). There is not a single perennial stream in country. When the too rare rains do occur, they regularly give life to untamed seasonal rivers, which pour almost untapped tremendous quantities of water in the Red Sea through well known – and by now feared, since the 2004 major floods – ‘oued flooding’.

Many children, particularly girls, drop out of school and are denied their right to education because they are busy fetching water or are deterred by the lack of separated and decent facilities in schools. Women often suffer from the lack of privacy and need to walk large distances to find suitable places for defecation in the absence of the household appropriate neighbourhood toilet.

As per latest survey, up to 49.1 per cent of people in rural areas do not have access to a protected source of drinking water, of which at least 30 per cent resort to unprotected sources not conform to minimum sanitary requirements. For sanitation, only 18.1 per cent. In many locations, the physical/chemical quality of water is irrevocably not up to recommended WHO standards. Likewise, as people resort to open traditional dug wells in the beds of oueds, the water used is very likely not exempt from bacteriological pollution. No routine water quality monitoring and surveillance system is known to be in place so far. The most deprived populations have to travel up to 30 km (return trip) daily to collect safe drinking water.

Recurrent episodes of drought were compounded by unbalances characterizing water resources management practices in this country. As a result, they furthered the suffering of strongly affected and vulnerable communities in rural and remote areas. Many traditional surface and subsurface water sources dried up whilst the water table level of the aquifer in many deep boreholes went drastically down.

Djiboutian rural communities are, for the most part, dependent on their livestock for their day-to-day feeding needs. Hence the obligation to care for their herds which justifies the transhumance movements occurring for decades on a search for better pastures, and better access to water sources. When bearing in mind that above 90 per cent of the rural population lived below the poverty line as of 2002 already, one easily understands the risk associated with deprivation of water, both for animals and, consequently, for humans alike.

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12 Source: Document stratégique de réduction de la pauvreté (Strategic Document for Poverty Alleviation), 2004.
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Nutrition
The main achievements for the nutrition component are the following:
• National malnutrition case management protocol developed and implemented;
• 125 health staff trained on malnutrition case management;
• Space rearrangement in 15 health facilities for the malnutrition case management;
• Provision of nutrition supplies to supplementary and therapeutic centres;
• Reduction of case fatality rate among severely malnourished children from 11 per cent to 6.2 per cent;
• Reinforcement of Ministry of Health logistics for mobile teams and national nutrition programme.

Water, sanitation and hygiene
The main achievements for the water, sanitation and hygiene component are the following:
• Rehabilitation of 10 water pumping stations which benefit about 10,000 persons;
• Provision of 48 handpumps to equip rural traditional wells;
• Rehabilitation of 10 traditional wells equipped with manual handpumps;
• Training on the use of water treatment kits, operation and maintenance of manual handpumps for 25 staff of the central level;
• Initiation of a workshop on water management participatory approach in order to find the best ways to involve the population in the water point management;
• Provision of two water trucks and one field monitoring vehicle to strengthen the capacity of the Ministry in charge of water;
• Purchase and installation of fifty 3,000-litre water tanks for the rural area;
• Update of the water points’ inventory within the five rural districts;
• Provision of 315 water treatment kits for approximately 4,000 families.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>The coordination of the nutrition programme is under the leadership of the Ministry of Health through the head of the national nutrition programme. The water component is coordinated by the Ministry of Agriculture, Livestock and Sea. UNICEF is the cluster leader for water, sanitation and hygiene and is working closely with the World Food Programme (WFP), the World Health Organization (WHO) and the Office of the UN High Commissioner for Refugees (UNHCR) to support the national nutrition programme.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition and water, sanitation and hygiene are part of the new country Cooperation Programme 2008-2012. They are under the child survival programme whose objective is to contribute to the reduction of under-five mortality.</td>
</tr>
</tbody>
</table>

Nutrition (US$ 700,000)
The expected direct impact of the humanitarian action will be to reduce under 5 per cent the case fatality rate among severely malnourished children. Key activities will include:
• Scale up case management of moderate and severe acute malnutrition within the health facilities and at community level;
• Procure supplies for malnutrition case management (therapeutic milk, Plumpy’nut, essential drugs, anthropometric equipments, management tools etc.);
• Train health and community workers;
• Reinforce nutrition education at community level;
• Promote infant and young child feeding through community mobilization;
• Strengthen nutritional surveillance using health facilities and a community-based approach;
• Administer vitamin A supplements and promote legislation on micronutrient deficiencies;
• Supervise and report on nutrition activities in all nutrition centres;
• Reinforce monitoring activities.
Water, sanitation and hygiene (US$ 1,300,000)
Humanitarian action for 2008 will focus on the following activities:

**Rehabilitate existing pumping stations and promote diversity of water abstraction systems**
- Rehabilitate the subsurface infrastructure for 15 existing pumping stations;
- Protect 90 traditional wells;
- Promote appropriate technical means of abstraction of water, like solar energy and handpumps (25).

**Strengthen institutional and communities’ capacities**
- Provide national counterpart with the necessary impetus required to revive its structures through selective on-the-job training, constitution of contingency stocks for future emergencies and effective delivery of services (315 family water treatment kits, training of 335 people);
- Decentralize the daily management of the Ministry’s resources and of the challenges related to water activities to allow for intervention capability up to district level;
- Involve communities and community-based organizations in the management of their water points, including the operation and maintenance of structures. This is a prerequisite for sustainability, and will be sought at all levels.

**Sanitation and hygiene promotion programme**
- Construct 15 latrines in public services;
- Produce and broadly disseminate hygiene education messages to raise awareness of villages on waterborne diseases and proper use of water as a resource in short supply;
- Promote school sanitation and hygiene to stimulate attitudinal and behavioural changes for adequate sanitation and hygiene practices from a younger age.
The ongoing conflict in Iraq continues to have a devastating impact on Iraqi children. Over 1 million internally displaced persons have fled their homes since February 2006, of which 70 per cent are children and women. Insecurity has closed schools, eroded access to quality health care and safe water, and left many children without caregivers. Meanwhile, communities hosting displaced families are being overwhelmed, their coping mechanisms close to breaking point. In 2008, UNICEF will reach up to 358,650 acutely vulnerable and war-affected children.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>10,519,579</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>16,295,290</td>
</tr>
<tr>
<td>Education</td>
<td>10,964,147</td>
</tr>
<tr>
<td>Child protection (includes mine action)</td>
<td>5,503,844</td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td><strong>43,282,860</strong></td>
</tr>
</tbody>
</table>

* 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

Nearly five years after start of the 2003 conflict, Iraq’s children are facing an enormous challenge. Hope for a normal childhood is being rapidly swept away by violence and displacement. Every day, more and more children are losing family members, friends and neighbours, and even their lives. Since 2003, nearly 15 per cent of Iraq’s total population has fled their homes. Since early 2006, over 1 million Iraqis – 47 per cent of them children – have sought refuge in towns and villages that are not their own. Iraq’s children, already casualties of a quarter of a century of conflict and deprivation, are being caught up in a worsening humanitarian tragedy. Despite a strong response from the international community, the urgent needs of Iraq’s vulnerable young citizens are quickly exceeding available humanitarian resources.

Conditions for displaced children and the communities hosting them are worsening. Most displaced families are living in communities that are already poor and often also badly affected by violence and insecurity. Approximately 45 per cent cannot afford their own homes, and have no choice but to move in with extended families or even occupy public buildings, adding to the strain on local resources. In Iraq’s most volatile areas, insecurity has closed schools and eroded access to quality care in health facilities and hospitals – particularly in Baghdad, which has the highest number of displaced people. Violence is creating widows and orphans on a daily basis, many of whom are left to struggle for survival. Many women are scared to walk in the street while parents are afraid to let their children attend school or play outside.

The ‘spill-over’ effects of insecurity are widespread and damaging. In Iraq’s more secure districts, the influx of new families is creating an overwhelming demand for education, health care, water and sanitation and other basic services. Meanwhile, Iraq’s already fragile basic services infrastructure is faltering. Attempts to repair damaged water and sanitation networks have been crippled by serious electricity shortages and sabotage (current estimates indicate that only 30 per cent of Iraqis have a reliable, safe water source near their home). Immunization rates are falling as insecurity pushes preventative health care down the list of family priorities.

Education is reaching a particularly critical point. Many schools suffer from overcrowding and are now forced to hold multiple shifts. Displaced children are less likely to commence or complete the school year. As a result, more Iraqi children are seeing their chance to learn slip away. Few safety nets are available to children who drop out of the education system altogether. Increasing numbers of children are separated from their families or on the streets, where they are extremely vulnerable to abuse and exploitation. Most children have experienced stress at various levels, and fear and anxiety have become a major psychosocial concern, while few receive the specialized psychosocial care and support they need to help them cope with so much chaos and loss.

An emerging issue that is requiring serious and urgent attention is the reported engagement of children in insurgency/terrorist activities, and the subsequent advocacy and support needed for children held in detention. The continuing levels of violence and instability strongly suggest that this aspect of UNICEF’s work will need increased financial and technical resources to be adequately addressed.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Despite enormous challenges on the ground, UNICEF maintains a strong capacity to respond to emergencies affecting Iraqi children and women nationwide. UNICEF’s emergency response in 2007 comprised two key approaches: the urgent delivery of essential humanitarian relief to areas of greatest need, and the delivery of a substantial national programme boosting Iraq’s capacity to deliver health, education, water and sanitation services, as well as protection for the most vulnerable. UNICEF Iraq partners with the Government of Iraq and its various line ministries, and has significant ongoing agreements with the Iraqi Red Crescent Society and several NGOs to deliver humanitarian assistance, supported by a network of national staff and facilitators based inside Iraq.

UNICEF Iraq is an active participant in the UN cluster approach for Iraq, and has leadership responsibilities in two clusters (education and culture and infrastructure and rehabilitation), with deputy leadership status for the health and nutrition cluster. The other key clusters in which UNICEF actively participates are IDP, refugee and durable solutions, and governance.
UNICEF continued to deliver humanitarian assistance in 2007, reaching over 150,000 people caught up in displacement, disease outbreaks, military action, severe deprivation or natural disaster. Major actions included response to displacement (particularly in Baghdad, Anbar, Najaf, Wassit, Basra, Mosul and the Kurdistan Region), delivery of emergency supplies to Anbar and Samarra, response to the catastrophic bombings in Sinjar and support to contain a major cholera outbreak. Support delivered included oral rehydration salts (ORS), basic health kits, emergency surgical supplies, cannulas, intravenous fluids, therapeutic feeds, vitamin A capsules, zinc tablets, water and hygiene kits, recreational kits, water tankering and education support.

Across Iraq, UNICEF works to protect Iraqi children’s right to survive and grow up healthy. UNICEF’s health and nutrition programmes provide lifesaving basic care to children from before birth through to adolescence, and promote the survival and health of Iraq’s women. International donors provide critical support to UNICEF’s work on health and nutrition for children and women.

As the coordinating agency of the UN education and culture cluster for Iraq, UNICEF has been intensifying its efforts to address key factors contributing to decline in Iraq’s education rates and learning standards. UNICEF focused its interventions on restoring Iraq’s learning environment to help children continue their education despite the ongoing violence and insecurity.

In the wake of widespread damage to national water supply and sanitation facilities, UNICEF has helped to restore families’ access to these critical services and manage large-scale outbreaks of dangerous waterborne diseases, like cholera. As coordinator of the UN infrastructure and rehabilitation cluster, UNICEF leads the UN effort in rebuilding and expanding water and sanitation facilities, improving hygiene and sanitation in schools and providing emergency water, sanitation and hygiene assistance to families in crisis.

UNICEF works to ensure that Iraqi children living in an uncertain and sometimes dangerous environment are protected from harm, exploitation and abuse, supporting reintegration into family and community, and enhancing opportunities for participation in decision-making. UNICEF’s programmes help to build partnerships for children, support local projects to improve children’s lives and promote discussions and analysis of children’s rights within the Iraqi Constitution amongst all Iraq’s stakeholders.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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</thead>
<tbody>
<tr>
<td>UNICEF Iraq is reinforcing its humanitarian programming through an integrated operational framework designed to reach a greater number of affected Iraqi families with a needs-based and holistic assistance package. This mechanism will link into existing coordination structures such as the UN cluster approach, in which UNICEF Iraq has been designated leader for the infrastructure and rehabilitation and education and culture clusters. UNICEF is also deputy cluster leader for the health and nutrition cluster. UNICEF works in close collaboration with the UN Assistance Mission for Iraq (UNAMI) and UN agencies via the UN Country Team (UNCT) and, bilaterally, coordinates closely with the newly established Office for the Coordination of Humanitarian Affairs (OCHA) in Amman. UNICEF Iraq has long-lasting partnerships with several NGOs, and established strategies and priorities with the Government of Iraq.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Iraq is in the second year of its current Country Programme of Cooperation 2007-2010. The programme addresses the rights of the child through activities in early childhood development, and primary education, maternal/child health and nutrition, water, sanitation and hygiene, and legal and social protection of the child throughout the country. UNICEF’s emergency activities are integrated into the programme structure and are designed and implemented by experts.</td>
</tr>
</tbody>
</table>

Health and nutrition (US$ 10,519,579)
Up to 360,000 displaced persons, host communities and other extremely vulnerable persons will benefit from the following key activities:

- Provide required vaccines (measles and polio), vitamin A and required cold-chain equipment, auto-destruct syringes and safety boxes;
• Provide transportation and food allowance for outreach mobile health teams to vaccinate internally displaced under-five children;
• Support social mobilization activities for measles and polio vaccination;
• Assure availability of ORS and zinc at all health facilities for the treatment of diarrhoeal cases;
• Provide basic new emergency health kits, midwife kits, and first aid kits;
• Assure availability of surgical materials for the treatment of casualties;
• Distribute non-food Items to affected populations;
• Provide nutritional supplies, including therapeutic milk and Plumpy’nut, for the management of severely and moderately malnourished under-five children;
• Undertake capacity-building of the Ministry of Health and NGO staff through training of nutrition rehabilitation centres and primary health-care centres’ staff on the proper management of malnutrition (severe and moderate);
• Promote breastfeeding and appropriate infant and child feeding practices among IDP communities;
• Support mobile health teams to provide outreach services to remote communities.

Water, sanitation and hygiene (US$ 16,295,290)
Up to 720,000 vulnerable persons, focusing particularly on children and women, will be reached through the following key activities:
• Supply tankered water to affected populations, install mobile water treatment plants, and repair existing water supply networks and sewage lines;
• Distribute water purification tablets/chemicals and hygiene materials (soap, sanitary napkins, hygiene kits etc.) at household and community level;
• Undertake awareness campaigns on hygiene and waste/excreta disposal;
• Construct latrines and provide garbage collection and disposal at community and household levels;
• Undertake capacity-building of Ministry and NGO staff in technical aspects of assessment, response and evaluation in emergency settings.

Education (US$ 10,964,147)
A total of 149,000 displaced and war-affected children and up to 2,300 teachers will benefit from the following key activities:
• Supply basic scholastic materials, including notebooks, pencils, erasers, recreational and early childhood development kits, for preschool and primary schoolchildren;
• Undertake capacity-building of primary schoolteachers through provision of teacher training, with particular attention to HIV/AIDS, gender and peace education;
• Provide tents and/or support construction of temporary learning spaces to accommodate preschool and primary schoolchildren;
• Build capacity of NGO staff in assessment and response standards in emergency settings.

Child protection, includes mine action (US$ 5,503,844)
Orphans and unaccompanied children, children being recruited by militia/insurgency groups as well as those in detention, and survivors of gender-based violence, are targeted through the following key activities:
• Strengthen operational monitoring mechanisms at community level;
• Reinforce community-based rapid response mechanisms for the prevention of/response to sexual violence;
• Identify and provide an appropriate response, including medical and psychosocial, to support the reintegration of women and children subjected to sexual violence;
• Explore ways to advocate for and facilitate the release and reintegration of children who remain associated with armed groups or detained by military forces;
• Increase support to separated and unaccompanied children and orphans by developing/strengthening community-based protection mechanisms;
• Ensure mine-risk education (MRE) to affected communities in the provinces via schools and other community structures designing and disseminating MRE materials (T-shirts, leaflets, posters etc) and providing direct MRE sessions to affected communities.
Up to 750,000 Iraqis – of which half are estimated to be children – are presently living in Jordan. Their arrival over the last few years has been linked to the upsurge of violence in Iraq. In a country with less than 6 million inhabitants the influx of such a large number of people has placed considerable strain on infrastructures. UNICEF’s challenge for 2008 is to ensure that the displaced Iraqis in Jordan have access to appropriate health care and social services without exerting undue pressure upon public services to the detriment of both the Iraqi population and the local Jordanians.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>3,812,000</td>
</tr>
<tr>
<td>Education</td>
<td>11,770,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>450,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,032,000</strong></td>
</tr>
</tbody>
</table>

*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 global deterioration of the security situation inside Iraq over the last few years has prompted an unprecedented exodus. In neighbouring countries alone, some 2 million Iraqis have now been taken in. Jordan, which is hosting up to 750,000 Iraqis, is one of the countries most affected by this migration. The Government of Jordan – who is not a signatory of the 1951 Convention relating to the Status of Refugees – has accepted the Iraqis as guests. Despite the general warmth of reception of Iraqis into Jordan, the lack of internationally recognized status means that even the most basic statistically relevant quantitative information about the Iraqis in Jordan is not available. Results of a study completed in the first half of 2007 by the Fafo Institute for Applied International Studies in Norway and the Department of Statistics of the Government of Jordan have been long delayed in their release. Only in the latter half of 2007 were health assessments of Iraqis permitted by the Government.

This lack of quantitative information should not be used to hide the fact that this is a community at risk. Unemployment is thought to be very high amongst Iraqis, as those who lack registration papers (by far the majority) have only been able to work in the informal sector – if at all. As a result, even those Iraqis who were first considered to be wealthy have seen their assets depleted on the costs of daily living over the last year, and for the poorer Iraqis, who are the vast majority, the situation is probably much more dramatic. Anecdotal evidence suggests that adolescents are disproportionately represented. Many of them have been sent to Jordan by their families after they were picked up by coalition and government forces, only to be later released without charge. Yet the fear that they would apprehended again prompted families to send their youth, with whatever assets they could, to what they presumed to be the relative safety of Jordan. Safety from bombs and bullets may well have been achieved, yet exposure to exploitation has increased for these vulnerable young people.

Education for most Iraqi children in Jordan has been impossible until the start of this school year. On 6 August 2007, the Government of Jordan made the unprecedented gesture of allowing all Iraqi children to attend Jordanian public schools – regardless of their status. As many Iraqi children have been out of school for over three years both in Jordan and in their home country, despite Government’s generosity, the Jordanian educational legislation makes it impossible for them to be enrolled in Jordanian schools. They therefore need special assistance.

Experienced NGOs on the ground report on unprecedented levels of post-traumatic stress syndrome amongst Iraqi refugees. Due to their irregular status, many of these refugees have been unable to seek help since their arrival in Jordan. An unknown number of them suffer high levels of emotional, environmental and social distress. Their experiences in Jordan have compounded what they went through in Iraq.

Finally, and in relation to the above, Iraqis in Jordan have access to health care through structures set up specifically for them by Caritas, the Jordanian Red Crescent and government health facilities. Disaggregated data on the numbers of Jordanians and Iraqis who attend government health services are not available. However, as almost 95 per cent of the Iraqi patients who receive treatment at the Jordanian Red Crescent facilities belong to the minority that is officially registered, it is believed that Iraqis’ access to appropriate health care in Jordan is problematic.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In 2007, after a period of negotiations with the Government of Jordan, UNICEF has started to respond to the humanitarian needs of the displaced Iraqi population. It has focused on the areas where it has a comparative advantage over other UN agencies working with Iraqi refugees in Jordan. UNICEF’s assistance has included an effective assessment of displaced Iraqis’ health needs, access to health care and health behaviour – especially women and children.

Following the announcement on 6 August 2007 that all displaced Iraqi children were allowed to enrol in Jordan’s public schools, UNICEF has been working hard to support the implementation of this decree. Key activities included:

- Supporting financially the Government’s decision to allow all Iraqi children to attend Jordanian public schools and paying the school fees of children whose families could not afford to do so;
• Purchasing essential supplies for Iraqi students through the Ministry of Education (e.g., textbooks, ensuring that no child had to pay for his textbook);
• Training new teachers to deal with the identification, basic treatment and appropriate referral of Iraqi children suffering environmental, social and emotional distress;
• Providing the Ministry of Education with technical support in order to help implement double-shift schools and rent additional buildings to accommodate the students;
• Providing, wherever feasible, additional equipment for double-shift schools to ensure a learning environment as conducive as possible;

3. PLANNED HUMANITARIAN ACTION FOR 2008

Health and nutrition (US$ 3,812,000)
Key activities in health and nutrition will include:
• Procure/distribute essential emergency drugs/equipment for women and children to health centres dealing with large numbers of Iraqi outpatients;
• Support the Government in its immunization activities providing cold-chain equipment, vaccines and syringes;
• Support the expansion of the school health programme to allow health services to access, in many cases for the first time, Iraqi children who recently joined the public school system;
• Ensure that vulnerable children and pregnant/lactating women have access to appropriate micronutrients;
• Provide support to children suffering social, environmental and emotional distress. This activity will be cross-sectoral, but one primary area of intervention will be the training of health workers linked to schools in a basic set of core psychosocial skills to recognize, manage and, where necessary, refer children and their carers suffering serious distress.

Education (US$ 11,770,000)
An initial 50,000 Iraqi children were enrolled in Jordanian basic education in 2007. Assistance to these children needs to be maintained throughout 2008. An additional 50,000 Iraqi children, who have so far been excluded from public schooling because of their vulnerability or because they did not meet the necessary requirements, will need help through the non-formal education system. Key activities will include:
• Continue purchasing essential school supplies through the Ministry of Education (including 40,000 textbooks for Iraqi children);
• Train at least 1,800 additional teachers to deal with the identification, basic treatment and appropriate referral of Iraqi children suffering environmental, social and emotional distress;
• Continue supporting NGO partners in their work to identify and help children (both Iraqi and Jordanian) who require special assistance to resume schooling (including the provision of school uniforms and stationery);
• In 2008, endeavour to integrate Iraqi children into existing governmental non-formal education programmes. In addition, and in any case, support NGOs working in this domain to ensure that, wherever possible, Iraqi children join the mainstream public schooling system and, where this is not possible, they receive vocational training or, at the very least, a minimum package of life skills.

Coordination and partnership
UNICEF chairs the joint donor, non-governmental/community-based organizations and UN agency education coordination group. UNICEF has also taken the lead in setting up an effective assessment on the health behaviour, access and needs of the Iraqi people in Jordan – bringing the UN Population Fund (UNFPA), the World Health Organization (WHO) and the Office of the UN High Commissioner for Refugees (UNHCR) into the process.

Regular programme
The Humanitarian Action Report (HAR) is linked to the emergency preparedness component of the Country Programme. In addition, the educational and protection components of the HAR link with the strengthening of the protective environment component of the Country Programme.
**Child protection (US$ 450,000)**

The training of teachers in psychosocial techniques will be extended to all those who work with the Iraqi community, providing a basic set of core skills to identify psychosocial problems, put in place appropriate treatment measures and know when and where to refer children for psychological or psychiatric assistance. In addition, teachers will give feedback on their students so that a suitable programming can be developed to address children’s needs outside school hours. Key activities will include:

- In at least 30 double-shift schools (catering over 25,000 children) develop afternoon clubs and parent/teacher associations where staff and teachers are trained in psychosocial skills and children engage in activities that will help their integration into their new schools and reduce their environmental, social and emotional distress;
- In each of the five areas where there is high concentration of Iraqi children, provide at least one community-based organization with enhanced training and support to identify child protection problems;
- Support the prevention, identification, documentation, tracing, care and reunification of separated children.
The main challenge facing the 2008 programme will be to continue addressing the impact of the July 2006 war combined with decreasing socio-economic indicators because of political instability in the aftermath of the war, specifically affecting underserved areas within the country. The programme aims at strengthening and increasing the scope of multidisciplinary programmatic interventions in six Governorates with emphasis on improving conditions of at least 600,000 children in targeted districts and ensuring support to the national measles campaign for over 1 million children.

### Summary of UNICEF financial needs for 2008

<table>
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<tr>
<th>Sector</th>
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<tbody>
<tr>
<td>Health and nutrition</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>700,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>600,000</td>
</tr>
<tr>
<td>Mine action</td>
<td>150,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,950,000</strong></td>
</tr>
</tbody>
</table>

* 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 July 2006 war that affected over 1.7 million people, the majority being women and children, resulted in the destruction of 12,000 households and the partial damage of 95,000 family units, combined with the destruction of some 250 schools and dispensaries and the loss of 8,000 small enterprises. Severe damage to the transport infrastructure limited the access to entire communities. Moreover, because of the massive displacement of some 900,000 persons, who sought temporary refuge in schools or community shelters, 700 schools needed rehabilitation – mainly water and sanitation facilities and other community infrastructure. Over 90 per cent of the population returned to their places of origin in the aftermath of the war, while the residual caseload remains in rented homes or with family members in other parts of the country. Government compensation claims against destroyed or damaged houses have yet to be completed further exacerbating the integration process of the affected population.

The war has had a devastating impact on women and children. More than 80,000 primary schoolchildren are facing hardship in reintegrating into partially destroyed schools, while a much larger segment of children are exposed to an estimated 1 million unexploded devices. Distress amongst school-aged children and their families has contributed to an increase in drop-out rates and in violence in schools. The situation of at-risk children, such as street children, children in institutions or children with disabilities, has become more desperate due to depleted resources and the focus on reconstruction. Displacements contributed to the disruption of health and education personnel, which in turn affected the quality of services offered upon return.

The aftermath of the July 2006 conflict led to political instability and standstill of the Government affected public services, while the national economy faces one of its biggest challenges in addressing the impact of the war in a social environment threatened by ongoing civil unrest. In 2007, Lebanon sustained six bombings, which resulted in the killing of two members of Parliament, and a military conflict in the Palestinian camp of Nahr el Bared where 167 soldiers lost their lives fighting against Fateh el Islam, a militant group allegedly related to Al Qaeda. Some 30,000 Palestinians are displaced since the four-month conflict that ended with a victorious army but with threatening members of Fatah el Islam still at large. Social and economic indicators have deteriorated; unemployment is increasing; the number of out-of-school children, mostly at the intermediate level, is growing. In addition to the trauma of war, families are now facing economic hardship. UNICEF’s programmatic inputs will give priority to these families, particularly those living in conflict-affected and underserved areas facing decades of regional disparities in development plans.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with government counterparts and some 20 NGO partners, UNICEF continued to respond to the humanitarian needs of the population in war-affected and underserved areas. UNICEF’s assistance primarily focused on health, water and sanitation, education and child protection, including mine-risk education. UNICEF also provided support to some 30,000 Palestinian refugees who, due to the conflict between the Lebanese Armed Forces and Fateh el Islam, fled the fighting at Nahr el Bared camp and moved to the nearby Beddawi camp. The emergency operation that started in May 2007 is providing safe drinking water and health services to the overall camp population and ensuring a protective environment for 12,000 displaced Palestinian children.

In the area of health, UNICEF reinforced the cold chain in all districts procuring equipment as well as vaccines and trained Ministry of Public Health staff. The main challenge, however, was to complete the very first national expanded programme on immunization (EPI) policy by the end of 2007, while promoting health education in schools and breastfeeding countrywide. UNICEF provided the Ministry of Public Health with 27 vehicles to strengthen health monitoring in all districts. In partnership with Lebanese Water Authorities, UNICEF supported the construction and rehabilitation of major water schemes destroyed during the conflict, including seven elevated water tanks. The assessment of damaged schools led to the improvement of sanitary facilities and safe water supplies in 87 schools and of community water schemes in 12 villages. UNICEF procured 22 mobile water treatment systems to guarantee water quality control in affected areas.

In partnership with the Ministry of Education, UNICEF supported the child-friendly school initiative in some 100 targeted schools through an integrated approach combining school rehabilitation, health/nutrition and hygiene education as well as extracurricular activities, such as literacy and remedial classes. Moreover,
UNICEF supported environmental awareness activities in 1,100 schools, including recuperation and promotion campaigns targeted towards children.

In the area of child protection, UNICEF helped enhance its partners’ capacity to provide psychosocial support through recreational programmes for an estimated 8,000 children. Twenty-five child-friendly spaces established shortly after the war received minimal support. By mid-2007, UNICEF focused on aligning partners to establish child protection networks involving adolescents. Seven youth/community centres, comprising mobile teams, provided training on psychosocial counselling, mine-risk education and conflict resolution in 71 villages to over 65,000 persons.

In collaboration with the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and under the leadership of the UN Country Team (UNCT), UNICEF responded to the humanitarian needs of the Palestinian refugees in northern Lebanon providing medicines, tanks and bladders to meet the water requirements of the displaced population along with bottled water for vulnerable groups. Through its partners, UNICEF distributed daily some 100,000 litres of tankered water. Transportation was arranged for more than 2,500 schoolchildren to undergo final school examinations and to attend remedial classes, and recreational activities were organized for 3,000 children residing in Beddawi camp. Palestinian Red Crescent medical doctors underwent training on disaster management, while 250 UNRWA teachers and social workers were trained on mine-risk education and received awareness-raising materials.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**

UNICEF works with government counterparts and some 20 NGOs. As part of the inter-agency emergency preparedness plan, UNICEF is the lead agency for the education and water, sanitation and hygiene clusters and subLead for nutrition and child protection. Currently, UNICEF participates in working groups covering all sectors (health, water, sanitation and hygiene, education, and child protection), co-chairs with the authorities.

**Regular programme**

The *Humanitarian Action Report* helps identify and address the gaps that will set the planning basis for the next UNICEF Programme and the UN Development Assistance Framework for the period 2009-2013.

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

In 2008, UNICEF aims to strengthen and expand its emergency health recovery response providing primary health-care services to some 400,000 beneficiaries and ensuring measles vaccination coverage for over 1 million children. UNICEF will ensure that Ministry of Public Health- and NGO-run health facilities have both the supplies and the technical and logistical capacity to fully immunize and provide emergency obstetric and neonatal care to all women and children in the 10 targeted districts. Community-based networks will be established through the child-friendly school initiative using schools as community entry points. Key activities will include:

- Vaccinate 1 million children against measles and, as required, against other communicable diseases;
- Establish three regional expanded programme on immunization (EPI) cold rooms and complete procurement of cold-chain and related equipment for 300 health centres; support both public and NGO-managed health centres with a focus on child immunization and other maternal and child health care, including the provision of supplies;
- Train health personnel at district level on immunization services, including monitoring, vaccine management and cold-chain maintenance;
- Support the implementation of an EPI surveillance/health management information system;
- Provide to at least 50,000 families particularly at risk information on maternal and child health issues, such as breastfeeding, hygiene and child immunization; train relevant health and social workers on primary health care, health education and outreach services; support home visits by community health workers, and organize health awareness-raising sessions;
- Based on a nationwide evaluation of health staff skills and qualitative assessments, develop and support a health promotion and communication for behaviour change strategy;
• In collaboration with the United Nations Population Fund (UNFPA), increase accessibility of high quality and effective maternal, newborn and child health (MNCH) services, particularly for the poor and the disadvantaged, developing and implementing sustainable MNCH programmes at all levels of the health-care delivery system;
• Train health staff on the management of sexually transmitted infections (STIs); train social workers on HIV counselling; train peer educators on healthy life skills, drugs and HIV/AIDS, aiming to prevent STIs and HIV/AIDS;
• Support four newly established centres for the prevention of mother-to-child transmission (PMTCT) of HIV;
• Support institutions and partners in developing their capacity for emergency preparedness and response;
• Procure contingency emergency health kits and supplies, as required.

Water, sanitation and hygiene (WASH) (US$ 2,500,000)
In collaboration with the Lebanon Water and Wastewater Establishments (LWWE), UNICEF will provide access to safe water for some 600,000 persons in conflict-affected or underserved areas. In addition, 100,000 persons will benefit from improved sanitation facilities through the rehabilitation of semi-public installations in schools and health centres and 200,000 will benefit from hygiene sessions encouraging behaviour change. Key activities will include:
• Rehabilitate/construct water reservoirs or water supply networks;
• Rehabilitate/construct small individual and semi-collective sanitation systems;
• Complete comprehensive joint assessment, surveys and baseline studies;
• In partnership with LWWE, support the formulation of a joint three-year water, sanitation and hygiene programme;
• Combine the training of LWWE staff on the analysis, treatment and utility of safe drinking water with the training of all stakeholders involved in sanitation and hygiene;
• Conduct a knowledge, attitude and practice (KAP) study on consumer response, testing, analysis, and treatment of drinking water;
• Provide submersible pumps, boosters, pipes and fittings, generators and electrical panels;
• Drill boreholes and construct gravity-fed schemes by developing water sources at springs;
• Conduct KAP studies/focus groups to identify global strategies on hygiene education and behaviour change;
• Provide technical assistance to LWWE on the management of waste disposal;
• Promote hygiene awareness in schools by providing hygiene kits and organizing awareness activities in 120 schools;
• Support institutions and partners in developing their capacity for emergency preparedness and response;
• Procure contingency emergency water and sanitation supplies, as required.

Education (US$ 700,000)
In partnership with the Ministry of Social Affairs and the Ministry of Education, UNICEF will promote the child-friendly school initiative by adding 55 new schools to the existing network, reaching out to some 30,000 students. Key activities will include:
• Produce guidelines and printing materials on the child-friendly school initiative;
• Strengthen and promote the child-friendly school initiative by rehabilitating and providing equipment to 55 additional elementary and intermediate public schools;
• Develop a teaching curriculum and job profile for school counsellors;
• Train 1,000 teachers and school managerial staff, such as principals and counsellors, on subject training and emergency response;
• Support parents’ associations and mobilize networks in order to create an environment conducive to learning and to the development of individual skills;
• In partnership with the Ministry of Social Affairs, establish and implement an early childhood development policy;
• Support the Ministry of Education in developing and disseminating new educational modules and materials for children with special needs;
• Support institutions and partners in developing their capacity for emergency preparedness and response;
• Procure contingency education kits, as required.
**Child protection (US$ 600,000)**
In partnership with the Ministry of Social Affairs and NGOs, some 250,000 children and youth vulnerable to discrimination, violence and internal conflict and with limited family support, living in conflict-affected and underserved areas, will benefit from the following activities:

- Develop five regional child protection networks of civil society, community actors, municipalities and social centres to identify needs and address issues related to disability, marginalization, psychosocial support, residential care, juvenile justice etc.;
- Develop a national network of youth centres and groups for a total of 15 hubs in the targeted areas empowering young people to take an active role in the recovery of their communities through community mobilization, conflict resolution and tolerance networks;
- Train 250 social workers, community workers, municipality focal points and community actors on psychosocial support, conflict resolution, inclusion and child protection responses;
- Establish referral systems for the most vulnerable children through child protection networks and specialized coaching;
- Support institutions and partners in developing their capacity for emergency preparedness and response;
- Procure contingency emergency recreational kits and supplies, as required.

**Mine action (US$ 150,000)**
- Some 100,000 beneficiaries will be reached through the following activities:
- Conduct regular mine-risk education (MRE) activities responding to mine/unexploded ordnance (UXO) accidents, including the production of various child-friendly MRE materials for some 150 affected villages/areas (in northern and southern Lebanon);
- Work with the national steering committee to introduce MRE into the national teaching curriculum for sustainable and widespread dissemination;
- Support the national steering committee to effectively monitor and respond to MRE needs in all affected areas;
- Train 250 stakeholders on MRE;
- Provide vocational training and economic empowerment to 100 mine/UXO survivors;
- Train 60 teachers from 15 villages on educational inclusion of child mine/UXO survivors.
The absence of a lasting political solution to the world’s longest running conflict remains the single challenge facing the occupied Palestinian territory (oPt), with profound humanitarian consequences for children and women. Beyond violence, most threats to survival and development arise from restrictions to movement and access – whether this translates into healthy births, nutritious food, safe schools; decent health care, or protection from abuse. UNICEF will provide support to 1.8 million children and 0.9 million women.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>7,508,650</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,792,800</td>
</tr>
<tr>
<td>Education</td>
<td>5,160,000</td>
</tr>
<tr>
<td>Child protection/psychosocial</td>
<td>2,973,530</td>
</tr>
<tr>
<td>Adolescents</td>
<td>2,144,000</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>20,578,980</strong></td>
</tr>
</tbody>
</table>

* 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.

Sources:
- *The State of the World’s Children 2008*
- *Palestinian Family Health Survey, 2006, Preliminary Report*
- *Palestinian Central Bureau of Statistics, 2006*
1. CRITICAL ISSUES FOR CHILDREN

Although the decades-long occupation and the ongoing war with Israel remain the root to the impoverishment and distress across Palestinian territory, 2007 has witnessed previously unseen levels of violence, division and insecurity within Palestinian society itself. The inter-factional fighting in June 2007, the takeover of the Gaza strip by Hamas and the resultant political divide between the West Bank and Gaza have resulted in a new and uncertain operational landscape for UNICEF. Repeated interruptions in the provision of social services due to strike action by unpaid civil servants, especially in the West Bank, have also hindered programme implementation. Two years into the Agreement on Movement and Access, there were some 530 obstacles to movement in the West Bank, or more than 40 per cent above the August 2005 baseline (Office for the Coordination of Humanitarian Affairs, 2007). Gaza remained under virtual siege.

While indicators on infant and under-five mortality have changed little since 2000, recent numbers on child and maternal malnutrition are disturbing. In 2006, 1 in 10 children was stunted, with proportions reaching almost 30 per cent in North Gaza. Only 26.5 per cent of infants aged 0-5 months were exclusively breastfed. Anaemia prevalence among children and women is above 40 per cent, indicative of a public health problem.

Palestinians consumed an average of 75 litres of water per capita per day (2006), or half the amount the World Health Organization (WHO) says is needed to drink, cook, clean and bathe. Saline sea water and sewage have seeped into the coastal aquifer in Gaza, and wastewater treatment and solid waste collection are far from adequate. Schools and clinics have inadequate water storage systems and poorly maintained connections to networks. About 66 per cent of the Palestinian population is not connected to a sewerage network and approximately 70 to 80 per cent of the domestic wastewater is discharged into the environment without treatment. In March 2007, an overburdened wastewater treatment plant in Northern Gaza collapsed, killing five people, including two children, and displacing thousands.

Primary school gross enrolment ratios have dropped from 96.8 per cent in 2000-2001 to 91.2 per cent in 2005-2006, and the rise in poverty and unemployment in 2006-2007 has put schooling-related costs beyond the reach of many parents. The threat of walkouts by poorly-paid teachers persisted, and morale was extremely low among education professionals. Closures, roadblocks and random checkpoints continued to challenge student and teacher access to schools in the West Bank, while the almost total shutdown in Gaza following clashes in June blocked all education supplies coming for the new academic year. Primary schools in areas hard-hit by the conflict or movement restrictions lack basic teaching materials, library books, laboratory and recreational equipment, and teachers lack the skills needed to make learning enjoyable and productive for children.

The conflict-related violence surrounding children has seeped into their homes, schools and play areas. In a Palestinian Central Bureau of Statistics study on family violence in 2005/2006 half the mothers participating said that their children aged 5-17 years had been exposed to one form or another of violence. Children are also reporting extremely high levels of violence in their schools and play areas. While fatalities from the conflict are lower than in 2006 (31 children as of end-July 2007), 26 children died as a result of Palestinian inter-factional fighting. The higher levels of distress have translated into larger numbers of children and families seeking psychosocial support and counselling.

Young adolescents are a particularly vulnerable group and are most often exposed to the frontline of conflict and violence. In 2006, almost 70 per cent of the children killed in conflict were adolescents; all the children placed under detention that year were between the ages of 15 and 17. Due to disruptions in schooling related to violence or closures, the number of teens falling two to three grades below their level and eventually dropping out continues to rise. Two out of three adolescents do not have safe spaces to go to for recreation and interaction with their peers, and most have few opportunities for positive and productive play.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF’s humanitarian response focused on health, nutrition, water and sanitation, education, protection, and adolescent development. Key challenges to implementation included the institutional divide within Palestinian authorities; violence related both to the conflict with Israel and internal Palestinian fighting; ongoing public sector strikes by unpaid workers; and restrictions to access and movement.
Routine immunization rates (over 90 per cent) and services have been improved through increased technical and supply assistance to the Ministry of Health and other partners, reaching around 114,000 under-ones and around 250,000 schoolchildren. Some 24,000 moderately and acutely malnourished children were also provided with nutrition supplies and 600 health workers in about 150 facilities received training on improved childcare practices. UNICEF provided daily drinking water to more than 340 schools and some 40 medical facilities in Gaza, and with partners UNICEF is repairing and improving water and sanitation services and facilities in vulnerable communities in both the West Bank and Gaza. UNICEF provided US$ 1.5 million worth of emergency teaching and learning supplies to many of the oPt's most affected schools and communities, and supported teacher training for more child-friendly approaches, even during emergencies. As of end August, 18 child-friendly spaces had been set up by UNICEF in isolated or conflict-affected areas, providing educational, recreational and counselling services to more than 85,000 vulnerable children and about 42,000 adolescents. Some 13,375 children and 12,365 caregivers have received psychosocial counselling and care through the 14 UNICEF-supported teams across oPt, with rising numbers visiting newly established psychosocial/legal centres or dialling up the 1-800 helpline.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
Coordination of humanitarian action is facilitated by the Operational Coordination Group with the participation of both UN agencies and NGOs, while overall coordination of humanitarian activities and development is facilitated by the United Nations Country Team (UNCT). UNICEF has the sector lead in education, water, sanitation and hygiene, and child protection (psychosocial support).

Regular programme
The UNICEF Country Programme for 2008-2009 focuses on the realization of the rights of Palestinian children to survival, development, protection and participation. Its objective is also to support the Palestinian Authority in reaching the Millennium Development Goals and achieving national goals for children and development as set out in the National Plan of Action for Children and the Medium Term Development Plan.

Focus
The Programme focuses on health, nutrition, education, child protection, adolescents, water, sanitation and social policy, and it targets a total population of 2.7 million of whom 1.8 million are children aged 0-14 years and 0.9 million women of childbearing age.

Health (US$ 7,508,650)
Some 1.8 million children and 0.9 million women/mothers are expected to benefit from the following key activities:

- Procure and distribute routine expanded programme on immunization (EPI) vaccines for 160,000 children under two years old, 55,000 15-year-old girls and about 80,000 women of childbearing age, as well as procuring and strengthening the cold-chain system;
- Ensure availability of supplies through procurement and distribution of basic essential drugs for 25 maternal and child health facilities, including prepositioned supplies for 20,000 recipients for three months;
- Train and orient at least 154 skilled providers and 15 supervisors on newborn care, birth preparedness partogram, management of delivery complications and infant and young child feeding;
- Collect, assemble and analyse data and information on humanitarian status and response using the Ministry of Health/Health Information System (MOH/HIS) and other providers’ data on newborn, child and maternal survival statistics;
- Train at least 370 health personnel and village health workers at 165 facilities on integrated management of childhood illnesses (IMCI) initiative, breastfeeding, growth monitoring, management of macro- and micronutrient deficiency, and counselling on young child feeding in emergencies;
- Implement social mobilization and awareness-raising campaigns, develop and distribute health and nutrition education materials for caregivers;
- Provide iron/folic acid, vitamin A and D supplements for about 150,000 children and 120,000 women.
Water, sanitation and hygiene (US$ 2,792,800)
Some 300,000 students, 35,000 hospital patients and 500,000 people will be reached through the following key activities:

- Rehabilitate/construct water and sanitation facilities at 42 schools and 20 health centres to reduce waterborne diseases;
- Construct eight water networks in the West Bank and Gaza;
- Distribute 1,000 water tanks for selected families who do not have storage facilities in rural areas of Rafat and Khan Younis (Gaza Strip);
- Construct 50 stainless steel filling points (two and five cubic metres) with the goal of expanding access to safe drinking water in rural areas of Rafat and Khan Younis (Gaza Strip).

Education (US$ 5,160,000)
Some 100,000 vulnerable children and 4,000 teachers will benefit from the following key activities:

- Develop remedial programmes for students in vulnerable areas in the West Bank and Gaza;
- Build the capacity of selected district educational directorates in remedial programme implementation, monitoring and evaluation;
- Orient 4,000 teachers on child-centred teaching methodology (child-friendly school concept), including psychosocial care in emergencies;
- Equip 500 primary schools, particularly in the Gaza Strip, Jordan Valley and South Hebron with teaching material to improve teaching and learning processes;
- Together with district educational directorates and various local NGOs, strengthen early childhood care and education (ECCE) and school readiness through home- and community-based solutions.

Child protection/psychosocial (US$ 2,973,530)
Some 100,000 children and 50,000 caregivers are targeted through the following key activities:

- Through the 14 psychosocial teams established across oPt, provide psychosocial support to 100,000 children and enable 50,000 caregivers to better protect children against violence;
- Maintain the five existing socio-legal defence centres, as well as the toll-free line, and establish two additional centres to provide legal, psychological and social assistance to victims of violence;
- Conduct mine-risk and small arms and light weapons (SALW) education activities for 100,000 children and 40,000 families.

Adolescents (US$ 2,144,000)
Some 146,000 children and adolescents will be reached through the following activities:

- Maintain 40 adolescent-friendly learning spaces and empower vulnerable adolescents through literacy, maths, information technology, music, sports and life skills sessions, targeting a minimum of 8,000 adolescents per month or a total of 96,000 adolescents throughout the year;
- Provide 10,000 adolescents and caregivers in the West Bank and Gaza Strip with psychosocial support through a number of sessions and recreational activities;
- Provide sports and recreational opportunities to 40,000 children and adolescents in 40 safe play areas.
Nearly three years after the signing of the Comprehensive Peace Agreement, major humanitarian challenges remain throughout the Sudan. While recovery and development activities are taking place throughout the country, large pockets of humanitarian need persist. The most notable is the ongoing crisis in Darfur. However, disease outbreaks, lack of basic services, natural disasters and intermittent conflict affect communities in every part of the country.

### Summary of UNICEF financial needs for 2008 (US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Northern Sudan Area Programme</th>
<th>Southern Sudan Area Programme</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>23,737,800</td>
<td>13,274,526</td>
<td>36,648,326</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>22,595,000</td>
<td>16,463,500</td>
<td>39,058,500</td>
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<tr>
<td>Education</td>
<td>13,634,329</td>
<td>10,745,000</td>
<td>24,379,329</td>
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<tr>
<td>Child protection and mine action</td>
<td>16,738,000</td>
<td>7,855,200</td>
<td>24,593,200</td>
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<tr>
<td>Non-food items and emergency coordination</td>
<td>12,000,000</td>
<td>5,538,000</td>
<td>17,538,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>3,380,000</td>
<td>2,000,000</td>
<td>5,380,300</td>
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<tr>
<td>Communication &amp; advocacy</td>
<td>1,805,680</td>
<td>971,000</td>
<td>2,776,680</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>93,526,809</strong></td>
<td><strong>56,847,226</strong></td>
<td><strong>150,374,035</strong></td>
</tr>
</tbody>
</table>

* 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\textsuperscript{13}

Throughout 2007, the humanitarian environment in Darfur remained in the spotlight. With continued violence, insecurity and increasing fragmentation of the various rebel factions, the situation of children and women remained precarious. Sexual and gender-based violence was a critical concern throughout the year. Numbers of internally displaced persons (IDPs) continued to rise, with over 240,000 people newly displaced, or re-displaced. By the fourth quarter of 2007 there were an estimated 2.1 million IDPs in Darfur. IDP camps remained full to overflowing and aid agencies struggled to keep up with the needs. After four years of conflict, coping mechanisms have become seriously stretched and, for the first time since 2004, pockets of malnutrition above the emergency threshold have been reported.

The security of humanitarian personnel has also been a major problem, with numerous attacks on staff and repeated theft of agency assets. By end-September 2007, 5 aid workers had been killed, 11 injured and 53 others had been physically assaulted. During the course of the year, humanitarian personnel were relocated on more than 25 occasions, negatively affecting the delivery of aid to hundreds of thousands of beneficiaries. This has had a direct and tangible impact on the quality and quantity results for children. Despite the numerous difficulties, the many partners working in Darfur have continued to bring relief to an estimated 4.2 million people.

UNICEF continues responding to humanitarian need in the non-Darfur areas in the northern states of Sudan including the ‘Three Areas’ (Blue Nile state, South Kordofan and Abyei) – characterized by fragile networks for primary health care, limited access to nutrition services and overburdened systems for water, sanitation and hygiene – and to the situation in Eastern Sudan, which still experiences intermittent insecurity and marginalization leading to significant humanitarian need. Limited funding for response to these areas has exacerbated humanitarian need and stunted development progress.

While some recovery and development actions are taking place in Southern Sudan, the area is still thought to have one of the highest, if not the highest, maternal mortality ratio in the world, with only 10 per cent of births assisted by qualified personnel. Over 15 per cent of children under the age of 18 are orphans, with one in five children an orphan in some regions. Infant and neonatal mortality rates are amongst the highest in the world, and child malnutrition rates, although not a problem for under-one children, are of major concern. Recurrent drought and chronic food insecurity over the past four decades have contributed to both acute and chronic malnutrition, and stunting in children under the age of 14 is amongst the highest in the world, reflecting inadequate nutrition over a long period of time. Wasting is a major problem, with the worst cases in Western Bahr el Ghazal affecting 9 per cent of under-five children. Water, sanitation and hygiene is a critical issue with only 15 per cent of people drinking treated water and less than 7 per cent having access to a safe means of excreta disposal.

Despite the second anniversary of the Comprehensive Peace Agreement (CPA) in January 2007, over 1,000 children are still associated with armed groups. Sudan is one of the 10 countries most affected by landmines and unexploded ordnance. Mines are present in all 10 states of the south.

Education in Southern Sudan has been decimated by over 22 years of war and conflict. During the war period, only one child in five attended school and only one girl in a hundred completed primary education; literacy rates stood at 25 per cent, with that of females standing at 12 per cent. Schools were largely staffed by untrained volunteers and only 13 per cent of learners had access to learning materials.

Throughout the country, numerous humanitarian issues continue to require focused attention: the use of child soldiers, their demobilization, return home and reintegration; awareness and education about the dangers of landmines; support to the tens of thousands of people returning to their areas of origin; advocacy with governing bodies about protection of children, women and vulnerable groups; preparedness and response to emergencies such as flooding and outbreaks; and concerted support to the governing bodies working to address these various scenarios.

\textsuperscript{13} All Southern Sudan data is taken from the Sudan Household Health Survey (2006) apart from education data which is from the Ministry of Education/UNESCO (2006).
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Health and nutrition interventions remained a humanitarian priority during 2007, with both preventative actions taking place as well as response to outbreaks and malnutrition. Work to prevent deadly measles outbreaks was a major component of the health response in 2007. A mass measles campaign in Southern Sudan, begun in late 2005, ensured that 3 million children have been protected against the disease (with 1.7 million vaccinated in 2007 alone). Response to outbreaks of measles, meningitis and acute watery diarrhoea were ongoing, together with training of emergency health personnel and other preventative activities. In Darfur, nearly 2.2 million conflict- and disaster-affected people were provided with essential and emergency primary health-care services, and primary health-care units were stocked and supported in numerous other areas in the country. In locations across Sudan with pockets of malnutrition, over 26,200 children and 600 women received nutritional support. Over 1.3 million under-five children received vitamin A supplementation.

Throughout Sudan, access to improved drinking water facilities increased, was re-established or was sustained for over 1.3 million IDPs, returnees and host communities or other vulnerable communities. In addition, access to safe means of excreta disposal increased, was re-established or was sustained for over 100,000 schoolchildren, internally displaced, returnees and host communities.

The provision of education, in spite of the changing humanitarian environment, continued to be one of the key successes in Sudan. Within the year, as a result of the ongoing ‘Go to School’ campaign, gross enrolment in Southern Sudan has increased to 1.2 million, with girls making up 30 per cent of those enrolled. Essential educational materials, including 80 tents for use as temporary learning spaces, have been procured and are being distributed to schools in Southern Sudan benefiting over 900,000 children. Thirty-two permanent schools are under construction, with an additional 250 being turned into child-friendly schools and 1,300 teachers have completed the fast-track teacher training, and intensive English language courses for an additional 1,100 teachers are ongoing. In the northern parts of the country, gross enrolment has increased by 141,616 children, of which 50 per cent are girls and 7 per cent newly enrolled nomadic children. A total of 520 classrooms have been constructed/rehabilitated and 416,119 children benefit from improved quality of basic education through the procurement of textbooks and training of 5,097 teachers in participatory child-friendly methodologies. In collaboration with the World Food Programme (WFP), 147,890 children in Darfur are receiving food at school.

Nearly 130,000 vulnerable children benefited from protection programmes in Darfur, Kosti, Khartoum squatter areas and camps and South Kordofan through child-friendly spaces, youth centres, recreational activities and vocational training. Child soldiers continue to be a key concern and an action plan was signed with the Sudan Liberation Movement/Army (SLM/A) for the release of over 1,500 children. Support was provided for the reintegration of over 275 children demobilized from armed groups and forces in the three transitional areas, Khartoum and the East. Family tracing and reunification is ongoing for an additional 500 children associated with armed groups in the East and Blue Nile. In Southern Sudan, more than 1,000 children have been demobilized since 2006. Mine-risk education continues in all affected areas, and more than 476,000 people in high-risk areas were reached with public information messages. Training on child rights and protection was provided for over 4,130 African Union Mission in Sudan (AMIS) troops.

During 2007, about 2 million people, including IDPs and returnees, were provided with information key to child survival and development, including essential messages on the control and prevention of cholera and meningitis. Messages about HIV and AIDS were also a critical part of humanitarian efforts during 2007.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
The UN in Sudan maintains parallel ‘Country Teams’ in the north and south, reflecting the ‘one country, two systems’ formula of the Peace Agreement. UNICEF acts as the sector lead in water, sanitation and hygiene, nutrition and education, while it also supports the World Health Organization (WHO) in coordination of the health sector and the UN Mine Action Service (UNMAS) in protection issues. Close collaboration and partnerships continue with relevant government bodies and numerous international and national NGOs.
Health and nutrition (US$ 36,648,326)
In Northern Sudan, including the three states of Darfur, some 8.4 million people including 2.6 million IDPs, host communities and impoverished persons in Darfur will be reached with the following activities:

- Vaccination activities will reach 3.9 million children with one shot of measles vaccine and vitamin A supplementation (an additional 1.5 children will receive vitamin A supplementation); 1.9 million women of childbearing age with three doses of tetanus toxoid; 1 million Darfuri under-five children with two rounds of polio vaccination; and 1 million children with routine vaccination activities;
- One million families (7.4 million people) will receive long-lasting insecticidal nets to combat malaria and 4 million children will be reached with deworming treatment;
- About 8.4 million people will benefit from prepositioned emergency supplies, and outbreak response aimed at covering up to 50,000 people will be maintained;
- Some 200,000 pregnant women in three states will have access to reproductive services;
- Capacity will be built through training for up to 2,000 health staff and over 800 nutrition counterparts;
- About 200,000 children will benefit from the integrated management of childhood illnesses (IMCI) project;
- Nutrition supplies and equipment will be procured and distributed to 90 therapeutic feeding centres (TFC/OTPs) and 122 supplementary feeding centres in order to treat 6,125 severely and 51,000 moderately malnourished children, as well as rehabilitate 15 TFCs;
- Nutrition information systems (surveys, assessment and evaluations) will continue to be strengthened in order to identify and respond appropriately to areas of need;
- The integrated minimum nutrition package, addressing maternal and child nutrition issues, will be introduced and scaled up through health facilities;
- Support will be provided to regional- and state-level initiatives for flour fortification and salt iodization.

In Southern Sudan, 5 million vulnerable children and women will be reached through the following activities:

- Essential emergency drugs and equipment will be provided to 225 health centres and 2.4 million capsules of vitamin A and 2.4 million deworming tablets will target all under-five children;
- 75 county health workers and 225 health-facility and community-level vaccinators/health workers will be trained in immunization services and cold-chain management;
- Use of insecticide-treated mosquito nets (ITNs) will be promoted through the training of 250 community health workers and 750,000 ITNs will be distributed to 250,000 households;
- 500,000 sachets of oral rehydration salts (ORS) will be procured and distributed;
- 400,000 doses of meningitis vaccines and injection materials will be procured and distributed;
- Support will continue to 25 therapeutic feeding centres previously established and run by partners for 13,737 severely and an estimated 300,000 moderately malnourished children;
- Nutritional support will continue through the implementation of 20 nutritional surveys, assessments and evaluations and the training of 200 health staff in the treatment of severe malnutrition.

Water, sanitation and hygiene (US$ 39,058,500)
In Northern Sudan, including the three states of Darfur, over 2.3 million people will be reached with water, sanitation and hygiene support. Coordination and leadership will continue to be provided as part of UNICEF’s lead agency role in the sector. Activities will include:

- Access to improved water supply will be increased to within 1 km for over 719,000 people and access to sanitary means of excreta disposal will be increased for over 719,000, including 20,000 schoolchildren;
• In Darfur, the continuous availability of improved water supply and sanitation facilities will be ensured for about 2.3 million and 400,000 people respectively;
• Awareness on environmental sanitation and hygienic practices will be increased for over 2.3 million people.

In Southern Sudan, over 235,000 IDPs, with a focus on children and women, will be reached with the following activities:
• Rehabilitate/construct wells and sanitary facilities in 70 schools; equip 400 new and existing water points with handpumps to provide safe drinking water to some 200,000 individuals, including in areas of return; and 10,000 households and 182 institutions will benefit from latrines;
• Train 350 local water authority management teams and 20 county teams in water, sanitation and hygiene education and promote hygiene awareness in 70 schools and 350 local communities in order to complement existing water and sanitation services.

Education (US$ 24,379,329)
In Northern Sudan, including the three states of Darfur, about 350,000 children and youth will be reached through the following activities:
• A total of 245,000 children newly enrolled in Grade 1 will have increased access to school through 4,900 newly constructed classrooms (both permanent and temporary learning spaces); 30,000 out-of-school youth will have access to 750 learning centres for accelerated learning; 275,000 children will benefit from the school feeding programme and access to safe water and sanitation at school; and 550 parent/teacher associations will be established and trained to co-manage child-friendly schools;
• Ten resource teachers per state will be trained in gender-sensitive child-centred methodologies. They will in turn give in-service training to 5,500 teachers; 550 school heads will be trained in child-friendly school management in emergency contexts, including emergency response planning and impact mitigation, managing early childhood development (ECD) services in primary schools and assessing teachers’ on-job performance;
• Some 275,000 children in emergency environments will have greater access to education materials and 550 schools will receive recreational kits to improve psychosocial support to children in emergencies;
• A comprehensive assessment of learning spaces in emergency areas will be conducted including an assessment of the skills learning needs and facilities for adolescents out of school in collaboration with the UN Industrial Development Organization (UNIDO) and UNESCO;
• Accelerated learning classes will be offered to 30,000 adolescents (demobilized child soldiers, returnees, school drop-outs) in 90 learning centres linked to vocational training activities supported by UNIDO and UNESCO.

In Southern Sudan, a total of 1.6 million students, 17,000 teachers and 3,100 head teachers will be reached through the following activities:
• Supplies will be provided, including 17,000 Southern Sudan student kits, 17,000 teacher kits, 17,000 mobile blackboards, 250,000 schoolbags for children in lower primary school, and 3,100 recreational kits for 1.6 million schoolchildren in primary and accelerated learning programme (ALP) classes;
• Basic training will be provided for 20 government logisticians in the storage and distribution of educational materials;
• Training will be provided for 5,000 primary schoolteachers (2,900 in Intensive English for early recovery and 2,500 in fast-track teacher training), with particular attention to interactive methodologies, life skills for primary prevention of HIV and promotion of psychosocial development and peace;
• Access will be increased through the creation of 500 tented learning spaces and construction of 80 classrooms to accommodate 30,000 primary and ALP schoolchildren.

Child protection, including mine action (US$ 24,593,200)
In Northern Sudan, including Darfur, some 350,000 war-affected and displaced children and over 5 million vulnerable people will be reached with the following activities:
• Psychosocial support will be provided for an estimated 150,000 war-affected, displaced and returnee children, as well as 200,000 schoolchildren benefiting from improved psychosocial well-being;
• Awareness will be raised amongst 5 million people in nine states through campaigns on female genital mutilation/cutting (FGM/C), early marriage, children in conflict with the law, sexual abuse, and family-based care;
• 1,500 children will be released from armed groups and those in need will benefit from reintegration services. Systems to document and follow up cases of under-age recruitment will be developed;
• Women and Children Protection Units in the Police in seven states will be established and social work capacity-building will be initiated in these states;
• Key issues such as abandonment of babies, FGM/C and early marriage will continue to be addressed and coordination and leadership through working groups and other fora will continue to ensure response, address gaps and ensure forward progress in the sector;
• Mine-risk education (MRE) will continue, reaching an estimated 300,000 people living/returning to mine/unexploded ordnance (UXO) affected areas; 500 teachers will be trained and will in turn reach 20,000 schoolchildren. Coordination of MRE efforts and capacity-building for five MRE partners will be strengthened; data collection/surveillance will be enhanced in three states in northern Sudan.

In Southern Sudan, nearly 120,000 people, including those in the dangerous process of return and children associated with armed forces in Southern Sudan, will be reached with the following activities:
• NGO staff and social workers will be trained on monitoring and responding to child protection issues, including sexual abuse and the needs of orphaned and separated children, and 1,000 vulnerable and at-risk children will be provided with psychosocial support by governmental social workers;
• Reintegration and rehabilitation services will be offered to 1,000 children and the situation of 10,000 returnee children will be monitored to ensure they are protected from abuse;
• A total of 1,000 children associated with armed forces in Southern Sudan will be removed and reintegrated into the community;
• At least 5,000 children and 100,000 adults living or returning to landmine/UXO affected areas will be reached with correct information about landmine and UXO risks and prevention methods, and at least 20 per cent of the 5,000 children will be trained on MRE to act as peer educators.

Non-food items (NFIs) and emergency coordination, preparedness and response (US$ 17,538,000)
In Northern Sudan, including the three states of Darfur, some 430,000 households will have increased access to basic non-food items and emergency shelter materials. In the north, UNICEF procures these materials on behalf of an inter-agency pipeline.

In Southern Sudan, some 20,000 displaced persons, host communities and impoverished persons will benefit from the procurement and distribution of NFIs. Supplies will be prepositioned to ensure rapid response. UNICEF does not procure for a common pipeline in Southern Sudan, but does work in close collaboration with inter-agency partners providing similar support.

HIV/AIDS (US$ 5,380,000)
In Northern Sudan, including the three states of Darfur, some 400,000 displaced persons, host communities and impoverished persons will be reached with the following activities:
• Awareness-raising activities will be organized reaching 250,000 out-of-school youth, equipping them with information and skills to reduce their vulnerability to HIV and AIDS;
• 1,000 teachers will be trained in the Greater Darfur region on a HIV curriculum using a life skills approach to reach 150,000 children in schools;
• Prevention of mother-to-child-transmission (PMTCT) services (including routine counselling and testing, treatments and follow-up care) will be offered to a minimum of 6,000 pregnant women;
• NFIs, recreational activities and psychosocial support will be provided for 300 children and households affected by HIV and AIDS.

In Southern Sudan:
• 100 medical providers will be trained on receiving and treating rape victims and 200 post-exposure prophylaxis (PEP) kits will be provided for use in emergency-affected areas.
Communication and advocacy (US$ 2,776,680)

In Northern Sudan, including the three states of Darfur, approximately 700,000 IDPs and returnees (including some 50,000 children) and people from the host and receiving communities will be reached with the following activities:

- Six geographic-specific video documentaries, radio programmes and printed information messages will be produced about areas of possible return in order to help IDPs, returnees and host/receiving communities make informed decisions about their return options and allow for effective reintegration. Various types of communication equipment will be distributed to assist in these efforts.
- Six national NGOs will be supported in their engagement with IDPs on key messages and 50 staff from NGO and government counterparts will be trained in working directly with IDPs on strategic communication planning and implementation skills.

In Southern Sudan, some 5 million displaced, host communities and impoverished persons will be reached with the following activities:

- Training will be provided for 50 facilitators in five focal states on communication skills to combat disease outbreaks, such as cholera, meningitis, avian influenza, and other communicable diseases, targeting returns and host communities;
- Culturally relevant information, education and communication (IEC) materials, radio programmes/spots and interactive community theatre for awareness-building and community mobilization will target 5 million people among the general population, returnees, IDPs and host communities;
- Stakeholder advocacy and media forums will be held to accelerate message dissemination about returns for peaceful and smooth reintegration in their area of return;
- Capacity-building will take place through community radio listening groups in five focal states to facilitate community-based outreach towards healthier and safer lifestyles;
- Faith-based organizations, youth, women and other community-based organizations will be engaged and trained in facilitating intensive community-based public education through drama/theatre and other culturally relevant channels.
Due to increasing violence in Iraq over the past few years, 1.5 million Iraqis – half of whom are children – have fled to Syria. The Iraqi refugees now make up about 10 per cent of Syria's population, placing a considerable strain on the country's infrastructure. UNICEF’s challenge for 2008 is to ensure that Iraqi refugees in Syria have access to appropriate care and social services without placing undue pressure upon the country’s public services to the detriment of both the Iraqi and Syrian populations.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>7,400,000</td>
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<tr>
<td>Education</td>
<td>24,000,000</td>
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<tr>
<td>Child protection</td>
<td>4,000,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>35,400,000</strong></td>
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*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

Deteriorating security and increasing violence inside Iraq has prompted an unprecedented exodus of Iraqis. Some 2 million have now fled to neighbouring countries. The Syrian Arab Republic, who is hosting 1.5 million Iraqis, is the country most affected by this migration. The Government of Syria (GoS) has generously accepted these refugees as guests, steadily keeping its borders open to Iraqi refugees as well as granting them some access to its social service infrastructure. Despite this generosity, Iraqis face numerous challenges in Syria, and the international community has been slow to assist Syria with this situation. On 1 October 2007, however, the GoS placed visa restrictions upon all Iraqis wishing to enter Syria, except for certain business, academic, and scientific categories. Although these restrictions were imposed to ease the strain on Syria’s overburdened infrastructure, they have also cut off the last route of escape from Iraq for threatened or displaced families.

Since the mass arrival of Iraqi refugees, the majority of whom came in 2007, UNICEF has undertaken several assessments of their situation in order to better address their needs. Several joint assessments – covering the health and education sectors – have provided crucial data. A rapid health assessment was completed in July 2007 and a joint assessment on the socio-economic status of Iraqi refugees is planned for 2007/08. Additionally, since the beginning of the new school year in August 2007, UNICEF has been engaged in surveying the increase in the number of Iraqi students enrolled in schools and the capacity of the Syrian school system to handle this influx.

These assessments have revealed several of the challenges that Iraqis face in Syria. Lack of awareness of services is an overarching issue which affects access to education, health, and child protection services. Though many basic services are in place for Iraqis, recent surveys reveal that Iraqis are largely unaware of their existence or ignore the avenues which would allow them to utilize these services. A second sweeping issue is the rapid depletion of resources that Iraqis are facing due to unemployment. Displaced Iraqis can only work informally in Syria, if at all. Most, therefore, are living off of savings, uncertain remittances from relatives in Iraq, or money gained from selling their assets.

It is estimated that there are at least 300,000 Iraqi school-aged children in Syria. While Syrian public schools are accessible to all Arab nationals and primary education is free and compulsory, only about 10 per cent of Iraqi children were enrolled in Syrian schools during the 2006/7 school year. According to the Ministry of Education (MoE), only 34,000 Iraqi children were enrolled in both public and private schools in 2006/7, but so far the number has grown to 52,200 for the 2007/8 school year. Syrian resources and education infrastructure are under pressure with overcrowded schools, particularly in the areas where there is a high concentration of Iraqi refugees. Lack of space, lack of documentation, financial constraints and integration difficulties are some of the reasons for limited school enrolment and high drop-out rates among Iraqi children. Addressing these children’s lost education opportunities will help prevent lifelong repercussions related to an emerging uneducated and alienated generation of Iraqis. Girls, working children and children with special needs are particularly vulnerable to missing out on education. UNICEF, recognizing the potential repercussions of this immense educational gap, has started implementing an education strategy to improve Iraqi children’s access to schools and to support the expansion of the education infrastructure.

Many displaced Iraqis were exposed to experiences of terror and violence, which drove them out of Iraq. The entire family, and particularly children, may have been affected by the tragic and violent loss of one or more family members. This situation is further aggravated by refugees’ increasing financial difficulties, unfamiliar environment, and gloomy or unsure future, which often lead to psychological fragility, distress and, in some cases, to post-traumatic stress disorder. Therefore Iraqi children are in need of psychosocial/psychiatric support, especially since parents and caregivers, themselves affected by stress and violence, are less able to deliver protection mechanisms for their children.

Finally, access to health care and awareness of health-care services is limited among Iraqis. The Syrian Ministry of Health (MoH) is currently providing primary health-care services to Iraqi children and families through its health centres. These services include immunization, maternal health, health education and treatment of emergency cases, but they do not provide essential medicines for certain chronic illnesses. The demand on the Syrian health-care system has therefore increased, particularly in areas with a high

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15 Ibid.
concentration of Iraqi refugees. Key concerns that need urgent response include indications of malnutrition, acute communicable diseases and limited use of public maternal health-care facilities. In addition, poor access to safe drinking water, crowded living quarters and limited financial resources are aggravating the health and nutritional status of Iraqi families. UNICEF, WHO, UNFPA, and UNHCR, in cooperation with the MoH, have launched a joint appeal to meet the health needs of displaced Iraqis in neighbouring countries. The purpose of this appeal is to provide improved access to and quality of primary health-care and emergency services, and to strengthen nutritional surveillance.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In the summer of 2007 UNICEF set up a Humanitarian Support Programme to respond to the needs of the displaced Iraqi population. This programme has developed an area-based approach, working to provide quality health care, quality education, and a protective environment for Iraqi children and women. UNICEF’s support to Iraqi refugees is complementary to the existing Country Programme and focuses on the enhancement of the Government’s capacity to serve all children living in Syria. Some of UNICEF’s key actions to benefit Iraqi children and women in Syria included:

Education strategy. A multi-phase strategy to providing education for Iraqis is under way. During phase 1 UNICEF conducted field trips to 30 schools in Rural Damascus (with a total goal of 140) in order to gather information on the reality of Iraqi schooling, identify needs and develop a plan for the provision of equipment to schools with 50 or more Iraqi children. Ongoing field visits and coordination meetings are being held with the Ministry of Education on supply issues, such as teaching aids, maths and science teaching kits, classroom equipment, school libraries as well as recreational kits to cover the needs of 100 teachers per school. Classroom equipment includes: tables, chairs, desks, whiteboards, and heating and cooling to serve 143,000 students.

Phase 2 of the strategy will involve further provisions of school equipment, library enhancement, rehabilitation of water and sanitation facilities, and distribution of teaching materials. Phase 3 will improve the quality of education through trainings on the child-friendly initiative, school-based management, protective environment and inclusive education, as well as provide key advocacy and training materials.

Water, sanitation and hygiene. The rehabilitation of latrines and water and sanitation facilities in 140 selected schools contributed to the improvement of school functioning capacity. UNICEF also procured water purification tablets in response to the lack of safe drinking water in Iraqi communities, and promoted educational activities on hygiene and environmental health.

Immunization. UNICEF supported the Ministry of Health to raise immunization coverage in high-risk areas through routine immunizations, National Immunization Days, training of workers and supply of cold-chain equipment and vaccination cards. UNICEF and the Ministry of Health carried out a polio mopping-up operation as part of these efforts, reaching 20 per cent of under-five children (both Syrian and Iraqi) in Syria.

Control of malnutrition. UNICEF supported the Ministry of Health to promote exclusive breastfeeding and to expand the ‘Baby-Friendly Hospital’ initiative to all maternity hospitals in the main concentration areas. UNICEF, in coordination with partners, set up a nutritional surveillance system for children.

Training and medical supplies for primary health centres. UNICEF trained 400 health workers in 20 primary health centres to improve the quality of attention and communication skills regarding preventive care, breastfeeding, maternal health and good nutrition practices. UNICEF provided communication materials and medical supplies to these 20 primary health centres.

Health and hygiene supplies: In 2007 UNICEF doubled its prepositioned health supplies to respond to the needs of 40,000 refugees for one month.

Child-friendly spaces. In cooperation with the Syrian Arab Red Crescent (SARC), UNICEF developed a child-friendly space (CFS) model and established CFSs at Douma refugee registration centre and in community and cultural centres in Iraqi neighbourhoods. CFSs are safe and secure places for Iraqi children and offer recreational activities, projects, arts, crafts, as well as psychosocial counselling. The aim is to stimulate the normal development of refugee children and help them overcome the stress related to their situation.
Training of SARC volunteers. Sixty SARC volunteers were trained to provide basic psychosocial support in CFSs (the target is to train 80 volunteers).

Assistance to vulnerable Iraqi girls. UNICEF commissioned a report on the situation of vulnerable Iraqi adolescent girls, and is now taking action to follow up on its recommendations, including identification of partners to implement life skills training, educational support, and vocational training for Iraqi girls.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
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<tr>
<td>UNICEF’s Humanitarian Support Programme reinforces the capacity of the Government to serve all children in Syria by partnering with the Syrian Arab Red Cross (SARC) and coordinating with the Ministry of Education, the Ministry of Health, and the Ministry of Culture. In order to ensure quality education, UNICEF holds regular meetings with other UN agencies and NGOs. Together with other UN agencies UNICEF carried out a health assessment, a joint assessment mission, and several appeals for support.</td>
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<th>Regular programme</th>
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<tr>
<td>UNICEF Syria is in the first year of its Humanitarian Support Programme for Iraqi refugees. This programme is linked to the emergency preparedness component of the Country Programme, and the support provided by the Humanitarian Action Report reinforces the existing regular programme.</td>
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</table>

Health and nutrition (US$ 7,400,000)
After conducting a rapid health assessment in July 2007, supporting immunization campaigns, training health workers and distributing health supplies, there are still several gaps in UNICEF’s response to the health and nutrition needs of Iraqi refugees. To address these gaps, activities planned for 2008 include:

- Undertake large-scale social mobilization and awareness-raising to mobilize Iraqi refugees’ community leaders, conduct community-based education for women/families on basic child and maternal health care and nutrition, and improve health care-seeking behaviour throughout Iraqi communities;
- Establish a monitoring and evaluation task force to assess the services provided in primary health centres and ensure quality and effective delivery;
- Establish a monitoring system to ensure that all prepositioned supplies are up-to-date and in the correct location;
- Strengthen the coordination mechanism with other agencies that provide health care to Iraqis in Syria. This will ensure effective services and supply operations, and prevent overlap in health-care services;
- Develop an advocacy strategy to ensure access to, and the quality of, health-care services.

Education (US$ 24,000,000)
UNICEF is committed to providing children in emergency situations with quality education. By pushing for access to education, providing necessary supplies, addressing the barriers to education that girls are facing, and training on protective environment and child-friendly methods, UNICEF is working to ensure quality learning for Iraqis in Syria. Initially, UNICEF and UNHCR targeted the return to school of 100,000 Iraqi children in the 2007/8 school year. Iraqi enrolment numbers have reached 52,200 children, just over half of the initial target. Support to these children needs to be maintained throughout 2008. In addition, at least 48,000 more children will be supported in gaining access to education in Syria. In 2007 UNICEF completed phase 1 of its multi-phased support strategy to help the enrolment of Iraqi children into school. In 2008, UNICEF will implement phase 2 and phase 3. Activities will include:

- Continue providing equipment to schools (classroom items and school items);
- Enhance school libraries;
- Provide teaching material to improve learning environment;
- Undertake minor rehabilitation and maintenance of sanitation facilities;
- Lead a forum on the ‘child-friendly school’ initiative targeting school heads, inspectors, and directors;
• Organize 18 training of trainers workshops for school heads and inspectors on school-based management and school-based child protection;
• Lead a seminar on the evaluation of school projects;
• Provide extracurricular supplies (reading kits, informatics kits, music kits, drawing and painting kits, and sports kits);
• Provide recreational and psychosocial supplies related to the planned activities.

Child protection (US$ 4,000,000)
UNICEF is working to rebuild a protective environment for vulnerable Iraqi refugee children and women in Syria. Among the displaced children and adolescents, UNICEF puts special emphasis on the needs of girls who are particularly vulnerable to breeches in protection. Additionally, in recognition of the role of adolescents as both voices of the future and key players in today’s world, UNICEF is working to provide life skills training for Iraqi youth. UNICEF established its first child-friendly space (CFS) for Iraqi children in Douma refugee registration centre during 2007. As this component of the protection programme grew, a CFS model – as well as plans for ‘adolescent spaces’ and ‘meet-a-mother groups’ – was developed. The following protection action is under way, and will be ongoing throughout 2008:

• Expand the existing CFS model in SARC/UNHCR community centres in Seyda Zaynab, Masaken Barzeh, Jaramana, and Qudsaya. The model will also be extended to cultural centres in Zabadani, Yarmouk, and Qudsaya. Additionally, the CFS in Douma will be expanded and an adolescent component added. Planning is under way for this project;
• Develop adolescent spaces – with life skills training, prevention of HIV/AIDS and empowerment components – in cultural centres and youth union centres;
• Establish ‘meet-a-mother’ groups in community and cultural centres in Iraqi areas;
• Continue to train SARC volunteers for CFSs, adolescent spaces, and ‘meet-a-mother’ groups;
• Establish a mechanism for identifying and referring the most vulnerable cases from CFSs to psychological/psychiatric counselling;
• Develop primary health centres and psychosocial support centres to provide psychosocial help to refugees in Seyda Zeynab;
• Establish a shelter for victims of trafficking, mainly women and girls, which will include psychosocial activities and offer protection.
Effective implementation of disaster risk reduction actions and special attention to emergency preparedness and response are the main challenges of the Americas and Caribbean region governments, organized civil society, NGOs, and UNICEF’s cooperation. We must work together to mitigate and reduce the impact of armed conflict in Colombia, of instability in Haiti and of natural disasters that affect over 300 million women and children across the region.

<table>
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<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Capacity-building of national counterparts, subregional bodies (Caribbean Disaster Emergency and Response Agency – CDERA, Coordination Centre for the Prevention of Natural Disasters in Central America – CEPREDENAC and The Andean Committee for Disaster Prevention and Assistance – CAPRADE), IASC partners and UNICEF Country Offices regarding CCCs for cluster-specific response</td>
<td>400,000</td>
</tr>
<tr>
<td>Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity)</td>
<td>350,000</td>
</tr>
<tr>
<td>Support to disaster risk reduction initiatives, with focus on education sector</td>
<td>350,000</td>
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<tr>
<td><strong>Total</strong>*</td>
<td><strong>1,100,000</strong></td>
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</tbody>
</table>

* 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

Natural disasters across the Americas and Caribbean region, Colombia’s conflict and Haiti’s instability continue to be the causes of lost lives, lost means of living, internal displacement, uprooted basic infrastructure and, even more gravely, children, youth and women who continue to be the most vulnerable groups of society and who are most affected by these situations.

Tropical storms and hurricanes are a constant threat to the Central American and Caribbean population. Cyclones Dean and Felix on their paths through the Caribbean islands, Central American countries and Mexico caused death and destruction. Hurricane Felix penetrated the autonomous North Atlantic region of Nicaragua with winds of 270 km/h and heavy rains that hit some 188,000 people and damaged 16,833 homes; latrines, schools, churches, boats, fishing equipment, and the forest did not escape the hurricane’s fury.

Bolivia faced one of its most devastating disasters ever. The El Niño phenomenon struck more than 350,000 in eight of the country’s nine departments with flooding and landslides, as well as drought, hail and freezing weather. A powerful earthquake in Peru affected half a million people, killed 514 persons, destroyed at least 80 per cent of houses and social service infrastructures in the southern cities of Pisco, Ica, Chinchas and Canete, and 14 hospitals as well as a large number of schools collapsed. Flooding in Colombia, El Salvador, and Honduras, plus forest fires in Paraguay, the imminent threat of volcanoes in Colombia and Ecuador, and cold snaps in Bolivia and Peru, complete a scenario of natural disasters that, despite some improvement in government-led preparedness and disaster response systems, still weightly impact the most vulnerable population. Hence much remains to be done to meeting children’s needs in emergency situations.

Internal displacement is the most evident humanitarian effect of the conflict in Colombia. According to official records, 1,976,970 persons have been displaced over the past 10 years; on average, at least 400 people are displaced every day. It is estimated that 48 per cent of the displaced are women and 36 per cent children. It is important to note that displacement increases the vulnerability of children to discrimination, abuse, violence, exploitation, child labour and forced recruitment, and undermines psychological and social support mechanisms. In Haiti, crime and lack of security caused by political instability as well as shortage of basic social services place the country on a high level of vulnerability, which is made clear with each natural disaster that hits the country. In addition, both Colombia and Haiti have been ravaged by natural disasters due to climate change, particularly hydro-meteorological, that have deepened impact on the humanitarian situation.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

The various emergency situations that have devastated the countries of the region have shown that UNICEF and other UN agencies have improved their level of emergency preparedness and response. In partnership with the Government and in coordination with UN agencies and other partners, UNICEF assisted over 25,000 children in Bolivia, and approximately 7,000 children affected by hurricane Felix in Honduras and Nicaragua. In Peru, the establishment of child-friendly spaces, the provision of temporary classrooms and educational materials to resume schooling, the rehabilitation of damaged schools, and water and sanitation, health, nutrition and psychosocial actions are some of the undertakings through which UNICEF is supporting Peruvian children and women affected by the earthquake.

UNICEF’s Regional Office for the Americas and Caribbean (TACRO) has constantly provided Country Offices with technical assistance. During the preparation phase it has facilitated the revision and updating of emergency preparedness and response planning processes, providing staff with training on general and specific aspects and sharing important information; during the response phase, it has facilitated technical support through rapid staff deployment and delivery of basic supplies, which in the majority of cases reached the affected countries within 72 hours.

In the framework of humanitarian reform and the regional Inter-Agency Standing Committee (IASC) Risk, Emergency and Disaster Task Force for Latin America and the Caribbean (REDLAC), TACRO has actively participated in the development of needs and damage assessment tools and in the establishment of a specific water and sanitation regional emergency and HIV/AIDS group. This inter-agency work at regional level has also translated into the concrete strengthening of national capacities and in UN Emergency Technical Team (UNETT) actions in specific countries selected by REDLAC.
In coordination with subregional official requests for prevention and emergency aid as well as with other international cooperation partners, plans and intervention strategies regarding risk reduction in the area of education have been revised and updated. The expected results will allow for a greater involvement of ministries of education, civil protection systems and other counterparts whose responsibility it is to include prevention aspects in schools and their surrounding communities.

3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**

Important progress has been achieved regarding coordination inside the United Nations and with key partners. The functioning of UNETTs at country level and IASC-REDLAC at regional level are clear examples of these advancements. The strengthening of these mechanisms is a priority for UNICEF’s cooperation.

**Regular programme**

As mentioned above, emergency preparedness and response and the development of risk reduction actions focusing on the education sector will be the main pillars of UNICEF’s activities in 2008. UNICEF’s *Humanitarian Action Report* allows for the continuation of work processes that will benefit the most vulnerable groups of population.

Capacity-building of national counterparts, subregional bodies, IASC partners and UNICEF Country Offices regarding CCCs for cluster-specific response (US$ 400,000)

The most vulnerable groups will benefit from improved preparedness capacity and emergency aid processes of national institutions and other key partners. Key activities will include:

- Provide technical assistance and training to government counterparts and other partners regarding the rights of children in emergencies, UNICEF’s *Core Commitments for Children in Emergencies (CCCs)* and the specific area response;
- Produce information materials and promote the main subject matters to be considered when responding to emergencies from the standpoint of rights;
- Provide technical support to UNICEF Country Offices to guarantee the revision and ongoing updating of emergency preparedness and response planning processes;
- Develop and implement regional work tools, to be used within the framework of the inter-agency and multisectoral humanitarian reform.

Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity) (US$ 350,000)

Improved capacity to respond to emergencies will allow for greater support to Country Offices and directly benefit affected populations. Key activities will include:

- Ensure that emergency stocks of relief items are available and regularly replenished;
- Identify major suppliers of relief items and pass arrangements at regional/subregional level;
- Ensure regular update of roster for surge capacity, including internal and external experts in all sectors relevant to CCCs, and coordinate clusters in those sectors where UNICEF has the coordination role;
- Ensure rapid deployment of staff in emergency situations and participate in inter-agency missions;
- Establish enhanced early warning systems at regional level that integrate those of other UN agencies.

Support to disaster risk reduction initiatives, with focus on education sector (US$ 350,000)

UNICEF will boost its capacity to mobilize and organize government players as well as the international cooperation of NGOs at regional, subregional, national and local levels in order to carry out risk reduction actions in the education sector. Key activities will include:

- Strengthen working relationships between subregional prevention and emergency aid authorities;
- Support national/subregional initiatives regarding risk reduction;
- Provide technical support to Country Offices on risk reduction actions in the education sector.
Colombia has been affected by more than four decades of violence generated by illegal armed groups, and is especially vulnerable to natural disasters deriving from its geographic conditions. UNICEF is working in close coordination with other UN agencies and within the framework of the Inter-Agency Standing Committee (IASC) to meet the needs of children and their families affected by these situations. In 2008, UNICEF’s assistance will reach 231,000 children and their families as part of its humanitarian action.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting and protecting children affected by internal displacement and other complex emergencies</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Emergency assistance</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Humanitarian mine action</td>
<td>750,000</td>
</tr>
<tr>
<td>Prevention of child recruitment and protection of children demobilized from armed groups</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,250,000</strong></td>
</tr>
</tbody>
</table>

* 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.

**Core Country Data**

- Population under 18 (thousands): 16233
- U5 mortality rate (2006): 21
- Infant mortality rate (2006): 17
- Maternal mortality ratio (2000-2006, reported): 78
- Primary school enrolment ratio (2000-2006, net, male/female): 87/87
- % U1 fully immunized (DTP3): 86
- % population using improved drinking water sources (rural/urban): 71/99
- Estimated no. of people (all ages) living with HIV, 2005 (thousands): 160
- % U5 suffering moderate and severe underweight/stunting: 7/12


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COLOMBIA

IN 2008
1. CRITICAL ISSUES FOR CHILDREN

As a consequence of more than four decades of armed violence, the complex humanitarian situation that prevails in Colombia has a profound impact on children and women.

Internal displacement is the most evident humanitarian consequence of this situation. Based on official records, 1,976,970 persons have been internally displaced over the past 10 years – of which 2 per cent are indigenous people and 5.5 per cent Afro-descendants.\(^\text{16}\) On average, at least 400 persons flee their home every day. Official data indicate that 48 per cent of the displaced are women and 36 per cent children.\(^\text{17}\) However, as per unofficial data, there are an estimated 3 million internally displaced people in Colombia today.

The effects of the violence generated by the illegal armed groups on indigenous communities are especially severe. The conflict has gradually caused the expulsion of indigenous communities from their ancestral territories, breaking the tie between territory and culture.

The presence of landmines and unexploded ordnance (UXO) represents a serious and growing threat in Colombia. Official government statistics show a cumulative total of 6,426 victims between 1990 and 1 October 2007, with approximately 29 per cent of civilian\(^\text{18}\) casualties being children. It is worth noting that 46 per cent of the aforementioned 6,426 victims were involved in incidents that occurred in the last 34 months.\(^\text{19}\) Currently, 31 of Colombia’s 32 departments (655 municipalities from a total of 1,098) are contaminated, with rural areas being most affected by the conflict at every level.

There are no official estimates on the number of children recruited by illegal armed groups, although the recruitment of under-18-year-olds is common practice.\(^\text{20}\) The average recruitment age is estimated at 12.8 years. Recruitment by the Colombian armed forces is prohibited by law. Following the demobilization of part of the illegal armed (paramilitary) groups between 2005 and 2006, ‘emerging bands or groups’ have appeared, also recruiting children and adolescents.

Colombia’s geographic and climatic conditions make it especially vulnerable to natural disasters. During 2007 various areas of the northern part of the country have been ravaged by severe floods. In the first eight months of 2007, 692,000 persons were affected by flooding, landslides or storms with high winds.\(^\text{21}\)

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Coordination of humanitarian action among UN agencies and main international and national actors has significantly improved in 2006 and 2007, with an Inter-Agency Standing Committee (IASC) established at the national level. A common needs assessment has been carried out for protection, and the Thematic Groups on i) Protection, ii) Basic Services and iii) Early Recovery are participating in joint missions to assess different humanitarian crises. Regional IASCs have been established in six zones and have begun to coordinate specific humanitarian assistance responses.

Within the United Nations Emergency Technical Team (UNETT) framework, an inter-agency response was provided to the flooding emergency in northern Colombia, with support from the Central Emergency Revolving Fund (CERF).

Assisting and protecting children affected by internal displacement and other complex emergencies. UNICEF Colombia has continued carrying out humanitarian interventions in areas severely affected by the armed conflict. The strategy is mainly directed at families that have been forcibly displaced or are at high risk of displacement, as well as at conflict-affected communities. The programme includes integrated interventions that address crisis recovery and capacity-building needs to dealing with and overcoming crises. UNICEF supported the provision of health-care services and education for children and adolescents in

\(^{16}\) Registro Único de Población Desplazada, Acción Social, Presidencia de la República, Febrero 2007.
\(^{17}\) Percentages sourced from Presidential Agency for Social Action and International Cooperation (for the period June 2002-31 May 2006).
\(^{19}\) Of the total 6,426 victims, 2,198 were civilians.
\(^{19}\) Presidential Mine Action Programme, 18 October 2007.
\(^{20}\) Informe Defensorial sobre niñez vinculada a grupos armados ilegales, Defensoría del Pueblo de Colombia, 2006.
communities with high levels of violence and destruction deriving from the conflict, through the distribution of supplies, such as edukits and hygiene kits, the implementation of awareness-raising activities and technical assistance to state institutions responsible for the care of displaced populations. These activities increased education coverage, facilitated school access and improved the quality of education with a rights-based perspective in the departments of Chocó, Córdoba, and Norte de Santander.

The provision of psychosocial support to displaced children has been another main focus area. UNICEF has worked in the departments of Chocó, Antioquia, Córdoba and Cauca with youth groups trained as psychosocial therapists.

**Emergency assistance.** UNICEF provided emergency assistance to the Mojana region, in the department of Sucre, in northern Colombia, the area most affected by the rainy season which began in April. From a total of 27,000 flood-affected people, 11,000 were direct beneficiaries (of which 2,450 boys and 2,550 girls). Specific recovery activities included child protection, civil registration as well as psychosocial and educational support for 15,000 children and their families. Inter-agency response to this emergency was coordinated with the Office for the Coordination of Humanitarian Affairs (OCHA), the World Food Programme (WFP), the International Organization for Migration (IOM) and international non-governmental organizations, within the framework of the Government’s response.

In April 2007, UNICEF assisted 520 indigenous people of the Nasa ethnic group from the Cauca department after the eruption of the Huila Volcano. New stocks of plastic sheeting, edukits, blankets and other provisions were supplied for use in the provisional shelters of the most seriously damaged municipalities. Two hundred children benefited from psychosocial care.

UNICEF’s initial emergency assistance to several regions, with structural deficiencies aggravated by the conflict and natural disasters, was subsequently complemented by technical support for the improvement of health and education services, as well as the creation of youth and adolescent networks to ensure a protective environment. This was the case in Chocó department, where the conflict and the floods severely affected the 1,050 members of the Wounaan indigenous population and 780 Emberas.

**Humanitarian mine action.** UNICEF focused on mine-risk education (MRE) activities, comprising community-based and social mobilization programmes, all of which aim at developing strategies to reduce risk and establish communication mechanisms. UNICEF has also developed and implemented advocacy and awareness strategies for the socio-economic reintegration of mine survivors and their families.

UNICEF is currently providing support to mine action activities in some municipalities heavily contaminated with landmines in the departments of Antioquia, Cauca, Nariño, Bolivar, Sucre and Chocó, through mine-risk education (MRE) programmes that include training of trainers and direct intervention in communities. Approximately 75,000 people have been equipped with knowledge on how to protect themselves and others against the dangers of landmines and unexploded ordnance (UXO) in their daily lives.

UNICEF and its partners have developed community-based methodologies for Municipal Needs Assessment and for relevant MRE data collection (using a specifically designed methodology), as well as a participatory design of MRE activities and materials at the community level.

Eighty-five mine survivors and their families have benefited from psychosocial support and reintegration activities supported by UNICEF and its counterparts.

**Prevention of child recruitment and protection of children demobilized from armed groups.** UNICEF has supported and promoted activities to prevent the recruitment of children by illegal armed groups, especially in indigenous communities and in populations with high levels of violence generated by illegal armed groups. It also has supported strategies for the reintegration and protection of adolescents demobilized from these groups.

Most important results in 2007:
- The level of vulnerability of 55,654 children and adolescents, residing in the most affected departments and regions of the country and facing the risk of recruitment by and exposure to armed groups and delinquent gangs, has been reduced by increasing their access to recreational, cultural and sports programmes.
Sixty per cent of children and adolescents demobilized during 2007 have been attended in family and substitute settings: 164 in the Colombian Institute for Family Welfare (ICBF) foster home programme (Hogar Tutor) and 97 in family settings (Hogar Gestor), while receiving additional external support.

UNICEF has supported the creation of seven ICBF departmental support units for the care of demobilized children and adolescents in six departments.

UNICEF’s assistance also included the support to several regional prevention programmes in the departments of Chocó, Antioquia, Cauca, Córdoba and Cundinamarca as well as in the Montes de María, Magdalena Medio, and Urabá Antioqueño regions.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Cooperation and partnership
UNICEF’s humanitarian action is implemented in close coordination with the other UN agencies in Colombia, within the framework of the Inter-Agency Standing Committee (IASC). Partnerships have been established with national, local and non-governmental organizations. The Catholic Church and indigenous communities of different ethnicities have been strategic partners of UNICEF.

Regular programme
The 2008-2012 Country Programme will contribute to guarantee children’s rights, social inclusion and non-violence, as established in the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The new programme has four components: child survival and development; quality education, adolescent development and prevention of HIV/AIDS; protection and humanitarian action (which includes all activities related to the protection of children and women in natural or complex emergencies); public policies, communication and mobilization.

UNICEF’s humanitarian action planned for 2008 will benefit a total of 231,000 people, as follows:

Assisting and protecting children affected by internal displacement and other complex emergencies (US$ 1,000,000)
Some 25,000 displaced persons, host communities and impoverished persons will be reached through the following key activities:

- Conclude six coordination agreements with Departmental Governments and other key actors to ensure that forcibly displaced or confined children and adolescents receive care and support;
- Inform 30 per cent of the forcibly displaced or confined families on the mechanisms to access health, education and protection services;
- Provide psychosocial care for 10,000 children forcibly confined or displaced;
- Procure school kits for 5,000 children forcibly confined or displaced;
- Provide temporary water and sanitation solutions for 3,000 confined or forcibly displaced families;
- Provide civil registration documents to 10,000 displaced children.

Emergency assistance (US$ 2,500,000)
Some 60,000 persons, mainly children and women, will be reached through the following key activities:

- Construct/rehabilitate wells and adequate sanitary facilities in 20 schools;
- Provide 3,000 school kits for children affected by natural disasters;
- Rehabilitate/construct water and basic sanitation systems for 8,000 families affected by natural disasters;
- Implement hygiene promotion activities for 5,000 children;
- Provide psychosocial care to 5,000 children affected by natural disasters;
- Conclude six coordination agreements with Departmental Governments for the articulation of emergency preparedness activities and the care of children affected by complex emergencies and natural disasters.
Humanitarian mine action (US$ 750,000)
A total of 75,000 persons living in areas where there is a high risk of landmine/UXO related accidents will be reached through the following key activities:

- Share information among 12,000 families on the dangers of landmines/UXO and how to adopt safe behavioural practices;
- Provide technical assistance for the implementation of 8 departmental and 30 municipal integral mine action plans in high-risk areas;
- Provide information to 45 per cent of all new civilian landmine/UXO survivors on routes to access health care and claim their rights;
- Train public servants and those in charge of landmine survivors’ attention on legal procedures governing victim assistance in 11 departments and 50 municipalities.

Prevention of child recruitment and protection of children demobilized from armed groups (US$ 1,000,000)
Some 71,000 children associated with armed groups and/or at risk of recruitment are targeted through the following key activities:

- Support/implement activities to prevent the recruitment into illegal armed groups of 70,000 children in areas with high levels of violence generated by armed groups;
- Expand to 70 per cent of all officially demobilized children the coverage of national programmes for family and community reintegration of adolescents demobilized from illegal armed groups.
Haiti is the poorest country in the western hemisphere, with more than 50 per cent of its population surviving on less than a dollar a day and almost 45 per cent under 18 years of age. One child out of twelve dies before the age of five, primarily due to preventable diseases, water-related illnesses, and malnutrition. In 2007, recurrent natural disasters caused hundreds of deaths and thousands to be displaced, and damages to agriculture, houses, health facilities and schools all over the country.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>350,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,850,000</strong></td>
</tr>
</tbody>
</table>

*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 women and children in Haiti remains tenuous, largely due to chronic poverty, natural disasters, absence of child protection systems, and a history of violence linked to political instability. While countries in the region are showing gradual improvement, Haiti continues to be characterized by inadequate primary health care, limited access to nutrition services and overburdened water and sanitation systems. Unable to meet the needs of the 45 per cent of the population under 18, one child out of 12 dies before the age of five, primarily due to preventable diseases and malnutrition. With only 30 per cent of the population having access to adequate sanitation, poor hygiene contributes to the persistence of water-related diseases which have been exacerbated during recent emergencies.

In 2007, persistent rains and flooding have plagued the people of Haiti, causing hundreds of deaths and thousands to be displaced. Because of Haiti’s high population density and its decaying infrastructure, the country is particularly vulnerable to the effects of natural disasters. Tropical storm Noel, which passed through Haiti in October 2007, caused damage to agriculture and destroyed houses, infrastructure (including water and sanitation systems), health facilities and schools all over the country, creating acute and urgent humanitarian needs for children who represent half of the victims.

Home to some of the poorest and most vulnerable children in the region, Haiti has among the worst indicators in Latin America and the Caribbean. In fact, only 33 per cent of children under one have been completely vaccinated against preventable diseases. HIV prevalence remains among the highest in the region at 2.2 per cent, especially for women who make up the highest share of those infected (2.3 per cent against 2 per cent for men). Of an estimated 17,000 children living with HIV/AIDS, only 300 have access to antiretroviral therapy.

Hundreds of thousands of children remain out of school and child-friendly learning spaces and qualified teachers are in short supply. Approximately 30 per cent of children attending primary school will not make it to third grade and 60 per cent will abandon school before sixth grade. Of 2 million children attending school, more than 50 per cent are overaged. Gender discrimination is an obstacle to Haiti’s development; while girls enter school on parity with boys, girls are subject to higher drop-out rates and they represent 60 per cent of the overaged students.

Despite mobilization of humanitarian assistance and improvements in the security situation, Haiti’s children continue to be in urgent need of protection. There are an estimated 2,500 street children in the capital and, while the exact number of children associated with armed groups is unknown, it may be around 1,000 in Port-au-Prince. Three children out of ten have no birth certificate, and of the 8 per cent of children aged 5-17 years who are in domesticity, three-quarters are girls.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Health and nutrition. In the health sector, emergency was supported through various partners centring UNICEF’s efforts in making sure that quality essential health care is available to all affected population. This included providing partners with health kits and shelter materials and ensuring that health centres were operational and consultations free during the emergency period.

In collaboration with NGO partners and in coordination with government counterparts, UNICEF closely monitored emergencies to ensure that standards were maintained in all services provided. As the responsible agency for the procurement of all vaccines in the country, UNICEF ensures that there are, at all times, enough doses to be able to carry out an emergency measles campaign, if needed.

As cluster focal point for nutrition, UNICEF ensured that there were enough emergency nutrition supplies in the country at all times (Plumpy'nut, F-75, F-100, BP5 etc.). UNICEF also supported the training of partners in the identification and management of acute malnutrition, as well as advised them on the correct procedures to conduct a nutritional survey.

Water, sanitation and hygiene. In the water, sanitation and hygiene sector, some 40,000 children had access to safe water, and are using this water in an appropriate way. UNICEF drilled eight new boreholes, rehabilitated 50 existing boreholes, constructed three water systems (spring catchments) and rehabilitated one water system to provide safe drinking water. In addition, seven communities benefited from sanitation
facilities, including the construction of 300 household latrines, 4 communal latrines and 2 institutional school latrines. Promotion of health and hygiene education activities was also carried out in 61 local communities.

**Education.** Extreme poverty and deep inequalities in access to basic social services, such as primary education and literacy, continue to be the main concern in Haiti. In 2006, humanitarian actions were mainly concentrated in Cité Soleil, which was in urgent need of specific interventions to help decrease the violence and improve access to basic social services. In 2008, targeting the goal of increasing access, particular emphasis will be placed on ensuring that school-aged children, particularly girls living in vulnerable areas of Port-au-Prince, enrol and stay in school.

Seventy public schools in Port-au-Prince and four new schools were rehabilitated in order to empower local communities and youth to help upgrade the learning environment and facilitate the incorporation of out-of-school children, especially those excluded due to social conflict and violence. This included rehabilitating water and sanitation facilities (latrine blocks and water points) in all schools, classrooms and playgrounds; providing school furniture (4,000 three-seat school benches, 500 teachers’ desks and 500 blackboards); procuring supplies (60,000 kits) for teachers and schoolchildren; and training teachers on school health, hygiene promotion, peace-building and negotiation skills. This intervention increased the capacity of the schools to receive out-of-school children. Some 6,700 out-of-school children are now enrolled in four new schools (three in Cité Soleil and one in Martissant) completely furnished and equipped by UNICEF. In addition, 500 children and adolescents affected and/or infected by HIV/AIDS, monitored by the GHESKIO centres, received education support (textbooks and tuition fees) to encourage these particularly vulnerable children to remain in school. Finally, 32 incarcerated minor girls had access to non-formal education and vocational training.

The right to education encompasses more than access to school. It includes being able to stay in school and the ability to finishing one’s studies, the quality of teaching, gender equality, learning efficiency, and learning life skills. The rights-based approach means education for all, without exception. UNICEF prioritizes groups excluded from the educational system because of poverty, violence, gender and other forms of discrimination.

**Child protection.** Throughout 2007, UNICEF addressed the needs for protection and support of the most vulnerable children by reinforcing actions in metropolitan areas particularly affected by armed violence, such as Cité Soleil. From the very beginning of the year, Cité Soleil and other slums of the capital had become accessible, allowing UNICEF to build upon medium-term interventions targeting vulnerable families and children. Through AVSI (Associazione Volontari per lo Sviluppo), UNICEF continued to provide psychosocial support to at least 5,000 children, promoting back-to-school as well as vocational training and allowing children to rediscover their childhood through sports and other recreational activities.

Through collaboration with GHESKIO and several partners working towards the protection of street children, UNICEF provided medical and psychosocial support to at least 1,500 children living on the street (both girls and boys) as well as voluntary counselling and testing to identify and treat children and youth made vulnerable by HIV/AIDS or other sexually transmitted diseases.

**Emergency preparedness.** As part of the emergency preparedness process for 2007, UNICEF Haiti prepositioned emergency items in different locations in order to be better prepared to respond to emergencies in a decentralized way covering different regions in the country and to ensure a minimum level of permanent operational capacity. Five international NGOs and one UN agency were identified in different areas to preposition emergency items. For each area, several coordination activities were implemented, including field visits, logistics assessments, and the signing of a Memorandum of Understanding with each of the organizations. Clear policies and procedures were agreed upon for the provision and distribution of emergency assistance. In October 2007, following flooding and tropical storm Noel, UNICEF provided emergency supplies (hygiene kits, cooking kits, water containers, blankets etc.) to more than 1,000 families in the affected areas.
3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**
UNICEF is an active member of the UN-led coordination structure, under the umbrella of the Office for the Coordination of Humanitarian Affairs (OCHA). Memoranda of Understanding with the UN Population Fund (UNFPA) and the World Health Organization/Pan American Health Organization (WHO/PAHO) as well as partnerships with the UN Office of Project Services (UNOPS) and the World Food Programme (WFP) are evidence of the efforts of UN agencies to streamline their humanitarian activities in close collaboration with the Government’s Civil Protection Department.

**Regular programme**
The UN system is in the process of finalizing the UN Development Assistance Framework (UNDAF) in collaboration with other development partners based on national priorities as reflected in the Poverty Reduction Strategy report which will provide the programmatic framework for the new 2008 Country Programme. Considering recurrent natural disasters and political instability, humanitarian preparedness and response activities are part of each sectoral programme.

**Health and nutrition (US$ 2,000,000)**
UNICEF’s assistance will include the following key activities:
- Address the basic health needs of 20,000 affected people through the prepositioning and distribution of emergency kits;
- Treat 1,500 severely malnourished children;
- Treat 10,000 moderately malnourished children;
- Give nutritional support to 10,000 pregnant and lactating women;
- Distribute 50,000 insecticide-treated mosquito nets to people living in flood-affected areas;
- Vaccinate, if necessary, 50,000 under-five children in affected areas.

**Water, sanitation and hygiene (US$ 1,500,000)**
Up to 200,000 persons, focusing particularly on children and women, will be reached through the following key activities:
- Drill 60 new boreholes and rehabilitate 100 existing boreholes to provide safe drinking water to some 100,000 people;
- Rehabilitate/construct five water systems;
- Construct 1,000 household latrines and 10 institutional latrines;
- Promote hygiene and environmental education in 200 communities, involving children, young people, parent associations, teachers, community leaders;
- Train 200 local water committees to assure adequate operation and maintenance of the water and sanitation facilities;
- Provide the local water committees with simple equipment for water treatment, water quality control and sanitation materials;
- Equip masons with the necessary tools and latrine moulds to be able to continue building latrines after the project leaves the community;
- Provide technical assistance to local authorities and community-based organizations.

**Education (US$ 1,500,000)**
Up to 40,000 vulnerable children attending public schools and 700 teachers will benefit from the following key activities:
- Supply basic scholastic materials including school bags, notebooks and pencils, for 40,000 primary schoolchildren;
- Train 700 primary schoolteachers, with particular attention to HIV/AIDS and peace education;
- Rehabilitate schools and build latrines in all public schools in the selected localities;
- In case of major emergency, set up 50 temporary school structures and provide supplies to 15,000 students.
Child protection (US$ 1,500,000)
Following improvement in security conditions, UNICEF will extend protection and psychosocial support to almost 5,000 children and youth affected by armed violence, including those associated with arms groups in the most affected slums of Port au Prince, such as Cité Soleil and Martissant, to 1,500 street children and to more than 5,000 children infected or affected by HIV/AIDS. Vulnerable children, including children victims of natural disasters, such as floods, will benefit from support and protection through the following key activities:

- Provide medical care and psychosocial support to at least 1,500 street children, including HIV/AIDS prevention, testing, treatment, counselling and peer education;
- Provide medical, psychological and legal support to victims of sexual violence;
- Promote HIV/AIDS prevention and reinforce community-based support to families made vulnerable by HIV/AIDS as well as provide medical and psychosocial support to orphans and children affected or infected by HIV/AIDS in at least three departments;
- Support and strengthen the reintegration of vulnerable children (affected by armed violence, street children, sexual violence or natural disasters survivors, orphans and other vulnerable children) through schooling, life skills, sport and recreational activities, the promotion of active participation in their own recovery;
- Train teachers, social workers, and as well as health staff on response and psychosocial support to violence/abuse in emergencies;
- Extend 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 and sexually transmitted diseases, targeting the rights of girls and promoting their participation in society;
- Support the identification, documentation, tracing, care and reunification of separated children.

Emergency preparedness (US$ 350,000)
Given the continued threat of natural disasters and volatile political landscape, UNICEF needs to be prepared to respond at all times, with short notice, through a thorough and dynamic plan of action. This plan emphasizes the need to strengthen our partners in the management of emergencies from a human rights-based approach, always keeping children and women as the priority categories. The main areas of intervention for 2008 will be:

- Train governmental and non-governmental partners in emergency preparedness and response, with particular attention to adequate response in floods and to displaced populations (the most common emergencies in Haiti);
- Purchase and preposition emergency stock, including the peripheral warehouses that are managed by our partners;
- Train emergency partners in warehouse management, distribution evaluation, and reporting;
- Hire a dedicated emergency officer for one year;
- Build the capacity of the Departmental Committees for Risk and Disaster Management in order to improve the national network and ensure an equitable, fast, and comprehensive management in all regions of the country.
The region continues to suffer from natural disasters and conflict. Lack of food security also continues to be a primary concern.

### Regional Office financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity)</td>
<td>1,091,400</td>
</tr>
<tr>
<td>Child survival and nutrition</td>
<td>7,489,478</td>
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<tr>
<td>Water, sanitation and hygiene</td>
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<td>HIV/AIDS</td>
<td>909,500</td>
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<tr>
<td>Child protection</td>
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</tr>
<tr>
<td><strong>Total</strong>*</td>
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</tr>
</tbody>
</table>

*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

Conflicts, natural disasters, and endemic poverty continue to create insecurity and instability in the West and Central African region. In West Africa alone nearly 1 million people have been displaced by conflict. The deterioration of the security environment can in turn have a severe impact on neighbouring countries.

As in previous years, undernutrition and a lack of food security continued to be primary concerns in West and Central Africa in 2007. Though regional and national efforts to address child undernutrition in the Sahel are a priority, nevertheless in 2008 an estimated 1.4 million under-five children will suffer from acute undernutrition in the Sahel, with over 380,000 suffering from severe acute undernutrition. Those affected will be at a much higher risk of disease and death. Burkina Faso has particularly high rates with 23 per cent of under-five children suffering from acute undernutrition.

In 2007, an unusually severe rainy season resulted in one of the worst cases of flooding in West Africa in ten years. Around 800,000 people in 14 countries (Benin, Burkina Faso, Côte d’Ivoire, the Gambia, Ghana, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo) were affected by this natural disaster, which displaced thousands and caused widespread damage to crops and infrastructure, including schools.

HIV/AIDS, combined with conflict, affects an estimated 12.4 million people in the four countries of Côte d’Ivoire, Guinea Conakry, Liberia and Sierra Leone. These four countries have been marked by human rights violations. As with the conflict in the Democratic Republic of the Congo, these conflicts have been typified by considerable brutal and systematic sexual violence affecting women and children. The attacks themselves, along with the subsequent displacement of populations, create conditions where people are placed at risk from epidemics, and are more likely to be affected by HIV and AIDS as well as sexually transmitted infections (STIs).

Issues of human insecurity lead to complex subregional crises. While the number of refugees and internally displaced persons (IDPs) caused by past conflicts have significantly diminished in Liberia and Sierra Leone, reintegration of armed forces and those associated with them, such as girl mothers, is still needed. The disarmament, demobilization and reintegration (DDR) process in both countries has lessons learned for the programmes emerging in the Central African Republic (CAR), Chad and Côte d’Ivoire. While the peace process in Côte d’Ivoire continues to move forward, and power-sharing agreements have so far been adhered to, the consolidation of peace and stability, in part, rests on the implementation of the DDR and identification process.

Protection and population movements remain key issues in the region, as various kinds of population movements trigger child protection issues, such as when children are separated from families. Family tracing and reunification programmes (FTR) are essential tools which protect children and prevent further sufferings and trauma. Attention must be paid to the impact of armed conflict on children and should be complemented by efforts to ensure the effective participation of young people in policies and programmes in the subregion.

Political turmoil has sparked an internal conflict in CAR since 2005. This conflict has led to many changes of regimes in the country and the birth of many rebel groups, especially in the western part of the country bordering Cameroon. Because of fighting between armed rebel groups and government troops, a large number of refugees have fled CAR for the provinces of the East, and Adamaoua in Cameroon. The total number of refugees so far is estimated at 32,000, among whom 30 per cent are children and about 8,500 school-aged children, although the process is continuing.

22 Exact figure is 972,390. Source: UNHCR West Africa Displaced Populations Map, including refugees, IDPs and asylum seekers, found at http://www.reliefweb.int/rw/fullMaps_Af.nsf/luFullMap/AB115A80C46233DE85257356004D4CFD/$File/ocha_IDP_afr070913.pdf?OpenElement
23 Data from nutrition surveys conducted in Burkina Faso, Chad, Mali, Mauritania and Niger.
24 Based on the Multiple Indicator Cluster Survey (MICS) 2006 data.
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Coordination and support services. Natural disasters and eruptions of conflict in the region can often be classed as 'sudden onset', and thus the level of preparedness is crucial for the quality of the response. Since 2006, UNICEF’s Regional Emergency Rapid Response Fund (RERRF) has financed critical initial response funding gaps for emergencies in the region. The fund has allowed for technical and operational support to Country Offices and partners, and provided urgent human resource surge capacity to multiple emergency operations. In the first half of 2007, UNICEF chaired regional level inter-agency contingency planning exercise for Guinea +6 in support of the Regional Office for the Coordination of Humanitarian Affairs (OCHA). The initial emergency response to the onset of crisis in Guinea included the provision of medical supplies and water, sanitation and hygiene equipment. UNICEF also provided surge capacity human resource support to Guinea in the areas of child protection, IT Telecom and operations. Support to the Congo Brazzaville Office for cholera response included both material and surge support. Most recently assistance for critical supplies and personnel have been provided to Burkina Faso, Ghana, Mauritania and Togo, in response to the floods.

Child survival and nutrition. Undernutrition and food security concerns in the Sahel are being addressed on a regional and national level. In 2007, national protocols for the management of acute malnutrition, including facility- and community-based care, have been adopted in five Sahelian countries as well as Benin, Ghana and Togo. Moreover, community-based management of acute undernutrition is currently being implemented in high-prevalence regions of these countries, and efforts are under way to scale up the response. A second joint meeting of UNICEF and the World Food Programme (WFP) in early 2007 included UN representatives, UN Development Programme (UNDP) Resident Representatives, and donors from the region. Outcomes from the meeting included a renewed emphasis on a common leadership agenda to further strengthen synergies. At the regional level, the thematic approach applied within the framework of the UN Inter-Agency Consolidated Appeal Process (CAP) has provided a platform for discussions among partners.

In the Sahelian countries, UNICEF has provided therapeutic food, anthropometric kits and health supplies, strengthened the national nutrition surveillance system, conducted child survival surveys, and trained health and social workers.

Water, sanitation and hygiene. In 2007 the UNICEF water, sanitation and hygiene (WASH) programme responded to the flooding crises in West Africa through measures such as latrine construction, emergency water storage and treatment, water provision, among other initiatives. The WASH programme also responded to outbreaks of cholera across the region by undertaking assessments in multiple countries, as well as national communication campaigns for hygiene promotion and reduction of the incidence of waterborne diseases.

WASH cluster coordination was ensured in eastern Chad, Democratic Republic of the Congo (DRC) and Liberia among other countries.

Child protection. Building on lessons learned from the experiences of the Mano River Union, exemplified in the ECHO-UNICEF Programme of Cooperation Evaluation Report of October 2006, there has been increased attention on consolidating a coordinated and cross-border approach.

In particular, the Liberia DDR has been shared, and the findings call for a broader, comparative assessment of DDR processes. This is all the more crucial given that some countries are newly experiencing demobilization and reintegration of formal and non formal processes, namely CAR, Chad and Côte d’Ivoire.

In Guinea basic psychosocial training was provided to social workers and animators to enable better support for girls suffering from sexual abuse that occurred during the crisis.
3. PLANNED HUMANITARIAN ACTION FOR 2008

In collaboration with other UN agencies as well as NGOs, UNICEF will continue to respond to the needs of people affected by conflicts and natural disasters, as a core component of its regional humanitarian programme.

Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity) (US$ 1,091,400)

**Regional Emergency Rapid Response Project (US$ 481,500)**
This project aims to continue to reinforce regional and country-level capacity in the areas of emergency preparedness and response in small-scale emergency contexts. Key activities are as follows:

- Support Country Offices to complete contingency planning processes when faced with an increased risk of emergency and/or to kick-start an initial emergency response;
- Strengthen a regional human resources surge capacity mechanism to allow rapid deployment of experienced emergency staff immediately before or at the onset of a crisis;
- Manage the Regional Emergency Rapid Response Fund (RERRF) in support to select countries’ initial emergency response planning process.

**Strengthening of the emergency response to floods and other natural disasters (US$ 609,900)**
Following the severe rainy season and subsequent flooding in 2007, the aim of this project is to identify best practices and lessons learned during the flood response, and support regional and country level preparedness for better response to floods and other sudden onset natural disasters that may arise in the coming year. Activities include:

- Finalize review of 2007 UNICEF flood response, including identification of best practices and key lessons learned;
- Define a common strategy with regional and country level partners for strengthening future responses to floods and other recurrent emergencies in 2008;
- Support Country Offices to advocate for and roll out a capacity-building strategy at country and district level, including but not limited to stockpiling of supplies, commonly agreed needs assessment modalities, coordination mechanisms, definition of roles and responsibilities and definition of performance benchmarks for assessing the response;
- Emergency response in the key areas of water and sanitation, health, nutrition, protection and education in select Country Offices severely affected by floods and other natural disasters.

**Child survival and nutrition (US$ 7,489,478)**

**Regional support to emergency nutrition for child survival in the Sahel (US$ 898,800)**
This project will support 1,130,700 under-five children suffering from acute undernutrition, and 251,900 children with severe undernutrition in the Sahelian countries through regional support to country programmes in the countries of Burkino Faso, Mali, Mauritania, Niger, and the northern regions of Benin, Ghana, and Togo. Activities will focus on:

- National guidelines: support the implementation of national protocols and guidelines for the management of acute undernutrition in children; particular attention will be paid to strengthening the response capacity of government and NGO workers;
- Information systems: strengthen the capacity of national nutrition and child survival surveillance systems to collect and analyse relevant data and information for timely and effective response;
- Supply and logistics: Strengthen the capacity of country programmes to ensure an uninterrupted pipeline of therapeutic and supplementary foods, micronutrient supplements and essential drugs, and anthropometric, monitoring and counselling tools for the management of acute undernutrition as well as complementary health and hygiene commodities;
- Nutrition for child survival: support the roll-out of national strategies to promote improved nutrition and child survival services and practices: early initiation of breastfeeding, exclusive breastfeeding in the first six months, and age-appropriate complementary foods and feeding practices from 6 to 24 months; vitamin A supplementation, deworming and measles vaccination; distribution of insecticide-treated mosquito nets for malaria prevention; promotion of handwashing with soap at critical times and
treatment of child diarrhoea with oral rehydration therapy and zinc; and prevention of maternal anaemia and low birthweight; 

- **Sector leadership and coordination:** strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners in nutrition and feeding as per IASC agreements for emergency preparedness and response.

**Emergency nutrition for child survival in North and Extreme North provinces of Cameroon as well as in Adamaoua and East provinces for Central African refugees (US$ 3,638,267)**

This project aims to provide care and support for children suffering from acute undernutrition in Adamaoua, East, North and Extreme North provinces of Cameroon, and will target 105,000 under-five Cameroonian children with acute undernutrition of whom 25,000 children with severe acute undernutrition, along with 2,000 under-five Central African refugee children with acute undernutrition of whom 500 children with severe acute undernutrition. Activities will include:

- **Management of acute undernutrition**
  - Support the development and implementation of national policies and guidelines for the management of acute undernutrition, and the implementation of a training strategy for facility- and community-based care providers;
  - Ensure an uninterrupted pipeline of therapeutic foods, micronutrient supplements, essential drugs, anthropometric equipment and monitoring and counselling tools for the management of acute undernutrition;
  - Support national capacity to plan, implement and analyse nutrition and child survival surveys and data; strengthen information and early warning mechanisms; improve programme monitoring and evaluation systems; disseminate findings and information about the nutrition situation of children and their mothers for timely action and effective communication.

- **Prevention of acute undernutrition**
  - Infant and young child feeding: protect, promote and support early initiation of exclusive breastfeeding, exclusive breastfeeding in the first six months of life, and age-appropriate complementary foods and feeding practices from 6 to 24 months;
  - Nutrition and child survival commodities: ensure vitamin A supplementation, deworming, measles vaccination, and insecticide-treated mosquito nets for all under-five children;
  - Health and hygiene: ensure the prevention and control of diarrhoeal diseases through the intense promotion of handwashing with soap and oral rehydration therapy with zinc supplements;
  - Prevention of low birthweight (maternal anaemia control).

**Reinforcement of preparedness and response to meningitis epidemics in West African countries on the ‘meningitis belt’ (US$ 909,500)**

This project aims to reduce morbidity and mortality due to meningitis in the West African countries of Benin, Burkina Faso, Côte d’Ivoire, the Gambia, Ghana, Guinea, Mali, Niger, Nigeria, Senegal and Togo. Activities include:

- Increase and ensure the availability of polysaccharide vaccines in the short and medium terms to implement mass vaccination prevention and riposte campaigns;
- Increase and ensure the availability of first-line drugs for treatment in case of epidemics;
- Increase and ensure the availability of laboratory supplies and equipments for countries in case of epidemics;
- Carry out, if necessary, rapid risk-assessments at national level to optimize the prepositioning and use of vaccines, drugs and laboratory supplies;
- Help raising funds to support countries’ epidemic preparedness and response activities at the international and national levels.

**Protection of children and women victims of armed conflict in Forest Guinea (US$ 2,042,911)**

This project targets 932,000 Guinean women and children, Liberian and Ivorian refugees, in order to reduce morbidity and mortality of refugee and host women and children and reinforce their protection. Activities will include:

- Organize regional and district-level epidemic outbreak management services; provide essential medicines, basic medical kits, vaccines for district health facilities; disinfect and protect water sources; rehabilitate care for severely malnourished children;
- Provide legal clinic services and psychosocial support and access to basic services (shelter, food, education and health) to survivors of sexual abuse and exploitation;
• Strengthen 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 the decrease in case fatality rates through availability of essential medicines, vaccines and medical material in health centres and hospitals; provide care for epidemic case management and its nutritional consequences in children; disinfect water sources.

Water, sanitation and hygiene (WASH) (US$ 4,215,800)

Enhancement of emergency response preparedness for WASH cluster (US$ 738,300)
This project will enhance the response at the regional level, and of WASH cluster partners and governments in at least four select countries prone to recurrent emergencies, including cholera, floods and droughts. Activities will include:
• Preliminary activities
  o Analyse the response level in the WASH sector to 2007 emergencies; gap and strengths, weaknesses, opportunities and threats (SWOT) sector analysis, both in select countries and at regional level;
  o Analyse relevant capacity-building and contingency plans developed in the WASH sector for other regions and clusters.
• WASH cluster capacity mapping and building
  o Organize regional and country inter-agency and governmental WASH cluster awareness workshops for selected countries, preferably in coordination with other clusters;
  o Identify institutional and human resource capacities and requirements, supply and information management systems, coordination mechanisms requirements;
  o Identify and assess potential WASH cluster coordinators in select countries;
  o Identify potential private partners for WASH stock manufacturing and long-term agreements;
  o Identify key academic institutions and development of a regional training plan.
• WASH contingency plans development
  o Establish partners’ duties and responsibilities;
  o Develop contingency plans in select countries;
  o Develop a regional WASH stockpiling strategy to support select countries.

Development of an integrated WASH-nutrition approach to vulnerable communities (US$ 1,455,200)
This project aims to improve the impact of nutrition interventions towards vulnerable communities by reducing behavioural risk practices and improving water supply and sanitation conditions. Handwashing with soap at critical times, sanitation, household water treatment and safe storage are proven to be among the most cost-effective methods to reduce the incidence of diarrhoea and the prevalence of water-based helminthiasis, both diseases that have been identified as strong limiting factors on optimal child nutrition survival and development. Activities will include:
• Develop joint WASH-nutrition actions plans in targeted countries
  o Collaborate with relevant national institutions and international/national NGOs, map vulnerable communities with high undernutrition and low-level WASH indicators;
  o Carry out detailed field surveys in select communities: gather available information on water quality and availability, sanitation facilities, age-appropriate food and feeding practices and hygiene;
  o Develop a WASH plan at the district level focusing on increasing water availability, the application of household water treatment and safe storage techniques, sanitation promotion, and communication for behavioural changes at community, school and facility levels;
  o Merge the strategy into integrated WASH-nutrition action plans;
  o Develop work plans, benchmarks and monitoring indicators;
  o Develop an information management system to capture bad and good practices.
• Address needs in vulnerable communities
  o Implement integrated action plans in select districts;
  o Monitor indicators and compile evidence-based information (lessons learned on good practices).
• Draft joint WASH-nutrition guidelines.

Development of an environmental and behavioural risk reduction action plan for cholera (US$ 1,658,500)
This project aims to reduce the occurrence and incidence of cholera outbreaks and improve emergency response in select hotspots within the cholera-affected countries of Côte d’Ivoire, Ghana, Guinea, Senegal and Sierra Leone.
Activities will include:

- **Identification of vulnerable communities and reservoirs**
  - Carry out a retrospective analysis of cholera outbreaks in the region and map vulnerable communities;
  - Identify reservoirs and priority geographic areas where an integrated WASH strategy could have a significant impact on cholera outbreaks and risk reduction;
  - Select one priority country and agree with relevant national institutions and international/national NGOs to develop a national action plan for priority geographic areas.

- **Identification of environmental health and behavioural risks**
  - Carry out detailed field surveys in select communities;
  - Gather available information on water quality, sanitation facilities, food preparation and distribution practices, basic hygienic practices and environment;
  - Rank risks and identify priority actions required to reduce environmental health and behavioural risks.

- **Set-up of risk reduction action plans**
  - Develop an integrated programme to improve water supply and sanitation infrastructures as well as their operation and maintenance;
  - Develop an integrated information education and communication programme for communities at risk.

- **Development of a preparedness contingency plan in selected countries**
  - Establish regional and national rosters of WASH emergency response teams;
  - Develop and implement WASH training packages for cholera emergency preparedness (contingency plans, initial assessment, decision-making process and monitoring);
  - Develop sectoral WASH contingency plans.

### Development of a regional online WASH cluster information and knowledge management network system (US$ 363,800)

This project aims to develop a regional information knowledge and management network system for the WASH sector among cluster partners. Activities include:

- **Emergency preparedness**
  - Make an inventory of existing practices for recording emergency WASH activities by cluster partners;
  - Produce a regional online catalogue of standardized metadata;
  - Create a searchable internet platform and the option for further access to related databases;

- **Emergency management**
  - Make a diagnosis of past and ongoing experiences, including other regions, related to information exchange during emergencies, and how this applies to the coordination of interventions and the identification of priority needs;
  - Prepare a draft operational methodology to promote information-sharing during emergencies between WASH cluster partners. Finalize the methodology during a regional workshop with national focal points and cluster partners;
  - Pilot the methodology in two countries.

- **Post emergency lessons learned**
  - Promote joint monitoring and evaluation among cluster partners.
  - Make individual monitoring and evaluation reports available via internet platform;
  - Set up agreements among partners for appropriate procedures aiming at developing consolidated and adaptive guidelines for emergency responses.

### Education (US$ 1,147,975))

#### Education in support of CAR refugee children in Eastern and Northern Cameroon (US$ 591,575)

This project aims to ensure that refugee children and host community school-aged children in the East and Adamaua provinces have access to quality primary education. Activities will include:

- Undertake sensitization campaigns for refugees, host communities, Ministry of Education decentralized bodies and teachers to emergency education;
- Construct 58 temporary learning spaces;
- Construct 36 permanent classrooms (six schools of three classrooms and three schools of six classrooms);
- Train 94 teachers on teaching techniques and methodologies;
• Procure 2,000 school benches;
• Procure/distribute teaching and learning materials, textbooks and school supplies, and school-in-a-box kits;
• Procure recreational and early childhood development (ECD) kits;
• Monitor and evaluate emergency education activities in schools of the East and Adamawa provinces.

**Inter-agency capacity-building for education in emergencies (US$ 556,400)**
This project focuses on capacity-building and a coordinated strategy on education in emergencies in order to prevent conflict and build peace. It highlights the role education can play in humanitarian interventions in all phases, including preparedness, response and recovery. It targets all Western African countries. Activities will include:

• Design and implement a regional inter-agency capacity-building strategy on education in emergencies, including to:
  - Document lessons learned on the role of education in emergencies, early recovery and peace building (especially life skills education and peace education as possible risk reduction strategies);
  - Establish a capacity-building strategy for the region and ensure training on preparedness and response plans (Minimum Package in Education in Emergencies, UNICEF training package), in partnership with the government, and training on the cluster approach for education in emergencies, post-crisis and transition;
  - With the existing capacities in lead organizations and cluster partners, establish partnerships at the country level to ensure the roll-out of the cluster approach;
  - Establish coordination, monitoring and reporting mechanisms for the capacity-building plan.

**HIV/AIDS (US$ 909,500)**

**Prevention of HIV/AIDS among groups of vulnerable adolescents (US$ 909,500)**
This project intends to facilitate the access of IDPs, refugees, and host communities to accurate information and services, and build the skills of adolescents and young women, in particular on HIV/AIDS. Countries include Côte d’Ivoire, Guinea, Liberia, and Sierra Leone. Activities will include:

• Support sensitizations programmes and communication on HIV prevention activities in general;
• Train peer educators on HIV knowledge, life skills, peace culture;
• Provide psychosocial support training to peer helpers and facilitators;
• Support the functioning of adolescent centres and the production of materials;
• Support people living with HIV/AIDS, provide medical care for STIs among young people at reference health centres;
• Support youth-specific services and train reference staff for health centres;
• Support coordinating and monitoring activities by partners;
• Provide psychosocial support training to peer helpers and facilitators.

**Child protection (US$ 2,196,800)**

**Improvement of current and future disarmament, demobilization and reintegration (DDR) processes through joint inter-agency, cross-border action (US$ 567,100)**
This project will build on the lessons learned and the methodology developed during the DDR processes in the Mano River Union to reinforce the capacities of the child protection stakeholders in formal or non formal demobilization and reintegration processes. Activities will include:

• Provide holistic and inter-agency training on children affected by armed conflict (CAAC) issues, as a means to achieve minimum quality standards for all the interventions;
• Disseminate existing reintegration guidelines and other relevant tools enabling the harmonization of inter-agency approaches and greater effectiveness;
• Set up cross-border and inter-agency information-sharing mechanisms to ensure optimal individual caseload monitoring, trend analysis and early warning;
• Conduct joint peer-review workshops promoting inter-agency and cross-country experience and good practice-sharing of current demobilization and reintegration processes (including gender awareness and inclusion of girls; non stigmatization of children; inclusion of gender-based violence (GBV); HIV/AIDS issues; role of education in DDR processes; mid-term impact of reintegration programmes).
Family tracing and reunification training (US$ 121,000)
The project will focus on improving the effectiveness and coordination of family tracing and reunification (FTR) programmes in Burkina Faso, Cameroon, CAR, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau and Mali. Activities will include:

- Provide regional francophone training on FTR for agency staff in potentially concerned countries on good practices and lessons learned;
- Introduce standard tools and methodology for FTR work;
- Initiate effective emergency FTR preparedness plans and networks within targeted countries.

Community-based reintegration of 250 girl mothers associated with armed forces in Liberia and Sierra Leone (US$ 465,450)
This project aims to ensure long-term successful reintegration of 250 girl mothers and their children who are associated with armed forces in Liberia and Sierra Leone. Activities will include:

- Along with the girl mothers, design strategies and activities aimed at enhancing their reintegration;
- Implement small-scale projects to facilitate girl mothers' reintegration, based on needs, assessment and identified strategies. Activities may include: vocational training and literacy classes; income-generating activities; setting up early childhood centres for girl mothers' children; and community-based support;
- Identify and draft guidelines.

Child protection in emergency training in Côte d'Ivoire and Guinea (US$ 695,500)
Côte d'Ivoire and Guinea would be the first countries identified as part of a broader roll-out of child protection in emergencies and emergency preparedness, including psychosocial training of trainers (ToT) for public servants. Activities include:

- Conduct child protection in emergencies training for public servants and civil society;
- Organize psychosocial training of trainers (ToT) for Guinea public servants and civil society;
- Integrate child protection in emergency preparedness and response plans.

Inter-agency action-research project for child protection in mobility situations in the border areas between the Gambia, Guinea, Guinea-Bissau and Senegal (US$ 347,750)
This project entails conducting a joint diagnostic assessment of child protection issues for children in movement in the area, in order to identify common priorities and joint programmes. Activities will include:

- Conduct participatory, action-oriented, child rights-based research on child rights around two main axes to identify the root causes of mobility: child’s physical protection and security (including mine awareness, recruitment into armed or criminal group) and access to basic social services and economic opportunities;
- Coordinate research at regional level; conduct research with identical, efficiency-proved, method in the four country areas.
The Central African Republic is currently enduring a complex emergency. In the northern prefectures, more than 610,000 women and children continue to suffer from the long-running conflict and chronic poverty. With 212,000 people internally displaced, many are living in the bush and completely lack access to basic rights and services. This is having a significant impact on child survival and development. Humanitarian access remains a challenge due to the prevailing insecurity, high population dispersal and lack of infrastructure. International coverage of the issue also remains weak, meaning the Central African Republic continues to retain its label as one of Africa’s most forgotten emergencies.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
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<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Health and nutrition</td>
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<td>Water, sanitation and hygiene</td>
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<td>Shelter/non-food items</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>15,562,069</strong></td>
</tr>
</tbody>
</table>

* 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) is suffering from a multifaceted crisis. Located right at the heart of the African continent, the country has endured more than a decade of armed conflict. The worst affected regions are located in the north-east and north-west, where rebel forces and government troops clash frequently. The situation is most grave in Ouham, Ouham Pendé, Nana-Gribizi, Haute-Kotto, Bamingui-Bangoran and Vakaga. The ‘Coupeurs de routes’ (bandits) also roam freely across the north-west, looting villages and kidnapping children. The continuing waves of violence have created mass displacement and the complete decimation of public infrastructure. This is having a significant impact on the lives of women and children across CAR.

Current figures estimate that 292,000 people have been forcibly displaced; 212,000 of these have remained in the country and a further 80,000 have been displaced into neighbouring Chad, Cameroon and the Sudan. In return CAR has received thousands of refugees from the surrounding Sudanese and Chadian conflicts.

With an infant mortality rate of 106 for 1,000 live deaths and an under-five mortality rate of 176 per 1,000 live births, the country has some of the continent’s worst child survival indicators. Malnutrition continues to be a significant problem: the recent Multiple Indicator Cluster Survey 2006 (MICS 2006) has estimated that 38 per cent of under-five children suffer from global chronic malnutrition (GCM) and a further 10 per cent from global acute malnutrition (GAM). In addition, HIV rate prevalence (6.4 per cent) is amongst the highest in the region and with a third of the population completely lacking access to clean water and sanitation facilities, preventable diseases are easily spread. Only 51 per cent of children get the opportunity to attend primary school, the figure is much lower in CAR’s conflict-affected prefectures as the majority of schools are closed due to the ongoing instability. In addition, lack of protection is a major issue for many women and children. Children continue to be used in armed conflict, particularly in the north-west. In addition, rape and gender-based violence remain prevalent.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Despite funding constraints, poor access and security, UNICEF has continued to work closely with its specialized partner agencies in order to improve human welfare and development across the country. In close collaboration with local, national and international partners such as Médecins sans Frontières (MSF), Cooperazione Internazionale (COOPI) and the International Partnership for Human Development (IPHD), UNICEF has effectively responded to the humanitarian needs of the Central African Republic’s population. Actions have been focused on the priority areas of health, nutrition, HIV/AIDS, water, hygiene and sanitation, education and child protection.

UNICEF has continued its ‘National Child Survival Day’ campaign where integrated high-impact health/nutrition packages are delivered to women and children across the country. In July 2007 alone, 12,083 children received DPT3 vaccines, 11,964 children received OPV3 vaccines, 20,560 children received measles vaccines, and long-lasting insecticidal nets (LLINs) were distributed to 82,911 pregnant women and under-five children. UNICEF also increased its support to emergency feeding programmes at therapeutic feeding centres (TFCs) across the country. An average of 200 children currently receives treatment in Bangui and 320 in Ouadda Djalle per month. A new therapeutic feeding centre was opened in Bossangoa in October.

In the area of water, sanitation and hygiene, UNICEF has installed a pumping station in the Sam Ouandja refugee camp, where 3,000 Sudanese refugees are currently residing. The station is providing 40 cubic metres of drinking water per day to the camp. UNICEF continues its extensive training of peer educators, who are helping to raise awareness on HIV/AIDS and gender-based violence. For example, in Ndele and Kaga Bandoro, UNICEF has worked alongside the Ministry of Youth and Caritas to train 570 community workers from 121 villages.

The bush schools project continued to expand over the past year. With the help of UNICEF’s NGO partner COOPI, 12,500 children resumed schooling in the region’s 97 bush schools and received school kits; and 295 parent teachers were trained.
In terms of protection, following the June tripartite action plan between the Union of Rwandese Democratic Forces (UFDR), Government of CAR and UNICEF for the ‘Reduction and Elimination of Underage Recruitment and Utilization, their Demobilization and Reintegration’, UNICEF has continued to work with approximately 500 children released from the UFDR rebels’ ranks. Activities included the provision of education and vocational training. UNICEF also provided emergency supplies to 548 people (384 of whom were children) severely affected by the August flooding in Bossangoa.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF is an active member of the UN Country Team (UNCT) and is represented in all planning and coordination events. UNICEF participates in the UN Thematic Group Meetings supporting the Government in the various sectors assisted by UN agencies. UNICEF leads the education, nutrition, non-food items and water, sanitation and hygiene sector coordination groups; it co-leads the protection sector with the Office of the UN High Commissioner for Refugees (UNHCR), and actively contributes to health sector meetings. 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF played a key role in the 2004-2006 UN Development Assistance Framework (UNDAF) review process and in the 2007-2011 UNDAF initiation and development, ensuring that women and children's rights and needs are adequately addressed by the entire UNCT. 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; advocacy and social policy.</td>
</tr>
</tbody>
</table>

Health and nutrition (US$ 7,880,940)

A total of 2,167,893 women and children will benefit from the following key activities:

- Effectively prevent and control preventable disease epidemics through the vaccination of 468,479 under-five children and 663,452 women of childbearing age in the country’s most conflict-affected prefectures; immunize children against DPT, BCG, yellow fever and measles;
- Prevent and manage childhood illnesses in the conflict-affected areas; provide 468,479 under-five children with a high-impact health and nutrition package;
- Reduce STI/HIV/AIDS transmission through the targeting of 1,035,962 adolescents/youths in Bangui and in conflict-affected prefectures;
- Strengthen emergency obstetric and neonatal care for 162,479 pregnant women and 649,918 women of childbearing age in conflict-affected areas;
- Prevent gender-based violence (GBV) and provide GBV survivors with medical, psychosocial and community-based support through the targeting of 3,000 GBV survivors across the conflict-affected zones.

Water, sanitation and hygiene (WASH) (US$ 2,036,550)

Some 39,000 people, including internally displaced persons (IDPs) in the country’s northern prefectures, will benefit from the following key activities:

- Reinforce better hygiene practices across schools in conflict-affected prefectures, targeting 14,000 children, including IDPs;
- Ensure rapid provision of water, sanitation and hygiene (WASH) services to IDPs in northern CAR. This project aims to reduce the mortality and morbidity of displaced children due to water-related diseases. It also aims to enhance government capacity, improving their ability to deal with the ongoing emergency and the current lack of WASH facilities across the country. The programme will target 25,000 people, including 6,750 children, 13,025 women and 5,000 refugees.
Education (US$ 1,976,529)
Some 113,000 children will be reached through the following key activity:
- Improve access to basic education for 113,000 conflict-affected children, through an extensive ‘Back to School’ campaign across the country’s northern prefectures.

Child protection (US$ 1,877,850)
Some 75,000 IDPs, 1,000 children associated with armed conflict and 185,000 vulnerable women and children will be targeted through the following key activities:
- Prevent child recruitment, protect and assist families and ensure community-based reintegration of 1,000 children associated with armed conflict;
- Provide protection to 110,000 orphans and other especially vulnerable children ( orphaned by HIV/AIDS and war, unaccompanied IDP children, street children, children accused of witchcraft, Peuhl children and others) through improved access to protection and social services.

Shelter/non-food items (US$ 1,790,200)
Some 105,000 people will be targeted through the following key activity:
- Increase access to basic and essential non-food items for 105,000 IDPs and returnees (63,000 children and 21,000 women).
The nutritional situation in Chad remains extremely precarious, with levels of global acute malnutrition reaching 20 per cent among internally displaced persons and 18 per cent in host communities, in addition to the challenges in the areas of health, education, water supply and HIV/AIDS. UNICEF supports the adoption of a national plan of action to prevent the recruitment of children in armed forces, to promote their release, temporary care and durable reintegration.

### CORE COUNTRY DATA

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 (thousands)</td>
<td>5528</td>
</tr>
<tr>
<td>U5 mortality rate (2006)</td>
<td>209</td>
</tr>
<tr>
<td>Infant mortality rate (2006)</td>
<td>124</td>
</tr>
<tr>
<td>Maternal mortality ratio (2000-2006, reported)</td>
<td>1100</td>
</tr>
<tr>
<td>Primary school enrolment ratio (2000-2006, net, male/female)</td>
<td>72/50</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3)</td>
<td>20</td>
</tr>
<tr>
<td>% population using improved drinking water sources (rural/urban)</td>
<td>42</td>
</tr>
<tr>
<td>Estimated no. of people (all ages) living with HIV, 2005 (thousands)</td>
<td>180</td>
</tr>
<tr>
<td>Prevalent chronic global malnutrition *</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Source: The State of the World's Children 2008

* UNICEF/WHO/WFP, 2007

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>5,787,202</td>
</tr>
<tr>
<td>Health</td>
<td>6,976,400</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2,311,200</td>
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<tr>
<td>Education</td>
<td>11,062,088</td>
</tr>
<tr>
<td>Child protection</td>
<td>7,074,840</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>11,290,640</td>
</tr>
<tr>
<td>Mine-risk education</td>
<td>139,100</td>
</tr>
<tr>
<td>**Total ***</td>
<td><strong>44,641,470</strong></td>
</tr>
</tbody>
</table>

* 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 already precarious humanitarian situation in Eastern Chad has significantly worsened in 2007, requiring
the attention of the humanitarian community. The increasing number of attacks by rebels and Janjawids and
counter-attacks by the Chadian Army has led to large-scale displacements. Since November 2006 UNICEF
has intervened in Eastern Chad, together with the World Food Programme (WFP) and the Office of the UN
High Commissioner for Refugees (UNHCR), to assist displaced populations. UNICEF is the lead agency in
the area of nutrition and collaborates with the World Health Organization (WHO) in its role as lead agency
for health and with UNHCR in child protection.

Basic services in Eastern Chad were already limited before the arrival of internally displaced persons (IDPs).
The wave of displaced persons in April 2006 exerted enormous pressure on the existing services. The
subsequent influx of IDPs completely submerged them.

Recent studies have confirmed that displacement aggravates vulnerabilities. Already high infant and
maternal mortality rates (124 per 1,000 live births and 1,100 per 100,000 births respectively) will deteriorate
further if assistance is not provided. Severe malnutrition among under-five children is estimated at 8 per cent
and could worsen.

2. ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF responded to the needs of IDPs, Sudanese and Central African refugees and host communities in
the areas of health and nutrition, education, water, sanitation and hygiene, and child protection.

Displaced persons and host communities

Health and nutrition
- A total of 4,689 malnourished children were identified/treated and a rapid nutritional survey conducted
amongst IDPs jointly with WFP and WHO;
- Information on waterborne diseases, including hepatitis E, was provided to 5,240 IDPs (2,898 women),
as well as on HIV/AIDS, immunization and good child feeding practices;
- Medicines and therapeutic food (F-100 and F-75 milk, Plumpy’nut) were provided to seven NGOs and
protein biscuits to all incoming IDPs (1,000 kcal per day and per person for two days);
- Thirty persons (local health authorities and humanitarian NGOs) were trained on community-based care;
- Around 96 per cent of displaced children and children from host communities aged 6-59 months were
vaccinated against measles, including vitamin A supplementation and deworming;
- Support was given to the validation and dissemination of the national protocol for the management of
severe acute malnutrition.

Education
- UNICEF trained 54 community teachers, supported the construction of 120 classrooms and
purchased/procured learning materials and school supplies for some 12,000 displaced children; and
enhanced the capacity of parent/teacher associations to better monitor and support community teachers.

Water, sanitation and hygiene
- Over 45,000 persons had access to drinking water through the installation of 4 mini water supply
systems, 15 boreholes and 12 handpumps in IDP and neighbouring host community sites;
- Water management committees established around each water point;
- Some 1,630 latrines were built and sanitation kits distributed to 5,000 IDPs;
- Community advisors/local radios organized counselling and awareness sessions on good hygiene
practices and on the rational use of water and sanitation systems.

Child protection
- Support was provided for the reintegration of 400 children associated with armed forces in five transit
and orientation centres in Abéché and N’Djamena;
- Awareness campaigns on risks related to mines/unexploded ordnance were organized jointly with the
National High Commissioner to Demining (NHCD) in 20 IDP sites and neighbouring villages;
- Different projects were set up to protect and offer psychosocial support to children and young people
and to help prevent/respond to gender-based violence.
Sudanese refugees and host communities

**Health and nutrition**
- All children were vaccinated against polio. In 90 per cent of the camps immunization coverage exceeds 80 per cent for BCG, chicken-pox and DPT3. Moreover, 767 severely malnourished and 3,866 moderately malnourished children were screened/treated, and all 40,263 preschool-aged children received vitamin A supplementation and deworming tablets;
- Over 95 per cent of women living in the refugee camps attended their third prenatal consultation and received tetanus toxoid vaccination;
- A total of 1,744 acutely malnourished under-five children, of which 411 suffered from severe acute malnutrition and 1,333 from moderate malnutrition, were treated in the therapeutic and supplementary feeding centres of the four refugee camps (global mortality rate stands at 1 per cent);
- A total of 52 nurses were trained (of which 12 in the four camps);
- Vaccines, insecticide-treated mosquito nets, blankets, essential medicines, scales/height gauges, picture boxes and therapeutic products (F-7 and F-100 milk, Plumpy’nut or BP5) were provided to health districts and NGOs in the East (Abéché, Goz-Beida etc.);
- Three contingency stocks for 15,000 persons each were built in N’Djamena, Abéché and Goz-Beida.

**Education**
- Around 22,000 preschool children (81 per cent) and 373 preschool teachers, as well as 62,500 children (82 per cent) and 980 primary schoolteachers were supported to ensure good standard basic education in the 141 nurseries and the 754 primary school classes of the 12 refugee camps;
- A total of 240 classrooms were built and 790 tables/benches, 189,906 exercise-books, 19,334 slates, 120,000 pens, 12,500 boxes of chalk and 3,200 plastic mats were distributed.

**Water, sanitation and hygiene**
- A total of 78 water point management committees were established/trained;
- A total of 100 boreholes equipped with handpumps were installed to cover the needs of more than 50,000 members of the host communities; an additional 40 boreholes were installed in schools for 16,000 pupils;
- Some 1,770 community/family latrines were set up for the benefit of approximately 60,000 refugees.

**Child protection**
- Protection and psychosocial activities for refugee children and adolescents were organized in the camps of Touloum, Iridimi, Milé, Ouré Cassoni and Kouounougou, and in two villages of the host community, Erre and Eryani. These activities have now been extended to the refugee camps of Gaga and Farchana;
- A total of 8,714 children aged 3-18 years were reached through 25 child-friendly spaces and 185 child welfare committees.

Central African refugees and host communities

**Health and nutrition**
- Vaccination coverage now stands at 95 per cent in the camps of Amboko, Gondje and Yaroungou and at 65 per cent in the camp of Dosseye, where the influx of refugees continues;
- Vaccines, insecticide-treated mosquito nets, blankets, essential medicines, scales/height gauges, picture boxes and therapeutic products (F-7 and F-100 milk, Plumpy'nut or BP5) were supplied to the health districts of Goré and Danamadj;
- Thirty new classrooms were built to accommodate the 1,200 schoolchildren from the new camp of Dosséye and 120 community teachers were trained;
- Equipment and school supplies (6,000 exercise-books, 500 tables/benches, 400 blackboards, 140 school-in-a-box kits, and 50 recreational kits) were supplied for the 6,500 Central African school-aged refugee children registered in the four camps located in the south.

**Child protection**
- Support was provided to the NGO AFRICARE to help set up a protection and psychosocial care project in the two camps surrounding Goré;
- Ten child-friendly spaces are already operational and welcome close to 450 children. The establishment of child welfare and youth committees is under way.
3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
UNICEF leads the nutrition, education and water, sanitation and hygiene clusters. Structures have been established since 2006 allowing for successful coordination of activities with UN agencies, NGOs, the International Committee of the Red Cross (ICRC) and regional ministerial delegations. This synergy will continue in 2008. In Eastern Chad the humanitarian community aims to support host communities in adequately dealing with new arrivals.

Regular programme
The Ouaddai and Wadi Fira regions which welcome Sudanese refugees and IDPs are part of the five intervention regions targeted in the 2006-2010 Programme of Cooperation. Actions planned within the framework of the Humanitarian Action Report are therefore an integral part of annual work plans signed with the government and will contribute to improve the living conditions of refugees and IDPs as well as of neighbouring communities.

Nutrition (US$ 5,787,202)

Displaced persons and host communities
Some 200,000 displaced persons, host populations, including 174,600 children aged 6-59 months and 40,000 pregnant and lactating women will benefit from the following key activities:

Treatment of acute malnutrition
• Support the implementation of community-based treatment and the development of monitoring tools for community- and hospital-based treatment;
• Ensure continuous supply of therapeutic food, micronutrients, essential medicines and anthropometric equipment;
• Train governmental and non-governmental partners on community-based care of malnutrition and other aspects linked to the prevention and treatment of acute malnutrition;
• Install a nutritional surveillance system, collect and analyse nutritional data, undertake programme monitoring and evaluation; and regularly disseminate information on the nutritional situation.

Prevention of malnutrition
• Organize two rounds of vitamin A supplementation and deworming for under-five children and ensure rehydration and zinc supplementation for children suffering from diarrhoea;
• Support exclusive breastfeeding up to 6 months, and appropriate feeding practices for children aged 6-24 months.

Sudanese refugees and host communities
Some 78,890 refugees, 64,400 children aged 6-59 months, 14,500 pregnant and lactating women will benefit from the following key activities:

Treatment of acute malnutrition
• Support the implementation of community-based treatment and the development of monitoring tools for community- and hospital-based treatment;
• Ensure continuous supply of therapeutic food, micronutrients, essential medicines and anthropometric equipment;
• Train governmental and non-governmental partners on community-based care of malnutrition and other aspects linked to the prevention and treatment of acute malnutrition;
• Install a nutritional surveillance system and conduct nutritional surveys – two surveys a year – to collect and analyse nutritional data, monitor and evaluate programmes, and regularly disseminate information on the nutritional situation

Prevention of malnutrition
• Organize two rounds of vitamin A supplementation and deworming for under-five children and ensure rehydration and zinc supplementation for children suffering from diarrhoea;
• Support exclusive breastfeeding up to 6 months, and appropriate feeding practices for children aged 6-24 months.
Health (US$ 6,976,400)

**Displaced persons and host communities**

Some 35,000 children aged 0-11 months, 174,600 under-five children, 5.2 million adults, including 40,000 pregnant and lactating women will benefit from the following key activities:

- Provide health services with vaccines, vaccination and cold-chain consumables, input for the community-based integrated management of childhood illnesses (IMCI), input for the protection of children and pregnant women against malaria, respiratory infections, and waterborne diseases;
- Provide support to services/partners for the organization of routine, mobile, advanced immunization activities, catch-up and mass campaigns;
- Set up a mechanism to monitor vaccination coverage and IMCI activities;
- Identify/train health workers for the management of the expanded programme on immunization (EPI);
- Support social mobilization campaigns and identify/train opinion leaders to raise awareness on health programmes (EPI, IMCI, disease control).

**Sudanese refugees and host communities**

Some 13,000 children aged 0-11 months, 64,400 under-five children, 200,000 adults, including 15,000 pregnant and lactating women will benefit from the following key activities:

- Provide health services covering refugee sites with vaccines, vaccination and cold-chain consumables, input for the community-based integrated management of childhood illnesses (IMCI), input for the protection of children and pregnant women against malaria, respiratory infections, and waterborne diseases;
- Support services/partners in organizing routine, mobile, advanced immunization activities, catch-up and mass campaigns;
- Set up a mechanism to monitor vaccination coverage and IMCI activities;
- Identify/train health workers for the management of the expanded programme on immunization (EPI);
- Support malaria control through the micronutrient initiative and the artemisinin-based combination therapy (ACT); undertake training and supervision of activities.

HIV/AIDS (US$ 2,311,200)

**Displaced persons and host communities**

Some 154,000 youths aged 10-24 years, 200,000 adult women, including 40,000 pregnant and lactating women will benefit from the following key activities:

- Introduce life skills training in sex education/prevention of sexually transmitted infections/HIV/AIDS among adolescents;
- Develop strategies and produce didactic material for behavioural change with regards to HIV/AIDS;
- Train 200 peer educators (20 per district and 1 for 1,000 youths per IDP site);
- Set up child-friendly centres in Abéché and Biltine, including information, education and communication (IEC) materials;
- Support the organization of mass advocacy/social mobilization campaigns;
- Set up prevention of mother-to-child transmission (PMTCT) services in eight hospitals (Abéché, Bahaï, Iriba, Guereda, Biltine, Adre, Goz-Beida, Am-Dam) and supply reagents, antiretrovirals and lab consumables;
- Train psychosocial counsellors and personnel prescribing antiretrovirals in the districts;
- Set up voluntary counselling and testing centres in eight districts and open a youth centre in Goz-Beida;
- Train health personnel in PMTCT and paediatric AIDS in eight districts (eight per district);
- Refer people living with AIDS for pre-therapeutic check-up and prescription of antiretrovirals.

**Central African refugees and host communities**

- Some 10,000 youths aged 10-24 years, pregnant and lactating women, and people living with HIV/AIDS will benefit from the following key activities:
- Train peer educators, teachers and community leaders on HIV/AIDS and on life skills in primary and secondary schools.
- Organize social mobilization campaigns (with trained peer educators, community leaders and radios);
- Train health personnel in voluntary counselling and testing, PMTCT, paediatric AIDS and care to victims of rape and in the prescription of antiretrovirals;
- Set up a referral system in Moundou for HIV-infected people, especially children;
- Train community members on home-based care for people living with HIV/AIDS.

Education (US$ 9,683,500)

Displaced persons and host communities
Some 30,000 primary school-aged children will benefit from the following key activities:
- Promote awareness campaigns on the importance of supporting teachers and primary schools through parents’ associations;
- Construct/rehabilitate 100 classrooms (semi-permanent structures);
- Recruit and strengthen the capacity of 250 community teachers in appropriate teaching methodologies;
- Supply textbooks and teaching materials;
- Develop/strengthen the capacity of education partners;
- Monitor educational activities; evaluate education standards and prepare progress report.

Sudanese refugees and host communities
Some 76,500 school-aged and primary schoolchildren and 42,000 preschool-aged children will benefit from the following key activities:
- Construct/rehabilitate 100 preschool classrooms and 200 primary school classrooms (refugees);
- Supply textbooks, training/teaching material and equipment for preschool and primary schoolchildren (refugees), recreational kits for preschool children (refugees); teaching/training material for 50 schools (host communities);
- Train/supervise preschool leaders and 1,230 primary schoolteachers (refugees and host communities), introducing training on HIV/AIDS and gender equity;
- Develop and strengthen the capacity of education partners and reinforce existing partnerships;
- Monitor and evaluate educational activities and standards (progress in the sector).

Central African refugees and host communities
Some 32,000 primary school-aged children will benefit from the following key activities:
- Promote awareness campaigns on the importance of education, mainly girls’ education;
- Extend infrastructures, water supply and sanitation, including the lycée of Goré;
- Supply material for schools and teachers;
- In partnership with the Ministry of Education and NGOs, ensure quality teaching and reinforce the capacity of refugee teachers and host communities;
- Provide life skills training and implement life skills education in target schools; support planning, coordination and project management.

Child protection (US$ 7,074,840)

Displaced persons and host communities
Some 150,000 children will benefit from the following key activities:
- Set up, monitor and report on mechanisms to prevent violence;
- Provide holistic care to victims of sexual and gender-based violence;
- Trace and release 3,000 children associated with armed forces, organize reception in transition structures and provide documentation and care.

Sudanese refugees and host communities
Some 165,000 children will benefit from the following key activities:
- Ensure protection, monitoring and reporting;
- Set up mechanisms to prevent violence;
- Undertake identification activities, raise awareness, prevent and monitor activities aimed at promoting children’s rights (schooling, child-friendly spaces, and recreational activities).
Central African refugees and host communities
Some 15,000 children and 8,000 women will benefit from the following key activities:

- Support the management of child-friendly spaces in refugee camps and neighbouring host community, and supply recreational kits;
- Train security/NGO personnel and community leaders on children's rights and on the prevention of and response to abuse;
- Provide life skills training and supply relevant materials;
- Prevent/respond to gender-based violence through awareness-raising, training and psychosocial support;
- Supply basic material to vulnerable children and promote parental education.

Children associated with armed groups
Some 10,000 children associated with armed groups and 5,000 other vulnerable children will benefit from the following key activities:

- Back up an information mechanism for children released from armed groups or forces;
- Support the enforcement of a national training of trainers programme for eight NGOs, civil servants and officers from the National Chadian Army;
- Support community- and NGO-based structures to call attention to the violation of children’s rights in the conflict-affected zones and help develop activities to prevent the recruitment of minors;
- Support the establishment of transit/orientation centres for children released from armed groups and forces;
- Develop a detailed community-based programme for the successful reintegration of children released from armed groups and forces.

Water, sanitation and hygiene (US$ 11,290,640)

Displaced persons and host communities
Some 120,000 persons, including 60,000 children and 30,000 women will benefit from the following key activities:

- Ensure the management/maintenance of the water supply infrastructure;
- Drill 150 bore wells and 20 boreholes, equipped with handpumps;
- Construct 6,000 emergency latrines for 120,000 Chadians, and promote hygiene; supply 2,000 water, sanitation and hygiene kits to 20,000 households;
- Monitor and control water quality at community, family and school levels;
- Construct latrines and handwashing facilities in schools; and construct washing areas;
- Coordinate the water, sanitation and hygiene cluster group;
- Enhance capacities to adequately respond to emergencies.

Central African refugees and host communities
Some 55,000 children will benefit from the following key activities:

- Construct/rehabilitate water water supply systems;
- Construct latrines, handwashing facilities and washing areas;
- Promote hygiene and train on the proper use and maintenance of latrines and water points;
- Supply and distribute family water kits and sanitation kits for 11,000 households;
- Undertake community-based monitoring and prevention of vector-borne diseases.

Mine-risk education (Chad) (US$ 139,100)

Some 10,000 children in Chad will benefit from the following key activities:

- Elaborate new tools for mine-risk education (MRE) in schools, such as teacher’s guide and pupil’s book;
- Produce picture boxes for the network of UNICEF-supported primary schools;
- Organize training sessions for teachers’ ongoing training (100 inspectors, 50 educational facilitators from school inspectorates; 50 educational facilitators from ongoing learning centres).
The Republic of 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. Compared to 1990, important basic indicators related to children and women have deteriorated. Especially worrying is the situation of the people living in Pool department, where the security situation has not yet improved, and of the indigenous population (Pygmies), living in the forested areas of the North-West, almost completely deprived of any human rights and access to basic social services.

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>1,650,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,000,000</td>
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<tr>
<td>Education</td>
<td>350,000</td>
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<tr>
<td>Child protection</td>
<td>500,000</td>
</tr>
<tr>
<td>Total*</td>
<td>3,500,000</td>
</tr>
</tbody>
</table>

* 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 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 rights and access to basic social services. Congo’s Pygmy population represents approximately 5 to 10 per cent of the country’s population.

The Congo Demographic and Health Survey 2005 (DHS 2005) shows a deterioration of important basic indicators related to children and women as compared to 1990. Under-five mortality rate is 117 per 1,000 live births and the infant mortality rate 75 per 1,000. The moderate and severe malnutrition rate stands at 14 per cent. Full immunization coverage remains low, at 52.1 per cent, disregarding yellow fever vaccination, without which the rate drops to 25.5 per cent. Maternal mortality remains 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. HIV prevalence 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 2 per cent in rural areas. Net primary school enrolment is estimated at 54 per cent. 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 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. The demobilization, disarmament and reintegration (DDR) process has not yet started in Pool department despite the Peace Accord of March 2003. The attempt to integrate Pastor Ntumi (leader of the ninja guerrilla) in the government has so far failed. An estimated 1,500 children in the department are still armed and/or associated to armed groups. 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, despite the fact that some health centres have reopened, 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 do not have access to clean water and sanitation. The consequence is a high degree of waterborne diseases, such as diarrhea and parasitic and skin diseases. Another outstanding consequence was the cholera epidemic that caused 1,005 deaths from December 2006 to May 2007. In addition, the last cholera outbreak has shown the weak response capacity of the government as well as surveillance and social mobilization. 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, lack of furniture and school supplies, as well as the shortage of trained teachers, lead to poor teaching quality, the closure of many schools, and a low school attendance. Many children are therefore two, sometimes three years behind in their schooling, girls being most affected, mainly because of sexual violence. Most school buildings have yet to be rehabilitated.
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Throughout 2007, UNICEF has continued to respond to the humanitarian needs of the population of the Pool department, 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, on one side by the continuing insecurity, on the other by the poor road infrastructure. Both of these problems have made it impossible for UNICEF to access some areas within the department for months on end. Main achievements in 2007 were the following:

**Health, nutrition and water, sanitation and hygiene (WASH)**
- Rehabilitation of Linzolo hospital’s therapeutic feeding centre (building, kitchen and sanitary facilities);
- Renovation of the maternal and child health centre for nutritional education activities and treatment of children;
- Training of 31 health staff from 7 health centres in the district of Ngoma Tsé Tsé, including staff of Linzolo hospital, on managing moderate and severe malnutrition;
- Provision of anthropometric equipment and equipment related to the treatment of malnourished children to seven health centres in the district of Ngoma Tsé Tse.
- Organization of expanded programme on immunization (EPI) advanced and mobile strategies in Kinkala-Boko, Mindouli and Kindamba health district. During the first semester of 2007, coverage rates were 73.5 per cent (or 4,190 children) for diphtheria-tetanus-pertussis-poliomyelitis vaccines; 54.8 per cent (124 children) for the measles vaccine and 53.4 per cent (3,048 children) for vitamin A supplementation.
- During the first round of the polio campaign 55,910 children aged 0-59 months were vaccinated, including deworming and vitamin A supplementation of 55,500 children aged 6-59 months. Vitamin A supplementation was also administered to 1,084 post-partum women.
- In response to the cholera epidemic that spread between November 2006 and August 2007, and in collaboration with Médecins sans Frontières and the World Health Organization (WHO), UNICEF supported advocacy, information, social mobilization and hygiene awareness activities in six cholera-affected districts (Brazzaville, Kouilou, Pointe-Noire, Bouenza, Niari and Pool), reaching approximately 2 million persons. Door-to-door sensitization campaigns on water treatment strengthened households’ capacities to disinfect houses and to treat the borehole water. UNICEF also supported the improvement of chlorine content in the piped water system. All of these interventions prevented the further spread of the disease and finally resulted in the control of the epidemic.
- During the national measles campaign conducted end-October, 275,631 children aged 0-5 years and 55,125 children aged 6-59 months in Pool department benefited from an integrated package of interventions that included: vaccination against measles, vitamin A supplementation, deworming and distribution of impregnated mosquito nets.
- The following activities were conducted in Mindouli, Loumo, Kimba, Kindamba, Mayama and Vindza districts:
  - rehabilitation and construction of 43 boreholes equipped with handpumps for 21,500 people;
  - building of 39 latrines for 780 users;
  - establishment of 9 rainwater collection systems (impluviums);
  - training and creation of 22 management committees;
  - building of a shower block.

**Education**
- Ordering of education material for the emergency supply stock;
- Rehabilitation of one school in Mayama.

**Child protection**
- In-depth evaluation of the scope and modalities of sexual violence in Pool department.

3. PLANNED HUMANITARIAN ACTION FOR 2008

| Coordination and partnership | UNICEF’s humanitarian interventions are implemented in collaboration with other humanitarian actors, NGOs and UN agencies. The Office for the Coordination of Humanitarian Affairs (OCHA) is no longer present in the Congo. |
Health and nutrition (US$ 1,650,000)
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 emergency immunization in hard-to-reach areas in Pool department in complement to routine immunization, and emergency polio campaigns in departments bordering Angola and DRC;
- Provide deworming treatment to children;
- Administer vitamin A supplementation to children aged 6-59 months;
- Distribute impregnated mosquito nets to pregnant women and under-five children;
- Procure treatment for malaria cases;
- Administer vitamin A supplementation to post-partum women;
- Provide deworming treatment to pregnant women;
- Identify and treat moderately and severely malnourished children, following the national protocol recently developed: identify malnourished children at health centre/community levels, with the support of community-based volunteers, who will provide the 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;
- Cholera preparedness: replenish emergency stock to ensure adequate immediate response capacity; preposition emergency stocks at two sites (Pointe Noire and Brazzaville) to ensure rapid response in a context of scarce logistic facilities; retrain partners involved in cholera preparedness and response in the fields of health, nutrition and protection.

Young people aged 10-24 years and women of childbearing age from Pool and Likouala departments, as well as combatants and former combatants from Pool department, will benefit from behaviour change interventions aiming to reduce the risks of contracting HIV/AIDS.

Water, sanitation and hygiene (US$ 1,000,000)
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 (VIP) latrines (three doors) and organize handwashing points near them;
- Sensitize and educate local population in interventions areas on hygiene promotion;
- Set up and train 50 water management committees in intervention locations (this training will include cost recovery);
- Train 50 local artisans in pump maintenance and well chlorination.

Education (US $ 350,000)
The following activities will be implemented in the Goma Tsé Tsé, Loumo and Mindouli districts:

- Rehabilitate 10 schools, including the installation of water and sanitation facilities;
- Provide school materials for approximately 10,000 primary schoolchildren;
- Train 150 teachers.

Child protection (US$ 500,000)
In Pool department, 500 children and women survivors of sexual violence, 50 children born out of rape and 20 social/health workers from Pool department will benefit from the following interventions:

- Train social workers and health staff in appropriate and quality medical and psychosocial care of victims of sexual violence;
• Provide integrated interventions for survivors’ care, treatment and psychosocial rehabilitation at selected health facilities;
• Set up community-based mechanisms in order to prevent and fight sexual violence;
• Promote sensitization campaigns against sexual violence.

In addition, approximately 7,000 very vulnerable children from ethnic minorities 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 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 system to guarantee that assistance provided to minorities’ children does effectively reach them.
2008 will be a critical transition year in many parts of the DRC as the violence and disruption of years of conflict are replaced by return, reintegration, and recovery. Nevertheless, acute, conflict-related humanitarian needs will persist and potentially worsen, in the volatile North and South Kivu provinces. As part of the humanitarian community’s 2008 Humanitarian Action Plan (HAP), UNICEF’s own humanitarian priorities for 2008 focus both on accompanying the DRC government, NGO partners, and communities in the post-emergency transition process, while also strengthening preparedness and response across the key sectors of UNICEF humanitarian action and leadership in the DRC.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sectors</th>
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<tbody>
<tr>
<td>Health and nutrition</td>
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<td>Water, sanitation and hygiene</td>
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<tr>
<td>Education</td>
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<tr>
<td>Child protection</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Mine action</td>
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<tr>
<td><strong>Cross-sectoral initiatives</strong></td>
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<tr>
<td>Rapid Response Mechanism for emergencies</td>
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<tr>
<td>Programme of Expanded Assistance to Returns (PEAR)</td>
<td>20,000,000</td>
</tr>
<tr>
<td>Cluster leadership and coordination</td>
<td>1,800,000</td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>106,200,000</td>
</tr>
</tbody>
</table>

*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

While successful elections at the end of 2006 and the surrender of several armed groups have brought relative stability to some areas of the Democratic Republic of the Congo (DRC), an alarming number of people in the country still require humanitarian assistance and support to meet their basic needs. Throughout 2007, armed conflict has persisted and intensified in certain parts of North Kivu and South Kivu provinces. Some zones of central and northern Katanga province, and Ituri district (Province Orientale) that witnessed large-scale violence and population displacement in 2006, are gaining security and have welcomed massive returns of displaced population and cessation of armed hostilities. Other areas, however, such as the southern ‘petit Nord’ territories of North Kivu province are experiencing the largest population movements, violence, protection abuses, and the consequent humanitarian needs in years. Since the beginning of the crisis in North Kivu, more than 350,000 persons have been newly displaced. Natural disasters and epidemics also continued to plague areas of the country during 2007, particularly along the Congo River, requiring humanitarian assistance by the DRC government, the United Nations, and international and local NGO partners.

The decade-long conflict in the DRC has deteriorated the well-being and livelihood of children and women throughout the country. Over half the deaths of under-five children are attributed in part to malnutrition and micronutrient deficiencies. An estimated 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 (MICS 2)). These underlying causes of malnutrition combined with continued insecurity in some areas explain the high underweight (31 per cent, MICS 2) and acute malnutrition rates (16 per cent, MICS 2). UNICEF is supporting all therapeutic feeding centres with essential supplies, including therapeutic food, medicines and medical supplies, anthropometric measuring materials, long-lasting insecticidal nets and blankets. Special attention is given to the national-level provision of technical assistance to implementing partners and government services with limited capacity and experience. Community-based management of severe acute malnutrition, which has been piloted in DRC these last two years, will be officially recognized in 2008 as a nationally approved methodology for the treatment of severe acute malnutrition. Throughout 2008, regular monitoring will continue to ensure that the quality of severe acute malnutrition care conforms to nationally approved standards and norms.

Maternal mortality ratio remains among the worst in Africa, at 1,300 deaths per 100,000 live births. Only 22 per cent of the population has access to safe drinking water and 9 per cent to protected water supplies and adequate sanitation facilities. According to the most recent sentinel surveillance data, the estimated HIV prevalence rate among sexual active adults is 4.00 per cent, with significant local disparities between mining and commercial centres (Tshikapa 7.8 per cent; Matadi 6.1 per cent; Goma 5.1 per cent) and remote rural areas (like Mikalayi 1.8 per cent). It is believed that between 1,700 and 2,100 children are still with armed groups and forces in the district of Ituri and in North and South Kivu provinces, and to a lesser extent in Équateur.

As in so many African countries, malaria is one of the most devastating health problems facing children and their families. In the DRC, malaria is the leading cause of morbidity and the third largest killer of under-five children. The average under-five child will experience 6 to 10 episodes of malaria a year. MICS 2 revealed that only 7 per cent of under-five children were sleeping under long-lasting insecticidal mosquito nets.

MICS 2 statistics 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.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

As the lead for five out of the ten clusters established in the DRC – nutrition, water, sanitation and hygiene, education, non-food items and emergency shelter, and emergency data communication – UNICEF has been one of the most operational agencies in responding to humanitarian emergencies in the DRC.
Response has been focused on the sectors of health and nutrition, education, child protection, water, sanitation and hygiene, and emergency shelter materials and household relief supplies (non-food items). Through the management of the Rapid Response Mechanism (RRM), more than 700,000 conflict-affected people have been directly assisted with shelter material and household relief supplies, and some 400,000 people have had access to safe water and sanitation services. The innovative Programme of Expanded Assistance to Returns (PEAR) has been launched in late 2006 to provide rapid assistance to internally displaced persons (IDPs) returning home. In 2007, the PEAR initiative has already reached 200,000 IDP returnees with assistance in the fields of household return kits, emergency shelter materials, and support to restarting primary school education in return zones.

In the area of health, systematic immunization services and performance indicators have been improved through increased technical, material and financial assistance to the Ministry of Health and other partners. Vaccines, materials and operational support costs were provided for the vaccination of 3.7 million children (99 per cent of targeted children) against measles during an integrated campaign. In response to a polio outbreak in late 2006, six rounds of polio campaigns have been organized since the beginning of 2007 reaching some 7.5 million children with at least three doses of vaccine. UNICEF provided all the vaccines and supported part of the operational costs of these campaigns. To strengthen the immunization status of children and pregnant women, UNICEF provided all the vaccines and supported the vaccination of some 600,000 children against all other antigens through the regular vaccination services and the organization of accelerated local vaccination days. UNICEF procured and distributed 180,000 long-lasting insecticidal nets (LLINs) to pregnant women and under-five children during routine activities (immunization, growth monitoring) in North Kivu, South Kivu and Province Orientale. In conflict-affected areas, free medical care was provided to 80,000 IDPs and 51,000 people from host communities in North and South Kivu.

Between January and June 2007, 20,965 children have received emergency nutrition assistance in some 190 therapeutic feeding facilities. With the ongoing crisis in Eastern DRC war-affected North Kivu province and the acute crisis in some western provinces, the total number of severely malnourished children admitted into therapeutic feeding facilities should reach up to 42,000 in 2007. During the past years, UN agencies (UNICEF, FAO, WFP), implementing partners and the government’s 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, but have also successfully trained authorities and their counterparts, including health staff and implementing partners. UNICEF’s nutrition programme in acute nutritional crisis is implemented through government counterparts assisted by local and international NGOs, such as Action contre la Faim (ACF), Concern, Save the Children, World Vision, Coopereazione Internazionale (COOPI), GOAL, Diocesan Caritas and Health Offices (Bureau des œuvres médicales diocésaines – BDOM) and the Lutheran World Federation (LWF).

In 2007, more than 500,000 people have benefited from water, sanitation and hygiene services, including those assisted through the RRM programme. The interventions included providing access to a minimum package of safe water, hygiene and sanitation in public infrastructures (schools and health centres) for emergency-affected populations and communities living in cholera endemo-epidemic zones.

In the education sector, UNICEF is the national cluster lead agency. At the provincial level, UNICEF co-leads the education clusters of most provincial inter-agency committees. In 2007 UNICEF’s programmes ensured the continued access to education in zones of humanitarian crisis procuring and distributing basic education materials (student kits) for 357,000 students in grades 1 and 2 and providing school equipment that benefitted more than 10,000 pupils. Speedy resumption of teaching and learning for IDP returnees was enabled through the distribution of student and teacher kits through the PEAR that reached over 20,000 schoolchildren in return zones and 500 teachers Over 200 classrooms in vulnerable return zones were rehabilitated by PEAR partners to ensure timely resumption of educational activities for returning primary schoolchildren. Other activities in support of improved access to quality education included the training of teachers and caregivers on peace education as well as a study to collect reliable data on primary school enrolment that targeted some 772 primary schools.

In 2007 UNICEF continued to focus on the release and community reintegration of children associated with armed groups and forces. By December 2007, UNICEF programmes had supported the release of 12,685 children and the community reintegration of 9,249 children. Among these children, 5,919 are currently engaged in reintegration activities through partners, such as Save the Children, the Belgium Red Cross, COOPI and the International Catholic Child Bureau (BICE).
UNICEF mobilizes tremendous resources and efforts to fight sexual violence, including case documentation, medical and psychosocial care, legal assistance, and economic reintegration of sexual violence survivors. While most of the activities have been developed in areas affected by conflict in eastern DRC, programmes have also been extended to neglected areas in north Katanga, Équateur, and the two Kasais. In the first eight months of 2007, UNICEF partners have provided care to 12,776 survivors.

In addition, more than 50,000 men, women and children have directly benefited from mine-risk education programmes in South Kivu, North Kivu, Maniema, Katanga, Équateur and Province Orientale.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
Since 2006, UNICEF leads five of the ten clusters established in the DRC: water, sanitation and hygiene, nutrition, education, non-food items/emergency shelter, and emergency telecommunications (co-lead with WFP). 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, government authorities and religious communities throughout the country.

Regular programme
UNICEF DRC will start its new Programme of Cooperation with the DRC Government in 2008 for a period of five years until 2012. The programme will focus on advancing the rights of the child through activities in primary education and early childhood development, maternal and child health, vaccination, nutrition, water, sanitation and hygiene, 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$ 34,600,000, of which US$ 11,000,000 for nutrition)
Some 8 million IDPs, host community members and vulnerable persons, with a focus on children, will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 300 health centres;
- Provide vaccines, materials and technical support for the vaccination of 2.7 million children against measles, 6.5 million children against polio and 1 million children against all other antigens;25
- Provide medicines and operational support in response to cholera epidemics and meningitis outbreaks;
- 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 existing nutritional feeding centres for 48,000 malnourished children and their families, in partnership with FAO, WFP and the Ministry of Health, through the provision of therapeutic supplies, medicines, equipment, rehabilitation, and training. This also includes training mothers of malnourished children on good feeding practices, with special emphasis on exclusive breastfeeding in the first six months, and optimal feeding practices throughout the first 24 months, with special attention to infant feeding practices among emergency-affected populations;
- Provide technical assistance to emergency nutrition partners and mapping of areas at risk of malnutrition.
- Expand nutritional surveillance and monitoring networks through support to health centres, community-based management strategies and trained technical partners able to be deployed for surveying at-risk areas.

25 Note that the number of targeted children represents the total DRC government target for children to be reached. The funding levels included in the Humanitarian Action Report are separate from regular vaccination funding and represent a contribution towards meeting these target numbers with a focus on conflict-affected areas and zones with historic low coverage due to conflict and insecurity.
Water, sanitation and hygiene (US$ 10,000,000)
Some 500,000 displaced, returnee, cholera-affected and other disaster-affected persons will benefit from a minimum package of safe water, hygiene and sanitation interventions including:

- Provide access to safe water supply through protection of water points, water-trucking and chlorination points, construction of latrines and showers in IDP camps and hygiene promotion;
- Improve/develop protected water points (springs, shallow wells, deep wells), rehabilitate/construct piped water system;
- Promote family latrines through support on slab construction and community awareness and sensitization programmes;
- Promote hygiene education and hygiene awareness in communities for vulnerable persons in order to complement existing water and sanitation services;
- Construct VIP (ventilated improved pit) latrines and handwashing stations in schools and health centres;
- Chlorinate surface water used for drinking and promote awareness-raising/sensitization on cholera;
- Undertake social marketing of point-of-use water treatment product at household level in affected urban areas.

Education (US$ 8,000,000)
A total of 300,000 displaced and war-affected children and 6,000 teachers will benefit from the following core emergency education activities:

- Provide recreational kits and school supplies as well as teacher kits for 300,000 displaced and conflict-affected children and 6,000 teachers;
- Train 6,000 primary schoolteachers and 500 school principals on HIV/AIDS prevention, gender and equity issues and peace education;
- Rehabilitate 600 classrooms and associated latrine facilities in affected areas of displacement and return;
- Undertake social mobilization and communication activities in host communities to boost access and retention.

Child protection (US$ 9,000,000)
The programme will address protection needs of some 200,000 children exposed to grave child rights violations in zones affected by conflict, displacement or insecurity through the following activities:

- Strengthen the Monitoring and Reporting Mechanism on grave child rights violations in situations of armed conflict established under UN Security Council Resolution 1612;
- Support the release of those children who remain within armed groups and have not participated in the official disarmament, demobilization and reintegration programme;
- Continue supporting the social and economic reintegration of 5,919 children already released from armed groups and forces;
- Identify needs and provide an integrated response (medical, psychosocial, legal assistance, economic support as appropriate) to ensure the reintegration of 15,000 women and children subjected to sexual violence;
- Ensure protection and psychosocial support to some 184,000 children affected by population displacement, through the establishment of ‘child-friendly spaces’ in IDP sites, and through support to systems to identify, document, and reunify separated children;
- Provide emergency protection and reintegration services for some 10,000 children in specific situations of risk – such as those exploited in dangerous circumstances or abandoned by their families;
- Support community-based monitoring, awareness-raising, and vigilance programmes using discussion groups, media, and theatre;
- Provide expanded support to sensitization training programmes targeting security forces and military.

HIV/AIDS (US$ 2,000,000)
Some 500,000 children and vulnerable persons will be reached through the following activities:

- Increase by 10 per cent the number of HIV-positive pregnant women who have access to quality prevention of mother-to-child transmission (PMTCT) services;
- Train 300 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 youth 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$ 800,000)
Some 100,000 at-risk people will be reached through the following activities:
• Train 50 trainers in mine-risk education (MRE);
• Strengthen MRE capacity of international and national NGOs;
• Implement MRE programmes in 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)
The Rapid Response Mechanism (RRM) programme is implemented by UNICEF in collaboration with the UN Office for the Coordination of Humanitarian Affairs (OCHA). RRM aims to enhance the capacity of the DRC humanitarian community to respond rapidly to acute crises by mobilizing resources in order to preposition humanitarian relief supplies and equip 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 and logistics permitting); to respond via NGO partners to the needs of eligible beneficiaries in the sectors of emergency shelter materials and non-food relief items, water, sanitation and hygiene, and emergency education; to monitor the utilization of supplies and/or services delivered; to evaluate the impact of interventions; and to advocate for complementary interventions in key sectors not covered by the RRM programme, such as health, food security, and protection. The core focal points for 2008 will be Solidarités for North Kivu and Ituri and the International Rescue Committee (IRC) for South Kivu. Catholic Relief Services (CRS), RRM partner for the first half of 2007, will remain standby capacity for Katanga in 2008. Ad hoc support to Solidarités in addressing the current North Kivu crisis has already been provided by IRC, Mercy Corps and Norwegian Refugee Council (NRC). A second focal point for North Kivu may be added depending on the evolution of the situation there. In regions where there is not an established focal point partner, UNICEF supports ad hoc partners to use RRM-procured supplies and materials to respond to situations ranging from floods to localized ethnic violence and displacement.

When RRM cannot respond directly to humanitarian crises due to the scale of a crisis or in cases where the RRM is not mandated to respond, UNICEF retains a separate national-level standby capacity to provide emergency family relief kits and clothing to an additional 25,000 families (125,000 people).

UNICEF, OCHA and RRM partners expect to assist more than 130,000 internally displaced families (650,000 people) in 2008.

Programme of Expanded Assistance to Returns (PEAR) (US$ 20,000,000)
In 2008, some 100,000 internally displaced returnee families (500,000 people) will be assisted through UNICEF’s Programme of Expanded Assistance to Returns (PEAR).

The PEAR is implemented by UNICEF in collaboration with 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 to humanitarian needs of displaced families returning to their home communities. The PEAR is intended to assist returnee displaced families in eastern and southern DRC and to support their reintegration and recovery in two of the sectors under UNICEF cluster lead (education, and non-food items/emergency shelter), while providing detailed assessment data in other sectors where UNICEF operates (nutrition, health, community participation and mobilization, HIV/AIDS etc.). This is achieved through the following activities:
• Conduct multisectoral assessments in vulnerable return communities in health and nutrition; water, sanitation and hygiene; education; shelter and non-food items; and food security, livelihoods and logistics;
• Compile and disseminate assessment results with the wider humanitarian community through the cluster approach, particularly the return, reintegration and recovery cluster, and other provincial- and national-level humanitarian coordination and information-sharing mechanisms;
• Identify vulnerable return communities for interventions in two sectors: (1) distribution of non-food item return kits; and (2) promotion of renewed access to primary education for returning displaced children through the provision of student, teacher, and recreational supplies, and, in the most vulnerable return zones, classroom and school latrine rehabilitation.

**Coordination and cluster leadership (US$ 1,800,000)**
UNICEF will continue to strengthen effective, timely and well-coordinated inter-agency response to humanitarian crises by assuming leadership in five out of the ten clusters established in DRC: 1) water, hygiene and sanitation, 2) nutrition, 3) education, 4) non-food items/emergency shelter, 5) emergency telecommunications (co-lead with WFP). 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.
The conflict in Côte d'Ivoire has gravely worsened the well-being and livelihood of children and women, particularly in the West and North-West of the country. In these areas, some 10 per cent of under-five children suffer from some form of acute malnutrition and only 60 per cent of the population has access to improved drinking water sources. Overall, some 70 per cent of the population has access to basic health services, and preventable or easily treated diseases remain the main killers of Ivorian children and women. Almost half (45 per cent) of all school-aged children remain out of school. Despite the signing of the Peace Agreement and conditions for rehabilitation and reconstruction slowly being put in place, relief efforts are still essential for the most war-affected areas and for the safe and dignified return of internally displaced persons.

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>4,102,669</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>703,000</td>
</tr>
<tr>
<td>Education</td>
<td>8,013,249</td>
</tr>
<tr>
<td>Child protection</td>
<td>517,880</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,336,798</strong></td>
</tr>
</tbody>
</table>

* 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 political context in Côte d'Ivoire changed significantly following the signing of the Ouagadougou Peace Agreement on 4 March 2007, but slow redeployment of public administration in former rebel zones, poor basic social services, insufficient protection mechanisms and non-existent functional judicial systems continue to negatively affect the lives of children and women. Particularly the West has suffered from the consequences of the conflict. Subsequently, an important number of internally displaced persons (IDPs) left the western region mostly to find refuge in the South. Now that the Peace Agreement has been signed and conditions for rehabilitation and reconstruction are slowly put in place, the humanitarian community aims, amongst others, to facilitate the safe and dignified return and resettlement of IDPs.

Health and nutrition. Due to the crisis, access to basic health services was seriously affected. Thanks to advocacy and particularly since the signing of the Peace Agreement, medical personnel are slowly returning to their posts in the former Forces Nouvelles zones and 92 per cent of health centres have reopened. Côte d'Ivoire is the West Africa country most affected by the HIV/AIDS pandemic, with an estimated prevalence rate of 4.7. Malaria remains one of the main causes of morbidity and under-five mortality. Maternal mortality ratio stands at high 540 for 100,000 live births. During the crisis, malnutrition cases increased in the West and North of the country, with acute severe malnutrition rates exceeding 10 per cent (Multiple Indicator Cluster Survey 2006).

Water, sanitation and hygiene. Since the crisis, water and sanitation infrastructures have suffered serious deterioration. Despite a decrease in the number of dysfunctional pumps thanks to pump repair, in the West, no more than two thirds of households use improved water sources. While in health centres and hospitals water and sanitation systems used to rely on central services, they are now often dysfunctional. Outbreaks of waterborne or excreta-related diseases have not been observed this year.

Education. During the crisis, the correct functioning of schools was hampered by a marked decline in the number of teachers, the deterioration of the school environment, high drop-out rates, and a lack of certification of education through state-organized school exams. 2007 was only the second year in a row that end-of-year exams were organized throughout the country. Access to education, however, is still alarmingly low: as per MICS, net enrolment ratio stands at 55 per cent (59 per cent for boys and 51 per cent for girls), with significant disparities between rural and urban areas, and between regions.

Child protection. Despite progress since the signing of the Ouagadougou Peace Agreement, women and children continue to be vulnerable to structural discrimination, resulting in unequal education and employment opportunities, in cultural acceptance of harmful traditional practices and in a persisting alarming trend related to sexual violence. In 2007 there was no substantiated evidence of active recruitment and use of children by armed groups and it is estimated that most of the children associated with armed groups were demobilized. At this stage, their full reintegration remains the major challenge. Growing poverty has increased the risk of sexual exploitation and exploitative labour conditions for women and children.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Ivorian population affected by the recent conflict. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. However, these interventions were hindered by the ongoing conflict and the subsequent insecurity in, and lack of access to, some parts of the country.

In the area of health and nutrition, routine immunization services have been improved: all of the 1,367 primary health-care centres now offer immunization services. UNICEF provided all health districts with deworming tablets, obstetrical equipment and clean delivery kits and supported the training of health workers in antenatal care and emergency obstetrics. The rehabilitation and equipment of 98 health centres is under way as well as the training of community health agents in community-based integrated management of childhood illnesses and in expanded programme on immunization (EPI) and preventative care. Pregnant women received HIV counselling and testing and, when necessary, antiretroviral drugs in prevention of mother-to-child transmission (PMTCT) centres. In the West of Côte d'Ivoire, UNICEF
supported the fight against severe acute malnutrition in therapeutic feeding centres, with 720 cases detected (end-June 2007), a recovery rate within the normal timeframe of 70 per cent, 6 per cent drop-out and 4 per cent loss of life.

In 2007, UNICEF provided sanitation materials to 117 schools and deworming tablets for approximately 40,000 pupils. Furthermore, UNICEF promoted life skills education training and established peace messenger and HIV clubs. The rehabilitation of schools is ongoing. A major ‘Back to School’ campaign, organized at the end of 2006, resulted in 11.4 per cent more children returning to school, whilst a total presence of 686,071 children and 5,912 teachers was counted.

UNICEF also provided assistance to victims of sexual abuse and trafficking and to children in conflict with the law and established protection committees for prevention activities. In the framework of UN Security Council Resolution 1612, UNICEF reports bimonthly on the six grave violations of children’s rights. In collaboration with the pro-government militias and the Forces Nouvelles, UNICEF demobilized and reintegrated approximately 1,300 children (400 girls) formerly associated with armed groups. Holistic care was provided to 4,893 children (1,944 girls) formerly associated with armed groups or affected by the conflict. UNICEF also campaigned for birth registration and specifically targeted children aged 13-17 years providing them with identity documentation.

UNICEF repaired 800 village handpumps, revitalized their water committees, trained local craftsmen, equipped spare part shops, provided two hospitals with water storage facilities and over 50 per cent of all households in 150 villages with adequate excreta evacuation installations.

UNICEF is continuously active in providing technical assistance to its counterparts, in promoting community mobilization, in undertaking awareness-raising activities and in training local populations in all areas addressed by UNICEF for the improvement of the lives of children and women in Côte d’Ivoire.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF is working in close collaboration with other UN agencies through the UN Country Team (UNCT). Sectoral meetings coordinate relief efforts between all UN agencies and NGOs. UNICEF is sector lead for education and water, sanitation and hygiene.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF is currently implementing its 2003-2007 Country Programme. The activities proposed in the emergency appeal fall within the Country Programme’s framework but highlight specific areas where the rights of children and women are especially endangered due to the current situation in the country. For 2008, a ‘Bridging Programme’ has been adopted in view of the political changes taking place, in order to provide a more appropriate response to the most probable future scenario.</td>
</tr>
</tbody>
</table>

Health and nutrition (US$ 4,102,669)
A total of 184,282 children and 53,416 pregnant and lactating women in the areas of return and resettlement of IDPs will benefit from the following activities:

- Train health workers on inpatient treatment of severe acute malnutrition and community volunteers on early screening, referral and supplementary feeding in communities and therapeutic feeding centres;
- Provide therapeutic food, essential drugs, and anthropometric and communication materials for the treatment of malnutrition;
- Undertake early screening and promotion of best feeding practices with communities;
- Supply safe delivery kits for pregnant women and clean delivery kits for traditional birth attendants;
- Train 200 traditional birth attendants in hygienic delivery;
- Reinforce the referral system of complicated deliveries and stock management;
- Provide artemisinin-based combination therapy (ACT) for malaria case management and sulfadoxine-pyrimethamine (SP) for preventive treatment of pregnant women;
- Train 7,600 staff, 100 auxiliary health personnel and 300 community health workers;
- Rehabilitate and equip 30 primary health facilities and 1 regional hospital.
Water, sanitation and hygiene (US$ 703,000)
Some 200,000 people, including 130,000 women and children, will be reached through the following activities:

- Provide water and sanitation systems’ overhaul in 30 rural health centres;
- Construct latrines for outpatients and visitors in each centre;
- Construct incinerators and sharp pits;
- Train health centre staff on medical waste segregation and disposal;
- Train 200 local water management committees in 200 villages;
- Promote family latrines and hygienic behaviour in 200 villages, including the construction of five sample latrines per village;
- Rehabilitate/construct 100 wells and install rope pumps to provide safe drinking water.

Education (US$ 8,013,249)
A total of 11,000 war-affected children and their teachers will benefit from the following activities:

- Support the construction of 100 temporary classrooms to provide 5,000 schoolchildren with reorientation classes;
- Train 100 community teachers, with special emphasis on peace education;
- Equip 5,000 pupils of reorientation classes with school kits (basic scholastic materials including notebooks, pencils and erasers) and provide didactic support to 100 teachers;
- Rehabilitate 1,020 classrooms, including installation of latrines and water points;
- Equip 20 schools with school furniture for a total of 6,000 pupils;
- Provide school furniture and teaching and learning kits (including handbooks, science kits, maps and science boards as well as computers for primary schools);
- Train 4,400 teachers to be redeployed in the area of skills-based pedagogy introduced by the Ministry of Education three years ago;
- Train 2,000 qualified volunteer teachers in the North, Centre and West who can be integrated as primary schoolteachers.

Child protection (US$ 517,880)
Some 1,500 war-affected children, as well as 80,000 inhabitants of North and West Côte d’Ivoire, including those at risk/victims of sexual violence, will benefit from the following activities:

- Provide 1,500 professional reintegration kits for 1,500 war-affected children;
- Strengthen vocational skills of 1,500 children in informal, agricultural and breeding sectors;
- Support the finalization of the national plan against gender-based violence (GBV);
- Undertake awareness-raising and information campaigns, as well as social mobilization;
- Build the capacity of local NGOs, youth and women’s groups and protection committees to promote GBV prevention and assist victims;
- Undertake training of trainers on the detection of signs of sexual violence and the provision of specific assistance;
- Provide medical/legal assistance as well as psychosocial support to all reported victims of sexual violence;
- Enhance women’s capacity and support income-generating activities.
The crisis that happened early this year contributed to worsen the already weak health facilities, mainly concerning emergency caring and malnutrition; affected most of the water and sanitation systems increasing the risks of outbreak of endemic diseases; paralysed schools and, lastly, caused a spread of violation of human rights, affecting mainly children and women. UNICEF’s action will target around 1.2 million people, in particular children and women.

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>2,028,514</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,078,514</td>
</tr>
<tr>
<td>Child protection</td>
<td>500,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>250,000</td>
</tr>
<tr>
<td>Total*</td>
<td>3,857,028</td>
</tr>
</tbody>
</table>

*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

With a population of 9.8 million people, the Republic of Guinea ranks 160th out of 177 countries in the 2006 Human Development Index and is classified as a least developed country (LDC). Although Guinea’s mineral wealth makes it potentially one of Africa’s richest countries, its people are among the poorest in West Africa.

Guinea is facing one of the most difficult moments in its history. The political uncertainty caused by the rapidly failing health of President Lansana Conté, as well as the deteriorating living conditions, serious economic hardships and the growing open social discontent call for close monitoring and rapid intervention to salvage the country from degenerating into a humanitarian crisis. Basic services and the infrastructure, including roads, are in deplorable conditions in most parts of the country, particularly in the almost isolated Guinea Forest Region in the south-east. Poverty is dire with more than 53.6 per cent of the population living below the poverty line and a high inflation rate at 39.1 per cent.26

In January and February 2007, Trade Union-led mass protests against the deteriorating living conditions and the ensuing confrontations between security forces and civilian protestors resulted in the death of 137 persons and 1,667 injured. Guinea was plunged into crises whose causes were multidimensional and have no clear end in sight. The events not only indicated the extreme fragility of the situation in Guinea. The street demonstrations eventually led to the nomination of a new prime minister and a new government of consensus made up of trained technicians whose mission is to revamp the economy and prepare credible elections.

The crisis that happened early 2007 throughout the country contributed to worsen the already weak health facilities, mainly concerning emergency caring and malnutrition; affected most of the water and sanitation systems increasing the risks of outbreak of endemic diseases; paralysed schools and, lastly, caused a spread of violation of human rights, affecting mainly children and women.

Guinea remains extremely fragile due to the fundamental unresolved political and socio-economic issues and problems with the military. The clamour for change and immediate results by the population is even more worrisome. The security situation remains unstable, with increased highway robbery, illegal small arms proliferation and drug trafficking, which are a potential for the destabilization of the Manor River subregion.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the affected Guinean population. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection.

In the area of health and nutrition, medical supplies and equipments have been distributed to 35 hospitals and health centres in Conakry and upcountry which received victims of the January/February crisis. Also, a follow-up mechanism on the emergency stock that will be prepositioned in the PCG’s warehouse (Pharmacie Centrale de Guinée) was finalized. A distribution plan for emergency supplies (equipments and medicines – CERF funds) was agreed with the Ministry of Health. Nutritional support for improving caring was provided to eight therapeutic nutritional centres in Forest Guinea (Beyla, Sinko, Macenta, Kissidougou and N’Zérékoré) and three in Conakry. A distribution campaign of vitamin E and deworming routine immunization treatment to under-five children was carried forward during the Mois de l’enfant guinéen last June at national level, and will be done in December as well. To face the outbreak of cholera in the country, drugs, equipments, chlorine, to health centres throughout Guinea were provided since May 2007. Also, household water treatments were distributed in the affected areas (as of 26 October 2007, 7,620 cases are reported in the country since January). Lastly, operational costs have been allocated for interpersonal communication and mass media.

Following the February crisis, 13 bladders were installed in 6 densely populated neighbourhoods in Conakry to prevent cholera epidemic; Water trucking was implemented for about four months and terminated on 5 July 2007; 84,000 litres of water were distributed twice a day to an average of 2,600 people a day (80 per

26 This figure is from the year 2005. At the time of writing, a new study was being carried out by UNDP in Guinea.
27 As of December 2006.
cent of which were women and children); treatment of water points was done with chlorine (1,229 in Guinée Forestière, 5,796 in Guinée Maritime, including Conakry) [CERF funds]; 53,430 people were trained on how to use the ‘Sur Eau’ water treatment product, through 1,781 interpersonal communication meetings; 34 forages were built. UNICEF provided the Ministry of Health with more than 6,000 kg of high-test hypochlorite (HTH) to disinfect houses of affected patients, as well as cholera-affected centres and water points; 5,000 new latrines were built for 30,000 beneficiaries (women and children), mainly in Kissidougou; 15 health workers were trained to follow the water quality in the cholera-endemic areas (CERF funds). A communication campaign to prevent cholera is ongoing all over the country through the National Radio and the so called ‘radio rurales’ (community radios). Messages consist in one-minute spots, mainly on hygiene and sanitation issues.

The protection unit supports activities aimed at providing care and psychosocial assistance to girls victims of sexual abuse during the January/February crisis in Conakry (in cooperation with the NGO AGUIAS). UNICEF also assisted 85 per cent of the 215 children in conflict with the law during the January/February crisis. A number of basic psychosocial trainings were provided to social workers and animators (285 people trained) in Conakry and upcountry in cooperation with Christian Children’s Fund (CCF). A total of 150 children and youth were reintegrated in primary schools; 50 youth aged 14-22 years benefited from socio-economic reintegration and 75 victims of gender-based violence were provided with psychosocial care.

In the area of HIV/AIDS, the coordination of HIV/AIDS-related activities was strengthened as well as assistance to health structures to provide voluntary counselling and testing (VCT), prevention of mother-to-child transmission of HIV (PMTCT) services and care for persons living with HIV/AIDS and for survivors of sexual violence. A protocol for caring and supporting victims of gender-based violence, including medical care, psychosocial support and legal assistance has been developed and validated by the Government of Guinea with support from partners.

3. PLANNED HUMANITARIAN ACTION FOR 2008

<table>
<thead>
<tr>
<th>Coordination and partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>An inter-agency contingency plan has been updated recently with contributions from all agencies, including UNICEF. The Humanitarian reform process started in July 2007. UNICEF is sector lead for water, sanitation and hygiene, education, nutrition and child protection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>The UNICEF Guinea Cooperation Programme 2007-2011 focuses on child survival, girls’ education, child protection and child growth and development. The programme is tailored to provide assistance and protection to all people affected by humanitarian crises. UNICEF projects in Forest and Upper Guinea benefit from the UNICEF Zonal Offices in Kissidougou and N’Zérékoré.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and nutrition (US$ 2,028,514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some 932,000 displaced persons, host communities and impoverished persons in Forest Guinea, as well as 10,000 children throughout the country, will benefit from the following key activities:</td>
</tr>
<tr>
<td>- Improve rapid response to potential epidemics, such as cholera, measles, malaria, including the capacity at decentralized level;</td>
</tr>
<tr>
<td>- Organize regional- and district- level epidemic outbreak management services; provide essential drugs, basic medical kits and vaccines for district health facilities; disinfect and protect water sources; provide rehabilitation care for severely malnourished children;</td>
</tr>
<tr>
<td>- Help decrease case fatality rate with availability of essential drugs, vaccines and medical material in health centres and hospitals to care for epidemic case management and its nutritional consequences in children; disinfect water sources;</td>
</tr>
<tr>
<td>- Support the implementation of 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;</td>
</tr>
</tbody>
</table>
- Ensure an uninterrupted pipeline of therapeutic and supplementary foods with World Food Programme (WFP) micronutrient supplements and essential drugs, as well as anthropometric, monitoring and counselling tools for the management of acute malnutrition;
- Support national capacity to analyse nutrition and child survival surveys and data; strengthen information and early warning mechanisms; improve programme monitoring and evaluation systems; disseminate findings and information about the nutrition situation of children and their mothers for timely action and effective communication;
- Infant and young child feeding: protect, promote and support early initiation of exclusive breastfeeding, exclusive breastfeeding in the first six months of life, and age-appropriate complementary foods and feeding practices from 6 to 24 months;
- Nutrition and child survival commodities: ensure vitamin A supplementation, deworming, measles vaccination, and 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 with soap and oral rehydration therapy with zinc supplements;
- Prevent low birthweight (maternal anaemia control).

Water, sanitation and hygiene (US$ 1,078,514)
Some 975,000 displaced persons, focusing particularly on children and women, will be reached through the following key activities:
- Construct/rehabilitate wells and adequate sanitary facilities in 50 schools;
- Construct/rehabilitate 300 wells and boreholes and install handpumps to provide safe drinking water to some 105,000 individuals in permanent and return areas.
- Procure ‘Sur Eau’ for household water treatment;
- Support the costs related to the volunteer who will conduct household water treatment and household disinfection;
- Organize information education and communication (IEC) media and interpersonal communication campaigns to promote safe drinking water, basic hygiene and sanitation.

Child protection (US$ 500,000)
- Target some 120 children associated with armed groups as well as those at risk of recruitment to prevent all form of physical and psychological violence; reinforce early identification and intervention and provide support services; accelerate family tracing and durable solutions process for separated and unaccompanied children;
- Provide legal clinic services, psychosocial support and access to basic services (shelter, food, education and health) to survivors of sexual abuse and exploitation.

HIV/AIDS (US$ 250,000)
Some 10,000 children and women will be reached through the following key activities:
- Strengthen and expand the use of prevention of mother-to-child transmission (PMTCT) services and provide preventive care for identified HIV+ pregnant women and their infant and for sexual violence survivors;
- Strengthen the coordination of HIV/AIDS activities and support health structures to provide voluntary counselling and testing, and care for persons living with HIV/AIDS and for sexual violence survivors.
Guinea-Bissau is hardly recovering from the 1998-99 civil war which hit the already weak government structures and infrastructures. Most humanitarian needs have their roots in the endemic poverty of the country, which confines populations in the bondage of extreme vulnerability, low level of knowledge and lack of access to minimum commodities. Child mortality rates are rising, while the lack of infrastructures has disintegrated the health system, qualified health personnel and equipment. Essential drugs are not reaching the populations in need.

**Summary of UNICEF financial needs for 2008**

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>520,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>350,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>870,000</strong></td>
</tr>
</tbody>
</table>

* 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

Guinea-Bissau is hardly recovering from the 1998-1999 armed conflict which has led to political instability, insecurity and stagnation or slowing down of the economy affecting the already weak governmental structures and private sector. The social sectors, particularly health and education, have been severely hit by the deterioration of health infrastructures, cold-chain equipments and transport means. Moreover, continuing political instability and structural deficiencies pose a major challenge to the delivery of quality and adequate health services. Results from the recent Multiple Indicator Cluster Survey (MICS 2006) indicate an increase in child mortality rates, with an infant mortality rate of 138 deaths per 1,000 live births and under-five mortality rate of 223 per 1,000 live births. These rates were at 203 and 124 respectively in 2000. The maternal mortality ratio is as high as 1,100 maternal deaths per 100,000 live births. Malaria, acute respiratory infections, diarrhoea and malnutrition remain the major killers of children. Only 39 per cent of under-five children sleep under insecticide-treated mosquito nets, 4 per cent are severely malnourished and 19 per cent suffer from moderate malnutrition. Less than 1 per cent of households consume adequately iodized salt. Access to potable water has not improved since 2000. Only 38 per cent of the population has access to drinkable water; and a mere 30 per cent of the population has knowledge of minimum hygiene practices. HIV prevalence among pregnant women is estimated at 7 per cent. Knowledge of HIV/AIDS is still limited, with only 19 per cent of the population capable of identifying prevention methods. According to MICS 2006, 22 per cent of girls aged 15-19 years have had sexual experiences before the age of 15 years. Although there is no confirmed quantifiable data, more than 1,500 children are estimated to be living with HIV/AIDS.

At this trend, it is obvious that Guinea-Bissau is unlikely to meet the Millennium Development Goal 4 (MDG 4) and will rather return to its 1990 level by the year 2015.

2. KEY ACTIONS AND ACHIEVEMENT IN 2007

In an effort to help Guinea-Bissau to eliminate maternal and neonatal tetanus and within the accelerated child and development strategy, UNICEF organized a national campaign targeting 320,000 women of childbearing age, procured all doses of vaccines required for the two rounds (the third round is planned for early 2008), provided technical training to vaccinators, supervisors, social mobilization animators, and handled logistics for vaccination, supervision, monitoring and evaluation. This campaign was an opportunity to mobilize mothers and encourage early and exclusive breastfeeding and to sensitize communities on safe hygiene practices. Some 200,000 under-five children received vitamin A supplementation and deworming treatment. Impregnated mosquito nets were also distributed to 60,000 under-five children.

UNICEF trained more than 60 health workers on prevention of mother-to-child transmission of HIV and 50 Ministry of Health staff on the new guidelines for the treatment of malaria.

As Guinea-Bissau is a cholera-prone country with yearly outbreaks, prevention was continued in 2007. Activities included the promotion of safe hygiene practices, including handwashing, in 100 schools and in communities as well as water disinfection at household level. UNICEF also supported the construction of 200 family latrines in the south of the country which, along with a number of neighbourhoods in Bissau, the capital, is considered particularly vulnerable to cholera. Finally, UNICEF supported the extension of water supply systems in two neighbourhoods.

In addition, local authorities, teachers and non-governmental organizations were trained in emergency response, with particular emphasis on child protection and on UNICEF’s cooperation mechanism in emergencies. As part of its emergency preparedness effort, UNICEF prepositioned essential emergency supplies to ensure the rapid delivery of essential supplies to 10,000 people.
3. PLANNED HUMANITARIAN ACTION FOR 2008

Health and nutrition (US$ 520,000)
Approximately 120,000 most vulnerable under-five children and 36,000 pregnant women living in rural areas will benefit from the following key activities:

- Procure and distribute essential drugs, micronutrients and health kits to 60 health centres;
- Train 120 health staff in quality management of malaria, diarrhoea, acute respiratory infections and severe malnutrition;
- Train 480 community health workers in providing basic health and nutrition services (including quality treatment of malaria, diarrhoea, acute respiratory infections) as well as the promotion of family health and nutrition good practices (early and exclusive breastfeeding, handwashing, use of insecticide-treated mosquito nets);
- Provide long-lasting insecticidal nets for some 30,000 newborns and 30,000 pregnant women;
- Provide support to the 14 existing therapeutic feeding centres run by Caritas for the benefit of 200 severely malnourished children ($30,000);
- Support two rounds of vitamin A supplementation and deworming for all 200,000 under-five children ($80,000).

Water, sanitation and hygiene (US$ 350,000)
Some 120,000 people, focusing particularly on children and women, will be reached through implementation of the following activities:

- Drill 50 new boreholes and rehabilitate 100 existing boreholes to provide safe drinking water;
- Construct 1,000 community latrines;
- Train 100 local water 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;
- Monitor and evaluate the project.

Coordination and partnership
UNICEF remains an active member of the UN Country Team (UNCT), participating in monthly partner meetings, leading the HIV/AIDS and the education groups. Close contacts are pursued with humanitarian NGOs present in the country, which were key in implementing activities during the last social conflict in March 2006. During this emergency, UNICEF coordinated water, sanitation and hygiene, therapeutic feeding, education and protection sectors within the cluster approach.

Regular programme
Guinea-Bissau's regular programme for 2008-2012 is under preparation. The Country Programme document approved by the UNICEF Executive Board in September 2007 is in line with the national Poverty Reduction Strategy Paper, which gives priority to the most vulnerable people. Humanitarian preparedness and response activities are incorporated into each of UNICEF’s main programmes: child protection, child survival, education and HIV/AIDS. Community organizations as well as local government entities, where they exist, are working as either experts implementing activities or as supervisors and monitors, while the central level is kept informed through regular planning and monitoring meetings. The communities are viewed as sustainable mechanisms for child survival and development.
Liberia, though still a fragile State, continues to make considerable progress transitioning from emergency to reconstruction and development. Government is making effort to revitalize public institutions, and develop and implement a poverty reduction strategy. Progress is however hampered by the continuing humanitarian emergencies that deny children and women the right to health care, safe water and sanitation, education and protection. Funding contribution raised through the *Humanitarian Action Report* will benefit 1,120,000 children.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child survival (health, nutrition and water, sanitation and hygiene)</td>
<td>9,985,000</td>
</tr>
<tr>
<td>Education and gender equality</td>
<td>4,080,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>4,105,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,170,000</strong></td>
</tr>
</tbody>
</table>

* 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.

**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Child population (thousands)</th>
<th>1922</th>
</tr>
</thead>
<tbody>
<tr>
<td>U5 mortality rate (2006)</td>
<td>235</td>
</tr>
<tr>
<td>Infant mortality rate (2006)</td>
<td>157</td>
</tr>
<tr>
<td>Maternal mortality ratio (adjusted 2005)</td>
<td>1200</td>
</tr>
<tr>
<td>Primary school net enrolment ratio (total/female)</td>
<td>25/16</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3)</td>
<td>88</td>
</tr>
<tr>
<td>% population using improved drinking water sources</td>
<td>32</td>
</tr>
<tr>
<td>HIV/AIDS prevalence rate</td>
<td>5.2</td>
</tr>
<tr>
<td>% U5 suffering moderate and severe malnutrition</td>
<td>39</td>
</tr>
</tbody>
</table>

Sources: *The State of the World’s Children* 2008

1 National census of schools, 2006
2 EPI administrative records, 2006
3 Comprehensive Food Security and Nutrition Survey, 2006
4 Interim Poverty Reduction Strategy, 2006
5 Comprehensive Food Security and Nutrition Survey, 2006
1. CRITICAL ISSUES FOR CHILDREN

Although Liberia is steadily moving from emergency towards political stability and sustainable recovery, the progress is still fragile and can be easily reversed. Many of the structural issues that contributed to the outbreak of violence have yet to be resolved and the legacy of the conflict continues to affect many aspects of life. The re-establishment of state authority, the rule of law and recovery of basic social services are still in the early stages. This is starkly reflected in the situation of women and children in Liberia.

Three-quarters (76.2 per cent) of the estimated 3.2 million people are living on less than a dollar a day (Liberia Human Development Report 2006). This situation is aggravated by the high level of unemployment (80 per cent) and food insecurity estimated at 51 per cent of the population. Liberia has the fifth highest under-five mortality rate (235 deaths per 1,000 live births) in the world. Infant mortality is estimated at 157 per 1,000 live births compared to the average sub-Saharan Africa rate of 102 per 1,000 live births. The maternal mortality ratio, estimated at 1,200 deaths per 100,000 live births, is one of the highest in the world. The burden of disease in young children is, as a result, malaria, diarrhoea, and vaccine-preventable diseases, such as measles, neonatal tetanus, diphtheria, whooping cough and acute respiratory infections. Malaria accounts for up to 50 per cent of all illnesses among children, followed by acute respiratory infections (35 per cent) and diarrhoea (22 per cent). At least 18 per cent of deaths among under-five children are caused by malaria. Malnutrition is a problem in Liberia. Stunting in children (6-59 months) has remained high (39.2 per cent) for nearly two decades, while underweight is currently estimated at 26.8 per cent. Vitamin A deficiency in children (6-35 months) is estimated at 53 per cent and prevalence of iron deficiency anaemia is 87 per cent. Child-caring and rearing practices as well as hygiene practices are largely not supportive of the survival and well-being of young children. The official consensus puts national HIV prevalence in 15- to 49-year-olds at 5.2 per cent. Although access to basic health care is gradually improving, it is still low (10 per cent). Safe water coverage is 32 per cent, while access to adequate sanitation is estimated at 24 per cent. Household and community hygiene practices are very poor.

The primary school net enrolment ratio is 25 per cent, while gross enrolment is 155 per cent, showing clearly the strong desire for education among those who missed out during the conflict years. There is a backlog of children estimated at over 400,000, who are currently too old for the primary level of education. Only a third of primary schoolchildren reach grade 5, mostly due to the low quality of the education inputs and processes. There are still approximately three boys to two girls in primary and secondary schools and more than three boys to one girl at tertiary levels. The relatively high figures for gross enrolment should be seen against the low quality of learning facilities (school buildings, teaching and learning materials, class size) and the poor standards of the teachers (60 per cent are not properly qualified).

The chaos and insecurity of natural disasters and concern over regional instability threaten or destroy roads, access to food, water, shelter, social protection and support, health care and education, and results in increased vulnerability in communities. The forced displacement of families and the separation of children from their caregivers put them at grave risk of violence, abuse, abduction and exploitation. With 86 per cent of the population displaced at least once during the conflict years, many children live in settings deprived of basic care and parental guidance. Despite the end of conflict, sexual and gender-based violence is a disturbingly common feature, with the majority of reported rape cases being perpetrated against children aged 10-14 years. This increases the risk of HIV transmission. Liberia continues to experience outbreaks of diarrhoeal diseases, displacements and disruption of movements due to floods. In addition, sustainable social and economic reintegration of the 12,000 children formerly associated with fighting forces (CAFF) is critical given the violence they experienced or perpetrated. Communities and families still need assistance to normalize the environment for the well-being of children following multiple and protracted displacements during the conflict. It should also be noted that the transition is not only from relief to development but also between the loss of humanitarian funding and the onset of development funding.

Implementation of the Inter-Agency Standing Committee (IASC) cluster approach to respond to humanitarian emergencies started in Liberia in 2006. A multi-agency assessment of the cluster approach found some positive outcomes, such as the forging of stronger partnerships between the line ministries, the donor community, NGOs and the UN, and the mobilization of funds. UNICEF leads the clusters for nutrition and water, while continuing strong field work in education, health and child protection. Consequently, UNICEF Liberia is strengthening its response capacity throughout the organization, including by creating emergency-related training opportunities and ensuring more consistent application and response to real-time evaluations. Work is going on to strengthen early warning, preparedness activities, and awareness of new and emerging policy debates as well as innovative approaches.

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28 In particular floods, existing and potential new pandemics (e.g., HIV/AIDS and avian influenza).
2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of Liberia’s children and women. 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 per cent and 32 per cent in 2004 to 94 per cent and 88 per cent in 2007 respectively. Liberia is on track to be certified polio-free. A national campaign that provided more than 650,000 children with measles vaccine, vitamin A and deworming mebendazole tablets was held in January 2007. A national tetanus vaccination campaign reached 280,000 women of childbearing age. In collaboration with the national malaria control programme, 250,000 insecticide-treated mosquito nets were distributed to pregnant women and under-five children.

To help rebuild Liberia’s public school system, and strengthen the capacity of the Ministry of Education, UNICEF provided teaching and learning materials and other supplies for 800,000 students in all 15 counties and trained 550 (60 per cent women) primary schoolteachers. With UNICEF’s support, the Ministry of Education established the Girls’ Education Unit and developed the first Management Information System using data from the first national school census. During 2007, 700 participatory hygiene promotion sessions were held in eight counties. UNICEF worked in cooperation with the UN Mission in Liberia and other partners to provide reintegration assistance to demobilized children formerly associated with fighting forces (CAFF). At least 3,000 demobilized children have graduated from skills training programme and 600 of them have enrolled for Business Development Skills. Another 2,500 CAFF are attending formal education through the Community Education Investment Programme (CEIP). A national avian and human influenza (AHI) preparedness plan has been adopted by Government and a National AHI Task Force is working to implement it.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
The United Nations in Liberia is an integrated mission with the UN Country Team (UNCT) working as a pilot country for the humanitarian cluster system. UNICEF is the lead agency in nutrition and water, sanitation and hygiene under the humanitarian cluster approach and is also a key actor in the child protection and health sectors.

Regular programme
The Humanitarian Action Report is derived from the Government of Liberia – UNICEF Country Programme of Cooperation 2008-2012. The Country Programme aims to ‘deliver as one’ with sister agencies and directly contributes to the UN Development Assistance Framework (UNDAF) priority outcomes, including improved health and education; access to HIV/AIDS prevention, treatment and care, and social and legal protection. The UNDAF is designed to contribute to the interim Poverty Reduction Strategy (iPRS) which defines Liberia’s goals for development and progress towards achieving the Millennium Development Goals (MDGs).

Focus
UNICEF will provide humanitarian support to 1.8 million children and women of childbearing age and to the host community most affected by the past conflict and natural disaster in Liberia. Particular attention will be paid to the south-eastern part of the country which is hard to reach as a result of poor road conditions and floods.

Child survival (US$ 9,985,000)

Health and nutrition (US$ 5,250,000)
Some 1.2 million 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 illnesses;
- Launch a measles vaccination campaign with 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;
• Vaccinate 600,000 women of childbearing age targeted to receive tetanus toxoid vaccinations during a
  maternal and neonatal tetanus vaccination campaign;
• Procure/distribute 150,000 insecticide-treated mosquito nets to under-five children and pregnant women;
• Continue supporting three therapeutic feeding centres for 2,000 severely malnourished children;
• Procure/distribute vitamin A and worm treatment medicines to under-five children, directly benefiting
  600,000 children;
• Improve coordination of humanitarian action as nutrition cluster lead.

WATER, SANITATION AND HYGIENE (US$ 4,735,000)
Some 150,000 persons, focusing particularly on children and women, will be reached through the following
key activities:
• Rehabilitate/construct 200 wells and adequate sanitary facilities in 200 schools;
• Rehabilitate/construct 300 boreholes/wells to provide safe drinking water to some 300 individuals in
  permanent and return areas;
• Rehabilitate/construct 1,000 household latrines;
• Train 15 local water management teams in county/community water and sanitation assessments,
  strategic options, rehabilitation planning, leak detection, water testing and repair and maintenance of
  mini water supply systems;
• Promote hygiene education and hygiene awareness programmes in 200 schools and the catchment
  communities in order to complement existing water and sanitation services;
• Conduct cholera outbreak prevention activities in 10 cholera hotspots;
• Improve coordination of humanitarian action as water cluster lead.

EDUCATION AND GENDER EQUALITY (US$ 4,080,000)
Some 450,000 schoolchildren of which 60,000 are older children whose education was disrupted by the war
and 300 accelerated learning programme (ALP) teachers will benefit from the following key activities:
• Deliver school supplies for 450,000 children in 300 schools;
• Procure/distribute recreational kits to 300 public schools;
• Train 300 primary schoolteachers, with particular attention to ALP methodologies, HIV/AIDS and peace
  education;
• Support the construction of 10 temporary school/classroom structures to accommodate 10,000 primary
  schoolchildren.

CHILD PROTECTION (US$ 4,105,000)
Some 10,000 children associated with fighting forces as well as those at risk of recruitment are targeted
through the following key activities:
• Complete the reintegration process of 10,000 demobilized and other vulnerable children through linking
  them with the accelerated learning programme and skills training programme, including providing
  2,500 former CAFF with business development skills training;
• Train 500 teachers on, and the response to, sexual exploitation and abuse (SEA). Five thousand
  students in 50 schools will also receive SEA training and sensitization;
• Support prevention, identification, documentation, tracing, care and reunification of an estimated
  500 separated children;
• Continue to support transit centres for juveniles as alternative to detention with adults, with separate
  centres for girls and boys;
• Train 150 Liberian National Police officers serving in the Women and Children’s Protection Unit.
Mortality rates in drought-affected regions remain high, and acute malnutrition is alarming in the southern regions. The risk of epidemic disease outbreaks is highly probable, in particular cholera, measles and meningitis. The Mauritanian Government recently announced the planned return of some 5,000 Mauritanian refugees from Mali and Senegal, countries of refuge since the civil unrest that prevailed in the country since 1989. The recent flooding around the town of Tintane in the south-eastern region of Hodh el Gharbi illustrates the vulnerability of this rather fragile country and the recurrent risks of severe natural disasters. With the funds requested below, UNICEF Mauritania will assist some 30,000 vulnerable children.

Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>500,000</td>
</tr>
<tr>
<td>Education</td>
<td>350,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>250,000</td>
</tr>
<tr>
<td>Mine action</td>
<td>250,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,850,000</strong></td>
</tr>
</tbody>
</table>

*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 1988 Mauritania has been suffering from recurrent and prolonged droughts and from poor rainy seasons that have damaged crops and reduced food production. In between droughts, there have been severe inundations and periods of intense cold. To make matters worse, the country suffered from a major crop infestation with the sesame worm during the 2003/2004 agricultural season and also had an unprecedented locust invasion in 2004. This has created a major cereal deficit nationally, as the 2004/5 agricultural production has been decimated. As a result of this deficit, the rate of moderate and severe malnutrition has increased alarmingly in all the regions. Predictions for agricultural production in 2005/6 were not that optimistic in many locations and there has been a major risk of a large crop failure in many parts of the southern crop-producing provinces, as the mean annual rainfall has been rather low for many years.

The 2005 vulnerability studies carried out by the Food Security Office indicated that a total of 37,500 children were at risk of moderate to severe malnutrition. Accordingly, UNICEF prepared to respond to the emergency needs of children in Mauritania and requires further funding for this nutritional emergency response that started in 2005 and continued in 2006 and the early part of 2007.

In 2006 the mobilization of partners and the relatively good rains improved the nutritional status of children during the post-harvest period by December 2006. In the meantime, the southern regions had an acute malnutrition prevalence rate that was already very high in December 2006 resulting in an alarming situation throughout the 2007 pre-harvest period (May to August). The nutritional survey conducted in December 2006, which was the basis for the established nutrition information system, showed that the national global prevalence of acute malnutrition and of acute to severe malnutrition had fallen respectively from 13.3 per cent and 3.3 per cent in 2000 (Demographic and Health Survey) to 8.2 per cent and 0.8 per cent in 2006. These remain below the established alert ceiling of 10 per cent for December 2006, and are also slightly below the emergency intervention ceiling set at 15 per cent.

The same regressive trend was observed in the target priority regions covered by the Central Emergency Revolving Fund (CERF) project with a prevalence of 13.1 per cent for December 2005 (World Food Programme survey) and 10.7 per cent for 2006 (UNICEF survey) following partners’ field activities. These survey results show a non-alarming situation with a real need for vigilance as we move towards the pre-harvest season and when we expect an increase in the number of cases of less than 20 per cent, particularly in the Riverside regions, in the most populated regions of Brakna, Guidimaka, Gorgol and Trarza, where the prevalence now stands at 10.7 per cent.

The percentage of rural and urban population using improved water sources is 44 and 59 per cent respectively.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

CERF-funded activities strengthened the capacity of the health system and also that of the community feeding centres. This allowed the treatment of 1,017 children aged 6-59 months suffering from acute and severe malnutrition (achieving 63 per cent coverage) and 14,290 children suffering from moderate to acute malnutrition (achieving 78 per cent coverage). Similarly, at national level, vitamin A was administered to 434,847 children aged 6-59 months (95 per cent coverage). The coverage was calculated based on health services registration cards. Also, 375,710 children aged 12-59 months were dewormed with a dose of Mebendazole (ensuring 92 per cent national coverage).

In 2007 activities using emergency-allocated funds allowed to strengthen the capacity of targeted communities and health services to deal with severe malnutrition case management. These activities included:

- Inputs from five international consultants that accelerated project implementation;
- Training national and regional trainers on case management of severely malnourished children;
- conducting a rapid assessment on community-based case management of severely malnourished children;

29 WFP survey on food vulnerability, Nouakchott, December 2005.
30 Preliminary Results of the Nutritional Survey, MSAS/ONS/ANED/UNICEF, December 2006.
• Training 88 practising doctors and nutrition workers treating severely malnourished children in the regional hospitals of target districts;
• Adopting and widely disseminating the national protocol for case management of severely malnourished children;
• Training 371 head nurses in existing health posts;
• Providing improved food supplementation of moderately malnourished children;
• Developing a model for nutritional surveillance on the basis of the two surveys completed in December 2006 and May-June 2007 and drafting, adopting and widely disseminating a nutritional survey by the end of 2007;
• Developing and adopting the preliminary draft of a national strategy on infant and young child feeding;
• Progressively applying in vulnerable regions the national protocol for the case management of severe malnutrition, with a total of 1,395 admissions of acutely to severe malnourished children registered in 367 therapeutic feeding centres in the seven most vulnerable regions and 25,000 admissions for acute moderate malnutrition cases registered in 1,100 supplementary feeding centres; and
• Completing a first round of vitamin A supplementation and deworming among preschool children.

Following the recent floods in Tintane Region and in the River Senegal basin, the UN Country Team conducted a rapid assessment to determine humanitarian needs of the affected population. Thereafter, water, sanitation and hygiene (WASH), food, medical and other emergency supplies were rushed to the flood-stricken regions in several waves. The various UN agencies assumed their assigned cluster role and UNICEF provided expertise as well as inputs in the areas of WASH, nutrition and education. UNICEF also assisted WHO in health sector interventions, completed a vaccination campaign, rehabilitated the health centre and several health posts and operated the therapeutic facility of the affected hospital and health centres. In the area of education, UNICEF provided assistance to ensure the resumption of schooling at the beginning of the 2007/2008 school term. The UNICEF Regional Office for West and Central Africa assisted the Country Office with US$ 100,000 to support water supply field operations and the cost of building latrines.

Further external assistance is still needed in 2008, including water treatment supplies, maintenance of water supply installations and construction of permanent latrines.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership
UNICEF is part of the UN Emergency Coordination Working Group headed by WFP, which reports to the UN Country Team. It meets periodically to analyse and coordinate all humanitarian actions needed and to agree on a joint response to all contingencies. NGOs and Government representatives are also key members of this Group. UNICEF leads the coordination of nutritional issues in Mauritania.

Regular programme
UNICEF Mauritania has six programmes, including health and nutrition; education; child protection; HIV/AIDS; local development and community participation; and a social policy, monitoring and evaluation programme. Each of these programmes contains several sectoral projects aiming to the survival and development of Mauritania’s children and women. National needs of both women and children were assessed through an in-depth situation analysis supported by detailed surveys in various fields. The Mauritania Country Programme benefited from past donor assistance raised through the Humanitarian Action Report process. Substantive funding allowed UNICEF to deal with the yearly control of epidemics and to handle the impact that drought and the ongoing nutritional emergency are exerting on Mauritania and several other countries of the Sahel Region.
Health and nutrition (US$ 1,500,000)
UNICEF is responding to nutritional emergencies in 8 out of 13 administrative regions (Assaba, Brakna, Gorgol, Guidimaka, Hod El Gharbi, Hod El Chargi, Tagant and Trarza) and will assist a total of 2,064,011 inhabitants, including 330,861 children aged 6-59 months. The funding of nutritional emergencies will cover the therapeutic needs of 29,581 children aged 6-59 months suffering from acute malnutrition and of 2,871 severely malnourished and 26,710 moderately malnourished children. Activities will include:
• Undertake national case management of malnourished children in all health districts in nine health regions and continued support to 2,871 severely malnourished children treated in 367 therapeutic feeding centres previously established and run by partners;
• Develop/manage a national database for malnutrition case management planning using monthly data;
• Implement regular bi-annual surveys to feed the Early Warning System, focusing on children;
• Support the drafting of a national strategy on infant and young child feeding;
• Support national/regional institutions/community groups working in community-based feeding centres;
• Build the capacity of Government institutions to boost national planning efforts towards more sustainable nutritional interventions;
• Administer vitamin A and distribute deworming tablets to all preschool children;
• Assess the management of the acute malnutrition programme;
• Train community-based health workers to promote the use of impregnated mosquito nets and distribute 20,000 impregnated mosquito nets to households in 16 pilot health districts; and
• Procure/distribute ready-to-use therapeutic foods (RUTFs), essential emergency drugs and equipment to 367 health centres.

Water, sanitation and hygiene (US$ 500,000)
Some 40,000 displaced persons will be reached through the following activities:
• Construct/rehabilitate wells and adequate sanitation facilities in 50 schools;
• Construct/rehabilitate 50 wells and boreholes and install handpumps to provide safe drinking water in permanent and return areas;
• Build 1,000 to 1,500 household latrines; repair/maintain mini water supply systems;
• Promote hygiene education and hygiene awareness programmes in 50 schools and 50 communities in order to complement existing water and sanitation services;
• Undertake water and sanitation interventions, focusing vulnerable communities in targeted regions;
• Procure thirty 1,000/1,500-litre collapsible water tanks and twenty thousand 10/30-litre collapsible jerrycans; and procure 200 kg of chlorine tablets.

Education (US$ 650,000)
Over 15,000 persons were displaced by the latest floods in the town of Tintane and elsewhere in the Senegal River Valley, affecting some 3,000 to 5,000 children and 300 teachers. UNICEF will assist local school with the following activities:
• Provide basic scholastic materials, including notebooks, pencils and erasers, for 50 primary schoolchildren, 205 school-in-a-box kits benefiting 3,000 students and primary schoolteachers;
• Rehabilitate 40 temporary classrooms;
• Install 220 tents to be used as temporary classrooms until Government builds new schools;
• Build 50 latrine blocks with 4 latrine cubicles each, along with 200 to 500 squatting plastic plates;
• Establish 50 school sanitation committees/cooperatives to manage emergencies and school hygiene;
• Provide 50 sport-in-a-box kits containing sports equipment and supplies, including footballs, football pumps, T-shirts, hats, and other sports accessories.

Child protection (US$ 250,000)
There is a limited risk of war in Mauritania because of political stability since the March 2007 presidential election. National legislation promoting child rights was enacted recently. However, due to the extreme poverty several protection projects and protection issues need funding, i.e., children with disabilities, working children, street children, and domestic girls etc.

Mine action (US$ 250,000)
According to the latest Landmine Impact Survey carried out in 2007, 76 km2 of land are mined, threatening the lives of 60 communities. The presence of landmines is also suspected in 65 districts in Dakhlet Nouadhibou and Tiris Zemmour Provinces. Government, UNICEF, UNDP and local and International NGOs are now implementing a programme on mine-risk education (MRE), de-mining and assistance to mine survivors, for which funding is required.
The four main areas of humanitarian concern in Niger are child malnutrition, meningitis and cholera outbreaks, cyclical water floods and the insurgency of rebel groups in the region of Agadez since April 2007. UNICEF’s humanitarian action in 2008 will cover the needs of 350,000 malnourished children and reach 10,000 mothers and children affected by disease outbreaks, floods and the insecurity in the North.

### Summary of UNICEF financial needs for 2008

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>6,413,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>791,000</td>
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<tr>
<td>Education</td>
<td>230,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>50,000</td>
</tr>
<tr>
<td>Mine action</td>
<td>40,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,524,000</strong></td>
</tr>
</tbody>
</table>

*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

Child hunger and malnutrition still were a humanitarian issue in Niger in 2007 and will continue to be in 2008. The decline in global acute malnutrition (GAM) reported throughout 2006 shows the effectiveness of humanitarian response, however, the most recent survey conducted at the beginning of the lean season in June 2007 shows a slight increase in malnutrition rates. Malnutrition rates are still above alarm levels and conceal even more alarming situations for localized pockets of population and vulnerable age groups.

- Children under three are the most affected by malnutrition: 15.5 per cent of children aged 6-35 months are acutely undernourished. The situation is especially worrying in the regions of Agadez, Diffa, Maradi and Zinder where, in some areas, severe acute malnutrition in children under three is above the levels reached in 2005.

- Two regions out of eight are above the emergency threshold (>15 per cent), revealing a recent significant deterioration of the nutritional status of children under five. The global acute malnutrition rate is at a troubling 19.6 per cent in Diffa. In Agadez (17.5 per cent), the situation may be linked to the disruption in the provision of health services and in movement of people and goods following the insecurity experienced in the last few months.

- In the regions of Maradi and Zinder, considered as prime farming areas, the situation is also critical. Acute malnutrition rates have increased sharply during the 2007 lean season reaching 11.8 per cent and 14.2 per cent respectively.

The country cyclically faces epidemic outbreaks, particularly cholera and meningitis (type A and occasionally W135 and X). However, a comparison between the incidence of cholera and meningitis in July 2006 and July 2007 shows a drastic decrease in the entity of the outbreaks. In July 2006, 4,493 meningitis cases and 326 cholera cases were registered, compared to July 2007 figures of 22 cases of meningitis and 18 cases of cholera. Maintaining high alert levels and pursuing social mobilization on water, sanitation and hygiene is therefore crucial to continue containing epidemics.

Poor lodging conditions associated with widespread poverty in rural areas and inadequate water infrastructures expose the populations to cyclical flooding. The August and September 2007 floods affected 49,000 people in 7,300 households in seven of Niger’s eight regions.

Civilians are increasingly being caught up in insecurity caused by fighting between the Nigerien army and armed militias in the northern region of Agadez. This is expected to further impoverish the chronically poor and the vulnerable nomadic populations, putting children and women at great risk of marginalization, exploitation and trafficking. Since April 2007, clashes between rebel groups and the Government have caused the displacement of approximately 25,000 people. The situation is aggravated by the presence of anti-personnel mines in strategic areas. Although no mine injuries to children have been reported until today, it is imperative for UNICEF to begin mine-awareness education in the region affected by the insecurity.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

As nutrition sector lead, UNICEF successfully supported the Government of Niger in the coordination of a network of 20 international and national NGOs for the treatment of acute malnutrition. A major effort was placed on making current nutrition response activities sustainable, by committing NGOs to play a coaching role rather than direct implementer and to further integrate their activities into national initiatives and standard protocols.

As of October 2005, a total of 221,540 malnourished children were treated at UNICEF-supported nutritional supplementary and therapeutic feeding centres. A blanket feeding operation reached approximately 80,000 children under three years of age in the regions of Tahoua, Maradi, Zinder and Agadez. In response to the June 2007 nutrition survey, UNICEF, the World Food Programme (WFP) and other partners have extended blanket feeding to 16,540 additional children in Tchirozérine (Agadez region), Boboye (Dosso region) and Gouré (Zinder region). In the region of Diffa, 52,000 under-five children received blanket supplementary foods, deworming, and vitamin A supplementation associated with mass screening for severe cases.
For the first time, the country can rely on an effective contingency plan to handle cholera that has facilitated the response to the 2007 outbreak. UNICEF provided emergency supplies to treat 1,000 severe cholera cases, most of them children under 18 years of age. Additional supplies for sanitation and hygiene (more than 370 kg of chlorine tablets) were provided to allow intervention teams to disinfect wells, houses and clinics.

A total of 224,475 people were vaccinated during the meningitis epidemic in the region of Doutchi and 350 children were treated with adequate antibiotics.

UNICEF contributed to the 2007 floods emergency response by reaching approximately 4,000 women and children with family kits, including insecticide-treated mosquito nets, blankets, 20-litre tanks, soap and 20 metres of tarpaulin for each family.

Despite the encouraging progress achieved in the education sector in recent years (gross enrolment rate has rocketed up from 37 per cent in 2000 to 57 per cent in 2007), the situation is still very challenging. Issues such as gender disparities, inadequate learning conditions and difficult school access for nomadic populations and the chronically poor are becoming more complex due to the insecurity in the northern area.

3. PLANNED HUMANITARIAN ACTION FOR 2008

**Coordination and partnership**

UNICEF will continue to participate in the emergency preparedness and response coordination mechanism chaired by the Secretary-General of the Cabinet of the Prime Minister, through a joint consultation committee that includes Government partners, UN agencies, the donor community and the network of NGOs. It will also provide leadership to the nutrition cluster.

**Regular programme**

The activities to be funded by this emergency appeal are complementary to the regular Country Programme activities, with a particular focus on the reinforcement of 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.

**Health and nutrition (US$ 6,413,000)**

In the area of nutrition, the overall goal is to reduce child mortality, to maintain the rate of acute malnutrition at or below 10 per cent by treating 350,000 under-five children (50,000 severe cases and 300,000 moderate cases) and, in the longer term, reduce the rate of stunting. The strategic approach adopted with national authorities and international NGOs is to implement curative and preventive packages of evidence-based high-impact interventions, including support to nutritional therapeutic and supplementary feeding centres through the national health system facilities and communities, and to implement effective nutritional surveillance. A nationwide blanket feeding operation is also part of the 2008 plan.

In the area of infectious and waterborne diseases, such as cholera and meningitis, UNICEF will further reinforce national and local preparedness prepositioning medical supplies and drugs in high-risk health districts. Alert will be particularly high given the strong risk of X meningitis outbreak in the Niamey urban area. UNICEF will also support the promotion of oral rehydration therapy and improved sanitation.

UNICEF will provide medical supplies to cover the needs of up to 10,000 people who may be displaced by floods or by the conflict in the northern area.

**Water, hygiene and sanitation (US$ 791,000)**

UNICEF needs to prepare for the displacement of people due to conflict or floods, and has estimated to approximately 10,000 people the possible flow in 2008. UNICEF will provide water and sanitation equipment, including water tanks, water cans, cups, water purification tablets, rakes and shovels to each household. It will also support the construction of latrines for those schools, health centres and households affected by the humanitarian crisis. Disinfestations and desludging are included in the immediate humanitarian response plan.
Education (US$ 230,000)
The education programme will focus on the training of education managers on minimal norms for education in emergency situations, and will provide teacher/parent education on key nutrition and hygiene practices in 50 preschool centres and 100 schools. Should population displacement continue through 2008 due to floods or to the escalation of the northern insecurity, UNICEF will support the schools receiving displaced children by distributing school kits and material to build temporary learning spaces. For those schools which may be damaged by floods, UNICEF will support the reconstruction/rehabilitation of classrooms.

Child protection (US$ 50,000)
UNICEF plans to reinforce those grass-roots organizations and NGOs which are organizing income-generating activities in the areas affected by the insecurity and those areas where natural disasters are likely to occur in 2008. The current forecast is to assist 1,000 disadvantaged households.

Mine action (US$ 40,000)
In 2008, UNICEF will begin its mine-risk education (MRE) in schools and communities of the northern region of Agadez. Activities will include the development of locally adapted education tools and the training of trainers on MRE.
**ABBREVIATIONS**

ACT  artemisinin-based combination therapy
AHPI  avian and human pandemic influenza
ALP  accelerated learning programme
ASAL  arid and semi-arid lands
AI  avian influenza
AWD  acute watery diarrhoea
BCG  anti-tuberculosis vaccine (bacille Calmette-Guérin)
BP5  high energy food supplement (biscuit)
BP-100  ready-to-use therapeutical food of high nutritional value
CAAC  children affected by armed conflict
CAAFAG children associated with armed forces and armed groups
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)
CDCC  Centers for Disease Control and Prevention
CDMT  Combined Disaster Management Team
CEDAW  Convention on the Elimination of all forms of discrimination against women
CEE/CIS Central and Eastern Europe/Commonwealth of Independent States (UNICEF)
CEIP  Community Education Investment Programme
CERF  Central Emergency Revolving Fund
CWAC  Community Welfare Assistance Committee
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
DPT3  3 doses of combined diphtheria/pertussis/tetanus vaccine
EAPRO  East Asia and Pacific Regional Office (UNICEF)
ECD  early childhood development
ECO  European Commission Humanitarian Aid Office
EFA  education for all
EMOPS  Office of Emergency Programmes (UNICEF)
EPI  expanded programme on immunization
EPRP  emergency preparedness and response plan
ERW  explosive remnants of war
ESARO  Eastern and Southern Africa Regional Office (UNICEF)
EW-EA  Early Warning-Early Action system
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
FBO  faith-based organization
FTR  family tracing and reunification
GAM  global acute malnutrition (includes children with low weight-for-height (z score less than -2) and children with oedema
GBV  gender-based violence
GCM  global chronic malnutrition
GER  gross enrolment ratio
HAR  Humanitarian Action Report (UNICEF)
HTH  high test hypochlorite
HIV  human immunodeficiency virus
HCT  Humanitarian Country Team
HPAI/H5N1  highly pathogenic avian influenza
IASC  Inter-Agency Standing Committee (United Nations)
IDPs  internally displaced persons
IEC  information, education and communication (campaign/material)
IHL  International Humanitarian Law
IMCI  Integrated Management of Childhood Illness (initiative)
IMR  infant mortality rate
IPHD  International Partnership for Human Development
iPRS  interim Poverty Reduction Strategy
IRS  Indoor Residual Spraying
KAP  knowledge, attitudes and practices
LLIN  long-lasting insecticidal net
LOA  Lot Quality Assurance
MDGs  Millennium Development Goals
MENARO  Middle East and North Africa Regional Office (UNICEF)
MICS  multiple indicator cluster surveys
MNCH  maternal, newborn and child health
MOSS  Minimum Operating Security Standards
MOU  memorandum of understanding
MRA  multisectoral rapid assessment
MRE  mine-risk education
MSF  Médecins sans Frontières (Doctors without Borders)
NCPs  Neighbourhood Care Points (in Swaziland)
NGO  non-governmental organization
OPV  oral poliomyelitis vaccine
ORS  oral rehydration salts
OVC  orphaned and other vulnerable children
PAPFAM  Pan Arab Project for Family Health
PARPA  Plano de Acção para a Redução da Pobreza Absoluta (Action Plan for the Reduction of Absolute Poverty (Mozambique)
PCA  Partnership and Cooperation Agreement
PEP kits  post-exposure prophylaxis kits
PHAST  participatory hygiene and sanitation transformation
PM&E  participatory monitoring and evaluation
PMTCT  prevention of mother-to-child transmission (of HIV)
PSNP  Productive Safety Net Programme
PUR  specially formulated powder, packaged in a 5 gram sachet, designed to treat highly contaminated and turbid water and make it safe to drink.
ROSA  Regional Office for South Asia (UNICEF)
RERRF  Regional Emergency Rapid Response Fund
RRM  Rapid response mechanism
RUTF  ready-to-use therapeutic food
SALW  small arms and light weapons
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
STD  sexually transmitted disease
STI  sexually transmitted infection
SWOT  strengths, weaknesses, opportunities and threats
TACRO  The Americas and Caribbean Regional Office (UNICEF)
TFC  therapeutic feeding centre
ToT  training of trainers
U5M  under-five mortality rate
UNCT  United Nations Coordination Team
UNDAF  United Nations Development Assistance Framework
UNETT  United Nations Emergency Technical Team
UNITAID  International Drug Purchase Facility
UNITRACK  supply management and tracking system for emergency settings (UNICEF)
UNSIC  United Nations System Influenza Coordination
UXO  unexploded ordnance
VAC  Vulnerability Assessment Committee
VCT  voluntary counselling and testing
VIP  ventilated improved pit (latrine)
WASH  water, sanitation and hygiene
WCARO  West and Central Africa Regional Office (UNICEF)