

A message from President and CEO David Morley

Thirteen-year-old Salim Sheik lives in a vast urban neighbourhood that, until recently, most people didn't even know existed. This was because his community—Rishi Aurobindo Colony, a shantytown in Kolkata, India—didn't appear on any map. Thanks to investments from donors like you, this is changing.

In "Children Mapping Change" (page 4), read how Salim and some friends started a mapping project to

show the world where and how they live. They collected data about the people, homes, alleys, temples and water sources in their community and produced colourful hand-drawn maps.

Today, with the support of UNICEF and access to new, cutting-edge mobile phone technology, Salim's maps have become powerful statistical and geographical tools that his community uses to promote vaccine programs and mobilize for malaria information drives.

Clearly, to reach the children who are hardest to reach, innovative ideas and technologies like this are vital. This past May I had the opportunity to attend the Annual Meeting of UNICEF National Committees in Bern, Switzerland. The focus was innovation—innovation from within UNICEF, but also in collaboration with other organizations like the Bill and Melinda Gates Foundation. IKEA, the Future Foundation and YouTube.

Finding innovative approaches and solutions can be challenging, but they have proven to be successful time and again. Just look at Malawi, where UNICEF has been helping the government implement a pilot project using simple SMS text messaging technology to link local doctors with district and national health services. (See "Texting the Way to Better Child Health," page 12.) Or consider the Multiple Indicator Cluster Survey (MICS), a global UNICEF database that tracks the well-being of children and their families, even in hard-to-reach areas, providing data that ensures aid to those who need it the most. (See "Innovative Data Collection Promotes Global Well-being," page 15.)

UNICEF is as determined as ever to protect and improve the lives of all the world's most vulnerable children. With your support and innovative initiatives like the ones you will read about in For Every Child, we are getting closer and closer to our goal.

David Morley President and CEO **UNICEF** Canada



UNICEF is the world's leading child-focused humanitarian and development agency. Through innovative programs and advocacy work, we save children's lives and secure their rights in virtually every country. Our global reach, unparalleled influence on policymakers, and diverse partnerships make us an instrumental force in shaping a world in which no child dies of a preventable cause. UNICEF is supported entirely by voluntary donations and helps all children, regardless of race, religion or politics.

EVERY CHILD

For Every Child UNICEF Canada Magazine Fall/Winter 2011

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Photo on the cover: © UNICEF/NYHQ2011-0597/Asselin A smiling woman carries a UNICEF hygiene kit from a distribution point in Ligaleu, a village in Côte D'Ivoire. The kit contains cups, soap, collapsible containers and other items

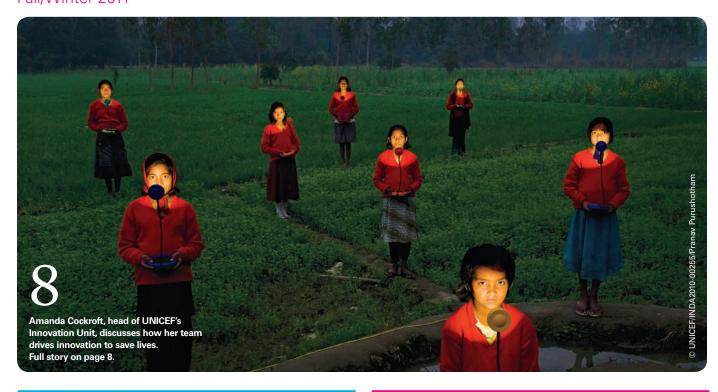
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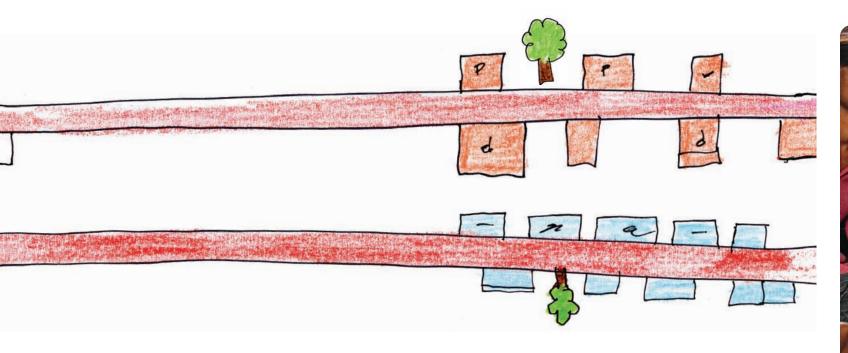
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CHLDREN MAPPING CHANGE

Indian youth work together to put their sprawling Kolkata neighbourhood on the map





IMAGINE LIVING SOMEWHERE THAT DOESN'T EXIST ON A MAP.

Your house, your street, your neighbourhood—all undocumented. They exist only in the minds of your family, your neighbours and the occasional visitor. To the rest of the world, and

to the officials that make decisions on vital services and programs that affect your very survival, your neighbourhood is virtually unknown.

How would you feel?

Invisible? Forgotten? Voiceless?

It's hard to imagine, in a time of rapid globalization, that this could be possible. Yet in the eastern Kolkata shantytown of Rishi Aurobindo Colony, until recently this was very much the case. For 13-year-old Salim Sheik and his friends, not having a map of their community made advocating for the needs of the 9,000 people who live there almost impossible.

So with the generous support of UNICEF donors and access to some cutting-edge technology, Salim and his friends set about making their own map.

The children came up with the idea of a neighbourhood map from a program called Awaz, or "Voice," that helps youth understand their rights and entitlements, and ensures their involvement in achieving the Millenium Development Goals. The project encouraged the children



to initiate change in their community—a community that not long ago was mostly notorious for crime.

With remarkable determination, Salim and his friends set about documenting their neighbourhood—gathering data about the people, small brick huts, crowded alleys, scattered temples, trees and water pumps. They organized themselves into teams of four—a photographer, a tabulator, a map-maker and a note-taker—and used traditional mapping techniques to generate a colourful, hand-drawn version for their first draft.

Next, the children were taught how to collect more and better data using an innovative mobile phone technology that turns mobile phones into data collection machines. (See "Texting the Way to Better Child Health," page 12.)

Today, the map and the survey have become powerful advocacy tools. Perhaps the most alarming detail the data has revealed is that there are precisely 71 sources of water in Rishi Aurobindo, but not one of them is clean enough to drink from.

"Access to clean drinking water is the biggest problem in our community today," says Prabir Saha, 15. "Our water is yellow [with arsenic and iron] so we only use it for washing or cooking."

With their data they will now approach municipal officials for help. The community can also now use the data to determine where to promote vaccine programs and mobilize for malaria information drives, and to check on children who drop out of school.

"With this map, everyone in the world will know we are here. We are a community with many issues and ideas, just like anybody."

Bhrati Daz, a 36-year-old resident, says improvements have already been made. Pointing to a lamppost in her crowded alley, she observes, "Things are already better. We have more light here."

Soon they will upload all their data to Google Earth, so the whole world can see the results.

"With this map, everyone in the world will know we are here," says Salim with pride. "We are a community with many issues and ideas, just like anybody."

Did you know?

Almost 50 percent of the developing world's population—2.6 billion people—lack improved sanitation facilities, and there are still 884 million people who lack access to improved drinking water sources.





Interview with Tommi Laulajainen, Chief of Communications for UNICEF Nigeria

Speaking from UNICEF Nigeria's country office, Tommi discusses the communications strategy being used to support the eradication of polio in Nigeria



one of the ways unicef is striving to reduce the global number of daily preventable child deaths from 22,000 to

number of daily preventable child deaths from 22,000 to zero is by focusing on reaching the children who are the hardest to reach.

Sometimes it's the terrain that makes it difficult to reach vulnerable children. Other times, however, the barriers aren't physical but cultural, political or religious in nature. Such is the case in Nigeria, where polio remains a threat to many of its children, and standard vaccination campaigns have failed to reach portions of the country's population because of widely held misconceptions about vaccines.

Fortunately, today UNICEF and its partners in the Global Polio Eradication Initiative are poised to reach the goal of eradicating polio in Nigeria by the end of 2012. Reaching this critical milestone is only possible thanks to your generosity and to the hard work of UNICEF staffers like Tommi Laulajainen.

Communications for Development, or C4D, is Tommi's specialty. Tommi heads up a team that is working to break through the cultural barriers that limit the success of conventional vaccination campaigns. So far they are realizing tremendous success: in 2010, the number of new polio cases in Nigeria dropped by 95 percent.

For Every Child recently interviewed Tommi to find out more about C4D and why it's achieving such amazing results:

What do parents who refuse vaccination fear will happen to their children, and what is the cause of their fears?

Based on rumours circulating, some parents fear the vaccine will cause infertility or disabilities.

Besides vaccine safety, resistance among communities in northern Nigeria seems to be linked to a number of factors: caregivers do not perceive polio as a strong threat as there are now so few cases; some caregivers question multiple rounds of vaccination; and some resistance is due to religious beliefs based on interpretations by religious scholars. To overcome this last factor, we are engaging these scholars directly in discussions with high-level traditional leaders. First we try to understand their perspective, and then we work on persuading them to actively support polio eradication. The Organization of Islamic Countries is very supportive of the Global Polio Eradication Initiative, and that is one of our most persuasive tools.

In addition to communicating with religious leaders, you connect directly with parents who have refused to vaccinate their children. How do you help parents overcome their fears?

This part of the program is carried out separately for men and women. The male villagers are brought together in the presence of the village head, local traditional leaders and health educators to discuss the importance of vaccination and how to resolve vaccination refusals. "First we try to understand the community's perspective, and then we work on persuading them to actively support polio eradication."

geria is on the last lap towards po

During compound meetings with women, female mobilizers from women's associations and female health educators have a similar discussion.

Then we launch each vaccination drive (there are eight campaigns this year) in the presence of traditional and religious leaders to mark the importance of, and support for, the campaign.

To create wider awareness of the exact dates of each campaign, town announcers and other community stakeholders circulate through the settlements to announce campaign dates. All these direct, interpersonal events are reinforced by a radio campaign.

How would you describe the C4D approach?

C4D uses dialogue and consultation with children, families and communities. C4D is grounded on the understanding of local contexts and relies on a mix of communication tools, channels and approaches.



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High-risk areas are defined after each polio vaccination campaign based on three criteria: communities with 20 percent or more missed children and a 30 percent or higher rate of refusal; communities with 50 percent or more missed children; or communities with a diagnosed polio case within the past six months.

Nigeria currently has 12 high-risk states, all located in the north. The northern part of Nigeria has typically low routine immunization coverage, and they also have a history of high rates of refusals due to religious, political and other reasons.

Has your program changed or evolved at all as you have executed it?

- .

In the current phase of the project we are using the C4D method to strengthen community engagement in the settlements where persistent refusals remain high. We are also launching a national media campaign in September that will link to local event plans. The goal here is widespread visibility for the vaccination drives. We also need to better communicate a sense of urgency in order to bring aboard new stakeholders and participant groups to share in the goal of eradicating polio in Nigeria by the end of 2012.



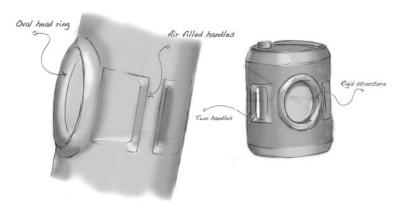
"It's such a privilege to be able to put my skills to work for humanitarian benefit. I can't imagine a more satisfying job than knowing that what I do, what my team does every day, will save lives, improve lives around the world, now and for generations to come."

n essence, the team is tasked with marrying the needs of children around the world with creative solutions to the obstacles that sometimes get in the way. Solutions can come from anywhere—academics, designers, entrepreneurs, UNICEF staff, even children themselves. The trick is to catch those ideas before they float away.

Though a relatively new unit in the UNICEF family, the projects they are currently tending promise a bountiful yield—collapsible water containers designed to be carried on a bike, by hand or on top of one's head; solar-powered technology; improved pneumonia diagnostic equipment; the creation of better systems for reuniting families separated by conflict or disaster. And this just names a few of their projects. The unit drives innovation with one clear purpose in mind: to dramatically increase the number of children's lives UNICEF can save and to improve the quality of life for still many more.

Amanda defines innovation as "the successful exploitation of ideas—making new connections; creating value; improving existing goods, processes or services, or developing ones that have not existed previously." Unlike in the private sector, where inventions are most often shrouded in secrecy, in the UNICEF world innovation requires openness and it is a bonus if other aid agencies also find it useful. Case in point: the team is supporting a child protection project that uses smart phones to help reunify families in times of crisis.

"We have a wonderful partnership with New York University, where students can take a course called Design for UNICEF," relays Amanda. "In 2009, under the guidance

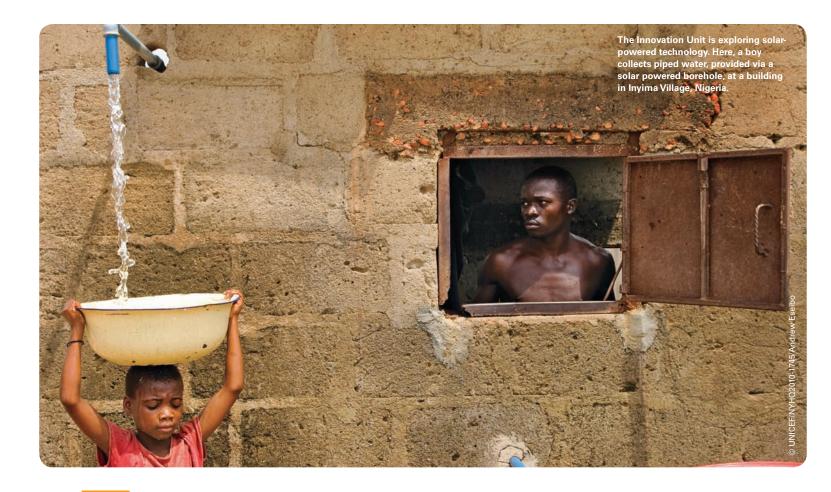


An early concept drawing of a collapsible water container designed to be carried on a bike, by hand or on top of one's head.

of UNICEF's child protection specialists, a group of students worked on technological ways to speed up the process of registering family members who have been separated to have a better chance of reuniting them."

Did you know?

Pneumonia is the most common and serious form of respiratory infection. Every year it kills up to one million children under five, mostly in developing countries. A vaccine has existed since 2000, but at \$70 a dose in industrialized countries, it is out of reach for children most at risk.



Unlike in the private sector, where inventions are most often shrouded in secrecy, in the UNICEF world innovation requires openness and it is a bonus if other aid agencies also find it useful.

And so Rapid Family Tracing and Reunification, or RapidFTR, was born. First developed by students at NYU, then further honed by teams of volunteers across six continents, the platform was transformed into a simple, user-friendly set of applications and software for registering unaccompanied minors on networked smart phones.

"But before we went too far, we needed to be sure it would really work out there in the real world, and that other agencies involved in reunification would find it both helpful and easy to use," says Amanda. With this in mind, UNICEF and partners piloted RapidFTR on the Uganda-Sudanese border just prior to Southern Sudanese independence. Early responses from other agencies and field staff are promising.

"We're 100 percent committed to involving affected children and support staff in all our innovations at all stages of development. It's invaluable. It may take more time, but the final result is always improved."

Such is the case with another project the unit is working on: improving field equipment for diagnosing pneumonia. Working closely with field staff to look at the best possible improvements, the unit found ways to make the equipment more intuitive and user-friendly. The team is hopeful that,

with the input of field staff, a revised model could be back out in the field within a year.

"With some innovations, like the water containers, it takes time to get it right and to make the necessary changes to production methods or processes. Others, like the improvements to the pneumonia diagnostic device, can be conceived, designed, piloted and in the field in a matter of months," adds Amanda. Donor support makes it all possible.

A primary goal of the Innovation Unit is to "crowdsource," a social media term that means to harvest ideas from the "crowd"—in other words, from anyone who's interested—instead of just turning to the traditional roster of stakeholders and experts. Amanda's team has launched a new website that will do just that. The site lists a number of problems that UNICEF needs to overcome and asks users to submit suggestions and ideas. It even has users engage on developments already in progress. The website can be found at unicefinnovation.org.

"It's such a privilege to be able to put my skills to work for humanitarian benefit," Amanda concludes. "I can't imagine a more satisfying job than knowing that what I do, what my team does every day, will save lives, improve lives around the world, now and for generations to come."

Texting the way to better child health

A UNICEF-assisted project uses mobile phone technologies to bring faster treatment to Malawi's children





in combating child malnutrition: the mobile phone.
RapidSMS technology, implemented by the
Malawian government with assistance from
UNICEF and its donors, uses ordinary text messaging to
link local doctors with district and national health services.

The new system is already helping the country's children—like Brenda Jumbe—to live longer, healthier lives.

Brenda's mother, Anna, could not understand why her daughter, 14 months old at the time, always seemed to be sick. Anna had administered all sorts of treatments, but without success. At a loss, she walked the 10 kilometres to Chiwamba Health Center in search of help.

After conducting tests, health workers at Chiwamba used RapidSMS to submit the data directly to the Ministry of Health. The results came back promptly, and Brenda was immediately diagnosed with acute malnutrition and admitted into a nutritional rehabilitation program.

In collaboration with Columbia University, UNICEF has been helping the Malawian government to implement a nutrition monitoring pilot project in the country's Dedza, Salima and Kasungu districts.

RapidSMS was first introduced in Malawi in 2009. The technology links health workers' mobile phones to a national health computer programmed using open source data management software. The computer conducts basic health data analysis and graphing, and monitors the nutritional status of individual children.

In the past, children like Brenda could go without diagnosis or treatment for weeks, or even months. Doctors and health workers sometimes travelled 30 kilometres or more to submit health data manually, and then waited days or weeks while the results were processed—sometimes receiving no feedback at all.

Today, using RapidSMS to submit such data takes mere seconds and has quick response times. As a result, doctors and healthcare workers at the country's 200 health centres are more closely connected with regional and national health institutions.

SMS, or Short Message System, is the technical name for text messaging. With some 2.4 billion active users, text messaging is the world's most popular data application, accounting for nearly three-quarters of the world's mobile phone subscribers.

The mobile phone is the communication technology of choice in the developing world, as strained national budgets put the "grid"-style telephone system out of reach. RapidSMS works well in places like Malawi precisely because it takes advantage of the cell phone's long reach.

A recent Columbia University study reports promising results from the pilot project: so far, RapidSMS has greatly improved nutrition reporting and reduced errors to 3 percent.

Anna Jumbe would not disagree. Now three years old, Brenda has fully recovered. "My baby is able to eat and play," says Anna. "She is now okay and thriving."

Did you know?

Childhood undernutrition remains a major health problem in resource-poor settings. In developing countries, approximately one-third of children less than five years of age are stunted (low height for age).



THE MAXIM "TO IMPROVE SOMETHING, FIRST MEASURE IT

is as true for poverty as it is for any important project. In Canada, progress in combating poverty is stalled by a debate about how to measure it. There is no official national definition of what constitutes poverty in Canada. And because there is disagreement about what poverty is and who is in it, there is a barrier to action.

Poverty is very much present here in Canada: as measured by the Canadian federal government using income level, one in ten Canadian children lives in poverty. For First Nations and recent immigrant children, the rate is closer to one in four children.

Right from birth, living in poverty affects infant mortality rates and, after that, everyday quality of life. For children, poverty is damaging to mental, physical, emotional and spiritual development. Simply put, impoverished conditions undermine children's chances to survive and thrive.

While low family income is a key factor to measure in understanding which children live in poverty, other forms of deprivation include lack of safe and adequate housing, fewer community programs, and more violence.

To successfully fight poverty in Canada and to improve the lives of Canadian children, we need new and innovative ways of thinking—and UNICEF is providing just that. Our research measuring how children experience poverty is an innovation that could help Canada's federal and provincial governments and organizations set a course to define, measure and ultimately reduce child poverty in Canada.

To successfully fight poverty in Canada and to improve the lives of Canadian children, we need new and innovative ways of thinking—and UNICEF is providing just that.

UNICEF's approach to the multi-dimensional measurement of child poverty could be used in Canada to make our most vulnerable visible, and help move past the debate about who is poor to solutions that can be tried and measured for their impact on children's lives. We can begin by officially defining what child poverty is and how we will measure it, using multi-dimensional indicators as a precursor to setting reduction targets, honing poverty reduction strategies and tracking their success.

Britain has taken this multi-dimensional approach and has halved its child poverty rate over the decade, while Canada's has remained stagnant. We can do better.

Spirited Halloween fundraising in Canada helps drive UNICEF's work in the field

Party Packagers store manager Jim Murphy spearheads a campaign to raise funds around National UNICEF Day



WHAT DOES A FIRE-ENGINE RED, MOHAWK-STYLE HAIRDO HAVE TO DO WITH SAVING CHILDREN'S LIVES?

For Party Packagers store manager Jim Murphy, agreeing to a zany hairdo was but one tactic to motivate staff to support UNICEF's vital children's programs, a passion close to his heart.

Party Packagers first partnered with UNICEF Canada in 2009, uniting around Halloween—a holiday central to the tradition of both organizations. As Jim explains it, "When you think of UNICEF, you think of Halloween. When you think of Party Packagers, you think of Halloween. It's a hand-in-hand partnership."

In the weeks leading up to October 31, Party Packagers carried out a paper icon initiative in stores across the country to raise funds around National UNICEF Day—also on October 31. And thanks to dedicated store managers like Jim, Party Packagers raised nearly \$65,000 to help ensure needed vaccines, education, clean water supplies, and other life-saving measures can reach as many vulnerable children as possible.

"When you focus on the children, no matter who you are, your heart opens up."

Leading his store's campaign for two years now, Jim managed to double his store's fundraising totals in 2010 to more than \$11,000. This coming fall Jim is raising the bar even higher, hoping to exceed \$15,000.

What's his secret? Jim describes it as a cookie-cutter recipe. "You start with a goal, you set targets and 'mini-wins' along the way to make it achievable, and you get management staff to buy in."

Then comes the fun part: setting up a thermostat (a regular visual to keep the goal top of mind) and getting staff involved in planning prizes, whether it be a free costume, a pizza lunch or an incentive to shave the manager's hair!

"Each person came with clippers," he recalls of the experience. "Some made funky designs. Everyone had a lot of fun with it."

To inspire his staff, Jim shared information with them about UNICEF's work around the world. "It puts the focus back on the children. When you focus on the children, no matter who you are, your heart opens up."

Jim's passion for children is rooted in his life experience. Youthful and energetic, Jim has four kids of his own and is about to become a grandfather. "Knowing UNICEF helps secure the rights of children worldwide inspires me."

UNICEF is deeply thankful to Party Packagers and committed staff like Jim. Valuable partnerships like this help ensure UNICEF's life-saving programs reach the children who need it most.

Innovative data collection promotes global well-being

An international UNICEF survey plays an important role in reaching the hardest to reach



IT IS HOT AND HUMID WHEN MADHURI SAMADDAR, 28, ARRIVES

at the Boalkhali Bazaar in Swarankhola, southwest Bangladesh. Through the narrow, crowded streets she makes her way to the Sheresta Bari, a tiny slum of makeshift houses on a small strip of land.

She is there to meet with Manik Das, a cobbler, and his wife Shanti Das, a maid. Manik and Shanti have been selected to participate in the Multiple Indicator Cluster Survey (MICS), an international database designed by UNICEF to monitor the well-being of children and their families and track their progress against national and global commitments, including the Millenium Development Goals.

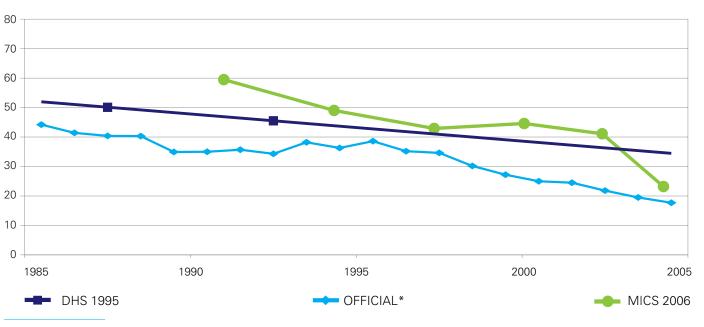
Shanti, with her son perched on her hip, responds to questions about delivering her children, breastfeeding and birth registration. "I have heard of such surveys before," she says, "but they never came to us."

Madhuri is one of hundreds of surveyors collecting data for the fourth global round of the survey. UNICEF developed MICS to help countries produce statistically sound, internationally comparable data on a range of measures including health, education, child protection, and HIV and AIDS. To date, and with thanks to donor support, more than 200 surveys have been held in over 100 countries.

Sometimes collecting the data can be challenging. In Kazakhstan, MICS fieldworkers traverse a vast and under-populated country with a long and severe winter to reach the 16,000 households in their representative sample. In Bhutan, surveyors contend with hailstorms and heavy snowfall to reach selected respondents in the remote village of Laya, a full 3,800 metres above sea level. In places like Gaza and the Central African Republic, survey teams find that after years of armed conflict, the families they seek simply aren't there—the homes have been destroyed, or the families have been displaced.

Mohammad Shah Alam, a MICS interviewer in Bangladesh, says surveyors must also surmount cultural hurdles. "Most women shy away from personal questions," he explains. Using techniques he learned in MICS training, Mohammad encourages respondents to speak in private settings with friends or family members present.

UNICEF'S MICS is well positioned to shed light on the world's most disadvantaged, vulnerable and marginalized children—knowledge that is vital to shaping the best possible plan to help children survive and thrive into adulthood.



^{*} Academy of Preventive Medicine, and Macro International Inc., 2000. Kazakhstan Demography and Health Survey, 1999. Almaty, 2000.

In Kazakhstan, MICS fieldworkers traverse a vast and under-populated country with a long and severe winter to reach the 16,000 households in their representative sample. The graph shows the estimated trend in under-five mortality rates based on a Demographic and Health Survey (DHS) taken in 1995 and the MICS survey taken in 2006. The graph also shows Kazakhstan's official statistics. Different approaches to child mortality assessment techniques cause discrepancies between different sources. All sources show a significant decline in mortality during the last 15 years.





EXPERTS TELL US THAT EARLY LEARNING IS CRITICAL to a child's long-term health and well-being.

That's why UNICEF recently created a first-of-its-kind Early Childhood Development (ECD) Kit devoted to encouraging continued development and social interaction among children aged 0-6 during and after a crisis.

Child survivors of weather-related disasters and children caught in conflict often end up in refugee camps, living in close quarters with few places to play. Since it is essential for children to resume normal activities without delay, even in an acute phase of an emergency, UNICEF sets up centres for these children, and the ECD Kit provides play things that they can use to learn.

Each of the kits prepared by UNICEF contains 37 different items to help create a safe learning environment for up to 50 children. Each item was selected to help develop skills for thinking, speaking and feeling, and to promote interaction

Did you know?

An estimated 20 million children have been forced to flee their homes in recent years because of conflict and human rights violations, and are living as refugees in neighbouring countries or are internally displaced within their own national borders.





between peers and with caregivers. Before it was launched, the kit was piloted in seven countries in crisis or post-crisis transition, including Chad, Iraq and Maldives.

"The materials—dominos, colouring pencils, construction blocks, hand puppets, puzzle blocks and memory games—also seem to give children a sense of property, something that they own," said Deputy Director of Emergency Programs Dermot Carty. "Our experience in the field tells us that educational kits act as magnets to children."

The ECD Kits piggyback on the huge success of UNICEF's School-in-a-Box kits (over 600,000 now delivered worldwide)

as well as our Recreation Kits that provide sporting equipment and resources to ensure physical activity and play.

UNICEF has been able to supply these kits to many of the more than 800 emergencies it has responded to in the past three years alone and, thanks to the generosity of our donors, children worldwide will continue to benefit from these innovative resources.

Luisa's Story: Georgia



Luisa and her younger brother Giorgi watch intently as a caregiver builds a tower of multi-coloured bricks. They then run eagerly over to tables displaying puzzles, games, crayons and drawing books.

The past year has been a struggle for Luisa, one of the 127,000 people forced from their homes by fighting in South Ossetia, Georgia.

Every weekday Luisa and Giorgi's mother, Tamrik, takes her children to a centre established by UNICEF and its partners in an abandoned soviet military hospital in the Georgian capital of Tbilisi.

UNICEF's new ECD Kit, piloted here in Tbilisi, provides a semblance of normalcy for these children and helps ensure they don't fall behind developmentally.

Tamrik says the ECD Kit and the attendant caregivers in the centre provide much-needed support and a safe environment. "I think it plays an important role in the children's upbringing. They have gained a lot of experiences in terms of education and social skills."

Samia's Story: Libya

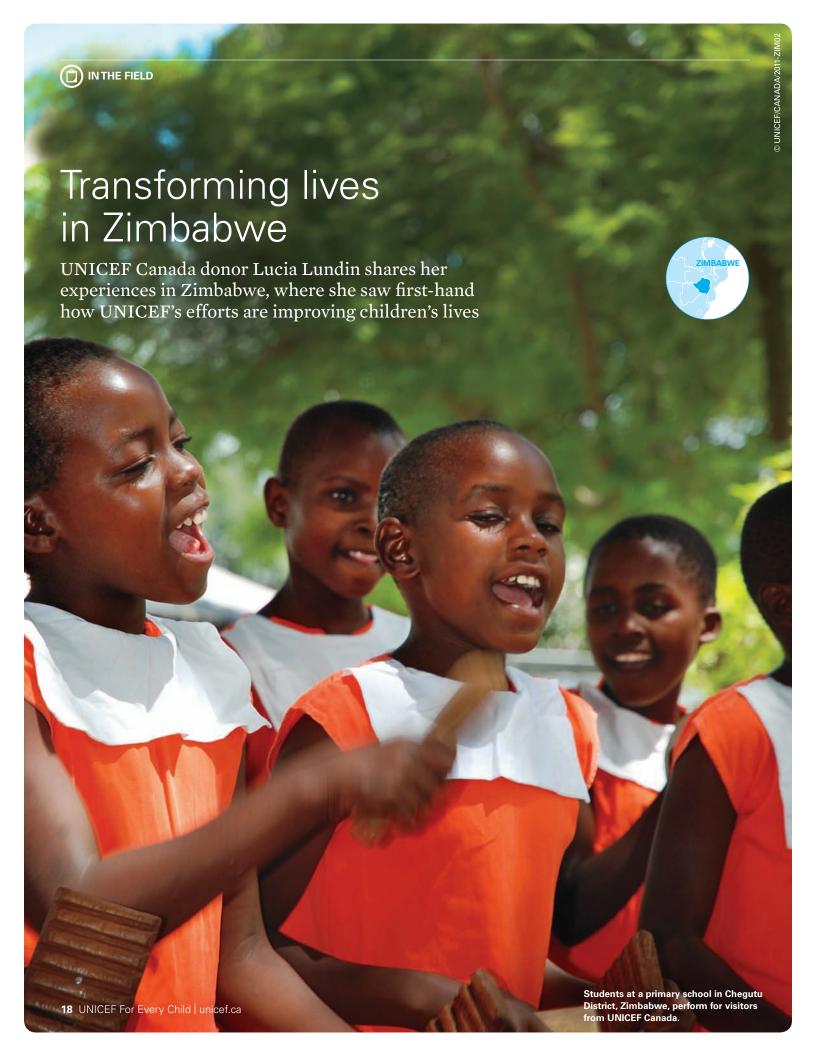


Samia is holding hands with other children as they move in a circle, singing songs in an early childhood centre in a tent at the Shousha transit camp near the Libyan-Tunisian border.

A month ago, Samia and her parents lived in Tripoli. Now they join 6,000 other Libyans in a sea of small tents that make up this refugee camp.

"Many children, when they arrive, are extremely quiet," says Monira, a UNICEF volunteer, as she takes paper and colouring pencils out of an ECD Kit for a drawing session. "After a few days they start to draw, play games and sing, and they feel safer and more in control."

Over 6,500 children in Libya, like Samia, are benefitting from activities supported by the UNICEF ECD Kits. Thanks to the generosity of donors like you, UNICEF is able to give these children a small respite from the ongoing conflict.



IN A SMALL HOUSE IN HARARE, A YOUNG GIRL IS TRYING to

paint a picture. She is in a wheelchair, and she's having a hard time keeping the paintbrush steady in her hand. There are many other children in the room with her, and they're surrounded by colourful toys, books and art supplies.

Another girl of about the same age sees her struggle and silently reaches over and steadies her hand. They proceed to paint together, hand over hand.

The girls are spending the day at AfricAid, an arts centre for HIV-positive children designed to help them cope with their illness and communicate with each other and their caregivers through art.

Witnessing this encounter is Lucia Lundin, a UNICEF donor who had the rare privilege of journeying to Zimbabwe to see how UNICEF dollars are working there to improve children's lives.

For Every Child asked Lucia to share her experiences and observations.

A lot of what we hear about Zimbabwe here in Canada is grim, yet you sound so positive about your experience. What did you see that was so uplifting?

Mostly we saw how UNICEF's efforts in Zimbabwe have transformed the lives of many children. Whether it was the smiling, laughing faces of the children playing in the AfricAid Centre, or the children in the village school who were brimming over with gratitude for the textbooks they received through UNICEF, at every turn we saw evidence that the dedicated UNICEF field staff in Zimbabwe are having a profound impact on children who face obstacles that children should not have to face.

Without a doubt, the most poignant part of the journey for me was our visit to the child-friendly courtrooms, a government project supported by UNICEF that allows children to testify to sexual abuse outside the courtroom via video link, and in the presence of a supportive parent or caregiver. It was a very emotional experience, but it was immediately obvious that the court was making a positive impact on children whose trust in adults had been so fundamentally violated.

"She proceeded to tell us the heart-wrenching details of her abuse. There wasn't a dry eye among us. And, just as suddenly, she concluded, 'But I'll be okay. I'm going to focus on school now."



You had the opportunity to interact with many children on your trip. Is there any one conversation that stood out for you?

As we were leaving a presentation at a victim-friendly health clinic, a young girl—she must have been around 10—ran up to us. She had been late for the presentation and hadn't had a chance to speak. Since we were there as UNICEF representatives, her mother encouraged her to tell her story to us. "Please, please, I just want to tell you what happened to me," she said. "Please can I tell you?" We agreed, and she proceeded to tell us the heart-wrenching details of her abuse. There wasn't a dry eye among us. And, just as suddenly, she concluded, "But I'll be okay. I'm going to focus on school now."

It was so clear that being able to tell her story to trustworthy adults, both at the clinic and at the courts, had given her confidence and helped her focus more on her future and less on her past.

You are particularly interested in UNICEF's support for HIV-positive children. In what other ways did you see this support in action?

We visited an HIV clinic supported by UNICEF, and I was so impressed by what I saw there. In one clinic, children can be tested, parents and children can receive counselling and support, and their overall health and well-being can be monitored (stunting from malnutrition is a huge problem in Zimbabwe). They get tons of support—help in keeping track of their medications and assistance with ongoing challenges. Because it is such a bright, friendly, supportive place, families and children want to return. It was brilliant.

From time to time, UNICEF donors who have made a significant investment in UNICEF's work have the opportunity to see in person what success for children can look like. UNICEF is grateful for its continued partnership with Intrepid Travel. Their generous support in travel logistics and field travel expertise helps ensure every field visit is a memorable one.









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