

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

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



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

CRITICAL ISSUES FOR CHILDREN AND WOMEN

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

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

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

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

Large numbers of internally displaced persons (IDPs) and refugees from these conflicts continue to face difficult conditions, often with little assistance. More than half of the region's 22 countries report having IDPs. Displaced children are often left without access to adequate education, health care, support or protection. Certain conflicts remain unresolved and limited assistance has been provided for displaced populations. But the extended duration of these situations is resulting in a generation growing up knowing no other way of life, with little optimism for the future and increasing disruptive social behaviour. Examples:

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

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

Millions of children continue to live in poverty, despite recent economic growth in most countries. According to the Innocenti *Social Monitor 2004*, 12.5 million out of 42 million children in seven countries with available data were living in poverty in 2001, as measured by national standards. In some countries in the Caucasus and Central Asia, and in South Eastern Europe (including Georgia, Armenia and Tajikistan), public expenditure on health and education is about 4 per cent of GDP or less – very low by regional standards. This is rarely sufficient to offset the infrastructural damage to these crucial sectors caused by prolonged conflict, neglect and economic decline. Given these factors, a significant numbers of women and children do not have access to quality health and education services. Levels of inequality are increasing in several countries where growth is concentrated in certain sectors, which, coupled with a lack of progress in reform or in improvements in living standards in most of the countries in the Balkans, Caucasus and Central Asia, is exacerbating political and civil instability. Three situations call for particular attention to the situation of children: Chechnya and the neighbouring republics, Georgia and Tajikistan. Their appeals follow.

UNICEF HUMANITARIAN ACTION CHECHNYA AND THE NEIGHBOURING REPUBLICS IN 2005



Summary of UNICEF financial needs for 2005

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

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

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

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

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

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

“We are not able to go back home”



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

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

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

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

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

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

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

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

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

Regular programme

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

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

Education (US\$ 4,078,000)

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

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

Health and nutrition (US\$ 930,500)

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

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

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

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

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

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

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

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

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

UNICEF HUMANITARIAN ACTION

GEORGIA

IN 2005



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

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

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

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

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

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

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

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

The low quality of education for children is a worrying concern. The system barely survives on the goodwill of teachers and parents who are asked to contribute to expenses for salaries and basic maintenance of facilities – without access to any updated curriculum, life skills-based methodologies or advanced educational support. Sport programmes and recreation facilities are largely neglected due to lack of funds and other resources. Students have no access to healthy and safe school environments where they can be engaged in sport and recreational activities to learn basic life skills, develop their potential, be challenged and stimulated. Many children, whose parents are overwhelmed with the task of basic survival, are left to cope on their own, while being exposed to threats of crime, violence, abuse, smoking, and drug and alcohol addiction.

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

CORE COUNTRY DATA

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

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

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

“I want to go back to my mum”

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

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

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

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

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

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

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

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

Regular programme

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

Health and nutrition (US\$ 200,000)

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

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

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

Education (US\$ 500,000)

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

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

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

Programme support (US\$ 30,000)

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

UNICEF HUMANITARIAN ACTION

TAJIKISTAN

IN 2005



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Summary of UNICEF financial needs for 2005

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

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

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

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

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

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

CORE COUNTRY DATA

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

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



“I have been crying since they put me here”

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

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

Rim Agiev, aged 14, Bryansk Oblast.

Photo:©unicef/tajikistan/pirozzi

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

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

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

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

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

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

Regular programme

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

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

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

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

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

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

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

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

Education (US\$ 368,878)

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

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

Protection (US\$ 1,200,000)

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

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

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

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

* Includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board decision 2003/9 of 5 June 2003.

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

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

Emergency preparedness

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

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

Expected outputs:

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

Training and capacity-building

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

Expected outputs:

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

Operationalizing for timely and efficient response

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

Expected outputs:

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

Protection of children in armed conflict

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

Expected outputs:

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

Mine action

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

Expected outputs:

- Continued support to country mine action programmes.

Staff welfare

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

Expected outputs:

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

Early warning system

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

Expected outputs:

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

ACTION AND ACHIEVEMENTS IN 2004

Role

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

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

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

Emergency preparedness and response planning (EPRP)

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

Training and learning

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

Mine action

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