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Draft country programme document**

Lesotho

Summary

The draft country programme document (CPD) for Lesotho is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $5,170,000 from regular resources, subject to the availability of funds, and $30,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/13.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its first regular session of 2008.

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Basic data† *(2005 unless otherwise stated)*	
Child population (millions, under 18 years)	0.8
U5MR (per 1,000 live births)	132
Underweight (%, moderate and severe)	20
Maternal mortality ratio (per 100,000 live births)	760
Primary school attendance (% net, male/female)	83/88
Primary schoolchildren reaching grade 5 (%)	60
Use of improved drinking water sources (%)	79
Adult HIV prevalence (15-49) (%)	23.2
Child work (%, children 5-14 years old)	23
GNI per capita (US$)	960*
One-year-olds immunized against DPT3 (%)	83
One-year-olds immunized against measles (%)	85

† More comprehensive country data on children and women are available at www.unicef.org.

* The Government Bureau of Statistics (BOS) figure for GNI per capita is $349 (which includes external remittances), while the BOS figure for GDP per capita is 1,906 maloti ($296). These figures are also reflected in the United Nations Development Assistance Framework 2008-2012.

The situation of children and women

1. Lesotho is a small, mountainous kingdom entirely surrounded by South Africa. It has an estimated population of 1.8 million, of whom 24 per cent are aged 15-24 years, and ranks 149th on the Human Development Index. National and population-wide development indicators conceal significant gender, geographical and age-group disparities in the realization of human rights.

2. Social and economic development and the fulfilment of human rights, including to education, health, nutrition and survival, are undermined by the negative synergy of high HIV prevalence, food insecurity, poverty and weak governance. Lesotho has the third highest HIV prevalence rate in the world, estimated at 23 per cent among pregnant women and those aged 15-49 years, peaking at 40 per cent among women aged 25-29 years. Life expectancy declined from 59 years for males and 60 years for females in 1996 to an estimated 35 years in 2005. The total number of people living with HIV is estimated at 265,000. There are an estimated 180,000 orphans, of whom 100,000 have lost one or both parents to AIDS. Underlying causes of the HIV and AIDS epidemic include early onset of sexual activity, concurrent multiple sex partners, lack of the necessary skills to change sexual behaviour, a large migrant worker population, widespread poverty and high unemployment. These lead to the adoption of risky coping strategies such as substance abuse among 35 per cent of adolescents. Traditionally, women are often considered as minors. Prior to the enactment of the Married Person's Equality Bill, the legal system attributed women this same status, resulting in lack of decision-making authority for women and girls.

3. Gender imbalances in decision-making in relation to sexual health are reflected in use of HIV prevention methods. HIV prevalence is higher among

females in every age group, with, for example, 8 per cent prevalence among young women aged 15-19 years compared to 2 per cent for men. Only 31 per cent of young people (26 per cent of girls and 44 per cent of boys) aged 15-24 years use condoms. Only 9 per cent of women and 3 per cent of men aged 15-24 years know their HIV status.

4. Lesotho's Poverty Reduction Strategy (LPRS) estimates that to achieve Millennium Development Goal 1 of halving the proportion of people living in poverty by 2015, the country's economy needs to grow by 7.5 per cent annually. Average annual gross domestic product (GDP) growth rates are currently around 3-4 per cent and have been constrained by large-scale retrenchment of migrant workers in the 1990s, and a recent slowdown in the garment sector. The World Bank predicts a reduction in GDP of almost one third by 2015 because of HIV and AIDS. The proportion of the population living below the national poverty line ($20 per person per month) has remained stable at 58 per cent over the past two decades, but the proportion classified as "ultra-poor" (income below $10 per person per month) increased from 35 to 39 per cent. The poverty rate is highest in mountain districts, where it exceeds 70 per cent. Female-headed households were reported as having the highest levels of poverty — 62 per cent — in 1994-1995 and there is little evidence to suggest that their situation has changed.

5. Many Basotho households are highly vulnerable to chronic food insecurity resulting from a lack of arable land, low agricultural productivity, climatic variability and high levels of poverty, exacerbated by the impact of HIV. Approximately 250,000 people (14 per cent of the total population) required food or cash assistance in 2006. While this represents a significant improvement over 2005, when about 550,000 people (30.5 per cent of the total population) were food-insecure, the situation remains precarious and small economic or other shocks can rapidly increase the number of food-insecure households. It is projected that about 400,000 people will need food or cash assistance in 2007-2008. About one fifth of children are moderately to severely underweight. AIDS is associated with possible nutritional deterioration due to suboptimal infant feeding and lack of nutritional support for infected and exposed children.

6. Prospects are good for achievement of Goal 2 targets and the right to education. Net primary enrolment rates are 88 per cent for girls and 83 per cent for boys following the introduction of free primary education in 2000, but gender and geographical disparities persist. The quality of education is a concern. Drop-out rates among girls are increasing due to the need to care for sick relatives and orphaned siblings, teenage pregnancies and the lack of a protective and gender-sensitive environment, i.e., sexual abuse, violence and insecurity on the way to and from school. In mountain districts, boys are expected to herd cattle rather than attend school. Children's rights to education are compromised by the impact of HIV, especially on girls, who discontinue their schooling to look after sick family members. Some 15 per cent of children are out of school, of whom 60 per cent are girls.

7. Discrimination against women is perpetuated by customary and common laws, under which women are considered minors. Recent enactment of the Legal Capacity of Married Persons Act (2006) gives married women equal legal status with men, including rights to freely access reproductive health services. This is a major step towards realizing the rights of women and ultimately achieving Millennium

Development Goals 3 and 5. Women hold approximately 54 per cent of all local council seats. Lesotho is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women, but no report has ever been submitted.

8. Efforts to achieve Goals 4 and 5 are severely constrained by the HIV epidemic, and previous gains in reducing child mortality have been reversed. The infant mortality rate is 91 per 1,000 live births, up from 61 in 1995. The under-five mortality rate is 132 per 1,000 live births, up from 82 in 1995. About 68 per cent of children aged 12-23 months are fully immunized, a decrease compared to the 77 per cent reported in the 2000 multiple indicator cluster survey (MICS). The maternal mortality ratio increased from 282 per 100,000 live births in 1993 to about 760 in 2004, the main causes being deterioration of the health system and increasing poverty, limiting access to services. The health sector is hard hit by the emigration of professional staff in search of better employment opportunities, as well as attrition due to HIV-related illness and deaths. Between 50 and 60 per cent of hospital beds are occupied by people with HIV and related illnesses.

9. An estimated 79 per cent of the population has access to improved drinking water sources, but the Common Country Assessment (CCA) reports wide disparities in access between urban and rural areas (83 and 54 per cent) and across districts.

10. Ensuring that the 180,000 orphans (a figure predicted to increase to 210,000 by 2010) realize their rights to special protection and assistance and have access to quality education, health, psychosocial support, shelter and adequate nutrition are major challenges. No current data exist on other categories of vulnerable children, including abandoned children, children living on the street, children with disabilities and sexually-exploited children. About 51 per cent of children are registered at birth, of whom only 24 per cent have birth certificates. Birth certificates are not issued on the same day of registration and many people do not travel back to retrieve their certificates. Increasing numbers of orphans are shouldering the burden of being heads of households and caregivers, which often leads girls into domestic or factory work and boys into herding, exposing them to economic exploitation and to physical, sexual and emotional abuse.

11. The reported incidence of sexual abuse of children is high: 179 of 789 cases reported by the Child and Gender Protection Unit (CGPU) of the Police between January and June 2006 concerned children. The Government's commitment to addressing child protection issues is evidenced by the establishment of the CGPU; extensive public sensitization around the Sexual Offences Act (2003); approval in 2006 of a national policy on orphaned and vulnerable children (OVCs) and strategic plan to complement the national HIV and AIDS policy and strategic plan; and the establishment of a National OVC Coordinating Committee and district child protection teams in all 10 districts of the country.

12. Lesotho ratified the Convention on the Rights of the Child in 1992 and submitted its initial report to the Committee on the Rights of the Child in 1998. There has been significant progress in policy and legislative reform for children, in line with the Committee's concluding observations and recommendations, primarily through the drafting of the Child Welfare and Protection Bill. Lesotho is preparing its second periodic report to the Committee, and a special forum for children was convened to enable their perspectives to be included. Other policy advances include the finalized Child Protection and Welfare Bill (2005), which awaits enactment. Capacity-building of implementing sectors is underway, together with sensitization

of communities. However, the delay in enactment hinders an effective response to child rights violations. There are significant gaps in national and disaggregated data on child protection, vulnerability and emerging issues, and thus in their use to inform decision-making on programmes for children. Other gaps persist in relation to harmonization of legal definitions of a child, prohibition of corporal punishment, juvenile justice and implementation of a comprehensive national programme for children with disabilities.

Key results and lessons learned from previous cooperation, 2002-2007

Key results achieved

13. Contributing to the development of a conducive environment for child protection was a major thrust of the country programme. Integrated initiatives across the four programme areas contributed to building a sustained process of multisectoral collaboration for an improved legal framework, data and monitoring systems and intersectoral response services for victims of violence and abuse. Key results were: (a) the Child Protection and Welfare Bill, related national guidelines for residential care and restorative justice and the national OVC policy; (b) a computerized national vital registration system, including a national registration system for orphaned children installed in all districts; (c) the CGPU database established and in use in all police districts to enhance reporting and monitoring of child abuse and to facilitate referral services; and (d) systems for prevention and response strengthened through intensive sensitization of service providers in all districts on the new legal and policy framework and guidelines.

14. As a result of the holistic approach to child protection articulated in the costed OVC National Action Plan, the Monitoring and Evaluation Framework and the approved National OVC Policy, a contribution agreement of 11.3 million euros over four years was signed with the European Commission.

15. UNICEF, in partnership with other agencies, contributed to: (a) sustaining zero polio cases; (b) integration of vitamin A (55 per cent coverage) into the routine expanded programme on immunization; (c) introduction of the hepatitis B vaccine in the routine immunization schedule; (d) implementation of measles supplemental immunization activities through provision of vaccines, cold-chain supplies, training and social mobilization activities; and (d) achieving 83 per cent coverage for three doses of combined diphtheria/pertussis/tetanus vaccine among children aged 0-11 months.

16. UNICEF, the United Nations Population Fund (UNFPA) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) supported the development of a life-skills curriculum for formal and non-formal education of primary and junior secondary school-aged children. The in-school curriculum provided approximately 320,000 learners with correct information and relevant skills to reduce HIV risk and vulnerability. This was complemented by life-skills programmes targeted at out-of-school children, including sports-based life skills, reaching about 2,000 youth through sports associations, the HIV communication tool “String Game”, reaching about 16,000 youths, and road shows.

17. UNICEF supported key studies and evaluations that contributed to landmark shifts in government policy in the social sectors. In education, they informed the content of the revised Education Act, which made education free and compulsory, the development of the life skills-based curriculum and the School Health Policy, which incorporates issues of access to reproductive health information and services, psychosocial care and support and gender-responsive water and sanitation facilities. The Situation Analysis of Orphaned and Vulnerable Children (2005) and the Rapid Assessment, Analysis and Action Plan (2004) informed the development of a national OVC policy in 2006 which emphasizes multisectoral collaboration. In health, the Emergency Obstetric Care Assessment (2005) supported by UNICEF and the World Health Organization (WHO) resulted in the launch of the Government's Road Map for Accelerating Reduction of Maternal and Newborn Morbidity and Mortality (2007-2015).

18. UNICEF partnered with Baylor College and the Clinton Foundation to provide technical assistance and enhance national capacities to scale up treatment of paediatric AIDS, care and support. The first Baylor Paediatric Centre of Excellence for anti-retroviral therapy enrolled 1,000 of an estimated 4,400 children in need of treatment in 2006. UNICEF supported improving the service quality and expansion of paediatric AIDS and prevention of mother-to-child transmission of HIV (PMTCT) services. PMTCT is available in all the 18 hospitals and is being expanded to 20 of 160 peripheral health centres, although uptake of HIV testing counselling is currently only around 15 per cent.

19. In 2002, UNICEF supported the Disaster Management Authority in establishing a vulnerability assessment database and livelihood information system, providing technical assistance and capacity-building. This database has been rolled out to all districts and linked to the national poverty monitoring system and the national Food Security Task Force.

Lessons learned

20. Instead of having a vertical HIV and AIDS programme, the country office integrated HIV interventions across all four programme areas through a multisectoral approach that facilitated a high degree of collaboration among programme staff and partners. This has resulted in achievement of several key outcomes in all key focus areas as well as institutional strengthening and capacity-building, social mobilization and legal and policy reform. This holistic approach resulted in the contribution of 11.3 million euros from the European Commission referred to in paragraph 14 above. The new country programme intends to apply the same approach.

The country programme, 2008-2012

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child survival care and development	2 000	5 529	7 529
Education for all	835	9 506	10 341
Adolescent HIV prevention and protection	600	4 850	5 450
Policy, legislation and social protection	840	9 215	10 055
Cross-sectoral costs	895	900	1 795
Total	**5 170**	**30 000**	**35 170**

Preparation process

21. The LPRS, aligned to the Millennium Development Goals, served as the main reference document for developing the United Nations Development Assistance Framework (UNDAF) for the new harmonized cycle, with additional analysis contributed by the CCA. The eight original priorities of the LPRS and three cross-cutting themes were reclustered into four broad areas to align them more closely with the Millennium Development Goals. UNICEF participated actively in developing the UNDAF, including co-convening with WHO the human development thematic group. The Government, development partners and United Nations agencies identified four UNDAF outcomes: (a) strengthened national capacity to sustain universal access to HIV and AIDS prevention, treatment, care and support, as well as impact mitigation; (b) improved and expanded equitable access to quality basic health, education and social welfare services for all; (c) increased employment, household food security and enhanced natural resource and environmental management; and (d) governance institutions are strengthened, thereby ensuring gender equality, improved public service delivery and human rights for all. The draft country programme document was prepared by the country office and the Government, based on the finalized UNDAF and the January 2007 Country Programme Stakeholder Meeting.

Goals, key results and strategies

22. The overall goal of the country programme, aligned with the National Vision, is to enable the progressive respect, promotion, protection and fulfilment of the rights of children and women, especially the most vulnerable and marginalized. Given the high national HIV prevalence rate, all programme components will address HIV and AIDS through primary prevention among children and youth and mitigate the impact of HIV and AIDS among children and communities.

23. The country programme will contribute to the following key results:

(a) Child survival, care and development by 2012: (i) a comprehensive package of high-impact maternal neonatal and child survival interventions is accessible to at least 90 per cent of women and children; (ii) quality PMTCT and paediatric AIDS care services will be available to 80 per cent of affected and

infected mothers and children; and (iii) the number of new HIV paediatric infections reduced by 50 per cent. These results will contribute to a reduction in child mortality by 2012 of 40 per cent and a reduction in maternal mortality by 50 per cent from the 2004 baseline;

(b) Basic education for all by 2012: (i) at least 95 per cent of school-age girls and boys are enrolled in primary school; (ii) at least 80 per cent of girls and boys enrolled in grade 1 in 2008 have successfully completed grade 5 by 2012; (iii) at least 80 per cent of schools and non-formal education centres implement life skills education for HIV prevention; and (iv) at least 50 per cent of schools implement the child-friendly schools framework;

(c) Adolescent HIV prevention by 2012: (i) at least 60 per cent of girls and boys aged 10-19 years, including the most at risk, have an enabling and supportive environment to acquire correct information, comprehensive knowledge and risk reduction skills to prevent HIV; (i) at least 30 per cent of national and district-level health facilities provide adolescent-friendly HIV counselling and testing services, supported with comprehensive sexual and reproductive health support services. These results will contribute to a reduction of 1 per cent of new HIV infections among young people (15-24 years), as spelled out in the National HIV and AIDS Plan of Action 2006-2011;

(d) Policy, legislation and social protection: (i) the Children's Protection and Welfare Bill is enacted and implemented in harmonization with related laws and policies; (ii) at least 70,000 OVCs receive quality family, community and government support, and access and utilize basic services without discrimination; (iii) policy, evidence-based advocacy, national budget allocations, research and programming are informed by regularly collected and analysed strategic information on the situation of children, youth and women, particularly in relation to new and emerging issues. These results will contribute, by 2012, to an enabling environment being sustained for the fulfilment and promotion of children's rights, with equitable access and utilization of basic services.

24. The overarching strategy of the country programme is to focus on the most vulnerable and marginalized children and women. A human rights-based and gender mainstreaming approach will guide the identification and selection of priority areas for cooperation. The country programme supports decentralization by focusing on capacitating district structures to scale-up interventions country wide. Results-based management and continuous monitoring will be used to measure progress in the realization of rights and to ensure that resources are used efficiently and effectively. Knowledge generation and application, including demonstration of best practices, is the strategy used to improve programming quality and leverage results for women and children.

25. The country programme also will employ the mutually reinforcing strategies of advocacy and social mobilization, equitable access to quality services, strengthened institutional and community capacities, child and youth participation and forging partnerships to leverage resources. HIV and AIDS, gender equality, child protection and emergency preparedness and response are cross-cutting issues that will are mainstreamed in all programme components. Special attention will be paid to increasing access to basic services of at-risk groups including remote mountain communities.

Relationship to national priorities and the UNDAF

26. The UNICEF country programme results will contribute to achievement of each of the four UNDAF outcomes. These in turn are derived from the eight priority areas and two cross-cutting issues in the LPRS. These are clustered as: growth sectors; HIV and AIDS; gender and youth; human development; and governance. Combating HIV is the country's highest priority in recognition of its impact on development and the dependence of other Millennium Development Goals on achievement of this Goal. The LPRS is the medium-term framework for realizing the National Vision 2020.

Relationship to international priorities

27. The country programme's planned results were formulated in all five focus areas of the UNICEF medium-term strategic plan, with priority investments in children and AIDS, basic education, gender equality and young child survival and development. Results in these priority areas will contribute to national achievement of the Millennium Development Goals and the goals of the Plan of Action of the General Assembly Special Session on Children (*A World Fit for Children*) in responding to HIV, providing quality education and promoting healthy lives. The design of the country programme was guided by the Convention on the Rights of the Child, the concluding observations and recommendations of the Committee on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women.

Programme components

28. The **child survival, care and development** programme will support the Ministry of Health and Social Welfare and key partners to address the deteriorating health indicators in two result areas: (a) child survival and nutrition; and (b) maternal health and PMTCT. The programme will use an integrated and synergistic approach to scale up high-impact health and nutrition interventions in all districts, supporting capacity-building activities of community health workers and improving family care practices. UNICEF will provide technical assistance, procurement services, capacity-building, resource leveraging and project supplies. Leveraging resources for children will be achieved through advocacy to increase health budget allocations by the Government and by the Christian Health Association of Lesotho. Opportunities to access funds through the Global Fund to Fight Aids, Tuberculosis and Malaria, the United States Government, the European Union and the private sector will be explored through national coordination bodies and implementation of integrated programmes.

29. The **basic education for all** programme will be implemented primarily by the Ministry of Education and Training through the education sector-wide approach (SWAp). UNICEF co-chairs the Education Partners' Forum, which initiated the SWAp, and plays a critical role in sectoral reviews and in monitoring Fast-Track Initiative activities. Other members of the Education Partners' forum include the World Bank, the World Food Programme (WFP) and Irish Aid. The programme will comprise two result areas, basic education and life-skills education, and will address early learning and parenting education, gender disparities, access, retention and quality issues in education. A special focus will be on increasing access and retention, especially for OVCs. UNICEF support will comprise technical assistance,

procurement of learning materials, policy advocacy and resource leveraging. Opportunities for leveraging resources for children will be explored with the European Union, the Global Fund, the Government of Japan, Irish Aid, Family Health International, the Clinton Foundation and private sector partners.

30. The **adolescent HIV prevention** programme will have two result areas: HIV prevention among adolescents and adolescent-friendly health services. It will address adolescents' risky sexual behaviour, such as limited consistent condom use and multiple concurrent sexual partners, as well as increasing access to sexual and reproductive health services. It will also include the promotion of risk avoidance and risk-reduction skills and services among adolescents, combined with the creation of an enabling and supportive environment. The programme will include social research, advocacy at policy level, social mobilization and communication for behavioural and social change. It will include capacity-development and promotion of adolescent participation. Building an enabling and protective environment in which information, skills and services can be delivered is critical to reaching and engaging adolescents. As such, the country programme will further develop adults' capacities to support HIV prevention among adolescents, particularly in delivery of services.

31. The **policy, legislation and social protection** programme aims to support the Government at national level in adopting and implementing new and amended legislative and policy instruments to create a more conducive environment to realize the rights of children and women and contribute to a more equitable access and utilization of basic services. It comprises two result areas: (a) policy and legislation; and (b) social protection for OVCs. The programme will be responsible for ensuring that HIV and AIDS issues, particularly related to OVCs, are adequately addressed across the four programme areas. It will technically and financially support legal and policy development for children in key sectors. It is the focal programme for ensuring implementation of the OVC National Action Plan and the National OVC Policy. The programme also coordinates the UNICEF contribution to the National HIV and AIDS Strategic Plan and its monitoring and evaluation framework, and works with the focal point United Nations agency in monitoring the country's achievement of the Millennium Development Goals as they relate to children.

32. **Cross-sectoral costs** will cover management and support of the overall country programme, and include costs related to programme planning and coordination, and staff and operating expenses related to supply, logistics, administration and finance.

Major partnerships

33. Government line ministries are the main implementing partners. Partnerships with bilateral and multilateral partners, through the health and education SWAps, will enhance leveraging for scaling up. The funding from the European Commission for OVC programming will be channelled through UNICEF over the period 2007 to 2010. Further opportunities to leverage resources for children will be explored with Irish Aid, the United Kingdom Department for International Development, the Global Fund, other United Nations agencies and National Committees for UNICEF, as well as the private sector in relation to social responsibility initiatives. Reaching communities, especially in relation to life skills, youth development and care of OVCs and people living with HIV, will be promoted through partnerships with

non-governmental and civil society organizations. Partnership with the private sector will complement service delivery in specific areas, such as water and environmental sanitation, and with media organizations to raise awareness of child rights. Other major partners are the World Bank, the United States Agency for International Development and international and local non-governmental organizations.

34. Through the UNDAF, collaboration with United Nations agencies will be at the core of the country programme. Joint programming will be undertaken primarily in the areas of HIV (with all United Nations agencies), maternal mortality reduction (with UNFPA and WHO), OVCs (with the Food and Agriculture Organization of the United Nations, the Joint United Nations Programme on AIDS (UNAIDS) and WFP), adolescent HIV prevention (with UNAIDS, UNFPA and WHO) and education (with UNESCO, UNFPA and WFP).

Monitoring, evaluation and programme management

35. The UNDAF monitoring and evaluation matrices provide the framework for the UNICEF integrated monitoring and evaluation plan (IMEP) to be reviewed and updated annually with the workplans. The IMEP is complemented by programmatic logical frameworks specifying indicators, baselines and targets that allow review of progress and results against annual and end-of-programme targets. There will be collaborative monitoring and joint annual reviews of the UNDAF outcomes and outputs. The midterm review (MTR) of the country programme will be synchronized, to the extent possible, with the UNDAF MTR and the end-of-cycle evaluation. The country programme will rely on joint data collection exercises (Demographic and Health Survey, MICS, other household surveys, Millennium Development Goal progress report, poverty reduction strategy studies, orphan registration system) to collect and analyse data on children's and women's vulnerability and to improve programming. The United Nations system will provide continued support to the Government to strengthen use of DevInfo. Monitoring and evaluation linkages will be strengthened between the OVC National Action Plan and the HIV/AIDS Monitoring and Evaluation National Plan.

36. All programme implementation will be coordinated by national ministries and institutions, under the Ministry of Finance and Development Planning. The country programme will be managed through the oversight of a multisectoral Steering Committee jointly convened by the Ministry and UNICEF.

37. The main issues anticipated as requiring emergency preparedness and response in the next few years are: (a) prevention and mitigation of the continuing and adverse impact of HIV and AIDS; (b) drought, food insecurity and poverty; (c) the volatile political situation as a result of the general elections in February 2007; and (d) potential outbreak of a human or avian influenza pandemic. The emergency preparedness and response plan will be updated annually and UNICEF will participate actively in coordinated inter-agency responses led by the Resident Coordinator.