



CRISIS APPEAL FOR IRAQ'S CHILDREN

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

ISSUE

A major humanitarian crisis is unfolding in Iraq. Over a decade of sanctions preceded by two disastrous wars have left Iraqi children and women with little capacity to withstand the effects of a massive military conflict. Without rapid humanitarian assistance in health, nutrition, water and sanitation and primary education, child and maternal deaths are likely to increase sharply. Based on its extensive experience in Iraq, UNICEF is leading UN emergency efforts in the provision of non-food assistance. This includes basic medicines and equipment, therapeutic and supplementary feeding for malnourished children, and water tankering and emergency repairs to the water and sanitation infrastructure -- together with the provision of basic education materials.

As this humanitarian operation may be the largest and most complex ever undertaken, UNICEF has been making extensive preparations for a rapid emergency response. Over USD 14 million in emergency supplies and equipment have been pre-positioned, and logistics hubs along the border with neighbouring countries -- for a trans-border operation speeding relief supplies, equipment and services into Iraq -- have been established. Staff, communications and warehouses are now in place in newly-opened sub-offices in Syria, Turkey, Iran and Kuwait.

ACTION

UNICEF priority areas are: the provision of **potable water and safe sanitation, care for unaccompanied and traumatized children** and children living in institutions, child immunisation, **the provision of safe birthing equipment** for pregnant women, **the feeding of malnourished children and pregnant women**, and the mobilization and return of **primary-aged school children to school** as soon as possible.

Total funding requirements are USD 165,875,850

IMPACT

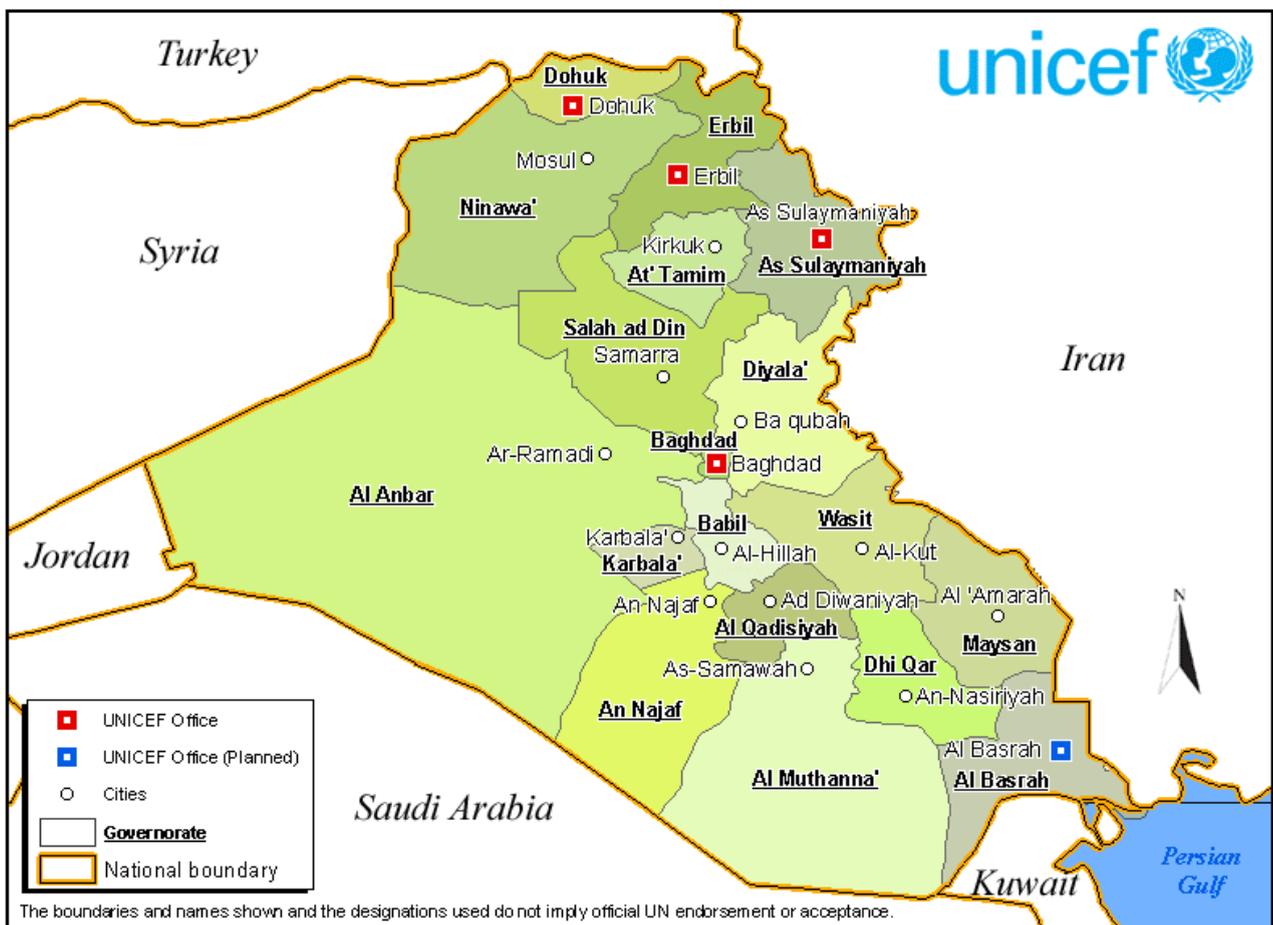
The delivery of humanitarian assistance to vulnerable Iraqi children and women is essential to mitigate the consequences of the current military conflict. Ensuring that children are protected, that they have access to clean water and health care, and are able to return to school, will help the most vulnerable to survive and withstand the impact of conflict.

OVERALL BUDGET:

SECTORS	IRAQ	Surrounding countries	Total USD requirements
TOTAL NUTRITION	42,107,000	1,954,150	44,061,150
TOTAL HEALTH	23,518,000	3,812,650	27,330,650
TOTAL WATER AND SANITATION	48,256,500	6,658,900	54,915,400
TOTAL EDUCATION	15,059,000	4,304,900	19,363,900
TOTAL CHILD PROTECTION	6,044,500	6,261,400	12,305,900
TOTAL PROGRAM	134,985,000	22,992,000	157,977,000
recovery cost 5%	6,749,250	1,149,600	7,898,850
GRAND TOTAL	141,734,250	24,141,600	165,875,850

UNICEF’S PRESENCE AND EXPERIENCE IN IRAQ

UNICEF’s commitment to Iraq’s children began in 1952. UNICEF has been supporting humanitarian interventions since the 1990 imposition of UN sanctions with a focus on immunisation, primary health care, nutrition, water and sanitation, education and child protection. Since 1997, UNICEF has been a key partner in the implementation of the Oil-for-Food Programme (OFFP) in Northern Iraq. Here, UNICEF has managed an annual throughput of approximately USD 90 million. UNICEF is the lead agency in water and sanitation and nutrition in Iraq and also has large programmes in health, education and child protection. In South/Centre Iraq, major achievements include: reducing malnutrition rates, providing safe water to over 3 million people annually -- leading to a reduction in diarrhoeal disease -- an increase in breastfeeding rates and the rehabilitation of almost 500 primary schools and primary health centers (PHCs). Further achievements include support to teacher training, reform of the juvenile justice system, the restoration of the EPI cold chain system and control of measles and neonatal tetanus. Iraq has not had a polio case for over 3 years.



WATER AND SANITATION

I. Issue

Over 12 years of sanctions, preceded by two major wars have led to the severe deterioration of the sector – a situation that has not significantly improved with the implementation of the OFFP in Iraq since 1997. The potential impact of a

further deterioration in this sector, on children, is perhaps more severe and immediate than any of the other basic services in the country. The water and sanitation sector (WES) is particularly vulnerable given its dependence on the main electrical grid, which is jeopardized by the conflict.

The situation of children and women is directly affected by the condition of the WES sector. The under-five mortality rate (U5MR) in the South/Center of Iraq has increased more than 2.5 times since 1990, to 131 deaths per 1,000. One of the main causes is the high prevalence of diarrhoeal diseases, which had increased from an average of 4 bouts per year in 1990 to almost 15 in 1999 – mainly as a result of the lower quantity and quality of water supply in the country. Between 1990 and 2000, the daily per-capita share of potable water declined from 330 litres to 150 litres in Baghdad, 270 to 110 litres in other urban areas and 180 to 52 litres in rural communities. Approximately 76 per cent of the population of South/Center Iraq has access to potable water (92 per cent in urban areas and 46 per cent in rural communities). Observations carried out by UNICEF on the ongoing pipe network rehabilitation activities suggests that the rate of potable water supply may not be significantly higher.

Approximately 5 million people are dependent on piped sewerage systems, mostly in Baghdad and other large urban areas, comprising a total of 20 Sewerage Treatment Plants (STP) and a network of pumping stations. Seventy per cent of the 20 STPs and 34 per cent of all pumping stations are in urgent need of rehabilitation, and all are dependent on electricity supplied from the main electrical grid for continued operation. Many of the generators for the pumping stations need to be overhauled. A disruption in the supply of potable water is a major risk for children in this emergency. Seventy per cent of childhood illnesses in Iraq are linked to the consumption of unsafe water or to inadequate water use. Common childhood illnesses such as diarrhoea can quickly result in the rapid dehydration of young children if not properly treated, or to malnutrition – ultimately leading to death.

II. Action to date

UNICEF has overhauled and repaired backup generators for over 100 water and sewerage facilities in Baghdad and in the governorates.

5 mobile electrical-mechanical engineering teams (over 60 staff) are on 24-hour standby in Baghdad to ensure the continuing functioning of the city's sewerage and part of the water supply. Fuel storage tanks for generators in the city have also been set up.

A water tankering operation using mobile water treatment units and collapsible storage tanks for up to 100,000 people is set up in Baghdad.

Water equipment for up to 300,000 Iraqi IDPs have been pre-positioned in neighbouring countries.

Water systems in El-Hol camp in Syria have been rehabilitated in collaboration with UNHCR.

40,000 jerrycans are pre-positioned in Iran (Ahwaz and Kermanshah), along with water bladders for up to 200,000 people, with a possibility to double that quantity in partnership with MSF and OXFAM.

In Syria, a water storage and supply network for 12,000 refugees, along with latrines for up to 5,000 people have been constructed in the Al-Hol camp.

THE NEXT SIX MONTHS

UNICEF aims to assist up to 17 million people, including IDPs and refugees in neighbouring countries, to ensure provision of potable water. While the international emergency standards for potable water are of 15 litres minimum per person per day especially for IDPs, UNICEF will endeavor to ensure that current level of potable water availability is restored to most of the population. Concurrently, action will be taken to ensure that urban sewerage systems continue to function. Refugees will have access to safe water, sanitation and bathing facilities and populations at risk will be made aware of emergency hygiene practices. The interventions will be undertaken in Iraq and refugee camps in neighbouring countries with key partners such as UNHCR, OCHA, OXFAM, CARE, and Red Crescent Societies.

Within the UN system, UNICEF has assumed a dual function to facilitate a co-ordinated and effective response by humanitarian actors. As the lead agency for WES, UNICEF is charged with ensuring the coordination of all activities undertaken by humanitarian partners in addition to implementing its own planned activities. This responsibility is based on UNICEF's knowledge of the WES sector in Iraq, its institutional experience in emergency water and sanitation, and strong linkages with other UN agencies and NGO partners likely to be involved in emergency WES activities.

The initial sector assessments will be carried out by the WES sectoral group. Local contractors have been hired to provide water tankering and repair generators that have been damaged or are otherwise dysfunctional as well as repair damaged sewerage treatment plants. UNICEF and OXFAM will closely collaborate to ensure the water supply in severely affected areas and in refugee camps. UNICEF, OXFAM and other NGOs will construct latrines in refugee camps in coordination with UNHCR. In addition, where possible, reactivation of the Baghdad Water and Sewerage Authority (for Baghdad), the General Corporation for Water and Sewerage (South/Centre Iraq) and the Directorates of Water and Sewerage (Northern Iraq) will be supported to carry out emergency activities.

Activities include:

Installation and repair of back-up generators in most crucial locations for water supply and urban sewerage systems. UNICEF has already contracted several local partners to undertake emergency assessments and repairs. UNICEF staff have also been given exceptional official authorisation to undertake surveillance and monitoring visits of water and sewage systems, in order to speedily identify technical damages and advise on necessary action.

Provide water tankering to health facilities and refugee camps and locations at utmost risk. UNICEF has a complete database on all water tankering activities in the country and a partnership agreement with a number of NGOs to carry out this activity.

Construct latrines and bathing facilities in refugee camps and IDP areas, implemented through the local health institution and with partner NGOs.

Conduct emergency repairs of electro-mechanical equipment in water and sewerage facilities for over 220 water treatment plants and 800 compact units as well as over 200 boosting pumping stations and 20 sewage treatment plants. Repairs will be done by using local contractors already working with UNICEF and international engineering expertise already on secondment to UNICEF. This activity will also include repairs to the high voltage transmission system generators and electrico-mechanical equipment.

Provide water treatment chemicals to water treatment plants and compact units through the distribution of chemicals already in stock at different levels in the country and monitored by UNICEF through its observation function.

Provide water storage and collection vessels and hygiene items for displaced populations and other affected areas in which water supply has been temporarily interrupted. These items include reservoir tanks and water bladders as well as jerry cans.

Provide hygiene messages focusing on hygiene issues during emergencies to populations at risk. Using the local media, religious leaders, teachers and through the health promotion structures already established by UNICEF within the framework of the Targeted Nutrition Programme.

III. Impact

The incidence of water borne diseases, in particular diarrhoea among young children is kept at the lowest possible level.

Areas suffering most from the destruction and interruption to water supply systems are receiving a minimum of 15 litres of potable water per day per person.

Water supply systems are repaired or reactivated through back-up generators in high risk areas.

Fuel is available to run the generators.

In refugee camps, sufficient water and culturally appropriate sanitation facilities, as well as hygiene materials, are available.

Basic hygiene messages are provided to sensitize the population and avoid health hazards in the emergency situation.

IV. Funding Requirements

Inputs	Iraq	Surrounding countries	Total Requirements in USD
Sub-regional sectoral coordination support	0	110,000	110,000
Water tankering	8,000,000	1,675,000	9,675,000
Provision of water supply back-up systems (generators, spare parts, maintenance costs and treatment chemicals)	12,500,000	1,115,000	13,615,000
Emergency rehabilitation of water treatment plants and compact units	13,500,000	0	13,500,000
Provision of sewerage treatment plant back-up systems (generators, spare parts, maintenance costs and emergency rehabilitation)	9,600,000	1,020,000	10,620,000
Construction of emergency latrines	1,000,000	775,000	1,775,000
Hygiene education and IEC material and training	1,000,000	755,000	1,755,000
Cross Sectoral –including Logistics, operations, IT, coordination and advocacy costs-	2,656,500	1,208,900	3,865,400
TOTAL excluding 5% recovery cost	48,256,500	6,658,900	54,915,400

HEALTH CARE

I. Issue

The main health problems faced by Iraqi children include: malnutrition, diarrhoea, acute respiratory infections (ARI), vitamin A deficiency, iodine deficiency, malaria, leishmaniasis and measles. Mortality rates among children under five years old are very high, with ARI and diarrhoeal disease representing over 70 per cent of deaths – in both the North and South/Center. Surveys and assessments by UNICEF have shown that major causes of early child deaths are weak routine immunization, malnutrition in pregnant women, complications during delivery and outdated and dangerous delivery practices, shortages of essential equipment and supplies, low exclusive breastfeeding rates as well as poor hygiene and sanitation practices, and the consumption of contaminated water leading to diarrhoea and dehydration.

Routine immunisation has been extremely problematic in recent years due to a combination of erratic and often poor quality vaccines and cold chain equipment under the OFFP, the low salaries of health workers and supervisors, and the absence of cash support to cover transportation costs and social mobilisation activities. Serious outbreaks of vaccine-preventable diseases, such as polio and measles, were regularly recorded until the late 1990s when UNICEF supported semi-annual, nation-wide immunisation campaigns to eliminate and control the transmission of these diseases. As routine vaccination rates for measles are around 80 per cent, the risk of an outbreak is significant.

Furthermore, although a substantial amount of emergency obstetric supplies and equipment has been ordered under the OFFP, nearly one half of district hospitals lack the facilities to conduct emergency obstetric care. As health services from district-level facilities will be limited during war, the insecurity created by the conflict will hamper pregnant women's ability to reach health facilities, further endangering their lives and those of their newborns.

II. Action to date

Polio, mop-up measles and DTP campaigns have been successfully carried out nation-wide in Iraq, benefiting over 4.2 million children under age five.

1 million sachets of ORS have been distributed to all PHCs in the country. The UNICEF office in Northern Iraq has warehoused 356,000 ORS sachets in its warehouse. 200,000 additional sachets are in the pipeline. Emergency health kits, consumables and ORS have been pre-positioned for up to 1.8 million children in south/center, and up to 250,000 IDP children in the North. Similar types of material have been pre-positioned for up to 50,000 children in Iran, 90,000 in Turkey, 20,000 in Syria and 10,000 in Jordan.

Safe birthing kits for 100,000 women are now pre-positioned. Ten additional kits to benefit 150,000 women are pre-positioned in Jordan and Iran for trans-border operations.

Drugs to fight black fever have been ordered (64 children recently died of an outbreak in the South).

UNICEF and WHO co-organized a sub-regional health co-ordination meeting for all partners involved in emergency preparedness.

THE NEXT SIX MONTHS

UNICEF will assist 4.2 million children under five years along with 1 million pregnant women. The aim is to sustain immunization coverage rates for children and pregnant women as well as ensure the availability of basic health treatment for children and pregnant women. Ensuring the emergency rehabilitation of primary health care facilities will also be a priority.

These actions will be undertaken in Iraq and refugee camps in Iran, Jordan, Syria and Turkey with key partners such as WHO, UNFPA, UNHCR, ICRC, CARE, Médecins Sans Frontières, Save the Children UK and US. Main partners in the emergency health activities will be the Red Crescent Societies in the South and Centre and health authorities in Northern Iraq. It is anticipated that the primary health care system will be reactivated as early as possible to provide routine immunization and basic services and manage the distribution of supplies. Activities will be monitored by UNICEF.

Activities include:

Providing routine vaccines (measles, DPT, OPV, BCG, TT, hepatitis) and supporting the health infrastructure to continue immunization activities among children under the age of five and pregnant and lactating women.

Immunizing all children aged between 6 months and 12 years against measles and supplying one dose of vitamin A through a national campaign mobilising all health workers in the country.

Supplying health facilities with basic essential drugs and consumable supplies and equipping the existing cold chain system for routine immunisation activities (back-up generators, cold room, cold boxes, and refrigerators).

Deploying mobile health worker teams to conduct emergency outreach services. These teams are affiliated with the network of primary health care centers already supported by UNICEF. Teams will support immunization, and the regular referral of patients to higher level treatment facilities.

Supporting maternal health services through the provision of basic drugs and supplies for emergency obstetric care in PHCs.

Conducting emergency repairs to maternity wards in district hospitals and supporting the installation of essential equipment for obstetric care.

Resuming and expanding referral services for women through the community outreach services already supported by UNICEF. Expanding and improving the quality of antenatal care services through community mobilisation, the training of health workers and support to the Women's Federation.

Providing micronutrient supplements such as vitamin A and ferro folic acid through routine immunisation activities and during antenatal care visits of women.

Communicating basic health messages to populations at risk, using the referral system established through the TNP to disseminate basic health information, as is currently supported by UNICEF.

Undertaking emergency repair and rehabilitation of critical health facilities, especially PHCs and the paediatric and maternity wards of district hospitals.

III. Impact

A special focus will be given to populations at risk, where health services are unavailable or overloaded because of infrastructure damage and large-scale displacement.

Avoid a sudden and epidemic rise in child and maternal mortality.

Basic drugs and health services are available for children and pregnant and lactating women.

Children receive treatment for diseases and symptoms such as acute respiratory infections and diarrhoea.

Geographical coverage of routine immunization is upheld and emergency immunization is carried out in the refugee camps.

Women have access to safe delivery services.

Populations particularly affected by conflict have access to information regarding child and maternal health emergencies, in order to prevent and treat certain conditions themselves.

IV. Funding Requirements

Inputs	Iraq	Surrounding countries	Total requirements in USD
Sub-regional sectoral coordination support	0	110,000	110,000
Support to routine Immunization (cold chain equipment provision and repair, training and vaccines)	6,050,000	250,000	6,300,000
Emergency Immunization campaign (measles, polio, vit A)	3,300,000	290,000	3,590,000
Essential drugs and basic emergency equipment	4,400,000	1,000,000	5,400,000
Emergency rehabilitation and repair of PHC	3,190,000	0	3,190,000
Peri-natal care (obstetric care, midwife kits, IEC material)	1,550,000	455,000	2,005,000
Health surveillance and monitoring, capacity building of local structures on emergency health	1,750,000	555,000	2,305,000
Health education materials	1,760,000	140,000	1,900,000
Cross Sectoral –including Logistics, operations, IT, coordination and advocacy costs-	1,518,000	1,012,650	2,530,650
TOTAL excluding 5% recovery cost	23,518,000	3,812,650	27,330,650

NUTRITION

I. Issue

Malnutrition rates in South/Center Iraq among children under five years old have improved recently with acute malnutrition, in particular, decreasing sharply in the north. The most important reasons for the decrease is the highly efficient system of food distribution in the country. Through this every household receives a monthly supply of basic food items. Improvements in the supply of potable water, the recovery of basic health services, and the successful national nutritional screening programme have also contributed to the reduction. However, these improvements remain highly tenuous and households are extremely vulnerable to any deterioration in, or interruption of, services. The poor nutritional status of pregnant women – especially high rates of micro-nutrient deficiency – continues to result in a high proportion of infants (30 per cent) being born with low-birth weight (compared to 5 per cent in 1990). These children are much more likely to suffer from chronic malnutrition, and any disruption in basic services will increase their high vulnerability to death and disease.

As a result of food insecurity in the country, the most immediate concern is the approximately 400,000 currently malnourished children in need of therapeutic and supplementary feeding. In addition, up to 350,000 pregnant and lactating women require supplementary feeding to reduce malnutrition and prevent low birth weight. Any breakdown in primary health services as well as a rise in water borne disease, especially diarrhoea, will result in an immediate increase in malnutrition rates.

UNICEF has established an effective system for the screening of all under five children for malnutrition and for the rehabilitation of the severely and moderately malnourished. The Targeted Nutrition Program comprises 68 Nutritional Rehabilitation Centers (NRC), 560 Primary Health Centers (PHC), and 2800 Community Child Care Units (CCCU), as well as over 12,000 trained volunteers and health workers. These volunteers and health workers are fully equipped to carry out regular nutritional surveillance and rehabilitation. This system is the most effective means of identifying malnourished children and women and for targeting the provision of supplementary food. Screening of malnourished children is done through the CCCUs, which then refer any malnourished children to the PHCs for full assessment. The severely malnourished are admitted to the NRCs for therapeutic feeding using a protocol established with the support of UNICEF. Moderately malnourished children are registered and become eligible for a 2 month ration of specially designed high protein supplements known as HPB. Once graduated from therapeutic feeding, severely malnourished children are then also eligible for HPB. Pregnant and lactating women who attend antenatal care visits and to complete their TT vaccination are also then eligible to receive HPB.

II. Action to date

155 tons of therapeutic milk and 1,575 metric tons of high protein biscuits distributed to 68 paediatric hospitals and 560 PHCs and 2,800 CCCUs in both South/Centre and Northern Iraq, benefitting 240,000 malnourished children and 130,000 pregnant and lactating women.

100,000 water bags and hygiene kits are pre-positioned in the NRCs across the country.

In the North, supplies to establish 30 additional therapeutic feeding centers have been stored including weighing scales, measuring boards, cooking pots, stoves and other equipment. Similar preparedness undertaken for four-such centers in Iran

Four tons of Therapeutic milk and 25 tons of UNIMIX pre-positioned in Iran (Ahwaz and Kermanshah) completed with necessary micro-nutrients.

1,500 metric tons of high protein biscuits are pre-positioned in UNICEF warehouses in Jordan and Iran for possible trans-border interventions. An additional 1,400MT of HPB is ordered and in the pipeline.

National breastfeeding promotion campaign.

National and international staff trained in emergency nutrition.

As lead agency for the nutrition sector in Iraq, UNICEF is supporting a sub-regional sectoral coordination unit. The Unit, whose main members are WFP, WHO and CARE, has developed agreements on supplies, programmes standards and appropriate geographical coverage.

THE NEXT SIX MONTHS

UNICEF will assist up to 1.3 million children and 1 million pregnant women in order to improve their nutritional status. UNICEF will ensure that treatment for severely malnourished children is provided and will increase the prevalence of exclusive breastfeeding practice.

These actions will be undertaken in Iraq, and refugee camps in the neighbouring countries, with key partners such as WFP, FAO, WHO, UNHCR, ICRC, OXFAM, International Medical Corps, Enfants du Monde. Activities include:

Reactivating and expanding the existing system of screening and therapeutic and supplementary feeding established by UNICEF under the TNP by mobilising and supporting volunteers and health workers, (especially volunteers and health workers in the CCCUs, PHCs and NRCs). In refugee camps, feeding centres will be established by UNICEF nutritionists and consultants.

Providing the monthly HPB and THM requirements for malnourished children and pregnant and lactating women through the TNP (1,500MT of HPB and 50 MT of THM).

Regularly assessing the population's nutritional status.

Detecting moderately and severely malnourished children, rehabilitating them through the TNP.

Promoting exclusive and complementary breastfeeding using existing channels of communication, including the media and the TNP.

Addressing malnutrition resulting from micronutrient deficiencies with vitamin A and iron folic acid supplements.

III. Impact

The nutritional status of children and pregnant women is reduced to below pre-war levels.

Exclusive breastfeeding rates will improve from 30 to 40 per cent.

The nutritional surveillance system is fully operational and health education is regularly conducted for all mothers.

IV. Funding Requirements

Inputs	Iraq	Surrounding countries	Requirements in USD
Sub-regional Sectoral coordination support		110,000	110,000
Therapeutic feeding centres (equipment, therapeutic milk, operational costs)	23,475,000	190,000	23,665,000
Supplementary feeding centers and distribution of high protein biscuits (high protein biscuits, micronutrients, operational costs),	15,145,000	605,000	15,750,000
Breastfeeding campaigns and Early Childhood Nutrition Education activities	550,000	130,000	680,000
Nutritional monitoring and surveillance	660,000	135,000	795,000
Cross Sectoral –including Logistics, operations, IT, coordination and advocacy costs-	2,277,000	784,150	3,061,150
TOTAL–excluding 5% recovery cost-	42,107,000	1,954,150	44,061,150

EDUCATION

I. Issue

Primary education is the hardest hit sector, after 12 years of sanctions. Prior to the 1990s, Iraq had one of the best education systems in the Middle East, achieving universal primary school enrolment and significantly reducing women's illiteracy.. However, by 2000, 24 per cent of children were not attending primary school, with nearly twice as many girls staying out of schools as boys: 31.2 per cent of girls and 17.5 per cent of boys. For children completing primary school, the quality of education is so poor and the motivation of teachers (due to low pay) so low that many children do not have basic literacy and numeracy skills.

The decline in education encompasses coverage and quality, Due to the shortage of buildings and teachers, two, and often three shifts in schools are common. Books and materials are in short supply, and the school curriculum has not been revised in over a decade. Underlying causes include the extremely poor condition of the existing school infrastructure: over 8,000 school buildings (70 per cent) are in urgent need of rehabilitation, while an additional 5,000 schools are needed to meet the growing population of primary school children. In crisis situations, children stop attending school until parents are satisfied that the danger in their children attending class is over.

Reactivating Iraq's primary education system is one of the most urgent and immediate of emergency responses. Some schools are expected to be temporarily used as shelter for families who may lose their homes during the conflict.

However, attendance in regular education activities is vital to ensure the recovery of children from trauma and from any further psycho-social harm resulting from the relief and recovery effort in the country. Furthermore, for nearly 2 million children and adolescents who dropped out of school over the past several years, few options exist for them to be re-integrated into the formal schooling system or to acquire basic life-skills – such as literacy and numeracy, decision-making skills, democratic and tolerant values - through flexible, non-formal approaches. To seriously tackle the problem of out-of-school children, a concerted effort is needed to expand the non-formal education centres in the country and to enhance vocational training.

II. Action to date

School-in-the-box and recreational kits for 100,000 children are pre-positioned inside and outside Iraq to help restart primary education activities following a conflict as well as to address children's psycho-social needs. Similar material is pre-positioned for up to 10,000 children in Iran, and 8,000 children in Turkey.

Winter-compatible tents to be used for educational activities have been procured.

Teachers have been trained in psycho-social interventions for all districts in the country.

Inter-agency coordination meetings with all Education actors have been organized sub-regionally.

THE NEXT SIX MONTHS

UNICEF will aim to re-start primary education for children and adolescents in affected areas of the country by providing basic educational supplies and teaching materials. UNICEF will ensure that children in distress receive psycho-social support in schools and will provide safe learning environments in areas where schools have been severely damaged. The interventions will assist 5.7 million primary school children as well as refugee and IDP children.

These actions will be undertaken in Iraq and refugee camps in neighbouring countries with key partners such as UNHCR, Red Crescent Societies, Norwegian Refugee Council, Save the Children Fund (UK and US), International Rescue Committee, CARE International.

Once the security situation allows for children to return to school, education supplies will be distributed to damaged schools. The distribution of supplies will be carried out by NGOs that are subcontracted by UNICEF. UNICEF will set up and equip school tents in refugee camps, hire teachers and ensure that textbooks are available in close cooperation with national Red Crescent Societies. Stocks of Kurdish and Arabic textbooks have been pre-positioned in the North. It is anticipated that the technical management capacities of the Directorate of Education can be reactivated so that they will assume the distribution of textbooks and teachers' salaries. NGOs, and technical consultants under UNICEF guidance, will be contracted to carry out the sensitization and training of teachers on psycho-social support for school children.

The activities include:

Establishing temporary classrooms (school tents) and conducting emergency repairs to schools to enable children to have a safe space for basic education activities, (including in IDP areas and refugee camps).

Supplying all primary schools with basic education materials for children and teachers to ensure children's rapid return to school.

Training teachers in psychosocial support to identify signs of stress and trauma, using teams of teachers already trained in psycho-social interventions in all districts (256 master trainers already in place in Iraq).

Carrying out social mobilization campaigns to encourage teachers, parents and children to resume education

Supporting the resumption and expansion of non-formal education opportunities already established by UNICEF in the southern governorates.

III. Impact

Primary school age children and teachers return to schools as soon as the security situation allows.

Parents are mobilized to encourage their children to resume attending classes. Schools are equipped with teaching materials and children receive school kits.

Where schools have been destroyed, school tents are provided and/or emergency repairs are undertaken. Teachers receive incentives in the absence of government salaries to carry out classes. They will also receive training on psychosocial support for traumatized children so that they are able to deal with children that no doubt have been affected by the events of the war. In refugee camps, fully equipped school tents are set up.

Teachers will be recruited from the refugee community itself or from outside where available. They receive training on psychosocial support for children in the classroom.

Recreational materials are made available for children to bring some normalcy back into their lives.

IV. Funding Requirements

Inputs	Iraq	Surrounding countries	Requirements in USD
Sub-regional sectoral coordination support	0	110,000	110,000
Provision of school equipment (school-in-a-box, school tents, school bags)	2,000,000	970,000	2,970,000
Provision of teaching material and teacher training	600,000	515,000	1,115,000
Provision of learning material	5,000,000	995,000	5,995,000
Informal education (life skills...)		70,000	70,000
Psycho-social support activities (safe space and recreational activities) and training	400,000	355,000	755,000
Kindergarten and IEC activities	0	315,000	315,000
Emergency rehabilitation of primary schools	6,300,000	0	6,300,000
Cross Sectoral –including Logistics, operations, IT, coordination and advocacy costs-	759,000	974,900	1,733,900
TOTAL -excluding 5% recovery cost-	15,059,000	4,304,900	19,363,900

CHILD PROTECTION

I. Issue

As a result of the deteriorating socio-economic conditions and serious family impoverishment, child protection issues have been increasing in magnitude and complexity. The last ten years have witnessed a substantial increase in the number of children needing protection (children with disabilities, street children and working children, children in conflict with the law and orphaned children). These phenomena have emerged as a result of families' increasing inability to make ends meet and look after their children. Consequently, many children are dropping out of school, and engaging in full-time work, or in hazardous income-generating activities, in order to help their families. Many more children, boys as well as girls, aged between 6 and 15 years, are increasingly in conflict with the law.

Contemporary approaches to caring for children in need of protection are not familiar to government counterparts who have had little contact with the outside world in the past twelve years. Existing laws have not been revised or modified. Outdated systems of rehabilitation and care prevail, such as institutionalisation even for minor offences such as loitering and begging. Similarly, abandoned children are often institutionalised and live in harsh conditions, frequently suffering from malnutrition and lacking opportunities for education and development. There are few international NGOs and agencies, and only two local NGOs working for children in need of special protection in Iraq.

Currently, there are approximately 2,300 children confined to institutions in South/Center Iraq and around 1,500 in Northern Iraq. These are among the most vulnerable of the country's children. Given past experience from Iraq and

other countries, UNICEF expects that as many as 5 per cent of children from displaced or refugee populations might be separated from their families in a time of crisis. Early interventions are needed to ensure that they are properly cared for and registered and that tracing and reunification with their families can begin as soon as possible. Finally, Iraq continues to suffer from the legacy of the Iran/Iraq and Gulf Wars, whereby thousands of landmines and unexploded ordnance (UXOs) endanger the lives of children every day. A military conflict in the country will add to the existing level of danger that they pose.

II. Action to date

Food and non-food items for 2,300 institutionalized children have been distributed and additional food for an additional 100,000 IDP children has been pre-positioned.

Establishing and training mobile psycho-social care teams in northern Iraq.

Training teachers in south/centre on psycho-social interventions in schools.

Distributing education materials and broadcasting TV spots on landmine awareness.

Pre-positioning non-food items for 20,000 refugee children in Iran and Turkey.

Pre-positioning tents for unaccompanied children in Turkey and Jordan.

THE NEXT SIX MONTHS

UNICEF will assist up to 5,000 institutionalised children, and an estimated 6,000 unaccompanied children and youth who are internally displaced or refugees in neighbouring countries. The aim is to ensure the well-being of institutionalized and unaccompanied children, deprived of primary care-giver, including psycho-social support. Separated children will be reunited with their families. IDP and refugee children will also be made aware of the inherent dangers posed by landmines and UXOs, especially along the borders.

These actions will be undertaken in Iraq and refugee camps in neighbouring countries with key partners such as UNHCR, UNMAS, UNDP, ICRC, Red Crescent Societies, Enfants du Monde.

Initial assessments of children deprived of primary care giver will be carried out by UNICEF, NGOs and trained social workers. NGOs will be contracted to distribute supplies to institutions and monitor services. UNICEF will ensure appropriate care for children deprived of primary care giver and work with the Red Crescent Societies and ICRC to set up a family tracing system. Inside Iraq, the local authorities and NGOs will be the main implementing partners.

The activities include:

Providing existing institutions (orphanages, observation centres and juvenile reformatories) with food, clothing, medicine and recreation materials and begin the process of de-institutionalisation by supporting extended families with food and counselling services.

Providing tracing and care and support services to unaccompanied and separated children through a joint system of tracing, established with ICRC and partner NGOs, and care through services supported by UNICEF.

Supporting reunited families by providing food, clothing and shelter materials, as well as counselling support.

Carrying out Unexploded ordnances and mine risk education among populations in high risk areas through schools, health facilities, media and NGOs.

III. Impact

In the initial stage of the emergency, all children in institutions are receiving satisfactory services in terms of food, clothing and medicines.

The institutions are providing a safe environment for children with sufficient personnel to look after them appropriately.

Support will be provided to children who have been affected psychosocially by the war

Separated children are receiving necessary care and protection and are reunited with their families.

At risk populations are aware of the danger of mines and UXOs in highly contaminated areas, particularly along the borders, where refugee camps have been established.

Family-support mechanism and alternative family-based care will be ensured in view of guaranteeing that institutionalization will take place only as a last resort and for the shortest time possible.

IV. Funding Requirements

		Surrounding countries	Requirements in USD
Sub-regional sectoral coordination support		110,000	110,000
Food, medicine, clothing and recreation material for child institutions, vulnerable and separated children	1,665,000	2,900,000	4,565,000
Support to care centres for unaccompanied children and support to family tracing activities	1,650,000	375,000	2,025,000
Psycho-social assistance for child institutions and drop in centres for unaccompanied and traumatised children	1,300,000	515,000	1,815,000
IEC material and training; child rights and activities against family violence	350,000	240,000	590,000
Mine risk education	700,000	475,000	1,175,000
Conflict mitigation	0	290,000	290,000
Cross Sectoral –including Logistics, operations, IT, coordination and advocacy costs-	379,500	1,356,400	1,735,900
TOTAL–excluding 5% recovery cost-	6,044,500	6,261,400	12,305,900