



Economic and Social Council

Distr.: Limited
14 July 2009

Original: English

For discussion

United Nations Children's Fund

Executive Board

Second regular session 2009

14-16 September 2009

Item 4 (d) of the provisional agenda*

Summary of midterm reviews of country programmes

Central and Eastern Europe and the Commonwealth of Independent States region

Summary

This regional summary of midterm reviews of country programmes conducted between October 2008 and May 2009 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

Introduction

1. Seven countries in the region conducted midterm reviews (MTRs) between October 2008 and May 2009: Albania, Belarus, Georgia, Kyrgyzstan, the Russian Federation, Turkey and Ukraine. Several studies, reviews, assessments and evaluations informed the MTR findings.

Midterm reviews

Albania

2. **Introduction.** The MTR process was guided by Albania's being one of eight Delivering as One countries, and by its signing of the Stabilisation and Association Agreement with the European Union (EU). At each stage of the MTR process, internal and external consultations took place with a broad range of partners. The

* E/ICEF/2009/16.



results of this review were presented at a National Conference on Social Inclusion, in November 2008, led by the Ministry of Labour, Social Affairs, and Economic Opportunity with the active participation of United Nations agencies, non-governmental organizations (NGOs) and the EU.

3. **Update of the situation of children and women.** While the gross national income per capita more than doubled between 2002 and 2006 (from \$1,390 to \$2,960), it remains among the lowest in Europe. The 2007 World Bank poverty assessment report indicates that overall poverty fell from 25.4 per cent in 2002 to 18.5 per cent in 2005. The rate of poverty among children is approximately 30 per cent higher than the national average poverty rate across all age groups.

4. According to the MDG Monitor, which tracks achievement of the Millennium Development Goals, the Goals on poverty, child mortality and HIV/AIDS are very likely to be achieved, while the Goals on primary education, gender equality, maternal health and environment are off track.

5. While participation in education is increasing, ongoing reforms must more directly address quality and equity. On average, Roma children complete only 4.5 years of schooling, compared to 11 years for other children, and as many as 54 per cent of Roma children over age 15 are illiterate.

6. The Ministry of Health has spearheaded significant reforms of the health care system to address the fragmentation of health financing. Careful monitoring is now required to ensure quality delivery of preventive services, especially among vulnerable population groups, given that one in five children under age five is stunted — the figure rises to one in three among children living in poverty. Disparities exist in access to health care, with Roma children having immunization rates 15 to 20 per cent lower than the national average.

7. The reform of national legislation needs to fully address three key elements of the protective systems: an overall definition of a ‘child at risk’; mechanisms for child protection referrals; and the legal framework for addressing emergency child protection situations.

8. The Committee on the Rights of the Child recommended in 2005 that the Government develop a comprehensive child-centred family policy and accelerate deinstitutionalization of children. This would involve ensuring parallel structures for follow-up and reintegration support and services, and procedures to fully inform children, enabling them to participate in deciding on their future placement.

9. **Progress and key results.** Seven new joint programmes have been developed by the United Nations country team (UNCT) since its inception. One additional joint programme is under development, on Children, Food Security and Nutrition. An impact evaluation of the One United Nations programme is planned for 2010.

10. The national child protection system has been strengthened by the introduction of integrated social protection and care services. Child protection units have been introduced in 14 municipalities. This model is an integral part of the United Nations joint programme on gender and domestic violence as a local referral mechanism for domestic violence cases. Youth Parliaments in all 12 regions, an important part of the United Nations joint programme, helped to increase awareness of young people on the country’s new gender law.

11. The programme worked closely with World Health Organization (WHO), Food and Agricultural Organization of the United Nations and the Ministries of Health and Agriculture to develop a nutritional strategy and action plan, as well as to coordinate a successful submission to the MDG Achievement Fund and support implementation. The first demographic health survey of Albania was undertaken with the joint support of United States Agency for International Development (USAID), the Swiss Agency for Development and Cooperation, UNICEF, WHO and the United Nations Population Fund (UNFPA). WHO, UNICEF and the United Nations Development Programme (UNDP) also jointly implemented an avian influenza (H5N1) preparedness and rapid response programme, which focussed on surveillance and behaviour change.

12. As a result of the juvenile justice system reform, conditions within juvenile detention facilities are now closer to international standards. To date, 38 per cent of sentences for juveniles in Tirana are adjudicated through orders for community service. Outside of Tirana, 67 per cent of the cases referred to police in four districts are resolved through victim offender mediation and restorative justice. The programme of cooperation supported reform strengthening psychosocial and vocational programmes, while the European Commission focused on improving the physical condition of facilities.

13. A comprehensive pre-school strategy was developed by the Ministry of Education and Science, with UNICEF technical support. As a proportion of the total education budget, the budget for pre-school has increased from 4.6 per cent in 2004 to 6.2 per cent. Some 50 per cent of children now attend pre-school, up from 30 per cent in 2004. Based on the findings of the evaluation of the 'hidden dropout' approach, a model supported by the country programme, the Ministry of Education and Science developed policies on minimum necessary learning objectives, as well as participatory school planning, in both compulsory and secondary education. As a result, more compulsory-education school teachers and principals can apply school plans focused on students' learning outcomes.

14. **Resources used.** At the end of 2008, total expenditure was \$12,500,000 (\$1,900,000 in regular resources and \$10,600,000 in other resources), of which \$1,000,000 was spent on social policy, information and advocacy; \$5,600,000 on children's health and development; \$5,500,000 on child, youth and family protection; and \$400,000 on cross-sectoral costs. Because of successful resource mobilization efforts, in 2008 the Executive Board approved an additional \$4,500,000 in other resources.

15. UNICEF and all United Nations agencies participating in the One United Nations programme have agreed to jointly fundraise locally for programme components contained within the One United Nations. To date, the programme of cooperation has received \$916,000 from the coherence fund and, over \$600,000 from the MDG Achievement Funds. Another \$3.3 million is in the pipeline from the coherence fund, MDG fund and the United Nations Human Security Trust Fund.

16. **Constraints and opportunities affecting progress.** Policies that involve more than one line Ministry require close coordination in development and implementation. The large number of strategies included in the National Strategy for Development and Integration will require relevant monitoring systems for implementation and monitoring.

17. Some progress in building capacity around cross-sectoral issues that involve multiple line Ministries has been noted, particularly within child protection and juvenile justice reform efforts.

18. **Adjustments made.** The MTR came at a time when much self-assessment and reflection had already taken place within the One United Nations context. Therefore, major changes in the programme were not required. Many innovations started with UNICEF support are now models being adapted and taken to scale by the Government at various levels. The MTR recommended that UNICEF and partners create more opportunities for synergies by staging joint capacity development of stakeholders, jointly developing guidelines and protocols that link different services, and conducting multi-sectoral monitoring visits.

Belarus

19. **Introduction.** The MTR involved all key stakeholders. It culminated in a high-level meeting with Government partners, NGOs, Parliamentarians and United Nations agencies.

20. **Update of the situation of children and women.** Belarus has significantly reduced poverty since 2000: the percentage of families with children living below the minimum subsistence budget dropped from almost 50 per cent in 2000 to 10.7 per cent in 2007. However, the proportion of families with three or more children under the poverty line was as high as 42.7 per cent in 2007.

21. Though the Belarus economy grew in the last two years (at 8.2 per cent), there has been a recent downturn. The devaluation of the rouble in early 2009 caused a 20 per cent rise in the prices of imported goods.

22. According to the MDG Monitor, three Goals (poverty, primary education and gender equality) are achieved, while the Goals on child mortality, maternal health, HIV/AIDS and environment are on track.

23. HIV/AIDS remains a major national concern. As of March 2009, the total of HIV cases reached the rate of 101.4 per 100,000 people. Some 69 per cent of those infected are aged between 15 and 30. Although the epidemic was initially driven by injecting drug users, there is now a sharp increase in the proportion of HIV cases through sexual contacts (in 2008, these were 75 per cent of the total). The proportion of women being infected rises annually and is now 36.4 per cent of officially registered HIV cases.

24. Deprivation of parental rights due to neglect and alcoholism is the main cause for children becoming 'social orphans'. As of January 2008, there were 33,200 orphans and children left without parental care. Care alternatives for orphaned children have improved: in 2007, 72 per cent of newly orphaned children were placed into different forms of family-based care (guardianship, foster, family type homes), compared with 68 per cent in 2005.

25. The Committee on the Rights of the Child recommended in 2002 that a national policy be developed to ensure an integrated and multidimensional approach to early childhood development, with a focus on health and nutrition.

26. **Progress and key results.** Prevention and treatment of HIV/AIDS is a key area of international cooperation. UNICEF has worked closely with WHO to support the country's HIV/AIDS prevention strategies. The country programme focused on

technical assistance, playing a leading role in strengthening prevention of mother-to-child transmission (PMTCT), paediatric AIDS care, and prevention of HIV among adolescents. To strengthen PMTCT, the Ministry of Health developed a road map on PMTCT system optimization, which contributed to reduction of mother-to-child transmission (of HIV) rates from 8 per cent in 2005 to less than 6 per cent in 2007. Efforts also included promotion of youth-friendly health services and a network of peer-to-peer volunteers, in collaboration with UNFPA, and assisting the Ministry of Education in the development of the national policy framework on life skills-based education.

27. Deinstitutionalization strategies centred on reforming national policies and legislation, as well as inter-agency collaboration. This includes referrals, inter-disciplinary planning of interventions, child environment assessment frameworks and individual protection plans for children. From 2006 to 2008, the number of children in public care decreased by 17.5 per cent.

28. The Ministry of Education developed national early learning and development standards for comprehensive monitoring of the care of young children by parents and professionals. A resource centre on childhood to support better parenting programmes was created within the Belarusian State University.

29. In partnership with UNDP and the European Commission, the programme of cooperation assisted in strengthening the juvenile justice system. The programme also collaborated with the International Organization for Migration on trafficking in human beings and migration.

30. The programme assisted the Government in strengthening legislative and policy frameworks for prevention of micronutrient deficiencies, facilitating a wide-ranging alliance of local partners, including research institutes and emphasizing the use of expertise in the region, to improve monitoring systems and raise public awareness. This contributed to Belarus reaching universal salt iodization.

31. **Resources used.** At the end of 2008, the total expenditure was \$2,638,695 (\$1,892,386 in regular resources; \$746,309 in other resources), of which \$893,560 was spent in early childhood development; \$726,248 in children and young people's health and development and HIV/AIDS prevention; \$478,875 in child protection; and \$540,012 for cross-sectoral costs.

32. **Constraints and opportunities affecting progress.** The establishment of the Social and Advisory Council under the Administration of the Presidency to facilitate development of Belarus and its integration into global processes, has presented an important opportunity for social policy reform. The Council comprises representatives of various organizations, including from civil society. Another opportunity is presented by the 2007-2010 National Programme on Demographic Security, which includes a package of measures to accelerate social/economic, administrative/legal and organizational programmes supporting families with children.

33. The legislative framework governing international cooperation needs to be simplified to expedite the work of United Nations agencies and the implementation of projects and to ensure the timely utilization of funds.

34. **Adjustments made.** While noting that the strategic directions of the programme remained appropriate, the MTR cited the need for accelerating

elimination of iodine deficiency disorders, including salt quality control and enforcement, and for ensuring the sustainability of the Baby-Friendly Hospital Initiative through strengthened monitoring and evaluation mechanisms.

35. PMTCT achieved important results and remains a priority. Future strategies will increasingly focus on HIV prevention for infants, and assistance in providing HIV-positive children with effective treatment, care and support. The aim is to reduce mother-to-child transmission levels to less than 2 per cent by 2010. This will be possible only if systemic weaknesses are addressed, especially regarding quality of care.

Georgia

36. **Introduction.** The MTR was a consultative process conducted during November 2008 and May 2009 jointly with partners from the Government and civil society, the United Nations and the international development community. It included a real-time evaluation of the UNICEF response to the humanitarian needs arising from the conflict in and around South Ossetia. The final review in May was carried out in collaboration with the Ministry of Foreign Affairs and senior Ministerial counterparts.

37. **Update of the situation of children and women.** The gross national income per capita doubled from \$1,040 to \$ 2,120 between 2004 and 2007. Harnessing the benefits of such rapid economic growth for reduction of child poverty remains a challenge. In 2007, 12 per cent of children still lived in extreme poverty and 28 per cent lived under the total poverty line. These levels are higher than for the general population.

38. The conflict that broke out in and around South Ossetia in August 2008 has made an impact far beyond the areas directly touched by the conflict. The conflict led to significant displacements, and approximately 30,000 people remain displaced to date. The socio-economic situation has been further aggravated by the global economic crisis.

39. According to the MDG Monitor, Goals on child mortality are very likely to be achieved; the other Goals need additional efforts.

40. Awareness is limited in the education and health sector on how to promote best parenting practices, particularly among young people. The majority of children under five years of age are exposed to multiple risks: some 56 per cent of families do not have resources to promote early stimulation and development; corporal punishment is common and frequent (60 per cent); and the injury rate for children at home is very high (11 per cent).

41. Considerable progress has been made with the development of a policy framework for child welfare reform, and there is growing commitment to create and implement normative standards on juvenile justice. Recent data suggest a 50 per cent decrease in the number of children in residential care between 2005 and 2008. The reform process and the endorsement of the European Neighbourhood Policy Action Plan have created momentum across the spectrum of child protection.

42. **Progress and key results.** The Ministry of Labour, Health and Social Affairs has implemented extensive health system reforms. For example, amendments to the health care law adding compliance of services to the evidence-based clinical

guidelines and protocols were introduced thanks to the international expertise provided by the European Commission, the World Bank, and WHO, with UNICEF focusing on perinatal health.

43. An Alliance on Early Childhood was established through partnership among senior Parliamentarians, academics experts and civil society actors, with UNICEF support. The Alliance has ensured endorsement of the Early Childhood Development National Strategic Plan of Action, including costing implications. It also enabled the establishment — with financing from the Ministry of Labour, Health and Social Affairs — of the first child development centre in Georgia dedicated to promoting positive child-rearing and caring practices at family and community levels through an integrated early childhood development approach.

44. Deinstitutionalization has progressed well thanks to the Government's 2002-2007 inter-Ministerial plan of action for deinstitutionalization and child welfare reform. The programme supported this process by testing innovative alternative services, the provision of technical guidance, developing foster placement capacity and supporting the professional development of social workers. A continuum of services is developing for child protection, and inter-Ministerial collaboration is being strengthened on issues such as juvenile justice and violence against children. The number of foster placements in Georgia has also tripled during the first three years of the country programme, with UNICEF now focusing on strengthening monitoring systems.

45. Juvenile justice reform has gathered momentum along with the European Commission's capacity-building efforts in support of the Rule of Law. The programme supported the Ministry of Justice to develop the national strategy and action plan for juvenile justice reform. In 2008, the Ministry started modelling in three locations the first specialized programme for children released into probation.

46. The programme has supported advanced skills development for members of Parliament and their staff on human rights, macroeconomics and government budget processes. As a result, a parliamentary working group on child rights monitoring was established, and a number of key initiatives on children and disability, early childhood and human rights have been launched. The civic education centre within the Public Defender's Office made a major step when it established central and regional offices.

47. United Nations Theme Groups have continued to work on local development and gender, and this has facilitated harmonization of UNDP and UNICEF work in local planning capacity development at municipal and regional levels.

48. The real-time evaluation found that the Government was successful, with UNICEF support, in ensuring that 73,000 conflict-affected children could start the new school year in October 2008 through a coordinated back-to-school programme. Government efforts to prevent epidemics and malnutrition among 130,000 internally displaced persons were supported by UNICEF through its cluster coordination role in Water, Sanitation and Hygiene (WASH) and child nutrition. Eighty-four locations in conflict-affected areas established inter-agency child-friendly spaces. The capacity of schools to provide psychosocial assistance and mine awareness was strengthened.

49. **Resources used.** The total approved budget for the three-year period 2006-2008 amounts to \$6,042,000 (\$2,022,000 from regular resources and

\$4,020,000 from other resources). At the end of 2008, the total expenditure was \$11,969,217 (\$2,105,253 in regular resources; \$5,231,990 in other resources; and \$4,631,974 in emergency funds through the Georgia Crisis Flash Appeal), of which \$4,066,925 was spent on early childhood care and development; \$6,897,393 in child protection; \$553,067 on advocacy and social monitoring of child rights; and \$451,832 in cross-sectoral costs. In 2008, the Executive Board approved an increase of \$4,000,000 in the other resources ceiling.

50. **Constraints and opportunities affecting progress.** Social sector reforms and the establishment of legislative and policy frameworks provided significant opportunities to improve the situation of children, most notably in child welfare and juvenile justice. However, enforcement is delayed by the lack of social workers or probation officers at the regional level.

51. Increased social spending has helped to lower extreme poverty rates and improve the quality of health and education services, but State allocations remain among the lowest in the region. This will need additional attention and investment during the global financial crisis.

52. A key priority for social development will be to ensure that humanitarian resources brought to Georgia after the conflict can be harnessed to advance achievement of the Millennium Development Goals and improve social safety nets. An example, highlighted by the real-time evaluation, is the effort of the inter-agency child protection cluster, which ensured child-friendly spaces in the conflict-affected areas of Shida Kartli and contributed to the development of an evolving local referral and support system for children. Post-recovery processes will continue to be guided by the framework established under the joint needs-assessment prepared by the United Nations together with the EU and the World Bank. UNICEF will continue to work closely with the World Food Programme, UNDP and the Office of the United Nations High Commissioner for Refugees (UNHCR) on protection issues in conflict-affected areas.

53. **Adjustments made.** The MTR noted that the country programme was on track but recommended that the child protection programme should place more emphasis on safe schools, sports for development and civic education in order to enhance life skills and behaviours for youth (especially important for juvenile justice), child welfare and overall health and education reform processes.

54. The emergency response and coordination role in the aftermath of last year's conflict further drew attention to the importance of WASH and child nutrition for conflict-affected communities and socially excluded groups within the early childhood development programme; therefore, efforts will be made to sustain WASH and nutrition.

55. Communication for development is crucial to increase awareness of caregivers on child health care, protection and development, and to create demand for quality services. It was recommended that more systematic efforts be made to ensure targeted communication initiatives and to support government institutional capacity in communication.

Kyrgyzstan

56. **Introduction.** The MTR process was led by the office of the Vice Prime Minister and culminated in a high-level meeting chaired by the Vice Prime Minister

and attended by the representatives of the Ministries, members of Parliament, NGOs, the World Bank, European Commission, the Department for International Development (United Kingdom) and United Nations agencies.

57. **Update of the situation of children and women.** The country's economy has been adversely affected by the global food and economic crisis. Industrial output is projected to fall by 21 per cent in 2009; food prices have increased 50 per cent since early 2007; and the growth of remittances has decreased sharply. The combination of these factors will reduce employment opportunities, thereby increasing vulnerability of poor families and children.

58. According to the MDG Monitor, Goals on poverty and primary education are very likely to be achieved. Goals on gender equality, HIV/AIDS and environment need additional efforts, while Goals for maternal health are off track.

59. The number of children in residential care has increased during the past five years, from 15,000 to over 23,000. The absence of a registration system makes it difficult to obtain reliable data on the number of private institutions providing residential care. Alternative care services — such as fostering, guardianship and trusteeship — are still being tested.

60. Detention of children in conflict with the law remains high: 90 per cent of offences committed by children 14-17 years old involve petty robbery, and 60 per cent of sentences result in imprisonment. Diversion measures and alternatives to detention remain underdeveloped.

61. While infant and under-five mortality rates decreased steadily over the past 10 years, neonatal infant mortality is high at 30 per 1,000 live births, and accounts for over 88 per cent of all infant mortality. The rate of stunted children aged 0-35 months was almost halved, from 25 per cent in 1996 to 13.7 per cent in 2006. However, three provinces still have rates over 20 per cent. The exclusive breastfeeding rate is only 31.5 per cent, while nearly 70 per cent of young children and 50 per cent of pregnant women suffer from anaemia.

62. **Progress and key results.** Within the child care system reform, a comprehensive child code was adopted in 2006. This led to the scaling up of the Family and Child Support Departments to coordinate community-based family support services that were modelled in three districts with UNICEF support. A demonstration model for transforming a residential institution into alternative services, implemented in partnership with Save the Children, has been integrated into the child protection system reform. The European Commission is providing direct budget support for child protection, and UNICEF is providing technical advice.

63. National legislation on juvenile justice is being reviewed towards alignment with international standards. A new bill on restorative justice for children in conflict with the law has been developed. The programme effectively tested a model for diversionary measures for these children.

64. The county programme contributed to the national health reform strategy, which is supported by a sector-wide approach. UNICEF is the designated lead agency for mother and child health and collaborates closely with UNFPA, WHO, the World Bank and USAID. The programme enabled the development of a national perinatal care strategy, based on the principle of regionalization and increasing

women's access to quality specialized services. The strategy has been pledged 10.6 million euros from the German KfW Development Bank.

65. Three United Nations Theme Groups on HIV/AIDS, social services and governance have continued to operate efficiently and, through the third, the UNCT has developed a joint project, 'Voice and Accountability', to strengthen participation in debates of public interest.

66. **Resources used.** At the end of 2008, the total expenditures were \$7,569,000 (\$4,359,000 in regular resources and \$3,210,000 other resources). A total of \$1,623,000 was spent on mother and child health care and nutrition; \$1,577,000 on quality education and early childhood development; \$1,190,000 on child protection; and \$1,544,000 on social policy and research, monitoring and evaluation and programme communication. The remaining budget was used to cover cross-sectoral costs (\$1,469,000) and adolescent development and participation (\$166,000). In 2006, the Executive Board approved an increase of \$3,000,000 in the other resources ceiling.

67. **Constraints and opportunities affecting progress.** Results achieved policy development and quality of social services may be jeopardized by a shrinking fiscal base. Progress in child protection is hindered by a lack of effective implementation of the child code. Stronger coordination among line Ministries and a solid budget allocation analysis are needed to enable reallocation of funds to preventative and cost-effective family and community social services.

68. **Recent developments in the country present some excellent opportunities.** The partnership of UNICEF with Parliament has facilitated legislative reforms and an enhanced dialogue between Parliament and civil society. Work with the World Bank providing technical support to social protection and cash transfer will be strengthened. Evidence provided through a focus on the health sector has assisted donors in providing funds. In nutrition, strong coordination with the World Bank and a local NGO; technical support from the Centers for Disease Control and Prevention (United States); robust data for use in planning and advocacy; and a successful integrated nutrition demonstration project have laid the groundwork for moving nutrition activities to a national scale.

69. **Adjustments made.** The MTR recommended prioritizing reform of the social protection system, strengthening child protection services and reform of the juvenile justice system. Implementing evidence-based interventions to reduce infant and maternal mortality, and demonstrating and scaling up effective nutrition interventions will continue. Within the education sector, the programme will focus on early childhood education and development.

70. The programme will continue to demonstrate low-cost and effective innovations, build professional skills and knowledge, and promote community participation. The development of policy and legal reforms, evaluations and research that can inform planning and decision-making will be central. The programme will support processes such as costing and budget allocation.

Russian Federation

71. **Introduction.** The MTR was conducted in March 2009, led by the Ministry of Health and Social Development, with the participation of Ministries of Education and Science, Foreign Affairs and the newly established Foundation for Children in

Difficult Life Situations. High-level government counterparts from Russian regions having significant programme partnership with UNICEF also provided important input, as did colleagues from United Nations agencies and NGOs.

72. **Update of the situation of children and women.** Important advances for children include a significant reduction of poverty levels, from 17.7 to 13.2 per cent. The Government has substantially enhanced support to families with children, and introduced and financed new alternative family placement services. However, the impact of the global financial crisis may threaten progress. While there is strong political commitment to deinstitutionalization of the childcare system, 405,000 children remain in institutions, including orphans — 80 per cent of whom have a living parent - and children with disabilities. Alternative forms of family care are fast developing, but biological families need more attention and support, particularly those coping with disability.

73. According to the MDG Monitor, the Goals on primary education are achieved, and the Goals on gender equality, child mortality and maternal health are on track. For the Goals on HIV/AIDS and on environment, additional efforts are required.

74. **Adolescents and young people are of priority concern for the Government.** In 2005, mortality due to external causes among young people 15 to 19 years old was 85.8 per 100,000 adolescents, and 75 per cent of all deaths were deemed preventable. Young people are badly hit by the fast-growing HIV epidemic (80 per cent infected are aged between 15 and 30), with 44 per cent of all newly registered HIV cases being women of childbearing age. By the end of 2008, the HIV prevalence rate rose to 307.1 cases per 100,000 people (from 245.3 in 2006). In 15 Russian regions, the epidemic is at a generalized stage or close to it.

75. **Progress and key results.** Some 30 per cent of adolescents now have access to much-needed services to reduce their vulnerability to HIV infection and other threats to their health and well-being. The programme has contributed to this result, together with UNDP, UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS), by enhancing access to age-appropriate reproductive health services and providing information for 1.5 million adolescents and young people (out of a total of 18.4 million).

76. A Centre of Excellence was established within St. Petersburg Medical Academy of Postgraduate Studies' Adolescent Health Department, which serves as a knowledge hub and training centre for dissemination of the youth-friendly health services model across the Russian Federation. In 2008, a Russian-based unit of EuTeach Adolescent Health School was established at the Academy.

77. Commitment to PMTCT has enabled the Russian Federation to almost halve the transmission rate, from 19.4 per cent over the past five years to 10.6 per cent in 2007, with levels in regions with intensive cooperation programmes twice as low. Antiretroviral treatment has been provided to more than 80 per cent of HIV-infected pregnant women and more than 95 per cent of newborns.

78. Programme collaboration with Tver, Kostroma, Karelia and Buryatia regions resulted in revisions of regional laws that strengthened the social protection system for families and children and the more systematized use of outreach techniques to support families. The impact has been considerable: in 2007 almost 70 per cent of vulnerable families were successful in obtaining needed support in Tver, compared to just 49 per cent in 2005. In Kostroma Region, 80 per cent of children returned to

their biological parents, and the numbers of children in the state-run institutions decreased by 50 per cent over five years. More than 22 regions were supported through networking projects and facilitation of regional exchange, resulting in the gradual consolidation of policy and practice in favour of alternative family care and strengthening of family support services.

79. In North Caucasus, the programme of cooperation has included psychosocial support to children, as well as peace and tolerance, with the active engagement and commitment of resources from local government. Dagestan and Kabardino-Balkaria have pioneered the promotion of the Convention on the Rights of the Child among teachers and the introduction of inclusive education; the Chechen Government has committed resources to sustain psychosocial support services; North Ossetia has taken over the management of the family rehabilitation centre established in the aftermath of Beslan crisis. Best practices from the North Caucasus region are being shared with other partners and regions.

80. Support to the Child Rights Ombudsperson institution has contributed to effective child rights monitoring. The Child Rights Ombudspersons and their association play a critical role in the development of child-friendly decision-making and practices in 23 regions and 50 municipalities. The model is now replicated in several countries in the region. The encouragement of Ombudspersons helped Moscow, St. Petersburg and Krasnodar to commit to becoming child-friendly cities.

81. **Resources used.** At the end of 2008, the total expenditure was \$ 33,475,933 (\$2,717,250 in regular resources, \$20,025,694 in other resources, and \$10,732,989 in emergency resources), of which \$89,900 was spent in the early childhood development programme; \$3,397,640 in HIV and young people's health and development; \$3,235,879 in child protection; \$1,819,535 in advocacy, information and public policy for children; \$23,313,218 in children in the North Caucasus Region; and \$1,619,761 in cross-sectoral costs. In 2007, the Executive Board approved an increase of \$20,000,000 in the other resources ceiling.

82. Over the last three years UNICEF has developed private sector fundraising partnerships in the Russian Federation. To be sustainable, efforts require substantial financial investment and expertise from UNICEF, along with a careful balancing of policy work with more tangible projects and stronger communication capacities.

83. **Constraints and opportunities affecting progress.** Progress in deinstitutionalization of the child care system may be severely jeopardized as families try to cope with the economic downturn by placing their children in care. Adolescent health is also at risk of deterioration, as evidenced by previous crises.

84. Decentralization of policies and budgets create opportunities for improving cooperation with regional administrations and policy dialogue at the federal level. The main programme strategy has been to facilitate networking of specialists and dissemination of practices across a large number of regions, while promoting innovations in a few selected sectors and regions.

85. **Adjustments made.** The MTR confirmed the need to focus on policy development, systems strengthening, data analysis, increasing collaborative research efforts and monitoring mechanisms to better analyse and respond to trends affecting children. The programme will more systematically support networks of policy makers and technical experts and facilitate exchange of experience, dissemination of best practices and consensus-building on child rights issues intra- and

inter-regionally. It will also continue to assist regional administrations with effective planning, policy options and use of resources for children; and will foster alliances and partnerships with the private sector, Parliamentarians, academia, municipalities and celebrities for the promotion of children's rights.

86. The programme of cooperation will consolidate its efforts in HIV/AIDS prevention and adolescent health, with United Nations-wide support. It will also strengthen regional and federal initiatives to systematize the prevention of separation of children from their families, and protection of children with disabilities, integrating these children into mainstream education and social life. Work will continue with the UNCT on the successful joint research initiated with WHO, UNFPA, UNDP and UNHCR around issues of demographic change and disabilities. With the World Bank, greater efforts will be made to promote peace and tolerance, with young people as actors of change.

87. Looking beyond 2010, UNICEF and Government counterparts will define an effective new form of engagement, taking into account the resources of the Russian Federation and its role in the global arena, while at the same time addressing critical gaps in furthering the child rights agenda. Private fundraising within the Russian Federation will play a critical role.

Turkey

88. **Introduction.** The MTR process was guided by the Child Intersectoral Board, which brings together all government sectors with responsibilities for children. A two-day MTR meeting in December 2008 featured the participation of government and non-governmental partners, including representatives of the Prime Ministry Human Rights Unit; the State Planning Organization; the State Institute of Statistics; the Ministries of Justice, Interior, Health, National Education, Agriculture, Labour and Social Security; the General Directorate for Social Services; the Child Protection Agency; other United Nations agencies; universities; and NGOs.

89. **Update of the situation of children and women.** Economic growth has benefited children and women. However, the gross domestic product fell by 6.2 per cent in the last quarter of 2008 because of the global economic and financial crisis, which was accompanied by exchange rate volatility. Deteriorating economic conditions have increased the vulnerability of low-income households. This may cause a reversal of the gains in child poverty reduction. The percentage of children under 15 living in households below the national poverty line was 42 per cent for rural areas and 16 per cent for urban areas as of 2007.

90. According to the MDG Monitor, the Goals on poverty and maternal health are achieved. The Goal on primary education is on track. Goals on gender equality and child mortality remain off track, despite impressive progress, with the Government taking significant steps to improve access to health services and supporting excluded families with social assistance.

91. Primary school enrolment has reached 96.5 per cent and a second-chance education programme is in place. However, major discrepancies persist between regions; urban and rural areas; and men and women. Child labour has decreased in recent years due to urbanization and extended schooling; still as many as 320,000 children aged 6-14 were engaged in economic activity in 2006.

92. To support implementation of the new Child Protection Law, the Committee on the Rights of the Child recommended in 2006 establishing a coordination mechanism for independent complaints and ensuring that the rights and best interests of the child are protected at all stages of the criminal justice process.

93. **Progress and key results.** The United Nations has set up a United Nations Theme Group on Gender; in its participation, UNICEF focuses on the girl child. Following up on the Girls' Education campaign, a catch-up education programme was developed for at least 140,000 out-of-school children, and the Ministry of National Education has now a greater capacity to identify out-of-school children, and to gather and present sex-disaggregated data on schools. Gender disparities in primary education have been reduced further. For eight-year primary education, net enrolment among girls rose from 87.16 per cent in the 2005/2006 school year to 95.97 per cent in 2008/2009, while the figure for boys increased from 92.29 to 96.99 per cent. The child-friendly school initiative contributed to the development by the Ministry of National Education of minimum standards for all primary schools.

94. In early childhood care and development, the programme of cooperation has contributed to better parental care. A community-based model of pre-school and young child care will ensure that children from excluded groups obtain the best start to education while providing jobs for women. In parenting education, a growing emphasis is on quality, monitoring, documentation of benefits and a participatory process for ensuring sustainability.

95. Cooperation in the fields of social policy and child participation has provided evidence for increasing analysis and reflection on a wide range of child rights issues among key policy and decision makers, members of the media, and civil society. This has resulted notably in the establishment of a Child Rights Monitoring Committee in Parliament, as part of a proposed national child rights monitoring system. National legislation has been screened for conformity to international standards. A child-friendly media network has been initiated, and child rights education has been pioneered for media professionals studying at six universities.

96. **Resources used.** At the end of 2008, the total expenditure was \$ 17,499,886 (\$2,825,802 in regular resources and \$14,674,083 in other resources), of which \$5,439,280 was spent on quality education; \$4,818,793 on early childhood care and learning; \$3,403,346 on protection and participation of adolescents; and \$2,976,323 on advocacy, information and social policy. Cross-sectoral expenditures were \$862,144.

97. **Constraints and opportunities affecting progress.** While there is commitment for implementation of new initiatives on the child ombudsman and catch-up education, capacity and systemic issues, such as incentives to retain competent staff and achieve better coordination and more efficient procedures, would need to be addressed. Longer-term strategies are also required to change attitudes in some parts of society on the importance of girls' education, and on issues such as early marriage, forced marriage, and honour killings.

98. At the same time, the significant progress made by Turkey in several areas of service provision offers an opportunity for the programme of cooperation to put greater emphasis on monitoring and evaluation, knowledge-building, evidence-based policy development, development and implementation of standards, and

quality control. The establishment of the Child Rights Monitoring Committee in Parliament will provide an important stimulus towards an effective and independent child rights monitoring system.

99. **Adjustments made.** The MTR recommended that the quality education programme place new emphasis on pre-school education, including strengthening institution-based pre-school services and focus on using the monitoring system for primary school enrolment. Similarly in the field of health, emphasis has been placed on sharing best international practice, together with other United Nations agencies; monitoring and evaluation work; documenting progress, and conducting policy-oriented research. The UNCT meets regularly, and the United Nations Development Assistance Framework (UNDAF) was reviewed at the beginning 2009 so that MTR adjustments could be reflected in the remainder of the cycle.

100. The child protection and participation programme will encompass work on child rights monitoring and adolescent participation. As part of the European Commission-funded 'Modelling Child Protection Mechanisms at the Provincial Level', which envisages extensive service-model development, capacity-building at national and provincial levels will be enhanced.

101. The programme will invest significantly more on knowledge generation and analysis, strategy development, strengthening of protective systems and facilitating coordination among services for children. In the context of establishing an independent child rights monitoring mechanism, close collaboration will be pursued with the new parliamentary Child Rights Monitoring Committee.

Ukraine

102. **Introduction.** The MTR meeting took place in February 2009, led by the Ministry of Family, Youth and Sport. All major partners were represented in the meeting, including Ministries, government agencies, international development partners, other United Nations agencies, and civil society. The MTR findings informed the midterm review of the UNDAF.

103. **Update of the situation of children and women.** Ukraine has been hard hit by the global economic crisis, with January 2009 recording the lowest industrial output (following a 34 per cent decline year on year). The economy is expected to contract by 12 per cent in 2009. Salaries decreased on average by 19.4 per cent between December 2008 and January 2009. It is estimated that 3 million people are unemployed, out of a total working age population of some 28 million.

104. According to the MDG Monitor, the Goals on poverty, primary education and gender equality are achieved. The Goals on child mortality and maternal health are on track, while the Goals on HIV/AIDS and the environment will need additional efforts.

105. Ukraine has the worst HIV/AIDS epidemic in the region, with an estimated 1.63 per cent of the adult population infected with HIV, 25 per cent of them below the age of 20. Though concentrated among high-risk groups, the epidemic is becoming generalized. One per cent of pregnant women in three major cities are infected, and more newborns are now at risk of HIV infection. Risky behaviours start early among most-at-risk adolescents, who possess extremely low levels of knowledge about HIV/AIDS and access to prevention, treatment, care and support services. The rate of access to HIV services for children who live or work on the

street is less than 1 per cent, while the vulnerability of this group to sexual exploitation is very high.

106. Policy initiatives to reform the child care system have included financial and non-financial assistance to adoptive parents and guardians. This has helped to move children from institutions to family care. However, some 80,000 children still lived in long-term state care institutions in 2007.

107. **Progress and key results.** In HIV/AIDS, the programme of cooperation sought to complement the work of partners, such as the two principal recipients of the 2007-2011 \$151 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, to fill the gaps and take the lead in PMTCT, paediatric AIDS, and prevention of HIV infection among most-at-risk adolescents.

108. The HIV transmission rate from mother to child has steadily decreased in recent years, thanks to the newly introduced highly effective antiretroviral treatment regime for HIV-positive pregnant women and the integration of the PMTCT programme into the mother and child health care system. The programme has supported the Ministry of Health in the development of the new treatment protocol and in building the capacity of multi-disciplinary staff teams to deliver it. The percentage of HIV-positive children receiving antiretrovirals has increased to 56 per cent, and the introduction of early HIV diagnostics for infants will allow early identification of HIV-positive children and timely treatment.

109. The programme supported new methodologies for individual needs assessments and development of lifelong care plans for institutionalized children and those at risk of institutionalization. Based on this experience, in January 2009, a new law entered into force requiring the State social services for families, children and youth to conduct needs assessments of vulnerable families and children, including institutionalized children.

110. Joint efforts by WHO, UNICEF and John Snow International enabled the Ministry of Health to introduce new WHO child growth standards and standards for parents' counselling. This is expected to ensure that 100 per cent of primary child caregivers will receive proper counselling on child care, feeding, growth and development.

111. In May 2008, a measles and rubella immunization campaign, supported by UNICEF, WHO, the Centers for Disease Control and Prevention and the United Nations Foundation, and targeting all 9 million children and adults 16-29 years old, was suspended after the unfortunate death of a boy following vaccination. Although no causal relationship has been established, this incident fuelled a local anti-immunization lobby and virulent adverse media coverage that ultimately led to the indefinite postponement of the campaign and an end to the use of those vaccines.

112. **Resources used.** At the end 2008, total expenditure was \$14,327,455, (\$2,814,202 in regular resources and \$11,513,253 in other resources) of which \$7,285,700 was spent on child health and development; \$ 2,707,524 in HIV/AIDS, children and youth; \$1,555,554 in child protection; \$1,796,258 in advocacy, information and social policy; and \$982,419 in cross-sectoral costs. In 2007, the UNICEF Executive Board approved an increase in the other resources ceiling to \$21,600,000.

113. **Constraints and opportunities affecting progress.** The Comprehensive External Evaluation of the National AIDS Response in Ukraine in late 2007 stressed the need for coordination and increased management capacity. Since then, the Ministry of Health has taken over funding of antiretroviral medicines and HIV diagnostic test-systems for pregnant women, and a financial model was developed, with UNICEF technical assistance, to estimate future funding needs for the PMTCT programme.

114. The current financial systems actually provide incentives to institution-based child care, as local governments receive funds from the national budget based on the number of children in institutions. Sustainable child-care system reform, including reallocation of resources for new services, would need coordination of services among Government Ministries, institutions and agencies, each of which gives guidance to different care institutions, run by either education, health care or social protection departments at the local level.

115. The increased anti-immunization sentiment in the country has contributed to a decrease in routine immunization coverage of children by up to 10 per cent. To help to counteract this trend, in partnership with the Ministry of Health, UNICEF and WHO are supporting a communication campaign to restore public trust in immunization.

116. **Adjustments made.** The MTR confirmed that HIV/AIDS needs to remain a priority for collaboration among the many partners in this field. Support to PMTCT will shift from training of health workers to improvement of programme management, institutionalization of PMTCT capacity, and enhancement of the monitoring and evaluation system and budget planning and allocations. Emphasis will shift from supporting day care centres for HIV-affected children towards providing costed options for budget allocations at national and local levels and towards strengthening the legal and policy frameworks.

117. The child protection programme will shift its focus from deinstitutionalization through individual needs-assessments to establishing community-based preventive programmes. This will require redirecting funding from state institutions to local communities and prioritizing budgeting and legislative issues at both national and local levels. A key programme thrust will be gatekeeping to prevent institutionalization of children with special needs (e.g., those HIV-affected and with severe disabilities), and their deinstitutionalization through the development of community-based services.

118. On health, the emphasis will move from support to capacity-building of the Ministry of Health to engagement in health sector reform, in partnership with WHO, UNFPA and the World Bank. UNICEF will work on issues related to equity in health for children, funding, knowledge generation and promotion of evidence-based strategies. In the Chernobyl-affected oblasts (administrative divisions), emphasis will be on improving access to, and quality of, primary maternal and child health services, and early child development through good parenting programmes.

Conclusion

119. In the 2008 MTR report, the region celebrated the economic growth, poverty reduction and fiscal opportunities that enabled many countries to consolidate social

sector reforms. Now, the countries included in this report are suffering the effects of food price increases and the re-ignition of tension and recurrent emergencies, compounded by the global economic crisis. The consequences on the social sector will continue to be felt long after macroeconomic stability is restored. Hard-hit vulnerable families may adopt coping mechanisms that could result in increased institutionalization of children, reduction of girls' attendance in school, child exploitation, including labour and trafficking, and a decrease in children's nutritional status.

120. Country programmes of cooperation have clearly shifted towards supporting social sector reforms to make government systems work better for excluded children. Thanks to the work of United Nations Theme Groups, with focus on fewer areas, UNICEF can provide unique contributions within the UNDAF. Country programmes have adopted a stronger set of strategies to promote knowledge generation and innovation, programmatic evidence for better policy-making for children, efficiency gains and outcome-based budgets. Alliances for children are being pursued more systematically, and UNICEF has forged stronger partnerships with other key development actors. These include partnerships with the European Commission in child care and in juvenile justice systems reform; and with the World Bank in social policy development, focusing on budgets and investments for children and on providing technical assistance in sector-wide approaches and relevant Medium-Term Expenditure Frameworks, where these exist. This is most apparent in upper-middle-income countries, where new forms of UNICEF engagement for cooperation are being tested.

121. The experience accumulated during the economic expansion of the last three years, before the global crisis, will help to continue support for ongoing reforms and investment made so far. Such efforts will help Governments to better emerge from the crisis with their human capital intact and with a generation of children who can help their nations progress on their paths to growth and development.
