CRITICAL ISSUES FOR CHILDREN AND WOMEN

Eastern and Southern Africa has had more emergencies over the past decade than any other region in the world. Wars and civil conflict, the breakdown of governance, droughts and floods, and various epidemics, including the debilitating HIV and AIDS pandemic, have been significant hurdles to the realization of women and children's rights. The last year has been no exception, although some positive developments have occurred, principally in Angola, Burundi, Somalia and Southern Sudan. However, a number of countries continue to require appeals: Burundi, Ethiopia, Eritrea, Somalia and Uganda.

Children living in unstable environments continue to be one of the special protection priorities in the region in 2004. There are ongoing conflicts in Uganda and the Democratic Republic of the Congo (although not part of East and Southern Africa Region, the conflict in eastern DRC has a direct impact on other countries in the region). There are post-conflict situations that continue to require support in many areas, including the needs of former child soldiers, and separated children. There are also critical opportunities for improving the situation of children through ongoing peace processes in Burundi, Somalia and Sudan. Armed conflict negatively impacts on the rights of children in complex and interrelated ways. Children are directly involved in conflict either as soldiers (in Burundi and Uganda) or when targeted as civilians.
Abuse, exploitation and violence against women and children is regularly used as a weapon of war in the region. This is well documented in Angola, Burundi, Sudan and Uganda. These acts are a direct violation of the human rights of women and children, and are also a violation of international humanitarian law.

Children are the most vulnerable group in terms of being caught in cross fire and being exposed to the effects of landmines and unexploded ordinance. Millions of children have had to flee their homes, often becoming internally displaced persons (IDPs) or refugees. The peace processes in Burundi, Somalia and Sudan will precipitate, we hope, the return of IDPs and refugees to their communities. As in all massive population movements, children remain vulnerable and require particular attention and protection.

The very high rates of HIV/AIDS in Eastern and Southern Africa further threaten their existence. The main mechanisms for addressing the pandemic – public health care, schools and awareness-raising through the mass media – are weak or non-existent in communities affected by conflict. New and innovative ideas are required to address the HIV/AIDS pandemic in all communities, especially those in conflict-affected areas. Sexual and gender-based violence is also directly contributing to the spread of HIV/AIDS.

In the Great Lakes region, for example, displacement, separation, poverty and a lack of protection for the most vulnerable members of society are among the factors contributing to the incidence of sexual violence. The implications for survivors are extremely serious and include the spread of HIV/AIDS and other sexually transmitted infections, unwanted pregnancy, severe (and sometimes fatal) injury and psychological harm. Organizations, including UNICEF, have scaled up their programmes, but the problem remains tremendous.

The remainder of this section contains country appeals for Angola, Burundi, Eritrea, Ethiopia, Lesotho, Malawi, Mozambique, Somalia, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe, and then summarizes regional support planned for humanitarian actions in 2005 and support activities undertaken in 2004.
Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>6,550,000</td>
</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>4,400,000</td>
</tr>
<tr>
<td>Education</td>
<td>12,500,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>2,100,000</td>
</tr>
<tr>
<td>HIV/AIDS and youth *</td>
<td>1,500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27,050,000</strong></td>
</tr>
</tbody>
</table>

* Stated HIV funding needs do not reflect the full allocation, as HIV programming will link into other programme interventions in order to achieve the highest outreach at the lowest cost.

** 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 27-year civil war, which ended in 2002, led to the internal displacement of over 4 million persons, the majority of whom were children and women. Over three quarters of them have now returned to their areas of origin, most without any form of assistance. Although services in urban areas are stretched well beyond their limits, social indicators show that rural areas are worse off than urban ones. There is a pressing need to restore services and revive local economies in rural areas, while ensuring the reintegration of the returnee population. Mine infestation, however, continues to impede the safe return of populations to rural areas, the revival of agriculture and household food security.

While Angola has the potential to use its significant and rising oil earnings to support reconstruction efforts, the external debt burden is a constraining factor. The Government is presently in negotiations with the International Monetary Fund and the World Bank to increase external funding. A draft poverty reduction strategy paper (PRSP) has been recently released and discussions are under way about the possibility of holding a Donors’ Conference. While in the 2004 budget the Government increased its overall allocation for the social sectors, with the health and education sectors being allocated around 6 and 10 per cent respectively, these levels continue to fall short of the averages of Southern African Development Community countries.

Poor nutrition is a major cause of the high levels of child morbidity and mortality. The 2001 Multiple Indicator Cluster Survey revealed that 45 per cent of children less than five years old suffered from chronic malnutrition, 31 per cent were underweight and 6 per cent were acutely malnourished. Two leading health concerns are malaria and HIV/AIDS. Malaria is the largest single cause of child mortality. In 2001, only 2 per cent of children under five years of age were using insecticide-treated mosquito nets.

The other main causes of child mortality are acute respiratory infections, diarrhoeal diseases and vaccine-preventable diseases, particularly measles. Immunization coverage is increasing, although only 47 per cent of one-year-olds are fully immunized. Major progress has been made through national campaigns towards polio eradication and measles control, and efforts are being made to strengthen routine immunization services. Diarrhoea-related morbidity and mortality are due largely to inadequate access to safe water and sanitation services, particularly in rural areas, where some 50 per cent of households lack access to safe drinking water and 75 per cent do not use sanitary means of excreta disposal. Poor hygiene conditions and lack of access to health services also contribute to the elevated maternal mortality ratio – 1,700 per 100,000 live births – one of the highest in the world.

The HIV prevalence rate is estimated at 5.5 per cent, but data gaps and weak surveillance need to be addressed in order to adequately assess and monitor the situation. Extremely limited knowledge of, and attitudes towards, HIV/AIDS are of great concern: for example, one out of three women aged 15 to 49 years has never heard of HIV/AIDS and only around 1 in 12 has adequate knowledge about how the disease is transmitted and prevented.

Education presents a number of challenges, beginning with the fact that 44 per cent of children do not attend primary school. There continues to be a gender disparity in access to education, to the disadvantage of girls. In 2002, the gross enrolment rate was 71.5 per cent (60.6 per cent for girls and 82.3 per cent for boys) while the net enrolment rate was 49.1 per cent (41.3 per cent for girls and 56.8 per cent for boys). Girls also have higher drop-out and lower completion rates. Gender disparity regarding literacy is significant, with only 54 per cent of women over 15 years old literate, compared with 82 per cent of men. The country faces the

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**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (thousands)</td>
<td>7,100</td>
</tr>
<tr>
<td>U5 mortality rate</td>
<td>260</td>
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<tr>
<td>Infant mortality rate</td>
<td>172</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td>1,700</td>
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<tr>
<td>Primary school enrolment ratio</td>
<td>55</td>
</tr>
<tr>
<td>Primary school enrolment ratio for girls</td>
<td>56</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3)</td>
<td>47</td>
</tr>
<tr>
<td>% of population using improved drinking water sources*</td>
<td>50</td>
</tr>
<tr>
<td>HIV/AIDS prevalence</td>
<td>5.5</td>
</tr>
<tr>
<td>% U5 suffering moderate and severe malnutrition</td>
<td>31</td>
</tr>
</tbody>
</table>

*Meeting the MDG Drinking Water and Sanitation Target: A Mid-Term Assessment of Progress, WHO/UNICEF Joint Monitoring Programme, August 2004*
challenge of increasing the number of children in primary school from an estimated 1.5 million in 2000 to 5 million by 2015 in order to achieve the national goal of universal primary education.

An estimated 1 million children died during the years of conflict, which took a heavy toll on the psychosocial well-being of many children. At present approximately 43,000 children remain separated from their families. The number of orphans cared for in Angolan households is very high, with 11 per cent of all children under 14 having lost one or both parents. Making matters worse is the fact that only 30 per cent of children are registered at birth.

Some 30 per cent of children five to 14 years old are working. Sexual and economic abuse of children, including child trafficking in certain parts of the country, have also emerged as problems. Strategies and programmes to address the situation of children in conflict with the law are only beginning. Although a legal framework and national strategy for child protection exist, as do networks of child protection organizations, implementation needs strengthening to reach the many Angolan children who are deprived, abused or exploited.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

The Government and UNICEF, working closely with other partners, provided key and timely life-saving support in situations of acute critical need. In response to a number of nutrition crises, UNICEF contributed to an intensive effort to train health workers and supply therapeutic and supplementary feeding centres. As a result of such efforts, a number of emergencies were brought under control. Conditions stabilized in all areas where UNICEF and other organizations had uninterrupted access.

The 2004 one-year country programme has supported efforts leading from emergency to transition, while promoting greater national ownership of programmes. In the health sector, two polio campaigns for more than 5 million children were conducted, along with vitamin supplementation. An integrated package of services – immunization, vitamin supplementation, deworming and malaria information – was disseminated in a targeted campaign in 59 municipalities in November. These municipal days are an expanded effort to bridge interventions in campaign and routine services by increasing health outreach services. UNICEF has also supported initiatives to build the capacity of the Government to progressively take over the management of therapeutic and supplementary feeding for children. These initiatives, which include development of national nutrition protocols and the training of health workers, have also progressed well and constitute an entry point for more comprehensive nutrition programmes.

The finalization of a national HIV/AIDS strategy (supported by UNICEF and a number of other partners) is a significant achievement, and activities are now under way to implement the plan at subnational levels. Nevertheless, more concerted action both in terms of prevention and treatment is needed, as the population continues to be at great risk. The country programme helped to establish youth-led programmes for HIV/AIDS prevention, which have reached more than 160,000 young people over the
past year. However, progress has been far more limited in expanding programmes for the prevention of mother-to-child transmission, as well as voluntary testing and counselling.

The 2003 Back-to-School campaigns led to a large increase in enrolment in 2004 – nearly 1 million children. These campaigns led to the Government’s decision to recruit an additional 29,000 primary school teachers countrywide. Two training sessions were then conducted to improve the quality of these teachers. A project to address the educational needs of out-of-school youth was also established and has reached almost 90,000 adolescents.

A number of lessons learned will inform 2005 programming.

Firstly, more sectoral integration is needed. Although efforts focused less on short-term humanitarian assistance and more on longer-term rebuilding, interventions remained overly vertical. Secondly, experiences with community capacity development remained limited, with the exception of collaboration with the Child Pastorate in primary health care, community-based back-to-school campaigns and village-level water and sanitation and hygiene interventions. Programme communication and social mobilization activities were not firmly anchored within communities, and greater efforts are needed to understand community dynamics and strengthen community ownership of programmes. A third lesson is that fostering national ownership of programmes from the beginning helped to initiate processes and campaigns to address child protection issues, rebuild health services and revitalize basic education. Assisting in this effort was an extremely close working relationship between the Government and UNICEF and an appropriate mix of advocacy, capacity-building and service delivery. Finally, integrating emergency interventions into existing programmes, rather than creating separate and parallel structures, helped the programme to respond to numerous situations of acute need.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
Planned actions are done primarily in collaboration with the Government of Angola and match project outcomes as set out in the UN Joint Programming document, the United Nations Development Assistance Framework 2005-2008. UNICEF supports the Ministry of Education to lead the education bloc and is a key member in health and protection coordination bodies. UNICEF maintains key partnerships with NGOs, CBOs and other organizations such as religious organizations. Information systems to support Government-led sector-wide planning will be prioritised by all programme areas in 2005.

Regular programme
The UNICEF Programme of Cooperation 2005-08 has been developed and will contribute to the following key results by 2008: (a) reduce under-five mortality by 50 per cent; (b) reduce severe/moderate malnutrition among under-five children by 30 per cent; (c) reduce maternal mortality by 30 per cent; (d) a 75 per cent net primary school enrolment rate; (e) maintain the HIV/AIDS sero-prevalence rate below 10 per cent and provide support and care for those affected by HIV/AIDS; and (g) strengthen national capacities for protection of the rights of children, including those at risk.

UNICEF will support national and subnational level capacity-building for improved planning, technical, managerial, monitoring and evaluation skills as well as capacity development to improve national-led service delivery and promotion of behaviour change within early childhood development, education and reaching youth. Emergency preparedness and response has been fully integrated into regular programme activities.

Health and nutrition (US$ 6,550,000)
Subject to receiving the required funds, some 5 million children under five, 520,000 pregnant and lactating women and 3.9 million women of childbearing age will benefit from the following key activities:
UNICEF HUMANITARIAN ACTION REPORT 2005

- Vaccinate 5 million children under five years of age against polio and reach at least 3.5 million under-one-year-olds with DPT and measles through increased outreach services;
- Vaccinate 520,000 pregnant and lactating women against tetanus;
- Provide training in immunization techniques to EPI staff;
- Restore vaccine cold-chain storage capacity in 59 municipalities;
- Procure and distribute 1,350 essential drugs kits to support 1.3 million consultations, Albendazol 400 mg for deworming in children up to 14 years of age and ORS for oral rehydration therapy, and provide training to health workers on proper use;
- Provide 750,000 long-lasting insecticide-treated nets to protect pregnant and lactating mothers and children under five;
- Provide clean delivery kits to cover at least 100,000 deliveries;
- Provide two rounds of vitamin A supplementation to 5 million children through increased outreach health services;
- Train 1,600 community health workers on the Integrated Management of Child Illness (IMCI) initiative at household and community levels;
- Ensure that 95 per cent of households use iodized salt through law reform and enforcement to ensure imported salt is iodized, and support national producers through training and provision of basic equipment in Zaire, Bengo and Kwanza Sul salt mines;
- Provide ferrous sulphate and folic acid to 85 per cent of the country’s maternity clinics;
- Provide basic drugs and therapeutic and supplementary food for the treatment of 15,000 severely malnourished and 60,000 moderately malnourished cases;
- Design and implement an emergency package for health education in 59 municipalities reaching 70 per cent of the population;
- Establish 167 voluntary counselling and testing centres (at least one in each municipality) using existing health structures and outreach services; produce and disseminate clinic-based and community-based information materials;
- Provide a package of micronutrient supplementation to children, youth and women of childbearing age; micronutrient supplementation is shown to reduce the progress of HIV as well as improving overall health and thus Voluntary Counselling and Testing (VCT) centres will help target an approach to HIV-positive individuals as well as support pregnant women; Angola already has a system that can reach every household, thus this mechanism, as well as routine outreach services, will be utilised;
- Support development of printed, radio and television materials to increase prevention awareness and advocate for stigma/discrimination reduction through a nationwide mass media campaign;
- Support the National HIV/AIDS Programme in the creation of protocols and guidelines for Sexually Transmitted Infections (STIs), Voluntary Counselling and Testing, Prevention of Mother-to-Child Transmission (PMTCT) and breastfeeding; conduct training of trainers for the Ministry of Health and partner staff on each set of guidelines;
- Advocate for provision through the existing health network of antiretroviral treatment for HIV-positive individuals; support provision of drugs for PMTCT;
- Monitor implementation with partners through joint visits and quality and coverage surveys for vaccination;
- Strengthen the national nutritional surveillance system.

Water and environmental sanitation (US$ 4,400,000)

Subject to receiving the required funds, some 2.5 million children (through hygiene promotion) and 400,000 adults and 115,000 schoolchildren (through provision of safe water and adequate sanitation facilities) will benefit from the following key activities:
- Provide water and sanitation facilities in 375 schools;
- Construct or rehabilitate 10 small piped water supply systems to provide safe drinking water to 100,000 people;
- Construct or rehabilitate 300 wells and boreholes and install handpumps to provide safe drinking water to 300,000 people;
- Promote the auto-construction of 1,800 family latrines to provide sanitary means of excreta disposal;
- Promote hygiene education and hygiene awareness programmes in 9,000 schools and 1,500 local communities to complement existing water and sanitation services;
- Support operation and maintenance of existing and constructed water supply systems.
Education (US$ 12,500,000)

Subject to receiving the required funds, some 2.7 million children, 78,000 teachers, 1,000 trainers, 18 national pedagogical supervisors and 600 national/subnational officials, 150,000 out-of-school adolescents, 7,500 animators and 1,500 communities will benefit from the following key activities:

• Develop institutional capacity, improved sector coordination mechanisms, and education management information system (including rapid school mapping exercise) for improved programme planning, management and monitoring;
• Conduct training for 6,000 school directors and 1,000 trainers as well as 18 national pedagogical supervisors and 600 national, provincial and municipal education officials to improve education planning and quality of teaching;
• Provide pre-schooling facilities and materials for an additional 600,000 children (aged 1-4 years) and train 24,000 pre-school educators;
• Establish 1,500 community-constructed schools, including water and sanitation facilities and basic teaching learning materials;
• Provide teaching materials (primarily of life skills such as HIV, mine risks, hygiene and health education) for 27,000 classrooms;
• Establish community-based learning for 150,000 out-of-school adolescents;
• Establish, train and provide teaching materials to 7,500 community-based animators for adolescent learning;
• Provide life skills training for 78,000 teachers over a period of four years;
• Launch a media and mobilization campaign to raise the awareness of the population on the importance of education for girls and encouraging community leaders and families to send their children to school, particularly girls;
• Utilize the formal and informal schooling network to reach children and adolescents with life skills information on HIV, mine risks, hygiene and health education, as well as promoting the social, economic and health benefits of girls’ education.

Protection (US$ 2,100,000)

Subject to receiving the required funds, some 2.3 million children in primary school, 4 million people in communities through mine risk education (MRE), 21,500 children in need of special assistance (ex-child soldiers, separated children, street children, children in conflict with the law) and 1 million infants requiring birth registration are targeted through the following key activities:

• Strengthen juvenile justice by exploring alternatives to the detention and institutionalization of children;
• Develop and implement a national policy on HIV, based on the principles of the existing policy for separated children, as well as related plans of action for orphans and vulnerable children. Improve legislation related to the protection of orphans and vulnerable children (OVCs), especially in the context of the Regularization of the Social Assistance Law;
• Ensure access for orphans and other children made vulnerable by HIV/AIDS to essential services;
• Produce and disseminate 19,500 MRE teachers’ guides and 480,000 pupil guidebooks;
• Provide capacity support to the national Government body for mine action in training on MRE through the development of a national and 18 provincial plans of action, based on the findings from the 18 provincial landmine impact surveys being conducted throughout 2005;
• Provide mine risk education to all target areas and populations (outlined by the provincial land mine impact surveys) in at least five provinces in 2005 – approximately 4 million people;
• Provide the Ministry of Social Assistance and Reintegration, NGOs, churches and other civil society organizations with technical, material and financial support to assist in the reunification and reintegration of 10,000 separated children and 1,500 street children;
• Continue efforts to improve and expand family tracing and reunification activities of young people and other war-affected separated children, especially approximately 10,000 former child soldiers;
• Provide training and orientation to existing church networks, community leaders and community-based organizations in 18 provinces to assist in the development of community-based networks supporting long-term reintegration and support of OVCs, through the creation of child-friendly spaces;
• Support small-scale youth reintegration opportunities and encourage communities to take initiatives for psychosocial support of reunited families, orphans and other vulnerable children;
• Provide material, technical and financial support to the Ministry of Justice for birth registration aimed at registering at least 1 million children. Provide assistance for permanent establishment of birth registration at municipal and community levels.

HIV/AIDS and youth (US$ 1,500,000)

Activities for HIV information dissemination and youth outreach services are set out below. (HIV interventions integrated into the programme activities and budgets have been outlined under Health, above.) Overall, some 700,000 children in school, 150,000 out-of-school youth, beneficiaries of 167 Voluntary Counselling and Testing centres and recipients of HIV prevention and stigma reduction communication campaigns are targeted through the above sectoral interventions and the following key activities (subject to receiving the required funds):

• Conduct situation analyses on the impact of HIV/AIDS on children;
• Establish HIV youth clubs for 150,000 children aged 9 to 16 years;
• Reach 700,000 children aged 9 to 16 years with HIV information;
• Support the development of printed, radio and television materials to increase prevention awareness and advocate for stigma/discrimination reduction through a nationwide mass media campaign;
• Advocate for resource commitments by the Government to scale up the responses on behalf of orphans, vulnerable children and youth.
Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>12,945,124</td>
</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>2,254,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,607,100</td>
</tr>
<tr>
<td>Emergency relief and response</td>
<td>1,080,149</td>
</tr>
<tr>
<td>Multiple (Mine Risk Education)</td>
<td>571,650</td>
</tr>
<tr>
<td>Child protection (including sexual and gender-based violence)</td>
<td>1,424,136</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,882,159</strong></td>
</tr>
</tbody>
</table>

* 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

Political conflict and civil war in Burundi for more than a decade have gravely worsened the well-being and livelihood of children and women throughout the country. Approximately 20 per cent of children die before the age of five, primarily because of malaria, diarrhoea, pneumonia, malnutrition and HIV/AIDS, according to the Ministry of Health. The causes of these diseases are often related to extremely poor environment conditions, poor hygiene practices and limited access to potable water.

Maternal mortality remains excessively high with current fatalities estimated at 1,000 per 100,000 live births. Approximately 80 per cent of deliveries take place at home without the assistance of trained professionals, while fertility rates remains at a high 6.8 per cent. Despite the improvement of acute malnutrition, the rate of chronic malnutrition remains high (56.8 per cent). In addition the prevalence of anaemia among children under five is 56 per cent and among pregnant women 47 per cent.

The education system has been particularly affected by the war with educational attendance levels at their lowest since the country gained independence in 1962. The net school enrolment rate is 56 per cent. There are important gender disparities in school enrolment: 50 per cent of girls have access to primary school compared to 63 per cent of boys. Shortages of classrooms and teachers lead to a pupil-teacher ratio of 80, with some classrooms hosting 100 students per shift. Moreover only 30 per cent of students who complete primary school continue their secondary education.

The conflict in Burundi has led to serious violations of child rights, including: the recruitment of an estimated 7,000 children into militias; rape; child prostitution; exploitation of the estimated 654,500 working children on plantations, on construction sites and in mines; the orphaning of 620,000 children; exposure to landmines; sexual and gender-based violence. Following the recent ceasefire agreement and the positive moves towards peace, refugees and internally displaced persons (IDPs) have returned to their communities through

“"I can survive thanks to my brother”

“I live in Nyabitare with my brother. We used to be 11 at home including my parents. Now we are only two. All died due to sickness. I can survive thanks to my brother. He is a farmer. The State pays my studies. Besides studying, I cultivate to earn some money and help my brother. I work every Saturday. I also work for other farmers in exchange of money. Otherwise, I cultivate for myself to have something to eat. Following the advice of our neighbour, I have not joined the army or the rebellion groups like the other children of my age. I would like to be a teacher, so that I can teach others. My wish in life would be to finish my studies and find a job to help my brother.”

Gervais has just started the fifth grade in primary school. He and his brother never fled to Tanzania, but were frequently displaced by combats during the crisis. Gervais is one of the children who will receive school materials during the official launch of the Back-to-School campaign in Nyabitare primary school (Ruyigi province).
the year 2004: 84,176 Burundian refugees returned from Tanzania in the period January-September; in April-May 2004, approximately 137,000 IDPs had already returned home or were on the move. The year 2004, has also been marked by the sudden influx of approximately 25,000-28,000 refugees following the crisis in the DRC region of South Kivu. Additionally, the province of Bujumbura Rural, still affected by armed conflict, shows the highest levels of displacement with 56 per cent of its population suffering either temporary or long-term displacement. Recurrent waves of displacement are putting an extra burden on already insufficient basic social services such as health centres and schools. Women coming back or living alone with their children are especially vulnerable as they have no means of income and generally need to work very hard to survive.

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 Burundian population affected by the war. It has mainly focused on the priority areas of health and nutrition, water and sanitation, education, HIV/AIDS and youth, child protection and communication. Emergency planning and response is mainstreamed in all programmes and reinforced by an emergency unit. Intervention in these areas has been facilitated by the progressive stabilization of security conditions and expanded access to most part of Burundian territory with the exception of Bujumbura Rural. However, the situation in Burundi remains fragile: the gains in security and stability have been exposed to constant risk of instability, increased banditry and abundance of weapons.

In the area of health and nutrition, routine vaccination and treatment of malaria have been improved through increased technical and supply assistance to the Ministry of Health. Some 672,557 persons were vaccinated against meningitis in a major vaccination campaign in July-August 2004. In March 2004, 2,659 people were treated in Therapeutic Nutrition Centres and 34,629 people were treated in supplementary Nutrition Centres (in comparison to the numbers in January which were 3,341 and 27,257 respectively). UNICEF is supporting these centres with therapeutic products and technical support. UNICEF continued to support the introduction of the new malaria treatment through treatment doses and social mobilization. Since January 2004, non-food Items (blankets, clothes, cooking sets) or high protein biscuits were provided to more than 75,000 extremely vulnerable women and children displaced by the ongoing conflict in Bujumbura Rural. Efforts continued to halt and diminish new cases of HIV/AIDS through more than 1,500 HIV/AIDS youth animators in seven provinces and the establishment of youth centres.

In the education area, UNICEF is currently launching a ‘Back-to-School’ campaign which targets approximately 440,000 children with basic school materials. In addition more than 100 classrooms are being rehabilitated and school materials for 439,285 children, along with 450,787 manuals for children and teachers, 21,971 school benches, 9,000 tables for teachers, 1,892 blackboards and 34,670 uniforms for the most vulnerable children. UNICEF is also ensuring that sanitation systems, hygiene education and water are put into schools.

For child protection, significant results were achieved: child protection structures were established within two Government departments and among numerous NGOs for several key activities relating to CRC reporting, mine risk education, family reunification of separated children, and child soldiers.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
Joint planning takes place with the Government, UN Agencies (WHO, WFP, FAO, UNHCR, UNFPA, UNESCO, OCHA) and other partners including media and civil society. Decentralized programming implementation takes place with local authorities, NGOs and Community-Based Organizations.
The Country Programme of Cooperation for 2005-2007 consists of six programmes, including education, health and nutrition, HIV/AIDS and youth protection, water and environmental sanitation and communication. Emergency preparedness and response is integrated in all programmes. Policy development and central Government capacity reinforcement take place at national level. All other aspects of programme implementation focus on nine provinces where most of the returnees and internally displaced population are settling down in addition to Bujumbura Rural where the conflict continues.

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.

Health and nutrition (US$ 12,945,124)

- Provide essential drugs to 100 health centres in most affected areas for the treatment of 115,000 cases of common diseases per month;
- Support immunization in 450 health centres by organizing training for 1,000 health workers, by supporting mobile vaccination teams and improving social mobilization; provide new refrigerators and spare parts to improve the cold chain in 133 health centres;
- Ensure that pregnant women have access to quality emergency obstetric care in nine provinces;
- Ensure rehabilitation of severe and moderate cases of malnutrition (for 2,500 severely and 30,500 moderately malnourished children); continue the integration of nutrition activities within the national health system and reinforce the nutrition surveillance system;
- Facilitate prevention of mother-to-child transmission of HIV in emergency areas;
- Ensure that 50 per cent of pregnant women and children sleep under long-lasting insecticidal nets (LLINs) with the distribution of 150,000 insecticide-treated mosquito nets and promote their correct use.

Water and environmental sanitation (US$ 2,254,000)

Around 150,000 people, including those affected by the crisis and 15,000 primary school pupils, will be reached through the following key activities:

- Reconstruction and rehabilitation of water and sanitation systems, particularly for primary schools and health centres;
- Education and sensitization in hygiene and basic sanitation (promotion of self-construction of improved family latrines);
- Strengthening community capacity structures looking after sensitization in hygiene and maintenance and management of infrastructures.

Up to 50,000 displaced or repatriated people, local residents and victims of epidemics or eventual natural disasters will have access to water and sanitation systems through the following activities:

- Pre-positioning emergency response for affected population;
- Water distribution and establishment of temporary sanitary facilities;
- Sensitization in hygiene and basic sanitation;
- Provision of ‘first necessity’ tool kits, improving hygiene practices;
- Coordination of interventions in this sector during emergency operations.

Education (US$ 2,607,100)

A total of 300,000 children and youths of school age, particularly those affected by the crisis, will benefit through the following key activities:

- Construction or rehabilitation of 150 temporary classrooms;
- Establish a monitoring mechanism through the Ministry of Education;
Train 1,000 underqualified primary school teachers and 500 primary school teachers in life skills, with particular attention to HIV/AIDS and peace education;  
Train 900 non-formal education teachers on peace education and provide them with materials;  
Prepare 300,000 youths (12-19 years) with life skills and preparation for constructive adult roles;  
Mobilization campaigns on universal access to education, emphasis on female enrolment and peace promotion.

A total of 5,000 children aged three to six living with their parents in IDP sites and hosting communities will benefit through the following activities:  
Training of parents and community members in community nurseries situated in IDP sites and hosting communities in five provinces;  
Provision of care and protection in the centres through vaccination, appropriate sanitation and hygiene facilities, recreational activities and adequate nutrition.

A total of 10,000 adolescents in sub-urban areas in Ruyigi, Makamba, Bubanza, Bujumbura Rural, and Bujumbura Mairie provinces will benefit from ‘second chance’ educational activities including life skills. This will include the following activities:  
Rehabilitation of 10 youth and vocational centers in four provinces;  
Provision of training equipment and materials for 25 public and private youth and vocational centres;  
Training of 300 youth trainers on gender and life skills, including vocational skills;  
Training of non-formal education teachers and animators and supporting the non-formal education of 8,000 adolescents.

Child protection (US$ 1,424,136)

Some 1,000 separated children and 35,000 displaced children are targeted through the following key activities:  
Reinforce existing structures through further training, organization management and provision of relevant supplies for the protection of children;  
Implement tracing and family reunification for separated children and community reinsertion of children returning to their communities;  
Establish mechanisms for the prevention of violence, exploitation, discrimination, abuse and neglect for children in need of protection including separated and internally displaced children;  
Undertake complementary assessments and studies;  
Support the formulation, endorsement and enforcement (at national and local provincial level) of legislation, regulations and policies for the protection of children against violence, exploitation, discrimination, neglect and abuse, including children without primary caregivers;  
Support the establishment and maintenance of monitoring structures at various levels.

Approximately 770,000 vulnerable women and girls – including IDPs, returnees, refugees plus host communities in the most-affected provinces – will benefit from adequate medical, psychosocial and legal support and from the development of community-based services against sexual and gender-based violence (SGBV) through the following:  
Prevention activities – including sensitization, mass campaigns, peer education, mapping available resources and advocacy to improve the legal framework to fight against impunity;  
Access to testing and treatment for sexually transmitted infections and HIV/AIDS (PEP Kits), emergency contraceptives, and psychosocial assistance and follow-up to facilitate reintegration of victims/survivors into their societies;  
Establish a monitoring and reporting mechanism to facilitate provision of legal assistance and follow-up for victims; plus capacity-building and community-based protection mechanisms;  
Increasing the number of centres for multisectoral management;  
Survey on SGBV and elaborate knowledge, attitudes and practices.
Emergency relief and response (US$ 1,080,149)

Approximately 100,000 vulnerable women and children affected by an acute emergency will receive (within 48 hours) essential life-saving non-food items plus emergency food supplies in the form of BP5 high energy biscuits.

Mine risk education (US$ 571,650)

All Burundians living in contaminated areas, internally displaced persons and repatriates, as well as six project staff and 18 community facilitators are targeted through the key activities:

• Strengthen management and coordination capacity of the National Mine Action Coordination Authority in integrating mine risk education (MRE) successfully with victim assistance and community development programmes;
• Providing support and assistance in capacity-building to NGOs working on awareness at community level;
• Strengthen the capacities of key people in communities (primary schoolteachers, community-based workers, facilitators and mine victims) – through NGO-, school- and community-based activities – to undertake MRE under the umbrella of national coordination mechanisms;
• Review existing legislation, services and benefits for children injured by mines/UXO;
• Undertaking activities related to advocacy and awareness-raising.
Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>3,784,318</td>
</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>4,956,000</td>
</tr>
<tr>
<td>Education</td>
<td>744,318</td>
</tr>
<tr>
<td>Child protection and non-food items</td>
<td>3,180,000</td>
</tr>
<tr>
<td>Landmine awareness</td>
<td>426,136</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,090,772</strong></td>
</tr>
</tbody>
</table>

* 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 30-year war in Eritrea, coupled with the recent border war in 1999/2000 and then four consecutive years of drought, has gravely worsened the well-being and livelihood of children and women throughout the country. Results from the latest National Nutrition Surveillance System (NNSS) indicate a rise in acute malnutrition among children under five years between January and July. Thus, if considering children less than 15 years of age, it is now estimated that more than 300,000 are acutely malnourished. Furthermore, the incidence of infections among young children is increasing and WHO reports that there has been a rise in the rate of low-birthweight infants of 125 per cent in the past two years. While enormous strides have been taken to lower infant mortality over the past five years – through control measures of communicable diseases with wide immunization coverage and malaria prevention – the country now faces a threat to these achievements due to the current emergency. Eritrea has the highest prevalence of maternal malnutrition in sub-Saharan Africa, (USAID, EDHS/2003) and one of the highest maternal mortality ratios in the world.

Compounding the nutritional situation, water shortages and deterioration of water quality are being reported in most parts of the country, now even effecting major towns. The water level has dropped by up to seven metres in Northern and Southern Red Sea the flow of streams from the highlands has been inadequate to recharge the water table. Considering the scanty rainfall that has been recorded, it is feared that serious difficulties in drinking water supplies will be encountered throughout the country in 2005. Unless unforeseen positive rainfall performance occurs, it is estimated that 60 to 80 per cent of the rural population and a large proportion of livestock in the country areas will be adversely affected. Even in ‘normal’ times of adequate rain, only 22 per cent of the rural population has access to protected water sources. Due to the drought, expanding this proportion of the population has proven difficult. Sanitation coverage in rural Eritrea is still very low, with only 3.6 per cent of the population having access to improved sanitation facilities, posing additional health risks to children. Thus diarrhoeal diseases still represent a major threat to children’s survival.

Despite strong efforts, some 260,000 (more than half) of the children of primary school age are not in school. Among girls, net enrolment rates are only 43 per cent. This situation follows the same pattern in

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**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (under 14)</td>
<td>2,040,000</td>
</tr>
<tr>
<td>U5 mortality rate (DHS/02)</td>
<td>93</td>
</tr>
<tr>
<td>Infant mortality rate (DHS/02)</td>
<td>48</td>
</tr>
<tr>
<td>Maternal mortality ratio (estimate 2004)</td>
<td>600-750</td>
</tr>
<tr>
<td>Primary school enrolment ratio</td>
<td>46.02</td>
</tr>
<tr>
<td>Primary school enrolment ratio for girls</td>
<td>43.05</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3)</td>
<td>76</td>
</tr>
<tr>
<td>% population using improved drinking water sources</td>
<td>22</td>
</tr>
<tr>
<td>HIV/AIDS prevalence</td>
<td>2.6</td>
</tr>
<tr>
<td>% U5 suffering moderate and severe malnutrition</td>
<td>Approx. 15%</td>
</tr>
</tbody>
</table>


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“Every day I stay in the camp”

“My name is Saliha Kaire and I am seven years old. My biggest dream is to go to school. Every day I stay in the camp while other children go to school.”

Saliha explains that her mother will not allow her to attend because the school is about five kilometers from her home. She has lived four years in the Ghemae Camp for internally displaced, where school facilities are inadequate.

“If the school were closer, I would also go to school,” Saliha says. She is envious every day as she sees her friends return from school.

UNICEF is seeking support to better provide education facilities to internally displaced children and to those returning home, so that girls like Saliha can fulfill their dreams.
internally displaced camps – where more than 60,000 people have been living for four years. Because of the delayed demarcation process, the children of these families still have inadequate education opportunities, as well as lacking basic shelter, clothing etc. There are, however, some positive developments: in 2005 some 29,000 internally displaced persons should be resettled to local villages, with UNICEF supporting the expansion of social sector services within host communities through community-based initiatives.

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 Eritrean population affected by the previous wars and drought. It has focused on the priority areas of health and nutrition, water and sanitation, girls’ education, child protection (especially orphans), and landmine awareness. More recently it has taken an active role in HIV prevention. However, these interventions were at times hindered by instability in certain remote areas.

Over the past year, UNICEF has made strong advances in supporting child survival in the country. Building on the major measles campaign that vaccinated 1.3 million children in 2003, UNICEF has supported routine immunization services, as well as vitamin A distribution, supply of basic drugs, malaria control and strengthening maternal health programmes throughout 2004. UNICEF also provided special food to some 16,000 women and malnourished children since January 2004, and expanded therapeutic feeding to reach 500 children per month in 30 centres serving severely malnourished children. As part of its support to school feeding, UNICEF provided water supplies to 98 schools serving 40,000 school-aged children.

In the water sector, some 150,000 people, including 87,000 children and youth, gained access to safe water through rehabilitation or construction of water sources, and an additional 65,000 received water from water trucking. Prevention of HIV/AIDS was integrated throughout all programmes, including posting of educational boards at water sites, developing policies on infant feeding and continued work in integrating Life Skills within the education system.

3. PLANNED HUMANITARIAN ACTION FOR 2005

### Coordination and partnership
Line ministries remain the key partners for UNICEF. In addition, Joint Programmes with the UN and NGOs are now being designed and launched in numerous sectors, including humanitarian activities, such as (a) nutrition (with WFP), (b) recovery/IDP return (with UNDP), (c) HIV prevention (with UNFPA and WHO).

### Regular programme
The Country Programme of Cooperation for 2002-2006 is now in its mid-term review process. The CAP contains many short-term activities to counter the immediate risks of children within the longer term strategies of the Country Programme. These risks include: extreme poverty, low food security, displacement and environmental degeneration. Almost 1.4 million children live in extreme poverty and will be targeted by UNICEF’s humanitarian programme, particularly 525,000 children under five years old.

### Health and nutrition (US$ 3,784,318 )
Activities will target some 610,000 drought affected and displaced women and children in the country. This will include: 342,000 women of child bearing age, some 5,000 children who are severely malnourished, 140,000 pregnant and lactating women, and 68,000 infants. It will also include 55,000 malnourished children under five years old. Activities will include:

- Supply of therapeutic and supplementary food and equipment to more than 50 health centres and reinforcement training of staff;
- With UNFPA, supply emergency reproductive health commodities for reduction of risk pregnancies countrywide;
• With WHO, supply essential drugs to one third of all clinics in most vulnerable areas of the country;
• Strengthen surveillance systems and conduct two national nutrition surveys per year;
• Strengthen nutrition units at decentralized levels and support dissemination workshops;
• Countrywide provision of vaccines, supplies and micronutrients for routine immunization services, improvement of the cold chain, vitamin and mineral supplementation, and malaria control (provision of insecticide-treated nets, etc.).

**Water and environmental sanitation (US$ 4,956,000)**

Some 85,000 people in 11 communities will be assisted by creating water systems. In addition, 65,000 people in areas with no adequate water sources will receive water through trucking. Water supply and sanitation will be provided to 30 additional schools over the year reaching 9,000 children. Policy work will compliment these achievements.

• Construct water supply systems for 85,000 people in 11 communities and emergency water trucking for 65,000 people in 18 drought-affected communities where permanent water systems are not yet possible and establish community management systems for sustainability;
• Support school feeding through water and sanitation provision to 30 additional primary schools;
• Expand hygiene and sanitation promotion programme throughout the country and develop education materials in various public health areas including HIV prevention.

**Education (US$ 744,318)**

A total of 22,400 displaced and war-affected children will benefit through the following key activities:

• Conduct assessments and produce and disseminate situation update reports on educational needs of IDPs in camps; returning and settling IDPs and expellees in rural communities;
• Monitoring access to and quality of education in camps and in resettlement-affected areas;
• Provision/reconstruction of temporary infrastructure and water and sanitation facilities/materials to ensure a smooth transition to village life;
• Procure and distribute education materials to needy schools in camps and resettlement areas;
• Provide recreational material support to vulnerable children (kits and clothing);
• Provide psychosocial support for children.

**Child protection/economic recovery, IDP support and non-food items (US$ 3,180,000)**

Some 40,000 internally displaced children and women will be targeted and income-generating assets provided for 2,800 households taking care of orphans and street children in order to ensure that social vulnerability is reduced through the following actions:

• Provide clothing, shoes, blankets and sanitary items to 30,000 children and 10,000 IDPs and returnees;
• Support national bodies for systematic identification of orphans and vulnerable children at risk;
• Improve monitoring of income-generating support, child welfare and means for improvement;
• Conduct Emergency Preparedness and Response Planning (EPRP) training to counterparts to strengthen the management of vulnerable groups in times of emergencies.

**Mine action (US$ 426,136)**

Mine action activities will target some 200,000 people living in high-risk areas and 60,000 IDPs living in Gash Barka and Debub, as well as high-risk children and teachers, farming and nomadic communities with Mine Risk Education (MRE). Main activities include:

• Institutional strengthening of national bodies in MRE by establishing networks of community volunteers, deployment of MRE Field Teams, implementing MRE with the Ministry of Education within primary school curricula and promoting MRE in secondary school curricula;
• Expanding mass media strategies using radio, posters, leaflets, etc.;
• Linking MRE and mine clearance/disposal and collection of mine/UXO-related data;
• Continue providing psychosocial support and recreation activities for children affected by mines and UXO.
UNICEF HUMANITARIAN ACTION
ETHIOPIA
IN 2005

Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>20,600,000</td>
</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>10,200,000</td>
</tr>
<tr>
<td>Education</td>
<td>5,100,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,500,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>654,900</td>
</tr>
<tr>
<td>Mine action</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38,254,900</strong></td>
</tr>
</tbody>
</table>

* 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

Ethiopia experienced a major humanitarian crisis in 2002, which subsequently caused widespread acute food insecurity by late 2002 and during 2003. The drought principally affected six regions of the country, Afar, Tigray, Amhara, Southern Nations, Nationalities and Peoples Region, Oromia, and Somali Regional states. This was not an unprecedented level of rain failure, but the crisis did affect an unprecedented 13.2 million people directly, especially women and children, and caused widespread malnutrition and disease. This demonstrated the extreme level of vulnerability of a vast portion of the rural population. By the end of 2004, a total of 8.4 million people had received food aid at some point during the year. Forecasts for 2005 are already very alarming with a possible worst-case scenario which would see similar levels of humanitarian needs as in 2003.

The recent crisis should not be seen as merely an episodic food crisis but a crisis affecting all aspects of family livelihoods. The burden of this crisis and the general state of poverty, poor health, fast-spread HIV infection, the growing number of orphans and low incomes are felt most acutely by children and women. Gender and generational issues within the diverse cultures and livelihood systems of Ethiopia are still poorly understood and poorly integrated into assessment and programme interventions.

The weak state of the health system, the subsequent health crisis and the as-yet undocumented level of infection in many parts of the country are major causes of concern. Capacity for preparedness and integration of early warning, surveillance and rapid response measures need to be developed in the health system, particularly through the Health Extension Package (HEP) and community health promoters initiative (CHPI). Consistent policy is also needed in several areas, including free distribution of drugs and mosquito nets, and logistical issues such as fast-track customs clearance during emergencies. The health response capacity is drastically inadequate and needs to be rapidly improved.

Tsehainsesh Alemayehu, aged two years.

**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Child population: Under 18</th>
<th>Under 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>48,369,000</td>
<td>12,235,000</td>
</tr>
</tbody>
</table>

- U5 mortality rate: 171
- Infant mortality rate: 114
- Primary school enrolment ratio: 47
- Primary school enrolment ratio for girls: 41
- % U1 fully immunized (DPT3): 56
- % population using improved drinking water sources: 24
- HIV/AIDS prevalence: 6.4
- % U5 suffering moderate and severe malnutrition: 52

Source: The State of the World’s Children 2004

**Age: two years – weight: six kilograms**

**Tsehainesesh Alemayehu**, aged two, weighs 6 kg on the eighth day of her treatment at the Leku Therapeutic Feeding Centre, operated by the NGO Action Contre La Faim (ACF) with support from UNICEF.

Tsehainesesh is suffering from marasmus, or wasting of the body. On admission she weighed 5.9 kg. During one week of treatment on F-75 therapeutic food she has gained only 0.1 kg. Eventually, when her weight to height ratio has reached a stage where she is no longer at risk of dying due to severe acute malnutrition, Tsehainesesh will be discharged from the therapeutic feeding centre with a supply of supplementary food. Arrangements will then be made for her to join a supplementary feeding programme operated by an NGO or local administration facility where her situation will be monitored for three months. During this time it is hoped that the emergency situation will have passed and Tsehainesesh (which in Amharic means “you are the sun”) will be able to resume the life of a healthy and happy child.

**Tsehainesesh Alemayehu, aged two years.**
The ‘food first’ strategy which persists in Ethiopia does not pay adequate attention to nutritional issues, especially for children and pregnant and lactating women. UNICEF is a major advocate for a much stronger public nutrition strategy using a multisectoral approach.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF has been instrumental in ensuring that the coordination mechanisms established at federal level during the 2003 crisis have been sustained within the Ministry of Health and the Ministry of Water Resources. In 2004, UNICEF has also deployed more than 40 staff to support the regional governments in their recovery and preparedness activities.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. Some 7.2 million children aged six months to 14 years were immunized against measles between March and June 2004; 3.3 million of them aged six months to five years, received vitamin A supplement. In total, nearly 28 million children have received measles vaccination in Ethiopia over a period of 20 months. As a result of this campaign, Ethiopia did not experience any major measles outbreak throughout 2003 and 2004, even with the increased vulnerability from the drought. In addition, 16 therapeutic feeding centres and 23 therapeutic feeding units were established, providing therapeutic products, drugs, equipment and technical assistance to severely malnourished children. Also, 214 health workers were trained in nutrition, including management and treatment of severe malnutrition.

In the education sector, support was extended to 364 schools and temporary learning centres throughout Ethiopia. This included the construction of 236 temporary learning centres for children who were denied education in the Oromia Regional State. In addition, 264 community members received orientation on the benefits of education, particularly for girls’ education and HIV/AIDS prevention.

UNICEF, in collaboration with an NGO partner, RaDO, and others, has continued to provide mine risk education (MRE) at the community level through training and drama clubs along the border with Eritrea. Based on the MoU signed with the Ethiopian Mine Action Office in September 2003, UNICEF and RaDO have continued to build Government capacity in order for it to take over MRE and mine action responsibilities in Tigray.

With regard to water and environmental sanitation, some 2.5 million people were in need of emergency water supplies and sanitation interventions in 10 regions. Some 386,857 people were assisted by the intervention of governmental and non-governmental agencies supported by UNICEF up to 30 June 2004. Approximately 2.1 million people still remain in need of emergency intervention.

In 2004, HIV/AIDS began to be addressed through established emergency activities, such as emergency feeding and water activities, to reach large groups of vulnerable people with prevention messages. Intensive awareness-raising events have also been conducted in public market places, churches and community meetings, benefiting a total of 180,000 people. Young people organized in anti-AIDS clubs have played a key role in these awareness-creation endeavours. UNICEF extended and reinforced its existing Child Vulnerability Programme which focused on street children and orphans in 14 towns by providing more than US$ 450,000 to reunify 600 children in Tigray and Amhara Regions. A workshop on sexual exploitation was held in March 2004 to identify progress made following the training of trainers in participating organizations.
3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
UNICEF will remain an active member of the UN Senior Disaster Management Team in Ethiopia and continues to develop key partnerships with other UN agencies. Also of note is the innovative and ambitious EOS/CSI (Enhanced Outreach Strategy/Child Survival Initiative), a US$ 60 million per annum joint UNICEF/WFP project addressing the health and nutritional needs of 7 million young children and pregnant women every year for the next three years using outreach teams of government technical staff (and at the same time supporting the development of the Government’s Health Extension Programme).

Regular programme
The UNICEF Country Programme supports both national and regional efforts towards the progressive realization of the rights of children through long-term development plans, in line with the MDGs. In Ethiopia where the levels of vulnerability to humanitarian emergencies are among the highest in the world, UNICEF develops preparedness mechanisms to respond to disasters within each UNICEF sectoral programme (education, health, etc.) as well as at the institutional level (the Ministry of Education, etc) in line with its Core Commitments for Children in Emergencies.

Health and nutrition (US$ 20,600,000)
Susceptibility to disease and malnutrition is expected to rise significantly. The incidence of malaria, meningitis, measles, acute respiratory disease, diarrhoeal disease and malnutrition will be most likely to increase during 2005.

Immunization and treatment against meningitis will be required. Thanks to the recent measles immunization campaign which covered 85 per cent of children aged six months to 15 years a more limited measles immunization and treatment is anticipated. Water shortages, poor sanitation conditions and poor hygiene practices remain serious concerns, leading to increased incidence and increased needs for treatment of diarrhoeal diseases. Malaria, which affects approximately 17 million Ethiopians each year, will require additional resources. Finally, HIV/AIDS-affected populations are expected to require additional health, sanitary and nutritional attention as they become more susceptible to illness under deteriorating conditions.

Key activities:
• Prevention and control of meningitis for 5,100,000 children and mothers
• Prevention and control of diarrhoeal diseases for 3,800,000 children and mothers
• Prevention and control of malaria for 6,400,000 children and mothers
• Basic health care (including reproductive health)

In addition to increased susceptibility to and incidence of disease, significant levels of malnutrition are expected. In large part, malnutrition will be addressed through supplementary feeding programmes, built into the food aid response and increased access to basic services (health, water, sanitation). However, in spite of these efforts, a certain number of children will require appropriate services to manage severe malnutrition. Based on historical experience, the Health and Nutrition Task Force is in the process of estimating potential numbers of severely malnourished children under five. In the last year, a number of nutritional rehabilitation units have been established in major health centres and hospitals: these will be the first line of defence against severe malnutrition. Since some of these units are not yet fully operational, it is a priority to ensure that adequate staffing and supplies are in place over the coming months.

Key activity:
• Prevention of severe malnutrition for 53,000 children

Finally, in 2005 the enhanced outreach strategy (EOS) for child survival should be expanded from the Southern Nations and Nationalities and Peoples Regions to six additional regions covering 325 drought-
prone districts. The EOS combines key child survival interventions such as vitamin A supplements, de-
worming, measles immunization with nutritional screening of children and pregnant/lactating women
and IEC (Information, Education and Communication) on hygiene and care practices. Malnourished
children and women are referred for supplementary/therapeutic feeding. The implementation of the EOS
programme intends to mitigate the impact of shocks on the most vulnerable groups.

Key activity:
• Delivery of basic curative and preventive services (vaccination, vitamin A, deworming, etc.) as well as
  supplementary feeding (in collaboration with WFP) for 6.7 million children.

Water and environmental sanitation (US$ 10,200,000)

The effects of the 2002-2003 drought were partly relieved by the improved ‘Meher’ rains in 2003 in large
parts of the country, but delays of the main rainy season in 2004 has brought additional needs. Assessment
of the critical water supply and sanitation requirements for 2005 was made based on regional technical
recommendations and assessments of population in areas of critical scarcity. The need for different
WES activities by each region was identified as reported in the table below. As indicated, the current
humanitarian situation in different regions suggests that many springs, hand-dug wells and traditional
water sources could be expected to dry up mainly in Somali, Tigray, Oromia (particularly Borena Zone),
Amhara, SNNPR and Harari regions., People in these areas will therefore need support through water
tanking, rehabilitation and construction of motorised schemes, coupled with sanitation and hygiene
interventions:

The current situation in the Somali Regional State is already in an acute emergency phase and over
200,000 people are reported to need urgent water supplies.

The Ministry of Water Resources with the support of UNICEF has estimated likely needs by type of
activity as follows:

<table>
<thead>
<tr>
<th>Water tankering</th>
<th>Water scheme maintenance and rehabilitation</th>
<th>New water schemes development</th>
<th>Sanitation and hygiene education</th>
<th>Total number of people in need of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>234,190</td>
<td>341,264</td>
<td>1,125,571</td>
<td>1,074,513</td>
<td>2,775,538</td>
</tr>
</tbody>
</table>

UNICEF plans to support the Emergency Desk of the Ministry of Water Resources and other partners to
reach at least 50 per cent of the people in critical need of clean water, with priority given to districts with
the higher incidence of diarrhoeal diseases.

Education (US$ 5,100,000)

The performance indicators of the education system for Ethiopia confirm that the challenge remains large.
Although access has risen dramatically in the past few years (from 24.4 per cent in 1994 to 64.4 per
cent in 2003) it remains below the average for sub-Saharan Africa. Nationally, repetition and drop-out
rates remain high. The repetition rate averages 6.7 per cent across all primary grades. The drop-out rate
averages 17 per cent. Gender disparity at the primary level is also high (20.8 per cent) indicating the need
to accelerate integrated and innovative ways of tackling the problem. Cyclical occurrences of emergency
situations, caused by a combination of man-made calamities and natural disasters, have been the major
constraints hampering the performance of the education sector.

This section describes the likelihood of the occurrence of crisis situations, their negative consequences
on educational enrolment and attendance of school age children, and outlines the contingency measures
to be undertaken by the Ministry of Education and stakeholders with support from UNICEF and other UN
agencies such as WFP and UNESCO.

The educational opportunities of nearly 250,000 children in and out of school in 90 woredas in the six
drought-prone regions will most likely be disrupted in 2005 by the cumulative effects of recurrent drought
and relocation of families due to the ongoing resettlement programme. To mitigate their effect, the following actions are planned:

- Ensuring the continuity of basic primary education provision to about 250,000 school age children in 90 drought-affected woredas in six regions, with special focus on promotion of the educational attainment of girls;
- Providing access to basic education to children internally relocated due to the ongoing resettlement programme in the most densely populated regions of Oromia, Amhara, SNNP and Tigray regions;
- Strengthening the capacities of lower-level educational personnel in six drought-prone regions (regional and woreda level) in planning, implementation, monitoring and reporting of emergency education interventions;
- Enhancing and equipping teachers and school principals in six drought-prone regions with basic skills and knowledge of teaching, treating and handling primary school children under stress and in distressing situations.

**Gender/child protection (US$ 1,500,000)**

The programme focuses on protecting the rights of children and women who will be violated during situation of social stress. The situation of population displacement, family separation, forced labour and sexual exploitation will be addressed at community levels. The activities implemented will be:

- Developing Child-Friendly Spaces;
- Training teachers and health staff on response to violence/abuse;
- Supporting reintegration through schooling for affected children and the Community Education Investment Programme;
- Supporting prevention, identification, documentation, tracing, care and reunification of separated children.
- Incentives for care providers of unaccompanied and child-headed households and psychosocial support.

**HIV/AIDS (US$ 654,900)**

Although concrete data to measure the extent to which the current drought has affected families and households are not available, it is feared that emergency circumstances continue to contribute to the spread of HIV/AIDS through mobility, displacement, breakdown of family structures and usual norms that govern the sexual behaviour of people. The current Government resettlement programme has the potential to increase the risk of HIV/AIDS by disrupting existing social fabric and gender balances in the areas of origin. Women remaining behind are often left without the needed protection and may be forced to engage in sex work in order to survive and as to supplement family income. At least 500,000 people will be benefiting from the interventions. In order to address such problems, the HIV/AIDS section in collaboration with the federal HIV/AIDS Prevention and Control Office (HAPCO) and respective regional HAPCOs (Oromia, SNNP, Amhara and Somali), will follow a two-pronged approach in 2005:

**A. Emergency preparedness**

**Objectives:**

- Build the capacity of all regional HAPCOs and their key implementing partners to be able to plan for emergency HIV/AIDS prevention.
- Procure relevant HIV/AIDS materials for rapid response under emergency circumstances.

**Key activities:**

- Identify and train emergency task forces to ensure integration of HIV/AIDS response in the planning and implementation of HIV/AIDS as part of their routine.
- Train regional as well as federal coordinating structures to be able to manage responses and carry out monitoring with defined indicators.
- Establish/strengthen HIV surveillance and mechanisms for quick response for the prevention and control of HIV/AIDS and provide more focused IEC materials.
- Procure supplies for quick response under emergency situations.
B. Emergency response

Objectives:
• Establish Anti-AIDS youth clubs in each emergency setting and/or resettlement sites.
• Create an enabling environment for people to openly discuss HIV/AIDS and how to prevent infections.

Key activities:
• Establish and build the capacity of at least two Anti-AIDS clubs in emergency and or resettlement sites to facilitate discussion among young people.
• Carry out a bi-weekly discussion on the problems of HIV/AIDS, its consequences and how to prevent it.
• Provide psychosocial care and support for orphans and affected families.
• Support health institutions in the diagnosis and treatment of sexually transmitted infections (STIs).

Mine risk education (US$ 200,000)

Many communities in Ethiopia continue to be affected by mines and UXO contamination from the several wars that have raged throughout the country. Drought, further border disputes and insecurities have exacerbated this problem. Approximately 600,000 people in Afar and Tigray alone are affected by the mine and UXO problem. To address this issue, UNICEF has been supporting mine risk education activities in Tigray and Afar regions. Implementation of MRE has been through indigenous organizations. MRE programmes are well established in the affected villages and the programme is now at a stage where the government is willing to take ownership.

This project is to alleviate the impact of mines and UXO on the affected population in Afar and Tigray regions and its priority objectives are:
• To develop a sustainable MRE project where the government at federal and regional levels will take ownership and responsibility of MRE working to the International Mine Action Standards.
• To ensure the regional and federal government organizations are basing their national and regional MRE strategies and standards on the most up-to-date and relevant MRE information.
UNICEF HUMANITARIAN ACTION

LESOTHO

IN 2005

Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
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<tr>
<td>Education</td>
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<td>Child protection</td>
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<tr>
<td>**Total *</td>
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</table>

* 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

With a national HIV/AIDS seroprevalence of 29 per cent among adults, Lesotho has the third highest seroprevalence in the world. Consistent with the trends in the region, HIV/AIDS prevalence rate among young women 15-24 years old is estimated at 51 per cent – and 23 per cent among young men in the same age group. The epidemic, poverty and drought are recognized as the underlying factors behind the current complex humanitarian crisis in southern Africa: Lesotho is one of the six affected countries in the subregion. The crisis has manifested itself through the food deficit. The estimated number of vulnerable people in need of emergency food aid rose from 448,000 to nearly 700,000 or one-third of the population in 2002-2004. Poverty has increased significantly due to the restructuring of the mining sector in South Africa and the retrenchment of unskilled labour. Many of the gains made in the 1980s in improving children’s access to quality social services have been reversed, largely due to the inability of families to cover the costs of basic services such as education and routine health care. The country is also confronted by an increasing number of orphans, reaching 92,000 in 2003. Care and protection of this group, who are at high risk of dropping out of school and subsequently being exposed to abuse and exploitation, is a national challenge. This is particularly so in the absence of an appropriate policy and legislative framework specifically addressing their rights to access services and entitlements such as health and basic education in the absence of parents and primary caregivers.

“Thats why I’m late for school”

“My father died when I was much younger and my mother in 2000. I think they died of tuberculosis. I now live with an elder brother but I must work cleaning other people’s homes to earn R150 a month and support my family. That’s why I’m late for school every morning.”

“I miss my family and I feel alone now. I wish people would understand more and help out.”

“When I grow up I want to be a soldier because there are a lot of bad men.”

Matshidiso’s head teacher Julia says: “Ever since her mother passed away, she has been sad. She was a bright, clever girl, one of the top students but now, nothing. Her marks are not good. She’s just sad. This has disturbed her mentally. An orphan is a very sensitive person.”

Matshidiso Rasenoko, aged 16, Katlehong school in Thaba Tseka.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

In collaboration with government, NGOs and international partners, UNICEF has continued to respond to the crisis by addressing both its immediate and long-term impact on critical areas in health, nutrition, education and protection.

In health and nutrition, routine immunization continues to be strengthened and national immunization days for polio supported. In September 2004, 170,000 under-five children have been immunized and supplemented with vitamin A. UNICEF is supporting the establishment of a national nutritional surveillance...
system in the 10 districts, of which five are now operational. Sets of Dietary guidelines for People Living with HIV/AIDS (PLWHAs) and for infant and young children feeding are being finalized. An integrated emergency training package for service providers covering health, nutrition, protection, child rights and life skills – developed in 2003 with partners under the co-ordination of the Disaster Management Authority – is being cascaded at district and community levels after the initial training in 2003 of 80 trainers. More than 200 heads of department, 140 community service providers, 50 youth leaders and 300 young farmers have already been trained.

Existing systems for birth registration and of orphaned children are being strengthened with the provision of computer and printer equipment, development of computerized databases and capacity-building of assistant registrars, traditional leaders and district secretariat staff, under the Ministry of Local Government. This activity is key to ensuring that vulnerable children access their rights to basic services.

In 2004 UNICEF supported the Ministry of Education and Training (MOET) to train 500 non-formal education teachers on HIV/AIDS, life skills and gender – and procured School-in-a-Box kits for 82 teachers and about 4,000 pupils in literacy centres in 3 of the 10 districts.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
UNICEF works closely with key government counterparts: the Ministries of Health and Social Welfare, Education and Training, Local Government, Food and Nutrition Coordination Office, Disaster Management Authority, UN agencies such as WHO, UNFPA, WFP, FAO, and local and international NGOs/FBOs to support government in the implementation of activities. UNICEF chairs the inter-agency Other Vulnerable Children Taskforce, Communication Taskforce and the HIV/AIDS Theme Group and is an active member of the Gender Theme Group and the Food and Nutrition Taskforce.

Regular programme
The current Country Programme 2002-2007 has four programme areas: Child Survival, Care and Development; Basic Education for All; Adolescent Development; and Social Policy Development and Planning. The country programme is national in scope, with particular emphasis on going to scale with most activities. Since 2002, humanitarian crisis activities have been prioritized and implemented from the start within the context of the regular programme. HIV/AIDS is the overall operational context for programming since the crisis is perceived as chronic and long-term.

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 recipient of UNICEF’s humanitarian assistance will be around 350,000 children and women, including 80,000 under-five children and 10,000 pregnant women and mothers.

Health and nutrition (US$ 765,000)

The aim of the appeal is to prevent excess morbidity and mortality in vulnerable women and children and provide support to the Ministry of Health and Social Welfare, the Food and Nutrition Coordinating Office and the Disaster Management Authority to strengthen the delivery of essential health services to and monitor nutritional trends in vulnerable groups. An average of 9,000 children is infected each year with HIV/AIDS acquired from their mother during childbirth or breastmilk. Some 37,000 children are underweight, out of whom 8,000 require supplementary feeding. Among these children, orphans, who have a twofold risk of being malnourished, will specifically be targeted. The above vulnerable women and children will benefit from the following key activities:

- Procure and distribute seeds and tools to 1,000 households that cater for orphans and vulnerable children.
- Train 150 health workers and 200 community health workers on identification and management of prevalent childhood diseases and on home-based care respectively.
• Provide home-based care kits to 200 community health workers in five districts.
• Support the consumption of appropriate diets for the chronically ill through the training of 150 support groups and distribute an assortment of IEC materials.
• Support eight hospitals in therapeutic feeding for 7,360 severely malnourished children.
• Train 100 health workers on infant and young child feeding in the context of HIV/AIDS and in the management of severe malnutrition.
• Support the implementation of two nutritional surveys, assessments and evaluations.
• Procure and distribute multivitamins and provide ARV treatment to 5,000 women living with AIDS, and vitamin A and worm-treatment medicines to all under-five children.

Education (US$ 450,000)

The aim of this appeal is to complement UNICEF’s continued support to the Ministry of Education to ensure that, despite the ongoing crisis, children continue to have access to quality and inclusive education.

This includes addressing the most urgent needs such as an inadequate supply of learning/teaching materials, HIV/AIDS, life skills and gender training for teachers, parents and children, hygiene education, psychosocial support and care training for teachers and monitoring of school drop-out/repetition rates.

Teachers need to be equipped with the adequate skills to address issues as loss, trauma, abuse, exploitation and to create enabling and safe environments in schools for the children to share, learn and develop to their full potential.

Child-friendly schools will ensure that all children in school are protected and have the opportunity to develop and enhance their skills to sustainable livelihoods:

Activities:
• Supply basic scholastic materials including notebooks, pencils and erasers for 250,000 primary school children.
• Procure and distribute first aid and hygiene kits for 500 primary schools.
• Train 5,000 primary school teachers, with particular attention to HIV/AIDS and psychosocial care and support skills.

Protection (US$ 300,000)

String Game (US$ 200,000)

HIV/AIDS is wreaking havoc on entire communities. The string game is a strategy used to engage people young and old in discussions about HIV/AIDS. They arm each other with knowledge, learn from each other, transcend cultural barriers and gain the knowledge they need to decide how to lead their community’s fight against HIV/AIDS.

The string game presents ‘information for action’ covering both biological and social-cultural risk factors that are driving the epidemic. The story has also gradually develops to depict role models for risk reduction exercises, by individuals and communities, and actions to mitigate the impact of the epidemic on OVC. The string game is expected to be a complementary tool to strengthen entire communities’ response to the crisis.

Activities:
• Adapt the string game story for Lesotho.
• Train 30 trainers (duty-bearers and rights holders), three per district.
• Implement 10 string game story workshops per district.
• Procure string game equipment (boards and characters).

Collaboration with Faith-Based Organizations (FBOs) – (US$ 100,000)

Churches in Lesotho are strategically placed to exploit their inherent strengths to undertake social empowerment, counter the impact of stigma and discrimination, and promote and support the care of
orphans within the community. They are involved in the provision of health services, educational services and psychosocial support to children and engaging them as partners is critical to alleviate the suffering of children orphaned and made vulnerable by HIV/AIDS. The rights of 92,000 orphans who are increasingly made vulnerable by HIV/AIDS can receive greater protection through enhanced collaboration with Faith-Based Organizations.

Activities:
- Sensitize 100 religious leaders on their role as key duty bears at community level on protecting the rights of the orphaned and vulnerable children, reporting violations of their rights and removing barriers for them in accessing services.
- Sensitize communities in each district – through faith based organizations and structures – on the vulnerability of children who have lost one or both of their primary caregivers, their right to access services and their need for protection from all forms of abuse and exploitation.
- Develop the capacity of communities through FBOs to verify information about orphans and vulnerable children to determine whether these children are receiving their entitlements.
- Sensitize communities in all 10 districts, through FBOs/NGOs/CBOs and schools, on Children’s Protection Welfare legislation to raise awareness on the child’s right to access services and the need for protection.
Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health, including elements of HIV/AIDS</td>
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<tr>
<td>Water and environmental sanitation</td>
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<tr>
<td>Education</td>
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<td><strong>Total</strong></td>
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</tbody>
</table>

* 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

About 11 per cent of the population (about 1.34 million people) are faced with yet another year of major household food deficit due to the erratic rainfall during the 2003/2004 season. The number of households in need of food assistance will continue to increase until the March/April 2005 harvest, possibly affecting 1.78 million people if prices continue to rise.

The worst-affected areas are in the southern region, in addition to pockets of severely affected in the north. According to the Malawi Vulnerability Assessment Committee (MVAC), most households in the worst-affected areas will not be able to buy sufficient food to meet their caloric needs. The impact will mainly affect children, women and the chronically ill.

During more than two years of humanitarian crisis, an increasing number of children were forced into exploitative labour and at times were exposed to physical and sexual abuse. Drop-out rates in primary schools rose as high as 50 per cent during the peak of the crisis.

The global acute malnutrition rate remained around 6 per cent, which led to the admission of a monthly average of 2,500 under-five children to Nutrition Rehabilitation Units (NRUs).

The ‘hungry season’ usually coincides with the cholera and flooding season. The humanitarian effort addressed a severe outbreak of cholera during the 2001/2002 season, with 33,000 cases of severe diarrhoea and nearly 1,000 deaths. Efforts led to a dramatic reduction the following season, with 3,040 cases only. The caseload continued to decrease, and the 2003/2004 season saw 959 cases, with significant reduction in fatalities. Efforts have to continue to maintain this positive trend.

At all times there is the underlying high level of poverty and an average HIV/AIDS prevalence of 14 per cent. The ravaging effects of HIV/AIDS at household level means that a high number of orphans are left to fend for themselves, often becoming easy victims of exploitation and abuse.

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 Malawi population affected by food shortage and disease outbreak that has resulted in malnutrition, school drop-outs and violation of child rights. The main focus has been on the priority areas of health, nutrition, water and sanitation, education and child protection.

In health and nutrition, global acute malnutrition has been kept at below 6 per cent and the case-fatality rate for cholera has been reduced from 1.9 per cent to 1.34 per cent through technical, material and financial assistance to the Ministry of Health and NGO partners to carry out preventive and curative health and nutrition services in 65 of the 90 Nutrition Rehabilitation Units and in 194 supplementary feeding centres plus in all cholera-prone districts. Therapeutic services were provided to 394,000 moderately and acutely malnourished children and three rounds of nutrition surveys and three health assessments were conducted. National guidelines were developed to treat severe and moderate malnutrition and staff trained in the use of these guidelines, coordination was strengthened at national and district levels, surveillance systems were developed and support provided to the initiative for community-based therapeutic care projects. In addition, 388,145 children were immunized and 318,232 received vitamin A supplementation during the mop-up campaign carried out to contain sporadic outbreaks in 15 districts.
Three ‘Child-friendly Environments for Street Children’ were supported and a fourth space established. Fifteen community Juvenile Justice Committees have been established, and the Ministry of Gender and Community Services funded to conduct the ‘Board of Visitors’ meeting that ensures that children below 18 years are not sentenced to prison but sent to reformatory schools. Funding was given to the National Youth Council of Malawi, for the production of 12 issues of the Youth Link newsletter that focuses on issues affecting children, in particular sexual abuse and exploitation in different settings, e.g. in schools, institutions, families and households. Through financial support to the National Statistical Office, the registration of orphans was included as part of the Vital Registration System and, through this process, 191,944 orphans and 435 child-headed households were registered. Assistance was also extended to schools.

In the effort to retain pupils in school and to reduce the number of children who drop out due to lack of teaching-learning materials 249 School-in-a-Box kits and recreational materials, 25 large tents and 12 rub halls were distributed in the affected districts. And 249 schools were assisted in the school feeding programme, through provision of safe water and sanitation facilities, and the construction of storage and cooking facilities. To accommodate the 2,500 children displaced by floods, the construction of a low-cost environmental-friendly school was undertaken. In collaboration with partners, safe water facilities were provided to 29 schools, 11 Nutrition Rehabilitation Units (NRUs) and health and sanitation facilities were established in 44 schools. Some 700 water points were rehabilitated and 39,950 kg of chlorine distributed to 18 cholera-prone districts, which also received 20 water-testing kits and training in their use.

### 3. PLANNED HUMANITARIAN ACTION FOR 2005

#### Coordination and partnership

UNICEF cooperates with the Government of Malawi, UN, NGO partners and donor agencies in all sectors. UNICEF participates in the National Humanitarian Coordination forums and the UN Country Team (UNCT), UN Disaster Management Groups, and various technical working groups.

#### Regular programme

The current Country Programme for 2002-2006 has the overall goal ‘to improve the situation of children and women to fulfil their rights as articulated in the CRC and the CEDAW, and is meant to be consistent with national priorities of alleviating poverty, reducing the spread of HIV/AIDS and contributing to improving governance and human rights’. The Country Programme focuses in eight impact districts on education (especially girls’ education), early childhood development, HIV/AIDS treatment, care and prevention, youth development and participation and reproductive health, women and child health, nutrition, sanitation and hygiene promotion. Response to humanitarian needs is an integral part of all sectoral activities as per the Core Commitments for Children.

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. UNICEF's humanitarian assistance will address the needs of at least 227,000 under-five children and 67,000 pregnant women and mothers.

One-year-old Temwachi is severely malnourished and was brought to a Nutrition Rehabilitation Unit at a remote rural mission hospital in Mzimba district in Northern Malawi. "She was so malnourished when her grandmother rushed her here. Some thought she was actually dead. She is now in NRU and steadily recovering," says Evelyn Gama, a Home-craft Worker helping out in the NRU at Embangweni mission hospital. Temwachi is but one of the lucky children to survive malnutrition in Malawi where, because of rampant poverty in the homes, HIV/AIDS, poor hygiene, inappropriate weaning practices, illiteracy and poor health care many children die every day. Between 11 and 15 per cent of the population are faced with food deficits.

Temwachi, aged one, in a nutrition rehabilitation unit, Embangweni.
Health and nutrition (US$ 2,016,840) - (Health US$ 1,593,480 and nutrition US$ 423,360)

The major emphasis of the health and nutrition intervention in a humanitarian crisis is to minimize or avoid the impact of malnutrition, cholera, vaccine preventable diseases, malaria and HIV/AIDS. Activities will include:

- In case of a serious cholera, malaria or measles outbreak, conduct rapid assessment within 48 hours to measure the magnitude and resource needs and develop action plan;
- Procurement and distribution of supplies for 15 cholera-prone districts;
- Support districts in strengthening case management;
- Support the national, district and community level coordination mechanism;
- Strengthening the communication system in the National Epidemics Unit;
- Procure supplies, such as vaccines, auto-destructible syringes, and cold-chain equipment;
- Procure 5,065,000 doses of vitamin A;
- Support orientation of health workers on measles-related treatment and care;
- Support social mobilization activities;
- Procure and distribute 20,000 bed nets and drugs for under-five children and pregnant women who will be admitted to NRUs over a six-month period and for children and women affected by floods;
- Procure supplies (therapeutic milk and oral rehydration salts and other specialist equipment and drugs to cater for 3,000 under-five children per month);
- Technical support for nutrition;
- Logistical support for in-country delivery of supplies;
- Monitor implementation of activities.

Water and environmental sanitation (US$ 540,096)

Approximately 250,000 people, particularly children and women in the 20 districts affected by food insecurity and recurrent cholera outbreaks, will benefit from the following interventions:

- Supporting the National Cholera Task Force for national campaigns prior to the cholera season;
- Supporting minor repairs of at least 500 handpumps, with priority to schools and health centres, and on-site training of maintenance committees in cholera-prone districts;
- Provision of 50 new water supply facilities and 600 toilets and hand-washing facilities in 150 schools (those included for school feeding) and health centres;
- Supporting water quality surveillance and bacteriological testing of at least 2,000 facilities in cholera-prone districts with rapid field testing methods;
- Pre-positioning of chlorine and supplies in 15 cholera-prone districts.

Education (US$ 305,760)

A total of 10,000 children and 400 teachers in districts affected by the ongoing food shortage and floods will benefit through the following key activities:

- Procure 20 large canvas tents for potentially flood affected schools;
- Support and increase school feeding activities through advocacy and improvement of facilities;
- Provide instructional and recreational materials, including 150 School-in-a-Box and 1,000 recreation kits;
- Sensitize teachers and communities in 50 schools on child rights (CRC and CEDAW).

Protection (US$ 429,240)

Some 500,000 people are targeted through the following key activities:

- Sensitizing the general public and law enforcement bodies on the increased risk of sexual exploitation of young girls and women during humanitarian crises;
- Sensitizing and empowering young girls and boys on how to avoid the risk of HIV/AIDS and sexual exploitation in the context of humanitarian crises;
- Establishing Rights of the Child Committees and orientating community-level duty-bearers;
- Care and rehabilitation of victims of rape and sexual exploitation;
- Increased support to safe environments for street children.
Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
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<td>Health and nutrition</td>
<td>5,100,000</td>
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<tr>
<td>Water and environmental sanitation</td>
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<tr>
<td>Education</td>
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<tr>
<td>Child protection</td>
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* 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

While the situation of children and women has substantially improved since the end of the war in 1992 (decreased poverty, reduced child mortality, improved access to primary education), Mozambique remains one of the world’s poorest countries, where high geographical, residential and gender inequities persist and natural disasters (flood and drought) are recurrent. More than 50 per cent of the population lives in poverty, almost one in five children dies before reaching age five (mainly from malaria and acute respiratory infections), about 40 per cent of under-fives suffer from chronic malnutrition, more than one in two children do not complete primary education, and more than one in two women are illiterate. The well-being of women and children is further challenged by the triple threat of food insecurity, HIV/AIDS and weakened national capacities. The HIV/AIDS pandemic, combined with severe drought (which lasted more than two years in the southern and central regions) have exacerbated and depleted the traditional means and coping abilities of communities and created an ongoing humanitarian situation with pockets of malnutrition and increased food insecurity. In addition, cholera and measles outbreaks remain a threat to children. During the first six months of 2004, a total of 24,166 cholera cases were reported while, in 2003, almost 26,000 measles cases among children were reported.

Mozambique is one of the most HIV/AIDS-affected countries with an estimated prevalence of 14.9 per cent among 15- to 49-year-olds in 2004. About 500 new infections are occurring every day, of which about 90 are among children through mother-to-child transmission. There are approximately 1.45 million Mozambicans living with HIV or AIDS (8 per cent of the population), of whom the majority are women (600,000 males versus 850,000 females). Among those living with HIV or AIDS, 6 per cent (about 83,000 children) are under 15. One of the most dramatic consequences of the epidemic is the increasing number of orphaned children, with maternal orphans becoming particularly vulnerable. There are about 825,000 maternal orphans, of whom 228,000 (28 per cent) are maternal orphans due to AIDS. The number of AIDS maternal orphans will continue to increase dramatically and reach approximately 520,000 by the year 2010, or about 50 per cent of all maternal orphans projected for that year.

Looking after Aunt Marta

Twelve-year-old Celina is looking after her Aunt Marta and her three-year-old cousin, Paulo. Marta is dying from AIDS-related diseases, including tuberculosis, as well as from severe malnutrition. She is only 20, but she has not had much of a youth herself. She dropped out of school when she was 15 to look after her own parents. Then she married, but she has no children of her own. The children living with her are those of her sisters, who all died of AIDS. Three years ago, Marta herself became sick and her husband abandoned her.

The family hut, a 15-minute walk from the main road, is only reachable by foot along overgrown pathways. Their tiny home is falling apart. The family receives weekly visits from activists working with KEWA, an association of people living with HIV/AIDS (PLWHA) in the province of Zambézia. KEWA is part of a US$ 120,000 UNICEF-supported project with PLWHA organizations.
The increasing number of orphans is stretching communities’ and families’ coping mechanisms to the limits, which leads to orphans becoming increasingly vulnerable and less likely have access to social services. In 2003, in districts affected by drought and HIV/AIDS, maternal orphans under five were 50 per cent more likely to be chronically malnourished than the general child population. Maternal orphans were also found to have considerably lower access to health care and an increased likelihood of falling sick.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2002-2004

Donor response to the 2002-2004 Regional Emergency Appeals for Southern Africa was limited. Of the total funds requested, only 39 per cent were received. With funds from the Southern Africa Consolidated Appeal and reprogramming of existing funds, UNICEF managed to reach about 50 per cent of the vulnerable population. Working in partnership with local and international actors, particular attention was paid to capacity development to ensure that the humanitarian response had immediate but also longer-term results.

The following achievements are noteworthy:

- 133,992 children aged 6-59 months and 69,660 pregnant/lactating women were reached by an Integrated Supplementary Feeding Programme, jointly implemented with WFP and the Ministry of Health in 19 vulnerable districts in six provinces. As a result, malnutrition among children decreased;
- 85,000 insecticide-treated nets were distributed to children and pregnant/lactating women in drought-affected areas;
- 197 water points were constructed and benefited 117,135 people in vulnerable districts;
- Supplies for needs of approximately 100,000 people were pre-positioned in several locations for emergency preparedness purposes;
- Four Vulnerability Assessments in drought-affected areas with high HIV/AIDS prevalence were conducted to better design emergency response activities, and advocate for an accelerated national response to the situation of children orphaned or made vulnerable by HIV/AIDS;
- Capacity-building and steady support was given to the National Institute for Disaster Management (INGC) at national and provincial levels;
- 786 humanitarian workers were trained to prevent sexual exploitation and abuse of women and children in 28 districts in seven provinces (with WFP, SC-UK and the National Campaign Against Child Abuse);
- A school attendance drop-out monitoring system was put in place in highly vulnerable districts;
- Thousands of orphan and vulnerable children were identified and provided with care and protection.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
Humanitarian activities in 2005 will build on and strengthen the strong partnerships established by UNICEF during the 2002-2004 humanitarian response, particularly with WHO, WFP, INGC, national line Ministries, the national Vulnerability Assessment Committee (VAC), and National AIDS Council. Increased involvement of the latter will be sought in response to the triple threat, increasing vulnerability as a result of HIV/AIDS and the Government’s declaration that the HIV/AIDS response is an emergency.

Regular programme
UNICEF operates in Mozambique within the framework of a five-year Country Programme of Cooperation for 2002 to 2006. The programme focuses on three priority areas, integrated early childhood development, girls’ education and HIV/AIDS. Humanitarian activities are mainstreamed into the programme, which is implemented in the most vulnerable areas of the country, therefore leading to best use of resources and best results for children.
As part of its humanitarian response in the country, UNICEF will focus its efforts on meeting the immediate humanitarian needs of the most vulnerable children and women and ensuring that immediate actions result in longer-term vulnerability reduction. Particular attention will be paid to redefine vulnerable areas (hot spots) by working closely with partners to identify a broader set of vulnerability criteria.

**Nutrition and health (US$ 5,100,000)**

Some 300,000 vulnerable people – (especially children under five and pregnant and lactating women) affected by food insecurity, HIV/AIDS, weak governance and disease epidemics – will benefit from the following key interventions:

- Malaria is the number one cause of child mortality and only 10 per cent of children sleep under insecticide-treated nets (ITNs). Distribution of ITNs to malaria-vulnerable areas will be scaled up – to reach 400,000 pregnant women and children under five. Community-based malaria control activities will be expanded in provinces affected by the humanitarian situation;
- Procurement and distribution of essential emergency drugs, rehydration fluids and equipment to populations in cholera-affected areas, support refresher training on epidemic surveillance and response, support to cholera treatment centres, and participatory education and advocacy on cholera prevention;
- Support treatment of severe malnutrition in 100 referral hospitals and health centres in all provinces, through provision of therapeutic food, anthropometric equipment, training materials, training of 500 health workers, education of communities and technical support;
- Support revitalization of the ‘special attention consultation for children at risk’ in health facilities, including: screening children for severe malnutrition and clinical signs of HIV/AIDS, provision of essential drugs, training and supervision of health workers, follow-up of children discharged from feeding centres, and referrals for supplementary feeding (through WFP) or HIV/AIDS care and treatment;
- Procurement and distribution of vitamin A and antihelminthics; participatory training on hygiene promotion and sanitation, nutrition, caring practices, and common communicable diseases; Mid-Upper Arm Circumference (MUAC) screening for under-five children, in conjunction with WFP supplementary feeding programmes;
- Support care and treatment, through specialized day hospitals and associated home-based care networks, of 10,000 children and their parents living with HIV/AIDS in worst-affected districts, with particular emphasis on the ‘corridor’ provinces of Maputo, Gaza, Sofala, Manica and Tete; support includes procurement of antiretroviral drugs suitable for paediatric treatment, drugs for opportunistic infections and prophylaxis, nutritional supplements, related supplies and equipment, training of health workers, transport for home-based care and technical support; PLWHA associations will be trained to provide nutrition counselling;
- Continue expansion of HIV prevention in newborns and young people through Prevention of Mother-To-Child Transmission (PMTCT) and youth-friendly health services (YFHS); support services for 2,500 pregnant women and 25,000 young people including training health workers and peer educators, producing educational materials, rehabilitation/equipping YFHS and PMTCT sites; support for voluntary counselling and testing;
- Ensure efficient measles surveillance, conduct outbreak response immunization and case management when outbreaks occur; support includes vaccines, injection and cold-chain equipment, and social mobilization, technical support, supervision;
- Technical assistance to provincial directorates of health in four provinces on disease and nutrition surveillance, ensure adequate supervision to existing nutrition sentinel sites and investigate possibilities for providing quality data on trends in nutritional status of young children in hot spot districts;
- Support implementation of integrated vulnerability assessments.

**Water and environmental sanitation (US$ 1,650,000)**

**Construction and rehabilitation of wells, boreholes and sanitation facilities**

UNICEF will install new water points and sanitation facilities, and rehabilitate existing facilities in affected areas where possible, working with Provincial Departments of Education, Health and Public Works to ensure that resources are focused on health units and primary schools (with other partners, including WFP). Community capacities to maintain water points will be strengthened through additional training.
Linked participatory education campaigns on good hygiene will build community knowledge, particularly for diarrhoea prevention.

**Key expected outcomes:**
- Minimum of 100 water points constructed/rehabilitated
- Minimum of 50 schools and health centres with improved sanitation facilities
- Minimum of 100 community water-point maintenance committees trained
- Construction of a minimum of 10,000 household latrines for 10,000 families.

**Cholera prevention and outbreak response**
With the Ministry of Public Works and Housing and the Ministry of Health, UNICEF will support maintenance of a minimum stock of emergency water and sanitation supplies for cholera prevention and treatment, in line with the contingency plan for 2005.

**Key expected outcomes:**
- Water treatment units, chemicals for water treatment, water storage and distribution equipment, hygiene kits for rapid emergency water and sanitation interventions in the case of cholera outbreaks. Available for 50,000 infected people.

**Education (US$ 1,120,000)**
The likelihood of children being withdrawn from school in families living with HIV/AIDS is likely to be intensify. Often children drop out to perform household chores, care for sick family members or supplement the household’s reduced income. To minimize the impact of the ‘triple threat’ on attendance rates, particularly for girls, UNICEF will work through local education authorities and schools in most-affected districts.

**Capacity-building of school committees**
UNICEF will support training of school management committees, in particular to identify orphaned and other vulnerable children and facilitate their access to school. The training includes management issues, as well as gender issues, the importance of nutrition to learning readiness, and HIV/AIDS prevention.

**Key expected outcome:**
- 400 school committees trained and functioning.

**Monitoring of school attendance and drop-out rates**
Recent review of a UNICEF-supported school attendance monitoring system in drought-affected areas recommended making adjustments in 2005. These include training teachers and other school representatives, as well as personnel from the Provincial Education Directorates, in the use of the improved monitoring tools, and establishing a feedback mechanism.

**Key expected outcome:**
- Functioning school attendance monitoring system in 20 affected districts.

**Promotion of a child-friendly and conducive learning environment**
The very poor learning conditions are exacerbated by the added stress created by the combined impact of HIV/AIDS and food insecurity. UNICEF will work with the DPEs and school councils to help ensure that schools provide a favourable learning environment. UNICEF has already provided basic learning materials for 366,700 primary school pupils, 8,700 teachers and 790 schools – and 5,697 teachers have received in-service training on basic teaching skills, child-/girl-friendly teaching/learning, gender sensitivity, and HIV/AIDS prevention. UNICEF will extend this coverage to an additional 140,000 primary school children and 2,000 teachers in 400 schools, 50 of which will also be provided with safe water and separate sanitation facilities for boys and girls.

**Key expected outcomes:**
- 140,000 pupil kits and 400 school kits distributed in affected areas
- 2,000 teachers trained
- 50 schools with improved water and sanitation facilities.
Child protection (US$ 1,100,000)

**Capacity development for special protection**

HIV/AIDS, food insecurity and weak capacities have drastically reduced communities’ coping mechanisms to effectively respond to the additional burden of caring for an escalating number of orphaned children. Thus strengthening communities’ and families’ capacities to better care for orphans and other children in need of special protection is an urgent priority.

With the Ministry for Women and the Coordination of Social Action, as well as community-based organizations and people living with HIV/AIDS, UNICEF will help develop a network of community mobilizers and social workers to identify children and adolescents in high-risk situations and facilitate community assessments and analysis to help solve priority problems, with the active participation of young people. Support will also be provided to link orphans at risk to basic services (e.g., birth registration, health, education).

**Key expected outcomes:**
- Awareness of communities on importance of birth registration
- Children registered in affected communities
- Vulnerable children, adolescents and women identified and linked to support networks and basic services
- Community networks strengthened to facilitate support to vulnerable households and children
- Increased coordination among local authorities and between community networks and local authorities for increased access to basic services (nutrition, education, health, birth registration, etc.)

**Prevention of sexual exploitation and abuse**

In mid-2002, as a result of the regional initiative by the Inter-Agency Steering Committee, a joint training and awareness programme was initiated by UNICEF, WFP and Save the Children-UK to address issues of sexual exploitation, abuse and HIV/AIDS in the context of the humanitarian response in Southern Africa. In Mozambique, the implementing agency (National Campaign against Sexual Abuse of Children) has conducted workshops in six provinces resulting in more than 700 staff from WFP, UNICEF, local authorities, and national and international NGOs involved in relief efforts being trained.

**Key expected outcomes:**
- At least 200 Government, UN and NGO workers trained on how to establish monitoring, reporting and response mechanisms within their respective organizations/agencies;
- 4,000 community members trained on issues of sexual exploitation and abuse, and monitoring and reporting of suspected cases.
Summary of UNICEF financial needs in 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>7,481,000</td>
</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>1,448,000</td>
</tr>
<tr>
<td>Education</td>
<td>3,005,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,568,000</td>
</tr>
<tr>
<td>Youth development and participation</td>
<td>1,188,000</td>
</tr>
<tr>
<td>HIV/AIDS prevention and control</td>
<td>822,000</td>
</tr>
<tr>
<td>Total *</td>
<td>15,512,000</td>
</tr>
</tbody>
</table>

* 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

Somalia remains among the world’s poorest countries, ranked 161 out of 163 in the UNDP Human Development Index (2004). The combination of instability, recurrent natural disasters and lack of development continue to place children at extreme risk. Infant, child and maternal mortality rates are among the highest in the world at 133 per 1,000 live births, 225 per 1,000 live births and 1,100 per 100,000 live births respectively. Diarrhoeal disease-related dehydration, respiratory infections and malaria remain the main killers of infants and young children and, countrywide, acute global malnutrition is at 17 per cent of children under five and appears in its most extreme form in situations of drought, flood or localized conflict. The use of improved drinking water sources is only at 29 per cent\(^1\) and limited access to clean water is aggravated by the destruction and looting of water infrastructure due to conflict and a general lack of maintenance.

In October 2004, extensive efforts at bringing peace to Somalia resulted in the election of a President and transitional government. All stakeholders hope that the new administration will bring stability and economic growth to the country, but at present the humanitarian situation remains poor. According to the latest Food Security Analysis Unit (FSAU) report, the country is facing one of its most serious droughts since the 1970s, manifesting itself in the central regions of northern Somalia and rapidly moving south. Political and clan-related conflict has both perpetuated and increased levels of displacement, impeded access to affected populations and directly or indirectly lead to the deliberate targeting of humanitarian workers.

The security environment within Somalia remains tenuous. The targeted murders of four international relief workers in late 2003 and early 2004 has meant that all travel into and within the country has been carefully planned and monitored and activities in certain high-risk locations have been scaled down or suspended at various times during the year. The security of staff and agency property remains a critical concern.

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Core Country Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (U18) (millions)</td>
<td>5.7*</td>
</tr>
<tr>
<td>U5 mortality rate</td>
<td>225*</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>133</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td>1,100*</td>
</tr>
<tr>
<td>Primary school enrolment ratio</td>
<td>19.9**</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3)</td>
<td>33</td>
</tr>
<tr>
<td>% population using improved drinking water sources</td>
<td>29</td>
</tr>
<tr>
<td>HIV/AIDS prevalence</td>
<td>2*</td>
</tr>
</tbody>
</table>
| % U5 suffering moderate and severe malnutrition | 17  

* The State of the World’s Children 2004
** UNICEF Primary School Survey 2003/2004 (25.5 per cent boys, 14.3 per cent girls)

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Carrying water dawn to dusk, aged seven

Since the war, there has been no public provision of clean water in the town of Merca. A lively trade has developed in domestic water provision to homes, shops and commercial buildings, based on existing wells owned by individual householders. The key workers in this trade are water boys driving donkeys with water drums mounted on their carts.

Abdul Kadir is only seven years old. He lives with his grandfather and plies the water trade from dawn to dusk. Scores, even hundreds, of boys and women make a living in this way. When the area stabilizes, UNICEF will undertake a major overhaul of all water sources in Merca to improve water quality and change the distribution and payment system.

And what will happen to the water boys? Hopefully, they will go to school.

Abdul Kadir, Merca.

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\(^1\) Multiple Indicator Cluster Survey, UNICEF, 2000
2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

Despite continued conflict and the absence of a central government, Somali children have benefited from greater access to health care, education, clean water and an enhanced protective environment in 2004 as a result of the joint efforts of individuals, communities, local administrations and local and international agencies.

For the second consecutive year, there were no confirmed cases of polio anywhere in Somalia, leading to the country being removed from the list of endemic countries worldwide. Continuing support to immunization and health services meant that children, women and communities had greater access to preventative and curative medical care. Rehabilitation and creation of water points resulted in clean water being available to 187,000 people previously without or with limited access. Of that number, 73,000 also benefited from improved sanitation, 5,200 of whom were children at their schools.

And, despite the enormous task ahead, incremental but significant progress was made toward improved access and quality of basic education for children through a combined strategy targeting both formal and non-formal primary schooling, resulting in a six per cent increase in enrolment, bringing the gross enrolment ratio to 19.9 per cent (25.5 per cent boys and 14.3 per cent girls).

During the year, UNICEF helped establish 10 regional child protection networks and mobilized approximately 80 communities. As a result, these communities are aware of the protection concerns facing children and young people in Somalia and have been mobilized to take a more active role in ensuring that children are protected from violence, exploitation and abuse.

Finally, the fight to prevent the spread HIV/AIDS pandemic in Somalia was bolstered by critical baseline data that will provide much-needed information for communities and agencies seeking to implement preventative interventions and provide appropriate care and support to those affected.

3. PLANNED HUMANITARIAN ACTION FOR 2005

**Coordination and partnership**
UNICEF has created partnerships with numerous national and international NGOs, UN agencies, Somali administrations where they exist and various actors within Somali communities. In addition to the UN Country Team, UNICEF actively participates in the Somalia Aid Coordination Body (SACB) comprising UN agencies, NGOs and members of the donor community. The SACB is mandated to ensure the coordination of relief and rehabilitation programmes comprising sector, thematic and executive areas of focus.

**Regular programme**
While Somalia is characterized by chronic vulnerability to both natural and man-made emergencies as reflected in the CAP mechanism, UNICEF’s Somalia Country Programme (2004-2008) covers all three zones in Somalia and is comprised of six programmes: health; nutrition; water and environmental sanitation; education; planning, monitoring and evaluation; and communication, protection and participation. Humanitarian response activities are integrated into each programme.

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’s humanitarian assistance will be children and women, particularly children aged under five and pregnant women and mothers. UNICEF has extensive programme partnerships with local authorities, communities, community stakeholder groups, individuals in technical capacities and both international and national implementing agencies. UNICEF will ensure effective surveillance, monitoring and supervision of the following activities.
Health and nutrition (US$ 7,481,000)

UNICEF will focus humanitarian health and nutrition activities on: the delivery of essential health services (targeting 756,000 children and 170,000 pregnant women); critical reproductive health services (targeting 1.5 million women of reproductive age); the Expanded Programme on Immunization, including the Polio Eradication Initiative (targeting 1,260,000 children and 280,000 pregnant women); the provision of emergency nutritional response (providing 1 million under-five children with vitamin A capsules, 30,000 malnourished children and 200,000 pregnant women with iron supplements, and wet feeding for 20,000 children); and rapid response to sudden disasters (targeting 30,000 children and 10,000 women), including support to the ongoing drought situation in northern Somalia. Collectively, these projects address the most urgent health and nutrition-related humanitarian needs in the three zones of Somalia. To accomplish this UNICEF will:

- Provide supplies (including vaccines, injection equipment, cold-chain materials, essential drugs and basic medical supplies, micronutrients, resettlement kits, relief items, and supplementary and therapeutic food) to health workers, hospitals, MCH centres, health posts, feeding centres, etc.
- Train health/nutrition personnel and health committee members in the relevant technical or managerial skills.
- Strengthen routine EPI, and focus on measles control and elimination as well as maternal and neonatal tetanus elimination interventions.
- Provide fixed, advanced and outreach immunization services countrywide, with emphasis on vulnerable groups, including two countrywide National Immunization Days (NIDs) for polio and two sub-NIDs, plus supplementary activities, if necessary.
- Strengthen and expand mobile health services for drought-affected regions of Sool, Sanaag and Bari and other areas as required.
- Strengthen social mobilization activities to ensure public awareness for immunization and disease prevention.
- Strengthen nutritional surveillance and routine child growth monitoring and promotion through supportive supervision and regular nutrition surveys targeting high risk groups.
- Strengthen nutrition and emergency preparedness and response (EPR), through improved planning, joint assessments, etc. with FSAU, WFP and other partners.

Water and environmental sanitation (US$ 1,448,000)

As a result of interventions planned for 2005, more than 100,000 people in rural and urban areas will have direct access to safe water from protected shallow hand-dug wells, motorized water systems and alternative water sources. In addition, children, women and their communities will learn and apply improved hygiene and sanitation practices and behaviours and a minimum of 500 rural households will gain direct access to pit latrines. Emergency support for vulnerable populations, particularly targeting the current drought-affected areas, will remain a critical component of the programme. Training components will be included in all interventions toward community ownership and sustainability. To accomplish this, UNICEF will:

- Rehabilitate 25 bore wells, install pumps, generators and distribution infrastructure, and rehabilitate another 75 shallow hand-dug wells including well protection and drainage.
- Develop sustainable water management mechanisms.
- Promote sanitation through distribution of 500 squat latrine slabs in target areas and promote community hygiene and awareness, also linked to mobile emergency health/nutrition outreach.
- Train WES committees, pump operators, hygiene promoters, water management groups.

Education (US$ 3,005,000)

A targeted 300,000 out-of-school Somali children, particularly girls and children from IDP and other vulnerable groups including those currently affected by drought, will benefit from: greater community commitment to and participation in promotion of girls’ education; increased number of teachers, particularly female teachers; skill training for teachers; improved understanding of issues inhibiting education of vulnerable and marginalized children as the basis for specific intervention planning; and increased provision of education for IDP and other vulnerable children.
To accomplish this, UNICEF will:

- Conduct a study on the scope and magnitude of education opportunities for IDPs and vulnerable communities as the basis for identifying and prioritizing a learning action plan.
- Undertake advocacy with Community Education Committees to increase girls’ enrolment.
- Provide safe water, sanitation and recreational facilities in schools (especially for girls).
- Provide teacher training and training of female teachers in particular.

**Child protection (US$ 1,568,000)**

Throughout Somalia, UNICEF is working to strengthen the protective environment for children by preventing violence and exploitation, particularly gender-based, and providing psychosocial support to vulnerable and marginalized children, focusing especially on IDPs, those affected by natural disasters including flooding and drought and other minority groups. The result of these interventions will be: reduced instances of violence, abuse, exploitation and discrimination against children; wider awareness of and commitment to child rights and child protection; and increased child rights and child protection competence and capacity among duty-bearers. To accomplish this, UNICEF will:

- Work with community-based organizations, religious and secular leaders, media, children and youth to challenge attitudes and practices that lead to violence and abuse against children, in particular gender-based and sexual violence and FGM.
- Advocate with local and national authorities, community groups and stakeholders on behalf of child victims of violence and exploitation, in particular children involved in and affected by the armed conflict, internally displaced and minority groups.
- In conjunction with international and local partners, provide training and technical support to authorities on their roles and responsibilities to ensure the protection of children, protect children and other at-risk groups against mines and UXO and adopt legal and policy frameworks on child rights and child protection.
- Build the capacity of community-based social workers to be able to provide psychosocial care and support to child victims of violence and exploitation, including to children who have been involved in hostilities and children affected and infected by HIV/AIDS.
- Strengthen the capacity of partners, community-based organizations and local counterparts, to monitor the situation of children, in particular in relation to gender-based and sexual violence, and undertake the necessary steps to refer victims of violence, exploitation and abuse to the adequate professional structures and institutions.
- Advocate for access to basic services, in particular education, for children from especially vulnerable groups (internally displaced persons, returnees, minorities, disabled, etc.).

**Youth development and participation (US$ 1,188,000)**

Youth are potentially a powerful ally, yet they are, typically, an isolated group in the Somali context. However, as an energetic and positive force, they can collectively claim their rights and have a voice in their society. UNICEF is working to strengthen their capacity as agents of change and help them develop in positive and constructive ways within their volatile environment. The result of interventions will be: greater and more meaningful participation by youth in the development and reconstruction process, especially among girls (targeted to be 40 per cent of trainees); widespread understanding of, and skills developed for, reconciliation and peace-building; greater incorporation of young peoples’ views in the development and reconstruction process; and an increase in participation by young people, especially girls, in recreation and sports. To accomplish this, UNICEF will:

- Train and provide ongoing support through mentoring to young people as members of youth groups in basic leadership and organisation development.
- Engage youth groups in reconciliation and peace building through training and community consultation.
• Building on the right to participation, strengthen the voice of young people in the development and reconstruction process.
• Contribute to a conducive recreational environment, with special focus on girls’ sports (organizing sporting activities, rehabilitation, provision of materials, etc.).

HIV/AIDS prevention and control (US$ 822,000)

Although HIV/AIDS prevalence is still relatively low, the legacy of conflict and displacement, and its proximity to high-prevalence neighbouring countries, makes prevention and awareness-raising actions critical in Somalia. Stigma and discrimination are significant barriers to progress, and UNICEF is focusing on proactively addressing these issues in order to allow for open dialogue and quality care to be made available. The results of activities will be: increased HIV awareness (transmission modes, prevention, etc.) and risk perception/understanding of vulnerabilities; increased acceptance of people living with HIV/AIDS; reduced stigma and discrimination; increased access to and utilization of HIV-related prevention, diagnostic and care services; and open dialogue about HIV/AIDS. To accomplish this, UNICEF will:
• Conduct awareness and health education/promotion activities targeting both leadership and community levels.
• Establish an additional 30 voluntary counselling and testing sites integrated into existing health services and six centres for youth-friendly and gender-sensitive HIV information and diagnostic services, with special focus on access by vulnerable populations.
UNICEF HUMANITARIAN ACTION
SWAZILAND
IN 2005

Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection</td>
<td>3,115,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,880,000</td>
</tr>
<tr>
<td>Health and nutrition</td>
<td>750,000</td>
</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>390,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,135,000</strong></td>
</tr>
</tbody>
</table>

* 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

Swaziland is faced with a continuing silent emergency, where more than one third of children and women cannot access basic services (including health, education and psychosocial support). Swaziland’s HIV prevalence among pregnant women is 38.6 per cent (2002), and NERCHA\(^1\) estimates that out of the 1.1 million population, more than 200,000 are infected with HIV. Swaziland’s infant mortality rate, measured at 74 per 1,000 live births in 1995, had grown to 109 per 1,000 in 2003\(^2\), mostly due to mother-to-child transmission of HIV, where an 150 per 1,000 infants are becoming infected either at birth or in transmission through breastmilk.

An estimated 17,700 people died of AIDS-related deaths in 2003, contributing to the ongoing crisis of newly orphaned children overwhelming traditional extended-family safety net systems. Numbers of orphans are now estimated at more than 69,000, growing by about 10,000 per year, and more than 10,000 children are living in child-headed households. About 20,000 households are caring for persons ill with AIDS, and these burdens are exacerbating the poverty that affects the two thirds of the Swaziland population whose monthly income is about US$ 10 equivalent or less.

Orphans and vulnerable children at the Madadeni Neighbourhood Care Point are among 25,000 lucky ones to be reached by community support arrangements run by caring volunteers. Less than 20 per cent of OVCs receive such support.

As the full impact of AIDS continues to devastate the extended families, support is urgently needed to enable Swazi communities to establish hundreds more such care points.

Successive years of drought since 2000 led the Government to declare a national disaster emergency in early 2004. The expected rains at the end of 2004 are late again. Approximately 40 per cent of children are stunted (chronic malnutrition). The 2000 Multiple Indicator Cluster Survey reported that 37 per cent of the population were below the minimum level of dietary energy consumption – an especially life-threatening situation in the context of high HIV prevalence rates. The decreased availability and increased cost of food since 2000 has worsened the situation. Poor nutrition and HIV infection operate in a synergistic downward spiral with poor sanitation and declining access to safe water to speed up the impact of AIDS.

The proportion of children completing primary and secondary school education is declining and the situation is worsening as the full impact of AIDS is hitting families. Drop-out rates in primary and secondary schools are high as school fees are usually beyond the means of families facing costly burdens of

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\(^1\) National Emergency Response Council on HIV and AIDS.

managing illnesses, and of finding new livelihoods when bread-winners have sickened and died. Enhanced vulnerabilities of out-of-school children to abuse and exploitation have increased the number of reported sexual abuse cases. Swaziland is thus reaching the ‘second cycle’ of the AIDS epidemic where, without rapid and well-focused interventions, the impact of AIDS itself, exacerbating poverty and the vulnerability of children, is enhancing risks of further HIV infections among increasingly marginalized young people and women.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF’s regular programme since 2000 has worked closely with an ‘OVC Network’ (now with more than 25 local, national and international partners) to build community capacity to respond to the AIDS crisis, with special focus on orphans and other vulnerable children (OVCs).

The UNICEF emergency programme has built on the infrastructure of partnerships and community linkages, enabling it in 2004 to help more than 130 communities to establish 330 innovative ‘Neighbourhood Care Points’. These are sites where ‘Good Samaritans’ from the neighbourhoods provide daily support to more than 25,000 children. The children gather in groupings of 50-100, and the volunteers provide them with care, hot meals (with WFP support), play and psychosocial support, and pre-school and non-formal education activities. Pilot gardening activities at NCPs are now being expanded in partnership with FAO. The NCPs are reaching almost 20 per cent of the country’s most vulnerable children. In 55 communities their work is complemented by 600 Lihlombe Lekukhalela (‘shoulder to cry on’) Child Protectors who were mobilized with specific mandates to educate children and protect them from sexual abuse.

‘Community education for all’ grants to schools in 44 of Swaziland’s poorest communities in 2003 and 2004 also created a school community partnership that helped accommodate more than 7,000 OVCs (out of their total enrolments of 18,000 children). The approaches pioneered in these schools have provided inspiration and models for major new Government initiatives to bring OVCs back into schools countrywide, with the Government presently mobilizing supplementary budgets and donor contributions to provide educational support for more than 80,000 OVCs.

Prevention of Mother-to-Child Transmission of HIV and AIDS (PMTCT) services have been piloted on a small scale and are now ready for scaling up with the aim of covering all maternity clinics and hospitals in 2005, and linking clients to treatment services now being introduced nationally for opportunistic infections and antiretroviral treatment, including for children. Outreach sites in a Community Integrated Management of Childhood Illnesses (C-IMCI) programme are also to expand in 2005 to reach OVCs in Neighbourhood Care Points with immunization, micronutrients, growth monitoring and other preventive care. Creative initiatives such as ‘transformative communication’ and child protection (such as an innovative ‘String Game Story’) are also being scaled up with the aim to empower young people, women and men, with community leadership and support to stay HIV free.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
UNICEF coordinates its HIV and AIDS work in the UN Country Team and an Expanded Theme Group on HIV and AIDS, and is convener of the ‘Orphaned and Vulnerable Children (OVC) Network’. The core of community activities are implemented through the Office of the Deputy Prime Minister, with close partnerships with Health and Education to get services to the grass roots. A special Swaziland initiative is under development for UN system joint programmes.
Regular programme
The UNICEF Country Programme of Cooperation for 2001-2005 is divided into three cross-cutting areas, namely; Community Action for Child’s Rights (building community capacity to respond to the AIDS crisis, focusing on 55 communities), Integrated Basic Social Services (building health, education and other sectoral capacities to support community and national responses), and Policy Advocacy and Institutional Support (strengthening policies, monitoring systems, and national advocacy for children’s rights). The emergency programme mobilizes resources to scale-up the OVC initiatives, and in 2005 seeks to strengthen and expand humanitarian action to protect and promote the rights of 50,000-60,000 children and women severely affected by HIV and AIDS.

Child protection (US$ 3,115,000)

More than 100,000 children will benefit from activities that seek to strengthen community resources for child protection and promotion of basic rights for OVCs. Activities will include:

- Nationwide expansion of Lihlombe Lekhukakela Child Protection initiative from 55 to 300 communities by end-2005 through training of an additional 2,000 child protectors, providing a ‘shoulder to cry on’ for more than 100,000 children in communities (US$ 100,000);
- Scale up current 325 Neighbourhood Care Points (NCPs) serving 25,000 children to reach at least 750 NCPs serving 50,000 children. Humanitarian needs support will include hygiene materials, blankets, shoes and warm clothes; and equipment needs will include mats, child-development materials, roofing sheets for latrines and kitchen areas, water tank, cement, door frames and doors, cooking pots, ladles, etc. (US$ 1,955,000);
- Train 750 NCP Manager/Caregivers on child survival, protection and development and on NCP organization, management and reporting (US$ 140,000);
- Train 750 NCP Child Protection Volunteers on counselling and psychosocial support (US$ 85,000);
- Allowances for 750 NCP Manager/Caregivers at US$ 31 per month, and for 750 NCP Child Protection Volunteers at US$ 15 per month (US$ 465,000);
- Supervision monitoring and evaluation for international (one) and local (four) staff, including transportation (four vehicles) (US$ 370,000).

Education (US$ 1,880,000)

Some 26,000 children from 50 schools in Swaziland’s poorest areas will benefit from free primary education.³ In addition, at least 50,000 OVCs attending Neighbourhood Care Points (NCPs) will receive non-formal and life skills education. Activities will include:

- Providing emergency grants to 50 schools in Swaziland’s poorest communities to enable free access to primary school education and providing work books and stationery benefiting 26,000 children (US$ 809,000);
- Providing khaki and cotton cloth for school uniforms for 26,000 children (26,000xUS$ 7= US$ 205,000);
- Train and provide basic living stipend for 100 volunteer teachers to provide psychosocial support to OVCs attending school (US$ 133,000);
- Train and provide basic allowances for 1,500 NCP ‘Life Skill Volunteers’ to provide non-formal education for 50,000 OVCs who are under- or over-aged for primary school admission (US$ 455,000);
- Procure and distribute recreational and school supplies (‘School-in-a-Box’ kits) for 750 NCPs (US$ 211,000);
- Emergency Education Projects Assistant Manager salary, support and transportation including vehicle (US$ 67,000).

³ The Government of Swaziland has made a commitment to achieve free primary education, but the time frame and modalities are not yet established. The proposed emergency grant to accelerate free primary education in 50 of the poorest communities will directly benefit 26,000 of Swaziland’s neediest children, and allow retention of scarce cash resources in the communities to rebuild their capital base for agricultural production and food security. It will also help establish the modalities for achieving free public primary education countrywide, and thereby likely accelerate achievement of that goal for all of Swaziland’s neediest children.
Health and nutrition (US$ 750,000)

Some 50,000-60,000 orphaned and vulnerable children, along with 12,000 HIV-positive pregnant women, will benefit from expanded community outreach and counselling services using community-based personnel supervised by nurses. These activities include:

- Procurement/distribution of essential emergency drugs and nutrients for 120 outreach sites and 750 NCPs (US$ 200,000);
- Train 3,000 first-level community health-care personnel (Rural Health Motivators) in four regions for improved home-based caring practices involving psychosocial support for HIV and AIDS-affected children, and linkages to NCPs (US$ 152,000);
- Train 750 NCP First Aid and Nutrition Volunteers, and provide a monthly allowance of US$ 15 (US$ 152,000);
- Train 500 nurses (two per clinic) in treating micronutrient deficiencies (US$ 34,000);
- Recruit and train 3,000 community lay counsellors for increasing the uptake of PMTCT services provided through 60 rural clinics (US$ 154,000);
- Support implementation of outreach services to NCPs and communities in the crisis areas through provision/maintenance of vehicles (four), supply of scales and monitoring cards, and salaries of emergency personnel (US$ 258,000).

Water and environmental sanitation (US$ 390,000)

Some 13,000 children from 25 of the poorest schools will benefit from improved water and sanitation facilities. A further 750 children and 2,250 community members from 10 Neighbourhood Care Points (NCPs) will also benefit from safe water. These activities include:

- Drilling/rehabilitating 30 boreholes (20 schools; 10 NCPs), and procure and install 10 play pumps and 20 handpumps (US$ 157,000);
- Mobilize and train community teams and provide materials for 320 latrines for schools, including 220 new latrines and 100 rehabilitated ones (US$ 140,000);
- Rehabilitate 44 existing rain water harvesting systems (US$ 27,000);
- Train three local water authority management teams (approximately 100 persons) on water and sanitation assessments, strategic options, rehabilitation planning and repair and maintenance of mini-water supply systems (US$ 10,000);
- Supervision, monitoring and evaluation including vehicle and personnel (US$ 56,000).

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4 Some 13,000 children from 25 of the poorest schools have benefited from UNICEF-supported improved water and sanitation facilities from 2003 to end-2004, including safe water through handpumps, rehabilitation of rain water harvesting systems and the construction of new latrines. The 2005 initiatives seek to complete installations in the remaining ‘group of 50’ schools.
UNICEF HUMANITARIAN ACTION
UNITED REPUBLIC OF TANZANIA
IN 2005

Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
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</tr>
<tr>
<td>Water and environmental sanitation</td>
<td>510,000</td>
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<tr>
<td>Education</td>
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<tr>
<td>HIV/AIDS</td>
<td>1,600,000</td>
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<tr>
<td>Rapid assessment</td>
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<tr>
<td>Protection</td>
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</tr>
<tr>
<td>Intersectoral support for field operations (communications, security, etc.)</td>
<td>750,000</td>
</tr>
<tr>
<td>Total *</td>
<td>5,620,000</td>
</tr>
</tbody>
</table>

* 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

In 2004, the United Republic of Tanzania continued to host the largest refugee population in Africa – and failed rains left some areas of the country food insecure for the third growing season. These two situations continue to take a toll on women and children in Tanzania.

While the prospects of peace in neighbouring Burundi and Democratic Republic of the Congo were cause for optimism, the impact on refugees from these countries and their hosts in Tanzania was not so positive.

Between January and September approximately 80,000 refugees returned to Burundi hopeful for elections and a new start after up to nine years in Tanzania as refugees. At one point almost 10,000 refugees were returning per month. However, by October the numbers had fallen below 1,000 per month due, partly at least, to a combination of postponement of elections, seasonal opportunities, and perceptions of social services and security back home. This left Tanzania with more than 400,000 refugees, the lowest figure in over three years, but a huge burden in a remote area of a poor, developing country. This large refugee population, more than half of whom are women and children, continued to require protection and basic social services in camps – while the local hosting communities continued to lag behind in most national development indicators.

While in some areas of Tanzania food production exceeded predictions, failed rains in the northern highlands left more than 650,000 people with limited access to food. For some areas, this was the second or third failed rainy season.

The impact of the HIV/AIDS pandemic, which has left more than 2 million children orphaned, has had a disproportionate impact on poor families. While a major crisis may not occur, there is the possibility that many small, localized and acute crises (at community or at household level) may occur – challenging the tools to detect and respond to such crises.

After two weeks in the centre... Irene's baby recovers

Irene is a mother from a village near the Burundian refugee camp in Tanzania’s border district of Kasulu. While the refugees from Burundi and Congo have access to good health services in the camps, nearby Tanzanian villagers are often very far from government-run health posts.

Irene brought her nine-month-old infant, who was desperately sick, from her village to the camp health centre. The child had a severe form of malnutrition accompanied by signs of grey hair, swelling of limbs and face as well as irritation and apathy. The child was admitted to the health centre for treatment and at same time enrolled in the therapeutic feeding centre. After one week, the child started to improve, and after two weeks the child had recovered almost completely.

Irene and her baby were lucky. More than 250,000 children in Tanzania die every year of preventable diseases. UNICEF and UNHCR are supporting these health and feeding centres to reduce this toll.

<table>
<thead>
<tr>
<th>CORE COUNTRY DATA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population ('000s)</td>
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<tr>
<td>U5 mortality rate</td>
<td>165</td>
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<tr>
<td>Infant mortality rate</td>
<td>104</td>
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<tr>
<td>Maternal mortality ratio (1985-2002)</td>
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<tr>
<td>Primary school enrolment rate</td>
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<td>Primary school enrolment rate for girls</td>
<td>48</td>
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<td>% U1 fully immunized (DPT3)</td>
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<tr>
<td>% population using improved drinking water sources</td>
<td>68</td>
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<tr>
<td>HIV/AIDS prevalence</td>
<td>7.8</td>
</tr>
<tr>
<td>% U5 suffering moderate and severe malnutrition</td>
<td>44</td>
</tr>
</tbody>
</table>

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 needs of refugees, refugee-hosting communities and drought-affected communities within the framework of the 2002 to 2006 Country Programme. The approaches used are the same as in the rest of the programme with adjustments to increase the speed of delivery, relevance to humanitarian needs and an emphasis on sustainability.

More than 70,000 pregnant/lactating women and more than 100,000 under-five children benefited from a range of health and nutrition interventions in the refugee camps. These efforts have maintained high coverage (including more than 90 per cent EPI and vitamin A supplements) as well as keeping infant and maternal mortality rates and malnutrition rates among refugees well below the national average. In refugee-hosting areas antenatal care attendance coverage has increased from 70 to 89 per cent. Birth deliveries conducted by skilled personnel have also increased from 46 to 70 per cent. Provision of safe water in the villages affected by refugee influx has increased from 47 to 67 per cent and hygiene promotion has taken place in 67 per cent of villages targeted.

In the area of basic education more than 130,000 primary-school-aged refugee children continued to learn in their own curriculum through provision of basic school supplies, teaching materials and infrastructure repairs. This is 95 per cent of the primary school age population, increasing from 85 per cent. Girls’ enrolment has increased from 87 to 94 per cent. In the refugee-hosting communities school enrolment has increased from 52 to 99 per cent – and, for girls, from 52 to 98 per cent. UNICEF’s role has been to support village-level educational committees, teacher training, and provision of teaching materials.

Interventions in the area of HIV/AIDS have had a major impact in both refugee camps and host areas. In total more than 120,000 pregnant women, infants, youths, community leaders, service providers and others have benefited from a package of HIV/AIDS interventions that have provided knowledge, counselling, testing, treatment (for pregnant women and infants), care, as well as basic life skills and livelihood options that offer young people alternatives to high-risk behaviours in the camps.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
UNICEF works in close partnership with UNHCR, WFP and UNDP, the Red Cross Movement and more than a dozen NGOs, as well as local government authorities in the refugee and host-area programmes. UNICEF participated in several coordination fora at camp, district and national level, as well as participated in joint assessments of needs in the refugee and drought-affected areas of Tanzania.

Regular programme
The country programme focuses on two critical areas covering children in two broad age groups: (a) improvement of early childhood (under five years) care through a set of strategies addressing the problems of maternal and neonatal mortality and low birthweight, as well as health, nutrition, hygiene and psychosocial care of the very young child; and (b) improving access for school-age children to quality basic education as well as psychosocial and organizational support to enhance their life skills and livelihoods to support them through adolescence and in the transition to adulthood. The humanitarian elements of the country programme fall under the emergency preparedness and response programme, which follows this same approach of targeting the two age groups and their specific requirements and approaches in the refugee setting. Although Tanzania has no CAP for 2005, these projects are in the emergency programme and will also be highlighted in an inter-agency transition appeal to be launched in early 2005.
Health and nutrition (US$ 875,000 for refugees and US$ 300,000 for host communities)

More than 100,000 under-five children and 70,000 pregnant and lactating women in refugee camps as well as some 200,000 mothers and children in refugee-hosting areas will benefit from the following key activities:

- Equipping supplementary and therapeutic feeding centres to cope with malnutrition cases and to provide information and skills to prevent malnutrition.
- Providing essential drugs and medical equipment to ensure basic primary health-care services in 13 refugee camps. This includes cold-chain maintenance to ensure a safe and reliable stocks of vaccines. Key supplies for response to epidemics need to be made available.
- Supporting training and refresher training of camp and refugee-affected areas of health staff in key preventive/curative health services.
- Building health-care provider skills and capacity to improve epidemiological surveillance for prevention, early detection and rapid response to potential epidemics.

Water and environmental sanitation (US$ 210,000 for refugees and US$ 300,000 for host areas)

Schools and dispensaries in the 13 camps that lack WES facilities will be equipped by:

- Extension of camp-piped water facilities to schools and health centres and construction of latrines.
- Expansion of hygiene education messages through contacts in schools and health centres, as well as through the media, such as the refugee radio stations.
- Procuring and distributing jerrycans for vulnerable children, including orphans and children under foster care.

In refugee-hosting areas the critical requirements remain:

- Development of simple water and sanitation systems and hygiene education in those communities that have little or no coverage, and repairing existing facilities where relevant and cost effective.

Education (US$ 750,000 for refugees and US$ 400,000 for host areas)

Basic education services must be maintained for 135,000 refugees in primary school as well as more than 250,000 children in refugee-affected communities:

- Providing basic learning supplies for more than 1,000 teachers to classrooms in 12 camps and in affected areas where necessary.
- Ensuring that 135,000 refugee children of primary school age are provided with a standard package of supplies (pens, copy books, etc.) including special hygienic requirements of girls.
- Supporting community-initiated renovation of schools with emphasis on upgrading water and sanitation facilities and other child-friendly features (teacher skills, focus on girls, community participation, etc.).
- Training more than 1,000 teachers and administrators in camps and affected communities to improve teaching methods, to incorporate new curriculum requirements (peace education/conflict resolution, mines awareness, HIV/AIDS etc.), and to specifically improve the learning environment for girls. Special emphasis will be placed on preparation for repatriation where appropriate.

UNICEF will target the population in refugee camps, to ensure that their basic awareness and knowledge of landmines is raised before they repatriate to potentially-mined areas:

- Adapting posters, flyers, and other materials already in use in Burundi and DRC and distributing them in camps and villages that host refugees, as well as developing appropriate messages for radio – one of the most popular media channels.

HIV/AIDS (US$ 1,100,000 for refugees and US$ 500,000 for host areas)

Prevention of mother-to-child transmission:

- Although extensive training to prepare the staff for introduction of Prevention of Mother-to-Child Transmission (PMTCT) programme has been completed, ongoing training will be essential in order to maintain and further improve the quality of the programme.
• To provide comprehensive care for children and women, regular antenatal tests, such RPR tests, haemoglobin etc., can be included in conjunction with PMTCT. Antiretroviral (ARV) regime to be continued as a core PMTCT intervention.
• Provision of protective equipment, such as surgical gloves, antiseptics, delivery kits, etc.
• Advocacy will remain an essential component of PMTCT and focus on continued information dissemination on PMTCT and reproductive health, as well as more targeted issues such as male involvement, where necessary.
• In addition to cross-border meetings among PMTCT staff there is a need to expand the limited PMTCT services in Burundi. The areas with highest refugee return will be prioritized.

Youth prevention and life skills:
• Services for youth will be maintained and broadened to include HIV/AIDS counselling, testing and treatment at youth centres.
• Training at several levels for various purposes will be required, to incorporate new participants ('children' mature into 'youths' every day), disseminate latest information as well as fill in the gaps for those leaving the camps due to repatriation, resettlement or other reasons. Particular emphasis will be placed on peer-to-peer education, mentoring and use of drama.
• Supporting a wide variety of income-generating activities, ranging from music, communication (local radio/gazettes/magazines etc.), art (drawing, drama etc.), masonry, tailoring, etc., in addition to the already ongoing activities of tailoring, knitting, hairdressing, catering, carpentry and animal keeping.

Rapid assessment of food insecure communities (US$ 150,000)
• Continuing rapid assessments in food-insecure areas of 20 districts to better define linkages between food security and factors such as HIV/AIDS, and map geographic disparities where action is required.
• Responding to results of rapid assessments by informing WFP and other actors to improve targeting of food/seed aid and to mobilize resources for non-food assistance such as biscuits, UNIMIX and other measures.

Protection (US$ 185,000 for refugees and US$ 100,000 for host areas)
• Increase support to the 12 camp-based sexual and gender-based violence (SGBV) programmes with emphasis on streamlining justice systems to make it more child-friendly.
• Improve follow-up on cases of suspected former child soldiers in camps and cross-border areas among the 1,000 unaccompanied minors and other vulnerable groups.
• Continue to build capacity to prevent abuse and exploitation in and out of camps, with emphasis on violations relating to child labour on plantations, as well as sex workers and domestic workers.
• Continue to build human capacity to provide services for disabled refugee children.
UNICEF HUMANITARIAN ACTION
UGANDA
IN 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
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<tbody>
<tr>
<td>Health and nutrition</td>
<td>7,869,317</td>
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<tr>
<td>Water and environmental sanitation</td>
<td>5,352,273</td>
</tr>
<tr>
<td>Education</td>
<td>6,477,272</td>
</tr>
<tr>
<td>Child protection</td>
<td>3,715,909</td>
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<td>Family shelter and non-food items</td>
<td>4,403,409</td>
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<td>Coordination and support services</td>
<td>675,000</td>
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<tr>
<td>**Total *</td>
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* 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 violence, displacement and poverty attendant to the 18-year conflict between the Government of Uganda and the Lord's Resistance Army (LRA) have exacerbated the already strained humanitarian situation of children and women in northern and northeastern Uganda. The rights of children to basic health care, water, primary education, protection and shelter have been violated by the conflict.

The eight worst affected districts of Gulu, Kitgum, Lira, Pader, Apac, Soroti, Katakwi and Kaberamaido are currently home to a total 1.5 million internally displaced people (IDPs), 80 per cent of whom are children and women. Each evening, the threat of LRA attacks and abductions drives an estimated 44,000 child ‘night commuters’ to leave their homes to sleep in urban centres (primarily in Gulu, Kitgum and Pader). An estimated 12,000 children have been abducted by the LRA in the conflict-affected districts since June 2002, to be forcibly recruited as child combatants and sex slaves. At least 3,000 children have been abducted since October 2003.

Signs of attenuation in the conflict have emerged recently, including incidents of low-to-mid-rank LRA officers being captured by or surrendering to the Uganda People’s Defense Forces (UPDF). Despite such developments, however, there are no clear indications of a swift resolution to the conflict. Military engagements between the UPDF and LRA have continued, as have brutal attacks by small pockets of LRA members against civilian targets in IDP camps, villages and on roads.

The major challenge to emergency response and protection interventions is the restricted humanitarian access due to insecurity. It is estimated that social service providers and staff of humanitarian agencies can access only 20 per cent of the 210 IDP camps in the conflict-affected districts on a regular basis without heavily armed military escorts. UNICEF is utilizing all means to solve the issue of access, with reasonable assurance of security for humanitarian interventions, given the link between access and the

<table>
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<th>CORE COUNTRY DATA</th>
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<td>Infant mortality rate</td>
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<td>Primary school enrolment ratio</td>
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<td>Primary school enrolment ratio for girls</td>
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<td>% U1 fully immunized (DPT3)</td>
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<td>% population using improved drinking water sources</td>
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<td>HIV/AIDS prevalence</td>
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<td>% U5 suffering moderate and severe malnutrition</td>
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<tr>
<td>underweight</td>
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<tr>
<td>wasting</td>
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</tr>
<tr>
<td>stunting</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: The State of the World's Children 2004

A former LRA combatant (name withheld) performs his chores inside the Gulu Save the Children Organization (GUSCO) reception centre for formerly abducted children. The child nurses a wound sustained during the combat operations which freed him in July 2004.

The child says he was abducted from his home at gunpoint three years ago. During his captivity, he was trained to use different kinds of weapons, and was forced to walk long distances carrying guns and food supplies. He says he does not know the whereabouts of his family.

UNICEF assists GUSCO with provision of shelter materials, medical services, psychosocial support and skills training, and facilitates the return of the children to their families.
gathering of more comprehensive data for designing specific interventions to improve the situation of children and women. One such measure has been the recent deployment of two armour-plated vehicles to the UNICEF Zonal Office in Gulu for use by UNICEF and partner UN and NGO staff.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

UNICEF continues to conduct its accelerated response to the humanitarian situation of the most vulnerable children and women of northern and north-eastern Uganda in close collaboration with the Government of Uganda, District Local Governments, UN sister agencies and NGO implementing partners.

In the area of health and nutrition, UNICEF trained 1,400 community resource persons (CORPS) in managing easily treatable diseases and supported 11 Therapeutic Feeding Centres (TFCs) in the conflict-affected districts. ‘Child Days’, a Government initiative with national coverage to accelerate vitamin A supplementation, deworming, measles and tetanus immunizations, and other routine service activities, were inaugurated with UNICEF support. In education, UNICEF supported the construction of 27 temporary schools in IDP camps, trained 800 displaced teachers in providing psychosocial counselling to pupils, and established 18 early childhood development (ECD) centres in Gulu, Kitgum and Apac Districts. Most recently, emergency medicines and equipment were delivered to Gulu following reports of cholera cases.

UNICEF supported the provision of resettlement kits, tents, income-generation training and health care to benefit more than 3,500 formerly abducted children, and continued to provide air and road transport in the family reunification process. UNICEF conducted regular training sessions in child rights for mid-level UPDF officers, and supported an inter-agency assessment on the prevention of sexual and gender-based violence.

UNICEF continued to provide emergency shelter and household items (tents, blankets, jerrycans, soap, etc.) to displaced households further affected by LRA attacks, outbreaks of fire and, most recently, extensive storm damage in the Pabbo IDP camp in Gulu. Approximately 12,000 child ‘night commuters’ received UNICEF assistance in the form of the emergency shelter items, as well as through the installation of clean water and sanitation facilities in the ‘night commuters’ shelter sites. Some 1,600 latrines were installed in the sites, and in temporary schools in the IDP camps of Gulu, Kitgum, Lira, Katakwi, Soroti and Kaberamaido to serve more than 80,000 people. UNICEF supported the drilling of 28 new boreholes and four motorized water pump systems to serve a population of 150,000 in the northern districts.

3. PLANNED HUMANITARIAN ACTION FOR 2005

**Coordination and partnership**

UNICEF participates in the Humanitarian Action Team and the Common Humanitarian Appeal Process and continues to be the lead agency in the sectors of WES, health and nutrition, protection, HIV/AIDS and education. Programme activities are implemented with a wide range of partners including GUSCO, CPA, World Vision, KICWA, AACAN, Caritas, MSF, IRC, SCIU, Noah’s Ark, AVSI, NRC, Lacor Hospital Gulu, St. Joseph’s Hospital Kitgum and Kalongo Hospital. UNICEF collaborates with WFP on protection, nutrition and monitoring issues, including support to reintegration of formerly abducted children and demobilized child soldiers. UNICEF and OCHA share common-premise offices in Gulu and Kitgum. UNICEF and WHO collaborate on health issues in emergencies.

**Regular programme**

Due to increased insecurity, many regular development activities in the conflict-affected districts have been difficult to implement since 2003. UNICEF has supported emergency interventions in all conflict-affected districts, including three non-focus districts in eastern Uganda. Emergency interventions and regular programme interventions are interchanged depending on the security situation and needs of communities. For conflict-affected districts, UNICEF prepares an annual plan for capacity-building activities funded by the regular budget, and humanitarian activities are integrated in the overall plan.
Health and nutrition (US$ 7,869,317)

More than 800,000 displaced children and women; 12,000 severely malnourished and 25,000 malnourished children will benefit from the following key activities:

- Fully immunize 90 per cent of infants and pregnant women in IDP camps with appropriate antigens.
- Treat 80 per cent of under-five children in IDP camps for malaria, pneumonia and diarrhoea within 24 hours.
- Provide adequate care resulting in cure rates of more than 75 per cent for severely malnourished children admitted in TFCs; screen 80 per cent of severely/moderately malnourished children in IDP camps for referral to therapeutic or supplementary feeding programmes.
- Provide vitamin A supplements to at least 90 per cent of children (6-59 months) and deworming treatment to at least 90 per cent of children (1-14 years) in conflict-affected districts twice a year through ‘Child Days’.
- Enable 80 per cent of pregnant women in IDP camps to schedule at least three antenatal care visits at health facilities and outreaches.
- Provide HIV/AIDS and gender-based violence counselling to 80 per cent of young people (girls and boys).

Water and environmental sanitation (US$ 5,352,273)

The IDP population of approximately 1.4 million in Kitgum, Pader, Lira and Katakwi Districts will be reached through the following key activities:

- Construct 25 powered reticulated water supply systems.
- Rehabilitate 120 existing boreholes; drill 20 new boreholes.
- Construct 200 five-stance sanitation blocks at schools and health facilities.
- Distribute 500 plastic prefabricated mobilets, sanitation kits and information materials to support weekly sanitation days in IDP camps (for solid/liquid waste disposal, storm water/silage disposal).

Education (US$ 6,477,272)

Approximately 400,000 primary school age children (6-12 years) (including 209,000 girls), 96,000 children (1-5 years) (including 49,600 girls) in Lira and Kitgum Districts, and 800 teachers in IDP camp temporary schools will benefit from the following key activities:

- Support community establishment of age-appropriate, block-based ECD centres in 10 IDP camps in Lira, 15 camps in Kitgum District.
- Develop catch-up education programmes for out-of-school children; facilitate the establishment of 18 child-friendly learning spaces for catch-up education in Kitgum District (one per camp).
- Construct and/or equip 40 temporary schools in IDP camps in Lira, Gulu, Kitgum, Pader and Apac Districts.
- Develop and distribute 3,687 copies of the ‘Teacher’s Resource Book’ on psychosocial life skills education; train 43 Centre Coordinating Tutors on the standardized materials for psychosocial life skills education.
- Provide mobilization, advocacy and leadership skills to 1,500 young girls and boys from temporary schools in IDP camps, through training based on the Girls’ Education Movement (GEM) operational framework.

Child protection (US$ 3,715,909)

Approximately 150,000 children and women (in 13 IDP camps in Gulu, Kitgum, Pader and Lira Districts), 60,000 child ‘night commuters’, and formerly abducted, orphaned and other vulnerable children are targeted through the following key activities:

- Strengthen district capacity to register, oversee, monitor and report on ‘night commuter’ shelter standards (including physical standards and managerial practices) and support shelters with resources and supplies to meet guidelines and standards (including shelter materials, sanitation, fencing, lighting etc.).

1 UNICEF and OCHA are also issuing a joint appeal in Protection/Human Rights/Rule of Law (US$ 715,909)
• Review existing practices for the care, family-tracing, reunification and reintegration of formerly abducted children; and train reception centre staff; support NGOs and district social welfare officials to follow up a sample of reunified children to assess and address reintegration.
• Conduct consultation and dialogue with communities on mechanisms to support orphans and other vulnerable children within the community.
• Provide training for duty-bearers (including aid staff, camp leaders, local district government leadership, community development and health workers, UPDF and police) on effects of violence, responsibilities, practical intervention, response and coordination; and provide training for humanitarian aid workers on relief and development within a protection framework (e.g., planning, service delivery and camp management minimizing the risk of sexual and gender-based violence).
• Provide technical expertise for the UN Country Team (UNCT) and the Inter-Agency Standing Committee (IASC) in Uganda to collect, verify and analyse protection-related information at district and national levels; and provide three international protection officers deployed at district level.

Family shelter and non-food items (US$ 4,403,409)

Approximately 250,000 IDPs; 5,000 formerly abducted children; 2,000 children in therapeutic feeding centres (TFCs) and supplementary feeding centres (SFCs); and 10,000 children in early childhood development centres in IDP camps will be reached through the following key activities:

• Respond to urgent needs for shelter and household items of IDPs by providing a household kit (3 blankets, 5 plates, 5 cups, 2 cooking pans, 2 basins, 2 jerrycans, 2 bars of soap and assorted used clothes) per household; urgent needs may arise from incidents of insecurity, fires or other related emergency incidences which create new, repeated or deteriorating displacement.
• Provide non-food items to 50,000 households.
• Provide non-food items to 20,000 ‘night commuters’.
• Provide resettlement kits for 5,000 formerly abducted children.
• Provide various other shelter/household items (tents, fencing, mattresses etc.) to TFCs and SFCs, ECD centres.
Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
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<td>Health and nutrition</td>
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</tr>
<tr>
<td>Water and environmental sanitation</td>
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</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
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<tr>
<td>Child protection</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4,105,000</strong></td>
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* 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 triple threat – from malignant interaction and impact of poverty, the HIV/AIDS pandemic and challenges to governance – is undermining development and pushing back the progress gained by the people of Zambia over decades. HIV/AIDS is now the leading killer in Zambia, although the burden of ailments such as malaria, diarrhoea and acute respiratory infections continue to be very serious. The burden of deaths and illness related to HIV has compromised and weakened the coping capacity of the overwhelming majority of families that are already suffering from the deepening poverty situation. The family is not the only societal unit negatively impacted. As the productive young succumb, the workforce shrinks – limiting the ability of government and businesses to employ and retain skilled workers. Eventually the Government will find itself facing major challenges to maintain an adequate number of teachers, doctors, nurses, police and other civil servants. Social services will consequently decline. The ‘triple threat’ thus is resulting in widening gaps between the ‘haves’ and the ‘have-nots’, threatening the human rights of millions of Zambians, especially the young and vulnerable.

The scale and complexity of the ‘triple threat’ is unprecedented in several respects. One emerging major issue is the increasing number of orphans, which threatens to overwhelm the available resources and capacity of Zambian society. Of Zambia’s total population, 51 per cent are under 18. More than one fifth of these children (an estimated 1,148,000) have lost one or both parents. A recent study predicts that the numbers of orphans will rise to an estimated at least 1,328,000 by 2010 while, simultaneously, the adults capable of providing care will decline. Orphans are more disadvantaged in claiming their access to education, health-care services and protection. Of these orphans, many are HIV-infected, either at birth from HIV-positive mothers or through sexual activities, which include the increasing sexual abuse of children by men. The rate of mother-to-child transmission of HIV is estimated at 30 to 40 per cent, if no intervention is put in place. Each year 32,000 children are estimated to be born HIV-positive.

Malnutrition is widespread and continues to be one of the major factors contributing to child deaths. The situation continued to deteriorate during the 1990s with chronic malnutrition affecting 42 per cent by 2001. Two thirds of all children suffer from both vitamin A deficiency and anaemia. This situation reflects the economic deterioration experienced during the same period and the increasing difficulties experienced by families in fulfilling their obligations to protect the rights of their children.

Children and women are hit hardest by the ‘triple threat’. The high maternal mortality ratio of about 750 for every 100,000 live births remains a great concern. Insufficient household food, inadequate maternal and child care, limited capacity to provide adequate health services and an unhealthy environment (in particular a lack of access to clean water and sanitary conditions) has resulted not only in high maternal mortality rate but also in an increasing number of malnourished infants noticed even before birth. HIV is far more prevalent in females as compared to males. For instance, in the 15-19 age group, the infection rate was five times higher in females. The HIV prevalence rate at sentinel surveillance sites across the country was estimated at 19.7 per cent in 1998. In some urban areas, however, the reported rate was as high as 28 per cent. In addition to biological factors, the low socio-economic status of women has been identified as one of the major factors contributing to this gender disparity. Women are frequently illiterate and kept out of decision-making processes and leadership roles. In spite of this, they carry the major responsibility for child health care, nutrition, upbringing and education.
Against the declining provision of social services, several issues arise concerning access to education. Primary education enrolment leaves room for improvement, although the rates have increased in recent years – for girls from 69.3 per cent in 2001 to 75.3 per cent in 2003; and for boys from 71.5 percent in 2001 to 77 per cent in 2003. Available statistics on Net Intake Rate (NIR) indicate a steady drop in the number of new entrants to grade one (the official primary school entrance age is seven years) from 38 per cent in 2001 to 34 per cent in 2003. The quality of learning also continues to be of concern. The proportion of pupils who attained the minimum levels of learning performance in 2003 remained low at 36.7 per cent for English and 38.8 per cent in Mathematics. This combination of low enrolment and low achievement means that only one in five children realize their right to a quality basic education.

“All we want is a place where we can learn”

“My grandma decided to take us in soon after my father passed away. My mother died many years before. Grandma couldn’t afford to buy the school uniform for all of us, so the boys went and my sister and I stayed home and sold vegetables at the market. Midday was the time I looked forward to because my brother would come home and let me look on while he did his homework. Sometimes he’d show me what he’d learnt in maths that day or even teach me a new word. I left school in class four. We had few books and sometimes I had to sit on the floor because there weren’t enough desks. I didn’t mind much because it meant that one day my father’s dream for me to become a teacher just might come true. There are many girls like me who don’t go to school. I think it’s wrong to choose who gets educated and who doesn’t; all children should have the chance to learn. It doesn’t matter if it’s under a tree or if the walls have holes, all we want is a place where we can learn and someone to teach us.”

2. KEY ACTIONS AND ACHIEVEMENTS IN 2004

Since the onset of the food and water crisis in 2002 and in the context of the ‘triple threat’, UNICEF, in collaboration with the Government, civil society and other partners, has continued to respond to the humanitarian needs of the Zambian population. Assistance has been provided in the priority areas of health, nutrition, water and sanitation, education and child protection with particular attention paid to the vulnerability of girls and women.

Successful emergency measles immunization campaigns resulted in a drastic decline of the disease from more than 30,000 cases in 2001 to just 15 in 2003. This success meant that UNICEF in 2004 could maintain routine immunization and keep the situation under control. Progress included improved vaccine management and injection safety. For malaria control, UNICEF continued to assist the Equity Malaria Control Programme under which the most vulnerable groups of the society are reached, such as refugees, orphans, pregnant women and people living with HIV/AIDS, most of whom had no access to bednets through regular social marketing programmes.

UNICEF has supported the expansion of the Prevention of Mother-To-Child Transmission (PMTCT) services in 2004. PMTCT has increased from a dozen in 2002 to more than 90 public health facilities. Voluntary Counselling and Testing (VCT) is now offered at more than 250 public centres in all 72 districts. UNICEF contributed to supplies of VCT HIV test kits in 2004. Efforts to strengthen laboratory capacities for managing opportunistic infections are under way. This is particularly critical in light of the antiretroviral therapy (ART) scale-up plan launched by the Government in September 2004, aimed at placing 100,000 people on ART by the end of 2005. Selected orphanages caring for HIV-infected children are also being supported. It is expected that lessons learned from these institutions will help to document and replicate efforts to increase HIV-positive orphans’ access to ART.
In response to the shocking rate of cases of sexual and gender-based violence (SGBV) against children and women, UNICEF supported a coalition of civil society partners and Government to raise awareness on sexual exploitation in three informal settlements in Lusaka reaching more than 3,000 children, women and adult men. The campaign called for a bill to impose stiffer penalties for perpetrators of SGBV. The Ministry of Justice has already commenced work on this bill.

UNICEF is currently working with 31 community-based NGOs to reach more than 360,000 orphans and vulnerable children in addressing their needs in education, psychosocial support and career livelihoods.

A Ministry of Education (MoE)/WFP/UNICEF school feeding pilot project for emergency-affected areas was started in 2003. By 2004 the project had expanded to five districts in Southern and Eastern provinces, with a total of 61 formal basic and community schools involved. From the 50 schools included in the programme in 2003, enrolment increased by 10.8 per cent from July 2003 to December 2003. Data from monitoring visits conducted by MoE in February 2004 showed that average school attendance rates in the target schools have been raised by as much as 12 per cent.

In collaboration with WFP, UNICEF has further supported urban community schools with a school feeding programme in Lusaka Province. Of the 180 community schools, targeting approximately 60,000 Orphaned and Vulnerable Children (OVCs), 99 have received educational materials from UNICEF and 12 boreholes have been provided under the water, sanitation and hygiene education programme.

3. PLANNED HUMANITARIAN ACTION FOR 2005

**Coordination and partnership:**
Effective coordination and partnership between the UN Country Team (UNCT) and other cooperating partners is ensured through various mechanisms, such as the Expanded HIV/AIDS Theme Group, Disaster Management Consultative Forum, National Epidemics Preparedness Committee, National OVC Steering Committee, Health Sector Committee, Education Sector Strategy Coordination Committee and School Feeding Programme Steering Committee. UNICEF will continue to be an active member in all these areas.

**Regular programme:**
The current Country Programme for 2002-2006 has four sectoral programmes: Health and Nutrition; Education for All; Water, Sanitation and Hygiene Education; and Child Protection. Emergency preparedness and response is one of the cross-cutting issues, along with HIV/AIDS and Integrated Early Childhood Care and Development, and is thus fully integrated into the four regular programmes.

In response to the HIV/AIDS pandemic, which has reached a point of national emergency, UNICEF will play a leading role within the UN Country Team in support of the national multisectoral response to the humanitarian crisis unfolding in Zambia.

**Health and nutrition (US$ 1,630,000)**

Some 60,000 orphaned and vulnerable children, along with 20,000 people living with HIV/AIDS and 20,000 poor pregnant women, will be protected against malaria which, together with HIV/AIDS, is a major killer of children and women in Zambia. About 500,000 children will be protected against measles and 500,000 pregnant women against tetanus using safe injection materials. Some 10,000 victims of sexual violence will be protected against unwanted pregnancy and HIV using post-rape-care kits, including post-exposure prophylaxis for HIV. Finally, assistance will be given to 15,000 Neighbourhood Health Committees to play an effective role in enhancing community dialogue and learning aimed at increasing the number of Zambians who are aware of their HIV status (currently at 8 per cent) and hence an increased number of Zambians who are on antiretroviral treatment (ART).
Activities include:

- Procurement and distribution of 100,000 long-lasting insecticide-treated bednets for protection against malaria (US$ 560,000).
- Procurement and distribution of 200,000 rapid malaria test kits to improve diagnosis and ensure early treatment (US$ 115,000).
- Procurement of measles vaccine for 500,000 children including auto-disable syringes and safety boxes (US$ 225,000).
- Procurement of tetanus toxoid with auto-disable syringes and safety boxes for vaccination of 500,000 pregnant women (US$ 270,000).
- Procurement and distribution of post-rape-care kits including post-exposure prophylaxis for HIV to selected health centres in all provinces (US$ 30,000).
- Training of 500 health-care workers on post-rape health and psychosocial care (US$ 60,000).
- Support to implement, monitor and evaluate field visits and emergency personnel (US$ 70,000).
- Support to community dialogue and learning through Neighbourhood Health Committees in the context of the Global 3 by 5 Initiative (US$ 300,000).

Water and environmental sanitation (US$ 900,000)

In 2005 UNICEF will build on and continue the effective inter-agency collaboration with MOE and WFP for the expansion of the school feeding programme. Experience shows that the learning environment and physical environment have to be improved if the gains from the school feeding are to be sustainable. WASHE intervention is crucial for the success of the school feeding programme. During 2005, WFP and UNICEF will start assisting 10,000 children, gradually expanding and reaching 70,000 children, in Southern Province. The additional estimated 200 schools to be included during 2005 will receive the following assistance from UNICEF WASHE section:

- Construction and rehabilitation of water sources (approx. 75 boreholes and 75 hand-dug wells) at an estimated cost of US$ 2,000 per school (US$ 360,000).
- Construction and rehabilitation of latrines and hand-washing facilities, and conduct hygiene education campaigns in 200 schools at an estimated cost of US$ 1,500 per school (US$ 300,000).
- Procurement and distribution of 20-litre jerrycans for water storage and chlorine for water treatment at an estimated cost of US$ 500 per school (US$ 100,000).
- Procurement and distribution of vegetable seeds for school gardens for supplementing dry rations at an estimated cost of US$ 100 per school (US$ 30,000).
- Programme support in 10 districts (district coordination, technical assistance, logistics, communications, etc.) at an estimated cost of US$ 3,000 per district (US$ 40,000).

Education (US$ 1,000,000)

UNICEF’s work has been identified as a good example in the region of how to ensure children’s rights to education can be fulfilled despite the HIV/AIDS crises. Through assisting the most vulnerable children in community schools with a morning meal and focusing on enhancement of the learning environment, the programme is targeting access, retention, progression and performance in schools. The morning meal works as an incentive for sending children to school and boosts cognitive development and learning attainment.

UNICEF would like to build on and continue the good interagency collaboration between MOE, WFP and UNICEF on the school feeding pilot project.

During 2005, WFP will start assisting another 10,000 children, gradually expanding and reaching 70,000 children in Southern Province. The additional estimated 200 schools to be included during 2005 will receive the following assistance from UNICEF:

- Educational materials and supplies for each school, including ‘School-in-a-Box’ and recreational kits at a cost of approximately US$ 4,000 per school. The kits are very useful in community schools that often do not have secure structures to store the teaching and learning materials (US$ 900,000).
- Support to the training of teachers and parent/community school committees in ‘sports against HIV/AIDS’ and anti-child-abuse activities at an estimated cost of US$ 450 per school (US$ 100,000).
Child protection (US$ 575,000)

UNICEF will intensify its efforts in responding to the particular vulnerabilities of women and girls. Building on the success of the formation of a broad-based partnership and campaign against sexual and gender-based violence, UNICEF will support the Government and non-governmental partners in the following areas:

• Drafting of a bill on gender violence (US$ 25,000).
• Development of popularized version of the bill and printing 2,000 copies (US$ 60,000).
• Holding 10 provincial and district consultations to facilitate its adoption by Parliament (US$ 275,000).
• Training more than 300 law enforcement officers in the Victim Support Unit of the Zambian Police on human rights instruments and the management of abuse cases (US$ 95,000).
• Training 200 members of the Community Welfare Assistance Committee as trainers to conduct 10 community trainings on psychosocial support to address abuse and gender violence (US$ 120,000).
UNICEF HUMANITARIAN ACTION
ZIMBABWE IN 2005

Summary of UNICEF financial needs for 2005

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphans &amp; HIV/AIDS</td>
<td>3,200,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,600,000</td>
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<tr>
<td>Health and nutrition</td>
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<td>Water and environmental sanitation</td>
<td>700,000</td>
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<tr>
<td>**Total *</td>
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</tr>
</tbody>
</table>

* 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

Zimbabwe is currently experiencing a complex humanitarian situation with multiple causes as well as consequences: the HIV/AIDS pandemic; declining economic performance; unfavourable environmental conditions (drought and other natural phenomena); policy constraints; limited donor support for development programmes; and depleted capacity in the social service sectors. All have gravely worsened the well-being and livelihood of children and women throughout the country.

As a result there was a doubling of under-five mortality rates from 80 to 126 per 1,000 live births between 1989 and 2004. In 2003 at least one quarter of the districts in Zimbabwe reported high levels of severe acute malnutrition in children under five. The number of underweight children has increased from 13 to 17 per cent since 1999, an increase of 32 per cent. A nationwide nutrition survey has shown that where HIV/AIDS is most prevalent higher levels of malnutrition are found.

Zimbabwe is one of the hardest-hit countries by HIV/AIDS with an adult seroprevalence rate estimated at 24.6 per cent. An estimated 1.8 million people were living with HIV/AIDS in 2003. More than half of all new infections occur among young people, especially girls. As a result, life expectancy has dropped from 61 years during the early 1990s to 35 years by the end of 2004. This drop in life expectancy has the devastating effect of orphaning generations of children. Of the estimated 1.3 million orphans in Zimbabwe in 2003, about 75 per cent have been orphaned by AIDS. In 2004 alone, 160,000 children lost a parent. Another 150,000 children had a chronically ill parent as a result of the virus. Orphans will account for 20 per cent of children in 2005.

"Some older men come to me offering love"

"My name is Chipo Tsakare from Tsakare village in Mount Darwin in Mashonaland Central in Zimbabwe. I am 16 years old. My parents passed away one after the other in 2002. Life has never been the same since. I stay with my 70-year-old grandmother. In fact, I look after her since she cannot do anything to help me now. I am in Form Two at the local secondary school, but I am hardly at school because I cannot raise the required school fees of Z$ 4,000 (about USS 2) per term.

"I have been sent away from school, and every time I go back I am chased away. Some students now think that I am a problem. Some even laugh at me. I feel embarrassed. I have resolved not to go back to school again.

"Some older men come to me offering love and pretending they want to marry me. Others have even tried to force themselves on me, but I have stood my ground and I never allow anyone to abuse me. I know that all they want is to use me sexually and then dump me."

Chipo Tsakare, aged 16, Tsakare Village, Mount Darwin.
The economic situation has further added to the deterioration of the health sector and reduced capacity to deliver services. The maternal mortality ratio, a good measure of the robustness of the health services, deteriorated from 610 per 100,000 live births in 1995 to 1,100 per 100,000 live births in 2000. It has also reduced the ability of the Ministry of Health and Child Welfare to respond to epidemic-prone diseases. As a result there has been a resurgence of malaria, cholera, dysentery and tuberculosis.

The current crisis in the social sector has also resulted in a drop in the proportion of children attending school. Net enrolment (NER) in schools has declined from 95 per cent for boys and 90 per cent for girls in 2001 to 67 per cent (boys) and 63 per cent (girls) in 2003. The high inflation and increased poverty levels in the country have led to escalating educational costs, resulting in increased school drop-out rates. These rates have further been increased by teenage pregnancies and the increase in the death of parents and guardians from AIDS.

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 Zimbabwean population affected by this complex situation. It has mainly focused on the priority areas of health, nutrition, education, HIV prevention and support for orphans and other vulnerable children. However, these interventions have been hampered due to limited international support to Zimbabwe.

In the area of health and nutrition, routine immunization services have been improved. Support to supplementary immunization days helped to achieve national measles coverage of 95 per cent and vitamin A distribution of 90 per cent in 2003. The nutrition component of the programme focused on infant and young child feeding (IYCF), therapeutic feeding (TF) and vitamin A supplements in the context of the humanitarian crisis. Programme interventions were able to stabilize the nutrition situation, achieving a rate of wasting of 5 per cent. UNICEF assistance managed to reach more than 770,000 under-five children with supplementary feeding and nearly 4,500 more with TF.

Assistance was also extended to local communities to rehabilitate more than 200 schools that were damaged by cyclones or were old and unsafe. Learning and teaching materials, including ‘School-in-a-Box’ kits were distributed to the rehabilitated schools. And 10,000 textbooks were procured for 6,000 first and second grade children in 50 primary schools. Five boreholes are being built to support approximately 2,500 children in five schools experiencing acute water shortages.

Through a Community-Based Care and Support Project for Other Vulnerable Children (OVC) more than 45,000 OVC were reached with support for access to education, food security and nutrition, psychosocial support services and improved access to shelter and sanitation.

HIV prevention efforts among youth were accelerated by the establishment of centres in 20 districts where these young people can gather information and skills to protect themselves from HIV/AIDS. The programme also supported the establishment of PMTCT sites and equipped them with test kits and trained the health workers.
3. PLANNED HUMANITARIAN ACTION FOR 2005

Coordination and partnership
UNICEF cooperation with other humanitarian partners falls within the UN humanitarian coordination mechanisms. UNICEF provides leadership in the following working groups that are composed of other UN agencies, government counterparts and NGOs: nutrition, education, child protection, and water and sanitation, and participates in the health working group, chaired by WHO, and the food aid group, chaired by WFP.

Regular programme
Due to the current difficult environment for planning in Zimbabwe the new country programme will only be for two years (2005-2006). The programme places orphans and other children made vulnerable by HIV/AIDS at its centre.

At the community level, UNICEF will support development of the capacity of vulnerable households and communities to reduce the vulnerability of children and promote their access to basic social services and sustainable livelihoods. This assistance will focus on 18 districts. Criteria for district selection are based on the number of orphans, prevalence of HIV, child population and poverty.

At the national level, UNICEF will advocate for national policies, strategies and legal and institutional reforms that ensure the realization and monitoring of child rights in general, with emphasis placed on OVC and HIV/AIDS. Delivery of critical national-level services, including immunization and education, will continue.

As part of its humanitarian programme in the country, UNICEF will focus its efforts on continuing to meet the immediate needs of the most vulnerable segment of the population. The primary recipients of UNICEF humanitarian assistance will be some 500,000 children and women.

Orphans and HIV/AIDS (US$ 3,200,000)
At least 200,000 orphans and other vulnerable children are reached and supported through the following key activities:

• Providing access to education for 25,000 orphans and other vulnerable children who otherwise will drop out of school as they have to care for chronically ill parents/caregivers.
• Providing psychosocial support to 75,000 vulnerable children and their families through the creation of memory boxes or similar processes.
• Training of 10,000 adults and 10,000 young people in- and out-of-school (half of them girls) who, in turn, will provide effective support and counselling to 100,000 children, young people orphaned or made vulnerable by HIV/AIDS and their family members, as well as survivors of violence and abuse.
• Training of 5,000 in- and out-of-school young people to transfer HIV/AIDS information and skills to 100,000 of their peers, with a special focus on orphans who are at increased risk of becoming infected themselves.
• Promoting and supporting community care for children without any family support.

Education (US$ 1,600,000)
A total of 100,000 children in 700 satellite schools in the newly resettled areas will benefit through the following key activities:

• Supplying basic scholastic materials, including notebooks, pencils and erasers, for 100,000 primary school children.
• Rehabilitating 100 satellite schools.
• Supporting the construction of 50 three-classroom blocks with furniture to accommodate 25,000 primary school children.
• Training 15,000 primary school teachers to teach life skills for HIV/AIDS effectively to 500,000 pupils.
Health and nutrition (US$ 2,000,000)

Some 4.5 million children and women will be reached through the following key activities:

- Procuring and distributing essential emergency drugs and equipment to 500 health clinics.
- Distributing 400,000 long-lasting insecticide-treated bednets to 200,000 households. This will target young children and pregnant women in 17 districts where malaria is highly and moderately prevalent.
- Supporting 53 districts hospitals to ensure that they are providing good quality obstetric emergency care, thus making an effective contribution to reducing excess maternal mortality.
- Strengthening implementation of the national therapeutic feeding programme for severely malnourished children in 64 therapeutic feeding centres and treat an estimated 5,000 children.
- Supporting development of a comprehensive National Food and Nutrition Surveillance System.

Water and environmental sanitation (US$ 700,000)

Some 500,000 people will be reached through the following key activities:

- Constructing/rehabilitating wells and adequate sanitary facilities in 100 schools.
- Rehabilitating and constructing 250 wells and boreholes and installing handpumps to provide safe drinking water to some 1.5 million people.
- Constructing/rehabilitating 150 household latrines and wells.
Regional Office financial needs for 2005

<table>
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<tr>
<th>Sector</th>
<th>Focus countries</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency preparedness</td>
<td>Eritrea, Ethiopia, Operation Lifeline Sudan, Swaziland, Zambia and Zimbabwe</td>
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</tr>
<tr>
<td>Emergency response</td>
<td>Priorities: Burundi, Ethiopia, Eritrea, Operation Lifeline Sudan, Uganda and Zimbabwe</td>
<td>250,000</td>
</tr>
<tr>
<td>HIV in emergencies</td>
<td>Burundi, Ethiopia, Lesotho, Uganda and Zimbabwe</td>
<td>100,000</td>
</tr>
</tbody>
</table>

Protection of children in armed conflict

- **Sexual violence**: Regional Inter-agency meeting on sexual violence 100,000
- **Child soldiers/DDR**: Burundi, Operation Lifeline Sudan and Somalia 90,000
- **Landmines**: Burundi, Ethiopia, Eritrea, Operational Lifeline Sudan, Somalia 90,000

Training in capacity-building to address children affected by armed conflict: Regional Programme support 85,000

Total 815,000

**Children affected by armed conflict**

**Purpose and objectives in 2005:**

- Build capacity within the region to address protection issues of children in unstable environments, particularly in emergencies and conflicts.
- Prevent and mitigate the negative impact of armed conflict, particularly when it violates international humanitarian law and the rights of children.
- Eliminate the use of children as soldiers and reduce the number of children affected by landmines and unexploded munitions.
- Recognize the particular needs of IDP and refugee children, and ensure effective coordination with agency partners for provision of care and protection of all children, including appropriate psychosocial interventions.
- Ensure that all children affected by armed conflict can access basic social services and are included in HIV/AIDS awareness and prevention efforts.

**Activities:**

- Planning for repatriation and resettlement processes, including disarmament, demobilization and reintegration (DDR), will be supported as peace processes proceed in both Burundi, Somalia and Sudan.
- Support child soldier recruitment prevention and demobilization programmes, including the MDRP in Burundi and activities in Tanzania, Uganda, Rwanda and OLS Southern Sector, with guidance in developing funding proposals, field missions, and training initiatives, including follow-up to the development of a more coordinated approach to DDR.
- Support country programmes with substantial IDP populations by facilitating training on the basic rights of IDPs, (using the Guiding Principles), and information-sharing on strategies for IDP assistance and agency coordination. Uganda will be given particular attention.
- Promote, implement and monitor the Action for the Rights of Children (ARC) capacity-building and training initiative in the region, through coordination with Save the Children Alliance, UNHCR and other partner agencies working with children in conflict situations. Additional ARC work will be proposed for Sudan and northern Uganda in 2005.
• Support country offices facing emergency, conflict or post-conflict situations with programme tools, resource materials and technical guidance to address HIV/AIDS; in Uganda, seek to ensure integration of HIV/AIDS into a broader protection programme.
• Document, publish and widely distribute good practices and programme tools in child soldier demobilization, and mine risk education.
• Provide support and guidance to country offices on appropriate psychosocial interventions in unstable situations.
• Undertake preventative and curative interventions that address key aspects of sexual violence. A regional interagency meeting, co-hosted with UNIFEM, will be held in January 2005.
• Support the organization of training on child protection against sexual exploitation by peacekeepers.

Emergency preparedness

• Undertake vulnerability analysis, emergency preparedness and contingency planning and ensure integration with country programme cycles, UNDAFs and CAPs in 20 countries.
• Strengthen emergency preparedness and response planning (EPRP) processes through capacity-building of partners and linking UNICEF plans to broader contingency planning initiatives. Support short-term surges of demand in emergency operations being met with timely deployment of appropriate technical support; provide training on EPRP fundamentals for key government and NGO partners in Eritrea, Madagascar, OLS and Uganda.
• Complete an EPRP exercise (training and planning) in Eritrea, Ethiopia, OLS offices, Swaziland and Zambia. Update EPRPs in an additional 14 country offices and field test the developed EPRP fire-drill module with the Somalia office.
• Support and participate in the OCHA-led Great Lakes, Eastern and Horn of Africa contingency planning exercises. Work with OCHA to strengthen their EPRP process and co-host an inter-agency training of trainers with OCHA and other UN agencies.

Emergency response

• Coordinate/facilitate support for management of EPRP issues in multicountry operations, especially in the Great Lakes, Horn of Africa, Zimbabwe and post-conflict operations in Angola, Burundi, Somalia and OLS.
• Set up a ‘rapid response team’ for 2005, of both regional advisers and specialized consultants, provide orientation and training for the team, and set up and manage a region-wide roster of human resources (both internal and external) to be deployed to support UNICEF’s humanitarian programmes. Establish a short-term funding mechanism for ESARO to support this rapid deployment of staff.
• Continue to pilot test the applicability of DevInfo in the context of emergencies. Undertake regional training on monitoring and evaluation in emergencies.

ACTIONS AND ACHIEVEMENTS IN 2004

During 2004, ESARO continued to expand emergency preparedness and response capacity in the region, particularly the development of contingency planning and preparedness and its integration into country programming. Nineteen of the 21 countries in ESARO have preparedness plans. In 2004 the Emergency Preparedness and Response Planning (EPRP) process was completed in Comoros, Madagascar, Namibia, Rwanda, South Africa and Tanzania, with support from the UK Department for International Development (DFID). ESARO also participated in mid-term review and programme support missions to Lesotho, Mozambique and Tanzania to ensure that preparedness is integrated into the country programme processes.

ESARO will expand capacity-building efforts with governments and NGOs by conducting contingency planning and EPRP training exercises in-country. In 2004, such exercises were undertaken with UN country teams and partners in Comoros and Madagascar.
ESARO also undertook numerous technical missions to support the emergency preparedness and response capacities of Angola, Burundi, Eritrea, Ethiopia, Madagascar, Mozambique, Namibia, Rwanda, South Africa, OLS (Operation Lifeline Sudan), Tanzania, Uganda and Zimbabwe. Extensive support was also provided to the Uganda Country Office to undertake a comprehensive needs assessment of internally displaced persons and to scale-up their emergency activities in the north of the country. In Ethiopia, ESARO helped the country office to develop a strategy in response to the government’s resettlement policy and participated in the inter-agency review of the 4 Rs programme in Eritrea.

Steps towards establishing a regional ‘surge capacity roster’, including screening and candidate selection, will continue in 2005. The availability of qualified staff from country offices to support effective emergency response is vital. This capacity will be further supported by the establishment of a rapid response team of regional advisers and specialized consultants, and the Emergency Response Team being established at headquarters in 2005.

ESARO worked with other UN agencies and humanitarian partners on priority issues including Disarmament, demobilization and reintegration (DDR), HIV/AIDS, sexual exploitation, mine risk education and the training of peacekeepers and military groups. For regional coordination, ESARO was keenly involved in a number of inter-agency and inter-organizational networks. One initiative is the Action for the Rights of Children (ARC) programme, which effectively advocates and promotes child protection priorities. ARC training was conducted in Burundi and Rwanda with full inter-agency support and cooperation. The Burundi training focused on repatriation and child protection and included OCHA as a new partner for the first time.

ESARO contributed to a Nairobi-based inter-agency fora on HIV/AIDS in Humanitarian Response during the year. All partners identified areas of work with HIV/AIDS in emergencies that they have initiated but which require further attention.

ESARO hosted a regional Inter-agency Meeting on Children Affected by Armed Conflict (CAAC) which highlighted critical CAAC concerns in the region, including DDR, sexual violence and exploitation, and psychosocial support for children in conflict. In early 2005 this group will focus on sexual and gender-based violence.

ESARO’s role in the provision of country level support, coordination and network building will continue to enhance regional capacity for effective response to the needs of children in unstable situations. This will in part be achieved through ongoing support from DfID, as well as from a new global partnership with ECHO. Nonetheless, additional support will be required in a variety of areas.

In the course of 2005, the ESARO will work with UN agencies and NGO partners to continue to develop CAAC initiatives in countries of the region; further integrate CAAC priorities into country office programmes; and provide information and training materials on issues relating to children in unstable environments. Child soldier prevention and demobilization initiatives in countries throughout the region will be supported through guidance in the development of funding proposals, field missions and training. In the case of Burundi, Somalia and Sudan, ESARO will provide assistance with planning for resettlement and repatriation. Additionally, support will be provided for country level programmes with substantial IDPs and interventions aimed at addressing HIV/AIDS, sexual violence and the provision of psychosocial support. ESARO will continue to facilitate the implementation and monitoring of the ARC capacity-building and training initiative and other inter-agency programmes.