

WEST AND CENTRAL AFRICA

WCARO REGION (WEST & CENTRAL AFRICA REGION)



CRITICAL ISSUES FOR CHILDREN AND WOMEN

West and Central Africa in 2004 again provided many humanitarian challenges for women and children as vulnerable populations moved across its borders, either escaping conflict or in search of peace. For example, some 200,000 refugees from the Darfur region of Sudan are seeking refuge in eastern **Chad**, UNHCR completed its repatriation to Sierra Leone and began repatriation of an estimated 350,000 refugees to **Liberia** in October 2004. Internal conflict and attacks against foreigners in **Côte d'Ivoire** have dramatically reduced the access of communities to basic services. Successful elections in **Guinea Bissau** were offset by a thwarted coup d'état in **Guinea Equatorial**. Moreover, the entire region has been struck by a severe infestation of locusts which has decimated crops and threatens to reduce nutrition levels.

In general, West Africa is a difficult place to be a child. The high incidence of conflict has contributed to the spread of HIV infection through gender-based violence, lack of access to information and availability of health-care services. Complex emergencies and natural disasters in the West Africa subregion are having a devastating impact on education systems. Access to clean drinking water is limited and poor standards in hygiene and general living conditions make the region more prone to epidemics. Children

throughout the region risk displacement, sexual violence, forced recruitment and separation from their communities

As a result of the desert locust invasion, an estimated 25 per cent of the annual crop will be lost in the most affected countries in West Africa, namely Burkina Faso, Chad, Gambia, Mali, Mauritania, Niger, and Senegal. In these countries an estimated 2 million people will be nutrition insecure and therefore at increased risk of morbidity and mortality; the most vulnerable among them will be infants and young children, pregnant women and lactating mothers. Some 25 per cent of children in the region already suffer from moderate and severe malnutrition, which makes the potential impact worse, possibly life-threatening for many.

COUNTRY-SPECIFIC PROJECTS WITH REGIONAL IMPLICATIONS

MALI: Support to refugees, displaced populations and host communities affected by the Côte d'Ivoire crisis (US\$ 404,000)

As a consequence of the Côte d'Ivoire crisis an estimated 30,000 returning migrants will move across the Ivorian-Malian border. Already overburdened basic social services (health, education, protection and safe water supply) in host communities will be further stretched by the influx of refugees and returnees.

Expected outputs:

- Construction/rehabilitation of water supply and sanitation facilities;
- Training staff to identify separated and trafficked children;
- IEC activities at local level on disease prevention and sexual abuse prevention and control.

BURKINA FASO: Emergency health assistance for Ivorian returnees and communities affected by locust invasion (US\$ 433,500)

The population displaced by the Côte d'Ivoire crisis needs humanitarian assistance for the prevention and response to vaccine preventable diseases (such as measles and yellow fever) and improved access to preventive health and nutrition care at reception sites, transit centres and within host communities. The locust invasion in 2004 and the pest control response are laying the foundations for an important public health problem in the three northern provinces of Burkina Faso (Soum, Séno, Oudalan). These communities face severe and acute food insecurity at least until next year's harvest, with the inevitable consequence of malnutrition and increased vulnerability to common illnesses and communicable diseases which will be aggravated by the increased risk of poisoning from residual insecticide spraying.

Expected outputs:

- Strengthened health services in the principal settlement areas of returnees through provision of essential drugs (including micronutrients), impregnated mosquito nets, medical equipment and supplies, the provision of organizational and logistics support to health facilities in affected areas as well as training, monitoring and supervision of health-care workers;
- Vaccination of children under five and women of childbearing age in displaced populations and for communities affected by locusts;
- Supplementation with vitamin A for children 6-59 months or displaced population and for communities affected by locust;
- Strengthening of surveillance and response to diseases with epidemic potential (measles, yellow fever, meningitis, cholera) in resettlement areas of returnees and in locust affected communities.

BURKINA FASO: Water supply and sanitation for returned population from Côte d'Ivoire and guidance to population in locust-infested provinces (US\$ 221,600)

Host communities and villages have poor access to safe water supply and the increase in population has put enormous stress on the few local functioning water infrastructures. In the dry season, most existing wells frequently go dry due to over-pumping and seasonal lowering of the ground water table. This has often led to conflicts between returnees and host communities. Burkina Faso is also one of the countries

affected by locust invasion in 2004 (about 706,000 people affected). The country has undertaken treatment campaigns to eliminate locusts.

Expected outputs:

- Adequate safe water and sanitation facilities available for returned and host populations;
- Basic hygiene education and behaviour change activities to prevent waterborne and sanitation-related diseases for returnees and host communities in locust-infested provinces.

BURKINA FASO: Restoring access to basic education and IECD (US\$ 602,300)

As a result of the ongoing political and military crisis in Côte d'Ivoire, most Burkinabé immigrants with their families (mostly children and women) are returning to Burkina Faso. Most of these children and adolescents who return home with their parents need to attend care services or school. However, the country is faced with the challenge of coping with this increase of demand on education and care without any subsequent action to improve the supply side. The capacities of schools and IECD structures in host communities is poor and there is a lack of integrated early childhood development services.

Expected outputs:

- Equip 100 additional classrooms in all 45 provinces;
- Equip 30 IECD local structures benefiting 15,000 children aged between 0-6;
- Provide learning materials and pedagogical tools to 55,000 children/adolescents and their teachers/trainers;
- Train and build the capacities of 1,000 teachers in peace education and psychosocial care.

BURKINA FASO: Protection of vulnerable groups among returnees from Côte d'Ivoire; population transit and refugees (US\$ 272,700)

The crisis in Côte d'Ivoire caused the return to Burkina of about 394,000 nationals, the majority of whom are women and children (80 per cent). The prevention of family separation, reintegration /rehabilitation and assistance to more than 250,000 of these children and women are vital.

Expected outputs:

- Bring psycho-affective and social support to the victims of trauma (violence and sexual abuse in particular) through listening, counselling, medical and psychological support;
- Train/sensitize police forces on violence and abuse of children and women;
- Identify and register children separated from their families and organize activities to renew family contacts for repatriated children.

MAURITANIA: National response to the foreseen nutrition emergency as a consequence of the locust invasion (US\$ 871,000)

Mauritania is facing a locust invasion without precedent. As a result, the country is expecting to lose 40 per cent of its crops and pasture and will face a major food crisis. The risk of food insecurity weighs heavily on rural populations in the most-affected areas, who are already living in situations of extreme poverty and food insecurity. The most vulnerable will be infants and young children, pregnant women and lactating mothers. The budget requested will support both medical and community-based nutrition activities in the most-affected areas for six months.

Expected outputs:

- Adequate medical and nutritional care to severely malnourished children in health facilities;
- Community-based nutrition day-care centres in most affected villages to benefit approximately 12,440 malnourished children up to five years old;
- Supplement pregnant/breastfeeding women in affected areas;
- Enhance periodic nutrition surveillance/screening in most vulnerable/affected areas.

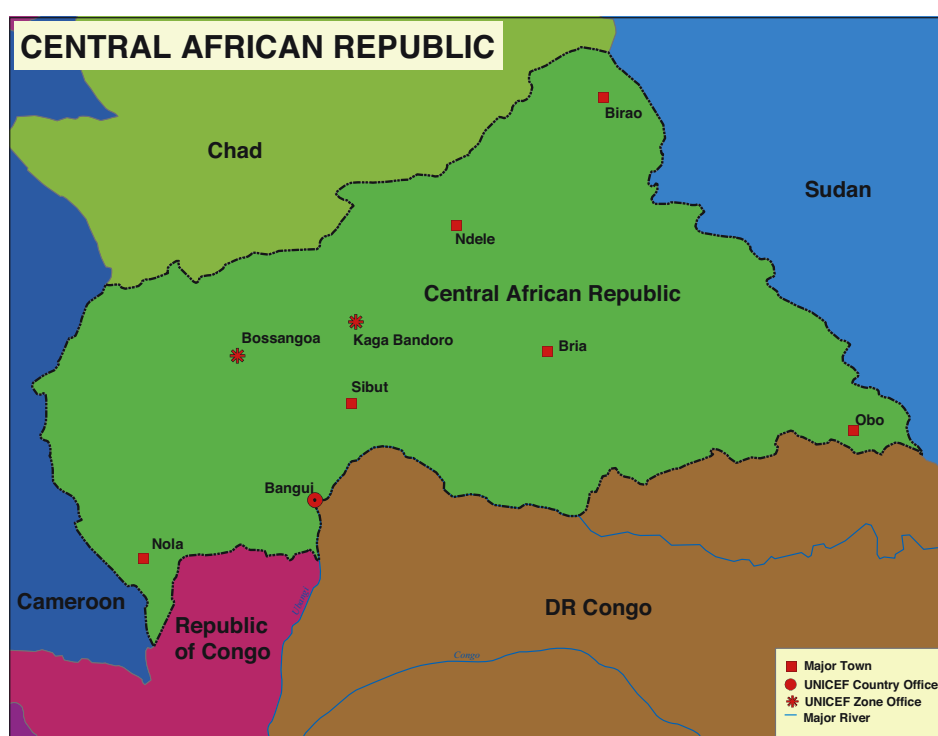
The remainder of this section contains country appeals for Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Guinea, Liberia, Republic of the Congo and Sierra Leone, then summarizes planned regional support for humanitarian actions in 2005 and support activities undertaken in 2004.

UNICEF HUMANITARIAN ACTION

CENTRAL AFRICAN

REPUBLIC

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	US\$
Health and nutrition	4,575,879
Water and environmental sanitation	500,000
Education	1,795,455
Total *	6,871,334

* 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 Central African Republic (CAR) is one of the world's forgotten crises, characterized by deep and continuous structural deficiencies whose humanitarian consequences have been enlarged by years of successive political-military crisis culminating in the 2002-2003 rebellion. Since March 2003, a National Union Government is in place with the responsibility of leading the country to national democratic elections, to be held in January 2005. The population, however, continues to endure the severe consequences of the decade-long disruptions which have resulted in damage to all basic social services and have thus worsened access to food, health facilities and education, and the living conditions of women and children especially.

Results from the latest field assessments and sector surveys indicate a persistence of the degradation of basic social indicators, well below 2000 values. Around 20 per cent of the Central African Republic's children die before the age of five. Only 30 to 35 per cent of girls attend primary schools. Less than 30 per cent of children are immunized against vaccine-preventable diseases, and moreover the Central African Republic is becoming a real corridor for epidemics (14 cases of polio have been registered in 2004). HIV prevalence rate has already reached 15 per cent, the highest in the region, resulting in a rise in the numbers of orphans and vulnerable children in great part affected by AIDS, of whom 6,000 live on the streets in three major towns.

CORE COUNTRY DATA

Child population (thousands)	1.928
U5 mortality rate (2000)	194
Infant mortality rate	131
Maternal mortality ratio (1995)	948
Primary school enrolment ratio (2002)	49
Primary school enrolment ratio for girls	41
% U1 fully immunized (DPT) (2003)	25.7
% population using improved drinking water sources	n/a
HIV/AIDS prevalence (2002)	15
% U5 suffering moderate/severe chronic malnutrition	38.9/19.1

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

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 population affected by consequences of the 2002-2003 crisis. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection, sectors in which the response of the Government was highly hampered by extremely low financial

"My mum is a special one"



"My name is Sophiette Judith Yakpane. I am 13 years old. I was born in Boda subdistrict. I am the third child and we are six children in my family. We all go to school, except our younger brother, who is still a baby. I am attending the sixth class in Bafatoro School, Boda subdistrict. I am lucky to be supported by my parents to continue to go to school. My father encourages me and my mum is a special one, she is different from the other women in the village in the matter of girls' education. She does not impede me to go to school and she does not give me additional domestic tasks when it's time to go. She gives me enough time to revise my lessons. And she is the one telling me not to be late to classes."

Sophiette Judith Yakpane, 13 years old, Boda subdistrict.

resources. However, these interventions were also hindered by the persisting insecurity in the country as well as the limited international response to the country's post-conflict situation and needs.

In its enduring effort to reduce maternal and child mortality, UNICEF intensified actions in the area of health and nutrition: routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners; in close collaboration with WHO and the NGO, COOPI (Cooperazione Internazionale), some 111,000 children were immunized in major immunization campaigns in 2004 and EPI has been revitalized through the rehabilitation of 50 per cent of the cold chain disrupted by the conflict.

With reference to water and sanitation, UNICEF provided technical and material assistance in the construction of five new boreholes, the installation of 20 new handpumps and the development of educational material on sanitation to be distributed in 30 schools together with the organization of training programmes addressed to 159 teachers and to 95 members of parents' associations.

UNICEF supported the evaluation of the education system in 11 of 13 districts with low school attendance rates and further strengthened technical and operational capacity of the Ministry of Education through the provision of computers and software to the statistic unit, the training of all district inspectors and provision of motorcycles to eight districts. UNICEF also invested in replacing 5,400 school benches destroyed or stolen during the conflict, providing construction materials and technical advice to support community school construction projects, and supplying basic pedagogic manuals to 54,000 pupils and 3,000 teachers.

UNICEF continued to support government efforts to respond adequately to the AIDS crisis by providing technical assistance for the development of the Prevention of Parent-to-Child Transmission (PPTCT) policy and guidelines; strengthening capacities of laboratory technicians, counsellors, and youth programme managers; supplying of HIV testing kits to all 11 existing PPTCT sites in Bangui and in the rural area.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF is an active member of the UN country coordination team and is represented in all planned coordination events. UNICEF also participates in the UN Thematic Group Meetings that support Government in the different sectors assisted by the UN Agencies. UNICEF leads the Education and HIV/AIDS Groups and contributes to the remaining groups on matters of Health and Nutrition, Protection. UNICEF also participates in the Inter-Agency Coordination Group and maintains partnerships with NGOs and bilateral agencies.

Regular programme

The UNICEF Country Programme 2002–2006 provides assistance to the Central African Republic at national and at regional and subregional levels. It aims at re-initiating the National EPI System, controlling epidemics and preventing HIV/AIDS. It also aims at revitalizing the basic health infrastructures and assists in improving access to urgent obstetric and neonatal care to reduce infant mortality. UNICEF is highly engaged in supporting the re-establishment of access to education to pre-conflict levels and promotes girls' education and gender parity in all schools. UNICEF increases access to water supply and sanitation. UNICEF also provides emergency post-conflict assistance to war-affected regions with health, nutrition and water supply and sanitation inputs. UNICEF assists vulnerable children in various locations in close collaboration with selected NGOs.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipients of UNICEF humanitarian assistance will be children and women living in the four districts where basic social services were more affected by the conflict.

Health and nutrition (US\$ 4,575,879)

Some 755,328 children and women, including 695,328 children under five and 60,000 pregnant women and mothers, will be reached through the following three key programmes:

Health system revitalization in affected zones (US\$ 540,340)

- Procure and distribute essential emergency drugs (including those for sexually transmitted infections) and equipment to 80 health centres in six districts for 1,000,000 people;
- Train 190 health workers for integrated management of child illness;
- Support the rehabilitation and equipment of 80 frontline health centres;
- Support impregnated mosquito net promotion through the training of 200 community-based health workers and distribute 5,000 insecticide-treated mosquito nets to children under five and pregnant women;
- Support essential interventions monitoring and social mobilization.

Relaunch of the Expanded Programme on Immunization (US\$2,840,340)

- Support the organization of national immunization days against measles for children aged six months to 14 years old, and against polio for under-five children;
- Procure and install cold-chain materials in affected zones (50 refrigerators, 10 freezers, 20 vaccine carriers and 100 cool boxes), transportations means (4x4 pickup trucks, 30 motor-cycles, 150 bicycles), office supplies, fuel and kerosene;
- Train and supervise 500 county staff and 300 village-level staff in immunization services and cold-chain management.

Management of acute malnutrition (US\$ 443,182)

- Continue supporting the 35 therapeutic feeding centres previously established and run by partners for 6,000 severely malnourished children;
- Train 100 health staff in treating severe malnutrition;
- Support the implementation of two nutritional surveys, assessments and evaluations;
- Support the implementation of a community-based growth monitoring system in affected areas;
- Procure and distribute vitamin A, iron foliate and worm treatment medicines to all children under five.

HIV/AIDS (US\$ 308,817)

Some 1,045,449 persons are targeted through the following key activities:

- Building the capacities of 150 health workers in the Prevention of Mother-to-Child Transmission (PMTCT) programme, especially counselling;
- Implementing a strategy to reduce stigma through social mobilization;
- Develop guidelines and directives on infant feeding and growth monitoring of children after weaning;
- Supplying 10,000 HIV testing kits, medical supplies and laboratory equipment to 14 health centres;
- Train 2,725 teachers in the use of the HIV/AIDS Training Manual for primary school children;
- Collaborate with UNFPA to introduce youth-friendly reproductive health services in UNICEF-supported districts.

Reopening of two UNICEF sub-offices in the Conflict Zone (US\$ 443,200)

- Reopening two sub-offices in Kaga Bandoro and Bossangoa is planned between December 2004 and March 2005 to provide assistance to the neighbouring communities;
- The sub-offices will also collaborate with local operations of UNICEF, UNDP, WHO, FAO, WFP in the said regions.

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

Some 1 million persons, including 173,000 children under five and 510,000 women, will be reached through the following key activities:

- Rehabilitate 500 wells and boreholes and install handpumps to provide safe drinking water to some 200,000 individuals in the four most crisis-affected districts;
- Provide technical assistance and materials to construct 20 new boreholes around schools and health centres;
- Train 2,150 members of local water management committees (65 repairmen and 2085 local committee members) in water and sanitation assessments and in management, repair and maintenance of water points;
- Provide technical and material support to rehabilitate/construct latrines and water points in schools and health centres by the communities;
- Promote hygiene education and hygiene awareness programmes in all Nana Grébizi & Ouham schools through the production of 1,000 image boxes to be distributed in 199 schools, and the training of 227 teachers and 796 members of parents' associations on appropriate sanitation practices.

Education (US\$ 1,795,455)

A total of 202,036 children and 2,725 teachers will benefit through the following key activities:

- Replace 10,000 school lost benches and mobilize partners to replace the remaining needed benches (29,000 benches), in order to achieve the pupil/bench ratio level reached in 2000;
- Train all 2,725 school teachers currently working in the 13 low-school-attendance districts, including a module on gender sensitivity;
- Provide school stationary, teaching manuals and equipment;
- Implement the currently approved Girls- and Boys-friendly School concept in at least 10 schools in collaboration with WFP and FAO and document the experience to develop a national education policy thereafter.

UNICEF HUMANITARIAN ACTION

CHAD

IN 2005



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Summary of UNICEF financial needs for 2005 in eastern Chad	
Sector	US\$
Health and nutrition	4,471,112
Water and environmental sanitation	7,489,535
Education	3,477,391
Child protection	2,271,864
Mine action	561,900
Total *	18,271,802

* 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 16-month-long refugee crisis in eastern Chad has created a hostile and dangerous environment for Sudanese and Chadian children and women. The refugee influx into Chad has nearly doubled since the beginning of 2004, reaching almost 200,000 refugees by the end of September. It is estimated that roughly 85 per cent of the Darfur refugees are children and women, many of whom were victims of the worst atrocities and abuses in Sudan. As the Darfur conflict drags on, with no imminent solution in sight, humanitarian agencies in Chad are making contingency plans to assist between 50,000 and 100,000 additional refugees next year.

While humanitarian aid has alleviated the plight of children and women in eastern Chad, in the refugee camps they remain exposed to abuse and neglect. Education opportunities are still insufficient for the number of children and adolescents, especially women, who never attended school before. The risk of child-killer diseases, such as measles and polio, is high in the stricken region due to the rapid and large change in population demographics. Acute respiratory infections, diarrhoea, including dysentery, and increasing risk of malaria and cholera outbreaks are the main risk factors for excess mortality among refugees. The nutritional situation of refugees and host communities also remains fragile, and is likely to worsen at the end of the upcoming dry season due to the uncertain crop prospects. The water and sanitation situation, still precarious in some camps and surrounding communities, is another major concern for the coming months.

Furthermore, tensions between the refugee and host communities have flared repeatedly since the end of the summer. Children and women have been the main victims of most attacks against refugees, including assault and rape, and other incidents, such as the accidental explosion of ordnance.

CORE COUNTRY DATA

Child population (thousands)	4,443
U5 mortality rate	200
Infant mortality rate	117
Maternal mortality ratio (1985-2002)	830
Primary school enrolment ratio	58
Primary school enrolment ratio for girls	47
% U1 fully immunized (DPT3)	40
% population using improved drinking water sources	27
HIV/AIDS prevalence (end-2001)	3.6
% U5 suffering moderate and severe malnutrition	28

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

Awa, aged 16, has her first day at school



Before arriving in Djabal refugee camp in eastern Chad, 16-year-old Awa Ahmat, (on left in photo) never had the chance to go to school. The village of Mongo in western Sudan, where she was raised by her widowed mother, is 15 km away from the nearest school.

"I had to work in the field everyday, my family cultivated millet and lady's fingers [okra, a local vegetable, common in the Sahel region]. The Janjaweed besieged our village, some of them were bombing us from the top of the surrounding hills, while others chased villagers on the ground. I was running away with my mother, when a bullet hit her from behind."

In the Djabal camp, with help from UNICEF, Awa now has the opportunity to learn how to read and write. This will never give her back the love and protection of her parents, but it should

improve her capacity to defend her rights and those of her three brothers and sisters.

Awa Ahmat, aged 16, Djabal refugee camp, Chad.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF has responded to the refugee tragedy in eastern Chad, assisting both the Sudanese and Chadian populations affected by the crisis. Working closely with other UN agencies, aid organizations, national and international partners, UNICEF has focused on the priority humanitarian needs of children and women: health, nutrition, education, child protection, water supply and sanitation. During the early months of the year, the emergency response was hampered by the dearth of financial and human resources available to cope with the fast-growing needs of the affected populations. Access to the refugee camps was also hindered during the July-September rainy season. The enormity and remoteness of the area affected by the crisis has also been a major hindrance for the delivery of humanitarian assistance. The 11 camps are scattered in a 500 km-long border area more than 1,000 km east of the capital, N'Djamena.

A mass measles vaccination and vitamin A supplementation campaign was conducted by UNICEF and its partners in four of the five affected health districts in February and March. Nearly 81,000 refugee and local children, aged six months to 15 years, were vaccinated, representing a coverage rate of 94 per cent (for measles). Another two immunization rounds (measles, polio) and vitamin A supplementation followed in the remaining affected districts in July and August, reaching more than 19,000 Sudanese and Chadian children (85 per cent coverage for measles). In June a major nutritional survey revealed a serious nutritional crisis among refugee children under five years old. By then, UNICEF had already started providing therapeutic milk, mineral and vitamin complex, as well as technical support to the therapeutic feeding centres assisting the refugees. By October, an average of 1,100 severely malnourished children was receiving supplementary feeding in the 11 Therapeutic Feeding Centres that UNICEF supports. To restore the learning opportunities of the refugee boys and girls, many of whom had never attended school before, UNICEF provided tents, school materials, and trained teachers. Some 18,500 Darfur children were enrolled in the schools of the refugee camps when the academic year opened in early October in Chad. By early September, more than 2,600 children aged three to five were benefiting from the 65 early childhood care centres set up with the support of UNICEF. Action was also taken to improve the poor sanitary conditions in the camps through the establishment of 200 hygiene education committees and the construction of latrines and water points. UNICEF is the sole agency working in mine risk education in the refugee-affected area, which has some of the worst landmine and unexploded ordnance contamination in the country. Most of the incidents caused by accidental explosion of ordnance near the camps have affected children. Three sensitization campaigns were carried out between May and October, reaching more than 160,000 people in the camps and neighbouring communities.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

In 2004, UNICEF signed cooperation agreements with several UN agencies and aid organizations present in Chad to strengthen the intervention in the country's east. Cooperation was focused on the priority areas of education, health, child protection, water and sanitation. A particularly strong partnership with donors was also developed for the education and water and sanitation sectors.

Regular programme

The current 2001-2005 Country Programme of Cooperation establishes priority objectives in health, nutrition, primary education, early childhood development, child protection, water and sanitation. The geographical scope of the programme covers 10 former subprefectures in the regions of Batha, Guera, Kanem, Mayo-Kebby and Tandjile, as well as urban areas of N'Djamena, the capital, Abeche, Bongor, Moundou, and Sarh. As a part of the humanitarian intervention in the east, UNICEF presence in the Ouaddai and Waddi Fira regions was reinforced with the establishment of two zone offices – in Abeche, in May, and Iriba, to be opened in December. In 2001, the regular programme targeted nearly 2,300,000 people, including 414,000 children under five, which represented about the 29 per cent of the country's population. The targeted population has increased significantly since the beginning of the Darfur refugee crisis because the assistance has been extended to the host communities.

Emergency operations to assist children and women both from the Sudanese refugee and host populations will increase through 2005 as the crisis in eastern Chad continues. The UN expects the refugee population to grow from the current 200,000 Darfur refugees to between 250,000 and 300,000 in 2005.

Health and nutrition (US\$ 4,471,112)

Some 10,500 refugee children and 14,400 local children under one year old, 129,600 refugee children and 178,000 local children between six months and 14 years, 42,000 refugee women and 57,700 local women of childbearing age, 90,000 refugee adolescents and 123,600 local adolescents, as well as 69,000 refugee women and 90,000 local women, will benefit from the following key activities:

Nutrition

- Support to the Therapeutic Feeding Centres (TFCs) in all 11 refugee camps, and TFCs and supplementary feeding centres (SFC) neighbouring districts.
- Purchase and distribution of therapeutic feeding items and drugs to TFCs in the refugee camps.
- Provision and distribution of micronutrients and therapeutic products.
- Training of health workers and community health agents.
- Nutritional survey in the refugee camps and host communities.
- Sensitization activities in the camps and five affected health districts.

Vaccination

- Measles vaccination and vitamin A supplementation campaign in two affected health regions in January (first phase); the remaining regions will be covered in the second and third phases in 2005.
- Routine vaccination activities in all five health districts and refugee camps.
- Provision and distribution of cold-chain equipment, vaccines and vaccination equipment.
- Training of health agents.
- Sensitization of communities on Expanded Programme on Immunization.

HIV/AIDS

- Education of adolescents and women on HIV/AIDS prevention methods – 86,000 adolescents and 66,000 women in the host communities; 63,000 adolescents and 48,000 women in the refugee camps (70 per cent of the targeted population).
- Training of 1,000 trainers, 60 health agents and 30 social workers (11 camps, 5 health districts).
- Sensitization activities in the five concerned health districts.

Water and environmental sanitation (US\$ 7,489,535)

The Sudanese refugee population (the current 200,000 refugees plus the new arrivals, as per above), and 50,000 residents of the host communities, focusing particularly on children and women, will be reached through the following key activities:

- Construction and rehabilitation of water infrastructure (100 water points) in all 11 camps and local communities. Water quality control in all newly constructed and rehabilitated water points.
- Construction of 10,000 family latrines in the refugee camps and local communities.
- Construction of 1,000 separate latrines for girls and boys, and sinks, in schools and health centres of the host communities.
- Construction of separate latrines for girls and boys, and sinks in the schools of the newly-opened camps.
- Hygiene education, prevention, control of vector-borne diseases in camps and host communities.

Education (US\$ 3,477,391)

Some 100,000 school-age refugee children, 30,000 school-age children from host communities, 5,000 adolescents (including 1,000 from host communities), and 25,000 children aged three to five years will benefit through the following key activities:

- Enrolment of primary-school-age children in the camps and in host communities.

- Life skills training of adolescents in the camps and in host communities.
- Training in early childhood education of 2,000 parents in the camps and 200 parents in host communities.
- Early childhood development support for children aged three to five years in camps and host communities.
- Provision of school manuals, training materials for parents, caregivers and animators, in the camps.

Mine action (US\$ 561,900)

Activities related to mine risk education.

Protection (US\$ 2,271,864)

Some 100,000 refugee girls and women, 100,000 local girls and women, 40,000 refugee adolescents and as many local adolescents, children associated with armed groups as well as those at risk of recruitment are targeted through the following key activities:

- Training of trainers in sexual exploitation and gender-based violence related topics.
- Medical and psychosocial support to survivors of sexual exploitation and gender-based violence.
- Training of military and humanitarian staff on children's and women's rights. Ensure respect of the appropriate code of conduct to protect children and women from sexual exploitation and gender-based violence.
- Support to literacy and skills training for girls and women.
- Support to recreational and cultural activities.
- Reinforcement of capacities for child care at family and community level, including the creation of child-welfare committees in the camps and affected host communities.
- Establishment and support to birth registration in camps and surrounding communities.
- Training of community-based youth animators.
- Creation and equipment of youth centres, recreation and cultural activities.

UNICEF HUMANITARIAN ACTION

CÔTE D'IVOIRE

IN 2005



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Summary of UNICEF financial needs for 2005

Sector	US\$
Health and nutrition	7,229,591
Water and environmental sanitation	5,430,068
Education	2,738,636
Protection and HIV/AIDS	1,869,090
Total *	17,267,385

* 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 two-year crisis in Côte d'Ivoire has seriously worsened the well-being and livelihood of children and women throughout the country, as the economy struggles and poverty rises. Populations in the zones controlled by the New Forces (ex-rebels) in the north, and in the devastated west of the country have been particularly hard hit by the collapse of public services, including health and education. A nationwide nutrition survey conducted by UNICEF in April 2004 provided data that shows an extremely precarious nutritional situation among children in the north and west, where vulnerable populations depend on humanitarian food and health aid. Water and sanitation surveys show that more than 65 per cent of village handpumps are not functioning, this figure rising to 80 per cent in areas of the west. With epidemiological surveillance systems in disarray, it is difficult to estimate the rise in death rates due to treatable diseases and infections such as malaria, measles and diarrhoea.

CORE COUNTRY DATA

Child population (thousands)	8062
U5 mortality rate (2002)	176
Infant mortality rate (2002)	102
Maternal mortality ratio (2000)	690
Primary school enrolment ratio for boys	57
Primary school enrolment ratio for girls	52
% U1 fully immunized (DPT3)	n/a
% of population using improved drinking water sources (2000)	81
HIV/AIDS prevalence (2001)	9.7
% U5 suffering moderate and severe malnutrition (2002)	21

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

The negative effects of the persisting crisis have almost certainly caused key indicators such as maternal and infant mortality to rise, although post-crisis figures are not available. Routine vaccinations are available to only about 50 per cent of the population countrywide, a situation which has contributed to the return of polio in Côte d'Ivoire, with 15 cases identified as of 15 October 2004, while no cases had been reported in 2001. Poverty has led to an exponential increase in juvenile prostitution in the most affected zones, putting girls and youth at ever-greater risk of becoming HIV-positive. Côte d'Ivoire has an alarmingly high rate of HIV infection estimated by UNAIDS to be 7 per cent.

The war has left more than 40 per cent of children of primary school age out of the education system and the drop-out rate remains greater than 3 per cent while repetition rate is about 25 per cent. Between 800,000 and 1 million children receive no education whatsoever. An estimated 500,000 people remain displaced within the country, the vast majority living with host families. Despite a series of peace accords and the establishment of a national reconciliation government, the country remains de facto partitioned in two, and a 15 October deadline for the commencement of disarmament, demobilization and reinsertion (DDR) was not respected. While UNICEF hesitates to estimate the number of children associated with armed groups, it is believed that children remain involved, to varying extents, with armed and violent groups, including militias and paramilitary groups, throughout the country. Thanks to months of direct negotiations and advocacy with the Armed Forces of the New Forces, the recruitment of children by the New Forces is believed to have halted, although some children remain quite visibly associated with their military.

The bombardment by Government forces of the New Forces zone in early November 2004, and the ensuing street violence in Abidjan and elsewhere, has highlighted the precarious situation of vulnerable populations. The water and electricity supply was cut off to the north for some 10 days, leaving populations without access to safe water, and resulting in the loss of thousands of vaccines as cold storage facilities were left without power (many thousands of vaccines were also saved). While the school year was successfully held in New Forces-controlled zones from February to October, exams scheduled for November have been put on hold indefinitely, jeopardizing the progress made to date: some 1,200 elementary schools were functioning, with 350,000 children in attendance.

Côte d'Ivoire also did not, as a result of the November violence, participate in synchronized series of regional national immunization days (NIDs) held from 18-22 November and, as of early December 2004, a mid-December campaign – again synchronized with 22 other countries in West and Central Africa – was also in jeopardy. A nationwide measles vaccination campaign scheduled for some 8.8 million children

from 6 months to 14 years of age, to be coupled with the December polio NIDs, has been postponed to 2005.

The departure of teachers and health personnel, and their reluctance to return in the current politically polarized environment, linked with a slow down in the redeployment process of administrative personnel, is jeopardizing the progress made to date by the government of national reconciliation and the humanitarian community. UNICEF's emergency relief strategies for 2005 have been adapted to take this reality into account, and will focus more sharply on community-based capacity-building for affected zones in the health and education sectors, as well as the provision of reinforced support in the water and sanitation sector, linked to schools. Overall protection strategies for women and children will be increased and will include urban components, following the massive street violence that was witnessed.

"I have seen at least ten people get shot"



Photo: Father Moise with demobilized children in Bouake.

"I was the bodyguard for my chief. I had to protect him with my life. I have seen at least ten people get shot, and I have been shot at myself, but I never shot anyone, and I never want to. I felt so sorry for the people that I saw get shot. I would not have left the (military) camp if it were not for Father Moise [who runs a UNICEF-supported demobilization centre in Bouake]. He tells me to forget about the time I spent there and to relax, so that I can not be brutal with people. He plays with us, jokes with us and treats us like we were his own children. He tells us that we need to improve our lives and respect our families, not for him or for UNICEF, but for ourselves."

Bakary, aged 12, an ex-child soldier, at a UNICEF-supported demobilization centre in Bouake.

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 vulnerable populations affected by the war. It has focused on the priority areas of health, nutrition, water and sanitation, education and child protection. While many positive gains have been made, the persisting crisis and funding shortfalls have forced UNICEF to limit the scope of certain activities and target only the very most-vulnerable groups.

In the area of health and nutrition, routine immunizations are being put back on track, and also being helped to adapt to new realities on the ground through increased technical and supply assistance to the Ministry of Health, and through cooperation with other national partners. The re-establishment of the cold chain and basic health services in affected zones remains a major priority. Some 1.6 million children were immunized against measles through UNICEF-supported campaigns from April 2003 to June 2004, primarily in the New Forces-controlled north and west. In 2004 UNICEF has been a proud partner in four historic national polio immunization days, each targeting some 5.1 million children from 0-59 months of age. More than 1,000 community outreach workers have been trained on basic nutrition and community-based health workers trained in the identification and treatment of moderate and severe malnutrition. In 2004 UNICEF, through EU funding, began a project in support of 26 health districts in a bid to re-establish basic health services for some 5 million people in the most crisis-affected zones.

One hundred Child-Friendly Spaces, set up by UNICEF, have provided educational, recreational and counselling services to more than 5,000 displaced and non-displaced children. More than 330,000 vulnerable

individuals in New Forces-controlled zones – 75 per cent of them children (and including orphans and other vulnerable children) – have received psychosocial and medical support. Assistance was also extended to local communities to equip about 200 schools, ensuring access to education to another 50,000 children. UNICEF, in cooperation with UNESCO, ICRC and other actors, developed a peace and tolerance curriculum with the Ministry of Education and gave support by training 550 trainers of trainers, so that some 750,000 children may benefit from the curriculum. UNICEF is the officially designated lead agency for child soldiers within the National Commission on Disarmament, Demobilization and Reintegration. A UNICEF pilot demobilization and reintegration project for child soldiers in Bouake has provided assistance to more than 700 boys and girls, successfully preventing their ‘militarization’. Approximately 300 boys and girls have been demobilized through the project, which is now being extended in the western town of Man. Some 600 youths and ex-child-soldier peer educators were also trained to sensitize 40,000 youth to protect themselves from HIV/AIDS.

A major back-to-school campaign returned 175,000 children and more than 1,000 teachers to school in the occupied areas, where the school year officially started in February 2004 thanks to unflinching advocacy and on-the-ground UNICEF support to community-based partners. During the year, some 230,000 IDPs, refugees and host communities gained access to safe water through rehabilitation or construction of water sources, another 21,500 IDPs and school pupils benefited from improved sanitary facilities, and 15,000 IDP and refugee women and children have benefited from improved hygiene through distribution of hygiene kits and awareness training.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF cooperates closely in all UN coordination mechanisms established within the framework of humanitarian assistance and post-crisis/development activities. UNICEF presides over the education, and water and sanitation sector groups, and participates actively in the protection, health (and nutrition), food security and communication and advocacy sector groups. UNICEF also assumed leadership of the HIV/AIDS thematic group in 2004. UNICEF works in partnership with the relevant technical government ministries, as well as with a host of national and international NGOs in all programme areas.

Regular programme

The UNICEF Country Programme of Cooperation for 2003-2008 was finalized just before the crisis struck Cote d'Ivoire in September 2002. The Programme concentrated UNICEF activities in seven departments, or ‘zones of convergence’ – Bouna, Bondoukou and Tanda in the north-east, Bouake, Dabakala and Katiola in the centre-north, San Pedro in the south-west, and Abobo, a district of Abidjan – in the sectors of child protection, education, health and nutrition, and monitoring and evaluation, with transversal HIV/AIDS and water and sanitation components. The humanitarian needs resulting from the crisis have led UNICEF to be active throughout the country, while maintaining certain core activities of the regular programme in the above-mentioned zones.

As part of its humanitarian programme, UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population, and progressively strengthen its presence in the New Forces-controlled zones. The primary recipients of UNICEF’s humanitarian assistance in 2005 will be around 5 million children and women, including some 4.7 million under-five children and 200,000 pregnant women and mothers.

Health and nutrition (US\$ 7,229,591)

More than 5 million persons in vulnerable communities nationwide and 4,600,000 children nationwide (including 130,000 nutritionally vulnerable children and 200,000 pregnant and lactating women) will benefit from the following key activities:

- National Polio Immunization Days (NIDs) and vitamin A supplementation.
- Support to re-establishing routine vaccinations and supply of cold-chain equipment.
- Establish therapeutic nutrition units in main regional hospitals.
- Community-based capacity-building in nutritional surveillance and treatment.
- Community-based capacity-building and material support in maternal and child health care.

Water and environmental sanitation (US\$ 5,430,068)

Some 400,000 affected persons, of whom 280,000 are women, and more than 250,000 primary-school-age children mainly in the north and west of Côte d'Ivoire will be reached directly through the following key activities:

- Information and sensitization campaigns for systematic chlorination of possibly unsafe drinking water.
- Purchase of materials, reagents and other water disinfectant products.
- Training in procedures for household water treatment and surveillance of water quality.
- Monitoring of drinking water quality through analysis of well water samples.
- Identify and treat selected high-risk drinking water sources.
- Protect water sources from possible sources of pollution.
- Establish/reactivate community water point management committees, involving parent/teacher associations to strengthen good hygiene in at least 400 schools.
- Rehabilitate 500 existing latrines and 500 water points.
- Rehabilitate/construct latrines and water points in 400 elementary schools.

Education (US\$ 2,738,636)

A total of 700,000 displaced and war-affected children and 14,000 teachers will benefit through the following key activities:

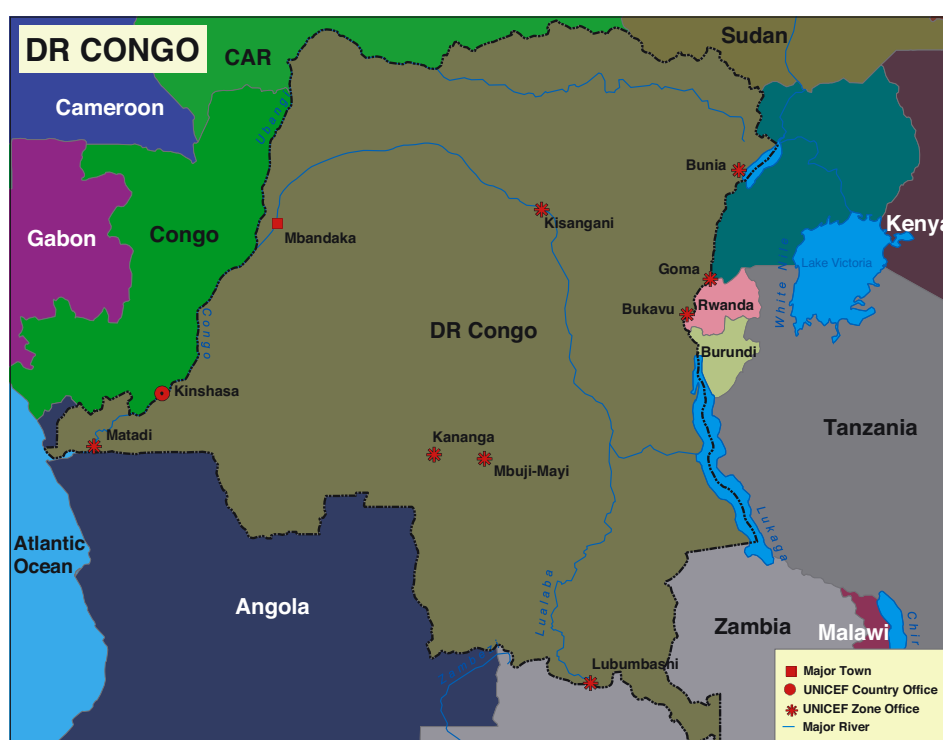
- Supplying basic scholastic materials including notebooks, pencils and erasers for 700,000 primary school children.
- Procuring and distributing recreational kits and school supplies for 700,000 children.
- Training 14,000 primary school teachers, with particular attention to HIV/AIDS and peace education.
- Rehabilitating schools and building latrines in, or in proximity to, at least 400 schools.
- Supporting construction of 100 temporary school and classroom structures to accommodate 5,000 primary school children.

Protection/HIV/AIDS (US\$ 1,869,090)

Some 32,000 children associated with armed groups or at risk of recruitment, sexual abuse or contracting HIV/AIDS, as well as 65,000 adolescent girls, children, IDPs and women are targeted through the following key activities:

- Establishment and development of socio-educational and socio-professional activities for the social reintegration of demobilized children, and the reinforcement of formal and informal reception centres and staff.
- Community sensitization and development of life skills for 50,000 youths on paedophilia and sexual abuse – to be conducted by adolescents and peer educators through participative children's radio broadcasting activities.
- Train 80 health workers to provide medical care to victims of rape and acknowledge confidentiality.
- Train 1,000 young peer educators among former child soldiers and young people in life skills and HIV/AIDS to prevent STIs/HIV/AIDS.
- Provision of HIV test kits and STI kits for 12,000 children and adolescents.

UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO 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	US\$
Health and nutrition	16,750,000
Education	2,698,864
Child protection – Unaccompanied/separated	1,802,233
Protection – Victims of sexual and gender-based violence	3,056,818
Assistance to internally displaced and refugee children and women	5,994,318
Mine risk awareness and education	1,022,727
Emergency water and sanitation	3,295,454
Total	34,620,414

* 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 six-year civil war that has engulfed the Democratic Republic of the Congo (DRC) has gravely worsened the well-being and livelihood of children and women throughout the country.

Results from the latest Multiple Indicator Cluster Survey show some of the worst basic indicators in the world, with alarming rates of child and maternal mortality. An estimated 3.3 million Congolese have lost their lives due to the conflict by having little or no access to basic life-saving services such as health care, vaccination and potable water. Some 1.9 million children suffer from some form of acute malnutrition. Less than 75 per cent of children will reach their fifth birthday and one out of five mothers die due to childbirth. Less than 30 per cent of the population has access to basic health services and preventable or easily treated diseases remain the main killers of Congolese children and women, with malaria, measles, diarrhoea, respiratory infections and malnutrition responsible for the majority of deaths.

Only 45 per cent of the entire population has access to potable water. Access to safe sanitation facilities is even lower at less than 21 per cent. HIV/AIDS and tuberculosis – neglected since the beginning of the war – now run rampant throughout the country. Recent reports estimate that approximately 4.9 per cent of the population are seropositive.

The war has left more than 55 per cent of children of primary school age out of the education system and the drop-out rate remains greater than 10 per cent. A little over 5.2 million children receive no education. Approximately 400,000 of them are internally displaced children. Despite the new peace accords and national reunification, recruitment of children by armed groups continues. It is estimated that more than 35,000 children are associated with armed groups, most worryingly in the eastern DRC. Reports of sexual violence are increasing. Landmines and unexploded ordnance affect all regions of the country, but are worst in six areas that have been home to Congolese and foreign troops during the civil war.

CORE COUNTRY DATA

Child population U5 (millions)	10.2
U5 mortality rate	205
Infant mortality rate	129
Maternal mortality ratio (1980-99)	1460
Primary school enrolment ratio	51.7
Primary school enrolment ratio for girls	48.6
% U1 fully immunized (DPT3)	43
% population using improved drinking water sources	45
HIV/AIDS prevalence (millions)	1.47
% U5 suffering moderate and severe malnutrition	16.1

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



"I came from Nizi. The militia attacked during the night. They took us from our hut and made us gather in a field. They killed people I knew, my grandparents, my school mates, my teacher. Finally, when they left, with all of our belongings, they burnt down all of our homes, my school and our health post. I was very afraid.

"My mother and my brothers and sisters ran into the forest. We ran for days until we arrived here, in Bunia.

"I want the fighting to stop and peace to come. I want to go home and go back to my school with my friends. But until it is safe to go home, I will stay here in the camp with my family. I will wait to go home. I hope that peace will come, soon."

Sumali, eight years old, Ituri Displaced Camp, Bunia.

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 Congolese population affected by conflict and natural disasters. UNICEF DRC has focused on the priority areas of health, nutrition, water and sanitation, education, child protection and shelter. But these interventions were hindered by sporadic combat and subsequent insecurity which reduced access to some areas. However, as the peace accords and transitional government took hold, previously inaccessible areas, especially along the Lusaka frontline, were opened, allowing assistance to populations that have not been served or isolated since 1996.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to implementing partners and the eventual reinforcement of the Ministry of Health's capacity to respond to emergency health situations. Some 10.5 million children were vaccinated against measles and an additional 850,000 children and women benefited from accelerated vaccination activities in previously inaccessible zones. More than 75,000 severe/acutely malnourished children were treated through the establishment and operation of 91 treatment centres, provision of nutritional supplies and training of health staff.

As many as 115 Child-Friendly Spaces, set up by UNICEF, have provided educational, recreational and counselling services to more than 7,000 vulnerable children. Assistance was also extended to local communities to establish or reinforce the capacity of schools, ensuring access to another 260,000 children. A major back-to-school campaign returned 750,000 children and 15,000 teachers to school. During the year, some 860,000 people gained access to safe water through rehabilitation or construction of water sources and benefited from improved hygiene through distribution of hygiene kits and awareness. More than 109,000 internally displaced families received family relief kits, allowing them to re-establish their homes and their livelihoods.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF DRC will continue to play a leading role in OCHA-created provincial and national technical coordination committees by being the lead agency in committees such as nutrition, protection, primary education as well as emergency epidemic control and vaccination activities in isolated or conflict-affected zones. UNICEF DRC works in close collaboration with other UN agencies, the United Nations Mission in the Democratic Republic of the Congo (MONUC) as well as with local and international NGOs, state authorities and religious entities throughout DRC.

Regular programme

UNICEF DRC is in the final year of the current Country Programme of Cooperation with the Government of DRC. The current country programme addresses the needs of children through activities in primary education and early childhood development, maternal and child health, vaccination, nutrition, legal and social protection of the child, community mobilization as well as HIV/AIDS in 58 health zones throughout the country. UNICEF DRC emergency activities work in synergy with UNICEF regular programmes to ensure a continuity of activities from the initial life-saving emergency response to the long-term community integrated programme. Emergency activities are developed and implemented by UNICEF DRC technical experts and coordinated by the emergency section.

As part of its humanitarian programme in the country, UNICEF will focus its efforts to continue meeting the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipient of UNICEF's humanitarian assistance will be approximately 13,500,000 vulnerable persons living in conflict affected zones, including 2.7 million children aged under five years and 6.21 million pregnant women and mothers.

Health and nutrition (US\$ 16,750,000)

Some 9 million displaced persons, host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 200 health centres;
- Provide essential drug supplies in ten health zones for 2 million people affected by conflict;
- Provide vaccines, materials and support for the vaccination of 6 million children against measles;
- Provide vaccines, materials and support for the vaccination of 683,000 children and pregnant women against the five key vaccine preventable diseases;
- Provide medicines and construction support in response to cholera epidemics;
- Continue supporting the 91 therapeutic feeding centres previously established and run by partners for 80,000 severely malnourished children;
- Train 800 health staff in treating severe malnutrition; and
- Support the implementation of 20 nutritional surveys, assessments and evaluations.

Emergency water and environmental sanitation (US\$ 3,295,454)

Some 750,000 displaced persons within host communities, particularly children and women, will be reached through the following key activities:

- Rehabilitate and construct 75 wells and boreholes and install handpumps to provide safe drinking water in permanent areas of return;
- Construct latrines, showers and water evacuation systems to serve 50,000 vulnerable families in conflict affected zones;
- Distribution of water containers to 75,000 vulnerable families as well as hygiene kits for an additional 25,000 vulnerable or displaced families;
- Train 100 local water authority management teams in sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini-water supply systems; and
- Promote hygiene education and hygiene awareness programmes in communities for 375,000 vulnerable persons in order to complement existing water and sanitation services.

Education (US\$ 2,698,864)

A total of 200,000 displaced and war-affected children and 6,700 teachers will benefit through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 200,000 primary school children;
- Procure and distribute recreational kits and school supplies for 50,000 children;
- Train 6,700 primary school teachers and 670 school heads, with particular attention to HIV/AIDS prevention, gender and equity as well as peace education;
- Rehabilitate schools and build latrines in six localities;
- Support construction of 100 temporary school and classroom structures to accommodate 50,000 primary school children;
- Adapt evaluation tools to assess the impact of the Rapid Education programme on literacy and numeracy activities and on the psychosocial status of children; develop indicators to assess impact of the educational response; and
- Social mobilization and communication activities towards host communities.

Child protection – unaccompanied/separated children (US\$ 1,802,233)

A total of 12,500 unaccompanied children will benefit from the following key activities:

- Support prevention, identification, documentation, tracing, mediation, transit care and reunification of an estimated 5,000 separated children; and
- Actions to prevent separation of 7,500 children and their families through strengthening or development of local community-protection mechanisms and sensitisation on separation prevention.

Protection – Victims of sexual and gender-based violence (US\$ 3,056,818)

A total of 9,000 women and children who have been subjected to sexual violence will benefit through the following activities:

- Identification and providing an appropriate response (medical and psychosocial) to ensure the reintegration of 9,000 women and children subjected to sexual violence; and
- Reinforcing community-based rapid-response mechanisms, including providing training, for the prevention of and response to sexual violence.

Assistance to internally displaced and refugee children and women (US\$ 5,994,318)

A total of 375,000 internally displaced and war-affected persons will benefit through the following:

- Provide emergency family relief kits and clothes to 75,000 families (approximately 375,000 persons) with special emphasis of children and women-headed households.

Mine risk awareness and education (US\$ 1,022,727)

Approximately 3 million persons who are affected by mines and unexploded ordnance (UXOs) in six provinces will benefit from the following key activities:

- Train 1,000 trainers in mine risk education (MRE);
- Conduct MRE programmes;
- Reinforce the capacities of international and national NGOs in MRE;
- Make MRE available to affected communities in the six provinces via schools, churches and other community structures;
- Expand existing mine clearance activities from the three contaminated sites currently being served to ten future sites;
- Provide technical assistance to the Government and governmental partners;
- Support implementation of ongoing mine clearance activities in the country; and
- Ensure monitoring and supervision of activities.

UNICEF HUMANITARIAN ACTION

GUINEA

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	US\$
Health and nutrition	4,827,841
Water and environmental sanitation	1,273,295
Education	864,773
Child protection	1,345,227
Total	8,311,136

* 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

Despite the absence of war or large-scale natural disasters, there is an ongoing humanitarian crisis in Guinea resulting from a combination of external, internal, political and socio-economic factors. The regional insecurity has meant that Guinea has hosted 1 million refugees over the last 10 years, while more than 300,000 people have been displaced following various attacks by rebel groups.

The inability of the local authorities to provide basic social services or personnel and the reduction in bilateral and multilateral cooperation continues to weaken the fragile coping mechanisms of the country. Mortality and malnutrition rates among children and women are increasing.

The Forest Region requires special attention as it borders three countries which have experienced serious armed conflicts. Many groups in the region remain at high risk and depend on humanitarian assistance. There are at least 78,000 refugees, 82,000 internally displaced persons (IDPs) and more than 100,000 returnees in the region.

The presence of armed groups has resulted in high levels of vulnerability, criminality and a series of human rights violations demanding urgent assistance, particularly in protection and peace-building interventions. Women and children suffer forced recruitment, violence and abuse. There are many separated and street children and significant numbers of ex-combatants (reportedly 6,000) and unemployed youths who could be targeted for recruitment into armed groups or become dependent on the sex trade for survival.

Malnutrition rates are high (26 per cent global and 10 per cent severe), wild poliomyelitis has reoccurred (one case identified in July). Malaria and cholera outbreaks have been reported as affecting several thousands and costing several hundred lives. Forest Guinea suffers relatively high HIV/AIDS prevalence – Nzérékoré city itself has 7 per cent seroprevalence while the national rate is only 2.8 per cent.

CORE COUNTRY DATA

Child population	4,235,000
U5 mortality rate	169
Infant mortality rate	109
Primary school enrolment ratio	47
Primary school enrolment ratio for girls	42
% U1 fully immunized (DPT3)	47
% population using improved drinking water sources	48
HIV/AIDS prevalence*	2.8
% U5 suffering moderate and severe malnutrition	24

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



"I am already 12 years old but I haven't been to school for four years because it was destroyed in the war."

Yadiatou lives in her home town of Pamelap, just one hour away from Conakry, the capital city of Guinea, but four years ago rebels invaded the region and destroyed everything: schools, medical centres, government offices, recreational centres.

"I should have been in sixth grade this year, but I am only in second grade because of the war. I really like school and I am happy that we have a school now," said Yadiatou.

Four years after the invasion, the region is still in a very bad shape but this year, in response to a request of the Guinean Government to help them rebuild crisis affected areas, UNICEF built a brand new elementary school of six classrooms for 300 children, a recreational centre for 200 children and a medical centre in Pamelap. Already, 283 children are registered, 40 per cent of whom are girls.

This was the first intervention by an international agency in the town and brought real happiness and a sense of hope to the parents and children. *"I would like to be a tailor one day, because all the tailors have left our town,"* said Yadiatou. *"If we have a school we are very happy to live here."*

Yadiatou Savané, 12 years old, Pamelap.

In education, nine prefectures were severely affected by the crises, with many classrooms destroyed, creating difficulties for the remaining facilities to absorb returnees and IDPs. Despite the strong desire of parents to maintain their children in school, the majority of these children are outside the education system.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In 2004, the humanitarian response has focused on refugees, IDPs, returnees and host communities, principally in Forest Guinea bordering Sierra Leone, Liberia and Côte d'Ivoire. Activities targeted vulnerable women and children providing assistance in health, nutrition, water and sanitation, education and protection.

UNICEF supplied vaccines for Expanded Programme on Immunization (EPI) activities, supported a yellow fever campaign which reached all people in the region, and targeted polio through national immunization days for all children under five. Basic emergency kits, oral rehydration salts, therapeutic milk supplements and BP5 biscuits were distributed to health centres, hospitals and refugee camps. Safe motherhood was promoted through better neonatal care, mosquito nets and malaria prevention and treatment. HIV/AIDS peer educators and Mother-to-Child Transmission centres were set up and antiretroviral therapy provided. Drinking water was provided for 10,000 people and pupils in schools through 20 new boreholes. Sensitization campaigns were carried out for communities in hygiene, hand-washing and safe drinking water. At least 7,000 people benefited from the building of 1,100 family latrines, assuring the avoidance of epidemics of diarrhoea, including cholera.

Thirty classrooms and 20 playgrounds were constructed and equipped, while educational materials and textbooks were provided for 5,000 children, 1,000 teachers and 100 families in Forest Guinea. Training for 1,000 teachers on a culture of peace, psychosocial care and social mobilization campaigns targeting 1,000 families faced with crisis were conducted.

Some 400 child soldiers were demobilized and completed vocational training. Prevention against new recruitment into armed forces was strengthened through sensitization campaigns. A mechanism to monitor children at risk of recruitment into armed groups, and those already mobilized, was developed. Identification and documenting of around 2,000 unaccompanied minors and separated children in the cities and camps of the region was strengthened. Long-term solutions have been implemented in family tracing and assessment. Regular follow-up in reunification cases has been organized between UNICEF Guinea and the International Refugee Committee in cross-border cases. The referral network has been strengthened to provide psychosocial and legal assistance to girls and women victims of violence.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

Attention will be given to the effective functioning of sectoral working groups led by the Government to identify possible gaps in assistance and better establish priorities for action. Joint projects with UN agencies will be undertaken and NGO project planning, implementing and monitoring capacities will be reinforced.

Regular programme

UNICEF has a five-year programme for Guinea that started in 2002. The country strategy is built around three main sectors: Survival; Development and Protection, and two cross-cutting areas, Community Development and Communication. The programme is tailored to be able to provide assistance and protection to people affected by any humanitarian crisis at any time. All UNICEF projects in the Forest Region benefit from the UNICEF zonal offices in Kissidougou and Nzérékoré.

Health and nutrition (US\$ 4,827,841)

There will be an increased focus on eradicating polio and reducing HIV transmission among women, youth and children in Forest Guinea in 2005. The main activities planned for the health programme are:

- Providing primary health-care services through provision of basic medical kits, oral rehydration salts, impregnated bed nets and support to the introduction of anti-malarial drugs for preventive treatment of pregnant women and promoting usage of preventive services;
- Providing full routine immunizations through the supply of vaccines, equipment and services plus management support to benefit some 90,000 children under one year; supporting two rounds of vitamin A distribution to 465,000 under-five children and one post-partum dose;
- Support planning, training, monitoring and evaluation of four National Immunization Days targeting 1.8 million under-five children; UNICEF will ensure that vaccine security criteria are fully met and make vitamin A capsule supplements readily available;
- Strengthen surveillance and rehabilitation care for severely malnourished children through supply of growth monitoring equipment, nutritional rehabilitation materials and therapeutic feeding; set up three therapeutic nutritional rehabilitation centres to cover all district hospitals in the region and maintain support for the four existing centres;
- Promote best nutritional infant and young child practices through exclusive breastfeeding for babies below six months of age and appropriate weaning practices;
- Establish Voluntary Counselling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) services to be used by 50 per cent of the 6,000 pregnant women expected in three health centres and N'Zérékoré hospital; develop sensitization activities on these and STI/HIV/AIDS services;
- Support HIV/AIDS infected and affected children and their families (psychological support, access to care and nutritional counselling) in collaboration with local and international NGOs.

Water and environmental sanitation (US\$ 1,273,295)

The main activities planned for 2005 are:

- Construction of new water points (50 drilled wells and 20 fountains) and rehabilitation of existing wells; local populations will be involved in the construction and management of these points and training will be given together with equipment and toolboxes for maintenance; local authorities will also be trained for monitoring the water points and social mobilization;
- Construction of 5,000 public latrines in schools, pre-school centres, health posts for families;
- Organize chemical treatment campaigns of the water points during the epidemic risk periods;
- Provision of soaps and small water tanks for children in schools and pre-schools;
- Awareness campaigns on hand-washing, water storage and personal and public hygiene to be conducted with local authorities, religious leaders and the rural radio network.

Education (US\$ 864,773)

The project aims to establish a safe and supportive environment for children (refugees and returnees) for learning, recreation and psychosocial support. It targets 7,000 primary school children, 3,000 pre-school children, 300 un-schooled or drop-out youth and 220 teachers. The key activities planned are:

- Repair/build and equip 100 classrooms; renovate and reconstruct temporary shelters and supply educational equipment to pupils and teachers through 'School-in-a-Box' kits; help develop and equip recreational centres and sports areas in the same schools;
- Provide educational and administrative training for 220 teachers; train teachers to be able to provide psychosocial care to traumatized children;
- Provide educational aids for 300 students and 220 returnee and refugee teachers;
- Provide textbooks to 10,000 Liberian and Ivorian students (three courses);
- Provide equipment for five vocational centres to train 300 youths;
- Provide support for consciousness raising and social mobilization of communities and youth in the prevention of recruitment, abduction, gender-based violence and STI/AIDS transmission;
- Provide financial and technical support for management, monitoring and evaluation of the project.

Protection (US\$ 1,345,227)

There are numerous reports, from health centres and NGOs, of violence and sexual abuse against women and children among refugees and host communities. A recent study by UNICEF revealed that 3.5 per cent (more than 11,700 people) of the population of Nzérékoré live off the sex trade. Some 2,000 children and women are at risk of being trafficked, exploited or abused. Around 1,700 ex-volunteers in Forest Region and an estimated 600 Guinean minors involved in conflicts abroad will also be targeted.

The key activities are:

- Conduct a countrywide assessment to identify major areas of trafficking and exploitation;
- Support the development and implementation of a three-year national plan of action against trafficking and exploitation, and conduct sensitization campaigns for local authorities and communities;
- Conduct a sensitization campaign on the Optional Protocol on the Involvement of Children in Armed Conflict, train community leaders on basic psychosocial issues, and set up a national data base at the Ministry of Social Welfare;
- Train 100 social workers and create 10 community-based drop-in centres for survivors of trafficking, exploitation or abuse;
- Create local welcome committees at border entry points to register and orientate the estimated 600 Guinean youth who became involved in fighting outside Guinea;
- Implement skills training and apprenticeship programmes for 1,728 youths at risk and provide reintegration activities through counsellors and job placement;
- Follow up and provide social assistance to communities encountering difficulties in integrating separated minors or those at risk.

UNICEF HUMANITARIAN ACTION

LIBERIA

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	US\$
Child protection	6,595,000
Health and nutrition	7,482,000
Education	12,602,000
Water and environmental sanitation	3,634,000
Total *	30,313,000

* 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

Since the signing of the Accra Peace Agreement on 17 August 2003, the departure of former President Charles Taylor, the formation of the National Interim Government and the deployment of the UNMIL Peacekeeping Mission, the overall security situation has considerably improved. Gradually the country became accessible for humanitarian assistance through 2004, even though the humanitarian situation varies from county to county. To date, five of the 15 counties (those closest to the capital, Monrovia) have been officially declared safe for return and resettlement, but elsewhere, in the south-eastern region, for example, humanitarian assistance has only recently started.

The conflict in Liberia led to the massive displacement of 261,886 Liberians¹ to 20 official IDP camps and other spontaneous settlements. An estimated 300,000 Liberians² fled to various countries in the subregion. Liberia has an estimated population of 3,239,000, of which 80 per cent live in absolute poverty and national unemployment is more than 85 per cent. In addition, the population is young (53 per cent below 18 years) and there is a high fertility rate of 6.4.

To date, about 93,000 combatants have been disarmed and demobilized. The number of Children Associated with Fighting Forces (CAFF) was estimated to be 15,000 to 20,000 at the signing of the peace accords, and by the end of October more than 9,000 had entered the disarmament, demobilization, rehabilitation and reintegration (DDRR) process. The current plan is to finish the disarmament and demobilization process and then concentrate on rehabilitation and reintegration.

CORE COUNTRY DATA

Child population	1,732,000
U5 mortality rate	235
Infant mortality rate	157
Maternal mortality ratio (1980-99)	580
Primary school enrolment ratio*	56.2
Primary school enrolment ratio for girls*	35.5
% U1 fully immunized (DPT3)	51
% population using improved drinking water sources	-
HIV/AIDS prevalence	-
% U5 suffering moderate and severe malnutrition	26

Source: *The State of the World's Children 2004*
* MOE/UNICEF Survey 2001/2002

"The fighters shot her... they were laughing"



"My favourite things are books with stories. I like stories the best. Yes, I know a story," says Vera, taking a deep breath before her words came pouring out. "One day there was a girl and she was walking down the road in my village and she was carrying a bag of rice. Then some fighters came up to the girl and they yelled at her saying they wanted the rice. But the girl said the rice was for her family. So the fighters shot her and she fell down dead on the road. Then the fighters took the rice and they left. They were laughing. She was a friend of mine from my village."

Vera, is an 11-year-old girl whose 'story' is unfortunately true. Vera benefited from UNICEF-supported psychosocial care at the internally displaced persons camp where she was living outside Monrovia.

Excerpt from ***PhotoQuotes: The Voices of Liberian Children and Women Caught in Conflict.***

The major childhood illnesses in Liberia are malaria, diarrhoea and acute respiratory infections: 26 per cent suffer moderate and severe malnutrition, 39 per cent are stunted and 6 per cent wasted. Maternal mortality is 580 per 100,000 live births, one of the highest in the world. The HIV rate is increasing, currently an estimated 8.2 per cent of the population aged 15-49 years. In the absence of comprehensive

¹ UN-OCHA/LRRRC IDP Return Survey, May 2004

² Results-Focused Transitional Framework, 2004

and reliable data, these statistics probably underestimate the HIV rate in a country characterized by high poverty, war and high illiteracy.

Most recent data suggest that only 31 per cent of the population have access to safe water (mainly in urban areas) while only 33 per cent have an acceptable level of excreta disposal. Currently no municipal water supply system is operating.

In a recent survey, the total in-school population was found to be 962,229 (30 per cent of the total population), with an enrolment rate of 51 per cent for boys and 49 per cent for girls. Liberia has a very low adult literacy rate of 37 per cent (50 per cent for men and 24 per cent for women) highlighting the need for programmes that support female education.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF support has focused on humanitarian action, especially the provision of basic services to the most vulnerable children, with particular focus on Children Associated with the Fighting Forces (CAFF) and children in IDP camps and host communities.

Child protection

Disarmament, demobilization, rehabilitation and reintegration (DDRR) has been the central focus for UNICEF child protection activities. As of October 2004, more than 9,000 children had entered the DDRR process; more than 8,700 being reunified with their families. At the time of writing, 400 children were pending reunification; 84 foreign CAFF were awaiting return to their families. UNICEF supported the opening and provision of quality services to children in 30 ICCs. In the last phases of the process, UNICEF is focusing on the immediate reintegration process, as many CAFF have returned to their communities. Following demobilization, reintegration services focus on family tracing and reunification, alternative care when necessary, family and community mediation during and after reunification, the provision of psychosocial support for children, skills training and support to community education programmes.

Health and nutrition

Routine EPI is supported through provision of vaccines and cold-chain equipment to 106 health clinics in the country. A massive Measles Mortality Reduction Control campaign reached more than 1.5 million children. A total of 230,000 people were vaccinated against yellow fever. UNICEF has also supported reactivation of 26 primary health-care clinics and, with NGO partners, provided supplies for supplementary and therapeutic feeding of malnourished children, benefiting more than 13,000 children and women.

Education

The Back-to-School campaign has provided school supplies to more than 800,000 Liberian children and trained 12,000 teachers (out of a total of 20,000 nationwide) in emergency education response. A Rapid Assessment of Learning Spaces reached 3,500 schools and provided planning information for the sector. Through the Accelerated Learning Programme (ALP), training of trainers was provided for the Ministry of Education, reaching central and county-level education staff. A total of 10,000 over-aged children will have benefited from ALP by the end of 2004.

Water, sanitation and hygiene (WASH)

WASH support was provided to the Back-to-School campaign, with 430 water points and 1,100 latrine drop holes constructed in 525 schools benefiting nearly 300,000 pupils in 14 districts. In the emergency phase, UNICEF responded to cholera and diarrhoea outbreaks. Water and sanitation service in IDP camps and schools is ongoing. Some 250 teachers and 217 community-based health workers from government and

NGOs have been trained in participatory methods of hygiene promotion. Of these, 38 will comprise a national team of trainers who will conduct similar training in seven target counties

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF is an active member of the UN Country Team, and has a leading role in Child Protection (Child Protection Core Group for DRR), WES, Education, and Health and Nutrition with WHO.

Regular programme

The current UNICEF Country Programme covers 2003 to 2005 and the Mid-Term Review was finalized in August. Programme interventions focus on seven counties (Lofa, Bong, Bomi, Montserrado, Nimba, Grand Gedeh and Maryland) that will receive the majority of resettling IDPs, refugees and reintegrating CAFF. The programme will concentrate on the provision of basic social services, with activities in child protection, health, education, and WASH sectors. The programme has been planned and will be implemented in line with the government/UN/WB Results-Focused Transitional Framework.

In 2005, the humanitarian priorities will be the re-establishment of basic social services, the reintegration of CAFF, provision of support to the resettlement of IDPs and refugees and continuing to support the provision of social services in IDP camps (until resettlement). To be able to manage this process and lead into the more developmental phase of Liberia's post-conflict transition, the Country Programme will support policy formulation, sector management, planning and coordination functions of national line ministries with particular emphasis on capacity-building at the county level.

The total humanitarian budget for UNICEF in 2005 is estimated to be US\$ 30.3 million.

Child protection (US\$ 6,595,000)

- Support participation of up to 11,000 demobilized children in the Community Education Investment Programme (CEIP), the Accelerated Learning Programme and/or the Skills Training programme.
- Reunify 95 per cent of all demobilized children with their families and communities and to provide alternative care for the remaining 5 per cent.
- Reintegrate 95 per cent of demobilized children through community-based structures.
- Train all police recruits and 20 per cent of law enforcement agents in Montserrado County on reporting and investigating cases of sexual abuse and exploitation.
- Train all judges and magistrates in Montserrado, Margibi and Bong counties on the protection of children against abuse and exploitation.
- Improve the care and protection of children in all registered orphanages in Montserrado, Margibi, Bong and Grand Bassa counties.
- Provide services (psychosocial, health, nutrition, education) to children made vulnerable by HIV/AIDS in seven counties.
- Operationalize a system for the protection of children in conflict with the law.
- Operationalize a national system for reporting and addressing child rights violations.
- Identify and train 50 youth groups in the prevention of HIV/AIDS, sexual abuse and exploitation and in the dissemination and monitoring of children's rights.

UNICEF is the lead agency for child protection in Liberia, undertaking and coordinating interventions, which include DRR for children, preventing sexual abuse and exploitation and building national capacity to prevent and respond to child rights violations. A national database on child protection and on separated children has been established. The 5,000 targeted beneficiaries for sexual and gender-based violence (SGBV) prevention in 20 IDP camps and some host communities will continue to receive access to medical referrals, legal services and HIV/AIDS awareness.

UNICEF is helping to formulate systems for the integration of child rights and child protection with the police service. UNICEF coordinates meetings on juvenile justice, to develop systems for both short- and long-term responses to children in conflict with the law. UNICEF will be working with youth groups on life skills development, preventing HIV/AIDS and gender-based violence. These groups will also be taught leadership, peace-building and life skills. To improve the situation of children in welfare institutions (i.e., orphanages), UNICEF is leading an inter-agency initiative to review existing guidelines for institutional care and is aiming to improve the standards of care, services and protection for the orphaned children.

Health and nutrition (US\$ 7,482,000)

- Conduct routine immunization for 60 per cent of children under five and immunize 60 per cent of women of childbearing age against tetanus toxoid.
- Support 50 health units in delivering services, including maternal and reproductive health and nutrition.
- Reactivate 90 clinics.
- Provide emergency health care for 100,000 IDP children in camps in Montserrado, Bong, Nimba and Grand Bassa counties.
- Support supplementary and therapeutic feeding centres.

The two major focus areas will be supporting the Ministry of Health and Social Welfare in rebuilding the routine EPI system throughout the country and rebuilding of the Primary Health Care (PHC) system in the target counties. A major element with the PHC services will be building reproductive health and nutrition services, both of which will have a community-based emphasis. The capacity of the county health teams will be strengthened to provide the leadership, planning and management to rebuild and maintain the PHC services. Health staff will be trained and supplies provided.

Maternal mortality reduction interventions will be jointly supported by UNICEF, WHO and UNFPA to provide a fully integrated service and referral system. HIV/AIDS prevention will be included in all training and health promotion activities. The Immunization Plus project will support routine coverage as well as disease control/eradication measures against polio, measles (including measles mortality reduction control) and tetanus. The cold-chain system and immunization delivery system will be rebuilt and operational in all counties. The newly opened health units offering EPI services will be progressively supported to offer an increasing range of services.

Education (US\$ 12,602,000)

- Provide 650,000 primary school students with textbooks that will be used for at least three years.
- Reach 10,000 children with the accelerated learning programme (ALP).
- 75,000 children will benefit from the ALP by attending a school that has been renovated, supplied, refurbished, outfitted with WES facilities, and receive Life Skills education.
- Provide 800,000 children with essential school materials.
- Train 1,500 teachers to primary level teacher certificate.
- Train 2,200 teachers in ALP.
- Renovate, equip and provide technical assistance to eight county education offices.
- Revitalize parent-teacher associations in 300 schools.
- Incorporate girls' education into all education interventions.
- Review the school curriculum, with recommendations for change and action.
- Develop an Education Monitoring and Information System for the Ministry of Education.

As the programme moves away from the emergency 'Back-to-School' focus and towards 'Stay-in-School' qualitative improvements, education and its promotion will be of increasing priority. The areas targeted will be those where children are returning from lives as combatants, refugees and IDPs. Inherent in this will be an integrated community approach, which will combine essential elements of water/sanitation, health and child protection with sustainable, community-driven activities. The Rapid Assessment of Learning Spaces will be completed for every county in the country by the end of 2004. The data will inform and provide a monitoring tool during the distribution process of supplies in the course of the 'Back-to-School' campaign. An education administration expert will be seconded to the Ministry of Education for two years to support institutional capacity-building.

Water, sanitation and hygiene (US\$ 3,634,000)

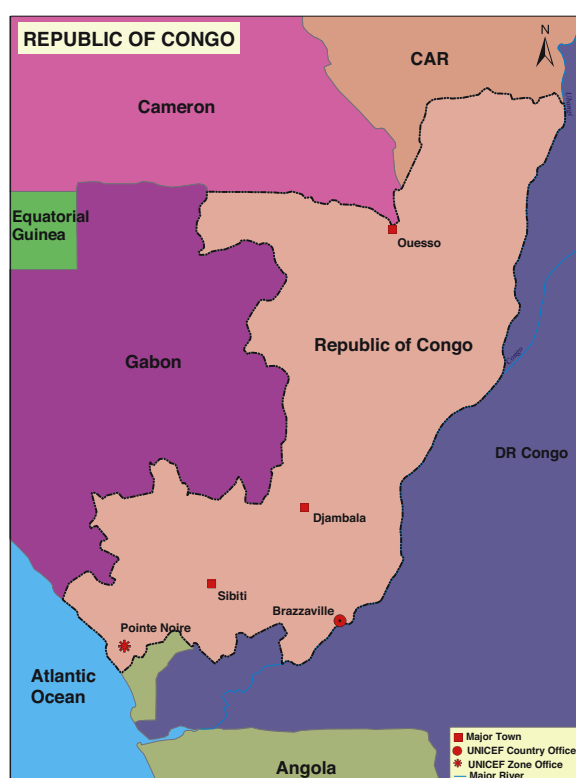
- Provide basic sanitation and safe water supply services to most vulnerable communities affected by population displacement, particularly children and women: a total of 1,100 schools with nearly 440,000 pupils (average enrolment 350 to 400 pupils per school) and 90 health centres and their catchment communities will benefit from the programme.
- Rehabilitation of 325 handpumps in 220 schools.
- Restoring access to safe drinking water and providing adequate sanitation for 45 health centres and 880 schools.
- Basic water and sanitation services in 20 IDP camps (until resettlement).

UNICEF is focusing on improving sanitation and hygiene practices and safe water supply in schools and health centres, where facilities are also available to the communities. Teachers, environmental health technicians and others who can disseminate health messages will be trained to promote hygiene skills. HIV/AIDS will be an integral part of all training and hygiene promotion activities.

UNICEF HUMANITARIAN ACTION

REPUBLIC OF THE CONGO

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	US\$
Health and nutrition	1,159,091
Water and environmental sanitation	511,650
Shelter and non-food items	239,062
Education	647,727
Child protection	1,687,500
Total *	4,245,030

* 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 Republic of the Congo is emerging weakened and ruined from 10 years of armed conflict to 2002. In spite of the progressive return to civil peace and the restoration of security, the health and social situation remains worrying, particularly in the Pool region. The massive destruction of the health infrastructure in the region poses a crucial problem in terms of health care for the population, in particular for women and children. Only 35 per cent of health centres have reopened; they are poorly equipped, lack qualified staff and are not in a position to offer basic health care. This lack of organization in the system has brought about a break in immunization campaigns in some areas and, in spite of a slow recovery, a weak immunization coverage – currently estimated at 41 per cent – can be observed, together with an increase in vaccine-preventable diseases.

The lack of check-ups and poor care in pregnancies can only lead to an increase in maternal mortality.

The prevalence of HIV/AIDS in the general population, estimated at 4.2 per cent, conceals the progressive tendencies of the disease, particularly with the patterns of sexual violence observed in the region. The nutritional situation is precarious and alarming: close to 95 per cent of the livestock has been lost, and market gardening and farming are poor due to the lack of tools and seeds.

Less than 11 per cent of the population in the Pool region has access to clean water, which means a dramatic rise in water-borne diseases such as diarrhoea, parasitic and skin diseases.

CORE COUNTRY DATA

Child population (millions)	1.9
U5 mortality rate	108
Infant mortality rate	81
Maternal mortality ratio (1980-99)	N/A
Primary school enrolment ratio	96
Primary school enrolment ratio for girls	93
% U1 fully immunized (DPT3)	31
% population using improved drinking water sources	51
HIV/AIDS prevalence	7.2
% U5 suffering moderate and severe malnutrition	14

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

'We lived through hell'



"When war broke out again in the Pool region, my parents and I remained near Matoumbou, where we thought we would be safe. Many people fled. My father died, and we lived through hell. The nurse's wife was raped by armed men. During the war, we stayed in hiding in the forest to flee the fighting. That's how I spent three years without going to school. This year, school has reopened. There are some teachers, but no tables with benches. I am in the third year at primary school (CE2) and many of my school friends are orphans, like me. We have no exercise books, no slates, no pencils. Other children my age dare

not come to school because they have no birth certificate and their parents have no money to send them to school. The health centre has been looted and destroyed.

"Now, with the return of peace, people have returned to their villages, but they live in half-destroyed houses.

"I dreamt that our school had become very beautiful again, with flowers, as it was before the war. There were several children who played at break time."

Margueritte Malonga, 10 years old, Matoumbou, Pool.

In education, the destruction of almost 80 per cent of the infrastructure, the shortage of furniture and school supplies, as well as the shortage of teachers, have meant a drop in teaching quality, the closure of many schools and a low schooling rate. Many children are therefore two, sometimes three, years behind in their schooling, with girls being most affected particularly because of sexual violence.

Among the most vulnerable parts of the population there are some 5,000 child soldiers, young girls with babies from unknown fathers and without a birth certificate, many displaced persons and idle youths who live in extremely poor conditions and are victims of psycho-social trauma linked to the violence they have experienced. In Mayama, 70 per cent of the children have not been registered at birth.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

Because of the unsettled security situation in the Pool region, access to the population has not been possible during the first six months of the year. UNICEF, however, prepared itself, through its contingency and humanitarian assistance plan, by ordering essential health and nutrition supplies to permit a rapid response – both to provide health, nutritional and psychological care to the population and to reinforce health centres and relaunch primary school education, especially for girls, for the new school year in October. Moreover, a plan of psychosocial assistance for the return of displaced populations has been worked out and, together with the NGOs Médecins d’Afrique and Urgence d’Afrique, birth registers have been made available in the districts of Kindamba, Kinkala and Mayama to allow the birth registration of 2,000 children.

In the health and nutrition sectors, the vaccination campaign against polio (10 to 13 October) reached 50,000 children under five and helped increase immunization coverage. To prevent measles epidemics, a measles and vitamin A campaign was planned for 21 to 27 October for 112,000 children between 6 months and 15 years. These two campaigns have been prepared and carried out with the collaboration of the Ministry of Health, local authorities and WHO.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

The UN Country team, which works closely together on development programming with the government, has launched an Inter-Agency Consolidated Appeal particularly targeted at the Pool region. UNICEF is a committed partner in this.

Regular programme

The UNICEF Cooperation Programme is structured into four sectoral programmes (Integrated Development and Survival of the Young Child, Basic Education, Protection of Children and Women, Fight against HIV/AIDS) and two bilateral programmes (Communication and Planning of Social Policies, Bilateral Costs). These programmes will be implemented at national level and in all converging zones and will include an emergency element to meet humanitarian needs.

UNICEF is offering humanitarian assistance to the most vulnerable populations of the Pool region in health and nutrition, water and sanitation, education, protection and shelter and resettlement.

Health and nutrition (US\$ 1,159,091)

Immunization

UNICEF intends to improve the vaccination coverage through the following activities:

- Provision of freezers and fridges in 50 health centres and five health districts;
- Provision of vaccines;

- Recycling and training of 50 health workers;
- Organization of measles and polio immunization campaigns;
- Provision of means of transport (motorbikes and bicycles).

Nutrition

UNICEF intends to undertake a quick analysis of the situation to ensure nutritional monitoring (NM) and care for the malnourished through:

- Reinforcement of the capacities of health workers and community posts on NM and data management;
- Organization of a deworming and vitamin A supplements campaign for children between six months and eight years;
- Distribution of iron tablets for pregnant women;
- Supply of therapeutic milk and essential medicines adapted to the treatment of associated pathologies for three centres of therapeutic nutrition, and provision of supplementary food and anthropometric equipment in 36 integrated operational centres.

Water and environmental sanitation (US\$ 511,650)

UNICEF intends to organize these activities of drinking water supply and of promotion of family latrines through the following activities:

- Equipping of 250 water points (springs, drilling and wells equipped with a hand pump);
- Public awareness through education, hygiene promotion and training of 30,000 households and 250 local committees for the management of water points;
- Construction of 10,000 family latrines.

Education (US\$ 647,727)

UNICEF is focusing on helping all school-aged children to go back to school, in equipped schools with trained teachers and pleasant surroundings (including a school canteen) with the following priority actions:

- Rehabilitation, equipment and cleaning up of damaged schools;
- Back-to-school campaigns;
- School material and tables with benches delivered to 150 schools;
- Setting up of school canteens;
- Recycling and improvement of teachers and other teaching staff.

Child protection (US\$ 1,687,500)

The recommended actions are about the strengthening of the capacities of registry offices and of the actors involved and through a community values and human rights-based approach, to rehabilitate destitute populations in their statuses and favour the resumption of a dignified life. To do so, the following activities are recommended:

- Public awareness and mobilization of communities;
- Support in writing and civil registers;
- Birth registration of 40,000 unregistered children and coordination/follow up and evaluation;
- Training in stress and trauma management of at least 250 specialists;
- Psychosocial support and reintegration of at least 30,000 traumatized children and young girls.

Shelter and installation (US\$ 239,062)

UNICEF intends to offer a substantial humanitarian assistance to face the basic needs of affected populations through the distribution of:

- Tarpaulins for the construction of shelters and latrines;

UNICEF HUMANITARIAN ACTION

SIERRA LEONE

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	US\$
Health and nutrition	1,300,000
Water and environmental sanitation	400,000
Education	900,000
Child protection	700,000
HIV/AIDS	300,000
Total *	3,600,000

* 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

Ravaged by a conflict that has lasted more than 10 years, Sierra Leone is one of the poorest countries in the world. Ranked last in the Human Development Index (HDI), Sierra Leone has the highest rate of maternal and infant mortality (at 1,800 deaths per 100,000 live births and 170 deaths per 1,000 live births respectively). With a population of 5 million people, access to basic essential services, such as health, water and sanitation, education and child rights is a real challenge.

Children's health is affected by high prevalence of prevailing diseases such as malaria, diarrhoea, malnutrition, acute respiratory infections, etc. Malaria-related deaths in under-five children range from 35 to 45 per cent throughout the country. Use of insecticide-treated mosquito nets is negligible, ranging from five per cent in rural areas to only 30 per cent in urban areas. Similarly, immunization coverage rates in infants are as low as 50 per cent. Maternal health is a major challenge as a result of inadequate provision for safe motherhood and reproductive health. Some 86 per cent pregnant women are anaemic.

There are wide disparities in access to safe water and sanitation; with access ranging from 30 per cent in the North to 90 per cent in the Western Area as a result of the dilapidated state of water and sanitation facilities. Even in situations of apparent availability of water, poor hygiene and child-care practices abound in households, giving rise to high incidence of diarrhoea cases among children.

School enrolment rates are increasing but the net enrolment ratio is less than 50 per cent. Many children are over-aged for their level because of the missed opportunity for schooling during the conflict. Access is increasing and although 97 per cent of schools are now operational, 87 per cent of classrooms require some rehabilitation. The quality of education is a major concern; only 50 per cent of teachers are qualified and trained and all schools have inadequate teaching and learning materials.

Since the disarmament and demobilization in January 2002, there has been no abduction of children by armed forces. Of the 5,552 children who were registered as separated within the Disarmament, Demobilization and Reintegration programme, 98 per cent have been reunified with their families and

CORE COUNTRY DATA

Child population (2002)	2,286,720
U5 mortality rate	284
Infant mortality rate	165
Maternal mortality ratio (1980-99)	n/a
Primary school enrolment ratio	65.5
Primary school enrolment ratio for girls	63
% U1 fully immunized (DPT3)	50
% population using improved drinking water sources	57
HIV/AIDS prevalence (2001)	7
% U5 suffering moderate and severe malnutrition	27

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



"My name is Ramatu. I come from Yengema in Kono District. I do not know when I got here, but I can remember that I was in class 5 at the time. I want to continue school so that I can become a doctor and save the lives of children."

"Right now, I am with my grandmother. My mother is in Makeni. My father died during the war. I was very small when he died. During the war, we were just running all over the place in the bush. When we go to one place, we saw soldiers shooting guns. From there, we ran to another place... During this war, we suffered. When we reached some areas, we saw dead bodies and we were very afraid. I am glad peace has come to our home so our people can work and I can continue in school. Our people are still suffering and we want the whole world to come and help us bring peace."

Ramatu, aged about 12, Yengema, Kono District.

centre-based care has been replaced by community-based support. The increasing number of reported cases of sexual exploitation and abuse and the number of children on the streets indicate real protection concerns. The juvenile justice system is barely operational and children have little protection when in conflict with the law. The whole system requires substantial reform and rehabilitation.

HIV/AIDS is a major threat. All the factors that facilitate the spread of HIV are present in the country, including high levels of population displacement, very low access to education and health care, and low levels of knowledge. Fewer than 20 per cent of adolescents can name three methods of prevention or three modes of transmission and less than 10 per cent of adolescents use condoms.

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 Sierra Leonean population affected by the war. The programme of cooperation has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection. However, these interventions have not reached their full potential due to the level of devastation during the decade-long civil conflict and social unrest.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and Sanitation and other national partners. The immunization coverage among under-five-year-olds is believed to have significantly increased from an estimated 20 per cent in 1999 to an estimated 50 per cent by mid 2004. The conflict was also characterized by widespread destruction of health facilities. About 80 per cent of the functioning health facilities now have immunization services equipped with the optimal cold chain. Health workers have received training to provide quality services to their clients.

Malnutrition, which continues to pose one of the greatest challenges in addressing the health problems of the under-five population, is being addressed through treatment and supplementation of essential nutrients such as vitamin A capsules.

To address malaria, the UNICEF-supported programme has intensified the distribution of insecticide-treated bednets, focusing on children under five, pregnant and lactating women.

To reduce the incidence of mortality through diarrhoea, emphasis has been on ensuring potable water supplies in communities and schools. As part of this initiative, UNICEF supported the provision of access to potable water and adequate and safe sanitation to more than 250,000 people in the country.

UNICEF has supported activities for the disarmament, demobilization and reintegration of former child soldiers and separated children to reunify more than 5,000 of them with their families. These activities included family/community mediation, psychosocial support, advice/linkage to appropriate reintegration support (formal education or skills training) and referral for other services. 175 Child Welfare Committees (CWCs) were enabled to facilitate the process. Education through the Community Education Investment Programme (CEIP) has been one of the most powerful reintegration activities, designed to provide formal school access to child ex-combatants and other extremely vulnerable reunified children. Under the CEIP, 3,039 children (mostly child ex-combatants) received school uniforms and bags and are enrolled in 348 schools.

Continued restoration of education was needed in areas where internally displaced people and former refugees were returning to ensure adequate shelter, school supplies and equipment in order to increase enrolment and improve the quality of basic education, and to promote the acquisition of knowledge, skills and values required to promote peace. Specifically, contributions from the 2004 appeal made it possible to rehabilitate 23 formal schools, enrol 45,000 children in formal primary schools, provide learning materials to 160,000 children, provide teaching materials to 245 schools, register an additional 6,200 children in non-formal education programmes and a further 3,320 in accelerated school programmes.

A major back-to-school campaign returned 150,000 children to formal schools and more than 60,000 to non-formal schools.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership

UNICEF has joined other UN Agencies in implementing the Country Programme, especially with WHO and UNFPA on health activities, with WFP in education and with the UN Country Team (UNCT) in addressing national priorities such as the PRSP and transitional planning. Major areas of collaboration and partnership are with sectoral ministries and NGOs (both local and international) for all its programmes. UNICEF is a member of interagency coordination mechanisms like the UNAIDS theme group, the Inter-Agency Coordinating Committee on health, etc.

Regular programme

The Country Programme is supporting national programmes and an integrated programme in three districts which will be zones of convergence. The target districts are in areas with the greatest disparities in terms of access to services and damage resulting from the conflict. These border districts also receive the majority of refugees in the event of insecurity in neighbouring countries. The districts have an estimated population of 1.38 million.

In 2005 the programme will continue to emphasize child survival, access to quality basic education, protecting the most vulnerable children, increasing community access to potable water and prevention of HIV/AIDS among young people.

Health and nutrition (US\$ 1,300,000)

Some 1.2 million women of childbearing age and about 850,000 under-five children will benefit from the following key activities:

- Provide of micronutrients (vitamin A, Iron-folate).
- Provide neonatal and emergency obstetrics care, clean deliveries, care of umbilical cord by trained health personnel.
- Promote exclusive breastfeeding, good dietary and hygiene practices.
- Promote growth monitoring at the Primary Health Unit (PHU) and community levels.
- Provide essential drugs, equipment and medical supplies for 130 PHUs.
- Provide anti-mosquito insecticide-treated bednets in three focus areas.
- Procure vaccines/antigens (BCG, OPV, DPT, Measles, YFV, TT), injection equipment and supplies.
- Increase uptake of routine immunization services by ensuring the delivery of safe vaccines for women and children.
- Train 445 health workers per year on cold-chain maintenance, vaccines and vitamin A administration, injection safety practices, etc.
- Support supplementary immunisation of activities for measles and maternal and neonatal tetanus and supply vitamin A.
- Support emergency preparedness and response for outbreaks of vaccine-preventable diseases.

Water and environmental sanitation (US\$ 400,000)

Some 100,000 people, particularly children and women, will be reached through the following key activities:

- Provide potable water and sanitation facilities in 100 schools, 40 PHUs and 40 catchment communities in the target areas of the programme.
- Launch an extensive public information campaign on the importance of good hygienic practices and the consumption of safe water.
- Set up management committees at community level to construct 500 family latrines and train 360 pump attendants to maintain water facilities.
- Provide equipment and training for the regular testing of water quality at the water points.

Education (US\$ 900,000)

Some 375,000 primary school children and 3,000 teachers will benefit from the following key activities:

- Support minor rehabilitation of 150 schools and provide basic furnishing.
- Train 3,000 teachers on child centred participatory approaches and improved pedagogy.
- Provide essential educational materials for about 250,000 pupils and 3,000 teachers.
- Establish and equip 24 Cluster Resource Centres to provide teacher-support services.
- Support effective school monitoring and regular supervision.
- Support community mobilization in 150 communities to create awareness on preparing children for schooling.
- Create and sustain a system for parents and community involvement in managing education in 150 communities.
- Define national learning outcomes and develop a system for monitoring learning achievement.
- Strengthen the capacity of 24 District Education Officers to plan, implement and monitor quality of education.
- Develop a strategic plan for complementary education with emphasis on promoting girls' education.
- Assist communities and government to establish learning facilities in temporary structures for 65,000 over-aged children.
- Support national coordination, supervision and monitoring of the project.
- Help establish parent-teacher associations and administrative committees to manage the centres.
- Establish learning facilities in temporary structures for 185,000 children aged six-nine years old.

Protection (US\$ 700,000)

Some 1,800 street children, 1,000 separated refugee children, 6,000 orphaned and vulnerable children, and about 2,000 victims of sexual violence and abuse are targeted through the following key activities:

- Identify separated and refugee children at border points, internment camps and refugee camps, etc.
- Provide emergency short term care for separated children.
- Reunify children with their families and ensure that children who are reunified are sent to school, have access to health care and receive proper care.
- Provide registered children with education through Community Education Investment Programme and vocational opportunities.
- Enable the communities through working with Child Welfare Committees to protect, advocate, and support the reunified children.
- Support community-based mechanisms to report and prevent incidence of violence and sexual abuse against children, including a community reporting system for cases of exploitation by humanitarian aid workers.
- Train 300 social workers, health-care professionals, police and probation officers to provide professional care and counselling to victims of violence.
- Provide services (medical, counselling, legal aid, etc.) and protection for sexually abused and exploited children.
- Improve capacity of relevant partners: Ministry of Social Welfare Gender and Children's Affairs, Ministry of Health, Ministry Education, Sierra Leone Police, UNAMSIL, UNHCR, and international and national NGOs to ensure effective programme interventions.
- Reunify child commercial sex workers with their families.
- Care and protection to children who will be part of the Special Court proceedings.
- Support birth registration in the three focal districts.

Adolescent HIV/AIDS prevention (US\$ 300,000)

This project will target about 800,000 young people, both in and out of school age groups by:

- Undertaking extensive multi-channel and multimedia public awareness and information campaigns targeting adolescents and youths and geared towards behaviour change.
- Train government and NGO partners and young people in Information Education Communication (IEC)/ Behaviour Change Communication techniques including monitoring and evaluation of the initiatives.
- Work with youth clubs on HIV/AIDS prevention in schools and communities.
- Engage leaders, including religious leaders, in the fight against HIV/AIDS.
- Support community and school drama performances.
- Conduct surveys to evaluate behavioural changes towards HIV/AIDS.

WEST AND CENTRAL AFRICA REGIONAL OFFICE (WCARO)

Regional Office financial needs for 2005	
COUNTRY-SPECIFIC PROJECTS WITH REGIONAL IMPLICATIONS	US\$
Mali: Support to refugees displaced populations and host communities affected by the Côte d'Ivoire crisis	404,000
Burkina Faso: Emergency health assistance for returnees and communities affected by locust invasion	433,500
Burkina Faso: Water supply and sanitation for returned population from Côte d'Ivoire and guidance to population in locust infested provinces	221,600
Burkina Faso: Restoring Access to Basic Education and IECD	602,300
Burkina Faso: Protection of vulnerable groups among returnees; pop transit and refugees	272,700
Mauritania: National response to the foreseen nutrition emergency as a consequence of the Desert Locust invasion	871,000
REGIONAL OFFICE PROJECTS	US\$
Emergency preparedness and response	303,400
Quality obstetric care for women and newborns affected by conflict	700,000
Mitigating the nutritional impact of locust invasion in infants and young children, pregnant women, and lactating mothers	1,232,000
Education in emergencies and for peace-building	264,100
Emergency gender-based violence (GBV) Rapid Intervention Project	1,680,000
Emergency HIV/AIDS project for youth in conflict	1,120,000
Reinforcing children's protection in the countries of the Mano River Union (Sierra Leone, Liberia, Guinea) and Côte d'Ivoire	630,000
Leadership for Human Security – Peace-building Project	527,200
Total *	9,261,800

* 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.

REGIONAL OFFICE PROJECTS

As part of its regional humanitarian programme, the UNICEF West and Central Africa Regional Office (WCARO) will focus its efforts on continuing to strengthen country capacities to respond to conflicts and natural disasters. The following projects are submitted to support this objective.

Emergency preparedness and response (US\$ 303,400)

Preparedness is a prerequisite for ensuring adequate response in emergencies. Training of staff as well as contingency planning will be carried out in all country offices in the region using a one-week module successfully tested in 2004. Countries in emergencies will be supported to meet their immediate needs in terms of surge capacity. While preparedness activities in the region will, in part, be achieved through ongoing support from the UK Department for International Development (DfID), as well as from a new global partnership with ECHO, additional support is needed to cover all country offices in the region.

Expected outputs:

- All 24 WCARO country offices to have an updated and operational emergency preparedness plan integrated in their annual plan.

- Staff members in country offices to have the required skills and attitude for managing emergency situations.
- All country offices have at least one professional trained in management of severe malnutrition.
- Country offices are fully MOSS (Minimum Operating Security Standards) compliant.
- At the onset of an emergency, additional staff can be deployed to the country offices within 48 hours.
- Stress among staff members serving in emergency situations is managed.

Quality obstetric care for women and newborns affected by conflict (US\$ 700,000)

Coordinated regional capacity-building for health service providers is urgently needed to improve complications readiness and strengthen obstetric and neonatal care for affected populations including IDPs, refugees, returnees and host communities. Some 150,000 women and children (IDPs, refugees, returnees and other vulnerable groups including host communities) are targeted. Project activities will be coordinated with the STI/HIV/AIDS and Gender-Based Violence projects included in this appeal.

Expected outputs:

This regional project will contribute to the reduction of mothers and newborn death and disability by:

- Improving capacity of health-care providers on refocused antenatal care including birth preparedness and complications readiness and emergency obstetric and neonatal care.
- Developing and supporting outreach activities to improve access to essential obstetric and neonatal care.
- Establishing a rapid communication system between affected populations and health centres/referral hospitals, in collaboration with and through reinforcement of existing emergency-based infrastructures.

Mitigating the nutritional impact of locust invasion on infants and young children, pregnant women, and lactating mothers (US\$ 1,232,000)

A coordinated regional response is urgently needed to strengthen the capacity of the primary health care systems and community women's groups and networks to respond to the nutrition vulnerability created by the locust invasion for 300,000 infants and young children (0-23 months old), pregnant women, and lactating mothers living in the worst affected regions by the locust invasion in West Africa.

Expected outputs:

- Enhanced existing nutrition rehabilitation centres and trained staff of newly created nutrition rehabilitation centres in the integrated management of severe malnutrition in infants and young children.
- Trained primary health-care providers in supportive capacity-building, counselling, and supervision of community resource women's groups and networks so that they can ensure a package of essential nutrition and nutrition-relevant services for:

Infants and young children: exclusive breastfeeding 0-6 months; adequate complementary foods and feeding practices with continued breastfeeding 6-23 months; biannual vitamin A supplementation 6-23 months; and adherence to EPI schedule, malaria control measures and deworming 12-23 months.

Pregnant women: multiple micronutrient supplementation during the last two trimesters of pregnancy (UN formulation containing 16 vitamins and mineral at recommended dietary allowance (RDA) levels); counselling on maternal nutrition during pregnancy; one daily extra food ration; and adherence to antenatal care schedule, malaria control measures, and deworming in the second trimester of pregnancy.

Lactating mothers: post-partum vitamin A supplementation; multiple micronutrient supplements (UN formulation containing 16 vitamins and mineral at RDA levels); counselling on maternal nutrition during lactation; counselling on lactation management; one daily extra food ration; and adherence to post-natal care schedule and malaria control measures.

Education in emergencies and for peace-building (US\$ 264,100)

Ensure regional capacity-building for key national and regional actors to improve rapid education responses, for 455,000 children and women teachers.

Expected outputs:

- Improved competence in rapid assessment and data collection techniques, back-to-school methods (infrastructure and organization of supply, learning environments and child-friendly spaces, accelerated, complementary and community integration learning programmes, teacher recruitment and training), community and children participation and involvement, gender and quality issues during emergencies, education policies and advocacy messages; data from analysis and mapping will be the basis for addressing specific needs and targeting actors.
- Development of a regional programme and network of interveners for peace and civic education to address the effects of social disintegration, promote reconciliation, cooperation, and active tolerance in and around the schools – and contribute to a culture of peace, democracy and human rights.

Emergency Gender-Based Violence (GBV) Rapid Intervention Project (US\$ 1,680,000)

The aim of this regional project is to meet the challenge of GBV by targeting 100,000 women and children (refugees, returnees and other vulnerable groups) who have been directly affected by GBV along borders, affected by cross-border aspects of conflict, or in camps. The aim is to increase the speed with which treatment and services are provided to victims of GBV and catalyze national responses by providing rapid surge capacity for new and emerging conflicts in West Africa.

Expected outputs:

- Regional GBV rapid-response capacity strengthened (development of standby rosters for rapidly deployable technical assistance) in order to conduct rapid needs assessments of victims of GBV, initiate programme activities, and build local and national capacity to respond.
- Essential supplies pre-positioned for addressing the physical consequences of GBV (e.g. post-rape care kits, sexually transmitted infections treatment kits, post exposure prophylaxis (PEP) kits for preventing HIV transmission).
- Additional support to mobile clinics for service delivery to vulnerable populations.
- Increased outreach and education among care providers and beneficiaries about the need for medical treatment and psychosocial care following incidents of rape.
- Provision of training for international and local NGOs, UN agencies, health ministry officials, as well as to police and military forces around issues of sexual violence, prevention of abuse and protection.

Emergency HIV/AIDS project for youth in conflict (US\$ 1,120,000)

This regional project will contribute to the reduction of new HIV infections among 75,000 youth directly at risk from HIV/AIDS (refugees, returnees and other vulnerable groups).

Expected outputs:

- Young people displaced by conflict have access to information on STIs and HIV/AIDS.
- Vulnerable groups in border areas e.g., youth, commercial sex workers, etc. are specifically targeted with high-impact communication strategies, treatment for STIs and counselling/testing for HIV.
- Sensitization of host communities and military groups about HIV/AIDS.

Reinforcing children's protection in the countries of the Mano River Union (Sierra Leone, Liberia, Guinea) and Côte d'Ivoire (US\$ 630,000)

Building on results from 2004, UNICEF will develop its coordination of the 'Inter-agency Subregional Child Protection Forum'. The following areas will receive particular attention in 2005: disarmament, demobilization and reintegration (DDR); repatriation and post-reunification support of separated children; sexual and gender-based violence and exploitation (SGBVE); cross-border monitoring of child rights' violations.

Expected outputs:

- Harmonize national data collection systems and mapping of agencies' operational areas across region.
- Advocacy on the situation of children affected by armed conflict, based on field missions.

- Cross-border meetings to promote protection surveillance for children and provide rapid response.
- Development and monitoring of a regional Code of Conduct.
- An Emergency Protection Sub-regional Unit based in Monrovia.

Leadership for human security: Peace-building Project (US\$ 527,200)

The project targets networks, media, youth and children's groups, policymakers and civil society across Côte d'Ivoire, Liberia, Guinea, Mali, Burkina Faso and Ghana in conflict-affected populations and host communities to enhance the social and institutional capacities to promote peace.

Expected outputs:

- Information collection and analysis on the vulnerability and resiliency of children and the role of youth, identifying risk and protective factors that support their involvement in or shield them from violence.
- Analysis of the potential to promote peace or fuel conflict within ongoing humanitarian assistance.
- Needs assessment to support capacities on conflict transformation for policymakers, civil society, media and child and youth groups; develop modules on conflict transformation training.
- Advocacy with regional political and economic bodies (ECOWAS) and other key decision-making bodies.
- The first phase of a mass media campaign for and by children and young people.

KEY ACTIONS AND ACHIEVEMENTS IN 2004

Coordination and partnership

In 2004 there has been an increase in the number of UN agencies and NGOs using Dakar as their regional base. Regional coordination has focused on managing the locust invasion, national and subregional contingency planning and cross-border issues related to the three peacekeeping operations in Sierra Leone, Côte d'Ivoire and Liberia. This will be reinforced in 2005 as the OCHA regional office consolidates, links with UNOWA are developed and the regional Inter-Agency Standing Committee (established in 2004) defines its vision.

In 2004, UNICEF continued to strengthen emergency preparedness and response capacity in the regional and country offices in order to minimize the negative effects of crises on women and children. In this regard, the regional office benefited from support from the UK Department for International Development (DfID) aimed at strengthening UNICEF's overall response to humanitarian situations. WCARO has reinforced its coordination links with regional offices of other UN agencies and contributed to the creation of a Regional Inter-Agency Standing Committee and has produced a monthly regional bulletin. Results achieved against objectives set at the beginning of the year are summarized here:

Support to emergency response in Chad, Côte d'Ivoire, DRC and Liberia

Chad and the Darfur crisis have been a priority for UNICEF this year. The Regional Office has provided technical assistance in programme planning, advocacy and resource mobilization. Additional staff have been identified from the emergency roster and deployed to the country office to meet the increased need. Field visits in specific technical domains were carried out by the Regional Office in support of the Chad country office and recommendations are monitored by the Emergency Unit. Moreover, the Regional Office Emergency Unit assumed the lead role for technical assistance to three countries in the region preparing for or engaged in disarmament, demobilization and reintegration (DDR): Liberia, Côte d'Ivoire and DRC. Liberia has received special attention with the ongoing DDR programme, using regional experience to advocate for proper standards for children in the process. The Democratic Republic of the Congo received support in contingency planning in Ituri following a peace settlement between belligerent groups after which large numbers of children were released.

Emergency preparedness and response process and humanitarian principles

UNICEF conducted emergency preparedness training and response planning exercises in seven countries that had not previously done emergency preparedness and response planning (EPRP) and revised the EPRP in four countries that had an existing plan. UNICEF and partner agency staff also participated in a Training of Trainers on Humanitarian Principles.

Cross-border coordination in the Mano River Union and Côte d'Ivoire

The Regional Emergency Unit defined and received funding from ECHO for a project to reinforce the protection of children affected by armed conflict in Guinea, Sierra Leone, Liberia and Côte d'Ivoire. Two subregional meetings on DDR and separated children defined policy and procedures that directly affect children moving across the borders. A subregional Emergency Protection Coordinator has been in place to manage the project, based in Monrovia, since November 2004.

Response to locust invasion

The Regional Emergency Unit and the Regional Nutrition Unit have been collaborating in providing advice to the country offices on situation analysis, vulnerability assessment and preparedness actions for preventing/mitigating the effects of the desert locust invasion on the nutritional status of vulnerable groups. Special regional bulletins have been prepared by the Emergency Unit to share situation updates and response among affected countries.