

MUCH DONE, MORE TO DO

A 24-Month Update
on UNICEF's Work to
Rebuild Children's Lives
and Restore Hope Since
the Tsunami



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

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Inside front cover and pages 19 and 23 are photos taken by children as part of InSIGHT Out!, a psychosocial recovery programme supported by UNICEF in Thailand. Inside back cover is an exhibit of children's photos from that project.

MUCH DONE, MORE TO DO

Nearly two years on, much has been accomplished in helping tsunami-affected communities rebuild. But much remains to be done.

Many families still lack regular income and continue to live in temporary shelters. Restoring livelihoods is taking much longer than expected, as is constructing houses and infrastructure for social services. And children of the tsunami generation, even if most of them are hopeful of a better life, have yet to fully regain a sense of normalcy.

With the help of development partners, governments are strengthening systems and policies vital for children while raising standards. Thanks to these efforts, most children not only have access to the basic social services that were available before the tsunami, but also to some critically needed services that had been lacking or were unavailable to everyone. Building systems in the post-tsunami environment, however, is a long-term process and will take time. The quality of services — a long-neglected aspect — needs much improvement, and institutional and local capacities need to be strengthened.

UNICEF's role in restoring the health and nutrition sector and improving basic health services has focused on constructing or upgrading health facilities; supporting training for health staff and expanding their outreach; providing health supplies, equipment and vehicles for health facilities; and supporting the formulation of health and nutrition policies. To date, 53 health facilities have been constructed or renovated with UNICEF assistance. UNICEF also supports community and health workers in monitoring the growth of over some 1.7 million children and counselling mothers in childcare and nutrition. Gains were recorded in some cases, as in India and Sri Lanka, where the proportion of malnourished children has dropped significantly. Improving child nutrition will not only take time but also sustained action on long-standing issues such as improving maternal nutrition and increasing income and food security among the poor.

An estimated 1.2 million people in the tsunami-affected areas now receive safe water with UNICEF support in restoring and building various water delivery systems, depending on what works best with local needs. The delivery systems vary from reverse osmosis desalination units, rainwater harvesting systems and community water points to large water treatment plants, piped systems and water tanker services for displaced people still living in temporary shelters.

UNICEF assistance is also providing over a quarter of a million people with better sanitation facilities, including latrines, sewage removal services and more environmentally friendly sewage treatment systems. UNICEF has also constructed or upgraded water and sanitation facilities in 4,745 schools to date. Over a third of a million children have received hygiene education with UNICEF support in schools, camps, temporary shelter sites and public spaces.

To date, 36 permanent primary schools and preschools and 145 semi-permanent schools have been newly constructed with UNICEF support, while many more are in the process. Progress in permanent school reconstruction has been slower than expected to incorporate community consultation, transparent tendering and the need to ensure that resources are properly used. Meanwhile, rapidly constructed

semi-permanent schools have replaced tents or temporary shelters to provide children with an improved learning environment.

To improve education quality and reduce dropouts, UNICEF is supporting the training of teachers and school principals, which will enable them to create an interactive learning atmosphere for children, especially among girls. UNICEF is also promoting parental (and through them community) involvement in school management and children's education.

Activities relating to child protection have been scaled up and are contributing significantly to building protection services — where little or none existed before — to children who are victims of abuse, neglect or exploitation. UNICEF is supporting school-based counselling and community-based activities at child centres to help children recover fully from psychological distress and teach them how to protect themselves from abuse and exploitation. UNICEF has also constructed and renovated eight children's centres.

With its partners, UNICEF continues to follow up on the nearly 5,000 children who lost both parents to the tsunami and is supporting the development and improvement of policies and guidelines for orphans and other vulnerable children.

In the 'Building Back Better' process, UNICEF assistance helped raise much-needed awareness to long-standing issues such as HIV/AIDS, by establishing and training youth networks to provide knowledge and skills for young people to protect themselves from infection and harm.

Finally, communities are participating in the recovery process. They have a voice in where to place water points and schools, and how the facilities will be used and maintained after construction. The increasing involvement of communities in school-based activities will help ensure that children stay in school and do not drop out. Communities are already becoming more aware of child protection issues — a necessary precursor to actively participating in shaping systems to protect children against abuse and exploitation. All these offer hope for the future.

There is still a long way to go. Systems need to be maintained properly over time, and communities need to take ownership. Fortunately, the tremendous support for the longer term has allowed UNICEF to see this important work through.

UNICEF's programmes in the eight tsunami-affected countries have strengthened its work with communities and partners, while providing the opportunity to learn and enhance its preparedness and response to future emergencies. As example, school models and designs from Sri Lanka and Indonesia were used in other natural disasters.

What follows is a description of how these various interventions have been applied in each of the eight countries affected by the tsunami, with their unique conditions and challenges. It represents the hard work of hundreds of UNICEF partners and workers and, foremost, the strides made by the children of the tsunami generation.

TWO YEARS ON

Since the beginning of the tsunami response, UNICEF has reached an estimated 4.8 million children and women in eight countries. UNICEF supported the reconstruction and renovation of over 50 health facilities and delivered medical equipment to nearly 6,100 hospitals and clinics in affected areas. Some 1.2 million children received vitamin A supplements. Over 1 million people have access to safe water sources built with UNICEF support, including a quarter of a million schoolchildren benefiting from new water and sanitation facilities. Nearly 1 million children and women were given insecticide-treated mosquito nets to protect against malaria.

Tens of thousands of children now study at 36 newly constructed permanent schools, 145 semi-permanent schools, and some 900 repaired schools. To help families keep children in school, over 1 million children in affected areas received educational supplies for the new school year. Nearly 400,000 children who experienced trauma have benefited from UNICEF-assisted psychosocial activities to date.

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INDONESIA

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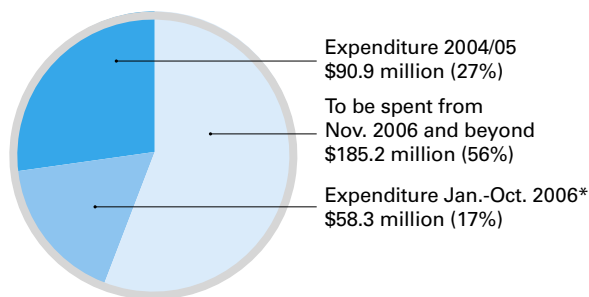
UNICEF made significant progress in 2006 to support children and women affected by the tsunami. Work has started on developing sustainable projects, with local ownership a key component. Provincial departments and communities are already taking over parts of the tsunami recovery effort from UNICEF.

New schools and child centres and the restoration of social services have enabled families to return to their original communities. Over 130 semi-permanent schools have been built, serving nearly 17,000 children, although progress in permanent school reconstruction has been slower than expected.

At the policy level, UNICEF continued to support the development of a strategic plan for education in Aceh, and to strengthen data and information management systems. Thirteen districts now have a procedure for case management of child rights violations, and UNICEF is supporting the government system to facilitate proper investigation of each case. Over the past two years, district court officials in Banda Aceh were trained on juvenile justice, and UNICEF has also established child-friendly desks in 12 Aceh police stations to ensure that legal and criminal cases pertaining to children are handled appropriately and sensitively.

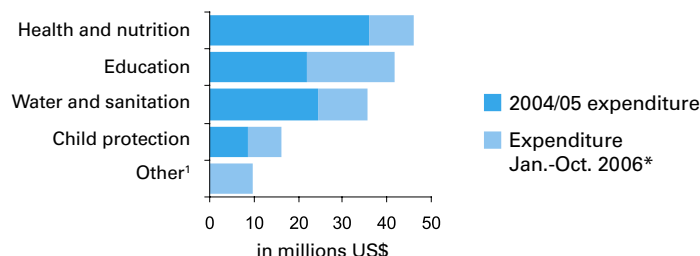
FINANCIAL SUMMARY

(26 December 2004 to 31 October 2006)



EXPENDITURE BY SECTOR

(26 December 2004 to 31 October 2006)



*2006 expenditure figures are extracted from UNICEF's Management Information System and should be considered provisional.

¹ Includes: operations and logistics; communication and advocacy; monitoring and evaluation.

Health and nutrition

Over 6,500 health staff and midwives in 21 districts were trained in 2006 on the management of common childhood illnesses, reproductive health and clinical site preparation. Following the country's polio outbreak in 2005 and reports of confirmed polio cases in 2006, immunization campaigns in Aceh reached nearly half a million children aged under five. UNICEF distributed around 300,000 insecticide-treated mosquito nets to date and helped train over 1,200 community volunteers on their use, shielding more than 600,000 children, women and families in Aceh against malaria. Preliminary findings suggest a resulting decrease of malaria incidence in selected areas. In 2006, an estimated 400,000 children received vitamin A supplements and deworming tablets, building strength and resistance to disease. The construction of the first two of 227 community-based health centres began in October 2006.

Water and sanitation

In 2006, two water treatment plants were completely rehabilitated and connected to seven temporary relocation centres across Aceh. UNICEF and its partners, Yayasan Dian Desa and International Relief and Development, are also piping water to over 100,000 people in 33 villages to date. In addition, 78,000 displaced people continued to receive water by trucks in 2006. UNICEF is supporting solid waste collection and septic tank disposal in 81 locations for over 30,000 displaced people. UNICEF organized a "healthy-living" campaign in 2006 to distribute hygiene items including soap, buckets and toothbrushes to nearly 200,000 families in camps and public spaces.

Education

Four new earthquake-resistant and child-friendly permanent schools with access for the disabled were completed as of early November 2006, and another 35 are now under construction. In Aceh and Nias, UNICEF has already built 132 semi-permanent schools — quick-build, prefabricated structures that provide a respectable learning environment for nearly 17,000 children — and continues to build more. As children make the transition to permanent schools, communities determine how to use the semi-permanent buildings, as early childhood development centres, for example. In both 2005 and 2006, 830,000 children received educational materials as part of UNICEF-supported Back to School campaigns. Education officials, local representatives, principals and teachers are receiving training on making schools and communities more child friendly. UNICEF hopes to reach over 5,000 teachers with its training programme in Aceh.

Child protection

At present, some 20,000 tsunami-affected children and their families are participating in community-based activities at child centres to recover from psychological distress and learn about protection from abuse and exploitation. To date, UNICEF has supported the construction of three child centres and the rehabilitation of 18 others. UNICEF has provided training on psychosocial care to over 500 staff from child centres and other non-governmental organizations and some 1,000 schoolteachers, counsellors and principals. UNICEF helped develop a database that has registered nearly 3,000 separated and unaccompanied children to facilitate follow-up actions.

Much done, more to do

Strengthening community-based systems and developing local capacities are central to UNICEF's post-emergency assistance. To address various children's needs and optimize resources, UNICEF will support a pilot programme for integrated community centres in 17 locations providing services for children and women in health, nutrition, early education and child protection.

Challenges

- Construction of permanent schools has taken longer than expected to incorporate community consultation and transparent tendering and find skilled labour to meet standards.
- Local government skills, staffing and experience still require strengthening. Developing sustainability for all programmes remains a challenge.
- Transportation remains a problem as many new roads have yet to be built, impeding transportation of heavy construction materials, communities' access to basic services and programme monitoring.
- The political environment is still fragile in advance of December 2006 elections for the first democratically elected Aceh governor.
- Vulnerable children living in former conflict areas must be assured of benefits equal to other tsunami-affected children.

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SRI LANKA

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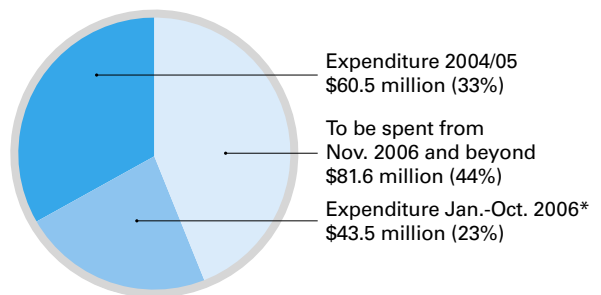
While UNICEF has moved from emergency assistance to reconstruction of health, nutrition, hygiene and psychosocial development systems, work was severely impacted by the realities on the ground in 2006. UNICEF programmes span 10 tsunami-affected districts but work has been increasingly thwarted by the growing violence in the conflict-affected north and northeast.

Recovery centres on the construction and renovation of health facilities, as health and nutrition workers return to work and strengthen community-based care. UNICEF continues to support the provision of safe water and sanitary latrines, which together with the promotion of hygienic behaviour contributed to maintaining a low level of disease.

Children and families regained a sense of normalcy, confidence and emotional stability through the opening of new permanent schools. The focus was on providing interactive learning environments, empowering communities to make informed decisions and take action against child rights violations and facilitating the identification, assessment and referral of vulnerable children.

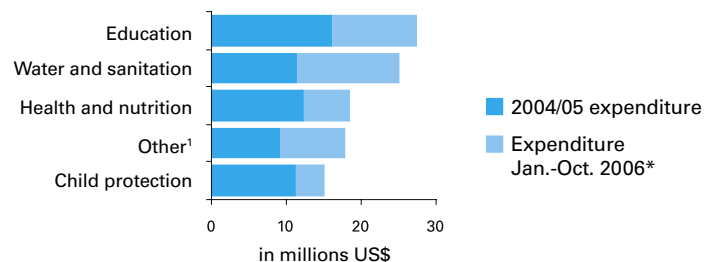
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¹ Includes: emergency technical, operational and logistic support; strengthening disaster management capacity; planning and monitoring.

Health and nutrition

Some 690,000 under-five children in nine tsunami-affected districts are covered by a comprehensive child development programme, including routine supplementation of vitamin A. To date, UNICEF has constructed 18 health centres in six districts, renovated two maternity wards and installed six cold rooms. In 2006, UNICEF also renovated 12 health facilities, provided obstetric care equipment to over 40 hospitals, 24 vehicles for transporting patients and 700 motorbikes for midwives and public health inspectors. Nutrition surveillance of nearly 278,000 children showed the percentage suffering from wasting dropped from 17 per cent in January 2005 to 11 per cent in February 2006. In May, UNICEF supported a government-run nationwide promotion using seminars, parents' groups and community organizations to inform families and caregivers on the importance of nutrition.

Water and sanitation

UNICEF constructed and restored some 300 water points (water pumps, dug wells and rainwater harvesting structures) in 2006, bringing the total to over 6,300 and delivering safe water to over 100,000 people. Laboratory equipment and water-testing kits were distributed in schools, health centres and camps of tsunami-affected districts. Over 50,000 people are benefiting from the 4,000 sanitation facilities built to date. Since last year, water and sanitation facilities were upgraded in over 300 schools used by 98,000 boys and girls. School-based hygiene promotion activities continued and reached over 200,000 children to date. To promote better hygiene in schools and temporary shelters, children participated in stage and street dramas in Ampara, Kilinochchi and Mullaitivu Districts. UNICEF is helping to coordinate water and sanitation activities among government and other partners and providing technical support on community-managed sanitation, solid waste management and decommissioning temporary water and sanitation facilities.

Education

Construction was completed in August 2006 on the first two permanent schools, providing about 800 children with larger classrooms and improved water and sanitation facilities. Construction has begun on an additional 21 schools. In 2006, UNICEF provided new desks and chairs for almost 14,000 children, bringing the total to 66,000 since the tsunami. In 2006, UNICEF continued training teachers on interactive learning and offering coaching and remedial classes for children whose learning was disrupted by the tsunami, conflict or other reasons.

Child protection

UNICEF has worked with some 30 organizations to provide psychosocial assistance such as recreational activities and school- and community-based counselling to over 50,000 children and their families to date. About 770 of 1,582 children who lost both parents to the tsunami now benefit from the Fit Person Ordinance Act, which gives their caregivers legal status as foster parents, and special allowances. New social care centres were constructed in four districts, placing formerly scattered service providers under one roof and easing coordination and families' access to services.

Much done, more to do

The government's multi-year recovery plan, supported by UNICEF in the 10 most affected districts, includes the construction and restoration of 35 health centres and hospitals, rehabilitation of three major water supply projects, the construction of 35 child-friendly schools and the construction of 60 social-care centres.

Challenges

- Implementation of tsunami-related activities has been constrained by the deteriorating security situation in the north-eastern districts since December 2005, and consequent limited or lack of access. Construction met with significant delays and postponements because of transportation and contracting difficulties. Construction on eight schools has been suspended.
- Health and nutrition workers in the north and east are reluctant to work because of insecurity.
- The upsurge in conflict is producing displacement and fear in students of attending school, which is depriving many tsunami-affected children of education.
- The resumption of hostilities in the north and east has interrupted the foster-care process for about one third of all separated children in those areas.

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MALDIVES

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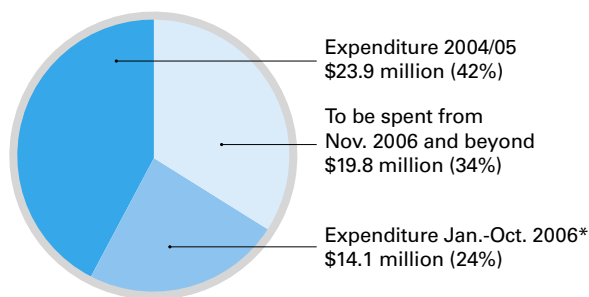
The children and women of Maldives now have access to all social services available before the tsunami, as well as critically needed additional services. In the process, UNICEF has brought vital awareness to long-standing issues such as drug abuse and HIV/AIDS.

UNICEF's effort to 'build foundations for life' is demonstrated not only by the construction and rehabilitation of infrastructure — schools, health centres and the installation of over 4,000 water storage tanks to date — but also by the complementary systems and services developed to maximize these structures' impact.

Policy development, capacity-building initiatives, the provision of supplies and the establishment of better information management systems will ensure that the children and women of Maldives enjoy sustainable rights long after tsunami programmes reach their targets.

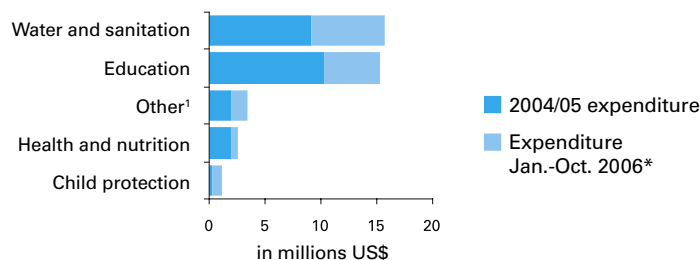
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Health and nutrition

UNICEF and the World Health Organization completed measles and rubella immunizations for over 100,000 people in 2006. A strong government initiative and partnership has fully immunized almost all Maldives children (97 per cent) against the basic vaccine-preventable diseases. To sustain this rate, UNICEF in 2006 helped train over 100 health staff in six atolls on vaccine management and reconstructed seven health facilities in five atolls, benefiting over 8,000 people. A 2006 study on infant and young child feeding – to inform the government's National Nutrition Strategy – has indicated continued high rates of undernutrition and low exclusive breastfeeding rates.

Water and sanitation

In 2006, UNICEF helped ensure that communities on four islands – future sites for population consolidation – have sewage connections and year-round access to a sustained supply of safe drinking water. Through UNICEF assistance in 2006, over 25,000 people are benefiting from improved water systems, including the delivery of some 4,000 storage tanks for rainwater harvesting and 23 reverse osmosis desalination plants. The new solar-powered sewage treatment system will safely convert wastewater for agricultural use and solid waste into compost. Schoolchildren and teachers have participated in the design and development of active learning kits to promote the four key conservation principles: waste minimization, renewable energy, coral reef conservation and biodiversity.

Education

A total of 25 school facilities – including 5 preschools – were built with UNICEF assistance in 2006, benefiting over 4,500 children. In addition, over 500 schoolteachers, headmasters and supervisors were trained in 2006 on child-friendly active learning. UNICEF is also providing educational play materials and promoting the use of child-friendly, play-based approaches in preschools for nearly 7,000 young children.

Child protection

Over 1,000 children, including those whose families lost their homes, now use safe play areas established since 2005 on four islands. A social protection service centre was established in 2006 in Addu Atoll to provide prevention and protection services to child victims of violence, abuse, neglect and exploitation. In 2006, UNICEF helped draft guidelines for institutions and group homes for the care for children away from their families. Preliminary results from two UNICEF-supported assessments have shown that 30 per cent of heroine users are injecting, up from 8 per cent in 2003, increasing the risk to youth of HIV infection and AIDS. In response, UNICEF supported the opening of a drug rehabilitation centre for children in 2006, trained staff on centre operation and helped develop rehabilitation guidelines and procedures. Four support groups for drug users began in 2006 in Male' and Himmafushi, with an estimated 150 addicts attending each week.

Much done, more to do

Post-tsunami programmes in Maldives are designed to empower children and women long after recovery. Inherent in this approach is complementing construction efforts with policy development, strengthening systems, building capacities and promoting service delivery at the community level. In addition to rehabilitating a substantial number of schools, the remaining 19 of 20 Teacher Resource Centres are planned to be operational by 2007, establishing the first on-line national teacher training network and substantially reducing the costs of teacher training. UNICEF will also partner with the World Bank to develop an investment promotion portfolio to support a future expansion of UNICEF-supported sewage treatment systems for safe islands. Similar strategies combining infrastructure development with strategic policies and targeted service delivery are applied to child protection and health and nutrition programmes.

Challenges

- Scaling up reconstruction and service delivery is constrained by the lack of a robust civil society and limited capacity within the government, both in terms of quantity and quality of staff.
- Maldives' dispersed geography and the high cost of transportation have impeded monitoring and evaluation. UNICEF is accordingly piloting a decentralized surveillance system to retain field monitors in 20 atolls.

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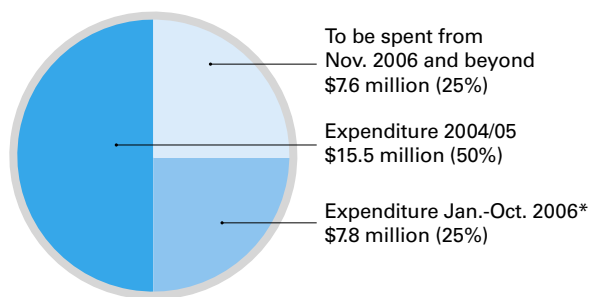
INDIA

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In 2006, UNICEF's recovery efforts concentrated on Tamil Nadu and the Andaman and Nicobar Islands, the worst hit of five tsunami-affected states and union territories. After two years, the focus on immediate survival issues has evolved into assisting the government to strengthen systems and service delivery and influence policy decision-making to transform commitments into meaningful action and results for children.

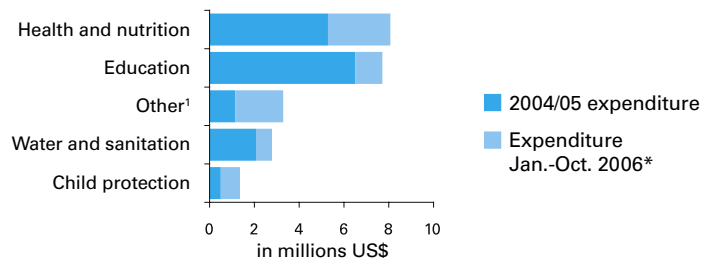
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¹ Includes: technical assistance; planning and monitoring; advocacy; HIV/AIDS prevention.

Health and nutrition

UNICEF helped train 15,813 health workers over two years in Tamil Nadu, Andhra Pradesh and Andaman and Nicobar on newborn survival and infant care. One million children in these states and Kerala have their growth monitored at UNICEF-supported weighing centres. Supplies for emergency obstetrics and newborns reached 4,275 health facilities in Tamil Nadu in 2006. In Andaman and Nicobar, a newborn care unit established in February 2006 has already saved some 300 lives. Child malnutrition in these islands dropped 10 per cent in 2006, due to the restoration of 621 weighing centres and training and monitoring of mothers. In 2006, vitamin A supplementation programmes reached 23,180 children, nearly 90 per cent of two- to six-year-olds. Malaria cases dropped as vector-control measures in 2006 reached every village in endemic Car Nicobar and Nancowrie.

Water and sanitation

In Tamil Nadu, shelter-based hygiene promotion has increase the use of toilets and hand washing to 60 per cent. In Nicobar, some 2,500 rainwater harvesting units have been installed to date, including 15 villages without other freshwater sources. Fifty-two engineers were trained on water quality surveillance using portable testing kits.

Education

To date, an estimated 453,749 children have benefited from emergency school supplies and UNICEF-supported Quality Education initiatives. In Andaman and Nicobar, the number of model schools using Quality Education interventions increased from 15 in 2005 to 310 in 2006. UNICEF also worked with the islands' governments to develop an activity-based and child-centred curriculum for grades one and two in five local languages, reducing dropouts and increasing the number of children passing grade 10 board exams. In Tamil Nadu, UNICEF helped establish 31 bridge schools so 620 out-of-school children, mainly from poor Dalit families, can work their way to mainstream schools.

Child protection

In 2006, psychosocial care empowered 15,000 children in Tamil Nadu and Kerala and 600 teachers of adolescents in Andaman and Nicobar with life skills, improved interpersonal skills and personal safety. Existing legislation on child rights in Tamil Nadu is being reviewed to develop a comprehensive Child Act incorporating all child rights issues. In Kerala, 140 panchayats (village councils) have created children's panchayats where children represent their peers and discuss issues like school dropouts, substance abuse and child labour. In Andaman and Nicobar, UNICEF helped establish the first legally-mandated child welfare committees to monitor child rights.

HIV/AIDS

The UNICEF-supported School AIDS Education Programme has covered 4,328 schools in Tamil Nadu to date, training nearly 10,000 education officials. Nearly 95,000 pregnant women in Tamil Nadu had access to prevention of parent-to-child transmission services in 2006.

Much done, more to do

UNICEF's on-the-ground presence in tsunami-affected areas has contributed to strengthening the fabric of communities and civil society. In Andaman and Nicobar, where the presence of both local non-governmental organizations and international partners was weak or non-existent prior to the tsunami, the tsunami response is helping communities become increasingly involved in decisions on school management.

Challenges

- Progress in the country's health sector faces human resource constraints: Existing vacancies and the high turnover of trained staff complicate long-term planning.
- Boys are forced to discontinue their education to support the livelihoods of fishing families, who require more manpower to operate boats replaced after the tsunami.
- Coordination and planning of child protection interventions in affected areas at times have been complicated by the varied definitions of the term used by advocacy and rights partners.
- Non-cooperation or denial in traditional communities made it difficult for government and non-governmental organizations to follow up on reported or suspected cases of child abuse or exploitation of children.

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THAILAND

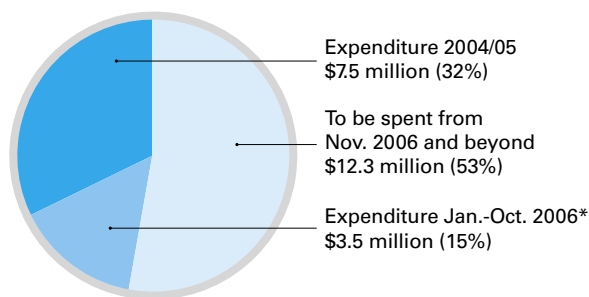
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Led by the government's strong initiative, UNICEF and its partners have helped communities recover from widespread devastation along Thailand's southern coastline, and transformed the lives of some 600,000 children. As the focus has shifted from relief to long-term rehabilitation, UNICEF has emphasized access to education for all children; protecting children from violence, exploitation and abuse; teaching young people the knowledge and skills to protect themselves from HIV; and providing opportunities for children to develop media skills and document their lives since the tsunami.

Despite progress to date, a UNICEF-sponsored survey completed in mid-2006 indicates that the situation of children in tsunami-affected areas still lags behind the rest of the country. A disproportionate number of these children are believed to be from minority groups, abandoned, affected by HIV/AIDS or from very poor families. About 25,000 primary school age children (15 per cent) are not in school or enrolled late. More than 6,000 children live in foster care or boarding schools, which often do not comply with child-friendly standards.

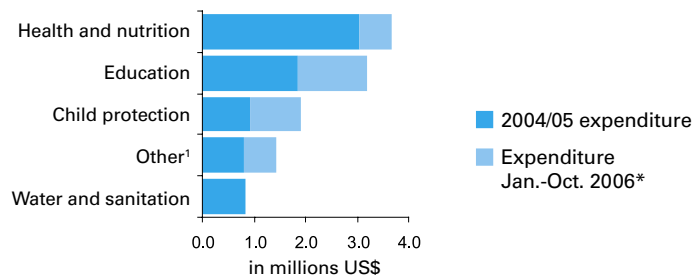
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Health and nutrition

Monthly weighing of some 150,000 children ensures early detection of malnutrition and corrective action before serious impairment of physical and mental development occurs. Over 24,000 health workers and volunteers have received training in basic health, nutrition and young child care since 2005. UNICEF also facilitated outreach by local health teams to ensure that pregnant women and sick children in remote communities were visited monthly.

Water and sanitation

UNICEF launched a two-year programme to upgrade water and sanitation facilities and support hygiene education in schools of the poorest ethnic minority or migrant communities of Krabi, Satun and Trang provinces. Water-pumping and purification equipment provided by UNICEF for the tsunami was temporarily used in 2006 following widespread flooding in the centre of Thailand, illustrating how tsunami relief provided wider benefits.

Education

Some 2,000 teachers and over 45,000 schoolchildren in 161 schools were trained since 2005 on the key components of child-friendly education: child rights, inclusive education, school self-assessment, life skills and school management information systems. UNICEF also trained 50 lecturers and 373 teacher-trainers at local institutes in 2006. School-level emergency preparedness and response strategies were developed in 19 schools to date. Educational materials on child rights, HIV/AIDS and avian influenza were provided to about 122,000 children in 534 schools in 2006.

Child protection

UNICEF and partners continued providing psychosocial support for some 150,000 children. Teachers received follow-up training, while psychological experts visited schools. Studies in 2006 by UNICEF and its partners found that many children whose families lost their livelihood were at higher risk of exploitation and abuse. To improve monitoring on child rights, over 100 social workers and paraprofessional workers were trained in 2006 to identify risk situations through home visits and seek assistance from specialists when needed. UNICEF and its partners are also reviewing placement conditions for approximately 1,400 tsunami-orphaned children.

HIV/AIDS

Loss of livelihoods and ongoing economic depression in tsunami-affected areas force children from school, where they would be educated on prevention. Instead, they are made to work in high-risk industries, such as fishing and commercial sex work, making them more vulnerable to HIV infection. UNICEF established and helped three youth networks hold training workshops on life skills, occupational skills, and management and leadership for 2,000 young people in 2006.

Much done, more to do

UNICEF and partners completed a 10,000-household survey in mid-2006 to gather information on the well-being of children in the six affected provinces. In three districts, UNICEF facilitated multisector teams comprising local officials, non-governmental organizations and representatives of community groups to coordinate planning for children in their areas of responsibility.

Challenges

- Reducing barriers to assistance for some children, especially those of ethnic minorities and of migrant families, is an ongoing challenge. These children lagged behind in health and education even before the disaster. Improving their situation is a high post-tsunami priority.
- Sustaining the commitment for action among policymakers and decision-makers is another challenge. Much remains to be done over the coming years to fully restore normalcy in the lives of children.

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MYANMAR

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While Myanmar was not as profoundly affected as some neighbours, families' access to basic health, education and other social services in tsunami-affected and coastal areas is still limited, while the risk of vulnerable children falling victim to abuse or exploitation remains high.

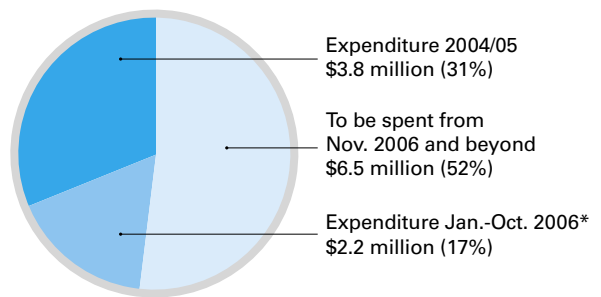
Children and women endure high levels of poverty. Migrant children and families have also faced difficulties. Economic distress and recurring natural disasters such as cyclones and floods have slowed progress in the recovery.

With the aim to build back better, UNICEF is upgrading local social services and supporting activities to restore communities and transform young lives in the three tsunami-affected states/divisions of Rakhine, Ayeyarwady and Tanintharyi. Over 10 million people, approximately 23 per cent of Myanmar's total population, live in these areas.

In 2006, emergency supply stocks bought with tsunami funds helped the response to other emergencies in Myanmar, including the Mala cyclone.

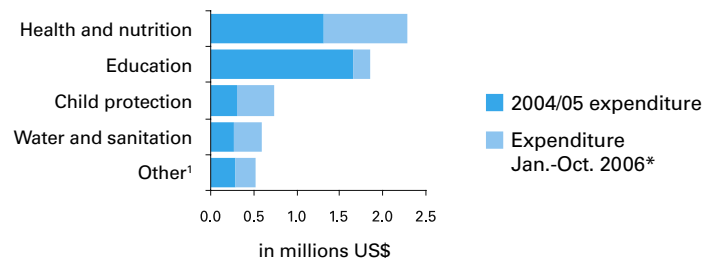
FINANCIAL SUMMARY

(26 December 2004 to 31 October 2006)



EXPENDITURE BY SECTOR

(26 December 2004 to 31 October 2006)



*2006 expenditure figures are extracted from UNICEF's Management Information System and should be considered provisional.

¹ Includes: technical, operational and logistic support.

Health and nutrition

UNICEF continues to focus on the rehabilitation and improvement of health services in 53 coastal townships in three states and divisions. Since the tsunami, a total of 348 rural health centres received equipment and essential drugs. In addition, cold-chain equipment, including 10 solar refrigerators and some 4,000 vaccine carriers, was provided in 2006 to local health facilities through township hospitals. To prevent malaria, about 22,500 families in 17 townships received insecticide-treated mosquito nets in 2006. UNICEF supported state and divisional-based monitoring systems for the delivery of all supplies, ensuring timely deliveries, and reinforced oversight of the recovery process by national government partners.

Water and sanitation

Following a large-scale assessment in 2005, preparatory work began in 2006 on constructing improved water and sanitation facilities for about 300 schools and some 50 elevated water reservoirs that also serve as safe havens during floods. UNICEF is partnering with Action contre la Faim and the Adventist Development and Relief Agency on these interventions, ensuring there is an on-the-ground presence to meet standards and seek community involvement when construction begins during the dry season from November to May. Because coastal and delta region households often use contaminated surface water, UNICEF and Population Services International are providing a simple water treatment solution, initially free to the area's poorest households, and then to local markets at a subsidized price.

Education

Some 800 schools and 150 early childhood development centres for pre-school children continued to receive learning and play materials in 2006. All tsunami-affected schools are now covered under UNICEF's regular programme to improve the quality of education. Over 5,000 teachers were trained on child-centred methodologies, while about 6,600 parent-teacher association members learned about child-friendly school initiatives, encouraging them to participate in school improvements.

Child protection

Throughout 2006, UNICEF-developed manuals on assisting mobile populations during and after emergencies were used to train staff from the Myanmar Red Cross Society, Rattana Metta (a Buddhist organization), Myanmar Nurses Association, Yinthway Foundation, YWCA and other national and international organizations working with tsunami-affected communities, including people living with HIV and AIDS. In 2006, UNICEF developed comic books, posters, leaflets and real-life children's stories from emergencies to educate families on child protection issues such as trafficking and exploitation. Since 2005, UNICEF also developed and shared with partners guidelines and forms for tracing separated children and supported a training workshop on sexually exploited children and trafficking for law enforcement officials. Some 3,000 families affected by the Mala cyclone and 1,350 children living in institutions in 2006 received pre-stocked child protection kits from the tsunami response, containing toys, stationery, clothing and personal hygiene items.

Much done, more to do

UNICEF's work reaffirms that rehabilitation programmes can build on emergency successes. Community-based approaches for some programmes, such as water and sanitation, have proved efficient and innovative. The post-tsunami environment has brought to light issues like trafficking and exploited children, making it easier to initiate awareness, programmes and activities on sensitive subjects. Preparedness, partnerships and coordination between humanitarian and development organizations and government agencies have also produced quicker, more efficient responses to Myanmar's regular small-scale natural disasters like floods and cyclones.

Challenges

- Geography and security make access to some areas difficult.
- Data collection remains challenging as the programme has scaled up and data collected by different ministries and services sometimes conflict.
- While materials like latrine slabs, bottled water and tarpaulin were widely available in the emergency phase, supplying more comprehensive interventions for recovery has been problematic.
- To ensure sustainability and local ownership, community participation is being reinforced by extensive field-based assessments and consultations from planning to implementation.

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SOMALIA

©UNICEF/HO05-2113/Bannon

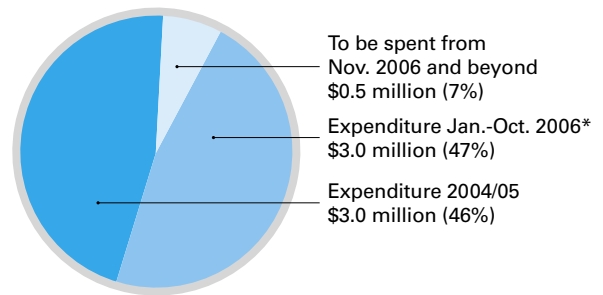
UNICEF support in Somalia has centred on its north-eastern 'Puntland' coastline, where the tsunami claimed nearly 300 lives and disrupted up to 70,000 others. The fishing village of Hafun on the tip of the coast had over 4,000 people displaced.

In 2006, UNICEF and its partners focused assistance on consolidating the gains made in the earlier rehabilitation phase. After increasing school enrolment, reconstructing health facilities and providing safe drinking water, UNICEF is striving to ensure that these successes deliver long-term sustainable benefits to the affected communities.

Community participation and partnerships have been central pillars to UNICEF tsunami relief and rehabilitation efforts. Community driven development initiatives have been at the heart of the overall intervention to ensure the voice of those affected by the tsunami is paramount in rehabilitation activities.

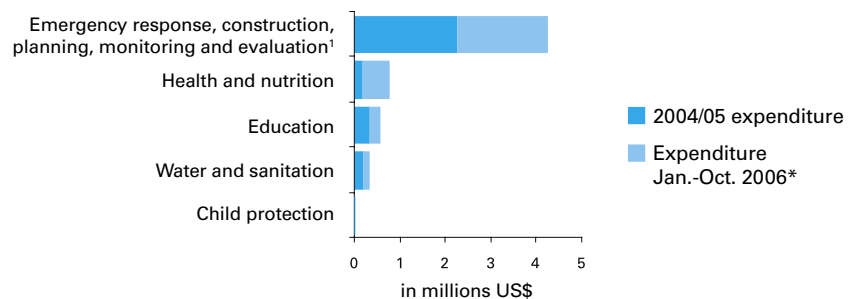
FINANCIAL SUMMARY

(26 December 2004 to 31 October 2006)



EXPENDITURE BY SECTOR

(26 December 2004 to 31 October 2006)



*2006 expenditure figures are extracted from UNICEF's Management Information System and should be considered provisional.

¹ Also includes: advocacy; HIV/AIDS prevention.

Health and nutrition

Health and nutrition activities have emphasized the prevention of diseases and improvement of maternal and child health care. Effective partnerships with district health authorities, particularly in the Hafun area, have been the key to the success of these programmes. In 2006, UNICEF rehabilitated 13 primary health care facilities, providing some 40,000 people with improved access to basic health services. In addition, new obstetric care equipment was provided and midwives trained on maternal and reproductive health. The provision of immunization equipment and training on cold vaccine storage has benefited some 15,000 children and women to date. The rehabilitated health facilities and equipment were vital in the ongoing emergency response to the drought and to containing the recent polio outbreak in the country. UNICEF also provided about 1,200 insecticide-treated mosquito nets in 2006 to prevent malaria.

Water and sanitation

Going from emergency relief to rehabilitation, the centrepiece of UNICEF's intervention in Hafun has been the ongoing restoration and expansion of the town's water system. To date, over 30 wells spoilt by saline intrusion or otherwise by the tsunami have been rehabilitated, providing clean water for 13,000 people and their livestock in support of the regeneration of livelihoods.

Education

UNICEF helped children overcome the psychological impact of the tsunami by continuing its education assistance. While school reconstruction improved access, policy initiatives with Puntland's Ministry of Education focused on girl-friendly education and generating local resources for teacher's salaries. Communities played a major role in reconstruction by donating land for five permanent schools and thus far taking part in 14 UNICEF-supported education committees on good school governance. The new schools also reached out beyond the enrolled students, with an informal education programme developed for 350 out-of-school adolescents. Over 150 teachers were trained in child-centred teaching and learning approaches, with the training benefiting over 2,700 children to date. Advocacy and social mobilization activities are seeking to maintain the high enrolment rates achieved in 2005.

Child protection

Over 300 social service providers, including teachers, health workers and child protection advocates, were trained in 2006 in psychosocial counselling. They were taught how to assist children with recovery from the trauma of the tsunami, the loss of a parent or subsequent displacement by returning them to their usual activities including school, daily chores and play. In Hafun, UNICEF also facilitated the formation of two youth groups, whose members received training on leadership and organizational skills to ensure their voice is heard during community initiatives in an otherwise elder-dominated society.

Much done, more to do

Following an environmental impact assessment, UNICEF and UN-HABITAT have to date completed the construction of 100 houses linked to rehabilitated water systems and utilizing culturally sensitive designs and child-friendly values such as safe play areas.

UNICEF and the UN's Food and Agriculture Organization support income generating activities for women and youth in fishing communities, building sustainable livelihoods while improving nutritional status. Ongoing projects in 2006 include the construction of a fish-curing yard and training on maintaining environmentally sustainable fisheries.

To further community ownership and sustainability, in July 2006 UNICEF launched the first coordination meeting that brought together all the mayors and community representatives from the affected area in the northeast to review UNICEF's support to date and continue social mobilization for immunization activities to boost vaccination coverage of preventable diseases.

Challenges

- In 2006, security concerns, particularly within the central and southern zones, have increased due to an upsurge in the political tension between rival factions. This has limited UNICEF's ability to implement and monitor activities and necessitated partnerships with local authorities and non-governmental organizations.

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MALAYSIA

©UNICEF/Malaysia/2006/Nadchatram

UNICEF continues providing children in tsunami-affected areas with psychosocial assistance; strengthening emergency preparedness; supporting HIV/AIDS interventions; and raising awareness of children's issues with policymakers.

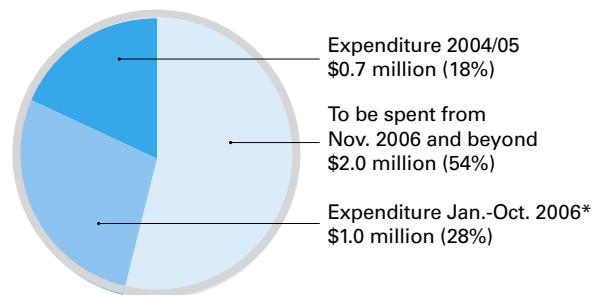
Youth camps, art exhibitions and other events have allowed children to express and share their experiences as part of the recovery process. In collaboration with the Human Rights Commission of Malaysia and independently, UNICEF continues in dialogue with government officials, lawmakers and the media to address the need to protect children from exploitation, violence and harm, including child trafficking. UNICEF, HELP University College and Kedah State Health Department to date have trained 60 community leaders in emergency stress management. Also, over 1,000 children and their families now have direct access to mental health and psychosocial counselling, support networks and a referral system.

Key messages on HIV prevention and life skills promotion were disseminated through six UNICEF and government-supported youth centres. Life skills-based education has also been provided to over 5,000 schoolchildren, 124 teachers and 20 educators to date.

UNICEF is helping schools and communities formulate emergency preparedness plans and, in 2006, helped establish and train 3,000 youth volunteers on leadership in relief efforts.

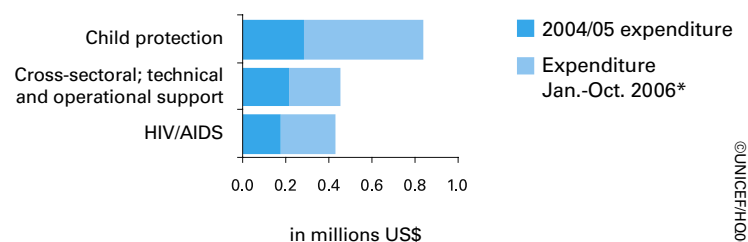
FINANCIAL SUMMARY

(26 December 2004 to 31 October 2006)



EXPENDITURE BY SECTOR

(26 December 2004 to 31 October 2006)



*2006 expenditure figures are extracted from UNICEF's Management Information System and should be considered provisional.

CHILDREN'S STORIES



New life in India

By Bronwyn Curran

Twenty months after the tsunami, 29-year-old Lakshmi gave birth to daughter Mahadnee.

Mahadnee's birth was another part of the long recovery assisted by agencies like UNICEF. The family lost its thatch-and-mud home when the tsunami roared into the traditional fishing village of Samanthanpettai in Tamil Nadu's Nagapattinam District, killing 148 people and leaving 380 families homeless. Lakshmi, her husband, five children and five stepchildren — one of Samanthanpettai's 10 Dalit 'untouchable' low-caste families — now live in the row of new concrete homes built on government land.

Every week during pregnancy, Lakshmi was visited by local health workers trained under UNICEF's Integrated Maternal Neonatal and Childhood Illnesses programme (IMNCI). The programme trains front-line community health workers and midwives in delivering antenatal and neonatal care in the home, ensuring that newborns in remote villages receive proper care.

Lakshmi received folic acid and iron tablets during the visits and gave birth in a state-run hospital in Nagapattinam's main town — one of the 4,275 health facilities in Tamil Nadu that UNICEF supplied with emergency obstetric and newborn care materials. Now health workers visit Lakshmi every week to check on the health of baby Mahadnee, share hygiene tips, and encourage exclusive breastfeeding for at least six months.

"I will breastfeed my new baby for 12 months," vows Lakshmi.

UNICEF, the United Nations Population Fund and the Tamil Nadu government are providing mobile emergency obstetric and newborn care units to Nagapattinam and two other affected districts.

The Government of India is working to lower its high infant mortality rate of 62 per 1,000 live births and maternal mortality rate of 540 per 100,000, said Dr. Marzio Babilie, UNICEF India's health chief.

"IMNCI will go a long way in helping to achieve that," he said.



©UNICEF/Thailand/2005/Mohan

Recovering in Maldives

By Bronwyn Curran



©UNICEF/HQ06-2086/Taylor

Around a dim-lit pool table tucked off the labyrinthine one-way streets of Male', young men shoot billiards and sway to Bob Marley. For Anil and 150 other young Maldivians recovering from heroin addiction, this is sanctuary.

"I joined Journey because I wanted to stay clean and sober," says Anil, 27, a former addict who started using heroin at 15 and now counsels recovering addicts. "Even now this place is helping me recover, while I'm helping other addicts recover."

Journey is the cornerstone of UNICEF's Drug Prevention and Recovery Project. Set up by 10 recovering addicts in late 2005 to fill the void of proper post-rehabilitation care and prevention services, Journey is now staffed by 12 recovering addicts who provide daily group counselling, 12-step programmes, drug awareness, harm reduction and outreach for parents, school students, recovering addicts and those still using.

UNICEF joined in early 2006 to train Journey staff in peer education, counselling, outreach and HIV prevention. It contracted YAKITA, Indonesia's leading drug recovery non-governmental organization, for support.

After the tsunami, international agencies highlighted heroin abuse as the biggest crisis gripping Maldives' tiny population of 300,000. Official estimates put the number of heroin users at 3,000 — 1 per cent of the populace — including children as young as nine.

Anil has been clean for 18 months. He is one of three Journey staff whom UNICEF is sending to Indonesia in December 2006 for training by YAKITA in peer counselling.

"Most of the addicts don't know what addiction is, so I am trying to teach them about it and how to recover," he says. "From their feedback, I always learn something for myself. Journey gives me strength and help for my own recovery."

Rebuilding schools in Sri Lanka

By Katey Grusovin

Anishja Kajol, 11, beams as she shows her new house — a hive of activity abuzz with optimism, enterprise and laughter. “When I am not studying or doing my homework I love helping my father out in his store,” she says, smiling. “But I am especially excited about my school which is being rebuilt. When it is finished it is going to be very special.”

UNICEF support is helping construct a new school in Kirinda, a predominantly Malaya Muslim fishing village in Sri Lanka’s south-eastern corner. Of the school’s 334 students, 168 lost their homes and possessions in the tsunami. UNICEF prioritized getting children back to school by building temporary classrooms and supplying textbooks, recreational materials, school furniture and uniforms.

“When the school is completed it will have spacious classrooms, more play areas, new sanitation facilities and staff quarters to attract the quality teaching staff who would have never entertained the prospect of coming here in the past,” says UNICEF’s Head of Education Ita Sheehy. Facilities have been designed to create a child-friendly learning environment where interactive teaching and child participation will help children fully develop their potential.

The tsunami damaged or destroyed 182 schools in Sri Lanka. UNICEF is supporting the construction of 28 permanent schools — including two of which were completed in August 2006 and another 21 which have begun construction. These facilities will benefit about 25,000 children in primary and secondary school.



© UNICEF/HQ06-1620/Noorani

Focusing on recovery in Thailand

By Robert Few



©UNICEF/HQ06-1787/Maw

Win Maw is fluent in three languages and has just won a photography competition in *National Geographic* (see photograph above). These are impressive academic achievements for anyone, you might think, but even more so for Win Maw, a 12-year-old girl who has only been in school for a year.

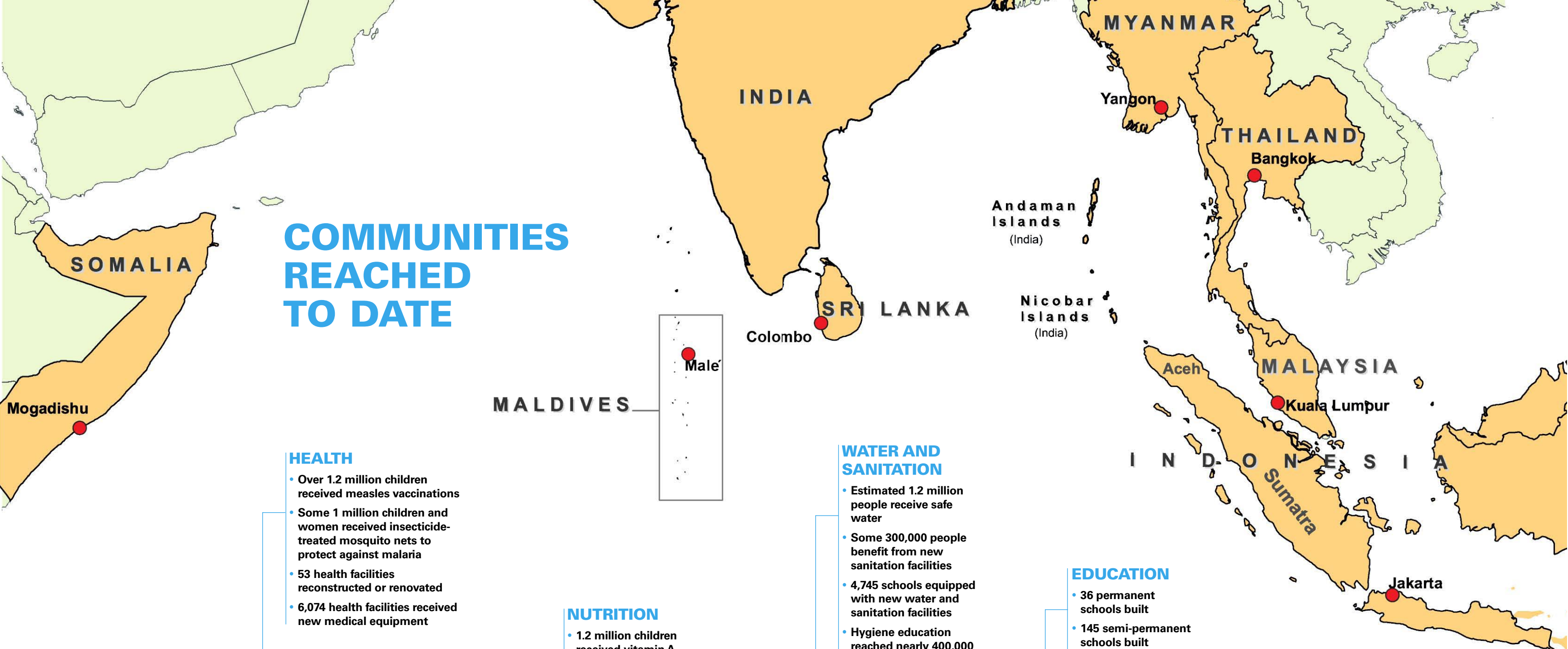
The child of migrants from Myanmar, Win Maw lives in near total poverty in the southern Thai province of Phang Nga. Her family home has been a series of one-room huts in the rows of corrugated iron-and-wood shelters that can be found on nearly every construction site in this part of Thailand.

Education is one of the many opportunities that the children of migrants miss out on. They must save enough of their \$3 daily salary to make do during unemployment, with nothing to spare for school uniforms or books. Even if there were, many migrant children from Myanmar would be excluded from education because they lack citizenship papers, are unable to speak Thai or must go with their parents when they travel in search of employment.

This is why the migrant children taking part in the UNICEF-supported InSIGHT Out! project are so keen to learn. For many of them, the project is providing them with their first-ever opportunity to develop skills and to voice their own opinions.

Now Win Maw is speaking out for herself — and for her community. Taking a break from documenting a local puppet drama group near her home, she said: “After I won the competition in *National Geographic*, people came from all around the area to look at my pictures. I felt very proud for my community.”

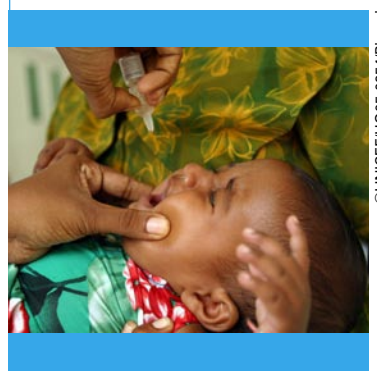
And the community is very proud of her, because not only is she demonstrating what migrant children are capable of if given the chance, but she is also celebrating her cultural identity and showing the world what life is like for migrants in Thailand.



COMMUNITIES REACHED TO DATE

HEALTH

- Over 1.2 million children received measles vaccinations
- Some 1 million children and women received insecticide-treated mosquito nets to protect against malaria
- 53 health facilities reconstructed or renovated
- 6,074 health facilities received new medical equipment



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NUTRITION

- 1.2 million children received vitamin A supplements
- Growth of 1.7 million children is being monitored



©UNICEF/HQ06-2010/Estey

WATER AND SANITATION

- Estimated 1.2 million people receive safe water
- Some 300,000 people benefit from new sanitation facilities
- 4,745 schools equipped with new water and sanitation facilities
- Hygiene education reached nearly 400,000 schoolchildren



©UNICEF/Indonesia/2006/Stechert

EDUCATION

- 36 permanent schools built
- 145 semi-permanent schools built
- 904 schools repaired
- 1.8 million children received educational supplies



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CHILD PROTECTION

- 400,000 children received psychosocial care
- 8 semi-permanent child centres built



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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



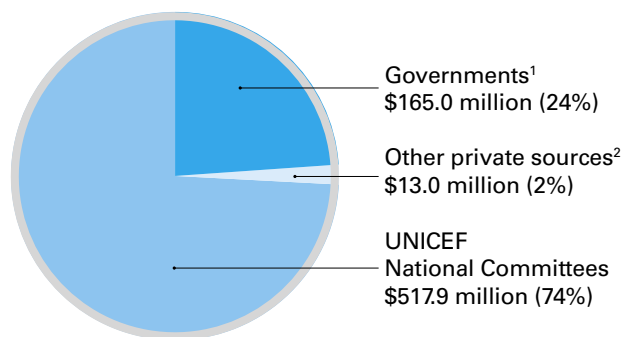
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CONTINUED SUPPORT

By 31 October 2006, UNICEF's tsunami relief and recovery efforts had received a total of \$695.9 million, including \$36 million in 2006 alone. To date, 74 per cent of all UNICEF tsunami funds (\$517.9 million) have come from individuals, foundations and businesses that contribute to UNICEF's National Committees. Governments have contributed 24 per cent and other private sources 2 per cent. Notably, individuals and governments from developing countries donated some \$11.5 million. (All figures are in US dollars.)

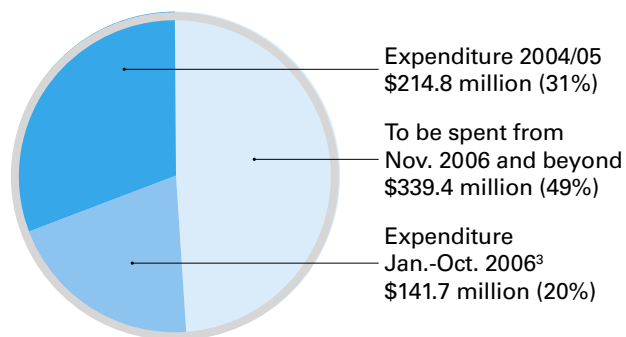
CONTRIBUTIONS RECEIVED

(26 December 2004 to 31 October 2006)



FINANCIAL SUMMARY

(26 December 2004 to 31 October 2006)



¹Governments include intergovernmental organizations, and UN/inter-agency arrangements.
²Other private sources include non-governmental organizations.

³ 2006 expenditure figures are extracted from UNICEF's Management Information System and should be considered provisional.

HOW FUNDS ARE SPENT

As of 31 October 2006, 51 per cent (\$356.5 million) of the available funds have been spent for UNICEF's tsunami relief and recovery efforts.* About 95 per cent (\$339.2 million) of these funds were spent at country level and 5 per cent (\$17.3 million) for global and regional activities in direct support of the tsunami response.

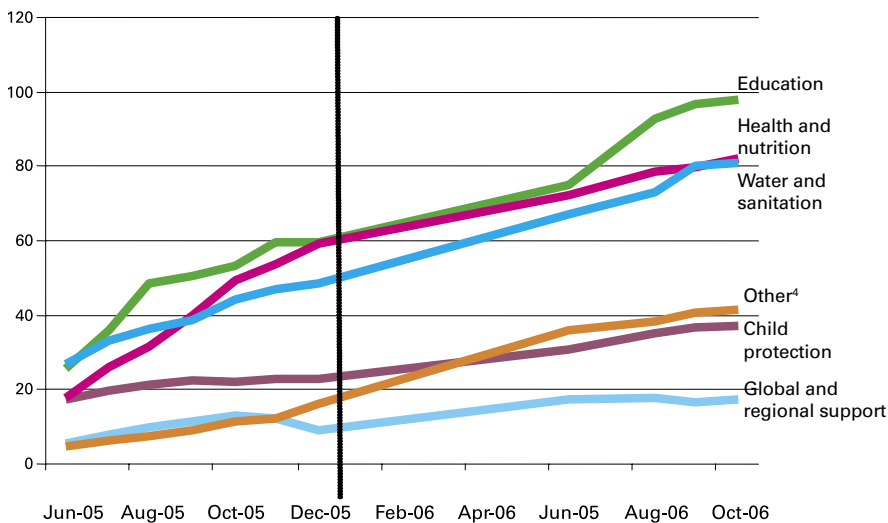
Table 1. Allocations and expenditures by country, headquarters and regional offices (26 December 2004 to 31 October 2006)

| | Allocation | Expenditure* | To be spent from 2006 and beyond | Share of total expenditure |
|---|--------------------|--------------|----------------------------------|----------------------------|
| | (in millions US\$) | | | |
| India | 30.8 | 23.2 | 7.6 | 7% |
| Indonesia | 334.3 | 149.2 | 185.2 | 42% |
| Malaysia | 3.7 | 1.7 | 2.0 | 0.5% |
| Maldives | 57.8 | 38.1 | 19.8 | 11% |
| Myanmar | 12.5 | 6.0 | 6.5 | 2% |
| Somalia | 6.4 | 5.9 | 0.5 | 2% |
| Sri Lanka | 185.7 | 104.0 | 81.6 | 29% |
| Thailand | 23.3 | 11.0 | 12.3 | 3% |
| Total: Country level | 654.6 | 339.2 | 315.4 | 95% |
| Regional support, East Asia and Pacific | 6.1 | 3.6 | 2.5 | 1% |
| Regional support, South Asia | 5.1 | 3.4 | 1.7 | 1% |
| Support from headquarters | 23.7 | 10.3 | 13.4 | 3% |
| Total: headquarters and regional offices | 34.9 | 17.3 | 17.5 | 5% |
| Unallocated funds | 6.4 | | 6.4 | |
| Grand total | 695.9 | 356.5 | 339.4 | 100% |

Figures may not add to totals due to rounding.

Figure 1 shows that overall, the greatest amount of funds spent is on education (\$97.8 million, 27 per cent). Spending on health and nutrition (\$82.0 million) and on water and sanitation (\$80.7 million) each account for 23 per cent.

Figure 1. Sector spending* trends, all UNICEF tsunami programmes (June 2005-October 2006, in millions US\$)



ACCOUNTABILITY

For 60 years, UNICEF has managed relief and development programmes in the field. When the tsunami struck, UNICEF management systems were already long established in the affected countries. These systems comprise a comprehensive set of rules, procedures and internal controls that aim to reduce risks and prevent misuse of funds. Funds are released to implementers in a phased approach, and progress is validated through monitoring.

Accountability systems also include regular internal audits. The internal audits are supplemented by external audits, governed by the UN Board of Auditors elected by the UN General Assembly.

The timeliness, effectiveness and relevance of UNICEF's tsunami programmes have also been assessed through a series of ongoing internal and external evaluations. The completed evaluation reports are available through UNICEF's website (www.unicef.org).

Updated details of UNICEF's tsunami funding and expenditure are available on the public website of the United Nations Office for the Coordination of Humanitarian Affairs (<http://ocha.unog.ch/ets/>). Additional transparency has been provided through regular UNICEF public tsunami reports. In addition to the current report, public updates have been published at three, six and twelve months.

*2006 expenditure figures are extracted from UNICEF's Management Information System and should be considered provisional.

⁴Includes: operational and technical support; planning; monitoring and evaluation; advocacy; HIV/AIDS activities.

UNICEF PARTNERS IN TSUNAMI RELIEF AND RECOVERY

INDIA

Aazhi; All India Radio; Andaman and Nicobar Administration, Labour Department, Police Department, Public Health & Engineering Department, Public Works Department and State Institute of Education; Andaman and Nicobar Tribal Council; Arogya Agam; Association for Rural Mass India (ARM); Avvai Village Welfare Society; Bright Educational Service Trust (BEST); Butterflies; Centre for Human Resource and Rural Development Programmes (CHARDEP); Centre for Integrated Social Action and Rural Development (CISARD); Centre for Rural Education and Economic Development (CREED); Centre for Social Development (CSD); Centre for Social Education and Development (CSED); Centre for Social Reconstruction; Centre for the Prevention and Healing of Child Sexual Abuse (CPHCSA); Community Action for Social Transformatin (CAST); Department of Rural Development; Deputy Director of Medical Services in Tiruvallur, Pudukottai, Cuddalore, Villupuram, Kallakurichi, Nagapattinam, Kanyakumari, Aranthangi, Ramanathapuram, Thiruvallur, Paramakkudi, Thiruvallur, Tirunelveli, Thoothukudi, Chennai, Kancheepuram, Poonamalli, Kovipatti and Sankarankovil; Directorate of Public Health, Chennai; Directorate of Teacher Education Research and Training, Chennai; District Elementary Education, Nagapattinam, Cuddalore; District Rural Development Agencies in Cuddalore, Kanyakumari, Nagapattinam, Thoothukudi and Villupuram; Doordarshan; Exnora International; Health Manpower Development Institute, Villupuram; Human Rights Law Network; Indian Council for Child Welfare; Integrated Child Development Services in Tiruvallur, Kancheepuram, Chennai, Villupuram, Cuddalore, Tanjavur, Nagapattinam, Tiruvallur, Pudukottai, Ramanathapuram, Thoothukudi, Tirunelveli and Kanyakumari; Judiciary of Andaman and Nicobar; League for Education and Development (LEAD); Memory Clinic; Mother Saradadevi Service Society Myrtle Social Welfare Network; Nagapattinam Cuddalore; Nalandaway Foundation; Nehru Yuva Kendra; Nehru Yuva Kendra Sangathan; Pache Trust; People's Development Association (PDA); People's Development Initiatives (PDI); Polytechnique; Prayas; Project Director, Reproductive and Child Health, Chennai; Register of Engineers for Disaster Relief (RedR); Rishi Valley Teachers Training Institute; Rural Integrated Development Organisation (RIDO); Rural Women's Social Education Centre (RUWSEC); Samuga Kalvi Valarchi Nala Sangam (SKAVNS); SARVA SKISHA ABHIYAN (Education for All); Save the Children; Social Awareness and Voluntary Education (SAVE); Society for Community Organisation and People's Education (SCOPE); Society for Education Village Action and Improvement (SEVAI); Tamil Nadu Science Forum; Tamil Nadu State AIDS Control Society; Tamil Nadu Water Supply and Drainage Board, Chennai; Tanjavur Medical College; Thanjavur Multipurpose Social Service Society (TMSSS); Tribal Council; Trust for Hope; United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); Unnati; Village Educational Service Association (VESA); Voluntary Health Association of Kanyakumari (VHAK); World Bank; World Health Organization (WHO)

INDONESIA

Aceh and Nias Rehabilitation and Reconstruction Agency (Badan Rehabilitasi dan Rekonstruksi or BRR); Aceh Development Planning Board (BAPPEDA); Air Minum dan Penyehatan Lingkungan (AMPL; Drinking Water and Environment Health); Alisei; American Red Cross; AusAID; CARE International; Centers for Disease Control and Prevention (CDC, United States); Department of Cleaning and Gardening

in Nanggroe Aceh Darussalam province (NAD); Department of Health (NAD); Department of Public Works (NAD); Department of Social Affairs (NAD); Department of Women Empowerment (NAD); Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ, German Agency for Technical Cooperation); Education Council (NAD) MPD; Education Quality Insurance Institute (LPMP); Government of Indonesia and its ministries; Helen Keller International (HKI); Ibu 4 Aceh; Indonesian Association of Obstetrics and Gynecologists; Indonesian Midwives Association; Indonesian Red Cross; International Federation of Red Cross and Red Crescent Societies (IFRC); International Labour Organization; International Medical Corps (IMC); International Organization for Migration (IOM); International Relief and Development (IRD); International Rescue Committee; International Social Service; Islamic Relief; JHPIEGO, an affiliate of The Johns Hopkins University; Joint United Nations Programme on HIV/AIDS (UNAIDS); Lembaga Bantuan Hukum Anak (LBH-Anak; Legal Aid for Children); Merlin; Muhammadiyah; National Planning Agency; NRC Cardi; OIKOS Portugal; Perinasia Suryakanti Foundation; Perusahaan Daerah Air Minum (PDAM, Regional Drinking Water Company); PKBI; Plan International; Pusaka; Save the Children Alliance; Sentra Laktasi; State Institute for Islamic Studies ar-Raniry (IAIN); United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Information Analysis Section (UNIAS); United Nations Office for Project Services (UNOPS); United Nations Population Fund (UNFPA); United States Agency for International Development (USAID); University of Indonesia; University of Syiah Kuala; World Food Programme (WFP); World Health Organization (WHO); World Vision; Yapita; Yayasan Dian Desa; Yayasan Pelia

MALAYSIA

Centre for Psychology of HELP University College; Kedah State Education Departments; Kedah State Health Department; Ministry of Education; Ministry of Health; Ministry of Rural and Regional Development (KEMAS); Ministry of Women, Family and Community Development; Ministry of Youth and Sports; Pusat Jana Daya (EMPOWER)

MALDIVES

Care Society; Department of External Resources; Department of Medical Services; Department of Public Health; Educational Development Centre (Ministry of Education); Engineers Without Borders; Family & Child Protection Unit, Maldives Police; Football Association of Maldives; Hama Jamiya; Islands Administrations and Women's Committees; Journey; Live and Learn; Maldives Water and Sanitation Authority; Ministry of Environment, Energy and Water; Ministry of Gender and Family; Ministry of Health; Ministry of Information, Arts and Culture; Ministry of Justice; Ministry of Planning and National Development; Ministry of Youth and Sports; National Narcotics Control Bureau; United Nations Development Programme (UNDP); United Nations Office for Project Services (UNOPS); United Nations Population Fund (UNFPA); World Health Organization (WHO), YAKITA

MYANMAR

Action contre la Faim (ACF); Adventist Development and Relief Agency (ADRA); Government of Myanmar and its Ministries; Myanmar Nurses Association; Myanmar Red Cross Society (MRCS); Population Services International (PSI); Rattana Metta; World Vision; Yinthway Foundation; YWCA; Local NGOs

SOMALIA

Adale community Development (ADC); Ayuub NGO; Coca Cola; Community Education

Committees in Focar, Hurdia, Handha and Baarmadoobe; Community Health Committees in Kabal, Gabac, Garmal and Ladega; Congo Village Education Committee (CVEC); District administration councils in Bargal, Eyl, Hafun, Rako and Bander Beyla; Girls Development Association (GDA); Hafun Municipality; KAALO; Kenya association for Professional Counselors (KAPC); Ministry of Education, Northeast Zone; Ministry of Planning and International Cooperation, Northeast Zone; Mudan Youth Umbrella, Nugal; Partners in the Puntland Committee for Tsunami Intervention, including NGOs and religious organizations; Puntland Minority Women Development Organization; Puntland Students Association; Puntland Union of Prevention of AIDS (PUPA); SHARDO; Somali Socially Relevant Development Agency; Somalia Re-Unification Women's Union (SRWU); Stichting NOVIB; Tadamun Social Society; Ugas Khalif Training site; UNA-AFRICA 70; United Nations Food and Agriculture Organization (FAO); United Nations High Commissioner for Refugees (UNHCR); United Nations Human Settlements Programme (UN-HABITAT); Warsheikh Water committee; Water for Life (WFL); WAWA Network; Youth Development Organisation

SRI LANKA

Central Environment Agency; Children's Secretariat of the Ministry of Women's Empowerment and Social Welfare; Christian Children's Fund (CCF); Easter Self Reliant Community Awakening Organisation (ESCO); Epidemiological Unit; Family Health Bureau of the Ministry of Healthcare and Nutrition; Foundation for Health Promotion; Health Education Bureau; International Organization for Migration (IOM); Jaffna Social Action Center (JSCA); Malteser International; Medical Research Institute; Ministry of Education; Ministry of Health; Movimondo; National Child Protection Authority; National Water Supply and Drainage Board; Probation and Child Care Services; Rainwater Forum; Sarvodaya; Save the Children; Solidar; United Nations Population Fund (UNFPA); World Bank; World Food Programme (WFP); World Health Organization (WHO)

THAILAND

(Sub)-provincial Education Service Area Offices; Centre for the Protection of Children's Rights; Chulalongkorn University; D-TRAC; Faculties of Medicine and Nursing, Khon Kaen University; InSIGHT Out!; Institutes of Nutrition and Faculty of Public Health of Mahidol University; Kanjanapisak Home; Kenan Institute Asia; Life Home Foundation; Ministry of Education; Office of Permanent Secretary, Basic Education Commission and Education Council, Vocational Education; Ministry of Interior (Department of Local Administration/Department of Provincial Administration); Ministry of Natural Resources and Environment; Ministry of Public Health, Department of Health; Ministry of Social Development and Human Security and its provincial offices; Muslim Youth Association of Thailand (YMAT); National and Provincial Statistics Offices; Pattanarak Foundation; PHAMIT partners including MAP, World Vision Foundation for Thailand, Raks Thai Foundation; Phuket Rajabhat University; Phuket Women's Empowerment and Development Organization (PWEDO); Prince of Songkla University; Provincial and District Offices of Public Health; Provincial Child Protection Committees; Rajanukul Institute, Department of Mental Health; Right to Play; Save the Children, U.K.; Thai Network for People Living with HIV/AIDS Southern region; Thammasat University; UN HIV/AIDS Theme Group partners including UNFPA, WHO and IOM; Walailak University; World Health Organization (WHO); World Vision Foundation of Thailand; Local government and authorities at the district and subdistrict levels



