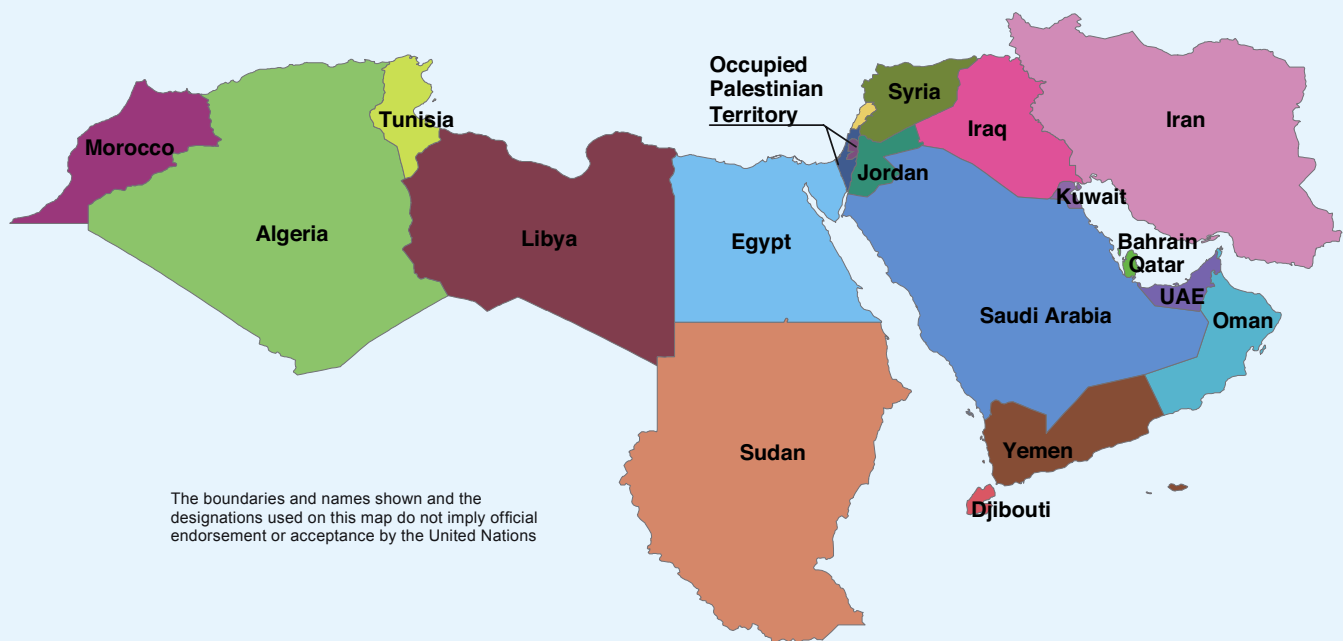


MIDDLE EAST AND NORTH AFRICA

MENA REGION (MIDDLE EAST & NORTH AFRICA REGION)



CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Middle East and North Africa (MENA) region remains a region with periods of great hope alternating sharply with times of great disillusion. The situation in **Iraq**, which continues to dominate the geopolitical and humanitarian agenda, is a striking example of such a schism between the hopes borne by both the Iraqi people and the international community about the future of the country and the harsh reality on the ground today.

In this context, assisting children in Iraq is a challenge, although funding is for once not an obstacle. An overview of UNICEF's achievements for children in Iraq in 2004, as well as activities planned for 2005 is below. Other major humanitarian crises for children in the region are in Occupied Palestinian Territory (OPT) and Sudan whose appeals are also below.

The region's children and women are also at risk from natural disasters. This is particularly true for countries such as **Iran** and **Algeria**, which have both experienced serious floods and earthquakes at least twice over the last five years, each disaster causing several thousands casualties and leaving tens of thousands of people displaced and homeless. On a lesser scale, or less regularly, countries such as **Morocco**, **Sudan**, **Syria**, and **Yemen** are also prone to natural disasters.

IRAQ

Achievements in 2004

Despite obstacles to delivery capacity – and in coordination with the Iraqi Red Crescent and the Ministry of Health – the UNICEF country office has provided emergency assistance, mainly to Baghdad, Fallujah, Kerbala, Najaf, Ramadi and Sadr City. The distribution included kits (first aid, health, and obstetrical surgery), syringes, and drinking water bags. In Baghdad, Fallujah, Sadr and Samarra, water supplied by tankering benefited around 200,000 people. Thousands of leaflets were distributed to warn children and families in worst affected communities of the dangers of unexploded bombs and other weapons.

In spring, UNICEF supported the Ministry of Health to carry out a nationwide measles campaign (reaching more than 5 million children aged 6-12 years and achieved a 95 per cent coverage rate). UNICEF contributed nearly 5 million auto-disable syringes, and provided more than US\$ 800,000 for allowances to nearly 5,000 vaccination teams. In September-October, two polio immunization days reached more than 90 per cent of children under five years. As for routine immunization, UNICEF supplied all vaccines, auto-disable syringes, safety boxes and much of the cold-chain equipment, as well as transportation/allowances for catch-up immunization campaigns and distribution of supplies. Immunization coverage moved from 20 per cent in June 2003 to above 70 per cent in April 2004. UNICEF rehabilitated 48 primary health-care centres in seven governorates and planned for 19 new centres in underserved areas of six governorates as well as supporting community-based nutrition services.

UNICEF supported the Ministry of Education to conduct a qualitative review of schools in Iraq that will guide future planning and implementation in the sector, including human resources development, early childhood stimulation and learning, sports and recreational activities, as well as management efficiency. Since March 2003, UNICEF has rehabilitated 235 schools in Iraq, and has funds and plans for the rehabilitation of an additional 400. UNICEF is also repairing water and sanitation facilities in more than 1,000 schools. UNICEF has delivered education kits to all children at primary and intermediate level (grades one to nine) as well as kits for schools (blackboards and chalk). 'School-in-a-Box' kits have been given to children in all kindergartens in centre/south Iraq.

Work increased on repairing water treatment plants, water pumping stations, compact units, water networks, sewage pumping stations, collapsed sewage networks: more than 200 projects are currently under way covering the needs of 10 million people by rehabilitating 61 water treatment plants, 130 compact units, 9 boosting stations and installing 2 compact units, 8 sewerage treatment plants, 133 sewerage pumping stations and repairing 2 collapsed sewer lines. Major repairs and maintenance of 74 high-tension diesel generators serving water and sewerage projects in Baghdad benefited 3.5 million people. At the peak, more than half a million people were dependent on UNICEF water deliveries from a fleet of more than 400 water tankers.

Child protection interventions were based on the findings of the child protection inter-agency assessment conducted by five NGOs and coordinated by UNICEF in 10 governorates in summer 2003. Activities focused on psychosocial support, prevention/reintegration, child-friendly spaces for 10,000 children, and cooperation and capacity-building in juvenile justice and mine risk education.

Activities for 2005

UNICEF Iraq will strengthen its efforts in rehabilitating schools, primary health centres and water treatment plants and provide supplies for schools, water quality, EPI and nutrition. The education programme will initiate an early childhood stimulation and learning programme and provide teacher/supervisor in-service training across Iraq (security conditions permitting). On child protection, small-scale projects for street children will continue, along with support to more systemic issues such as juvenile justice and capacity of the Ministry of Labour and Social Affairs. Programmes for youth will be developed using KAP2 behaviour survey results as the baseline.

Capacity-building within ministries and other partners will transform into support for policy development once a new government is elected. One post-election goal will be to help ensure that the constitution incorporates the main aspects of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and other human rights instruments through advocacy and training activities. The emergency response is planned within the constraints imposed by lack of access. If current modalities still hold next year, UNICEF will continue to provide assistance by sending supplies directly to the governorates and by conducting most training outside Iraq.

While the evolving shape of the UN clusters will become clearer in the near future, it is most likely that UNICEF will continue to be the lead agency and task manager for education and water and environmental sanitation, while being the deputy task manager for mine awareness and health/nutrition programmes.

UNICEF HUMANITARIAN ACTION OCCUPIED PALESTINIAN TERRITORY IN 2005



Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition and WES	5,533,000
Psychosocial interventions	2,671,564
Education	4,516,320
Total *	12,720,884

* 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 in the West Bank and Gaza continues to be characterized by ongoing violence, restrictions on movements and serious economic decline. Restrictions on mobility of children and caregivers hinder access to primary health-care facilities. Essential drugs are not being delivered to health facilities which become over-stretched. Children and families lose their personal belongings such as clothing, toys and school materials due to house demolitions. Families have to relocate and seek shelter, requiring children to change schools and lose friends. Children are prevented from reaching school and many are exposed to live fire on their way to schools or in their classrooms. In addition, many schools are damaged, including classrooms, play and sports areas as well as water and sanitation facilities. The long-lasting effect of rising poverty and unemployment in the Occupied Palestinian Territory (OPT) has gradually eroded households' coping mechanisms and increased their dependency on aid, thereby putting the psychosocial well-being of children under significant strain.

CORE COUNTRY DATA

Child population (thousands)	1,900
U5 mortality rate	29.1
Infant mortality rate	25.2
Maternal mortality ratio*	100
% U5 suffering global chronic malnutrition	9.4
Primary school enrolment ratio	93.9
Primary school enrolment ratio for girls	93.8
% U2 fully immunized (DPT3)	97.9
No. of children killed in 2004	153
No. of children injured in 2004	3,000

Source: Country Office database and Demographic and Health Survey 2004 preliminary results by the Palestinian Central Bureau of Statistics (PCBS).
* Maternal mortality 2000 estimates developed by WHO, UNICEF and UNFPA and which exceed the official Palestinian Central Bureau of Statistics figure of 37.

The serious impact on children's health and well-being and on the fulfilment of their rights is seen in many ways. As a result of the economic crisis (according to the World Bank more than 60 per cent are now living on less than US\$ 2 a day), growing trends in domestic violence are observed. A study on the psychosocial impact of violence on children indicates that out of 30.8 per cent of children reported to have been exposed to some type of violence, 68 per cent were affected by violence at home and 30 per cent reported violence inflicted by teachers. Three quarters of the Palestinian adults interviewed thought that children were experiencing greater emotional problems and changes in behaviour compared to the previous year.

The immunization, obstetric and primary health-care services have been disrupted through the denial of access or the physical destruction of infrastructure and power cuts. There is an increase in the numbers of home deliveries without skilled attendants and the latest incursions in North Gaza are expected to increase these numbers to 10 to 12 deliveries per day. Health care has become less affordable and there are signs of increased levels of malnutrition, anaemia, micronutrient deficiencies and a collapse, in the most affected areas, of adequate hygiene practices. The destruction of the water and sewage infrastructure has resulted in water-borne epidemics and the number of cases of diarrhoeal diseases has doubled since May 2004.

The right of Palestinian children to education is also directly threatened by the restrictions of movement. Closures, curfews, barriers and checkpoints are hindering access to schools. As a result, children lose school days or have their school days disrupted while the quality of education is affected by professional staff not always being able to reach the schools.

The impact of the conflict on the psychosocial well-being of children varies from one crisis area to another. Signs of distress seem to be more prevalent in Gaza than in the West Bank, e.g., aggressive behaviour among children is reported in 48 per cent of households in Gaza compared to 29 per cent in the West Bank. The same is observed for bedwetting (37 per cent to 18 per cent), nightmares (35 per cent to 25 per cent) and low school achievement (42 per cent to 26 per cent). In addition, 61 per cent of parents in Gaza felt that they did not have the ability to meet the needs of their children for care and protection, compared to 46 per cent in the West Bank.

UNICEF-supported psychosocial sessions help distressed children



Photo credit: UNICEF-OPT/2004/
M. Bociurkiw

Eight-year-old **Asma Sabah** plays innocently on a see-saw amid the rubble of Northern Gaza, just days after a three-week incursion that left almost 30 children dead and several hundred injured. Recalling one of the last nights of the incursion she said: *"I am so scared. I went to my mother and grandmother and we all hid in a corner of the house. It is hard to sleep and I have nightmares that the Israeli army is destroying my house."*

In the Gaza Strip, it is not unusual for children to get caught in house demolitions or hear live fire on a daily basis. A recent survey of children in OPT showed that 93 per cent reported feeling not safe.

One of the ways children cope with their distress from the pervasive violence is through psychosocial counselling sessions supported by UNICEF. Run by trained counsellors, they are held near the children's homes and allow victims to speak about their distress – sometimes manifested by nightmares, aggressive behaviour and difficulty concentrating – and hear the stories of other distressed children. One young participant said: *"With what is happening I don't have dreams anymore; I have nightmares. I want these sessions to help fix this."*

Asma Sabah, aged eight, sitting on rubble. In Northern Gaza.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

To address health and nutrition needs an emergency measles immunization campaign (with the administration of vitamin A) was conducted in July for 0.5 million children aged nine months to five years. The Zonal office structure of UNICEF had a major impact on this success since mobile teams with the help of the UNICEF officer could negotiate their way through checkpoints and, with the medical supervisors, could deliver vaccines to the local medical teams. Final results received from the Ministry of Health noted a coverage of approximately 98.2 per cent.

Through the Integrated Management of Childhood Illness project more than 200 health workers in 10 districts in West Bank and Gaza were trained in the case management. The health-care system was strengthened in terms of drug supplies and improved management with the establishment and support to health teams. Caregivers were empowered and given key knowledge for the prevention of illnesses, caring for children, and immediate response. This was particularly important since access problems often prevented caregivers from reaching medical facilities with their children. The community Integrated Management of Childhood Illness (IMCI) initiative was therefore a first-line response when no service was available.

Together with CARE International and the Rafah Municipality, UNICEF also provided safe-water-storage devices and community awareness on hygiene promotion for 7,000 families in Rafah. Essential micronutrient supplementation was provided for children and women of childbearing age in areas where the risk of micronutrient deficiencies increased due to the degradation of services and food insecurity.

The remedial education programme provided some 90,000 students (grades 1 to 6) with folders containing remedial worksheets and information supplementing school textbooks. Life skills education was introduced in about 100 schools in West Bank and Gaza; 100 Child-Friendly Schools (CFS) were established covering 50,000 children; 1,500 teachers were trained in the CFS concept and 68 schools started renovations or school improvements. Also, 20,000 children participated in 100 summer camps in 2004, giving traumatized children needed relief from the tense and often violent environment in which they live and at the same time providing them with education to help them catch up on what they lost during the school year.

To mitigate the impact of violence on the psychosocial well-being of children, UNICEF OPT has designed an emergency psychosocial response around three complementary reinforcing interventions, targeting

children, caregivers and professionals. Debriefing sessions for children have been systematically organized in the Gaza strip immediately after the occurrence of violent events, reaching approximately 2,000 of the most-affected children. Seven emergency psychosocial teams have been set up in Hebron, Nablus and Gaza in addition to those reactivated in Tulkarem and Jenin. A second activity was the establishment or rehabilitation of more than 20 play areas the West Bank and Gaza, allowing more than 60,000 children to access playgrounds and activities in their neighbourhoods. The 'Sports for Development' and associated activities have involved more than 55,000 schoolchildren. More than 12,000 caregivers have participated in sensitization sessions, providing them with skills to support their children and to deal with their own stress. Through these activities, children and adolescents are given opportunities for play and physical exercise away from the conflict, positive interaction with peers and constructive participation in their communities.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF will work closely on all humanitarian action in close collaboration with UN agencies and other partners, including OCHA, UNDP, WFP, WHO, UNESCO, UNFPA, UNRWA as well as international and local NGOs, under the overall framework of the Local Aid Coordination Committee (comprising all donors, UN Agencies and the Palestinian Authority) as well as the Operations Coordination Group West Bank and Gaza. UNICEF's recent involvement in the sector coordination mechanisms, such as sector working groups (health, education) and thematic groups (nutrition, management information system), will contribute to this. Formal and informal networks such as HealthInforum and the EU informal group on humanitarian policy will also be used to strengthen the links with UN agencies, NGOs and civil society.

Regular programme

The OPT regular programme has four main elements: Child Protection, Health, Education and Adolescent Programmes. With the objective of sustaining coverage and improving the quality of services, the programme focuses on (a) the capacity-building of health personnel, social workers and teachers and (b) rehabilitation of the related services. The humanitarian action programme deals with interventions that provide the support required to alleviate the immediate suffering of children.

In the West Bank, UNICEF humanitarian action is focusing on five main areas: Jenin, Tulkarem, Qualqiliya, Nablus and Hebron. In the Gaza strip, UNICEF is focusing on three flashpoints: Rafah, Khan Younis and the Northern Gaza. In addition, three other areas (Al Mawasi, Siafa and Al Ma'Ani) are of key concern due to the total closure and very limited access to health and education services.

UNICEF will sustain its presence in the field through its Zonal Offices in Jenin, Tulkarem, Nablus, Hebron, Rafah and Gaza. These offices ensure monitoring and facilitation of humanitarian assistance delivery and in providing swift response and delivery of pre-positioned supplies.

Humanitarian action for 2005 is based on UNICEF's Core Commitments for Children and designed to respond to needs arising from the effects of closures and curfews, incursions (large and small) and the barrier. In health, the focus is on emergency preparedness and response, including measles vaccination (with vitamin A supplementation), polio, medical and obstetric kits, supplementary feeding, safe water and hygiene promotion. For psychosocial support, action includes rapid-response mobile teams and community-based interventions as well as provision of supplies and recreational materials. In education, action is centred on providing School-in-a-Box kits (children, teachers and school administration), remedial education materials, teacher training and establishing a safe and child-friendly learning environment. The Child-Friendly School concept will be expanded and adjusted to meet the specific circumstances of acute crisis areas (primary schools in the conflict areas in both Gaza and the West Bank). The humanitarian assistance is expected to reach around 500,000 children and women, including 120,000 under-five children and 170,000 pregnant women and mothers.

Health, nutrition and safe water (US\$ 5,533,000)

Some 700,000 affected persons will benefit from the following key activities:

- Maternal and child health needs assessment and participatory emergency preparedness planning;
- Upgrade of maternal and child health services (provision of supplies and equipments, upgrade of skills of health professionals, logistic support) in order to provide an extended range of front-line health services, i.e., management of child emergency conditions, emergency obstetric care, outbreaks, in closed and difficult-to-access areas;
- Provision of vaccines, related campaign supplies (e.g., vitamin A) and support for planning and evaluation;
- Distribution and pre-positioning of medical supplies in areas susceptible to acute crisis;
- Distribution of safe water supplies (collapsible water tanks, family water kits, oral rehydration salts);
- Production and distribution of materials for social mobilization and health education on key hygiene matters and breastfeeding promotion;
- Advocacy, orientation, awareness raising and social mobilization for caregivers and managers;
- Logistic, coordination and technical support through Zonal offices.

Psychosocial interventions (US\$ 2,671,564)

Some 700,000 affected persons will be reached through the following key activities:

- Supporting psychosocial teams in Hebron, Nablus, Tulkarem and Jenin and Gaza consisting of professional team members to ensure coordination of action plans and outreach; teams are dispatched following an incursion, or any type of violent event, to provide counselling sessions to children; counselling sessions are subsequently continued in groups; in parallel, caregivers are equipped with basic skills on how to detect signs of distress among children and to provide support; caregivers also learn how to manage their own stress in crisis situations;
- Supporting child-friendly spaces including safe play areas and adolescent-friendly youth clubs; these child-friendly spaces provide an outlet for stress and tension and a child-friendly environment; in these spaces children can feel safe to play, be taught life skills (such as stress management, tolerance and conflict resolution) to help them deal with everyday challenges, and caregivers can be reached with important messages on child care and the environment;
- Children affected by house demolitions will be provided with basic supplies such as recreational kits, drawing materials, clothes, shoes and toys;
- Peer-to-peer support groups will be formed, and adolescents trained and mobilized for mutual support;
- Logistic, coordination and technical support through Zonal offices.

Education (US\$ 4,516,320)

A total of 340,000 affected children and 15,000 teachers will benefit from the following key activities:

- Provide School-in-a Box kits and stationery items for 45,000 primary school students;
- Provide teaching kits and associated training to 10,000 teachers in 1,000 primary schools to facilitate teaching and learning processes and to ensure that quality learning continues;
- Provide recreation kits to 900 schools and organize recreation activities to reduce psychological stress;
- Provide teacher training equipment for training programmes and improve teaching and learning processes during emergencies;
- Train teachers on remedial education activities to help children catch up because of the reduced school time;
- Through cascade training, 4,000 teachers will be trained on psychosocial counselling for students;
- Through media and other communication channels, parents and communities will be mobilized, to ensure that children continue learning;
- Logistic, coordination and technical support through Zonal offices.

UNICEF HUMANITARIAN ACTION

SUDAN

IN 2005



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 2005

Sector	Financial needs by region (US\$)			
	Darfur	South	Rest of Sudan	Total
Health	19,012,560	23,299,000	18,305,060	60,616,620
Nutrition	3,659,040	5,859,000	3,600,000	13,118,040
Water and environmental sanitation	44,170,495	21,088,000	10,000,000	75,258,495
Education	19,689,156	19,587,000	10,000,000	49,276,156
Protection	3,231,000	11,925,000	3,206,650	18,362,650
Shelter and non-food items	45,292,841	5,585,000	1,415	52,292,841
Mine action	411,000	1,982,000	1,136,000	3,529,000
Rule of law and governance	0	0	1,735,000	1,735,000
Coordination and common services	0	12,454,000	0	12,454,000
Multisector support for return and reintegration	0	1,475,322	785,821	2,261,143
Total *	135,055,092	103,254,322	48,769,946	288,903,945

* 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 children and women in the Sudan continues to be negatively affected by conflicts and related humanitarian emergencies. The year 2004 has been characterized by some major developments of particular significance for the situation of children and women as well as for the national humanitarian and development situation. The ongoing peace process between the Government of the Sudan (GoS) and the Sudan People's Liberation Movement/Army (SPLM/A) to conclude a comprehensive peace agreement to end the country's civil war has progressed well. A major breakthrough came when the GoS and SPLM vowed to end Africa's longest civil war by 31 December, signing a pledge at a meeting of the UN Security Council in Nairobi on 18-19 November. The Security Council, meeting away from New York for the first time in 14 years, responded with a resolution offering political and economic support after a comprehensive peace agreement is signed.

CORE COUNTRY DATA

Child population (U5) (thousands)	4,865
U5 mortality rate	94
Infant mortality rate	64
Maternal mortality ratio (1980-99)	590
Primary school enrolment ratio for boys (gross)	59
Primary school enrolment ratio for girls (gross)	51
% U1 fully immunized (DPT3)	40
% of population using improved drinking water sources (total)	75
HIV/AIDS prevalence (thousands)	450
% U5 suffering moderate and severe malnutrition	17

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

The escalation in 2004 of the conflict in Darfur has created a major humanitarian crisis that threatens the safety and well-being of several hundreds of thousands of children. By end-October, the conflict, resulted in the displacement of 1,600,906 persons (418,338 in North Darfur, 529,350 in South Darfur and 653,218 in West Darfur) as well as about 200,000 refugees who have left for Chad. Increased mortality rates caused mainly by disease and malnutrition, coupled with attacks on civilians, are estimated to have caused the death of several tens of thousands of people in displaced persons' camps. A significant number of children have been either direct victims of violence or have been psychologically affected by the violent acts they have witnessed. Children are also reported to be associated with all the fighting forces in Darfur. In general, the conflict-affected children and women live in very difficult conditions, facing high disease incidence and malnutrition, and need urgent assistance to ensure that the rights of children to good health, adequate nutrition, and access to safe water and basic education are fulfilled.

Access and security problems continued to constrain humanitarian work and related activities in South Sudan in 2004. Despite the extended formal cessation of hostilities between the GoS and SPLM, insecurity persisted in a number of areas in southern Sudan. The operations by militias in the Shilluk Kingdom in northern Upper Nile in March 2004, led to substantial displacements and loss of life. In addition, the activity of the Lord's Resistance Army (LRA) continues to cause security constraints in Eastern Equatoria.

The well-being of children and women throughout the country has not improved much in the past year. Malaria, diarrhoea and acute respiratory infections (ARI) continue to plague Sudanese children. Many children under five annually suffer from four to six episodes of malaria and ARI. Malaria case-fatality rate in paediatrics hospitals is 8 per cent. More than 400,000 children (9-59 months) are estimated to have been affected with measles. Twenty-one wild polio cases were detected in Sudan during June to October, following three years with no cases. A girl born in southern Sudan today has a greater chance of dying during pregnancy or childbirth than of completing her primary school education, as a result of an almost total lack of maternal health care, combined with high fertility rates. Though the National AIDS Control Programme estimates a prevalence of 2 per cent among the general population, movements of displaced persons back to their places of choice/origin can lead to a rapid increase of HIV/AIDS unless action is taken on a major scale.

The malnutrition rate among children in conflict/drought-affected areas is as high as 27 per cent while one out of every four women is malnourished. vitamin A deficiency still remains high in western and southern parts of the country. The prevalence of iodine deficiency disorder in Sudan was found to be among the highest in Africa, with a national goitre rate of 22 per cent and less than 1 per cent of households using iodized salt.

It is estimated that some 12 million people in GoS-controlled and more than 6 million in SPLM-controlled areas of Sudan still have no access to safe drinking water. More than 15 million people in GoS areas and 6 million people in SPLM areas do not have sanitary means of excreta disposal. Guinea worm is still a problem in more than 5,000 villages, with southern Sudan representing more than 80 per cent of the world's burden. Approximately 40 per cent of under-five child deaths are attributed to diarrhoea caused by poor hygiene and unsafe drinking water. In GoS areas, the school enrolment rate is less than 60 per cent and about 2.65 million children do not enjoy the right to education. In SPLM-controlled areas, only one out of every five school-age children is enrolled in school and there are three times more boys than girls in school.

It is estimated that some 10,000 boys and girls under 18 years of age are associated with the fighting forces. At least 4,000 children are estimated to be part of SPLA units. Abduction of children from one community by another during armed raids and the excessively early marriage of young girls, motivated by bride price, continue with little improvement. More than 1,000 children under 18 are among the 12,000 people still missing after being abducted from Bahr al-Ghazal by western Sudanese militia. A study on juvenile justice in 2003-2004 found that Sudanese law, even with the introduction of the Child Law in April 2004, allows for children as young as seven to be held criminally responsible. Children under 18 are at the same risk of being arrested and detained as adults in relation to certain offences, and may technically be sentenced to capital punishment for certain crimes. The UN Landmines Database classifies Sudan among the 10 worst-affected countries worldwide. Those most at risk include children, farmers, pastoralists and persons on the move in unfamiliar areas. Contaminated areas include the southern Sudan, southern Blue Nile, the Nuba Mountains and eastern Sudan along the Eritrean border.

"I am the first girl in my family to go to school"



"I have six brothers and sisters, but I am the youngest and my father and two of my brothers were killed during the war. I live with my mother and until the Community Girls' School opened near our home, I couldn't go to school because the nearest regular school is about one hour's walk from my house and it is not safe for me to go. Also my mother needs me to help with the digging and chores. I am so happy to go to school. In the morning I feed our goats and after school I walk two hours with my mother to collect water."

"I am the first girl in my family to go to school. My favourite things to learn are maths and science. When I finish school I want to work at a bank like the one that is about to open in Rumbek. My mother hopes the peace agreement will be signed, but we don't know if it will happen. If there is peace my mother says she will be happy to finally rest instead of growing extra food for the soldiers."

Monica Aluac, aged nine, Cai Agok, Bahr el Ghazal.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Sudanese population affected by the war and natural disasters. The priority areas included health, nutrition, water and sanitation, education and child protection. The humanitarian needs of the conflict-affected populations still remain unmet, partly due to access problems related to the worsened security situation, and the lack of operational capacity on the ground to deliver the required services. Poor infrastructure, remoteness and the rainy season were further constraints to access in Darfur and are recurrent constraints in other parts of the country.

Routine immunization services have been improved through increased technical and supply assistance to the Sudanese authorities and other partners. Some 4,114,160 children aged 9 months to 15 years, including 2,013,911 in the Darfur region were protected against measles in major immunization campaigns. Outbreaks of meningitis were contained with timely immunization of communities in various states reporting cases. Vitamin A supplements were provided to more than 2.2 million children aged 9-59 months in GoS areas, including 577,409 in Darfur. In SPLM-controlled areas, UNICEF protected more than 500,000 children against measles and vaccinated about 337,000 women against tetanus during immunization campaigns. The first mass measles campaign to target all children under 15 in southern Sudan is being prepared for 2005. By end- 2004, at least 1.5 million under-five children will have received vitamin A supplementation along with polio vaccine. Some 445 village midwives, 105 medical doctors in rural hospitals, 40 health-care providers and 200 midwives and health workers were trained to support home births. This, together with the provision of some 900 midwifery kits, contributed to a reduction in deaths caused by puerperal sepsis. Through Operation Lifeline Sudan (OLS), UNICEF launched a major study on safe motherhood practices, which will continue in 2005 in order to boost antenatal and emergency obstetric care and pave the way for the introduction of Prevention of Mother-to-Child Transmission of HIV (PMTCT) services in southern Sudan.

More than 1.2 million people in Darfur have benefited from UNICEF-provided essential drugs, technical inputs, training and/or coordination. UNICEF distributed more than 1,300 essential drugs kits to 330 health facilities, benefiting approximately 1.32 million people in south Sudan. Training on management of severe acute malnutrition was instrumental in disseminating knowledge on proper management of severe malnutrition and has been particularly useful for nutrition workers in Darfur, where nutritional inputs were provided to 38 therapeutic feeding centres and community-based therapeutic care centres, and more than 50 supplementary feeding centres run by NGOs and MOH. Malaria control was enhanced with the adoption of a new drug protocol, based on Artesunate Combination Therapy (ACT). UNICEF provided supplies and training for MoH and NGO health staff, most of them in Darfur.

More than 1 million children and women in GoS-controlled areas were provided with access to safe water. The WES programme, along with the other sector partners, including national and international NGOs, contributed significantly to emergency relief in Darfur region. UNICEF had committed to providing improved access to safe water to 600,000 persons. By end-August, approximately 832,630 IDPs and host community residents were provided with access to safe drinking water through the efforts of all implementing partners. Of this total, UNICEF-supported interventions covered a total of 676,080 persons and NGO-supported interventions reached 157,000 persons. The WES programme scaled up the sanitation and hygiene interventions in Darfur through the involvement of NGOs and the private sector. By end-May, 4,926 latrines were constructed serving 98,520 people. From June to August, 23,593 communal and 226 school latrines were constructed benefiting 471,860 IDPs in 31 locations. Thus, the total number of latrines constructed in Darfur reached 28,519 by end August to meet the needs of about 570,000 persons (UNICEF/WES: 394,000; NGOs: 176,000).

UNICEF provided spare parts and training for 315 local mechanics to repair handpumps, to ensure continued access to clean water for more than 600,000 people in south Sudan. The creation of new water sources gave more than 150,000 people first-time access to safe water. Hygiene awareness sessions reached 65,000 people with key messages on how to protect themselves and their children from water-borne diseases. In guinea-worm-endemic villages, some 43,000 women and children were added to the population who are safer from contamination by guinea worm; the number of the guinea worm endemic villages has been reduced to 3,765 (from 4,655 in 2003) and the number of the reported cases to 5,199 (from 13,777 in 2003).

An additional 100,000 children in Blue Nile, South Kordofan, Upper Nile, Jonglei and Bahr El Ghazal were able to attend school with UNICEF support for construction/rehabilitation, provision of school supplies and uniforms. An additional 20,000 nomadic children were enrolled in grades one to four – a 32 per cent increase from 2003. In Darfur, more than 140,000 children have been able to resume schooling as a result of UNICEF interventions. To address the enormous gender gap in basic education in south Sudan, UNICEF supported the establishment of 250 community girls' schools, giving 9,000 young girls a chance to attend school for the first time. Through a major coordination effort with partners in all areas of south Sudan, UNICEF delivered more than 1,900 education kits, benefiting all 400,000 schoolchildren in SPLM-controlled areas.

Advocacy with GoS resulted in legislative change in the Child Law of 2004, representing improvement in some child protection issues and ratification of the two Optional Protocols to the CRC (on children in armed conflict and sexual exploitation of children) and signed the African Charter on the Rights of the Child. GoS also forged ahead with the project for removal of children from fighting forces, with the formation of an interim DDR structure in early October 2004 reporting directly to the Office of the President of the Republic. Some 120 former abductees of the LRA were repatriated to Uganda; family placement and foster care was found for more than 280 abandoned babies from the Mygoma orphanage in Khartoum; more than 950 humanitarian staff working in Darfur were oriented on incorporation of child rights and child-rights-based programming (including sexual and gender-based violence and the code of conduct); members of the civilian police force and military were trained to prevent sexual and gender-based violence (SGBV), child protection and community policing; inter-community meetings, peace dramas, cultural performances and sports strengthened relationships between the Nuba/Dajo and Baggara communities; A peace dance in Wau Town continues weekly, allowing some 2,000 people from different communities to express solidarity; 120 staff of partner agencies were trained on gender mainstreaming and gender networks were established to continue advocacy for women's rights. The Right to Play project in Juba trained 87 teachers and 75 coaches on integration of health messages into sports and play activities for displaced children. UNICEF is assisting the SPLM to develop a Children's Act to provide a formal policy framework for addressing child protection concerns and to develop a policy on children in the armed forces that will outlaw the recruitment of children into the SPLA.

Interventions to address the protection concerns for children in Darfur included capacity-building through training and sensitization of duty-bearers on child rights and child rights-based programming. UNICEF, in partnership with UNHCR and OCHA, trained 724 governmental and non-governmental partners on the Guiding Principles for Internally Displaced Persons, child rights and protective programming. In addition, 868 humanitarian workers received orientation and 'training of trainers' sessions on the SGBV Code of Conduct. SGBV orientation sessions for police forces, conducted in partnership with the Jordanian Police Family Protection Unit, aimed at strengthening their capacity to monitor and trace registration of SGBV. In total, 478 police and army officers participated. Despite this achievement, the lack of a protective environment for victims continued to inhibit women from reporting and seeking help for SGBV. Helping to improve the psychosocial well-being of children has been a major component of child protection interventions in Darfur. Support has been provided through in-school and out-of-school recreational activities, in coordination with the Ministries of Education, Social and Cultural Affairs, as well as national and international NGOs. UNICEF has provided orientation sessions on psychosocial interventions to 655 teachers and animators, and the number of students benefiting from these activities reached 54,869 by end August 2004.

The capacity of Central Bureau of Statistics subnational offices was enhanced with the training of 50 statisticians to establish baseline data and better assess progress towards programme objectives. Emergency preparedness training was provided for more than 75 humanitarian staff in Darfur, covering crisis monitoring, rapid assessment techniques and camp management. A further 86 community radio listening groups were established and 22 radio staff trained with 180 radio items produced in 36 languages/dialects to ensure a wider audience. UNICEF-OLS invested heavily in building the capacity of the Secretariat for Women, Gender and Child Welfare established by the SPLM in 2003. There has been a dramatic increase in the participation of children and youth in community-based protection networks, policy dialogues and evaluation studies on issues affecting their lives – very encouraging in a society which rarely solicits the views and ideas of children/young people.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF maintains collaboration with international and national NGOs, UN agencies and other partners operating in different geographical areas in the Sudan to complement their activities in the focus areas. UNICEF acts as a coordinating agency in regard to water and environmental sanitation (WES), nutrition, education, supports WHO in the coordination of health sector, especially Primary Health Care, and works with UNHCR on coordination of protection actions, especially child protection interventions.

UNICEF works in direct coordination with the Sudan People's Liberation Movement and their humanitarian wing, the Sudan Relief and Rehabilitation Commission (SRRC), and acts as a lead agency in the OLS Consortium with seven UN agencies and 41 NGO partners. This lead role has involved providing overall coordination for the entire Consortium through the OLS Support Unit, as well as a security umbrella and some common services for all OLS personnel in southern Sudan. UNICEF continues to be the focal agency for coordination of the education, health, nutrition, child protection and WES sectors in southern Sudan. UNICEF participates in multiple inter-agency coordination mechanisms, both at the technical sectoral level and inter-sectorally within southern Sudan, as well as coordination forums linking northern and southern Sudan.

Regular programme

The UNICEF-assisted programmes for 2002-2006 seek to contribute to: reducing child and maternal morbidity, mortality and malnutrition; reducing water-borne diseases, improving health and hygiene practices by communities, and eradication of guinea worm; increasing access to quality basic education with special focus on education of girls, nomadic children and internally displaced children; promoting grass-roots peace-building and respect for children's rights and humanitarian laws protecting children and women; bringing about behavioural changes at the community/household level required to build a peaceful and enabling environment conducive to the fulfilment of children's and women's rights; and the proper and continuous monitoring of the situation of children and women. The programme involves a high degree of emergency preparedness through maintaining plans for response to emergencies such as conflict-related displacement, drought, floods and epidemics.

The UNICEF Southern Sudan programme is by mandate a humanitarian response working with the authorities of a non-state entity. However, the nature of both the conflict and the opportunities presented by the peace process have led UNICEF to include some longer-term recovery and development elements in the 2004-2005 'country' programme management plan. The programme aims to ensure that duty-bearers at all levels in southern Sudan are sensitized and committed to the survival, development, participation and protection of children. Programme emphasis remains on the provision of basic services across all major sectors: health, nutrition, WES, education, and protection in focus areas. However, two additional projects – Advocacy and Promotion of Rights, and Policy, Planning and Institutional Development – have been created to promote a political and social environment favourable to the protection of children's and women's rights, and to support the development of appropriate policies and institutions.

In conformity with the 2005 Sudan Work Plan, UNICEF-supported programmes during 2005 are designed to promote and support the protection and well-being of children and women in areas affected by conflict and natural disasters, including children and women of displaced persons and host communities; support the return and reintegration of displaced persons/families, especially children and women, into communities; increase access to sustainable basic services for disadvantaged/deprived populations in focus states; and support the consolidation of the peace process, including promotion of reconciliation, confidence building and support for governance by promoting mainstreaming grassroots peace-building into all UNICEF-supported interventions. Another main thrust will be protection of children and women within a robust protection framework and an agreed inter-agency protection strategy, and the disarmament, demobilization and reintegration (DDR) of children under 18 associated with fighting forces.

The primary recipients of UNICEF's humanitarian assistance in 2005 will be some 10 million children and women, including 6 million under-five children. Specific interventions will include:

Health (US\$ 60,616,620)

- Support immunization activities, including measles vaccination campaigns in areas of displacement targeting 95 per cent of children aged 9 months to 15 years; meningitis immunization campaigns in at-risk areas; EPI acceleration targeting children and pregnant women in areas of high population density; support routine EPI and polio eradication initiatives to increase immunization coverage to 80 per cent, and polio vaccination coverage to more than 90 per cent in focus states.
- Provide comprehensive safe motherhood services, including emergency obstetric care (EOC), to 70 per cent of pregnant women in focus areas with the provision of EOC equipment, village midwife kits, MCH kits, drugs and related supplies to health centres; training of village midwives and service providers; support to the establishment of a referral system and provision of antenatal care.
- Deliver essential packages of primary health-care services to more than 5,100,000 IDPs, returnees and host community residents (650,000 in eastern Sudan, and transitional and other areas; 1,850,000 in south Sudan; and 2,600,000 in Darfur) through the rehabilitation of health facilities at peripheral and first referral levels, provision of essential drugs to primary health care (PHC) facilities, long-lasting insecticide-treated mosquito nets to some 450,000 families and artesunate combination therapy (ACT) against malaria, with training of health workers on new treatment.
- Improve quality of care provided by primary health-care facilities in selected disadvantaged communities, through basic rehabilitation and equipping of PHC facilities, provision of essential drugs to PHC facilities, and training health workers on correct case management of common diseases, including the Integrated Management of Childhood Illness (IMCI) approach.

Nutrition (US\$ 13,118,040)

- Support growth monitoring at the health facility level and coordinate nutrition surveys/surveillance and assessments; continue supporting therapeutic feeding centres run by partners and home-based therapeutic care for severely malnourished children; train nutrition personnel on nutrition surveillance and rehabilitation/management of acute malnutrition; train health staff in treating severe malnutrition, and train community animators to promote community-based approaches to prevent and manage acute malnutrition among under-five children of IDPs/refugees, returnees and host community residents, and rehabilitate at least 60 per cent of malnourished children and contribute to reducing the acute malnutrition rate to not more than 15 per cent.
- Provide micronutrient supplements (vitamin A, iron/folate tablets, and iodized oil capsules) to children and pregnant women and lactating mothers in high-risk areas; train community animators to promote community-based approaches to tackle micronutrient deficiency disorders; undertake social mobilization and disseminate key messages to tackle micronutrient deficiency disorders; and ensure that at least 90 per cent of all 6-59 months old children receive adequate vitamin A supplementation, 80 per cent of pregnant women receive adequate iron supplementation, and 80 per cent of children and childbearing age women receive iodized oil capsules.
- Support activities to promote increased awareness among 2 million Sudanese youth on HIV/AIDS and its prevention; and to increase access to voluntary counselling and testing structures and services.

Water and environmental sanitation (US\$ 75,258,495)

- Conduct rapid assessment and water quality testing; rehabilitate/establish handpumps and water yards; provide temporary water supplies and chlorination of water sources; train water system mechanics for repair/maintenance of water sources; construct school/communal latrines and provide slabs to construct household latrines; train community leaders and hygiene promoters to provide safe drinking water and sanitary means of excreta disposal for 2,830,000 IDPs, returnees, host community residents and populations in disadvantaged communities in focus states (350,000 persons in eastern Sudan, and transitional and other areas; 630,000 persons in south Sudan and 1,850,000 persons in Darfur) and promote adoption by them of proper hygiene practices.
- WES coordination and policy development; water, hygiene and sanitation promotion in rural schools and health facilities and sanitation and hygiene promotion in focus areas in south Sudan.
- Training of water mechanics, infrastructure development and management support to water authorities in south Sudan to improve capacity for planning and implementation of water supply schemes and for operation and maintenance of water supply facilities.

Education (US\$ 49,276,156)

- Restore/re-establish learning opportunities to 1,045,000 primary school-age children (58,000 in eastern Sudan, and transitional and other areas; 637,000 children in south Sudan; and 350,000 children in Darfur) of IDPs, returnees and host community residents through the establishment/rehabilitation of schooling facilities, the provision of educational materials to pupils and teachers, and recreational kits and emergency education kits to schools..
- Expand educational facilities in disadvantaged areas and strengthen community planning and management of basic education to provide access to quality basic education for 104,000 pupils (18,000 in eastern Sudan, and transitional and other areas; 65,000 in south Sudan; and 21,000 in Darfur).
- Expand educational facilities to provide access to quality basic education for 10,000 nomadic children through the establishment/rehabilitation of 50 schools for nomadic children, provision of teaching-learning materials to pupils and teachers, training of 1,300 teachers and nomadic education authorities, and strengthening community planning and management of basic education.
- Develop curriculum, train teachers and establish 50 learning centres, and provide educational materials to pupils and train teachers/facilitators to introduce accelerated learning programmes for out-of-school adolescents among returnees and children associated with fighting forces.
- Establish 700 community girls' schools in SPLM-controlled areas with community support to provide educational opportunities to 21,000 girls; and support the SPLM Secretariat of Education to locally print 500,000 primary school textbooks.

Protection (US\$ 18,362,650)

- Strengthen services for the recovery and protection of separated and other vulnerable children and foster a protective environment for children; assess the adequacy of the legislative framework in Sudan on child protection in order to identify the gaps and shortfalls with regard to international standards.
- Support the creation of a protective environment for reducing the incidence of female genital mutilation; facilitate de-institutionalization and family-based care systems for vulnerable children.
- Strengthen the juvenile justice system for children and reduce the number of children deprived of liberty; develop appropriate mechanisms to facilitate monitoring, reporting and advocacy on child protection; and provide technical and operational support to facilitate the identification, registration and demobilization of children associated with fighting forces in Darfur.
- Strengthen justice mechanisms to increase reporting of sexual and gender-based violence and provide support and services to victims of SGBV in Darfur; and strengthen services to mitigate the impact of violence on children and give them access to the services necessary for their care and protection.
- Establish a family tracing mechanism in coordination with other partners to support identification, documentation, tracing, care and reunification of separated children, especially in Darfur, and prepare for a mass birth registration campaign in south Sudan by assisting in the development a policy and strategy to ensure that within three years birth registration increases from zero to 60 per cent.
- Build the capacity of national stakeholders to take responsibility for child welfare and protection, particularly through training for the SPLM Secretariat for Women, Gender and Child Welfare; support local authorities to develop local protective environment for children, including the displaced, abducted and those affected by HIV/AIDS; support removal of children from fighting forces; and support the creation of a legal environment that protects children who come into contact with the law in south Sudan.

Shelter and non-food items (US\$ 52,292,841)

- Provide family shelter and relief items to 244,000 families of displaced persons, returnees and host communities in eastern Sudan, transitional areas, Darfur and south Sudan.

Mine action (US\$ 3,529,000)

- Provide technical assistance for the development of a mine risk education (MRE) programme integrated with other components of mine action for implementation, and support the coordination of MRE by the National Mine Action Office at local and national levels; train national partners to deliver MRE; and develop and produce MRE messages for dissemination among people in at-risk areas.

Rule of law and governance (US\$ 1,735,000)

- Establish effective community-based and managed structures in 300 communities to plan, manage and sustain programmes to deliver child and maternal health, nutrition, water and environmental sanitation/hygiene, and child protection-related services; and support community capacity development and empowerment, including training of members of the community centre management committees and community development committees.

Coordination and common services (US\$ 12,454,000)

- Support the community improvement fund to finance local projects for basic services delivery and rehabilitation of social infrastructure; promote strengthening of capacity of the Sudan Relief and Rehabilitation Commission (SRRC) at the regional and county levels, as well as of Sudanese NGOs and community-based organizations.
- Support to the establishment of an institution for policy development and to the new Sudan Centre for Statistics and Evaluation to conduct a Multiple Indicator Cluster Survey (MICS) for south Sudan.
- Support surveys in GoS-controlled areas to assess the situation of children and women and progress towards achievement of the social sector goals and targets; include all relevant data in the DevInfo and train counterparts to use DevInfo for monitoring MDGs; update maps of health, water and education facilities/services on the basis of the information gathered.

Multisector support for return and reintegration (US\$ 2,261,143)

- Establish two complete MW radio units and one complete FM unit; train radio producers on programmes in local dialects, and establish/support and monitor community radio listening groups; and establish/support Community Information Networks in order to increase awareness among IDPs, returnees and host communities on the overall peace process, the situation along the routes of return, the final locations and the basic facts for life such as HIV/AIDS, landmines, child and maternal immunization, malaria, and personal and environmental hygiene.
- Prepare reports and produce print/audio/video materials for advocacy to raise awareness of south Sudan issues among public and international decision makers, to improve access to information and communication for children and women in south Sudan and to bring about change in behaviour and practices required to promote the rights of children and women.
- Develop a comprehensive, integrated set of multimedia messages, updated and revised regularly, and packaged for dissemination to IDPs, returnees and host communities and to Sudanese authorities, NGOs and other partners in the peace process and sustainable development in the Sudan.

MIDDLE EAST AND NORTH AFRICA REGIONAL OFFICE (MENARO)

Regional Office financial needs for 2005	
Sector	US\$
Emergency preparedness and response: planning, operationalization – including supplies, Minimum Operating Security Standards (MOSS) compliance, initial emergency response, early warning system, temporary emergency staffing	900,000
Capacity-building: financial and human resources for undertaking capacity-building activities for staff and partners	250,000
Advocacy for child rights: ratification and implementation of key international child protection instruments	50,000
Total *	1,200,000

* 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.

During 2005, the UNICEF Middle East and North Africa Regional Office (MENARO) will continue preparedness planning and response work at country and regional office levels, but with more emphasis on operationalization of Emergency Preparedness and Response Planning (EPRP) activities as well as building the capacity of partners. The overall objective remains providing effective, dependable, timely humanitarian response to the needs of children and women in emergency situations, stimulating where possible prevention and mitigation actions and ensuring that humanitarian assistance contributes to recovery efforts. Support is required for the following key activities:

Emergency preparedness and response (US\$ 900,000)

Early warning

- In support of ongoing UN system-wide efforts to enhance early warning systems, in 2005 MENARO will begin, with country offices in at-risk countries, to develop an initial internal early warning system, eventually to be shared with partner agencies for developing common indicators and mechanisms. The system should stimulate appropriate early preparedness and mobilization to potential crises.

Preparedness

- Improve preparedness tools and practice and support country offices to a) develop and update, b) operationalize, and c) practice their preparedness planning.

Emergency trust fund

The Iraq crisis has proved that planning – in terms of (limited) pre-positioning of supplies and immediate availability of additional human resources – can go a long way in mitigating the impact of a crisis on children and women. Provided funding is available, MENARO will set up a regional emergency trust fund to:

- Ensure that at-risk countries can respond rapidly to at least 10,000-20,000 affected people at the onset of any crisis, with a possible total beneficiary figure of 40,000 to 50,000; pre-position limited supplies in high-risk countries to enable country offices to respond quickly, safely and comprehensively to the needs of children and women.
- Establish a 'surge capacity' mechanism for the MENA region, to allow fast deployment of emergency-experienced staff (and others from partner agencies) to crisis situations.
- Increase capacity to implement emergency operations in a safe and secure manner, protecting the well-being of staff and their families: UNICEF programmes will adhere to UN/UNICEF security policy guidelines and instructions, operate within the framework of the UN Security Management System and coordinate fully with the UN Security Coordinator (UNSECOORD), field security coordination officers and designated officials.

Capacity-building (US\$ 250,000)

- Skills in EPR planning and operationalization need to be strengthened by training staff (and working with partners) to enhance overall preparedness and emergency response planning, including for primary health, nutrition, water/sanitation, education and child protection.
- Support at least three MENA offices to have activities which enhance the capacities of national partners and NGOs (in health and nutrition, water/sanitation, education, and child protection) integrated into their programmes to better respond to emergencies.
- Strengthen systems for inter-agency early warning, preparedness and contingency planning, with particular attention to UN country teams facing critical emergencies.

Advocacy for child rights (US\$ 50,000)

- Advocacy for ratification and implementation of key international child protection instruments including continued support to a new website on the children in armed conflict and the impact of conflicts on children.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF MENARO created a Humanitarian Response Unit in 2002 to improve its capacity to prepare for and respond to potential emergencies. In 2004, technical guidance has been provided to country offices by MENARO to improve Emergency Preparedness and Response (EPR) capacity, staff security and enhance the existing knowledge base on children affected by conflict or natural disasters. Country-level capacities have been built to more effectively advise counterparts on developing advocacy strategies and policies, and in assessing emergency and transition response. Support for these activities was partially funded by the UK Department for International Development.

Lessons learned from the UNICEF response to crises

In October 2004, Headquarters initiated an evaluation of the UNICEF response to the Darfur crisis while MENARO started an evaluation of the UNICEF response to the 2003 earthquakes in Algeria and Iran, and in Morocco in 2004. The aim is to assess the efficiency and appropriateness of UNICEF preparedness and response, resulting in lessons for strengthened readiness in future humanitarian crises.

Emergency preparedness and response

The Regional Office provided support and guidance on EPR planning to Iraq and surrounding countries (Jordan, Saudi Arabia and Syria) in case of a further deterioration or extension of the crisis in Iraq across its borders, as well as to other countries in the region: Egypt, Iran, Morocco, Oman, Occupied Palestinian Territory (OPT), and Tunisia. Preparedness planning activities included the identification of risks and threats specific to a country situation, consultation on the capacity and ability of governments and partner agencies to react to a given emergency scenario, and decisions on UNICEF's planned role and operations in such contexts. This entailed development of rapid assessment and response capacity, strengthening of UNICEF capacity through training as well as strengthening coordination and collaboration mechanisms with partner agencies and counterparts alike. Capacity-building of staff included the organization and facilitation of training of UNICEF staff in Algeria, Morocco, OPT, Sudan, Syria and Yemen on emergency preparedness and response. Telecommunications training was organized for UNICEF staff in Iran, Operation Lifeline Sudan, OPT, Sudan and Syria.

MENARO also provided direct programme and operational support to country offices for particular emergency situations, including offices in Iran, Iraq, OPT, Sudan/Chad (Darfur) and Yemen.

Children in armed conflict

The Regional Office continued its work, in collaboration with the 'MENA Network to Stop the Use of Children as Soldiers', in documenting experiences and sharing information related to both the use of children in armed conflict and the impact of such conflicts on affected children. This will provide an avenue for Arab-region NGOs to collect and share information, develop activities and events, and engage in on-line training for the protection of children in conflict zones.

Mine action

Based on the DfID-supported mine action capacity-building programme, MENARO provided technical guidance and budget support to training and initiatives for mine risk education programmes in OPT and Sudan.

Advocacy for child rights

UNICEF has continued to advocate for the ratification of key international instruments relating to children affected by armed conflict. Efforts have focused on promoting the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction; and the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.

Through subregional Action for the Rights of Children activities, UNICEF and its partner agencies on the project (UNHCR, Save the Children and OHCHR) continued to convey knowledge and practices, share experiences and establish networks of professionals on the rights of Palestinian children among national and international NGO and government staff.

