



**MANY ROADS,
ONE DESTINATION**



The Millennium Development Goals are intertwined like roots of a tree and together form a platform for a world free from poverty, hunger, disease, ignorance, inequality and violence. The goals cannot be achieved piecemeal.

Similarly, children cannot survive and thrive when the essential elements of their lives – family, nutrition, health care, education, safety and play – are fragmented.

CHILD SURVIVAL AND DEVELOPMENT

The major causes of infant and child mortality are pneumonia, diarrhoeal diseases, malaria and measles. In 2006, UNICEF and the World Health Organization released a landmark publication, *Pneumonia: The forgotten killer of children*, which identified pneumonia as the number one cause of all deaths of children under five. Pneumonia kills more children than AIDS, malaria and measles combined.

The Accelerated Child Survival and Development programme, supported by the Canadian International Development Agency (CIDA) and UNICEF, reaches more than 16 million people in 11 countries in West and Central Africa where under-five mortality rates are high. Young children receive nutrition, immunizations, vitamin A supplements and oral rehydration for the management of diarrhoea. Exclusive breastfeeding in the first six months of life is promoted. Malaria is mitigated by offering insecticide-treated mosquito nets, antimalarial drugs and preventive treatment during pregnancy. Prevention of mother-to-child transmission of HIV is also an integral programme component. In 2006, Ghana expanded and adopted this holistic approach as national policy.



In South Asia, the Reaching Every District strategy continues to play a central role in improving young children's survival rates through increased nationwide use of diphtheria-tetanus-pertussis vaccines. Through community outreach, supervision, training, and data collection and monitoring, massive immunization campaigns have reached vast numbers of children. UNICEF has helped Afghanistan, India, Nepal and Pakistan train female volunteers to administer polio vaccines and promote immunization against maternal and child tetanus.

The infant mortality rate in Afghanistan is alarmingly high at 165 deaths per 1,000 live births in 2005. In a comprehensive immunization campaign conducted with the local Ministry of Public Health, more than 1 million children under age five were vaccinated against measles, and more than 700,000 women of childbearing age received tetanus vaccines during 2006.

In 22 countries tetanus toxoid supplementary immunizations were administered during 2006. Approximately 11.5 million women of childbearing age received first doses, and an additional 29 million women received second or third doses.

During 2006, Bangladesh, with the support of UNICEF and the World Health Organization, conducted the world's largest ever measles eradication campaign in just 20 days, vaccinating 33.5 million children between the ages of 9 months and 10 years.

Perhaps one of the more significant achievements of the integrated approach to child survival and development is the reduction in the number of polio-endemic countries. Egypt and Niger virtually eliminated poliovirus transmission in 2006. The remaining endemic countries, Afghanistan, India, Nigeria and Pakistan, have reduced the spread and geographical radius of polio through coordinated campaigns.

In Nigeria, for example, Immunization 'Plus' Days were held in high-risk states, offering the polio vaccine along with measles vaccinations, vitamin A supplements,

deworming medicines and insecticide-treated mosquito nets. The sweeping campaign was funded by the Canadian International Development Agency, the German and Swedish Committees for UNICEF, the Governments of Japan and Norway, Rotary International, the Centers for Disease Control and Prevention in the United States and UNICEF. As a result of the initiative, the percentage of Nigerian children not vaccinated against polio plummeted from 50 per cent in the first quarter of 2006 to 20 per cent in the third quarter.

Integration of services has resulted in previously unheard-of accomplishments. Malaria, the number one killer of children in sub-Saharan Africa, remains a formidable enemy. With financial support from the US President's Malaria Initiative, the World Bank's Global Strategy and Booster Program and the Global Fund to Fight AIDS, Tuberculosis and Malaria, insecticide-treated mosquito net coverage jumped in 2006. Togo is approaching the 'Abuja Declaration on Roll Back Malaria in Africa' target of 60 per cent coverage, and Eritrea, Malawi, Mali, Senegal, the United Republic of Tanzania and Zambia are making steady gains. In addition, 68 countries adopted use of artemisinin-based combination therapy for malaria, with 42 countries using these medicines as a first line of defence – a major treatment policy shift.

The use of community health workers has improved care for pregnant women, newborns and young children by promoting attended births, immediate and exclusive breastfeeding and other safe practices. During 2006, home-based post-natal care programmes were initiated in Indonesia, Nepal, Somalia, South Africa, Uganda, the United Republic of Tanzania and Yemen. Community support networks and media campaigns have contributed to rapid increases in exclusive breastfeeding in Bolivia, Colombia, Lesotho and Madagascar.

The commitment to integrated, community-based early childhood programmes was further reinforced by advocacy and legislation. In September 2006, the Government of

Norway, the medical journal *The Lancet* and UNICEF jointly hosted in New York a symposium on child survival, which coincided with the UN General Assembly. Speakers, including the President of Afghanistan, H.E. Mr. Hâmid Karzai, H.M. Queen Rania Al-Abdullah of Jordan, the President of Madagascar, H.E. Mr. Marc Ravalomanana, and Norwegian Prime Minister H.E. Mr. Jens Stoltenberg, called for an infusion of investment in child health services.

In March 2006, the President of Chile, H.E. Ms. Michelle Bachelet, invited UNICEF and 13 other entities to participate in the

Presidential Advisory Council on Early Childhood Reform ensuring that all infants and toddlers receive wide-ranging care regardless of gender, ethnicity, social status or parental circumstances.

At the All-Africa Meeting of UNICEF country representatives, held in Dakar (Senegal) in November 2006, good practices and lessons learned from the Accelerated Child Survival and Development programme were shared, child survival plans of action and strategies were endorsed, and accountability mechanisms were bolstered.

BASIC EDUCATION AND GENDER EQUALITY

Primary school enrolment is on the upswing in many countries, as government leaders realize their countries' futures are directly tied to the education of their children. But far too many primary-school-age children remain out of school, about 115 million girls and boys.

Even with enrolment rates increasing, two other challenges exist – young people's failure to complete an education and gender disparity within schools. National data report higher enrolment rates than household surveys, which identify children enrolled in but not attending school. Young people are less likely to go to school if they are from poor households, rural areas or families in which mothers are not educated. UNICEF reaches out to excluded children through girls' education initiatives, campaigns to abolish school fees, efforts to reduce child labour, promotion of bilingual education for indigenous students and instructional opportunities for disabled children and young people affected by AIDS.



Success in school completion rates begins with school readiness. UNICEF has worked with Cambodia, China, Georgia and Uzbekistan to develop national school readiness standards, supported parental education initiatives and preschool programmes in the Islamic Republic of Iran, Moldova, Romania, Togo and the former Yugoslav Republic of Macedonia, and pushed for specialized education for children with disabilities in Belarus and Jamaica.

UNICEF supports child-friendly schools – places that are safe, healthy, stimulating, gender-sensitive and student-centred. By the end of 2006, 54 countries had adopted quality standards for primary education modelled after the child-friendly school blueprint.

Child-friendly schools – which incorporate potable water, clean, gender-segregated sanitation facilities and hygiene education – affect lives beyond the classroom. Students bring hygiene lessons home from school, changing behaviour within households. Water, sanitation and hygiene education allow girls to go to school. Central water sources free girls from the onerous and often dangerous task of fetching water. Gender-segregated facilities afford girls and young women privacy and alleviate parents' fears about the safety and dignity of their daughters.

In 2006, UNICEF expanded school water and sanitation coverage in 85 countries, up from 76 in 2004. In Cameroon, the Democratic Republic of the Congo and Pakistan, for example, participatory hygiene education and safe, gender-segregated facilities have been included in national education guidelines. In India and Kenya, major studies on the impact and sustainability of school water, sanitation and hygiene initiatives were launched in 2006.

Girls' education remains a priority for UNICEF, with country offices reporting that

69 countries had national plans for reducing gender disparity, an increase from 59 in 2005. In 2006, Côte d'Ivoire developed a national girls' education acceleration strategy, Mali adopted specific measures for improving access to education for girls living in poor, rural areas and initiated gender-based teacher training, and the Democratic Republic of the Congo encoded universal access to primary education into its new constitution.

In 2006, school fees were abolished in selected grades in Sierra Leone, and in Lesotho free education was expanded to all seven primary grades. UNICEF supported scholarships and other financial incentives in Kenya and Liberia, and augmented scholarships in Guatemala's poorest municipalities to help keep girls in school.

Furthering girls' education, the United Nations Girls' Education Initiative (UNGEI), a dynamic partnership between nearly three dozen UN agencies, donors, non-governmental organizations and other entities, expanded to include 36 countries. A two-year joint UNICEF-UNESCO Education for All plan was adopted in Turkmenistan. Joint basic and girls' education initiatives took hold in Egypt and Mozambique, and UNICEF technical assistance helped secure more than \$42 million for Kyrgyzstan, Moldova and Tajikistan and \$70 million for Rwanda, with a special focus on girls' education.

Non-formal education has been expanded for excluded and older children. In Bangladesh, for example, 50,000 urban children were admitted into 2,000 new learning centres as part of the Basic Education for Hard-to-Reach Urban Working Children project. Students between ages 10 and 14, mostly girls, participate in lively discussions and acquire basic life skills with the goal of breaking the cycle of poverty. In Myanmar, a national 'Let's Read' initiative engages young people who do not attend formal school in life skills training and HIV-prevention education.

UNITE AGAINST AIDS

Historically, there has been little to celebrate in the struggle against AIDS. But in 2006, some good news began to emerge. National survey data for 2005 from six of the most-affected countries showed a 25 per cent reduction in HIV prevalence among young people aged 15 to 24. In 11 of 24 countries that submitted reports, the percentage of girls engaging in sex before the age of 15 declined. And 15 of 24 countries in sub-Saharan Africa reported that the school attendance gap between orphans and non-orphans had declined. While it is currently impossible to determine the exact percentage of AIDS funding that was allocated specifically for children, global funds were expected to be \$9 billion in 2006, climbing from approximately \$4.7 billion that was available in 2003.

Despite some encouraging news, AIDS continues to wreak havoc across the globe, especially for children. In 2006, the focus continued on the 'Four Ps' – Prevent mother-to-child transmission of HIV; Provide paediatric treatment; Prevent infection among adolescents and young people; and Protect and support children affected by HIV/AIDS.



Drug coverage to prevent mother-to-child transmission of HIV was estimated to be no more than 9 per cent worldwide in 2005. Paediatric care of HIV-positive children lags behind the already limited rates of treatment of adults in most countries. To address this paucity of care for HIV-positive mothers and their children, UNICEF supported programmes for prevention of mother-to-child transmission of HIV in 91 countries. And in Angola, Botswana, Cambodia, the Central African Republic, Mozambique, Namibia, Nepal, Niger and South Africa, UNICEF expanded prevention services for mother-to-child transmission of HIV.

To spur action for scaling up treatment of paediatric HIV, UNICEF and the World Health Organization hosted an expert consultation. Practitioners in the fields of paediatric HIV and child survival analysed scientific evidence and programmatic lessons to create the Paediatric Care, Support and Treatment Framework for national HIV and child survival programme managers and partners.

Unfortunately, plans of action do not necessarily lead to service delivery. Too often, this has been the case when it comes to protecting and caring for children orphaned or made vulnerable by HIV and AIDS. Yet, a few noteworthy initiatives have emerged. In Botswana, for example, 95 per cent of households affected by HIV and AIDS receive some form of external support. Kenya, Malawi and Mozambique have established cash transfer pilot programmes in their poorest areas. A 2006 survey of non-governmental organization initiatives in 28 countries in sub-Saharan Africa found that about 3.3 million orphaned and vulnerable children were receiving some type of assistance through education, routine health care, food, livelihood or psychosocial support.

In Malawi, Namibia and Zimbabwe, UNICEF helped build local capacity for the care of children affected by AIDS through a rights-based approach. The Zimbabwean Young People We Care project, for example, has galvanized adolescents to work alongside UNICEF's home-based health-care facilitators on visits to households affected by AIDS. While the staff provide primary care to the ill, young volunteers do household chores and lend psychosocial support to their peers who have lost their parents to AIDS.

UNICEF and the World Food Programme partnered in nutrition initiatives for orphans and vulnerable children in the Central African Republic, Lesotho and Mozambique. Communication campaigns in 60 communities in Belize advanced the concept of society's responsibility for the care of young people affected by AIDS. And in Angola, the Democratic Republic of the Congo and South Africa, UNICEF helped establish a surveillance system that identifies orphans.

In addition to country-level action, UNICEF produced *Children and AIDS: A stocktaking report*, which presents child-specific data.

This valuable resource emerged from *Unite for Children, Unite against AIDS*, the movement launched in 2005 to spotlight children as the missing face of AIDS. Through data-driven analysis, the publication takes stock of progress made in the first year of the campaign and attempts to answer the question, Are countries taking appropriate steps to create an AIDS-free generation?

HIV prevention among adolescents requires a multipronged strategy: youth-friendly health services, awareness campaigns, peer counselling and focused interventions in high-risk populations. Several countries integrated youth-friendly health services into existing health systems in 2006, including preliminary steps to incorporate youth-friendly health care in Azerbaijan and Moldova, and full programmes in Serbia. Uzbekistan adopted standards, and Kazakhstan and Sri Lanka began the process of developing norms.

In 31 countries, media and sporting events help spread prevention messages and safe reproductive health information through *Unite for Children, Unite against AIDS*.

By the end of 2006, field reports from UNICEF country offices indicate that HIV and AIDS education had been fully integrated into national secondary school curricula in 62 countries (42 per cent of those that responded) and were partially operational in 40 more. Azerbaijan, Brazil, Guinea and Indonesia included HIV and AIDS education for the first time in 2006.

On the global front, the 2006 High-Level Meeting on AIDS held at the United Nations in New York in June adopted the Political Declaration on HIV/AIDS, acknowledging the needs of children and women who are coping with the epidemic. And more than two dozen sessions at the XVI International AIDS Conference, held in Toronto (Canada) in August, were devoted to children and young people.



PROTECTION FROM VIOLENCE, EXPLOITATION AND ABUSE

Disasters, emergencies and trauma were no strangers to children in 2006. Armed conflict disrupted children's tranquility from Afghanistan to Sri Lanka to Sudan and beyond. Natural disasters ripped apart children's lives in Ethiopia, India, Nepal, Pakistan, Peru and the Philippines. Famine and floods crept across the Horn of Africa. And displaced persons languished in camps in such countries as Chad and Somalia. Young people toiled in the worst forms of labour, young women suffered the indignities of sexual harassment and discrimination, and girls and women endured the horrors of rape and sexual assault in nearly every corner of the globe. The UN Secretary-General's Study on Violence against Children released in 2006 documents the atrocities children experience on a daily basis.

Through it all, when disaster strikes, UNICEF is on the ground to provide basic services and attempt to transform crises into opportunities.

Life-saving supplies were brought to families living in Chad after fleeing the slaughter in Darfur (Sudan). Safe water, soap, blankets, vaccinations and high-protein biscuits will stave off disease and death until the displaced can return to their homeland. Some 2.1 million people displaced within Darfur were reached with essential health-care services, and 1.2 million children received polio vaccinations and vitamin A supplements. While basic supplies and services continue to sustain life in the camps, the children of southern Sudan have reached a crossroads. With three quarters of an estimated 8 million people in the area unable to read or write, the UNICEF-sponsored 'Go to School' campaign in 2006 beckoned children into classrooms so they can 'rise from the ashes' after two decades of war.

In the Democratic Republic of the Congo, where it is believed that between 8,000 and 11,000 children continue to be associated with armed forces and groups, UNICEF responded within 48 hours to violence that erupted in July in the eastern part of the country.



A convoy of trucks, escorted by armed UN peacekeepers, delivered biscuits, salt, beans, wheat, cooking utensils and plastic sheeting for shelter. Throughout 2006, UNICEF helped demobilize and reintegrate children used by armed groups and forces by providing education, recreation and counselling to former fighters, and counselling, medical care and vocational skills to girls and women who had been sexually exploited.

Within 24 hours after Java (Indonesia) was rattled by an earthquake, UNICEF was there to provide devastated communities with safe water, sanitation and hygiene kits. Within three days, children were playing and receiving psychosocial support in child protection centres, and less than two weeks later, students were being schooled in UNICEF-supplied tents.

At the beginning of the conflict in southern Lebanon in July 2006, UNICEF collaborated with the Lebanese Red Cross to deliver crucial

assistance to displaced children and families in hard-to-reach areas. Later on, UNICEF aided non-governmental organizations' mobile primary health and immunization clinics, and child-friendly recreation and psychosocial programmes. UNICEF also supported a major 'Back-to-School' drive and mine-risk education initiatives.

Turning catastrophe into triumph has been the goal of UNICEF's rebuilding process in countries ravaged by the 2004 Indian Ocean tsunami. Throughout India, Indonesia, Malaysia, Sri Lanka and Thailand, communities have 'built back better'. In the Andaman and Nicobar Islands of India, for example, doctors, nurses and *anganwadi* (childcare) workers, were trained in the Integrated Management of Neonatal and Childhood Illnesses strategies. UNICEF also helped establish a Sick Newborn Care Unit to provide tertiary care to infants. In Malaysia, trauma recovery work is conducted with children and adolescents through arts and leadership workshops.

In 2006, UNICEF appealed for \$1.2 billion to ensure the protection of women and children in 53 emergencies. Not quite half that sum was raised by November, leaving UNICEF to respond only to the most urgent needs of children and women in crisis. With a commitment to humanitarian relief reform, UNICEF has set out to better predict and respond to emergencies. Along with other agencies, UNICEF has implemented the 'cluster approach', a collaboration between service providers, in Côte d'Ivoire, the Democratic Republic of the Congo, Indonesia, Lebanon, Liberia, Somalia and Uganda. As longtime leader of the global cluster of UN agencies for nutrition, water and sanitation, and for common data services, and now as a partner in developing a global education cluster, UNICEF will continue to strengthen its humanitarian response and follow its Core Commitments For Children in Emergencies.

IKEA: EMPOWERING WOMEN, CHANGING CHILDREN'S LIVES

After a 90-minute drive to Ghanapur, a remote village in northern India, Mona Liss of IKEA United States felt as if she had stepped into a new reality. Liss and 25 other IKEA staff and UNICEF National Committee members from Austria, Canada, India, Sweden, the United Kingdom and the United States were met by more than 100 women clad in multicoloured saris. The visitors were given garlands of marigolds and embraced wholeheartedly.

Hardship is a way of life in a region with disproportionately high undernutrition rates, severe poverty, child labour and debt bequeathed from parent to child. But Liss soon learned that for the women of self-help groups in Ghanapur, reality is moderated by optimism, as the women are building a better future for themselves, their families and their children.

The self-help groups are a component of the Bal Adhikar project, an IKEA-supported initiative to prevent child labour in the state of Uttar Pradesh. As of November 2006, 1,613 groups had been established there, reaching 21,842 women. These groups provide women with a mechanism to control their financial resources, receive low-interest loans and generate savings. Women use these loans to repay unreasonably high-interest debts, to cover medical and household expenses, to send their children to school and to support income-generating projects.

In Ghanapur, one woman explained how the group collectively determined its most crucial priorities. Toilets with private washrooms were paramount. They pooled their resources and, with additional government funding, had 60 toilets built. This project, just one example of self-help group initiatives, empowered women financially and helped them realize their fundamental rights. The groups also provide shared platforms for increased awareness of birth registration, child nutrition, immunization, maternal health, and safe water and sanitation – and their vital relationship to children's rights.

The Bal Adhikar initiative, launched by IKEA and UNICEF in 2000, supports the Government of India's

commitment to prevent and reduce child labour. IKEA's support for this project translates into concrete action and a commitment to eliminate child labour from its supply chain.

Uttar Pradesh is home to an estimated 15 per cent of India's working children, and the carpet-weaving industry in this state produces more than 75 per cent of India's carpet exports. With the knowledge that child labour is one manifestation of a systemic cycle of poverty, debt and marginalization, the initiative aims to combat root causes – including poor women's reliance on their children to earn money – and to offer tangible alternatives.

The project also works directly with out-of-school children through 221 alternative learning centres. Since the informal education programmes began, some 9,300 children have acquired basic skills. IKEA also supports the government's immunization drives. With IKEA's funding, the government of Uttar Pradesh and UNICEF are providing 127,000 infants with immunization against the six most common childhood diseases.

The Uttar Pradesh project has continued to evolve, reaching 500 villages with a combined population of about 1.3 million. A third-party assessment of the project was completed in 2006, and UNICEF and IKEA are developing a five-year expansion strategy based on these findings.

IKEA has established a closely monitored code of conduct for all its suppliers. Utilizing its unique position to leverage change, IKEA has successfully raised industry standards and built trust within communities. In Uttar Pradesh, IKEA supported income-generating projects for women and encouraged suppliers to establish factories that provide good wages, benefits and job stability.

Over the past 10 years, IKEA has supported UNICEF programmes benefiting children and boosting their opportunities for learning in Africa, Asia, and Central and Eastern Europe, with donations exceeding \$25 million.