

Afghanistan

What's happening in Afghanistan¹?

- 23 years of conflict have left 400,000 people displaced and the country struggling with high levels of poverty, poor nutrition and limited access to medical services and education.
- Severe consecutive droughts and chronically cold and severe winters have resulted in chronic water shortages and widespread food insecurity, especially in southern and eastern parts of the country.
- Security incidents such as abduction and kidnapping, suicide bombings, targeted killing and VBIEDs continue to occur daily.

What's the outlook for children?

- Life expectancy at birth is 43.
- Global under 5 mortality rank is 4.
- 60% of childhood deaths and disabilities are preventable.
- 52% of under 5s suffer from (moderate and severe) stunting.
- Only 8% of population uses adequate sanitation facilities.
- 150-300 people are killed or injured by landmines every month, many of them children.
- In southern and eastern parts of the country girls school enrolment rates remain unacceptably low. Schools are targets for burning and bombing and teachers are threatened and killed making schools very insecure environments for children in some areas.
- Afghanistan has one of the highest maternal mortality rates in the world.
- 50,000-70,000 children are estimated to be working in jobs that are dangerous, low daily wage or no pay and not officially noted.

What's Save the Children doing in Afghanistan?

Despite high levels of insecurity in the country Save the Children has continued to reach 300,000 people with its education, health and child protection programmes, and responses to emergencies.

Health

In the northern province of Jowzjan, specifically the districts of Aqcha, Fayzabad, Mingajik, Mardyan and Darzab we have been:

- renovating existing health facilities
- providing furniture, equipment, drugs, medical supplies and training to health facilities
- establishing village health committees
- raising community awareness on the availability of services in 40 villages
- establishing basic health centres and associated services with a focus on women and children.

Child Protection

- We have established 4 working children's centres for 1,000 children working in the streets of Mazar city offering access to basic literacy and child rights education, and life skills training, counselling services, and recreation. All these children will be supported to enrol in Government primary schools to continue their education.
- We initiated a Child Protection Action Network in northern Afghanistan, which has been replicated in Kabul and in Kandahar. We now support 56 groups in Balkh, 21 in Sar-I-Pul and 23 in Samanghan.
- Activities of these groups include for example supplying clean water to schools, or setting up libraries. The Networks also deal with issues of child abuse and trafficking.
- In Kandahar we have established a children's radio programme with a local network that is being listened to by 940,000 children under 15 years of age in the conflict affected Provinces

¹ For further information see:
www.unicef.org/infobycountry/afghanistan.html,
www.savethechildren.org.uk

of Kandahar, Zabul, Uruzgan, Hilmand, and Quetta. The aim is to mobilize and create awareness in communities on child rights and protection. This radio will reach 2 million people (54% of the 2m are children under 15).

Education

We are working with a local NGO partner in the rural areas of Kabul District and Mazar e Sharif District to support the school attendance of 30,000 children by providing accelerated learning classes, support to enrol in primary schools and improving the quality of teaching in the primary schools.

Safeguarding children in emergencies

We have responded to local emergencies, for example cholera and measles outbreaks as well as severe cold and flooding in the north, in Kabul and in Kandahar. We target families with children and supply blankets and firewood, jerry cans, health education and medical interventions as required to stem any health outbreaks.

Bangladesh

What's happening in Bangladesh²?

- Bangladesh has a long history of recurrent natural disasters such as floods and cyclones. Over one million people were isolated by floodwaters in 2004. The capital, Dhaka received 341 mm of rain over one 24hr period – the heaviest rainfall in 50 years.
- 28 million people (out of a total population of 135 million) are suffering from chronic food insecurity and severe malnutrition
- 900 children die every day due to disease, malnutrition and accidents.

What's the outlook for children³?

- Life expectancy at birth [2003] is 62
- Global under 5 mortality rank is 62

² For more information on Bangladesh see: www.unicef.org/infobycountry/bangladesh.html

³ Source: The Official Summary of the State of the World's Children 2005 [UNICEF]

- 45% of under 5s suffer from stunting (moderate and severe) [1995-2003]
- 48% of total population is using adequate sanitation
- Less than 50% of women use antenatal facilities
- 48% of children are in child marriages.

What's Save the Children doing in Bangladesh⁴?

Emergency Response

We work in the slums of Dhaka City as well as in the districts of Sylhet, Kurigram, Sunamgonj, Gaibandha, Jamalpur, Dinajpur, Rajshai, Barisal, Khulna, Chitagong and Jessore (through different partner organisations).

Save the Children's response to the problems created by flooding in 2004 included:

- Distributing rice, pulses, oil and salt to hundreds of children and their families.
- Distributing quick growing vegetable seeds to 60,000 families.
- Cleaning and repairing over 1,000 tubewells and installing many more.
- Building latrines, establishing water supply sources in slums and cleaning schools.
- Issuing grants and shelter materials to over 10,000 families to reconstruct houses.
- Operating 18 outreach clinics, providing medical care and treatment to over 12,000 people.
- Providing support personnel for the Expanded Immunisation Programme and Vitamin A capsule distribution.
- Supporting local organisations to provide low cost childcare centres in villages offering space and recreational services for children.

A small reserve fund allows us to respond where appropriate, for example by providing transport to enable women to collect water. In addition, we run activities to help people look after their children and find employment.

⁴ For more information on Save the Children's work see: www.savethechildren.org.uk

Emergency Preparedness

- Natural disasters are identified as a major focus of Save the Children's work in Bangladesh. Emergency preparedness and response has been integrated as a vital way of working for all programmes.
- Save the Children facilitates focus group discussions with children and community members in Kuligram, Khulna and Chittagong to elicit key concerns and coping strategies.
- We advocate that special measures should be taken to protect children from violence, abuse and exploitation during disasters and most vulnerable children (e.g. who work and support a family, street children, ethnic minority etc) should get priority in receiving aid.
- Working on creating better understanding of child protection issues in emergencies. A child centred study was done in late 2005 to document the need and rights of the children in emergencies and how to address those. The study was done jointly with the members of Save the Children Alliance, UNICEF and Plan.
- A list of Dos and Don'ts has also been prepared and published to ensure the protection of the children living in the makeshift flood shelters.
- The physical and nutritional state of displaced children is poor. 23% of displaced children suffer from malnutrition because of a lack of basic foodstuffs⁷.
- In 2002 more than 200,000 children had to leave the school because of forced displacement. Only 8.8 percent of the displaced children registered attended to school in 2002⁸.
- Approximately 14,000 children have been recruited by armed groups in the country⁹.
- Over 1.5 million children (5-17yrs) are working and exploitative forms of child labour continue. Around 200,000 are working in narcotic fields and drug processing¹⁰.
- HIV/AIDS rates continue to increase and are thought to be seriously underestimated.
- Recurring flooding and other natural disasters affect the most marginalised population. Many of those affected by natural disasters have already been forced from their homes by Colombia's long running internal conflict.
- An estimated 45,000 to 50,000 Colombians are trafficked each year, the majority are women and children. War, unrest and create an environment in which such activities can thrive. It is estimated that at least 15% of Colombians trafficked were first IDPs.¹¹

Colombia

What's happening in Colombia⁵?

- Children face poverty, abuse and insecurity. Many are poorly nourished and cannot access healthcare and education.
- The situation in Colombia has been classified as a complex emergency. Conflict has forced 2.5 million people, 80% of whom are women and children, from their homes. Colombia has the third highest number of internally displaced people in the world⁶.

⁵ For more information see:
www.unicef.org/infobycountry/colombia.html

⁶ www.savethechildren.org.uk

What's the outlook for children¹²?

- Of a total population of 46,000,000, 17,000,000 are under 18 years

⁷ Cited by Forero Edgar in "El desplazamiento interno forzado en Colombia", Ideas por la Paz, Washington, 2003.

⁸ (Ombudsman's office, 2003)

⁹ Coalition to End the Use of Child Soldiers, Global report, 2004

¹⁰ Ombudsman's Office, Report on Children's Rights, 2002).

¹¹ Source: Women's commission for refugee women and children [31/12/05]

¹² see also

www.undp.org/hdr2003/indicator/cty_f_COL.html

- Nearly one million children do not attend school because they have to work.
- 67% of all Colombians are estimated to live on less than \$2 a day.¹³
- Global under 5 mortality rank is 115
- 14% of under 5s suffer from (moderate and severe) stunting.

What is Save the Children doing in Colombia¹⁴?

Save the Children's work focuses on trying to stop violence against children, reduce harmful child labour, promote sexual health and HIV/AIDS prevention as well as improving children's access to quality, relevant education. In response to the impact of armed conflict on children, Save the Children has been working to improve the protection and well being of displaced children and families. This work is focused in the municipality of Soacha- Bogota.

Child Protection

- Save the Children has been running a child protection programme in areas of reception for displaced people to try to prevent ill treatment and abuse of children, as well as to prevent the involvement of children and young people in armed groups. This includes training for young people in non-violent methods of conflict resolution, awareness raising, recreational activities and working with younger children.
- Save the Children is working to highlight the problem of violence against children and young people within the local community and is working to stimulate possible solutions to this problem.
- Save the Children is providing training to youth groups in reproductive health, sexual rights and literacy. The conception, planning, management and evaluation of youth projects is ongoing. These groups improve communication with local communities and construct social links between young people.

¹³ DANE Government agency statistics

¹⁴ For more information see www.savethechildren.org.uk

Nutrition

- Providing supplementary meals for pregnant and nursing adolescents and over 600 children for one year.

Education

Save the Children is working on three main issues:

- Content and methodology of the educational process and teaching of children: educational workshops in creative writing and reading, music, theatre plays, circus games and sports activities. Methodological tools that strengthen the capacities, potential and creativity of children and young people.
- Infrastructure provided for non-formal schooling activities.
- Training/Capacity building for those who work with children in resiliency, human rights and in particular child rights, conflict management and understanding pedagogical processes. The focus of this training is the construction of protective and inclusive non-formal education.

Côte D'Ivoire

What's happening in Côte D'Ivoire?

- Instability and internal conflict over the past three years have displaced large numbers of people and disrupted access to essential social services. At the height of the conflict one million were displaced.
- Primary schools have stopped functioning in conflict-affected areas of north and west leaving an estimated 700,000 children without regular access to school. Many health centres have been forced to cut services as key staff have fled and supplies of essential medical stocks dwindled.
- January/February 2006 saw renewed violence. Formally demobilised child soldiers are at increased risk of re-recruitment¹⁵.

¹⁵ See UNICEF website, country info, Cote d'Ivoire

- An estimated 5,000 children have been associated with armed groups in the conflict¹⁶
- Côte D'Ivoire has an HIV infection rate of 7%, the highest in western Africa¹⁷.

What's the outlook for children?¹⁸

- Life expectancy at birth is 46 (2004).
- 21% of under-5s suffer from stunting (moderate and severe) 1996-2004
- 310,000 children (0-17) were estimated to have been orphaned by HIV/AIDS in 2002 alone
- 35% of children (5-14) work (1999-2003)
- 43% of urban children are in a child marriage (1986-2003)

What's Save the Children doing in Côte D'Ivoire?

Save the Children has been working in Côte D'Ivoire since September 2002 when the crisis began. We stopped programming temporarily in late 2004 when conflict re-erupted, but returned in January 2005. We run programmes in the capital Abidjan and in the west – specifically Guiglo, Man, Tabou, and Grabo – protecting children from violence, abuse and exploitation and providing them with access to basic health services as well as non-formal education and recreation activities.

Child Protection

In Guiglo and Man, Save the Children has identified thousands of children associated with armed forces and armed groups as well as those who are vulnerable to recruitment. In 2003/4 105 separated and orphaned children and 700 children associated with armed forces and armed groups were either reunited with family or given opportunities for education and other life skills training.

We run training programmes for local community based organisations and

churches on the methods of identification, documentation, tracing and reunification of separated children, as well as DDR. In Abidjan, Guiglo, Man and Tabou, Save the Children carries out identification and documentation of separated children within refugee sites. Our family tracing programmes work to reunite these children with their families or foster families.

Our protection team are also working with village protection committees in the 13 villages to prevent children from recruitment and to share information with their counterparts on the other side of the border. The team also develops the capacity of local NGOs on reintegration of girls associated with armed groups into their communities with dignity

Emergency Health

Save the Children supports 6 mobile clinics in Guiglo, Tabou and Grabo covering approximately 30,000 people. The clinics provide curative care, antenatal consultations and polio and measles immunisations for under 5s. We have also facilitated the setting up of 14 community health committees in villages support the mobile clinics and ensure their effectiveness.¹⁹

Education

Save the Children have just concluded a consultation with stakeholders in 9 regional educational zones both in the government and "New Forces"²⁰ to jointly identify factors preventing children from going to school. This is the planning phase of an ambitious plan where Save the Children are aiming to increase access to education for 150,000 children including 60,000 girls within the next five years.

¹⁹ Further information on the Côte D'Ivoire and on Save the Children's work can be found on the following websites www.savethechildren.org.uk, www.ci.undp.org and www.unicef.org/infobycountry/cotedivoire.html

²⁰ Côte d'Ivoire is divided into two, where the government controls the South and the ex-rebels of New Forces control in the Northern part of the country

¹⁶ ibid

¹⁷ ibid

¹⁸ Source: The Official Summary of the State of the World's Children 2005 [UNICEF]

Democratic Republic of Congo

What's happening in DRC²¹?

- The December 2003 peace agreement and the establishment of the transitional government in June 2004 brought hope to the 55 million Congolese, who had suffered from a brutal war that cost over 3 million lives since 1997.
- A constitutional referendum was successfully organised in December 2005. This was the first public poll in the DRC in 40 years. Legislative and Presidential elections are planned for April-May 2006.
- Given the political, logistical and ethnic complexities of this vast country, challenges to a successful electoral process are enormous, and the international community – through the United Nations Mission in Congo – is providing considerable support. However, the army remains fractured into rival groups of largely unpaid soldiers; large parts of the east of country remain outside of the control of the central government; and the illegal plunder of the country's natural resources continues.
- Over two years since the official end of the war, an estimated 30,000 continue to perish every month in conflict-related deaths. Over 4 million people have been displaced. The physical abuse of civilians by military continues largely unpunished, and children remain at high risk of use by armed groups, family separation and rape.
- The DRC has suffered from economic collapse and state failure decades before the war, and Congolese children continue to suffer from its effects. Schools, hospitals and other vital public services are completely dysfunctional.

²¹ For further information see: www.unicef.or/infobycountry/drc.html and www.alertnet.org (09/03/05)

What's the outlook for children²²?

- Under 5 mortality rank is 5
- Life expectancy at birth is 42
- 38% of under 5s suffer from stunting (moderate and severe) [1995-2003]
- 29% of population uses adequate sanitation facilities
- 28% of children (5-14yrs) are in child labour
- 31% of children have never been to school

What's Save the Children doing in DRC?

Save the Children has worked in DRC since 1994. We have operations in five provinces – Kinshasa, Kasai Oriental, North Kivu, South Kivu and Ituri. Much of the work focuses on meeting the emergency needs of children affected by the armed conflict: this includes promoting the release of children from armed groups, and their reintegration into their communities; family tracing and reunification of children separated by the conflict; and support to children who are victims of sexual violence.

Children in the DRC also suffer from the collapse of public services – only around half of children have access to education or health services. In this context, we are helping to restore these basic services and working to ensure that all children have access.

Children have also suffered from the social impact of high rates of urbanisation in the west of the country. We have noted a disturbing trend of rejection or abandonment of children by their families, often linked with accusations of witchcraft. Save the Children works with communities to prevent this. Save the Children also undertakes family mediation and reunification of separated and abandoned children.

²² The Official Summary of the State of the World's Children 2005 [UNICEF]



Ethiopia

What's happening in Ethiopia²³?

- Ethiopia is one of the poorest countries in the world, ranking 170 out of 177 on the Human Development Index (UNDP)²⁴.
- Approximately 3.8 million Ethiopians required emergency food assistance in 2005. In early 2006 1.75 million people are affected by severe drought in the Somali, Oromiya and Amhara regions. More than 737,000 urgently need water supplies.
- A major humanitarian crisis is imminent along the southeastern border with Kenya and Somalia. This crisis is a result of a culmination of factors. It has been sparked by almost complete failure of rains for two consecutive seasons; crop failures; loss of productive assets; the border region has also been adversely affected by increased restrictions on cross border trade which is worsening cross border relations and adding to increasing insecurity in the region.
- There are currently worrying levels of acute malnutrition in the affected regions. Estimates indicate that 56,000 children are currently at risk of moderate to severe malnutrition. These figures are expected to increase dramatically over the next three months (during the dry season).
- 1,500 children have dropped out of school so far and many more are expected to as schools close and children and their families are displaced due to the food crisis.
- Rising rates of HIV/AIDS have left more than one million children orphaned.

²³Source:

www.unicef.org/ethiopia/ET_support__DU_27_Jan_2006.pdf and

www.wfp.org/country_brief/indexcountry.asp?country+231 (except where specified)

²⁴ See the UNDP website

What's the outlook for children²⁵?

- Under 5s mortality rank is 20 [2003]
- Life expectancy at birth is 46 [2003]
- 52% of under 5s suffer from stunting (moderate and severe) [1995-2003]
- 6% of total population uses adequate sanitation

What's Save the Children doing in Ethiopia²⁶?

Save the Children's main focus in Ethiopia is to challenge the root causes of poverty so that rural families who face repeated drought can survive all year round by:

- working to prevent food shortages;
- in the event of a crisis Save the Children delivers food aid,

We also focus on safeguarding children in emergencies.

Food Security

- Save the Children has been involved in emergency and long-term food security programmes in Ethiopia for many years. We are operational in selected zones in Amhara, Somali and Oromiya regions, running programmes monitoring and surveillance of people's food security and livelihoods, improving agriculture, livestock health, emergency relief and disaster prevention.
- We work closely with the Ethiopian Government Disaster Prevention and Preparedness Commission to try to increase the effectiveness of its early warning frameworks.

Health, HIV/AIDS

- We train government health workers; help officials to plan and manage resources and services; and provide equipment.
- We piloted an exemption system to make healthcare more affordable for the poorest people. As a result, more than 12,500 families (around 5,000 children)

²⁵ Source: The Official Summary of the State of the World's Children 2005 [UNICEF]

²⁶ See also www.savethechildren.org.uk

- living in Debrisina district of Amhara region have enjoyed free healthcare.
- In refugee camps in the Somali region we run a reproductive health project that focuses on: tackling female genital mutilation; family planning; and raising awareness of HIV/AIDS.
 - We train religious and community leaders to be more aware of and sensitive to AIDS issues, and train health staff on these issues. We set up a regional forum to promote awareness among young people of HIV/AIDS and to encourage behaviour change.
 - Save the Children is currently carrying out a project in Somali region that is helping around 500 orphans and vulnerable children, by meeting their basic needs and working with the whole community to develop care and support for these children and young people.

Education

- We run workshops for teachers on motivating parents to send their daughters to school, we train school inspectors in monitoring teaching standards and we support isolated teachers in rural schools.
- We are supporting schools and piloting alternative basic education in the Somali region.

India

What's happening in India?

- In October 2005 the Jammu and Kashmir state was badly affected by an earthquake measuring 7.6 on the Richter scale. 1 million people have been affected over a widespread area. Over 1300 people lost their lives, 4,500 were injured and there was extensive damage to property.
- In Kashmir avalanches, house collapses and exposure to sub-zero temperatures from the heaviest snowfall in 2 decades have killed over 400 and affected up to 2 million in March 2005.

- The tsunami of 26 December 2004 devastated coastal communities across Southern India and the Andaman and Nicobar islands, moreover thousands of others dependant on these communities lost their livelihoods.

What's the outlook for children?

- 34.7% of the population lives below the income poverty line
- Life expectancy at birth [2003] is 64
- Global under 5s mortality rank is 54
- 46% of under 5s suffer from stunting (moderate and severe)
- 30% of population uses adequate sanitation
- 54% of urban children are in child marriages.

What's Save the Children doing in India?

Save the Children initiated its first emergency response in India in 1935, setting up a permanent office in 1975 and have been operational ever since. Save the Children has run emergency operations in Orissa, Assam, Gujarat and Jammu & Kashmir and also runs a long-term disaster preparedness programme in the drought-affected area of Rajasthan.

Jammu & Kashmir Earthquake Response

Save the Children is currently focussing its efforts on providing relief and rehabilitation for those affected by the October 2005 earthquake in Jammu and Kashmir. This response is planned and delivered in three phases:

Phase 1: Save the Children was in the field within hours of the disaster, concentrating on delivering rapid relief in 3 districts within Jammu and Kashmir state. Save the Children reached 88 villages benefiting approximately 80,000 people, 34,500 of them being children and young people. Immediate relief came in the form of blankets, lanterns, tents, drinking water, food items and warm clothes. Save the Children delivered these items with local community involvement and consultation

Phase 2: (January- June 2006) To combat potentially dangerous activities undertaken by unoccupied children, loss of school time, and the subsequent psychosocial damage, Save the Children is focusing on 41 villages strengthening community-based systems for primary education, early childhood development (health and nutrition), child protection and disaster preparedness.

Phase 3: (Planned for June 2006-June 2008). Extension of phase 2 activities to a target population of 56,000, with the addition of initiatives to bolster village-level disaster preparedness, as well as to strengthen the primary healthcare system.

Kashmir Avalanches and Cold Relief

In Kashmir in early 2005, Save the Children provided relief packages and supported official efforts to provide social services to those affected by severe avalanches.

Tsunami Rehabilitation Programme

More than a year after the tsunami, Save the Children is working with partner NGOs and Children to provide long term rehabilitation for the affected communities. As part of the ongoing rehabilitation efforts we are involved in the following activities.

Shelter

- Severe flooding in October and November resulted in further suffering amongst families living in temporary shelters across Tamil Nadu. Save the Children with partner organisations provided immediate relief to these communities and are now looking at providing longer- term rehabilitation support.
- Save the Children constructed 750 temporary shelters for displaced families across Pondicherry and Tamil Nadu. Modifications and improvements have been made to temporary shelters across the region until permanent homes take shape. Simultaneously we are looking at the possibility of constructing permanent homes in a number of locations across India.

Education and Early Childhood Development

- We have rehabilitated 36 integrated childhood development centres across Tamil Nadu and Andhra Pradesh and constructed 10 temporary ones. We are now in the process of constructing 97 permanent ICDS centres across south India and the Andaman and Nicobar Islands. We aim to reach out to 25,000 women and children aged below five through improved psychosocial, nutritional and health services
- We are training teachers to ensure quality education through child-focused learning in an appropriate environment and psychosocial support. Support affected grade X and XII students to pass their exams and promote school attendance to ensure children do not drop out of school due to the tsunami.

Child Protection

Save the Children continues to provide child-to-child psychosocial and adolescent life skills support and strengthen community, district and state child protection monitoring. We have now formed more than 350 children's groups and currently look at issues of child protection within the communities.

Livelihoods

We have targeted marginalised communities such as Irula, salt pan workers to ensure that livelihoods are better able to withstand economic shocks and organising rebuilding through cash for work programmes.

Indonesia

What's happening in Indonesia?

- Indonesia is prone to a variety of natural disasters, including earthquakes, volcanic eruptions, and floods. It bore the brunt of the tsunami of 26 December 2004, which killed almost 170,000 and displaced over 500,000 people. Over 2,000 children were separated from their parents.

- Over 32 million children are living below the poverty line
- In March 2005, an earthquake off the west coast of Sumatra killed over 500 people on the island of Nias and caused extensive damage to homes, schools, clinics and ports.
- In January 2006, torrential rains, flash floods, and landslides in central and east Java buried villages, killing over 250 and displacing 6,700 people.
- Delivered school supplies and text books, benefiting 60,000 children, and cleaned and repaired 15 schools while also beginning construction on the first of 94 permanent schools.
- Supported over 3,500 people (70% women) in 78 villages, through loans and grants, to re-establish their livelihoods in fishing, farming and small businesses.

What's the outlook for children?

- Life expectancy at birth is 67
- Global under-5 mortality is 76
- More than two million children under 5 are malnourished

What's Save the Children doing in Indonesia?

Save the Children UK has been working with communities affected by conflict in Indonesia since 1999. As part of Save the Children Alliance, our tsunami response programme covers 8 districts in Aceh province and the island of Nias off west Sumatra

In 2005, as part of our work in Aceh and Nias, we:

- Led 10 agencies to register more than 2,000 separated children and facilitated more than 300 family reunions
- Distributed 10,200 emergency household kits and 1,000 medical kits
- Trained almost 100 teachers from over 50 schools to lead child friendly psycho-social structured activities, reaching 2,000 children.
- Created 77 "safe play areas" in temporary accommodation, and supplied recreation kits to allow children to enjoy games, art and songs in a protective environment
- Trained community volunteers in early childhood development, who now work with 5,500 children.
- Established "community kitchens" in temporary accommodation and provided supplementary meals for over 3,000 children.

We continue to:

- Support and develop new "safe play areas" as many communities want to develop these as a long-term community-based resource for their children
- Provide support and training to teachers in techniques for addressing the psychological needs of young survivors of the tsunami. Not every child has yet had the opportunity to benefit from these activities.
- Build permanent houses, health facilities, and schools. We estimate that by 2007, we will have completed 3,200 houses in the districts of Pidie, Bireun, and the island of Simeulue in Aceh. These are being built in consultation with families, to a traditional, local earthquake-resistant design and many of those working on the construction are members of displaced populations.

Kenya

What's happening in Kenya?

- 3 million children, including 60,000 under 5s are suffering severe food and water shortages in a region spanning across southern Ethiopia, Kenya and south Somalia. The worst affected areas are experiencing the most severe drought since 1993.
- In the northern Kenya 1.75 million children are currently affected by food shortages.
- Up to 42% of children and adults are at risk of malnutrition in the worst affected areas in the region

- Many schools have been closed in the badly affected areas.

What's the outlook for children?

- Life expectancy is 48 years (2004)²⁷
- 30% of under-fives suffer from (moderate & severe) stunting²⁸
- 650,000 children (0-17 years) have been orphaned by AIDS

What's Save the Children doing in Kenya?

Save the Children launched an appeal in March 2006 to provide relief in Isiolo in central Kenya. Isiolo has just been added to the drought affected 'red zone' by the Kenyan government. The red alert level is defined as an emergency, a significant food insecurity crisis and is the most serious alert level²⁹.

Nutrition and Shelter

Initially we plan to target 20,000 vulnerable children and their families, with supplementary feeding, general food rations and nutritional support to under 5s and healthcare. We plan to support education through providing emergency water and school feeding programmes to keep children in schools, with their nutritional needs met. In the longer term we are putting together a 12-month programme to support approximately 100,000 children under 5 with food, water and healthcare.

Livelihoods

Cash transfers to families will be provided as well as destocking of livestock in order to prevent the deterioration of the situation in affected communities.

Liberia

What's happening in Liberia³⁰?

- Despite recent elections, huge challenges remain for the country, with

lack of basic services and infrastructure and corruption.

- Years of conflict have led to the internal displacement and re-displacement of hundreds of thousands of people. Currently IDPs and refugees are slowly returning
- The security situation has stabilised however remains volatile and unpredictable.
- Tension in neighbouring Cote D'Ivoire continues and children formerly affected by armed forces and vulnerable children remain at risk of recruitment into fighting factions. SC UK has developed a contingency plan for an emergency intervention if refugees come across the border.
- Most Liberians are facing great poverty, mass unemployment, hunger disease and an acute shortage of affordable shelter.
- The rate of HIV infection is unknown but is likely to increase particularly among those aged between 15 and 49 years.
- Lack of longer-term funds is hampering the reintegration stage of the disarmament, demobilisation and reintegration process.
- Illiteracy levels are high: gross enrollment rates (GERs) is 69.1% for boys and 39.4% for girls

What's the outlook for children³¹?

- Life expectancy at birth is 41 years. (2003)
- Global under-5 mortality rank is 5
- 39% of under 5s suffering from stunting (moderate and severe) 1995-2003
- 26% of the total population use adequate sanitation facilities
- 36,000 children [0-17 years] are estimated to have been orphaned by AIDS in 2003.
- Abuse and exploitation of children remains a major issue.

²⁷ www.unicef.org/infobycountry/kenya_statistics

²⁸ *ibid*

²⁹ www.fews.net/alerts

³⁰ For more information on Liberia see: www.unicef.org/infobycountry/liberia.html and www.lr.undp.org

³¹ Source: The Official Summary of the State of the World's Children 2005 [UNICEF]

What's Save the Children doing in Liberia³²?

Save the Children runs programmes in 6 counties – Montserrado, Margibi, Gbarpolu, Grand Gedeh, Bomi and Bong – concentrating on health, child protection, food security and livelihoods and education.

Health

Save the Children focuses on primary health care, including reproductive and sexual health. We work with the Liberian Ministry of Health to provide preventive and curative services. Save the Children has helped to renovate 21 health clinics in 5 counties, delivered drugs and medical supplies and provided training for clinic staff. Save the Children also runs emergency clinics in displaced persons camps.

In addition, we provide training to health care providers and work with children's groups to provide education and peer support for better health practices in public health, family planning, reproductive and sexual health and HIV/AIDS awareness and prevention. We advocate for free health care.

Child Protection

We continue to support children who have been separated from their families, including ex-children associated with the fighting forces through family tracing and reunification activities. We are involved in prevention activities such as preventing the recruitment of children, preventing family separation and preventing sexual abuse and exploitation. We support the reintegration of ex CAAF and other vulnerable children through work with children clubs, child welfare committees, police, border monitoring and advocacy. We advocate for the protection of IDP returnees and exploitation of children

³² For more information on Save the Children's work see: www.savethechildren.org.uk

Food Security and Livelihoods

We assist internally displaced people and refugees to return to their home areas and start rebuilding their lives. This includes distributing seeds and tools and livelihoods that support the economic and social reintegration of families in Bomi, Montserrado, Margibi, Bong, Gbarpolu and Grand Gedeh.

Education

We run an accelerated learning programme and a community education investment programme for children formerly associated with fighting forces and other vulnerable children. Liberia is part of Save the Children Alliance's Global Education Challenge and a country strategy is being developed. We advocate for free education for all.

Malawi**What's happening in Malawi?**

- Malawi is one of the poorest, most densely populated countries in Africa. It is ranked 163 out of 174 countries on the human development index [UNDP] and more than 65% of Malawi's population live below the poverty line.
- The President of Malawi declared a state of emergency in October 2005. Crisis level food insecurity and associated malnutrition, especially among children is widespread throughout Malawi. Several factors have contributed to the current situation: irregular rains, outmoded agricultural practices, over reliance on an inappropriate staple crop (maize), chronic poverty, poor governance, poor economic management and performance and the loss of large numbers of the productive population due to AIDS.
- In January 2006 flooding in southern districts destroyed homes and swept away over 24,032 hectares of planted crops³³.

³³ Source: <http://www.reliefweb.int/rw/>

- As of early January 2006 rainfall was good in large areas of the country and a good harvest is expected if this continues. However, maize prices are currently twice the normal seasonal range and are expected to continue to climb. Food is already unaffordable to the majority of households. In addition to this government reserves of maize are low and health facilities are understaffed.
- 4.8 million people are currently at risk of malnutrition and starvation³⁴ due to food shortages and will not be able to meet their minimum food requirements during the current hunger period³⁵.
- Coping strategies such as selling of household goods, removing children from school to search for food, premature marrying off of children, reducing the number of meals per day etc are increasing long-term vulnerability as they deplete the long-term productive capacity of households.
- Malawi has one of the highest HIV infection rates in the world. 20% of the population are HIV positive.

What's the outlook for children?

- Children under 16 make up nearly half of the population
- 48% of children show signs of malnutrition
- 45% of under 5's suffer from stunting [moderate to severe] (1996-2004)³⁶
- AIDS has orphaned half a million children.
- Life expectancy at birth is 39

What's Save the Children doing in Malawi?

Save the Children surveys household food needs and the nutritional status of under 5's and shares this information with the government and donors in order that responses can be well planned and timely. Save the Children are currently running the following programmes:

- Food for work
- Agricultural inputs: irrigation and crop diversification
- Community based therapeutic care.

In all 80,000 under 5's have been supplied with high protein mix. 16,832 under 5's, pregnant and breast feeding mothers have benefited from a supplementary feeding programme in the southern district of Mangochi. CTC programme has also targeted 1,700 severely malnourished children and provided nutritional support for the chronically ill. Save the Children is distributing food to 11,000 families in Mangochi and Dedza districts. 12,000 OVC are provided with a mid-day meal. Maize, beans and cooking oil have been distributed.

HIV/AIDS mitigation

Save the Children works at a local level in order to reduce the spread of the disease. We are targeting pre-teens with information and funding peer education both within and outside of schools. In schools some pupils have been trained in HIV prevention and helped to start community-based support groups. We also provide home-based care for people with AIDS and care for children orphaned by AIDS.

Mozambique

What's happening in Mozambique?

- Mozambique is facing a worsening food security situation. Early 2006 has been relatively dry in northern areas. This is being monitored by Save the Children.
- Central and southern Mozambique, having above average rainfall at present, has been affected by flash flooding, resulting in landslides in highland areas and urban flood problems. In January 2006 1,700 hectares of crops were inundated with flood- waters and the rising rivers have displaced 2,500 people. Water sources throughout the affected areas have been contaminated.

³⁴ www.savethechildren.org

³⁵ See www.unicef.org/media/media_28309.html

³⁶ See unicef website

- Cholera cases are increasing in flood affected areas where there is a lack of potable water.
- Basic food prices are rising especially in the Zambezia region and there is a food security problem in the Milange District.
- The population is resorting to coping strategies such as consumption of wild foods, selling off household and other goods and removing children from school in order to maximise household labour.
- SCUK is running a workshop in February 2006 for Government and INGO partners on "Child protection in emergencies" in Zambezia. This is in an effort to increase awareness about the plight of displaced children in this region: the risks to their health, their education and their security.
- SCUK will distribute, to approximately 500 families, maize meal, oil and pulses for a period of 4-5 months.

What's the outlook for children?

- Life expectancy at birth is 42 years³⁷
- More than 50% of the population are under 18³⁸.
- 70% of the population live in absolute poverty³⁹.
- 270,000 children have been orphaned as a result of AIDS.

What's Save the Children doing in Mozambique?⁴⁰

Save the Children is currently undertaking some emergency response work and the programme is preparing for more emergency prevention and response where needed.

- Monitoring and information collecting: SCUK continue to monitor river levels in at risk locations. SCUK has been asked by the provincial authorities to act as the focal point for information collection and dissemination regarding the risk of flooding in the Mopeia district. SCUK are also involved in monitoring the food security situation at a national level as part of the Vulnerability Assessment Committee (VAC).
- SCUK has provided 2,356 people with survivor kits to respond to floods in Zambezia (including a cooking pot, eating utensils, blankets, water purifier, soap and plastic sheeting).

Niger

What is happening in Niger⁴¹?

- Severe food shortages and insecurity plagued several regions of Niger throughout 2004 and 2005. Drought, regional harvest deficits, locust invasion and animal famine triggered the crisis in 2004. However, this crisis was first and foremost market-led and one which has resulted from chronic poverty. The government removed food price controls in 2002. However, there were inadequate food reserves. Borders with neighbouring countries were officially closed.
- Although the crop in late 2005 was good most of this was sold to neighbouring Nigeria or to pay off debts accrued during the crisis of 2004 so shortages of food remain a serious issue⁴².
- 190,000 children were affected by malnutrition in 2004/5. This is a recurring problem in Niger. A UNICEF report in December 2005 reported that malnutrition remains high among Niger's children⁴³.
- Two thirds of Niger is desert⁴⁴. Severe food shortages were concentrated in the Maradi and Zinder regions inhabited primarily by agricultural pastoralists. 3.6 million people have been affected.

³⁷ Source: UNDP web page

³⁸ Source:

www.unicef.org/infobycountry/mozambique.html

³⁹ *ibid*

⁴⁰ www.savethechildren.org.uk/

⁴¹ For more information see www.savethechildren.org.uk

⁴² See

www.unicef.org/infobycountry/niger_30565.html

⁴³ *ibid*

⁴⁴ Foreign and Commonwealth office statistics

- The food crisis of 2005 has impacted on the productive capacity of many households. Various coping mechanisms adopted by those affected have resulted in the sale of land and livestock. Deforestation and migration have increased as alternative avenues for income generation have been sought.

What's the Outlook for children⁴⁵?

- Niger is ranked 177th out of 177 on the UNDP human development index⁴⁶.
- 63% of the population live on less than \$1 a day.
- Under 5 mortality rate is 343/1000⁴⁷.
- 12% of total population are using adequate sanitation facilities.
- 40% of under 5's suffer from stunting (moderate and severe) [1995-2003].
- Many children were removed from schools to collect wild food sources during the crisis.
- Expenditure on healthcare has been markedly decreasing as all available household funds were spent on food.

What's Save the Children doing in Niger⁴⁸?

- Save the Children initiated an emergency nutrition and health programme to reduce morbidity and mortality caused by malnutrition among children under five years of age in the Zinder and Maradi regions in August 2005.
- Nutrition and health programmes follow the community based therapeutic care approach and combine supplementary feeding programmes (SFP) targeting moderately malnourished children (SFP was phased out in December 05 after harvest) and an outpatient therapeutic programme, targeting severely malnourished children. In patient care has also been made available in centres

⁴⁵ Statistics taken from UNICEF The State of the World's Children 2005

⁴⁶ See www.savethechildren.org.uk

⁴⁷ *ibid.*

⁴⁸ *ibid.*

for those children who have additional health complications.

- Best feeding practice advice has been given to caretakers.
- General food distributions were undertaken in the worst affected areas. Save the Children distributed 5,291.6 metric tons of cereal reaching 23,000 families.
- Rations provided for malnourished children are often shared between family members. To prevent this practice family rations of cereal, pulses and oil were provided on a fortnightly basis (from August to December 05).
- Save the Children is providing training, drugs and medical equipment to existing health services. Save the Children covered consultation charges for all malnourished children at primary healthcare centres. Save the children have sought to integrate the nutrition programmes into the existing health structure and services working closely with the Ministry of Health.

Pakistan

What's happening in Pakistan⁴⁹?

- An earthquake measuring 7.6 on the Richter scale devastated a 12,000 square mile area of the northwestern frontier province (NWFP) and Kashmir on 8 October 2005. More than 73,000 people were killed and a similar number were seriously injured.
- 3 million people in the region have been left homeless⁵⁰. Many are living in temporary accommodation in camps.
- 10,000 schools were damaged or collapsed causing deaths, injury and loss of teaching space.
- Heavy snow and rain have caused massive landslides hindering relief efforts as many, especially highland areas are left inaccessible by road.
- In the early winter months SC was concerned about a second emergency:

⁴⁹ www.unicef.org/infobycountry/pakistan

⁵⁰ www.savethechildren.org.uk

that children in the region would be vulnerable to diseases associated with severe cold weather and gastroenteritis in various emergency relief camps. So far serious disease outbreaks have been averted and this has not been as serious as anticipated.

- Food insecurity is an ongoing problem in more inaccessible areas⁵¹.

What's the outlook for children⁵²?

In Pakistan:

- Almost 33% of population live below the poverty line and more than one third of these (16 million) are children⁵³.
- Global under 5 mortality rank is 46.
- 32% of children are in child marriages.
- 37% of children under 5 suffer from stunting (moderate to severe) [1995-2003].
- 54% of the population uses adequate sanitation facilities.
- 28 million children are denied access to education⁵⁴-- access and attendance rates for schools varies greatly between regions. In Kashmir literacy rates are much higher than for example in the NWFP.

In earthquake areas:

- Of the 73,000 killed – 18,000 were children and 900 teachers.
- In worst hit areas up to 90% of schools collapsed in the earthquake
- Children affected by the earthquake have suffered displacement, trauma, loss of family members and injury⁵⁵.
- Some 17,000 children have been orphaned by the earthquake most of whom are being looked after by extended family.

What's Save the Children doing in Pakistan⁵⁶?

⁵¹ ibid

⁵² unless otherwise stated statistics are taken from The state of the World's children 2005 [UNICEF]

⁵³ www.savethechildren.org

⁵⁴ ibid

⁵⁵ See reliefweb.int

Save the Children has over 25 years experience of working in Pakistan. During this time programmes have focussed on education, child labour and child protection through advocacy and building partnerships with government and civil society organisations. The current programme of relief operations has been developed to provide support in both the short and long term and was initiated in the very first hours after the earthquake. Save the Children Alliance is responding in Kashmir, and in the North Western Frontier Province. The emergency response phase will last through April 2006. This will be followed by rehabilitation programmes, specifically education, child protection programming, supporting and rebuilding livelihoods. These programmes will be handed over to local partners through a phased process.

Food and Shelter

As an alliance SC has provided more than 42,000 families with the materials to build shelters⁵⁷. Blankets and quilts have been provided to over 11,000 families. Relief items such as shelter-building materials, blankets and dry rations have been distributed among affected families. SC UK provided more than 15,000 families with shelter materials. SCUUK will support returning families with shelter-building materials.

Health

In December 2005 SCUS opened a fully equipped field hospital in the remote Allai region (in NWFP) which has so far treated 5,000 patients.

Child Protection:

Save the Children has also launched long term efforts to help children to thrive and continue to develop. The Alliance as a whole has established 137 safe play spaces to help restore a sense of normality. These are benefiting an estimated 11,524 children. We have set up and are running 43 of these

⁵⁶ www.savethechildren .org.uk

⁵⁷ www.reliefweb.int/rw/rwb.nsf/db900SID/KHII-6MM5TS?OpenDocument

safe play areas, serving almost 4,800 children. Save the Children is in the process of creating play/learning buses that can take activities to rural areas. SCUUK is establishing community child protection committees. This project is ongoing. Supervisors for these spaces are trained by save the children. As of January 2006 196 child facilitators to lead safe play activities had been trained.

Warm winter clothing has been provided to 10,000 children in areas affected by severe winter weather. In Muzaffarabad SCUUK has just completed an in-depth rural and urban child protection assessment (including such issues as child labour, sexual abuse and access to services etc). It is the first one of its kind to have been undertaken in the region.

Education

The Alliance has established 66 temporary schools benefiting over 5,000 students and is supporting communities to begin constructing 80 transitional schools. In Kashmir, under SCUUK 24 classroom tents are operational, school kits have been distributed and 6 semi-permanent classrooms built as a pilot programme. Over 3,089 children have been re-enrolled and 92 School Management Committees have been re-established.

Livelihoods

SC UK is working to rebuild and improve the livelihoods of 5,100 very poor families and 375 village businesses through safety-net cash transfers during the spring of 2006. SC UK livelihoods programme has currently assessed 770 households in 13 villages and information is shared with other agencies.

Somalia

What's happening in Somalia?

- Over three million children, including 600,000 under 5-year olds, are suffering from severe food and water shortages in Somalia, Ethiopia and Kenya

- Livelihoods across the countries have been destroyed as livestock are dying in unprecedented numbers due to lack of water and pasture – an early indicator of an escalating food crisis.
- The effects of the December 2004 tsunami reached as far as Somalia, with damage concentrated in the region of Puntland., The wave reportedly destroyed 2,000 homes, smashed 2,400 boats and destroyed much of the water and sanitation infrastructure. Approximately 300 Somalis were killed as a result, with thousands more homeless and up to 30,000 displaced.

What's the outlook for children?

- Global under 5 mortality rank is 6
- Life expectancy at birth is 48
- 26% of under 5s suffer from stunting (moderate and severe)

What's Save the Children doing in Somalia?

Food security

- A Save the Children assessment this week found up to 82% of the population affected by acute livelihoods crisis/humanitarian emergency are in the affected areas of Bardera, Sakow and Afmadow in southern Somalia.
- As well as immediate emergency relief through food rations, Save the Children is working to ensure that vulnerable children are protected from the multiple dangers they are exposed to during such emergencies.

Tsunami response

Save the Children is working in Bander Beyla and Hafun districts to help local communities recover from the tsunami. We will support the rehabilitation and recovery of affected areas of north-east Somali coastline over the next five years. This will take place in the areas of food and nutrition, health initiatives, creation and support of livelihoods, rebuilding infrastructure, various educational programmes including training and equipment and ensuring enhanced EPI

coverage in the affected areas in collaboration with UNICEF and WHO.

As of December 2005 we have undertaken the following in the areas of:

Livelihoods;

- Created Cash for Work (CFW) involving the most affected population in the coastal districts of Hafun and Bander Beyla.
- A traditional water harvesting structure has improved water availability both for human and livestock throughout the year. This also generated income for nearly 40 families employed through CFW.
- Renovated 15 tsunami affected salt pans through CFW.
- 214 women participants belonging to the poorest section of the community in Kulule, Dudure, Bander Beyla and Aris undertook skill enhancement training on sewing fishing nets through CFW. This increased the skills of these women ensuring their future livelihoods and food security and those of nearly 1,250 children under 5.

Health

- The morbidity among the tsunami affected population in targeted villages have been reduced through constant supervision and support of the health service providers to maintain the functionality of the service so that a minimum level of service is available. A 6 week training of 12 Community Health Workers and 6 Traditional Birth Attendants.
- Similarly in both the districts of Hafun and Bander Beyla 2 existing health personnel received on the job training and support from the Health staff of SC UK.
- One Health Centre with the capacity of 40 beds and maternity and surgical facilities have been constructed in new Hafun town.
- Two Health Posts in Fo'ar and Handha have been constructed to cater to the immediate infant and maternal care

requirements of 383 under 5 children and 993 women.

- 4 Health Posts in Aris, Dhuur, Durdure and Kulule are constructed to cater to the immediate health needs of 1,825 women and 826 under 5 children, who had no access to quality health service.
- Rehabilitated 4 shallow wells in Dhuur ensuring potable drinking water.
- Constructed 25 garbage disposal pits and posts along with garbage collection and disposal drives in eight villages and towns of Hafun and Bander Beyla.

Education

- 4 rural Primary Schools were constructed catering for nearly 860 school age children, who had no access to education till now.
- Seven days' training of 11 teachers to increase the capacity, skills, confidence and motivation of the teachers to provide quality education.
- Formation of exclusive "Girls' Forums" involving approximately 20 girls and "Women's Forums" in all the villages to increase girl child enrolment has brought out many challenges prohibiting the participation of girls in formal education system.

Sri Lanka

What's happening in Sri Lanka⁵⁸?

- The tsunami of 26 December 2004 killed almost 40,000 Sri Lankans, and left more than 400,000 without homes.
- Over 200,000 families were affected by the disaster with many children losing one or both parents.
- An estimated 81% of the country's fishing vessels were lost or badly damaged.

⁵⁸ For more information on Sri Lanka see: www.unicef.org/infobycountry/srilanka.html
For information on human development indicators see: www.hdr.undp.org/statistics/data/cty/cty_f_LKA.html

- In the North East 800,000 people, one third of them children, have been displaced by the 20-year-old conflict, sometimes several times.

What's the outlook for children?

- Life expectancy at birth is 73
- Global under 5 mortality rank is 133
- 14% of under-5s suffer stunting (moderate and severe) [1995-2003]
- 91% of population uses adequate sanitation facilities
- 10% of children in child marriage

What is Save the Children doing in Sri Lanka?

Save the Children in Sri Lanka has taken a lead role in facilitating the resettlement and reintegration of spontaneously returning displaced people to the North East.

We have responded to the emergency caused by the impact of the tsunami across all of the areas affected – Matara, Trincomalee, Batticaloa, Jaffna, Galle, Kilinochchi, Ampara, Mullativu:

- We have distributed family kits (food, basic medical supplies, cooking utensils, water purification tablets and hygiene packs) to over 40,000 families in affected districts. We have also distributed plastic sheeting for shelter to over 10,000 families.
- We have taken a key role in the registration of separated children, both within the welfare centres created immediately following the tsunami and those living with relations in the community. Over 400 children were registered by March 2004. Over 20 child friendly corners have been set up in Matara providing play activities and counselling services for children.
- We are supporting people to build over 500 temporary shelters in Jaffna, Batticaloa and Kilinochchi.
- We are running cash-for-work programmes to clean up schools, communities and beaches in Matara, Batticaloa and Ampara. In collaboration

with the Women's Chamber of Commerce, we have supported 598 women to make a start with small businesses including distributing sewing machines. We are also helping to train 100 18-25 year olds to make cement blocks for more permanent construction work.

- Save the Children in Sri Lanka has provided pre-school facilities for over 8,000 children in 247 pre-school centres across the areas affected by the tsunami.

Sudan and Eastern Chad

What's happening in Sudan/Eastern Chad?

- The costs of the 21-year civil war have drained Sudan. It has left more than 2 million dead. Basic services are poor nationally and non-existent in some areas.
- Sudan's children face ongoing violence, poverty, separation from families, displacement, and forced recruitment.
- Sudan has the largest number of IDPs in the world.
- Conflict in Darfur since February 2003 has created a humanitarian emergency affecting more than 3.5 million people, leaving 1.7 million internally displaced and a further estimated 220,000 surviving as refugees along Chad's eastern border⁵⁹.
- Attacks by government troops and Arab militia are widespread in Darfur⁶⁰. Violence against civilians continues unabated with rape, random killing and kidnappings restricting people's movement and agencies from gaining access to them with assistance.

⁵⁹ www.reliefweb.int

⁶⁰ See

www.alertnet.org/thefacts/reliefresources/11198858462.htm



- Ongoing drought conditions and separation from their agricultural land mean families face severe food insecurity.

What's the outlook for children⁶¹?

- National Life expectancy at birth in Sudan is 57 (2004)
- Almost 50% of the population are under 18
- Global under 5 mortality rank is 49
- In south Sudan less than 20% of children (and less than 1% of girls) complete primary education.

What's Save the Children doing in Sudan/Eastern Chad?

Save the Children pulled out of Darfur in 2005 following the death of four members of staff in two separate incidents. This was in addition to a series of extremely serious security incidents. Save the Children were devastated that they were unable to continue to offer health care, nutritional support, child protection and education to the approximately 250,000 children and family members in North and South Darfur.

- DEC final evaluation is ongoing in Darfur (for SCUS activities in western Darfur)
- SCUK hopes to be funding a SCUS livelihoods programme with DEC funds.
- In Eastern Chad on the Sudanese border Save the Children is working with local communities to provide healthcare in a camp for displaced Sudanese.
- In October 2005 a grant from the Band-Aid Trust enabled Save the Children to start an education programme in south Sudan. This programme provides infrastructure and training for improved education for larger numbers of children. Training will work to highlight the role that schools can play in child protection.

Thailand**What's happening in Thailand⁶²?**

⁶¹ The Official Summary of the State of the World's Children 2005 [UNICEF]

⁶² See www.savethechildren.org.uk for more information

The west coast of Thailand was severely hit by the December 2004 tsunami. Over 5,000 people lost their lives, almost 3,000 are still missing, presumed dead, 8,500 were injured and 19,000 were left homeless. 1,500 children lost one or both parents. 100,000 were affected in terms of the impact of lost livelihoods.

What's the outlook for children in Thailand?

- Life expectancy at birth is 69
- Global under 5 mortality rank is 104
- Estimated number of people living with HIV (adults and children) 570,000 (2003).

What's Save the Children doing in Thailand?

- Supporting children's activity centres alongside partners, Dunag Pratheep Foundation (DPF) and Foundation for Children (FFC).
- Supporting a school-to-school Tsunami Website project with the partner Mirror Arts Group.
- Supporting Duang Pratheep Foundation (DPF) to run activities for children in the camps and in affected communities.
- Supporting Kasetsart University Coastal Research Station to build boats and work with community committees to oversee credit funds to help people re-establish their livelihoods.
- Provided 125 fishing boats, 70 sets of fishing equipment and provided loans for the purchase of similar materials to 10 villages.
- Displacement can increase the risk of exposure to HIV. Save the Children supports HIV/AIDS workshops for children, young people, teachers and health volunteers.

Uganda**What's happening in Uganda?**

- Most of Uganda is relatively stable after almost 20 years of conflict however

instability and insecurity persists in the north, the stronghold of the Lords Resistance Army (LRA). Two million remain displaced in the north, with many living in camps. 1,000 people die every week in these government-run camps from disease and violence⁶³.

- Children remain at risk due to food shortages, displacement, disease, recruitment into the LRA, poor access to health and social services and the breakdown of traditional mechanisms of protection and enforcement of laws and social norms.
- The number of street children is growing.
- Elections took place on 23 February 2006. The new president has announced plans to return home all IDPs from camps in the north from May 2006 in spite of the fact that their security is not guaranteed and the conflict and abuse of civilians persists.

What's the outlook for children?

- 50% of the population are under 15.
- Malnutrition of children is widespread: Half of all children are malnourished, 25% of all under-fives are underweight and 40% of children suffer from stunting.
- One million children have been orphaned by HIV/AIDS. Many are also infected themselves, every day 40 children are born with HIV. The HIV infection rate in the north is 30-50% compared with a national average of around 5%⁶⁴.
- Children in the north are at risk of abduction, abuse and GBV by the LRA. Over 20,000 children have been abducted and conscripted into the LRA. Over 40,000 children, particularly IDPs seek relative security at night in schools, community centres and on the streets of towns in order to avoid LRA abduction from camps. Girls and women suffer sexual harassment and abuse on their way to and sometimes during the night

in these spaces. 6 out of every 10 girls and women living in IDP camps have suffered SGBV⁶⁵.

What's Save the Children doing in Uganda?

Save the Children in Uganda (SCiU) has identified four priority areas as of end of 2005: 1) Northern Uganda, 2) universal primary education, 3) juvenile justice reform, 4) nutrition and early childhood.

SC iU currently running the following programmes:

Protection

- SCiU is running a child social protection programme benefiting 33,064 children and works to promote the protection, care and social inclusion of children at risk of abuse, violence, exploitation and neglect. This is undertaken in three areas:
 - a) helping to reform the juvenile justice system, to stop young offenders being victimised, criminalised and abused, providing more than 1,800 children with free legal representation, medical examination and care and counseling. Supporting the creation of National Juvenile Justice Good Practice Code of Conduct and a series of workshops, support groups, and sensitization campaigns.
 - b) addressing the needs and upholding the rights of children in conflict. 19,500 children have been reached directly by this programme. Includes social rehabilitation and reintegration. This strategy will be broadened to include night commuters specifically.
 - c) upholding the right of children to be protected from HIV/AIDS. Over 30,369 children have been reached by this programming. Over 230 children living with the virus accessed treatment, 22,000 accessed information on prevention, various sensitization campaigns were undertaken, OVCs received various support.

⁶³ Source: www.reliefweb.int/rw/rwb.nsf (Report written for AlertNet 18/01/06)

⁶⁴ *ibid*

⁶⁵ Save the Children in Uganda annual report 2005

Education

- Basic education programmes have directly benefited 32,875 children and indirectly 43,000 children.
- Programming includes construction of schools in camps, establishment of early childhood centres, increased enrollment of disadvantaged children and promoted the retention of girls in schools. Involvement of community, local and national partners makes sustainability possible.

Livelihoods

- We are working to support local livelihoods, by developing Uganda's capacity to design and deliver strategies to improve people's access to food.

A Save the Children assessment team visited northern Uganda to evaluate the situation. This team will be in place to build a programme focussing on protection, health and education, as determined by the needs on the ground. Northern Uganda is currently an advocacy priority area for Save the Children UK.

Vietnam

What's happening in Vietnam?

- Children and communities in Vietnam remain vulnerable to natural disasters, despite significant progress and improvement over the past few years.
- In addition, children have particular vulnerabilities, needs and rights that are not taken into account in disaster preparedness and response. Children continue to constitute the majority of fatalities from natural disasters, which also impacts various other aspects of their lives, ranging from nutrition to education.

What's the outlook for children?

- Global under 5 mortality rank is 110
- Life expectancy at birth is 69
- Almost 36% of children live in poverty [2002]

- 32% of under 5's suffer from stunting (moderate and severe) [1996-2004]⁶⁶

What's Save the Children doing in Vietnam?

Since 2003, Save the Children has run a project to strengthen local capacities on child-focused disaster preparedness and response, with funding from DPECHO.

This involves:

- Strengthening community disaster preparedness capacity in seven provinces, including Yen Bai, Thanh Hoa, Ha Tinh, Quang Tri, Thua Thien, Hue, Binh Thuan and Tien Giang. In responding to and preparing for emergencies in these regions Save the Children puts children's needs first.
- Training a network of Provincial Trainers in 7 provinces to be able to conduct training for community and children, using Community-based Disaster Risk Management (CBDRM) and Child Participatory approach
- Training district-level trainers, communities and children in disaster preparedness and protection.
- Funding small-scale disaster mitigation works identified by communities
- Feeding disaster preparedness findings into government and partner plans.
- Developing annual disaster preparedness response plans and encouraging the government to do the same.
- Raising awareness and advocating for CBDRM approach in Vietnam with government disaster management agencies

Zimbabwe

What's happening in Zimbabwe?

- 3 million people are at risk of severe food shortages⁶⁷. Chronic malnutrition levels are currently around 28%. Food

⁶⁶ The State of the World's Children 2005 UNICEF

⁶⁷ See www.savethechildren.org and www.unicef.org

- security at the household level is at crisis level.
- The situation in Zimbabwe is very complex with numerous, overlapping causes: HIV prevalence rate at 27% (loss of productive age cohorts); declining economic performance (hyperinflation is currently at 600%+); poor environmental performance (drought /floods); limited donor support for development projects; political isolation; instability; chronically depleted capacities in the social service sectors⁶⁸ particularly health.
 - Various coping strategies are being adopted including selling of household goods, removing children from school to search for food, premature marrying off of children, reducing the number of meals per day etc. More extreme survival strategies include poaching, transactional sex and crime. Strategies are increasing long-term vulnerability as they deplete the long-term productive capacity of households and the environment and compromise health status in the short-term.
 - Zimbabwe has one of the highest HIV infection rates in the world. It is estimated that around 2,500 people die each week from AIDS-related illnesses.
 - Operation⁶⁹ Murambatsvina reportedly displaced or affected up to 700,000 people from urban areas in Zimbabwe, many have returned to rural areas, several have been moved to camps and others remain in the areas where they originally lived surrounded by rubble.
 - High level of rainfall in some areas has resulted in flooding.

What's the outlook for children⁷⁰?

- Approximately 1 in 5 children are orphans due to AIDS. 75% of these are under 14⁷¹. It is becoming increasingly common for children to head and run households on their own.

- Child under 5 mortality rose more than 50% between 1990 and 2003.
- Life expectancy at birth is 37 years (down from 60 in 1990)
- 29% of children are in child marriages (1986-2004)
- Several⁷² thousand children have lost their place in schools, have been separated from their families and are resorting to unsafe survival strategies to support themselves and their families due to urban displacement.

What's Save the Children doing in Zimbabwe?

- Providing food assistance to selected vulnerable households in Kariba, Zvimba and Binga targeting between 140,000 and 170,000 beneficiaries.
- Running programmes that focus on child protection training
- Targeting vulnerable pregnant women and breastfeeding mothers on providing relief supplies such as hygiene kits and baby kits for girls and pregnant and lactating mothers (baby kits comprise a bowl and soap to wash the baby, a towel, a shawl and nappies).
- Supporting child survival, protection and development
- Strengthening and diversifying families means of supporting themselves
- Running reproductive health programmes and initiatives (with particular focus on AIDS). We trained 640 young people to teach peers about HIV both in and out of school; opened 7 youth-friendly reproductive health information centres; trained 70 home-based carers for people with chronic illnesses in Binga.
- Provision of relief kits and food to between 100 and 200 families affected by floods.
- Working closely with local Government, the Civil Protection Unit, the MOH and local communities focusing on emergency preparedness and response.

⁶⁸ ibid

⁶⁹ [UN special Envoy report 2005](#)

⁷⁰ ibid

⁷¹ See www.savethechildren.org

⁷² [UN special Envoy report 2005](#)

EMERGENCIES OVERVIEW

Save the Children Emergency Response Programmes

MARCH 2006

Save the Children Emergencies Section
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