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Report of the Executive Director: Results achieved for children in 2004 in support of the medium-term strategic plan

Summary

This is the third annual report of the Executive Director against the medium-term strategic plan (MTSP) for 2002-2005 (E/ICEF/2001/13 and Corr.1). It provides information on progress, partnerships, constraints and key results achieved in 2002-2004 in the five organizational priority areas of the MTSP, as well as on cross-cutting strategies which support these areas, and on UNICEF income and expenditure for 2004.

This report complements the Executive Director's annual report to the Economic and Social Council (E/ICEF/2005/3), which contains, inter alia, more details of UNICEF activities in support of the Secretary-General's reform programme and the follow-up to international conferences.

* E/ICEF/2005/7.

Abbreviations

ACSD	Accelerated Child Survival and Development
ACT	artemisinin-based combination therapy
AD	auto-disable (syringe)
ARV	anti-retroviral
CCC	Core Commitments for Children
CDC	United States Centers for Disease Control and Prevention
CEE/CIS	Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States
CIDA	Canadian International Development Agency
DPT3	three doses of combined diphtheria/pertussis/tetanus vaccine
ECD	early childhood development
EFA	Education for All
FAO	Food and Agriculture Organization of the United Nations
FGM/C	female genital mutilation/cutting
FTI	Fast Track Initiative
GAVI	Global Alliance for Vaccines and Immunization
GIVS	Global Immunization Vision and Strategy
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
ITNs	insecticide-treated nets
MICS	multiple indicator cluster survey
MNT	maternal and neonatal tetanus
MTSP	medium-term strategic plan
NGOs	non-governmental organizations
ORS	oral rehydration salts
OVC	orphans and vulnerable children
PMTCT	prevention of mother-to-child transmission (of HIV)
PRS	poverty reduction strategy
SWAps	sector-wide approaches
TT	tetanus toxoid (vaccine)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group

UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

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I. Introduction

1. This third annual report on progress against the 2002-2005 medium-term strategic plan (MTSP) follows a thorough mid-term review of the current plan and was prepared concurrently with the development of a new corporate plan for 2006-2009. The structure of the report has been simplified to comply with length limitations and to keep the focus on actions taken and progress for children in the five areas of organizational priority. The report presents cumulative results where possible, discusses key partnerships through which results were achieved, and provides time-series data on indicators of progress and organizational efficiency related to the commitments of the plan.¹

Spotlight:

Response to major emergencies – Indian Ocean and Darfur

2. As requested by the Executive Board, greater focus is given in this report to major emergencies. The UNICEF response falls within the scope of the priorities of the MTSP, and is based on its Core Commitments to Children (CCCs) in emergencies. Responses to two large-scale emergencies are summarized here, while further discussion of emergency action is contained in subsequent sections.

3. Within hours of the Indian Ocean tsunami of 26 December, UNICEF country offices were undertaking rapid assessments to establish the needs of affected families. UNICEF rapidly flew in relief supplies, including water storage tanks and purification tablets, vaccines, oral rehydration salts (ORS) and vitamin supplements.

4. Immediate priorities were keeping children alive and healthy, providing safe water and sanitation, protecting children and getting them back to school. UNICEF helped to mount extensive campaigns to immunize children against measles and provide vitamin A. Other measures included resupplying cold-chain systems, providing insecticide-treated nets (ITNs) to guard against malaria and supplying emergency drug kits.

5. Vigilance against water-borne diseases was one of the central concerns. After the immediate response, the focus was on rehabilitating water systems, building latrines, cleaning schools and conducting sanitation and hygiene campaigns.

6. In the chaos, some children were separated from their families, leaving them vulnerable to abuse and exploitation. UNICEF worked with partners to quickly establish centres where children could be registered and cared for while their families were traced. To help children get back to school, UNICEF dispatched tents and school-in-a-box kits to temporary camps and affected communities. Schools in some areas were able to re-open as early as 4 January.

7. Thousands of relief agencies supported the victims of the tsunami. The response was well coordinated, from the United Nations to the Governments of the affected countries and donor nations. Within the United Nations family, UNICEF was designated as the lead agency for water and sanitation, child protection and education, and worked closely with national authorities and key non-governmental organizations (NGOs) to ensure service delivery.

¹ UNICEF field office annual reports were a major source of information for this report.

8. To some degree, the rapid, large-scale response by UNICEF to the tsunami resulted from lessons learned during the crisis in the Darfur region of Sudan. Unlike in Darfur, where the magnitude of the crisis and the required response became evident only over time, early activation of the emergency trigger (an internal mechanism for mobilizing emergency response), centralized coordination in headquarters and an early visit by the Executive Director to the region played a major role in the organization's rapid response in the Indian Ocean region.

9. The crisis in Darfur tested the limits of the UNICEF emergency response capacity. The scale of needs continued to grow throughout 2004 from a few hundred thousand displaced people in January to almost 2 million by December. During the first half of 2004, UNICEF struggled to scale up programmes in the face of insecurity, lack of access, very few NGO partners, inadequate staffing and low funding levels. After this, however, the emergency trigger helped to increase staffing levels while heightened international attention helped to break barriers to access and encouraged more NGOs to work in the region. Donors also increased their funding levels. UNICEF took responsibility for coordinating the water, nutrition, education and child protection sectoral responses.

10. United Nations, government and NGO partners supported the provision of safe drinking water to 1.1 million people, sanitation to 1 million people and health services to 1.4 million people. Drawing on lessons from Mozambique, a major hygiene campaign was also mounted to head off diarrhoea and cholera. School enrolment rates returned to the pre-conflict level of around 25 per cent. In the water and education sectors, UNICEF interventions accounted for around 75 per cent of the total international response to the Darfur crisis. However, while these achievements were remarkable in the face of extremely different operating conditions, only 40 to 60 per cent of the total affected population were reached with essential services.

II. The five organizational priorities: progress in 2004²

A. Girls' education

Estimated expenditure:³ \$282 million (regular resources: \$100 million, other resources - regular: \$117 million, other resources - emergency: \$65 million)

11. The aim of getting as many girls as boys to enrol in school and complete good, quality basic education has remained constant, as part of the global drive to achieve Education for All (EFA) among children. However, strategies have evolved over the past three years. Girls' education has faced multiple challenges arising from emergencies, the prevalence of HIV/AIDS, deepening poverty and persistent disparities, while opportunities have been created by partnership initiatives, sectoral reforms and sector-wide approaches (SWAps). UNICEF has shifted the emphasis of its cooperation from small-scale interventions with specific groups to supporting

² For most MTSP progress indicators cited in this report, 2002 is the available baseline year. Additional indicators on the situation of children are presented annually in *The State of the World's Children* report.

³ The expenditures shown for each of the organizational priorities are approximate, and do not include expenditures for general or unattributed advocacy, programme support and cross-sectoral activities, which often support specific priority areas.

capacities in national systems as a whole. There is also more concern now to develop approaches which partners can adapt and take to scale. In Ghana, for example, gender-sensitive education plans are being developed in all districts, while the “child-friendly” schools approach aims to create examples of quality education in 50 locations.

12. Renewed emphasis has been placed on advocacy and communication for EFA, and a twin-track approach has been adopted to reflect the role of UNICEF both as a development partner and the leader of a major partnership for girls’ education. The strengths of UNICEF in advocacy, supply and logistics have been important assets for supporting basic education in emergency situations.

13. Political commitment to girls’ education has been growing, both as a result of advocacy and in response to problems like HIV/AIDS. Efforts to put a compact between developing and donor countries into practical effect have resulted in poverty reduction strategies (PRSs) and SWAps which are beginning to trigger greater investments for the Millennium Development Goals on education and gender parity. UNICEF has supported Governments in their successful applications for EFA Fast Track Initiative (FTI) funds, as in the Gambia. More flexible mechanisms, such as large-scale thematic funding for girls’ education, are also helping in the acceleration effort.

14. UNICEF involvement in such partnerships as the FTI has further helped to reorient its focus towards sector-wide and collaborative approaches. Meanwhile, the United Nations Girls’ Education Initiative (UNGEI) is providing a basis for greater strategic focus in building alliances for girls’ education. Regional focal points and a Global Advisory Committee have been set up and a work plan has been developed that commits partners to working on specific tasks.

15. The year 2004 also saw rapid advances in UNICEF collaboration with the World Food Programme (WFP) on school feeding as part of an integrated package of cost-effective interventions. This partnership, which often involves such agencies as the Food and Agriculture Organization of the United Nations (FAO), the Office of the United Nations High Commissioner for Refugees, development banks and bilateral donors, is now operational in 42 countries. It is based on coordinated programming for the essential package and in some cases, preparation of joint proposals for funding.

Target 1:

Policies and practices to reduce the number of out-of-school girls⁴

16. Advocacy on the urgency of the Millennial target for gender parity in basic education by 2005 has helped to create a climate for action in most regions. Some 79 countries now have national plans relating to EFA which include explicit measures to reduce the numbers of out-of-school girls, compared to 66 in 2002. This has provided opportunities for boosting access through interventions ranging from advocacy and the provision of school meals and classroom materials to intersectoral efforts which incorporate health, nutrition, water and sanitation and sometimes protection initiatives in schools.

⁴ In view of space limitations, the targets of the MTSP are summarized in this report.

17. The approach used in parts of West Africa starts with a survey to design an “essential learning package” of supplies and services that will attract children to school as well as promote learning achievement. This forms the core of a back-to-school campaign which UNICEF supports. Djibouti and Yemen are other countries where school supplies have been distributed for girls in conjunction with communication messages and campaigns. The approach uses experience gained in emergencies, and is proving valuable in fuelling the “quantum leap” in enrolment still needed in some countries. Care must be taken, however, to strengthen national systems and not create parallel ones.

18. Another promising example involves child-to-child surveys in which students are supervised to identify peers who are out of school and the reasons why. This helps to generate awareness of barriers to access and guide local actions. In several African countries, girls’ education clubs help to enrol out-of-school girls and encourage completion.

19. Humanitarian response programmes in crisis and post-conflict situations in 2004, as in Burundi, Liberia and parts of the Middle East and North Africa, included education as a force for normalization and healing. In some of the tsunami-affected countries, efforts were made to boost enrolment levels even beyond pre-disaster levels.

20. Further opportunities for boosting access were provided by engagement with SWAps. These frameworks make it possible to address gender disparities in access and quality and to make use of successful approaches, such as community schools in Egypt, for scaling up. Gender reviews are now widely used, together with advocacy for the removal of financial barriers to poor families in sending girls to school and the use of disaggregated data to reveal “hidden disparities”, especially in Latin America. However, the need has also become apparent for careful advance planning for dealing with surges in enrolment following the abolition of school fees.

21. Even where enrolment is generally high and gender gaps are low, as in Latin America and the Caribbean, repetition and drop-out rates are often problematic due to poor quality education, classroom-level discrimination and weak public school systems. More countries – some 55 compared to 47 in 2002 – are taking specific measures to boost girls’ progression to post-primary education. But such factors as sexual exploitation and violence continue to present obstacles. In parts of the Middle East, the lack of post-school opportunities and of life skills among adolescent girls tends to offset the high levels of enrolment. UNICEF supports “second chance” initiatives for girls in several countries.

Target 2:

Quality learning in child-friendly, gender-sensitive schools

22. Efforts to consolidate interventions to promote quality learning through the child-friendly schools approach regained momentum in 2004 and the potential for influencing standards in basic education. National standards to promote a child-friendly, gender-sensitive school environment have now been adopted in some 41 countries, compared with 33 in 2002. These are often based on lessons from UNICEF-supported pilot projects and are being developed in nearly 50 other countries as a basis for promoting access and quality.

23. With advocacy by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF, education ministers in the East Asia and Pacific region adopted the child-friendly schools approach for quality improvement in their education systems. Joint United Nations programmes are providing support for child-friendly schools in Cameroon, the Solomon Islands and the United Republic of Tanzania. A “Schools for Africa” initiative, managed by UNICEF and the Nelson Mandela Foundation, aims to boost enrolment through school construction in rural areas in six African countries. This is based on child-friendly standards, as is UNICEF support to reconstruction in tsunami-affected countries. More specific interventions to improve quality of education are also promoted where not all key elements of the child-friendly schools approach are in place. UNICEF supported water, sanitation and hygiene promotion initiatives in schools in 76 countries in 2004, compared to 47 in 2002.

24. Another element of the move towards consolidation in promoting quality in basic education is the increased focus on life-skills education. This provides a vehicle for addressing a wide range of learning needs and preparing students to cope with challenging social situations (see also paras. 99-104 below on target 2 for HIV/AIDS).

Target 3:

Learning outcomes and gender parity in achievement

25. Progress continues to be very limited in this target area. There are scattered examples of capacity-building, pilot testing and studies relating to learning achievement in regions with more middle-income countries. For example, a first-phase study was carried out in seven East Asian countries to analyse achievement scores in relation to data schools on classrooms, teachers and students.

Spotlight:

Supply operations in support of the MTSP targets and the Millennium Development Goals

26. UNICEF procured some \$71 million worth of education materials in 2004, a large increase over the \$56 million worth procured in 2003. This was related to the special focus on accelerating girl’s education in 25 countries. Over 17,000 schools and 5 million students were assisted in Iraq.

27. In 2004, UNICEF distributed 11,000 school-in-a-box kits and 8,200 replenishment kits to 32 countries. In addition, special kits were designed for the Democratic Republic of Congo, (46,600 for classrooms and 6,800 for teachers).

B. Early childhood development

Estimated expenditure: \$459 million (regular resources: \$139 million, other resources – regular: \$135 million, other resources – emergency: \$185 million).

28. An intensive review of the early childhood development (ECD) priority area in 2004 resulted in some modifications to current approaches and possible changes in the next MTSP. The contribution of sector-based programmes to the survival and development of young children is being given greater attention, together with more

focus on convergence of services in support of families, parents and marginalized groups.

29. Since this plan period began, many countries have improved their policy environment for young children. Service delivery in basic health and water and sanitation has improved, along with efforts to strengthen breastfeeding practices. Parenting programmes are reaching more of the poorest families. Some progress has also been made in birth registration and in expanding centre-based child care.

30. A partnership between the Government of Netherlands and UNICEF has supported 21 countries in carrying out innovative programmes for ECD. Partnerships have also been strengthened with the World Health Organization (WHO), the Canadian International Development Agency (CIDA), the United States Agency for International Development (USAID), the United States Centers for Disease Control and Prevention (CDC), the Bill and Melinda Gates Foundation and others, including through the Child Survival Partnership, the Safe Motherhood Initiative and the Healthy Newborn Partnership. UNICEF is collaborating with the World Bank and regional development banks, UNESCO, the United Nations Population Fund (UNFPA) and WHO on early learning and parenting and has continued to work closely with WHO on water and sanitation, including joint monitoring and assessment. UNICEF is supporting or developing joint water and sanitation system reconstruction programmes in three countries, together with the United Nations Office for Project Services (UNOPS)/United Nations Development Programme (UNDP).

Target 1:

Development of sectoral and cross-sectoral policies relating to young children

31. This target area previously promoted the development of comprehensive policies for ECD. Following the mid-term review of the MTSP, UNICEF has taken a more flexible approach which gives greater emphasis to individual sectoral and cross-sectoral policies which help to create a supportive environment for young children.

32. The estimated number of countries with a national policy on ECD has risen to 34 in 2004 from 17 in 2002. This has often resulted in family issues and child development being incorporated more fully in national programmes.

33. A range of important sector-based policies are under development. UNICEF in 2004 supported several countries in policy development for nutrition, including Kenya, Madagascar, Rwanda and Timor-Leste, and on infant and young child feeding. UNICEF also helped in the development of water and sanitation policies in Eritrea, Nepal, Nicaragua, Zimbabwe and elsewhere. ECD has been integrated in education sector plans in Ghana, Mozambique and Uganda, and UNICEF is promoting a stronger United Nations focus on young children through Common Country Assessments and United Nations Development Assistance Frameworks (UNDAFs).

34. SWApS are being used by countries to fill major gaps in national policies for early childhood or to deal with new challenges, such as the impact on young children of HIV/AIDS. UNICEF will now increase its efforts to promote adequate

attention to young children in PRSs, not least because of the linkages between children's development and the reduction of poverty.

35. Over the past three years, systems to monitor school readiness and family care have been developed at both global and national levels. Nearly 20 countries are working towards defining what children should know prior to entering school. New indicators of family care will be included in the 2005 round of multiple indicator cluster surveys (MICS).

Target 2:

Support to programmes to deliver nutrition, child and maternal health, water, sanitation and hygiene-related services and commodities, and to convergent service delivery among the most disadvantaged

36. The Integrated Management of Childhood Illness (IMCI) and the Accelerated Child Survival and Development (ACSD) initiatives have supported expanded coverage of high-impact health and nutrition interventions to tackle major causes of child death. Some 90 countries are now implementing these initiatives, reaching roughly 124 million people. The ACSD initiative is scaling up packages of cost-effective interventions, including immunization and antenatal care, in 11 countries in West Africa.

37. UNICEF and USAID are working to support Senegal in scaling up successful approaches to treating pneumonia at community level, while Uganda is using community-owned resource persons to treat pneumonia in eight emergency districts. UNICEF will continue to work with partners to increase the capacities of health systems to expand community pneumonia treatment in line with WHO/UNICEF standards.

38. UNICEF is also partnering with USAID, WHO and Johns Hopkins University to advocate for and support countries in scaling up treatment for diarrhoea. Two new products are available for improving the management of diarrhoea in children, packets of low osmolarity ORS and zinc tablets for treatment, which UNICEF is helping to make available. Efforts have also continued to strengthen capacities through social mobilization and training of health staff and community workers, as in Cambodia, which has trained some 3,000 village health volunteers, and in Ethiopia and Ghana.

39. UNICEF support to malaria prevention and control is focused on increasing the use of ITNs, community awareness and better access to effective treatment. UNICEF supported ITN distribution during 2004 in 35 African countries as well as in parts of Asia and the Pacific. While a range of approaches was used for the distribution of nets, the focus remained on promoting access among the most at-risk groups. Eritrea, Malawi, Mali, Mozambique, the United Republic of Tanzania, Togo and districts participating in the ACSD initiative have made rapid progress in coverage for young children and pregnant women. Declines in malaria-related deaths and illness were reported in Eritrea, as well as in Sierra Leone and Zambia.

40. UNICEF and WHO supported the introduction of artemisinin-based combination therapy (ACT) for malaria in several countries during 2004. UNICEF played a lead role in procurement of ACTs for Burundi, Ethiopia and Sudan. Responses in emergency settings included the distribution of ITNs in Somalia, Sudan and Uganda.

41. UNICEF aims to use its limited resources to leverage wider funding in support of interventions for children and women, in this case by developing pilot approaches in order to inform the design of programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. An example is a voucher scheme for ITNs which is being tested in the United Republic of Tanzania.

42. With modest investments, strong partnerships among Governments, technical agencies and donors can bring major improvements in access to emergency treatment and care for pregnant women. In Senegal, 121 facilities have been upgraded in partnership with United Nations agencies working through the UNDAF, together with USAID, NGOs and the African Development Bank. In South Asia, some 470 facilities have been upgraded through partnerships with UNFPA, Columbia University and others. Collaborating with UNFPA and others, UNICEF supported capacity-building and services for emergency obstetric care in some 65 countries and roughly 3,700 health facilities, an increase of over 300 since 2003.

43. UNICEF supported 84 countries in 2004 to strengthen policies and/or implement services in support of infant and young child feeding. This included the promotion of breastfeeding and implementation of the “Baby-Friendly” Hospital Initiative. UNICEF promoted the Initiative in 50 countries, but expansion was really only evident in the Central and Eastern Europe, the Commonwealth of Independent States and Baltic States region (CEE/CIS). The overall increase in the number of facilities designated as “baby-friendly” was about 3 per cent in 2004, following rapid expansion from 1994 to 2001. Many countries are now trying to revitalize their earlier efforts.

44. The prevention of anaemia is increasingly recognized as vital to women’s health and the intellectual development of infants and young children. Food fortification and iron supplementation are widely ranked among the most cost-effective interventions for poverty reduction. The current approach of providing iron-folate supplements during pregnancy has had little impact on anaemia rates during pregnancy, due to problems in delivery. Interest has increased in weekly supplementation for adolescent girls and in the fortification of flour. UNICEF is working closely with private sector partners, the Flour Fortification Initiative, the Micronutrient Initiative, the Global Alliance for Improved Nutrition and the Asian Development Bank, in efforts including food fortification testing in China and Viet Nam.

45. In the meantime, countries are working to improve logistics and uptake. In Ghana, USAID and UNICEF supported the development and dissemination of communication materials focused on women of reproductive age, aiming to prevent low birth weight and break the cycle of malnutrition. UNICEF also supported anaemia-prevention programmes among adolescents in 10 states in India.

46. Over the last 15 years, UNICEF has led a global effort to eliminate iodine deficiency disorders, the most widespread cause of preventable mental retardation among children. Key partners have included WHO, the International Council for the Control of Iodine Deficiency Disorders, Kiwanis International and the Bill and Melinda Gates Foundation. The successful campaign for universal salt iodization is the result of concerted efforts by an alliance of Governments, business, donors and technical agencies. Some 54 countries faced iodine deficiency as a public health problem in 2003, down from 110 in 1993. Levels of deficiency in 40 of these countries are mild.

47. UNICEF provided support to water, sanitation and hygiene programmes in 93 countries in 2004, ranging from national policy development to service delivery in focus districts. The strategic aim is to expand the promotion of improved hygiene and sanitation, while maintaining support for improved water supply services.

48. UNICEF increased its involvement in water quality improvement in 2004 and gains were made in arsenic mitigation. In Pakistan, the Government allocated about \$31.5 million to address arsenic contamination and water quality. In Viet Nam, UNICEF support resulted in a strengthened monitoring system and the development of water quality standards. In Bangladesh, arsenic mitigation efforts in 45 districts led to full coverage with safe water, coupled with rigorous water quality surveillance.

49. As a follow up to the commitment made by UNICEF at the World Summit for Social Development, support to schools in 76 countries included the inclusion of hygiene in curricula; training of teachers in hygiene education; construction of new water, sanitation and washing facilities; and promoting hygiene behaviour changes in communities through students.

50. UNICEF continued to provide emergency water and sanitation services and played a leading coordination role in major interventions in Bangladesh, Iraq and the Darfur emergency. UNICEF support to the rehabilitation of systems in the Horn of Africa assisted an additional 2.9 million people to gain access to a safe water source. In Iraq, despite considerable constraints, the UNICEF programme distributed essential treatment chemicals, covering most of the national requirements; tankered potable water to up to 400,000 people at various times; and rehabilitated infrastructure used by some 4 million people.

51. Good progress continues to be made towards the eradication of dracunculiasis (guinea worm disease), with the global total of indigenous cases halved from 32,000 in 2003 to approximately 15,000 in 2004. UNICEF is active in the 11 remaining endemic countries, supporting construction of water points, community awareness-raising and surveillance, and the distribution of filters and chemicals. Among the common constraints are inadequate supervision in the health system and the lack of incentives to maintain commitment among community volunteers.

52. As this section illustrates, there has been considerable progress on major components of basic service delivery for children and women. The potential remains to develop greater synergy among interventions, in supervision, administration, messages and outreach. Examples of synergies are found in the IMCI and ACSD initiatives, in some obstetric care programmes and as described in paras. 63–86 below on immunization “plus”.

Target 3: Birth registration

53. UNICEF supported birth registration activities in 90 countries in 2004 compared to 75 in 2002, most intensively in West and Central Africa, as well as in Latin America and the Caribbean and South Asia. Some progress has been made, including through a “catch-up” campaign in India, which issued some 25 million birth certificates, and campaigns in Afghanistan, linked to immunization, which have registered 2.7 million children since 2003. Birth registration rates have jumped in parts of Africa, notably in Angola, Ghana and Senegal. New legislation in

Bangladesh and Indonesia and measures elsewhere to reduce the costs to parents are expected to increase demand. However, stronger partnerships are needed to build capacity in the civil administration systems on which sustained birth registration depends.

Target 4:

Practices for care of young children and women

54. The Millennium Development Goals for child mortality reduction and education require a foundation of good parental care as well as basic services. Some 94 countries have now developed a set of key family and community practices for child survival, growth and development, compared to 67 in 2002. A community-oriented approach to IMCI is being supported by UNICEF in 85 countries. Initial results of a review in Eastern and Southern Africa show that the approach can achieve wide coverage and lead to improved home care for children.

55. The parenting programmes supported by UNICEF in some 56 countries tend to focus on psychosocial care and early learning as well as on child health and nutrition. Coverage rates, content and strategies for reaching families vary widely. UNICEF and the World Bank worked together in 2004 to compile guidance and good examples.

56. Family-oriented initiatives are becoming more evidence based. Of 76 countries with a communication strategy to promote ECD, 65 made use of baseline surveys and other data on child-care practices. UNICEF has increased its support for evaluations, such as that of the Roving Caregivers programme in Jamaica. However, the evidence base for parenting programmes needs to be deepened further, including through assessments of the role of fathers in child care, which is being promoted by UNICEF in 13 countries, and of how families cope with conflict and HIV/AIDS.

Target 5:

Increase involvement of disadvantaged young children in appropriate community or group child care

57. In 2004, UNICEF supported home-based care for young children in 70 countries and centre-based care in 84. While these numbers were similar to previous years, efforts to promote the inclusion of young children in conflict, with disabilities and affected by HIV/AIDS grew significantly. It appears that local child-care programmes are gradually reaching more marginalized children, as this target envisages.

58. A persistent challenge is to improve the quality of early learning programmes as they grow in number. A good example comes from Nepal, whose local centres are attended by over 10,000 young children and are supported by parent orientation, iron supplementation, growth monitoring and deworming efforts.

59. Evidence continues to grow on the potential of quality early learning programmes for improving school achievement and, in the longer run, for breaking the cycle of poverty. UNICEF-assisted early learning programmes in some 53 countries specifically supported girls' preparation for school.

Spotlight:
Supply operations

60. UNICEF is currently the world's largest supplier of ITNs. Some 7.3 million ITNs, including 4.3 million long-lasting nets, were procured by UNICEF in 2004, compared to 4.8 million in 2003. The total value of ITNs and insecticide procured was \$32 million, compared to \$17.2 million the year before.

61. UNICEF Supply Division procured \$6.7 million worth of ACTs compared to \$1 million in 2003 - some 11.6 million treatments.

62. UNICEF also procured 40 million ORS sachets worth \$2.5 million in 2004.

C. Immunization “plus”

Estimated expenditure: \$293 million (regular resources: \$53 million, other resources-regular: \$194 million, other resources-emergency: \$46 million)

63. In recent years, routine immunization has consistently reached about three quarters of the world's children. Strategies based on a mix of routine services and accelerated disease control programmes have contributed significantly to the Millennium Development Goal for child survival, averting an estimated 2.5 million deaths every year and preventing countless episodes of illness and disability.

64. Still, over 29 million children, mainly in disadvantaged communities, are not reached by routine immunization. Significant variations in coverage exist within regions and countries. Unless this gap is closed, 2 million children under five years of age will continue to die annually from vaccine-preventable diseases.

65. The mid-term review of the MTSP confirmed that UNICEF retains a strong capacity for supporting national immunization programmes and strategies to reach excluded children. Immunization is an effective vehicle for increasing the coverage of other child survival interventions, and this will be reflected in the new UNICEF health and nutrition strategy and the next MTSP for 2006-2009. However, the review also confirmed that while accelerated disease control programmes have reached more children in marginalized families, they have tended to divert attention from routine immunization.

66. UNICEF and WHO, with other partners, worked during 2004 to develop a Global Immunization Vision and Strategy (GIVS) for 2006-2015. This sets out a common vision and set of strategies for future advances in immunization. UNICEF also conducted an internal review of its performance in immunization and recommendations were made for future priorities.

Target 1:
Immunization and vitamin A coverage, disease reduction and immunization safety

67. At least 125 countries have now adopted a multi-year, comprehensive national immunization plan of action. UNICEF in 2004 continued to support Governments in their efforts to reach national targets and underserved populations by focusing its cooperation on establishing baseline data and mapping unreached populations; outreach activities and linkages with other high-impact interventions; vaccine

forecasting and strengthening of cold-chain systems; and promoting greater use of routine services by families.

68. The application and review process for support from the Global Alliance for Vaccines and Immunization (GAVI) has helped to broaden the work of national inter-agency coordinating bodies in eligible countries. UNICEF works with these mechanisms and advocates for the planning, funding and monitoring of immunization services and other child survival interventions as an integral part of national development frameworks.

69. In 2003, the latest year for which figures are available, coverage for three doses of the combined diphtheria/pertussis/tetanus vaccine (DPT3) increased to 76 per cent in developing countries, from 73 per cent in 2001. Coverage was 78 per cent worldwide, reaching almost 98 million children. Since 2000, sub-Saharan Africa and South Asia each have seen a 6-7 per cent increase in coverage. While the number of developing countries meeting the target of 80-per-cent DPT3 coverage in every district has remained around 40 since 2001, many countries are achieving 80 per cent in greater numbers of districts.

70. The accelerated measles mortality reduction programme has made exceptional progress. The Measles Partnership, led by the American Red Cross, CDC, CIDA, the United Nations Foundation, UNICEF and WHO, has spearheaded efforts in priority countries of Africa. During 2001-2004, about 200 million additional children were vaccinated against measles in sub-Saharan Africa, reducing measles mortality from an estimated 482,000 deaths in 1999 to fewer than 240,000 in 2004 and achieving the target of cutting measles mortality in half.

71. UNICEF focused its support on first-dose coverage for all successive birth cohorts through strengthening routine immunizations in countries that have conducted "catch-up" campaigns, and shipped 157 million doses of measles vaccine to programme countries in 2004.

72. The Global Polio Eradication Initiative, led by CDC, Rotary International, UNICEF and WHO, saw an almost 50-per-cent decline in the number of reported cases in 2004 in Asia. But there were setbacks in Africa and an increase in the global number of reported polio cases to more than 1,200, after a fall to just 784 in 2003.

73. The increase in 2004 was the result of a polio epidemic that started in parts of Nigeria where vaccination had stopped in 2003. The epidemic affected 13 previously polio-free African countries. In response, African Ministers of Health launched the world's largest synchronized polio campaign across 23 countries. These efforts reached about 80 million children under the age of five years in each round, and cost an additional \$100 million. In total, UNICEF supported national and subnational immunization days in 45 countries, which immunized some 372 million children.

74. Of the 58 countries still to eliminate maternal and neonatal tetanus (MNT), 33 have initiated or expanded supplemental immunization activities for tetanus toxoid (TT) in high-risk districts over the past four years, protecting almost 46 million women. In 2004, some 3 million women received two doses of TT vaccine in Afghanistan alone. Elimination efforts have reduced the number of annual neonatal tetanus deaths from 248,000 in 1997 to 180,000 in 2002. In 2004, UNICEF

supported MNT elimination efforts in 41 of these countries. However, uncertainty about future funding continues to jeopardize the MNT elimination goal.

75. Routine immunization efforts more often incorporate other high-impact measures. In Eastern and Southern Africa, many countries have launched child health days, or have increased outreach by linking vaccination with nutrition screening, distribution of anti-helminthics and malaria prevention treatments.

76. UNICEF continued to support safe injection practices through injection safety training and the exclusive use of auto-disable (AD) syringes with injectable vaccines. Some 72 UNICEF-assisted countries are now exclusively using AD syringes for routine immunization, compared to 45 in 2002.

77. In 2004, UNICEF supported vitamin A supplementation programmes in 89 countries with high child mortality. More than two thirds of children in least developed countries received vitamin A supplements. Despite the phasing-down of National Immunization Days, vitamin A supplementation coverage remained steady. Most countries now have alternative strategies in place. Some 21 countries achieved over 70-per-cent coverage of children under five years with two rounds of supplementation, thereby conferring full life-saving protection. In the United Republic of Tanzania and Zambia, UNICEF successfully advocated for the inclusion of vitamin A in national planning frameworks and budgets. Capsule forecasting, stock management and ordering systems were improved at both the global and country levels.

78. Significant support to UNICEF-supported vitamin A interventions continued to be provided by the Government of Canada/CIDA. Over 500 million capsules from the Micronutrient Initiative were supplied to 74 countries in 2004. Joint missions by UNICEF and the Initiative were undertaken in 19 countries to identify constraints to achieving high supplementation coverage.

Target 2:

Security of global vaccine supply

79. There was a marked improvement in vaccine availability in 2004, thanks to the collective effort of donors, UNICEF, WHO and other partners. More manufacturers now are pursuing WHO pre-qualification and sales to UNICEF. UNICEF also strengthened its internal multi-year vaccine supply forecasting and was able to establish a higher level of forward contracts based on guarantees from the Vaccine Fund and its own resources.

80. UNICEF continued to support national capacities for the development and maintenance of cold-chain networks through procurement and management training. Vaccine stock-outs at national level for any antigen within the routine immunization programme were indicated for only 35 per cent of countries covered by field reports in 2004, compared to 44 per cent in 2002. Routine vaccine costs are now fully covered by national budgets in 75 per cent of countries for which information is available. These indicators suggest gradual but clear gains in national capacities for routine immunization across the developing world.

Target 3:**Immunization as a global public health good and communication strategies to sustain demand**

81. UNICEF advocacy in this target area has focused on promoting global vaccine security and building public trust in vaccines. Core messages focus on immunization as a “best buy”, as a central element in ensuring the “best start in life” for children and as a measure of human progress. Notable in 2004 was the Pan-African Forum on Building Trust for Immunization and Child Survival, which involved some 200 religious and traditional leaders and media representatives. By 2004, 89 countries had developed a national advocacy and communication strategic plan for immunization.

82. UNICEF communication strategies for immunization emphasize approaches which are especially relevant to excluded groups. Significant results in reaching children have been seen in such countries as Afghanistan, India and Pakistan from targeted social mobilization and communication in support of the global polio eradication initiative.

Target 4:**Strategies to reach un-immunized populations; measles vaccination and vitamin A provision in emergencies**

83. During 2002-2004, an estimated 100 million children in 25 countries affected by emergencies were reached with measles vaccines and vitamin A supplements, in accordance with the CCCs. In India and Indonesia, children in camps and high-risk areas started to receive measles vaccine in the first week following the tsunami disaster. UNICEF also ensured that vitamin A was available in the affected areas, as well as in Kenya and the Darfur region of Sudan.

84. Immunization services in post-conflict Iraq were sustained throughout 2004 with large-scale UNICEF support, despite insecurity in some areas. Campaigns reached over 5 million children, while the restoration of routine immunization has been crucial for minimizing the risk of disease spread.

85. In 2004, an estimated 90 UNICEF-assisted countries had a national plan or strategy to reach marginalized groups with life-saving interventions, compared to 81 in 2002. UNICEF worked with Governments to develop coverage improvement plans in seven large-population countries which represent 70 per cent of un-immunized children worldwide. The “Reaching Every District” approach, promoted jointly by WHO and UNICEF, appears to have contributed to coverage increases, and 20 countries saw coverage rise by 5-10 percentage points from 2001 to 2003.

86. Accelerated disease campaign strategies have shown the effectiveness of using performance data, micro-planning, local communication and campaign-type approaches. The challenge is now to build on this experience to reach non-immunized children and women with routine services at least four times a year. This is a key strategy of the new GIVS for reaching excluded populations.

Spotlight:**Supply operations**

87. UNICEF procured and distributed 2.7 billion doses of vaccines worth some \$376 million in 2004, and an additional \$15 million in cold-chain equipment,

compared to some \$360 million worth of vaccines and cold-chain equipment in 2003.

88. Procurement of polio vaccine alone amounted to 2.1 billion doses worth \$203 million, an increase from 1.9 billion doses in 2003.

D. Fighting HIV/AIDS

Estimated expenditure: \$115 million (regular resources: \$51 million, other resources-regular: \$57 million, other resources-emergency: \$7 million)

89. In 2004, an estimated 510,000 children below 15 years of age died of AIDS and 640,000 were newly infected with HIV, mostly through a lack of prevention of mother-to-child transmission (PMTCT). In sub-Saharan Africa, about 1.9 million children under 15 years of age were living with HIV at the end of 2004. In six southern African countries, AIDS is contributing to well over one third of all young child deaths.

90. In the 20 worst affected countries, the epidemic is taking an increasingly heavy toll on young people between the ages of 15 and 24 years, especially women. Keeping young people HIV-negative and reducing their risk and vulnerability to HIV infection continue to be urgent priorities. Poverty, gender inequality and exploitation are at the root of these vulnerabilities.

91. The mid-term review confirmed that the level of engagement by UNICEF in the fight against AIDS has increased rapidly and substantially at all levels. Nevertheless, total expenditures on HIV/AIDS remain at around 9 per cent of the organization's programme spending, compared to 13 per cent of regular resources expenditures, owing to the limited availability of other resources for this priority.

92. At the end of 2004, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that less than 1 per cent of adults were accessing voluntary counselling and testing services in the 73 countries most affected by AIDS, fewer than 10 per cent of pregnant women had access to effective PMTCT services, and less than 3 per cent of orphans and vulnerable children (OVCs) were receiving adequate support. This gives some indication of how far the global fight still has to go.

93. In 2004, the WHO/UNAIDS '3 by 5' Initiative provided the impetus for greatly increased access to treatment and could remove many barriers to future prevention, such as stigma and lack of access to HIV testing. There was a significant increase in the availability of funds from such sources as the Global Fund, the United States President's Emergency Plan for AIDS Relief and the World Bank's Multi-Country AIDS Programme. Many UNICEF country offices provided technical assistance for the development of funding proposals and, in some cases, procurement services for these major funds. Still, UNICEF needs to do more to encourage attention to affected or vulnerable children and adolescents in country proposals.

94. The partners in the fight against AIDS face strategic challenges in putting available resources to work to curb the spread of the epidemic among children and adolescents and at the same time, provide care, support and treatment to those already affected. A reformulated approach to care, support and treatment will aim to

promote the synergy between PMTCT and treatment regimes and reduce the risk of parallel efforts in service delivery. While the mid-term review has helped to sharpen the focus of UNICEF, preventing and addressing paediatric AIDS remain a major challenge. At the same time, cooperation strategies and spending priorities need to take account of the locally-varied nature of the epidemic and of vulnerabilities to HIV.

95. To promote harmonization, effective use of resources, rapid action and results-based management, the “three ones” principles were adopted by developing countries and key partners in 2004. These call for support to one national plan, one coordinating mechanism and one monitoring and evaluation system in each country. UNICEF is working with other UNAIDS co-sponsors through the United Nations country theme groups to put these principles into effect. There has been progress in establishing indicators and an estimated 74 programme countries now have monitoring mechanisms in place or under development.

Target 1:

Analysis of the HIV/AIDS situation and its actual or potential impacts on children and young people, and strategies and actions to respond

96. A national situation analysis on HIV/AIDS and its impact on children and young people has now been undertaken in 78 countries. A wide range of more specific assessments have also been supported by UNICEF as inputs to the design of policies and programmes, for example on youth anti-AIDS clubs in Ethiopia and knowledge among teachers in Kenya. UNICEF advocated for increased investment for children and young people in PRSs, and action on these lines was taken by countries such as Azerbaijan and the United Republic of Tanzania.

97. Major new comprehensive approaches to children and HIV/AIDS were adopted by Georgia, Malawi, Romania, Viet Nam and other countries during 2004, and there was a growing use of sector-specific guidelines, such as in the education sector in Eritrea and Jamaica.

98. To date, 89 countries have adopted national strategies for PMTCT; 89 for the prevention of HIV infection among young people; 79 for school-based life skills education; and 47 for the protection and care of OVCs. While progress has been encouraging, greater efforts are still needed, including in countries with low prevalence, to establish baselines and improve understanding of the impact of HIV/AIDS on children. A further key challenge is to ensure that improved analysis and strategies do in fact provide the basis for taking successful interventions to scale.

Target 2:

Policies and plans implemented to reduce risk and vulnerability of young people to HIV infection

99. UNICEF continues to work with Governments, civil society organizations, the media and other partners on HIV prevention interventions for and with young people. Over 89 UNICEF-assisted country programmes include such strategies and actions, and many are trying to strengthen the linkages with programmes in basic education and child protection. Increasing the participation of young people in problem analysis, programme design and implementation remains a challenge, including to UNICEF technical capacities.

100. School-based life-skills education continues to be a major prevention intervention. UNICEF supported programmes in 79 countries in this area and this number should exceed 100 during 2005. The African Medical Research Foundation, the London School of Hygiene and Tropical Medicine and UNICEF undertook an in-depth review of the effectiveness of these interventions in reducing HIV transmission in the United Republic of Tanzania. The findings were disappointing and pointed to the need to accompany school-based projects with community awareness-raising. Following the mid-term review, UNICEF is now attempting to ensure that life-skills programmes are better focused on risks which are specific to the HIV context of each country.

101. In 2004, 63 UNICEF country offices supported peer education activities. In China, the expansion of peer education reached over 3 million students. In India, teachers and peer educators were trained in all government schools in three states. In Eastern and Southern African countries, UNICEF supported widespread initiatives to enable young people to recognize risks, learn skills to protect themselves and support each other to avoid HIV infection.

102. The year 2004 also saw increased efforts to take communication initiatives to scale. In China, UNICEF supported the Government in mounting a communication campaign in all villages, aimed especially at reducing stigma and discrimination. In the Russian Federation, information campaigns on HIV prevention reached over 500,000 young people during 2003-2004.

103. UNICEF is playing an important role in supporting the design and scaling up of voluntary confidential counselling and testing services. In Cambodia, such services became available in almost all national and provincial hospitals. El Salvador and Guatemala launched initiatives to promote these services among male partners of pregnant women, and Kenya is using girls' soccer initiatives to promote them. "Sports for development" is emerging as a powerful strategy to promote healthy choices among young people.

104. UNICEF and UNFPA collaborated in 15 countries to support national consultations with young people on HIV prevention. The Religious Leadership Initiative continued to expand in the Mekong Delta countries, while the Islamic Leadership Initiative in Indonesia undertook a comprehensive baseline survey of knowledge, attitudes and practices among young people.

Target 3:

Policies, strategies and action plans to reduce parent-to-child transmission of HIV, including comprehensive care, support and treatment to children and their families living with HIV/AIDS, in countries with generalized epidemics

105. Over the past five years, UNICEF has played a leading role in demonstrating that it is feasible to reduce parent-to-child transmission of HIV if infected women have access to HIV testing and receive anti-retroviral (ARV) prophylaxis for themselves and their newborns. Many developing countries have initiated PMTCT programmes, but very few have taken them to scale. In 2004, UNICEF intensified its efforts to promote such programmes, providing support in 88 countries compared with 58 in 2002.

106. In 2003, only 2 per cent of HIV-positive women identified through PMTCT programmes received ARV treatment. Hardly any children in poor countries have

access to cotrimoxazole prophylaxis to prevent commonly acquired infections. The “PMTCT-Plus” initiative in 12 countries, pioneered by Columbia University with procurement support from UNICEF, aims to demonstrate measures to increase the access of women and families to treatment, health care and psychosocial and legal support.

107. UNICEF, WHO and such partners as USAID are looking for solutions to the challenges of paediatric HIV care and the cost of paediatric formulations of ARVs. China’s Ministry of Health and UNICEF launched the country’s first paediatric AIDS care and treatment initiative, in partnership with the Clinton Foundation. UNICEF, WHO and USAID convened a consultation in Zambia to review accelerated actions to treat children with HIV/AIDS in the Southern African region.

108. There is also increasing awareness of the importance of nutrition for children infected by HIV. UNICEF supported the development of policies and guidelines on infant feeding and PMTCT in 72 countries, as well as measures to ensure that HIV-positive women receive support in using safe child feeding options in 60 countries. UNICEF and WHO organized 13 country orientations on the United Nations framework on infant feeding and HIV/AIDS. Nutritional security initiatives for children affected by HIV/AIDS in Lesotho and Malawi are being supported by FAO, UNICEF and WFP.

109. UNICEF is now providing procurement services for ARVs in 39 countries. It also meets orders from non-governmental and faith-based organizations. Close collaboration is maintained with WHO in the monitoring of patent laws and initiatives that affect access to essential drugs in developing countries.

Target 4:

Policies and plans developed and implemented for protection and care of OVCs due to HIV/AIDS

110. UNICEF continued to serve as a global convener and leader on issues related to OVCs. The framework adopted by partners in 2003 for the protection, care and support of such children increasingly provides the basis for responses, particularly in Africa. While strengthening of community support is the main strategy, there is increasing emphasis on basic services, social protection and legislative reforms. Action to build capacities for psychosocial support to affected children and families is also accelerating.

111. Just over half of UNICEF-assisted programmes for home-based and centre-based care of young children specifically encouraged the inclusion of children affected by HIV/AIDS. In parts of Africa, such centres are increasingly the first line of support for OVCs, including for food and health care.

112. In 2004, UNAIDS, UNICEF, USAID and WFP joined national task forces in rapid assessment, analysis and action planning exercises in 16 African countries, aiming to scale up interventions and funding. Some countries subsequently initiated 100-day plans to mobilize key national stakeholders. Assessments of OVCs in the Lao People’s Democratic Republic, Myanmar, Papua New Guinea and Viet Nam have fed into national plans of action for alternative care, while participatory assessments in the Caribbean have been complemented by social mobilization, birth registration and community- or church-based monitoring.

113. The World Bank and UNICEF joined forces to convene the Second Global Partners Forum for orphans and vulnerable children. This provides a mechanism to track regional and global responses to children affected by AIDS as well as for coordinated action on issues such as removal of fees and other barriers to schooling. UNICEF and partners are also developing cost estimates for protection, care and support services for OVCs in sub-Saharan Africa. These will be used for planning and leveraging resources, including through PRS frameworks and the Global Fund.

114. In 2004, a partnership between UNICEF and the World Bank on ECD and HIV/AIDS was launched in five African countries to increase awareness of the needs of young children affected by HIV/AIDS. Field reviews also highlighted the importance of support to livelihoods for such children, which will be a major challenge to partners.

Spotlight:
Supply operations

115. UNICEF procurement services for ARVs have shown extraordinary growth, to an estimated \$18.4 million worth of supplies in 2004. An additional \$2.9 million worth of HIV/AIDS-related test kits and diagnostic equipment was also supplied.

E. Protection of children from violence, abuse and exploitation

Estimated expenditure: \$140 million (regular resources: \$38 million, other resources-regular: \$64 million, other resources-emergency: \$38 million)

116. The growth in information and promising initiatives, combined with continued advocacy for policy reform, has helped to raise awareness of violence, exploitation and abuse against children. With this has come increased political will to act, as seen in the response to the Indian Ocean tsunami emergency. Global initiatives such as the mid-term review of the 2001 Yokohama Commitments, based on regional consultations and with the involvement of young people, and the United Nations Study on Violence against Children, have also increased attention to child protection.

117. The most prominent gaps in protecting children worldwide are in the areas of sexual abuse and exploitation, including in armed conflict; trafficking; the use of children as soldiers; harmful practices; and the situation of children not in the care of their families or in conflict with the law.

118. The “protective environment” approach continues to be an important vehicle for making responses more strategic. While UNICEF continues to advocate for all aspects of child protection, its cooperation has shifted from programmes primarily for specific groups of children to fostering institutional and attitudinal change. The emphasis is on prevention strategies as well as response and UNICEF is increasingly well placed to support national capacities for child protection, including laws, policies and practices. At the same time, however, the erosion of traditional structures, including as a result of conflict and HIV/AIDS, is exacerbating problems of care and protection.

119. In emergencies, immediate protection efforts continue to focus on unaccompanied and separated children, and where necessary on child soldiers, in line with the CCCs. Work is being carried out to address sexual and gender-based

violence against girls and women, as well as for the abandonment of the practice of female genital mutilation/cutting (FGM/C). An increasingly coordinated approach to child protection across sectors is yielding positive results, for example, by including mine-risk education in school curricula and training teachers to address violence in schools.

120. Intercountry cooperation can also be effective in tackling sensitive issues such as cross-border trafficking and commercial sexual exploitation of children. However, at country level, incorporation of child protection in wider development frameworks is often difficult, especially since it is not the direct subject of the Millennium Development Goals. There are now more examples of UNDAFs which include child protection concerns and also PRSs, as in Viet Nam and Madagascar. The European Union accession process is providing an opportunity for UNICEF to engage with the Government of Turkey on further measures to improve child protection.

121. A child protection handbook launched by the Inter-Parliamentary Union and UNICEF in 2004 has created momentum for partnerships at regional and country levels, as seen in the first conference of Arab parliamentarians on child protection. Global partnerships were also taken forward on several issues facing children in armed conflict, including gender-based violence and HIV/AIDS, in particular through the Inter-Agency Working Group for Unaccompanied and Separated Children; and on OVCs and institutionalized children with the Committee on the Rights of the Child, the World Bank, International Social Service and the Better Care Network.

122. Partnerships to address violence and trafficking have also been pursued with United Nations agencies and major regional intergovernmental organizations, such as the League of Arab States and the Council of Europe. UNICEF continued its close collaboration with the Office of the Special Representative of the Secretary-General for Children in Armed Conflict.

Target 1:

Indicators and data-gathering for selected child protection areas; and improved quality of situation analyses

123. A child protection analysis was either in place or under development in 113 countries in 2004, compared to 91 in 2002. Some 30 more specific reviews and assessments were conducted in the East Asia and Pacific region alone. Such studies fill important gaps and may also indicate a general absence of comprehensive child protection monitoring or analysis.

124. Indicators on juvenile justice and formal care were developed by a wide range of partners and field-tested in 2004. Tools for measuring violence against children are under development. MICS in 2005-2006 will collect data on child labour, birth registration, FGM/C, child marriage, prevalence of orphans, child discipline and childhood disability.

125. A management information system to monitor progress on international commitments to combat commercial sexual exploitation of children is being tested in the East Asia and Pacific region. A similar system is envisaged in Latin America and the Caribbean. Several countries in Eastern Europe have started to upgrade their planning and monitoring systems for child protection. Greater efforts, however,

need to be made to strengthen data collection systems for the management of child welfare and protection services as well as for reporting and case referral.

Target 2:

Family support policies and structures to ensure family care and to provide appropriate alternative family environments where necessary; legislation and systems to promote alternatives to detention

126. Efforts have been intensified in several regions for reducing the use of institutional care. However, despite policy development and capacity-building efforts - and clear reductions in the number of children living in institutions in a few countries, such as Chile - major advances remain elusive. In some regions, both Governments and families still consider institutional care an appropriate response to poverty. Institutional care tends to attract financial support, and this presents risks to children, especially where regulatory policies are weak.

127. In 2004, over 70 per cent of UNICEF country offices were active on juvenile justice issues. In Latin America, community-based programmes were established in three countries as alternatives to the imprisonment of young offenders. Progress was made in juvenile justice reform in Eastern Europe. A new comprehensive code was approved in Afghanistan and a similar bill was prepared in the Philippines. Penal Reform International provides region-wide technical assistance on juvenile justice in the Middle East and North Africa.

128. UNICEF continued to promote the inclusion of children with disabilities through policy and legal reform and mainstreaming in education and health systems and to sponsor programmes to minimize the effects of disability. These included activities to improve home-based group care and the training of teachers, social workers and parents in the assessment of disabled children.

Target 3:

Measures towards eliminating trafficking of children, sexual exploitation, child labour, and use of children in armed conflict

129. In addition to the substantial progress seen in the adoption by governments of the Optional Protocols to the Convention on the Rights of the Child, UNICEF has also continued to advocate for the ratification of International Labour Organization (ILO) Convention 182 on the worst forms of child labour. This had been ratified by 151 countries by the end of 2004, an increase of 38 since 2001. However, following the successful advocacy push by UNICEF early in this plan period, the number of Governments publicly addressing the issues of trafficking and sexual exploitation appears to have peaked at around 80.

130. The year 2004 saw a number of promising initiatives against trafficking, especially through cross-border collaboration. UNICEF provided catalytic support to China and Viet Nam in undertaking a communication campaign against cross-border trafficking. Surveys carried out by the Lao People's Democratic Republic and Yemen illustrated the complexity of trafficking at the local level and its close links with migration. UNICEF successfully promoted the inclusion of key child protection standards in the Council of Europe's draft convention against trafficking in human beings.

131. In Latin America, the number of countries with specific legislation to punish sexual predators who target children increased to nine. The launch of the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism (for tourism professionals), the adoption of codes in Sri Lanka and Mongolia and initiatives in Indonesia and Kenya are indicative of new momentum in this area and of growing involvement of the private sector in protection issues.

132. An estimated 57 Governments in programme countries are now monitoring the worst forms of child labour through regular data gathering activities, compared with 47 in 2002. A national child labour survey was carried out in 2004 in Malawi, and studies on domestic child workers were conducted in Kenya and Lesotho. Child domestic work is being addressed in West Africa under the framework of the UNGEI and through local education initiatives, as in Morocco. UNICEF now works with the ILO in 62 countries to combat child labour and has intensified its dialogue with the World Bank in this area.

133. Advocacy relating to children affected by armed conflict was carried out by 54 UNICEF offices in 2004, up from 45 in 2002; with 23 offices undertaking advocacy specifically on the demobilization of child soldiers, compared to 15 in 2002. Although positive in terms of the scope of UNICEF activity, these trends also reflect the proliferation of armed conflicts involving children.

134. Support for practical measures for demobilization and reintegration continued in conflict-affected countries and post-conflict transitions. Roughly 15,000 child soldiers were demobilized in Burundi, Liberia and southern Sudan, and a data base was set up in Uganda to follow up formerly abducted children. UNICEF collaborated with the World Bank in the Great Lakes region of Africa on activities for child reintegration. In Sri Lanka, a plan of action for children affected by the armed conflict was adopted by the Government and former rebels, and a solid monitoring system has been put in place as a measure against child recruitment. Some 8,500 former child soldiers, war-affected children and young people enrolled in reintegration programmes in Afghanistan.

Target 4:

Support to legal and practical measures to reduce the incidence and impact of physical violence against children and to measures which address harmful traditional practices

135. UNICEF work for reducing violence against children continued to expand. Legal standards that protect children from violence have now been reviewed by 87 countries, in many cases with UNICEF support, compared to 61 in 2002. Some 102 UNICEF country offices were involved in raising awareness to change attitudes towards violence against children in 2004, compared to 93 in 2002. With UNICEF support, some 90 countries responded to the questionnaire sent out by the Independent Expert for the Study on Violence against Children. UNICEF also increased its focus on violence in schools, resulting in improved data and school-based initiatives, as seen in Croatia.

136. Examples of improved legislation include Swaziland, where child victims can now give evidence in abuse cases through intermediary and closed-circuit television systems. Legal protection concerning domestic violence was strengthened in Indonesia, Mongolia and the Philippines, and UNICEF sponsored training and awareness-raising for improved enforcement of existing laws elsewhere.

137. The practice of FGM/C remains widespread in parts of Africa. UNICEF is working with partners to promote its abandonment in 23 countries. Legislation was passed by Djibouti and Ethiopia in 2004. The UNICEF-assisted *Tostan* (“breakthrough” in Wolof) project in Senegal, which has used a community-based approach to promoting change, is being replicated in Burkina Faso, Guinea, Mali and Sudan. Communication strategies for addressing harmful practices are likely to be more effective when undertaken in close collaboration with local religious and political leaders.

138. During 2004, UNICEF developed training materials for use by partners and its staff to increase awareness of the Secretary-General’s Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13), which established standards of behaviour for United Nations personnel. A child protection training package for peacekeepers was finalized, together with the Office of the Special Representative of the Secretary-General for Children in Armed Conflict and Save the Children (Sweden). Training for humanitarian personnel and peacekeepers has been conducted in collaboration with United Nations country teams, mainly in sub-Saharan Africa. However, overall progress in this area has been slow and greater interest needs to be generated with other United Nations agencies.

139. UNICEF continued to co-chair the inter-agency steering committee task force on protection from sexual exploitation and abuse, and its offices are often expected to lead United Nations efforts to prevent and respond to sexual violence. The commitment to provide post-rape care requires efforts to identify local capacities in health, social welfare and police services as well as funds for implementation.

140. UNICEF supported the development of a national mine action strategy in Angola and the establishment of a mine action centre in Burundi. Mine-risk education has been integrated into the primary school curricula in Afghanistan and Eritrea. In Sri Lanka, with UNICEF support, mine-risk education reached 20,000 children, using child-to-child techniques, and more than 200,000 people participated in community awareness programmes.

141. In 2004, UNICEF worked on combating the threats posed to children by landmines in 34 countries. In Nepal, an assessment was undertaken of the impact of landmines and unexploded ordinance on women and children and UNICEF took a lead in coordinating mine-risk education. A programme was developed in Chad to protect refugees and local communities, and in Liberia UNICEF supported United Nations peacekeeping operations in undertaking mine awareness. At the Nairobi Summit on a Mine-Free World, a child addressed the States party to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, contributing to renewed commitment by the international community eliminate the threat of landmines. UNICEF developed standards for mine-risk education which were endorsed by the United Nations, as part of the International Mine Action Standards.

III. Partnerships and supporting strategies

A. Working with national policy frameworks

142. UNICEF increased its efforts to systematize its engagement with national planning instruments which determine investments in children, including through evidence-based advocacy and policy dialogue. These included the dissemination of a resource package for work with PRSs; a regional workshop on SWAps in education; contributions to United Nations Development Group (UNDG) guidelines on the role of the United Nations in working with SWAps; and a project to promote a human rights-based approach to social sector budgeting in Kenya, building on experiences in Ecuador. An internal consultation identified the elements of a revitalized corporate strategy on advocacy work around socio-economic policy.

143. Working with partners in United Nations country teams, in 2004 67 UNICEF country offices engaged with PRSs and other planning frameworks for economic growth and poverty reduction. This included technical support to Governments through review of draft plans, provision of child-related data and analysis, often based on MICS or *DevInfo*, and advocacy for further integration of issues relating to children. UNICEF analysis suggests that the majority of PRSs now address priorities for children and women at the policy level, but less so at the budgeting and implementation stages.

144. UNICEF contributions to national PRS frameworks can be further increased through greater participation in all phases of their development and through support to child-focused analysis, data generation and the use of available tools for monitoring indicators of progress towards the Millennium Development Goals.

145. UNICEF also engaged with national SWAps in all 30 countries that are using this instrument in the social sectors. In some cases, UNICEF focused on advocacy for children within SWAp consultative forums. In other countries, including Bangladesh, Ghana, Mozambique and Zambia, UNICEF-assisted pilot approaches have been taken to scale within common work plans.

B. Programme partnerships

146. Effective partnerships in support of national priorities are fundamental to UNICEF programme cooperation. Revised guidelines on joint programmes were issued by UNDG in March 2004, building on trends toward more focused UNDAF results matrices, clearer division of responsibilities among partners for UNDAF results and identification of areas with potential for joint projects.

147. According to field reports, UNICEF took part in 80 joint programmes and projects and 55 joint activities in 46 countries in 2004. Of the joint programmes and projects, 50 per cent were in Eastern and Southern Africa, 19 per cent in Latin America and the Caribbean and 11 per cent in the CEE/CIS region.

148. There were 24 cases of pooled funding reported, 12 cases of pass-through funding and 106 of parallel funding (in some cases, more than one modality was used).

149. The main areas supported by these 135 United Nations partnership initiatives were education (22 per cent), health (21 per cent), HIV/AIDS (21 per cent),

protection (13 per cent), gender (13 per cent) and emergencies (11 per cent). Examples are provided given earlier in this report. The most frequent partners of UNICEF were UNDP (64 instances), UNFPA (47), WHO (39) and WFP (34).

150. The new UNDG guidelines were issued too late for the preparation of most 2004 annual work plans, and the first full cycle of joint programmes and projects which fully apply the guidelines is expected in 2005. While there is clear evidence of progress both in joint programming and the specific implementation of joint programmes, there will be further country-level support and training in 2005 for United Nations agency staff in applying the guidelines.

151. UNICEF collaborated with the World Bank in 52 countries, encompassing all priority areas. This included joint advocacy and consultations on specific issues or sectors; complementary activities within national programmes; and World Bank financing of elements of UNICEF-assisted programmes, as in Bangladesh, Sudan, Uzbekistan and Yemen. In several countries, UNICEF-assisted pilot programmes have been taken to scale with World Bank funding.

152. Partnerships with United Nations agencies, civil society, the private sector and others are discussed in the sections on the MTSP priorities above.

C. Programme management

153. There has been no significant change in the average estimated percentage of annual project objectives achieved in UNICEF-assisted country programmes, which was 74 per cent in 2004 compared to 76 per cent in 2002. Similarly, UNICEF country offices on average estimate the percentage of planned monitoring, evaluation and research which were actually completed at 65 per cent, compared to 63 per cent in 2002.

154. By contrast, the number of offices reporting that their emergency preparedness and response plans had been reviewed and where necessary updated during the year has risen from 83 in 2002 to 101 in 2004. An inter-agency needs analysis framework for emergency assessments was piloted in three African countries, with UNICEF participation.

155. There has also been a notable increase during the plan period in the number of offices reporting the use of a regularly monitored fund-raising strategy for the approved other resources component of the country programme, from 66 in 2002 to 99 in 2004.

156. However, while 104 of 124 reporting offices have now formally established an internal quality control mechanism for donor reporting, as compared to 95 in 2003, the self-assessed percentage of country donor reports submitted on time slipped from an average of 64 per cent in 2002 to 62 per cent in 2004. This finding is surprising, given the intensified efforts made during 2004 to improve the timeliness of donor reporting, and the reasons are being analyzed.

157. As a proxy indicator for programme monitoring, the average number of days spent on official in-country travel by UNICEF Professional staff in country offices sustained its increase from 11 days in 2002 to 23 days in 2003 and 2004.

D. Evaluation

158. The evaluation function expanded its scope in 2004 through reviews of organizational performance, as part of the mid-term review of the MTSP, and testing of methodologies for country programme evaluations. Summative reviews were made of organizational strengths and weaknesses in preparation for the next MTSP. Major studies have been completed in this plan period on immunization “plus”, the African Girls’ Education Initiative and external support to basic education (a joint multi-donor evaluation). Evaluations were also undertaken of UNICEF preparedness and initial response in Iraq and in Liberia. The new global Evaluation Committee adopted a plan of action to strengthen the evaluation function throughout UNICEF. Efforts to strengthen the quality of evaluations are making an impact, as seen in the regional reports on major evaluations presented to the Executive Board.

159. The Evaluation Office commissioned a comprehensive evaluation of the role of UNICEF in the United Nations reform process; helped in the finalization of guidelines for the evaluation of UNDAFs; supported the United Nations Department of Economic and Social Affairs in the conduct of United Nations-wide evaluations in the context of the triennial comprehensive policy review of operational activities for development; and chaired a United Nations task group on joint standards for evaluation.

E. Internal management and operations

160. In 2004, 27 internal audits were held at field level and five were completed at global level. UNICEF continued to strengthen the alignment of audit criteria to organizational performance, including the development of guidelines for information technology management, quality assessment of country office annual reports and auditing of UNICEF involvement in United Nations common services.

161. UNICEF pursued the use of simpler procedures, efficient technologies and automated systems for human resources management in 2004. Work on succession management moved into the implementation stage, making possible the more timely deployment of senior staff. There are still challenges in improving recruitment throughout the organization. The UNICEF emergency response capacity was strengthened by a new Emergency Response Team and stand-by arrangements for rapid deployment of personnel. Career development was pursued through *Personal and Professional Development* training, which has now involved some 4,500 staff.

162. UNICEF collaborated to improve human resource management throughout the United Nations system. The Secretary-General’s reform programme is providing a framework for increased harmonization of policies. Three UNICEF staff members were appointed as resident coordinators in 2004 and 16 were seconded to other United Nations organizations.

163. UNICEF worked with UNDG to enhance staff well-being. The stepped-up response to HIV/AIDS in the workplace continued and new communication materials were disseminated throughout the organization. In 2004, 71 country offices had a work plan and budget to put into effect the minimum standards on HIV/AIDS in the workplace, a rapid increase from 46 the year before.

164. Some 118 UNICEF country offices had a staff training plan in 2004. The estimated percentage of UNICEF country-level Professional staff who had undertaken training in programme processes in the last five years improved from 50 per cent in 2003 to 55 per cent in 2004. In addition, 782 staff members completed an electronic self-learning course to increase familiarity with programme procedures.

165. In the area of information and communication technology management, a major achievement was the joint development and launch of *DevInfo* with other United Nations agencies, and its customized adaptation in over 40 countries. The internet and intranet web services have been revitalized to make them more interactive, and now cover a wide range of issues affecting children, supported by multimedia features and databases. The organization's integrated corporate system (the Programme Manager System –ProMs- and SAP) was further enhanced to provide more timely and accurate information, with the reporting tools refined to allow for improved reporting on the MTSP. Significant strides were made in ensuring rapid connectivity for emergency operations and provision of lower-cost options for connectivity for small offices in remote situations and offices with higher bandwidth requirements; VSAT-based networks now provide 76 offices with improved bandwidth, reliability and cost-cutting services such as VoIP (Voice-over Internet Protocol). Inter-agency collaboration resulted in standards for emergency telecommunications and agreements to collaborate on developments for SAP.

166. The percentage of cash assistance to national partners outstanding for more than nine months fell from 9.9 per cent at the end of 2001 to 4.8 per cent in 2003. Were it not for the exceptional situation in Iraq, the percentage would have fallen further, to 3.8 per cent, in 2004 (and was 8 per cent including Iraq). Meanwhile, the average percentage value of cash assistance requisitions issued in the last quarter of the year, as reported by country offices, continued to improve, from 31 per cent in 2002 to 27 per cent in 2004.

167. In supply operations in 2004, the value of UNICEF global procurement amounted to \$802 million (excluding freight), a 15-per-cent increase over 2003. Offshore procurement processed by Supply Division alone reached \$637 million, with a further \$10.5 million in donations in kind. Offshore orders processed for emergencies exceeded \$60 million, and supported the UNICEF response to emergencies in Bangladesh, the Caribbean, Democratic Republic of the Congo, Iran, Sudan and several other countries.

168. Purchase orders for procurement services – which are also a strategy for leveraging additional resources for children - amounted to \$224 million, of which 77 per cent was for vaccines. Pharmaceuticals, educational and nutritional supplies showed clear signs of growth. In addition, \$102 million of supplies were funded from GAVI.

169. Vaccines and immunization supplies remained the largest commodity group at \$376 million, followed by educational supplies and medical equipment. Supply Division further developed key performance indicators to monitor its performance and a new emergency hub was opened in Dubai.

170. UNICEF worked with many partners in the development of technical standards and to ensure the quality of supplies, including with WHO on pharmaceutical and vaccine issues, and with UNAIDS, UNDP, UNFPA, the United Nations Joint Logistics Centre and *Médicins sans Frontières* on various procurement issues.

UNICEF signed a cooperation agreement with UNOPS covering procurement and management services, procured \$18 million worth of supplies on behalf of the European Union Humanitarian Aid Department and became part of the United Nations Global Marketplace through which companies may register with the United Nations for doing business.

IV. Income, expenditure and resource mobilization

A. Income

171. As shown in tables 1 and 2, total contributions to UNICEF in 2004 amounted to \$1,978 million, an increase of 17 per cent from 2003⁵. This resulted from substantial growth in contributions to other resources-regular from both governmental and private sector sources. The increase in these contributions was partly offset by a reduction of \$72 million in government contributions to other resources-emergency. Total contributions in 2004 were also 17 per cent higher than forecast in the financial plan.

172. Government contributions to regular resources were 3 per cent higher than the financial plan forecast and 9 per cent higher than in 2003. Regular resources from the private sector, primarily through National Committees for UNICEF and inter-organizational arrangements, remained at 2003 levels and were 4 per cent lower than the financial plan.

⁵ Total contributions to UNICEF described in this report include donor contributions, Private Sector Division income and other income. Income for 2004 is \$1,969 million, which equals total contributions (\$1,978 million) less adjustments related to the transfers to the biennium budget (\$9 million).

Table 1
Contributions to UNICEF by type and source of funding, 2003-2004
(In millions of United States dollars)

Source of contribution	2004 Actual	2003 Actual	2004 Planned	Increase over 2003		Increase over financial plan	
				\$	%	\$	%
Regular resources							
Government	438	403	425	35	9	13	3
Private sector/ inter-organizational	292	292	305	0	0	-13	-4
Other	61	37	35	24	65	26	74
Subtotal	791	732	765	59	8	26	3
Other resources — regular							
Government	591	351	350	240	68	241	69
Private sector/ inter-organizational	205	162	165	43	27	40	24
Subtotal	796	513	515	283	55	281	55
Other resources — emergency							
Government	310	382	345	-72	-19	-35	-10
Private sector/ inter-organizational	81	61	60	20	33	21	35
Subtotal	391	443	405	-52	-12	-14	-3
Total	1 978	1 688	1 685	290	17	293	17

173. Within the increased total contributions, the share of regular resources further declined to 40 per cent, down from 43 per cent in 2003. This ratio also compares unfavourably with the financial plan forecast of 45 per cent.

174. Total contributions to other resources (both regular and emergency) for 2004 amounted to \$1,187 million, an increase of 24 per cent compared to 2003 and 29 per cent above the financial plan projections. Contributions to other resources-regular registered a 55-per-cent increase compared to the 2003 results and also the financial plan. Emergency contributions decreased by 12 per cent compared to 2003 and 3 per cent compared to the financial plan. This was due in part to the reclassification of contributions made for operations in Iraq as rehabilitation (development) rather than emergency.

Table 2
Contributions to UNICEF by source of funding, 2003-2004
(In millions of United States dollars)

Source of contribution	2004 Actual	2003 Actual	2004 Planned	Increase over 2003		Increase over financial plan	
				\$	%	\$	%
Government	1 339	1 136	1 120	203	18	219	20
Private sector/ inter-organizational	578	515	530	63	12	48	9
Other	61	37	35	24	65	26	74
Total	1 978	1 688	1 685	290	17	293	17

175. UNICEF also received \$591 million in 2004 under various trust funds, disbursements against which amounted to \$579 million. This included receipts for procurement services and from GAVI and the Southern Sudan Economic Commission. Trust funds are not considered UNICEF income, are recorded separately and are distinguished from resources approved by the Executive Board.

Expenditure

176. In 2004, total expenditures (excluding write-offs and reimbursements) amounted to \$1,600 million, an increase of 9 per cent over 2003 and 3 per cent less than the financial plan forecast (see table 3). Management and administration expenditures were \$92 million (6 per cent) and programme support equalled \$164 million (10 per cent) of total expenditures. Direct programme assistance amounted to \$1,344 million, a 10-per-cent increase over 2003, and represented 84 per cent of total expenditures.

Table 3
UNICEF expenditures, 2003-2004
(In millions of United States dollars)

Nature of expenditure	2004 Actual	2003 Actual	2004 Planned	Increase over 2003		Increase over financial plan	
				\$	%	\$	%
Programme assistance	1 344	1 227	1 390	117	10	-46	-3
Programme support and management and administration	256	242	259	14	6	-3	-1
Subtotal (reported expenditures)	1 600	1 469	1 649	131	9	-49	-3
Write-offs	6	11	—	-5	-45	—	—
Support cost reimbursement	9	8	8	1	13	1	13
Total	1 615	1 488	1 657	127	9	-48	-3

177. As shown in the annex, programme expenditures continued to be concentrated in countries with low income (66 per cent) and with high or very high under-five mortality rates (71 per cent), in each case with slightly higher ratios than in 2003.

178. Figure I shows that the percentage of programme expenditures was highest for ECD (34 per cent), followed by immunization “plus” (22 per cent), girls’ education (21 per cent), child protection (10 per cent), HIV/AIDS (9 per cent) and other areas (4 per cent). The total shares for girls’ education and ECD have risen significantly since 2002. Decisions on contributions to other resources by UNICEF funding partners and patterns of spending in emergencies have a growing effect on these shares. In 2004, it was notable that girls’ education and HIV/AIDS accounted for a significantly higher share of regular resources programme expenditures (25 and 13 per cent, respectively) than of total expenditures. The regional distribution of programme expenditure is shown in figure II.

B. Resource mobilization

179. In 2004, 99 Governments contributed resources to UNICEF. The top 10 government donors contributed 85 per cent of the total: United States (\$262.8 million); United Kingdom (\$188 million); Japan (\$155.6 million); Norway (\$135.1 million); Netherlands (\$113.4 million); Sweden (\$111.6 million); Canada (\$86.7 million); Denmark (\$38.2 million); Australia (\$32.2 million); and Italy (\$29.4 million). By World Bank classification, 34 government donors were high-income countries, 19 were upper-middle-income, 26 were lower-middle-income and 19 were low-income countries.

180. A total of 93 Governments (35 high-income, 41 middle-income and 17 low-income countries) contributed to regular resources. Some 18 Governments increased their contributions to regular resources in local currency and 14 increased by 7 per cent or more. The United States remains the largest government donor to regular resources, with a contribution of \$119.3 million, followed by Norway (\$48.3 million), Sweden (\$45.1 million), Netherlands (\$35.2 million), United Kingdom (\$34.5 million), Denmark (\$29.7 million), Japan (\$23.4 million), Finland (\$16 million), Switzerland (\$14.4 million) and Italy (\$13.5 million).

181. At the fifth annual pledging event in January 2004, 55 countries pledged \$257.3 million. Two countries pledged for the first time. Four countries indicated payment schedules and 15 countries indicated multi-year pledges. Some donors were not able to pledge due to incompatibility in fiscal years.

182. While regular resources income increased over previous years, the balance between regular and other resources income continued to deteriorate sharply. The quality of country programmes of cooperation will be seriously hampered if this trend continues. The trend also requires UNICEF to devote more overall staff time to negotiating and managing contributions. To produce results, learn lessons, ensure high-quality cooperation support in all programme countries and remain the world’s voice for children, UNICEF needs sustained growth and predictability in its core income.

183. Thematic funding, particularly for girls’ education and humanitarian response, increased rapidly in 2004. Some \$157.7 million was mobilized, compared to \$29 million in 2003, the year when thematic funding was established. Seven donor

Governments and 34 National Committees contributed \$107 million and \$47 million respectively through this modality. Norway and Sweden provided the bulk of thematic contributions (\$57 million and \$44 million, respectively). Some 41 per cent of donors gave at the global level, 12 per cent at the regional level and 47 per cent at the country level. These funds allow UNICEF to programme more responsively, based on country and global priorities, without having to negotiate project agreements and conditions on individual contributions.

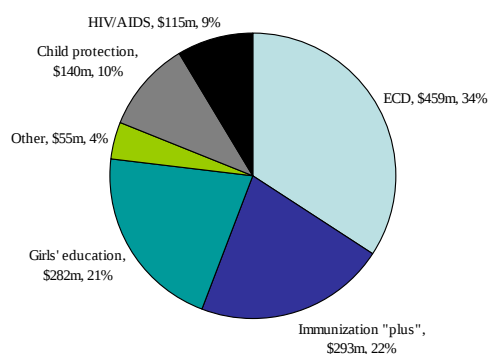
184. The top 10 government donors to other resources, both regular and emergency, were United Kingdom (\$153.5 million), United States (\$143.5 million), Japan (\$132.2 million), Norway (\$86.8 million), Netherlands (\$78.2 million), Canada (\$76.8 million), Sweden (\$66.5 million), Australia (\$28 million), Italy (\$15.9 million), and Belgium (\$10.1 million).

185. A total of 23 Governments contributed other resources for emergencies, compared to 32 in the previous year, with the United Kingdom, Canada and Netherlands as the top three donors. Funding of the UNICEF component of 2004 consolidated appeals reached 63 per cent of the target, recovering to the level of 2002. But 11 out of 23 consolidated appeals were funded below 50 per cent of their targets, indicating that a number of emergency situations continued to receive inadequate attention.

186. Partnerships with global alliances and foundations remained strong. The United Nations Foundation, Rotary International and the Global Fund to Fight AIDS, Tuberculosis and Malaria were the top three contributors to UNICEF in this group, followed by GAVI and the Micronutrient Initiative. UNICEF continued to be one of the co-chairs of the Polio Advocacy Group, whose partners include Rotary International, WHO and the United Nations Foundation.

187. UNICEF and its National Committees began preparations for a Global Campaign on Children and AIDS that is to be launched in 2005 with the aim of raising \$1 billion in additional resources for national efforts to reach at least 10 million children by the end of the decade.

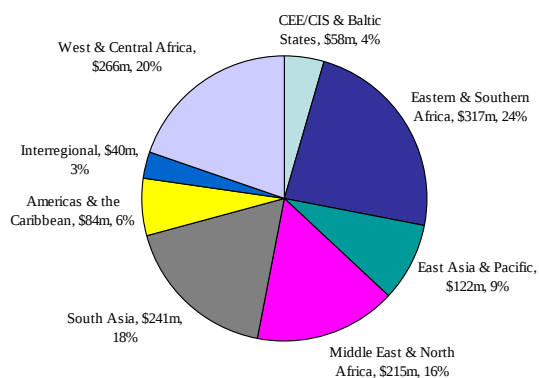
Figure I
UNICEF programme expenditure by organizational priority, 2004



Total expenditure: \$1,344 million ^{a/}

a/ Excludes programme support costs amounting to \$164 million.

Figure II
UNICEF programme expenditure by geographical region, 2004



Total expenditure: \$1,344 million ^{a/ b/}

a/ Excludes programme support costs amounting to \$164 million.

b/ The percentage of programme expenditure in Sub-Saharan Africa as a whole was 48% .

Annex**Programme expenditure in 2004 for countries classified according to gross national income and under-five mortality rates^{a/}**

	Child population in 2002 (In millions)	Child population (Percentage of total)	Number b/ of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 2002 GNI						
Low income, Total	1,088	56%	63	1,000	66%	92
<i>(Low income, excluding India)</i>	674	35%	62	918	61%	136
Lower middle income	690	36%	45	300	20%	44
<i>(Lower middle income, excluding China)</i>	317	16%	44	281	19%	89
Upper middle income	164	8%	18	40	3%	24
Total for countries Total for global and other regional funds	1,942	100%	126	1,340 168	89% 11%	69
Grand Total	1,942	100%	126	1,508	100%	
Country grouping based on 2002 U5MR						
Very high U5MR	257	13%	29	509	34%	198
High U5MR, Total	721	37%	35	552	37%	77
<i>(High U5MR, excluding India)</i>	307	16%	34	470	31%	153
Middle U5MR, Total	930	48%	47	246	16%	26
<i>(Middle U5MR, excluding China)</i>	557	29%	46	227	15%	41
Low U5MR	34	2%	15	34	2%	101 c/
Total for countries Total for global and other regional funds	1,942	100%	126	1,340 168	89% 11%	69
Grand Total	1,942		126	1,508	100%	
(of which LDCs)	348	18%	50	695	46%	200

- a/ Low income = GNI per capita of \$735 and less.
 Lower middle income = GNI per capita between \$736 and \$2,935.
 Upper middle income = GNI per capita between \$2,936 and \$9,075.
 Very high U5MR = over 140 under-five deaths per 1,000 live births.
 High U5MR = 71-140 under-five deaths per 1,000 live births.
 Middle U5MR = 21-70 under-five deaths per 1,000 live births.
 Low U5MR = less than 21 under-five deaths per 1,000 live births.
 LDCs = least developed countries.

b/ Pacific, Caribbean and CEE/CIS/Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

c/ Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.