Keeping our promise to children: an agenda for action

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The UNICEF CEE/CIS region spans 21 countries and one territory: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo (under UN Security Council Resolution 1244), Kyrgyzstan, Moldova, Montenegro, the former Yugoslav Republic of Macedonia, Romania, Russian Federation*, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan.

*No Country Office
The role of UNICEF in Central and Eastern Europe and the Commonwealth of Independent States

There has been clear progress for children in CEE/CIS since UNICEF began its joint programmes of cooperation in this region more than 20 years ago. On average, children are more likely to survive to see their fifth birthday, and less likely to be born with HIV. Vulnerable children are less likely to be consigned to residential institutions. Children are starting to learn earlier, and are better prepared for school. They have better access to schools, and those schools are more inclusive.

And those children who come into conflict with the law are less likely to end up in jail. The region has made solid progress towards most of the Millennium Development Goals (MDGs): several countries in the region are on track, for example, to meet MDG4 on child survival by the 2015 deadline.
However, in the mostly middle-income countries of this region, there are still far too many children who are being left behind – their marginalization masked by improving national and regional statistics. They become ‘invisible’ and risk being forgotten – the hardest to reach and the most vulnerable. They include the children with disabilities, the children of migrant workers, children from ethnic minorities (in particular, rural children and the urban poor), those in conflict with the law or living in institutions and still, in some cases, girls. And let us not forget the children living in the region’s two low-income countries – Kyrgyzstan and Tajikistan – many of whom still face entrenched poverty.

We need a shift to an even clearer focus on the most disadvantaged children in the region and a sharpening of national data to track the efforts being made by countries to reach them, protect them and include them in society. This brochure presents the 10-point agenda for action that UNICEF will pursue over the coming years to consolidate a sharper focus.

In this region, UNICEF addresses the unfinished business and exclusion that keeps too many marginalized children in institutions, too many children out of school, too many living in unsafe and hazard-prone communities, and too many adolescents excluded and without hope. We shine a light into shadowy pockets of deprivation, where we find rates of child malnutrition and lack of education on a par with parts of sub-Saharan Africa. We speak for children who have never been heard, and we keep a firm hold on children who have been reached with our support, to ensure that they do not slip back into obscurity.

In this region it is policies – or the lack of them – that often determine whether a child is healthy and educated, or poor and excluded. And it is the translation of those policies into appropriate budgets, tangible resources and good practice at the local level – or the lack of it – that determines whether a child continues to miss out. A number of countries in this region have good policies in place for children, but face serious capacity gaps, ranging from weak institutions to cultural attitudes, that prevent the transformation of good policies into good lives for each and every child.
Our contribution is to generate systematic knowledge and strengthen institutions to close these capacity gaps. If we are to support the universal realisation of the rights of all children, we need solid evidence on how far countries have come, and where they could, and should, go in the future. We need to share the many examples of success and leadership emerging from the region, using cutting edge communication to get the right messages to the right people at the right time to make a lasting difference for children.

Concentrating on the 10-point agenda for action outlined in this brochure, our offices and partners across the region are coming together for multi-country analyses – a global first for UNICEF. We are analysing where countries have reduced the equity gap between the haves and the have-nots, where we have made a lasting difference for children, and where we have emerging results to build on (or bottlenecks to overcome). In each case, we look at the environment that surrounds children, the policies, services and programmes to meet their needs, the demand for improved child well-being, and the quality of what is being provided – and always through a human rights lens.

Our ambition is to get the region talking and working together on behalf of the most vulnerable children and to ensure that our own work evolves in step with the changing world around us. The new evaluations reflect our wider approach in the region, which fosters networks and partnerships; working with UN agencies, major donors and other members of the international community; and encouraging the active engagement of governments and partners beyond national borders – all to achieve results for children.
In each case, we look at the environment that surrounds children, the policies, services and programmes to meet their needs, the demand for improved child well-being, and the quality of what is being provided – and always through a human rights lens.

Using just a small fraction of UNICEF’s global funding, our work in this region has progressed from development assistance to full partnership with governments. We work upstream, with policy-makers, sharing with them the sound evidence on what really works, gathered from effective programmes with and for children at community level.

We help to develop and implement effective policies and legislation for children, to build capacity, to strengthen national systems for children, and to direct resources for the greatest impact. And we accompany governments as they translate their policy frameworks into quality inclusive services on the ground – services that reach all children, including those from minority groups, those with disabilities and, of course, girls.

We provide independent information and knowledge on the human rights of children in CEE/CIS. This, combined with our international status and our long history in this region, gives us the credibility and authority to be a strong voice for children and speak out on issues that might be too sensitive for others to raise.

This brochure sets out our agenda for action – the 10 areas that need everyone’s attention if we are to create a region fit for children. It showcases the progress achieved to date in a region that has tested solutions to the most pressing global challenges. Its lessons could provide references for other regions where traditional ‘aid’ may be losing its relevance, but where evidence and guidance on what works for marginalized children are needed as never before.

Our role
Progress to date

Children in CEE/CIS are less likely to die before their fifth birthday than they were 20 years ago. The region, as a whole, has more than halved under-five mortality and infant mortality since 1990. Indeed, four countries have already hit the target of halving child mortality between 1990 and 2015: Belarus, Serbia, the Former Yugoslav Republic of Macedonia and Turkey. Over 95 per cent of all children in 20 of the countries in the region are now immunized against preventable diseases.

At first glance, it seems that all is well. But countries in the Caucasus and Central Asia are making insufficient progress to reach MDG 4. And national averages mask serious disparities, with children from particular ethnic groups, locations or income levels left behind.

Unfinished business

Despite all the progress that has been made, the region has deep health inequities that have their roots in a social divide that may not be bridged by greater access to health services alone. At the same time, action is needed to address deep and widespread inequities in access to health care. These also have their roots in the continuing challenges to education (particularly for women), the environment, food and nutrition security, reproductive health, maternal health and support for parents.

Our 10-point agenda for action

1. A child’s right to health: ‘A Promise Renewed’

Children in CEE/CIS are less likely to die before their fifth birthday than they were 20 years ago. The region, as a whole, has more than halved under-five mortality and infant mortality since 1990. Indeed, four countries have already hit the target of halving child mortality between 1990 and 2015: Belarus, Serbia, the Former Yugoslav Republic of Macedonia and Turkey. Over 95 per cent of all children in 20 of the countries in the region are now immunized against preventable diseases.
Deep-rooted inequities are also seen in child undernutrition, demonstrated by high rates of stunting, linked not only to child mortality but also to impaired development and micronutrient deficiencies, often with lifelong consequences.

UNICEF in action
UNICEF has prioritized three areas to address the bottlenecks to child survival and well-being: support to governments to budget for cost-effective interventions; tackling demand-side barriers through effective health promotion and disease prevention programming; and improving the quality of health services. We also tackle the social determinants of child survival and well-being, including nutrition, social protection, education and water and sanitation, as well as inter-sectoral collaboration across these spheres. And all of this work is backed by our work to generate and manage knowledge on healthy and monitor health equity gaps.

UNICEF is also in the vanguard of technological innovations on access to health care, working with, for example, mobile telephone suppliers to communicate on health issues and monitor progress on health.

Unfinished business
Despite all the progress that has been made, the region has deep health inequities that have their roots in a social divide that may not be bridged by greater access to health services alone. At the same time, action is needed to address deep and widespread inequities in access to health care. These also have their roots in the continuing challenges to education (particularly for women), the environment, food and nutrition security, reproductive health, maternal health and support for parents.

As a result, there are yawning gaps on child mortality between and within countries and across population groups. Infant and child mortality rates in the region, for example, vary from the European averages found in parts of the region, to rates that are, in parts of Central Asia, comparable to those found in parts of Africa.4

The under-five mortality rate in many countries is 50 to 100 per cent higher in the poorest families than in the richest, and 40 per cent higher in rural areas than in urban areas.5

In the Roma population of South-East Europe, child mortality is two to three times higher than the average and access to health services is extremely poor.6

Stubborn immunization gaps result in continuing outbreaks of vaccine-preventable disease, such as the 2010 polio outbreak in Tajikistan and repeated measles outbreaks in a number of countries in the European region and across the Roma population.
Results snapshot: Uzbekistan

In Uzbekistan, UNICEF’s evidence-based pilot interventions on maternal, newborn and child survival have shown how investments in human resources – with 27,000 health professionals trained – can spur sector-wide reforms. A high-level Steering Committee is now coordinating MCH reform, bringing together the key national and international stakeholders to leverage their resources and comparative advantages.
Looking ahead:

UNICEF is a key partner in Health 4+ (H4+) alongside UNAIDS, UNFPA, the World Bank and WHO, which aims to support countries with high maternal and newborn mortality and accelerate progress in saving the lives and improving the health of mothers and their newborns. In CEE/CIS, our goal is to work with our H4+ partners and the International Health Partnership to roll-out ‘A Promise Renewed’ – a global initiative that is linked to the ‘Every Woman Every Child’ movement launched by UN Secretary-General Ban Ki-moon. This will build momentum for the full achievement of Millennium Development Goals 4, 5 and 6 and the reduction of inequities in access to mother and child health services before and beyond 2015.

We will identify the most vulnerable areas and population groups and build the capacity of health care managers to address the major bottlenecks to equitable access to mother and child health (MCH) services. These range from legislation to budget expenditure, and from the availability of basic commodities to the quality of the care provided by services. We will also help families and communities improve their own maternal and child health through universal and targeted home visiting services.

Health systems will be strengthened to support communication that builds public awareness on the benefits of good parenting, infant and young child feeding and the social inclusion of children from particularly vulnerable groups, and to counteract stubborn myths about childhood vaccinations that threaten to erode public confidence in immunization.

A multi-country evaluation of progress in reducing infant and under-five mortality will identify key changes in health systems to which UNICEF programmes of cooperation have contributed and the impact of these changes on MCH service coverage. We will share the resulting findings and recommendations with policy makers as well as programme managers, UNICEF staff and partners to mobilize additional support that will further reduce preventable infant and child deaths in the region and, by extension, worldwide.
What works: The former Yugoslav Republic of Macedonia

Our work on mother and child health (MCH) in the former Yugoslav Republic of Macedonia provides lessons for leveraging resources in a middle-income country where UNICEF resources are limited. In 2009, a UNICEF-supported situation analysis revealed major equity gaps in mother and child health (MCH) services, with mortality rates up to 30 per cent higher in particular regions and ethnic groups, and particularly low coverage of MCH services among Roma women. Over 20 per cent of pregnant Roma women did not see a doctor during their pregnancy.

Any strategy to address these issues would, however, require significant funding, which could only be gained through intensive advocacy and leveraging. Backing the Government’s ownership of the process, UNICEF used its limited resources to develop a National Strategy on Safe Motherhood that aligned to other health priorities, as well as a funding proposal. As a result, the Government of the Netherlands has provided a grant of $8 million, while the former Yugoslav Republic of Macedonia Government has committed to co-funding worth an additional $15 million.

The expected results for rural and Roma communities include an additional 9,200 pregnant women and 12,500 children reached each year, and an increase in immunization rates from 80 to 95 per cent.
A child’s right to a supportive and caring family environment

While vulnerable children in CEE/CIS are more likely to grow up in a family environment than they were a decade ago, this region still has very high rates of child institutionalization. Of the 1.3 million children in formal care in the region, 625,000 were growing up in residential institutions in 2010. And while more than half of all children in care now live in family-like arrangements, measures to keep children with their own biological families are still insufficient.

No large-scale institution can provide the one-to-one warmth and care a child needs to develop properly. These institutions are particularly damaging for infants and young children, who may develop life-long problems due to lack of social and intellectual stimulation in their earliest years. Shut away from mainstream society, these children are also vulnerable to neglect and abuse.

With support and guidance from UNICEF, 20 countries in the region have initiated reforms and started to develop services that include family and child-support services, family-based alternative care and individual case management. Croatia and Serbia have approved laws to prevent infants being sent to institutions, as has Romania – the country with the greatest experience of reform on this issue in the region. In Georgia, child care reform led by the Government...
There is still a long way to go. First, we need to understand why so many children are still in care. Support to families should be at the heart of today’s welfare and protection policies, but still trails behind traditional, institutional measures that have their roots in an old myth: that ‘the State’ can (and even should) be a substitute for family life. As a result of the failure to support families, child protection systems are predominantly reactive, rather than protective. They still ‘capture’ children with disabilities, chronic diseases or behavioural problems, those from ethnic minorities, and those whose families face social or economic problems, while little is done to identify, or respond to, violence and abuse. There is too little public outcry or demand for change. Indeed, many people in the region still believe, for example, that it is in the best interests of children with disabilities to live in special institutions instead of with their families. And there is a lack of recognition that all sectors need to be on the same page when it comes to supporting families in trouble and spotting children at risk, including health and education services.

The vast majority of children in care have at least one parent, and very few children are separated from their families because of violence or abuse (where the solution would be to remove the perpetrator, rather than the child).

This suggests that the institutionalization of children is rarely, if ever, in the best interests of the children taken from their families. Instead, the continued institutionalization of children in CEE/CIS shows that some social services perpetuate exclusion, vulnerability and inequity, rather than protecting children. It also highlights their continued inability to help parents who are struggling to cope.
UNICEF in action

UNICEF has been working to keep children with their families since its very earliest days in the region. Today, we work at every level – regional, national and local – to guarantee a child’s right to a caring family environment. We have worked intensely with governments and other partners to prevent the institutionalization of children under the age of three, recognizing that institutionalization in these crucial early years can have a devastating impact on their development and their future prospects.

Looking ahead:

To prevent the separation of children from their families, UNICEF is now focusing on five core areas in its support to governments across the region:

- we advocate for proper budget allocations to support vulnerable families through the development of appropriate family-based responses and services
- we support the allocation of resources that prioritizes the development of local services that allow alternative solutions for children and their families, with an emphasis on children with disabilities and those below the age of three
- we support legislative changes to ensure that the placement of children into institutional care is, truly, a measure of last resort that is bound by strict conditions
- we help to build the capacity and the standards of practice for social workers and health staff to support parents of newborns with disabilities and parents from most vulnerable groups, to discourage institutionalization
- and we work in partnership with media and civil society to promote the social inclusion of children deprived of parental care and children with disabilities.

In addition, UNICEF is launching a multi-country analysis on the positive impact of child care reform in CEE/CIS and to pinpoint the system changes that have made a concrete difference. While recognizing that UNICEF is one of a number of organizations supporting reform, we also want to document our contribution across 12 countries: Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania, Russian Federation, Serbia, Turkey and Ukraine. Our ultimate goals are to prevent the separation of all children from their families, with a particular focus on children under the age of three and children with disabilities.
What works: Bulgaria

The reform of the child care system is the main thrust of our work in Bulgaria. Recent years have seen significant progress in terms of political will and additional funding to replace residential care with a more extensive network of family support services and alternative family-based care. UNICEF has contributed to this progress by supporting regional and local authorities in efforts to plan for expansion of new services, modelling the development of new services and helping to close down residential care facilities, as well as providing advocacy to mobilize communities and society at large for this process.

Our support for the development of foster care, in particular, has had a major impact. In 2010, for example, the Regional Foster Care model developed by UNICEF was rolled out across nine regions, doubling the number of foster families from 250 to around 475 in the space of just one year.

In Spring 2010, we teamed up with media and with the private sector to launch a broad mass media campaign: “Every child needs a family”. The campaign promoted foster care as an alternative to institutions, stressing their damaging effect on growing children. Many children from schools and kindergartens joined the campaign, which raised around $700,000 to support Bulgaria’s shift from institutional care to family-based care. Later in the year, a three-month long reality TV show, “Life as it is – foster families”, showed the importance of growing up in a family, especially for very young children.

Bulgaria is not only backing a child’s right to a supportive and caring family environment within its own borders. The country, which has embarked on one of the most ambitious plans for childcare reform in Eastern Europe, has proved a strong partner for the mobilization of region-wide action on this issue. In November 2012, under the leadership of President Rosen Plevneliev, the Government of Bulgaria and UNICEF convened a landmark ministerial conference in Sofia, bringing 20 countries closer to the vision of a region in which every child under the age of three grows up in a caring family environment – a recognition that all children need the best possible start in life. For the first time, 250 senior representatives from social, health, education, labour, employment and family ministries set out strong political commitments to reduce the number of infants abandoned at birth and the number of children under three in institutions, and to increase the number of children with disabilities who remain with their families.
The past decade has seen real progress on the development of alternatives to detention for children who come into conflict with the law. In addition, special laws on juvenile offenders have been passed, child-friendly procedures have been introduced, training for juvenile justice professionals has been adjusted, and data management systems have been set up across the region, often with UNICEF support. This work has contributed to a response to children that is more sensitive to their needs, and to falling detention rates in a number of countries.

However, juvenile justice policies in the region still reflect punitive and discriminatory mind-sets. Policy-makers are often eager to be seen as ‘tough on crime’, even when the ‘criminal’ is a child. The vast majority of children in conflict with the law in CEE/CIS are accused of petty or non-violent offences. Many are placed in ‘protective custody’ by administrative bodies that operate outside the justice system, and outside its rules. Depriving children of their liberty should always be a last resort, when every other measure has failed, and only for the most serious and persistent offences. Yet the detention of children remains commonplace. This region is still out of step with extensive research worldwide showing that the best (and most cost-effective) way to stop children re-offending is to reintegrate them into society.
Children in police cells and detention facilities were often marginalized long before their arrest. Now they live behind closed doors, away from the eyes and ears of their family, their community and their government. Children in detention often suffer severe, yet routine, violations of their rights, including violence, harassment and humiliation. They suffer from stigmatization and isolation, losing their links with the outside world. The chances of reintegrating a child who has been through such a system are, at best, slim.

Instead of supporting their reintegration, or tackling the root causes of their offending, justice systems often push them ever deeper into poverty and exclusion. The response to children by justice systems in this region is often repression, where a genuine and lasting solution would be social integration.

Unfinished business

Child detention is often the result of a long process of exclusion. Children from minorities, and the poorest children, are vastly over-represented in juvenile justice systems, and even more so in detention. Some are detained for offences that only apply to children, such as truancy, underage drinking or being ‘beyond parental control’. Some children – particularly those who are already excluded by society – become embroiled in petty theft, vagrancy or prostitution.
UNICEF in action

UNICEF is the lead United Nations agency on juvenile justice worldwide, and very often the main supporter for reforms and results at country level. We are active on juvenile justice in around 85 per cent of our programme countries worldwide, including 19 countries in CEE/CIS.

We already take a broad approach – Justice for Children – to ensure that justice systems do better in serving and protecting children, whether they are offenders, victims or witnesses. Their equitable access to justice, no matter who they are, lies at the very heart of our work in this area.

We promote specialized juvenile justice systems to reintegrate young offenders back into the community through a comprehensive approach that includes legal reform, policy advocacy, capacity building, raising awareness and the creation of concrete alternatives to detention. We promote alternatives to break the cycle of offending, but we go further, working to ensure that those alternatives do more than keep children out of detention: they need to reintegrate children into their communities.

Results snapshot: Turkey

In Turkey, UNICEF has worked with the government and the EU to build a specialized juvenile justice system. As a result, 80 child courts are now operational, covering more than half of the children going through the courts. The number of suspended sentences for children (including probation orders) has soared from around 5,000 in 2006 to more than 40,000 in 2009. The number of children benefiting from tailored support in detention has increased from just 3 per cent of children in prison in 2010 to 25 per cent today.

Looking ahead:

Consolidating and building on the progress already made on juvenile justice system reform, UNICEF is now focusing on improved access to justice for all children, promoting justice systems that are adapted to the rights of all children – including victims, witnesses and parties to civil and administrative proceedings, as well as young offenders – and providing legal and other outreach assistance to the most vulnerable groups of children. In doing so, we will continue to leverage the broader rule of law agendas of the European Union, the wider United Nations and others and advocate for the full inclusion of children in these agendas from the outset.
What works: Moldova

UNICEF has worked on juvenile justice reform in Moldova since 2001, with a clear focus on reducing the number of children being detained. We have supported key legislative reforms that prevent any child in Moldova being detained before trial unless they are accused of a serious offence. Today, convicted children cannot be held in detention if an alternative, such as community work, would stop them re-offending, unless their offence is extremely serious.

UNICEF support for specialized training on child’s rights across the justice system has helped to embed such training in the National Institute of Justice and the Police Academy. All judges and prosecutors responsible for children now have specialist training, as have many probation officers and correctional staff in facilities or units for adolescents.

We have also supported Community Justice Centres to pilot alternatives to detention, with 17 such centres now in operation. Our support for specialized public lawyers paved the way for a publicly-funded legal assistance programme that now includes defenders for children.

As a result of its reforms, Moldova managed to reduce the number of children in pre-trial detention by 80 per cent between 2002 and 2010 (from 172 children to 35). And the number of children in post-sentence detention more than halved (from 79 in 2002 to 36 in 2010).
A child’s right to early learning

Early childhood education, and being ready for school, both matter. All the evidence shows that early learning and school readiness (ELSR) helps children make the most of their schooling in later years, boosting their performance and their ability to absorb what they have learned. Early learning also saves money for education systems: when children arrive at school ready to learn they are less likely to repeat grades or drop out — a good return on investment in their early education.

The good news is that children in CEE/CIS are starting to learn earlier and are better prepared for school than they were 10 years ago. Seven countries have adopted new laws, regulations and development standards on early education, while innovative and cost-effective decentralized early education services are now poised to be scaled up in a number of other countries. Decentralized preschool services are being supported to tackle the bottlenecks caused by shortages of human and financial pre-school resources.

The bad news is that, despite recent progress, children in parts of the region still miss out. In Central Asia, for example, only 30 per cent of children were enrolled in pre-primary education in 2010.12

What’s more, the gap between those who have access to pre-schooling and those who do not across the region is not closing fast enough, with ELSR services still concentrated in urban centres.
Unfinished business

Inequity is a key stumbling block for early learning in the region. Most of the kindergartens that survived the region’s transition in the early 1990s have benefited wealthier urban families. The direct and indirect costs of pre-schooling still exclude marginalized groups. Children from rural areas, those living in poverty and from ethnic minorities are the most likely to miss out on pre-school education. Children with disabilities and with special learning needs are particularly disadvantaged: not only do they lack access to pre-school education, those who do have access are often confined to ‘special’ kindergartens.

As a result, the majority of these children start primary school already lagging behind their peers – a gap that only widens during their school years and that often persists into adulthood.

Low social investments over recent years has meant too little support for children’s early childhood development and school readiness, with dramatic drops in social spending reducing the coverage and quality of such services. School readiness means not only ensuring that children are ready for school, but also ensuring that families are ready to support their children’s learning. However, attempts to provide good quality universal services that support parenting and child development in those crucial early years have been hampered by decentralization and privatization that are rarely matched by efforts to build local capacity, identify local resources or set up appropriate monitoring and accountability systems.

UNICEF in action

UNICEF has been working with national governments and civil society partners to introduce a variety of innovative, high quality and cost-effective early learning and school readiness models that include a one-year child-centred pre-primary programme, children’s educational television and half-day community kindergartens for children aged 3 to 6.

Results snapshot: Bosnia and Herzegovina

The percentage of children enrolled in early childhood education in Bosnia and Herzegovina has more than doubled in recent years, but lags behind for Roma children. UNICEF has supported the adoption of a framework law on obligatory Early Childhood Education (ECE). Almost half of the country’s municipalities have now responded to UNICEF’s call for proposals to co-fund ECE municipal programmes. And UNICEF has leveraged an investment of around $260,000 for ECE from the Canton of Zenica by offering to partly match the funds provided.

Looking ahead:

Our vision is a region where all young children are ready for schooling – a strong foundation for success in school and in later life. We are assessing the impact of our support for early learning over the years in Armenia, Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, Tajikistan and the former Yugoslav Republic of Macedonia. These countries and territories, which have shown concrete progress on early learning and school readiness, will take the lead to guide greater progress on ELSR across the region. They will also participate in a Multi-country Evaluation of ELSR to showcase what has worked for children and why, and the role of UNICEF in the process.
A child’s right to early learning

What works: Armenia

In 2010, around 75 per cent of pre-school age children in Armenia were unable to attend kindergartens or any other type of pre-school facility. This national figure concealed a picture of inequity, with enrolment standing at 46 per cent among wealthier households, and falling to 19 per cent among households that were extremely poor. Pre-school enrolment was almost three times higher in urban areas than in rural areas. According to many parents, children are shut out of pre-schooling by high fees and the lack of learning materials and qualified staff. The transfer of management of state-owned pre-schools to local government control resulted in the closure of many kindergartens as few communities could afford to maintain them.

The gravity of the situation is not lost on the Government of Armenia, which has designed a pre-school education reform effort with support from UNICEF and the World Bank. The reform aims to address pre-school access through low-cost models, and pre-school quality through a new curriculum and standards. It will also addresses demand for pre-schools, which is currently outstripping supply, and family support for learning through parent and community education projects.

The strategy is designed to ensure school readiness through a comprehensive effort to improve early learning opportunities, with a special focus on poor children. New pre-school services have now been created in 200 rural and disadvantaged communities to serve over 5,000 children, while existing services have been expanded to meet growing demand.
Children in CEE/CIS have better access to schools than they did ten years ago, and those schools are more likely to include children once shut out of education. Many countries in this region are now modernizing the way in which children learn, with a new emphasis on child-centered teaching, rather than the old-fashioned ‘chalk and talk’ approach. Six countries are developing new standards for quality education. And ten have adopted laws or developed policies to support inclusive education for children with disabilities.

But 2.5 million children of basic school age across the region are still out of school. At the secondary level, an estimated 12 million adolescents who should be in school are simply not there. There are many more children, perhaps millions, from the most marginalized communities, who are ‘invisible’ in national education statistics. Most of the region’s estimated 5.1 million children with disabilities, for example, are thought to be out of school.
Unfinished business

The children who miss out on schooling in CEE/CIS are often those from the most socially, culturally and economically marginalized communities. Many schools, already under-resourced, are not welcoming to, or supportive of, these children. Inclusive education is at the very heart of their access to learning and the achievement of a high quality education for every child. Education must be of good quality if it is to keep all children in the classroom and keep their learning on track.

However, there are signs that the quality of education may not be keeping pace with economic development: the scores in learning achievement for CEE/CIS countries in the Programme for International Student Assessment (PISA) remained alarmingly low in 2009, with around half of all 15 year olds in the region failing to master basic reading and mathematics.18

There are no simple answers. The bottlenecks are complex and interconnected. They include a failure to implement existing policies to ensure equity in education, and a lack of the good quality education that equips children with the knowledge and skills they need for a productive adulthood. There are also the spiralling ‘hidden’ costs, for textbooks, and even for school maintenance, that reduce demand for education from the poorest families. Solving any single bottleneck in isolation will not be enough to guarantee a good quality education for every child. A comprehensive approach is essential.

UNICEF in action

UNICEF aims to help every child realize their right to education, to shift the focus to children’s strengths and abilities (rather than their challenges and disabilities) and to promote quality, which is crucial for ensuring access for all children and adolescents.

Our established position in the region leaves us well-placed to work with governments and other partners on system reform for long-term improvements in education at the national level, and we also support regional and sub-regional partnerships, working with other UN organizations, international non-governmental organizations, civil society and development banks to maximize resources and impact.
Results snapshot: Montenegro

In Montenegro, partnership between UNICEF and the EU has helped to drive down the high rates of exclusion of children with disabilities from mainstream education. Education reform, combined with social communication campaigns, address the stigma and barriers that exclude children. The results can be seen in a 50 per cent reduction in the number of parents who object to inclusive education and a four-fold increase in the number of children with disabilities brought forward by parents for education across the country.

Looking ahead:

We are launching a regional initiative for inclusive quality education for all children. This will bring together 16 CEE/CIS countries, joining forces to include every child currently excluded from education. The focus of the initiative is firmly on the most marginalized groups of children. UNICEF Headquarters and regional partners in education will work with us to close the equity gaps in education, and six countries and territories that have made significant progress in the past decade in closing these gaps will take the lead: Armenia, Kosovo, Romania, Serbia, The former Yugoslav Republic of Macedonia and Turkey. Crucially, the initiative will engage young people as partners, ensuring that the initiative is inspired and informed by their views on the solutions to education bottlenecks.

New data has been gathered on the profiles of out of school children and the barriers to their schooling in five countries – Kyrgyzstan, Moldova, Romania, Tajikistan and Turkey – and will be released in 2012 and 2013. In addition, research in Turkey will gather data on the numbers of adolescents out of secondary school and the barriers to their completion rates, in partnership with UNICEF Headquarters and Prudential.
What works: Azerbaijan

Working with the World Bank, UNICEF has provided critical technical support to the Ministry of Education in Azerbaijan to improve the quality of the education children receive and make strategic use of limited resources to achieve maximum results.

The World Bank provided $25 million for Second Education Sector Development Project (SESDP) for 2008-2013. As a partner in SESDP, UNICEF has supported high-quality curriculum implementation and the modernization of in-service teacher training through the Child Friendly Schools initiative, as well as school readiness approaches. Our focus has been on equity, aiming to ensure that the most marginalized schools and communities have schools that are fit for purpose.

These combined efforts have leveraged major resources from the Ministry of Education. For example, a UNICEF investment of $10,000 to develop materials and train 150 trainers in 2010/2011 has resulted in Ministry expenditure of $1.8 million to train 9,000 primary school teachers. In 2012, the Ministry has committed almost $14.4 million to train 4,500 school principals and 80,000 secondary school teachers: a solid return on UNICEF’s investments of $13,000 to train 150 trainers in 2011 and $81,000 to train 1,050 trainers in 2012. Overall, UNICEF has generated a rate of financial leverage of approximately 180 to 1.
A child’s right to be born free of HIV

The dream of an AIDS-free generation is within reach. We know how to prevent infants being born with HIV infection. We know how to prevent new infections among young people. And we know how to prevent those who are HIV positive from dying of AIDS. Yet this is the only region in the world where the HIV epidemic continues to spread and where HIV prevalence is on the rise.\(^{19}\)

The number of people living with HIV in this region has almost tripled since 2000, and by 2009, there were some 1.4 million people living with HIV in CEE/CIS.\(^{20}\) With an overall HIV prevalence of 0.8 per cent among adults, CEE/CIS is now the second most affected region in the world after sub-Saharan Africa, with a prevalence rate four times higher than that of Western Europe. The vast majority of people with HIV in this region live in the Russian Federation and Ukraine.
Unfinished business

The HIV epidemic in CEE/CIS is driven by an explosive mix of unprotected sex and drug use in a region with an estimated 3.7 million injecting drug users—one quarter of the world’s total. Sexual transmission is also on the rise, affecting marginalized populations and increasingly, women, who now account for around 40 per cent of new HIV cases. More than 100,000 HIV-positive mothers have given birth since the start of the epidemic. An estimated 20,000 children in the region were living with HIV in 2011, up from 4,000 in 2001, and the numbers are still rising even though the rate of mother to child transmission has slowed.

This region has prioritized the prevention of HIV transmission from mother to child (MTCT) and aims to be the first to eliminate MTCT by 2015. There has been major progress: the transmission has been reduced from over 20 per cent a decade ago to less than 2 per cent today. Programmes across the region have improved access to HIV testing and the availability of anti-retroviral (ARV) treatment among pregnant women.

But, despite the progress that has been made, this region faces a major challenge: while HIV transmission rates from mothers to babies have been going down, HIV infection rates among young women are going up. Many young women at risk are unaware of their own HIV status. Many do not seek HIV testing for fear of a positive test result—a fear that is based on the real experiences of those whose lives have been derailed by the stigma and discrimination faced by those living with HIV.

In addition, while the children of HIV-positive mothers are, increasingly, born HIV-free, around 30 per cent of these HIV-positive children are growing up without their mothers, living with relatives or sometimes in institutions, because their mothers are dying from tuberculosis, hepatitis and other AIDS-related illnesses. While access to life-saving ARV treatment may have increased, it is still available to only a lucky few. Across the region, less than 25 per cent of those who need HIV treatment are able to access it. Part of the response to the HIV epidemic in the region must be to ensure that HIV-positive mothers get the treatment and support they need to survive and to care for their children.

However, the creation of an HIV-free generation is not only about the prevention of mother to child transmission. It is also about ensuring that vulnerable adolescents—girls and boys—have the means to protect themselves against infection. The spread of HIV in this region goes hand in hand with the social exclusion of those who are denied services because of poverty, risky behaviours, sexual orientation, ethnicity, family breakdown, violence or conflict with the law.

Adolescents and young people sell sex or retreat into drug abuse as a way to cope with, or escape from, their problems and their isolation. Yet those who are most vulnerable to HIV infection are also the least likely to know about the risks or how to avoid them, least likely to have access to services and least likely to be protected by regulations, policies and laws. This vicious circle of risk and vulnerability to HIV can only be addressed by combining HIV prevention measures with approaches to tackle the social causes of adolescent vulnerability.
UNICEF in action

Our regional HIV and AIDS strategy prioritizes the prevention of HIV infection in babies and among adolescents, and support to those already living with HIV. We work with governments, civil society organizations and other partners to ensure that prevention, care, treatment and support are available to those who are HIV positive and their families. In particular we work with the adolescents who are at the greatest risk of infection to reduce their vulnerability and ensure they have access to quality prevention, care and support services.

We have, for example, enabled HIV-positive adolescents to take the lead in talking to other young people about HIV infection and prevention. They go to where the most vulnerable adolescents are, and speak to them in a way that has real meaning, encouraging them to get tested to find out their HIV status. We have also worked with HIV positive adolescents to ensure that their needs are being met, and that they have the necessary support to get care and stay in treatment.

Looking ahead: our aim is to start with the reality, and address the situation of adolescent risk and vulnerabilities as it is, rather than as politicians would like it to be. That is why we are pushing for a new approach to address denial and ensure open communication about the realities for adolescents at risk of HIV infection – realities that are often linked to lack of effective child protection, traumatic childhood experiences, substance abuse that dulls adolescent pain, and pervasive discrimination against the most vulnerable groups in society.

This is no ‘ordinary’ virus, to be rolled back by medical approaches alone. HIV is a sign of deprivations and inequity: it is a symptom of children and adolescents who need a helping hand, whether they are infected themselves or living in a family affected by, or at risk of, HIV.

As part of this new approach, we work with adolescents to encourage them to learn about HIV, with governments and civil society to reduce the vulnerability of those at greatest risk by increasing their access to services and with paediatric and adolescent HIV care services to improve their quality. We are now looking at what works by launching an assessment across five countries – Belarus, Kazakhstan, Moldova, Russian Federation and Ukraine – to draw out lessons learned from their work on MTCT over the past decade and inform future action.
What works: Ukraine

Ukraine has the highest HIV prevalence in Europe, with 1.83 per cent of the population HIV positive, and the highest prevalence rate among pregnant women, at 0.47 per cent in 2011. Women now represent 45 per cent of all adults living with HIV in Ukraine, and the number of children infected with HIV through mother to child transmission continues to increase.

UNICEF has supported the Government of Ukraine on its journey to prevent mother to child transmission of HIV for years, resulting in a substantial reduction in the percentage of babies born with HIV. An evaluation of the National Programme in 2007 found that it had helped to reduce HIV transmission to infants dramatically – from 27 per cent in 2000 to around 2 per cent in 2011, with its emphasis on opt-out universal antenatal HIV testing and on antiretroviral treatment for infected mothers.

Our team in Ukraine also works on the frontline with adolescents exploited in commercial sex and engaged in injecting drug use, and children who live on the streets, linking them to social and youth-friendly health services. The continuing challenge is to ensure that Ukraine’s Government, civil society and social services work directly with – and listen to – these most vulnerable children and young people, as they hold the key to lasting HIV prevention.
A young child’s right to comprehensive well-being

7.

The progress that has been made in reducing child deaths in our region is excellent news. However, it does mean that a growing number of young children are surviving with real problems. In this region, the gaps between the children who thrive, and those who do not, often start before birth. Many children born into the poorest and most marginalized families unable to reach their full potential or experience the well-being enjoyed by other, more fortunate, children. In this region 5.9 million children under five are at risk of not reaching their full potential – 26 per cent of the 22 million children of that age group.24
Medical problems, disabilities, and the lack of early and sustained support to families put many children at risk of abandonment. Prevailing social attitudes and practices mean that the region continues to rely on child institutionalization, which will only exacerbate delays and disabilities in children. More than 30,000 children under three are in residential care, and many infants and young children with physical disabilities or developmental delays remain hidden away at home, unable to take advantage of early interventions and disability benefits.

There is a serious gap when it comes to the early identification of health and psychosocial risks to children, and to comprehensive cross-sectoral responses. It is also clear that the earlier the equity gaps in health and development begin, the wider they will become as children grow older.
Unfinished business

Current policies and services for young children are limited by their incomplete understanding of the deeply interconnected nature of children’s health and development. Different sectors – health, social protection, education – need to use the same scientific principles of child development and work together so that their individual efforts add up for maximum impact.

One solution lies in home visitors. Virtually all pregnant women and young children in the region have some contact with health care systems, and home visitors (mostly nurses and doctors) could be crucial for comprehensive early childhood health and development: providing parenting guidance, spotting children and families that need more help and referring them to appropriate services.

At present, however, these health professionals lack the skills, training and authority to take on this role, as well as the solid connections to other services that might be needed.
UNICEF in action

UNICEF is building government capacity to provide and implement universal policies and approaches to comprehensive ECD, while advocating for additional help for families with particular difficulties. While all families with young children need support, some families need far more support. And we know that if families are able to provide adequate care and support they will be able to help their children reach their full potential and will not need to hand over their young children to institutions.

We are supporting a new approach to home visiting, backed by policy guidance to governments based on international evidence, to ensure that home visitors have the resources and skills they need to advise, guide and support families.

Looking ahead:

We are carrying out a major survey across the whole region on the early identification of children with developmental difficulties and the services available to them and their families. The results will be used to assist government planning for these most vulnerable children. Our approaches will be supported by an advisory group of international experts that combines expertise in early child development, health, nutrition, protection, and disability to ensure that programming for vulnerable children will increasingly address their comprehensive needs.
What works: Serbia

Serbia’s home visiting services fell into decline in the 1990s, with a chronic lack of qualified nurses, poor incentives, lack of equipment and poor collaboration within the health sector and across other sectors, leaving struggling families without vital support and advice.

Since 2001, with support from UNICEF and other partners, the Institutes of Public Health (Republican and Regional) of the Ministry of Health have revitalized and strengthened polyvalent nursing (nursing that focuses on a broad range of health issues) with the emphasis on improving the health and well-being of mothers and young children. A Good Practice Guide has been developed and nurses have been trained and equipped with essential home visiting materials and tools. They have become important links between families and the health care system and other community services.

There has been a strong focus on the most vulnerable groups: pregnant women, newborns and infants who face particular risks – social as well as health. Families at risk are visited more often, according to their needs, and they work with their home visitors to find solutions. They are no longer ‘cases’, but family members with faces, names, needs, and hopes.

In addition, a helpline service, Halo Beba, provides 24-hour parenting advice and counselling by experienced nurses and additional online information. Close to one million calls have been received, more than one third of them at night, and the service links anxious new mothers to the home visiting services. The helpline receives information from maternity units about new deliveries, calls new mothers to set a date and time for their first home visit, and makes sure that their local health centre knows all about the new family to be visited. In 2012 the helpline began to collect information on the health and psychosocial risks of newborns (from maternity facilities and first home-visits by patronage nurses), to ensure that additional visits and support are provided to families that need extra help.

The programme is being continuously upgraded through on-going monitoring and supervision of the work of its nurses and research on the varying needs of families and the impact of this approach on the wider use of health services.

After almost 10 years of support for home visiting, Serbia can now share its experience on improving the well-being of young children and their families with other countries that are reforming their home visiting systems.
A child’s right to social protection

Most countries in the CEE/CIS region are middle- or upper-middle-income countries, with fewer than 10 per cent of their people living on less than $2 per day. This is low when compared to other regions, but it masks the intense concentration of poverty rates that are as high as 30 per cent in some countries. The $2 per day poverty line also grossly underestimates the high costs of living in a region where people need to pay more for heating and far more calories than in other parts of the world to cope with the cold. Indeed, when we look at poverty rates based on national poverty lines, they are substantially higher. More importantly, child poverty is higher than adult poverty in every country across the region, and households with children are far more likely to be poor than households without children.

A child who is born poor is less likely to have access to proper nutrition, appropriate parenting support and a good quality education. Poverty in early childhood can cause lifelong cognitive and physical impairments and put children at a permanent disadvantage.

Analysis by UNICEF shows that some children are more likely to be poor than others, including those who have three or more siblings, those from rural areas and the urban poor, those with disabilities and those from ethnic minorities, such as the Roma. Poverty and exclusion also fuel mass migration, which takes its toll on the migrant workers and the children they leave behind. Rather than addressing the root causes of these problems, the traditional response has been to take children away from families that are struggling.

Reform of social policies, and of social protection systems, is critical for this region. Evidence from OECD countries and emerging economies shows that social protection – ensuring that families with children have access to a minimum package of cash benefits and social support services – increases access to health and education services on an equitable basis and reduces poverty. It also improves school attendance and performance, immunization rates and nutrition, and helps to prevent institutionalization, school drop-out and child labour.
Few CEE/CIS countries have effective and efficient social protection systems that provide even minimum protection to all children, and social assistance spending amounts to a meagre 1.6 per cent of GDP. Even though children are more likely to be poor, they are less likely than adults to receive any kind of social assistance.

New services for family and child support still cover mostly urban areas, leaving many rural areas un-reached, and reforms have overlooked the extra effort needed to reach the most vulnerable groups such as children with disabilities, children under the age of three and children from the Roma minority.

Limited budgets for social protection mean low wages, contributing to a lack of skilled social workers and case managers to reach and help the most vulnerable families, and there is no culture of social work or case management to address the multiple vulnerabilities faced by many children. Social work centres are still clustered in major urban areas. Complex procedures and paperwork, combined with the passive attitudes of service providers and a lack of clarity on entitlements, all present barriers to families in need of help.

Problems on the demand side include a fear of stigmatization when applying for certain benefits and services, social norms that may prevent mothers from applying in the absence of a male head of household, and language and geographic barriers to access to existing cash benefits and other services.

Unfinished business
Results snapshot: Albania

UNICEF supports the geo-mapping of Roma neighbourhoods in Albania, with more than 100 locations and around 15,000 people identified to date. Mapping makes it easier to pinpoint the local authorities that should be providing services, from the census office where Roma children should be registered to the schools that they should attend. The information is publicly available on a government website supported by UNICEF, where people can demand action from the relevant authorities and report any changes, such as children who are now in school, or families who have moved away.
Social protection, whether a cash transfer, a home visit by a health professional, or any other service, smooths the way to other rights. As such, our vision is to make social protection work specifically for children and their families through the right mix of cash and services to reach the most vulnerable. In other words, our aim is to ensure that the material, social and psychological conditions into which children are born allow them to be healthy, eat well, get adequate care, attention and medical treatment, learn from an early age and throughout their childhood, and to be protected from marginalisation and abuse.

Looking ahead:
We will prioritize knowledge and evidence through surveys that combine information on household incomes and data on individual members and their access to services – data collection that is commonplace in other regions, but that remains rare in CEE/CIS.

Now we are launching a multi-country analysis on the environment, supply, demand and social norms related to social protection in this region. We are already gathering information on, for example, policies and budget allocations that support social protection for children, media coverage on social protection issues, the number of social workers for every 100,000 people, and the proportion of beneficiaries who are happy with the social services they receive.

We analyse the impact of policies and the use of public budgets for social protection programmes and advocate for policy reform – influencing and advising governments and others on how to reallocate resources and remove the bottlenecks to reach the most vulnerable children, and we foster coordination and collaboration across sectors.

We work to change mind-sets and social norms to overcome social and cultural barriers and shift public opinion in favour of effective social protection for the most vulnerable groups. And we evaluate and document alternative approaches, to share what works.
What works: Georgia

A Welfare Monitoring Study by UNICEF in Georgia revealed progress on the percentage of children living in poor households in Georgia: falling from 28 to 25 per cent between 2009 and 2011, with extreme child poverty down from 11.5 to 9.4 per cent. But despite this progress, too many children in Georgia still live in poverty.

UNICEF has worked closely with the Government of Georgia and the World Bank to ensure that the benefits of recent economic growth are distributed equally and that children are represented in existing social protection schemes. UNICEF’s discussion paper, ‘Georgia: Reducing Child Poverty’, outlines policy options to address child poverty and prioritize social protection for children in the next three to five years, including increases in both the amount of Targeted Social Assistance and its beneficiaries and the introduction of universal child benefits. Our efforts have contributed to the 2013 introduction of health insurance for children aged 0-6 in Georgia, as well as increase of the Targeted Social Assistance cash benefits amount and expansion of cut off score for more beneficiaries to receive cash benefits.

The change of Government in 2012 did not disrupt our advocacy efforts. After a series of discussions the new Government was also convinced to consider the recommendations from the policy paper, which were cited during high-level meetings and TV interviews by senior Government officials. NGO partners and international organizations also referred to the recommendations and used them in their reports. We continue to work with the Government and other partners to explore the possibility of introducing a universal child grant to reduce child poverty further.
A child’s right to protection from the risks of disasters: Reducing vulnerability

While major disasters generate major responses world over, there is a lack of awareness of the relentless impact of the repeated disasters that are common in this region, but that never make the front page. When a landslide cuts off one small village there may be little international or even national response. But if that village is already poverty-stricken, lacking basic services and unprepared for such a disaster, how do families cope? How can they recover, particularly if such disasters are repeated?

CEE/CIS is not the first region that springs to mind when it comes to emergencies. In reality, however, countries in this region have always been prone to natural hazards. And now climate change, rapid urbanization, population growth and environmental degradation have been added to the mix, threatening to undermine recent regional progress on child health, education and child protection. This is a region of earthquakes, flooding, landslides and extreme weather. And it is typical here, as it is in other regions, for children to represent 50 to 60 per cent of those affected by a disaster.”
Unfinished business

Natural hazards, such as earthquakes and floods, do not lead automatically to emergencies. These only happen when a community faces a natural hazard that outstrips its capacity to cope and respond. And if that happens, even one disaster could undermine years of hard-won progress towards the Millennium Development Goals.

This is where Disaster Risk Reduction (DRR) has a crucial role to play. DRR implies a shift from a reactive to a proactive approach, with disaster risks systematically identified, assessed and addressed as part of development. It is recognized, increasingly, as a way to save both lives and money before they are lost to a disaster. DRR increases community resilience and contributes to sustainable national development, and protects national development investments from the ever-growing number and intensity of ‘natural disasters’. It is also an effective way to address growing concerns about the impact of climate change.

Yet few countries in the region have comprehensive DRR management plans and there is a lack of cross-ministerial collaboration on this issue. The lines of responsibility are blurred. The end result is that even where, for example, a school has an emergency preparedness plan, it may simply be gathering dust on a shelf.
UNICEF in action

UNICEF works on humanitarian issues across the CEE/CIS region, from emergency preparedness to emergency response.

Our work includes the promotion of DRR to stop natural hazards turning into human disasters. Here, we work on DRR at three levels: the policy level to generate dialogue between ministries and relevant DRR policies and legislation; DRR capacity building; and practical approaches at sub-national level that, in turn, can provide vital information for policy-makers on what works.

With support from UNICEF, DRR has expanded from one country (Uzbekistan) in 2007 to ten countries today. Several countries have established Education DRR coordination mechanisms, linked to the national platforms under the Hyogo Framework for Action, to better coordinate DRR planning and actions. Others have integrated disaster risk reduction into their national education curriculum. Teachers have been trained to deliver DRR lessons to children, and there are many schools where all staff and pupils now know exactly what to do in the event of an emergency. UNICEF is also supporting countries with stronger risk analyses to identify disaster risks and target help towards the most vulnerable, especially marginalized and excluded children, before disasters strike.

Looking ahead:

Disaster risk reduction is a programmatic approach that helps to protect people from future natural disasters, as well as preserving long-term investments in development. It now needs to be mainstreamed systematically into on-going development processes. Our work on DRR in this region will continue to introduce the principles of disaster risk identification, preparedness and mitigation into national development planning and programmes. We will support governments to assess potential hazards and the risks they pose to the population, especially the most vulnerable children and women in the region.

This will pave the way for specific DRR strategies across all social sectors, including through policy and legislative amendments and technical capacity development. At each step, we aim to use our convening power to bring governments and social services together, both within and beyond national borders to foster region-wide sharing of knowledge on what works in disaster risk reduction.
What works: Kyrgyzstan

As a result of a methodology developed by UNICEF, the Government of Kyrgyzstan is assessing every school to see which ones need to be refurbished or even relocated to protect children from the earthquakes and landslides that shake this mountainous country.

This is a first for the CEE/CIS region, with UNICEF, a range of Ministries and geological experts all involved in a partnership that spans new thinking and capacity building on this issue, and the inclusion of disaster risk reduction in the curriculum, as well as the physical safety of school buildings. The Government is firmly in the driving seat on this issue, and presented its plans at the 5th Asian Ministerial Conference on Disaster Risk Reduction in Indonesia in October 2012.

The work to date demonstrates real value for money, with the cost of developing and trialling the methodology, at around $40,000, dwarfed by the resulting grant of $1 million from OFDA, the Office of US Foreign Disaster Assistance, to put the methodology into practice.
10. An adolescent’s right to a second decade, second chance

The CEE/CIS region has made solid progress for children in their first decade of life, with more children surviving and thriving. But there is now another urgent priority. Many children are losing their way in their second decade of life. They are losing hope and being left behind as their families struggle to cope with the daily pressures of economic deprivation and marginalization. In a region with the second highest youth unemployment rate in 2009, the highest rates of injecting drug use in the world, high rates of school dropout, increasing rates of HIV, violence and youth suicide, too many adolescents are going ‘off-track’.
Unfinished business

Many of the major problems that face the entire region are crystallized in the situation of its most vulnerable and marginalized adolescents, ranging from those who practice risky behaviours to those from minority ethnic groups, and from those coming out of institutions or detention to those trafficked for sex or labour.

These are the very adolescents who are often seen as a problem or even a security threat by society and some political leaders. Given its experience of working with and for those adolescents who are furthest off-track, UNICEF is well-placed to support them in realizing all their rights, by giving them a “second chance” to achieve their full potential and become all that they can be.

UNICEF in action

UNICEF has worked with and for adolescents in the CEE/CIS region for years. Young people – including those who practice risky behaviours – have, for example, been key partners in UNICEF-supported HIV prevention programmes. Other programmes have championed reductions in bullying (including cyber-bullying) and violence in schools and the removal of age barriers to accessing essential health services. Many UNICEF offices in the region have supported the development of youth-friendly health services that provide a safe space for adolescents to get services and discuss sensitive issues. Our offices have also supported the development of youth policies, as well as consultations with children and young people at community level. And they have worked hard to support adolescents caught up in emergencies and conflicts by developing programmes to foster peace and tolerance.

Youth researchers have gathered opinions from their peers on key issues, such as the quality of education. We have supported the participation of adolescents in the development of youth programming, strategies and action plans amid growing evidence that such participation improves programme impact and encourages the young to take responsibility for their lives and communities.

Now, we need to consolidate such initiatives under a shared strategy to find solutions to key challenges for adolescents in CEE/CIS: school dropout and education quality, so that adolescents acquire the skills they need for the workplace; reaching out to the most vulnerable, at-risk adolescents who face psychological distress, who engage in risky behaviours, live on the streets or are in detention; and continuing to bring adolescents into the policy debate.
Looking ahead:

Adolescents have the potential to change the CEE/CIS region for the better. This is the generation that is always the first to try out new ideas and new experiences. No other age group is better-placed to influence its contemporaries about life’s challenges and dangers; about protection from diseases such as HIV; about breaking cycles of violence and discrimination; about healthy lifestyles.

But this is also the generation that is most likely to take risks, some of them extreme, which could lead to a downward spiral.

To tap the potential of the region’s greatest asset, it is critical that we listen to, and work with, adolescents. They have the right to be involved in the decisions that affect them. And the more they are involved in the design and implementation of the programmes intended for them, the more effective these programmes become.

While we have achieved a great deal over the years, we now need to engage with adolescents more systematically, enabling them to express their views and take joint action to realize their rights. This means working with the most vulnerable: those who are on the very edges of society to ensure their views are heard.

Programmes that identify adolescents at risk and that give those who are already marginalized a ‘second chance’ need to be developed and supported, which means ensuring that health, education, social protection and other services facilitate their access to services and give them the support they need. It also requires a focus on their participation and on advocacy around their rights and needs, as well as the monitoring of their situation and the provision of strategic information to inform policy and practice.

Clear principles will guide our work with and for the most marginalized adolescents in the coming years:

- Adolescents are assets, not problems. It is essential to involve those already labelled as ‘problems’: those engaging in risky behaviours, those from minorities, those living with physical disabilities or mental health problems, those living in poverty or under protection or penal measures, to empower them and ensure their social inclusion.
- It is time for a new realism. Programmes and policies need to match the daily realities faced by adolescents. They must be guided not by ideology, but by the real experiences and situations these adolescents face.
- Respect gender rights. Policies and programmes should recognize that, while their situations and needs are different, boys and girls have equal rights. We need to ensure that our programmes address not only girls’ empowerment and protection, but also perceptions of masculinity and the social roles of boys and men and their impact on society.
- Adolescence should be seen as part of the life-cycle, not as a period of biological development that is somehow separate or isolated. Programmes that work with adolescents need to be part of a life-cycle approach that understands the issues and opportunities that children face at each stage of their lives and aim to realize the rights and full potential of children as they move from infancy to adolescence and onwards towards adulthood.

One key message has emerged from our work and discussions with adolescents over the years: nothing about adolescents without adolescents. Adolescents want to be counted, to be connected and to be heard. It is time to ensure that the second decade really is a second chance.
What works: Kosovo*

Kosovo (under UNSCR 1244) has the youngest population in Europe, with more than half of its people under 25 years of age. Yet its 500,000 young people have little say in the policies and processes that affect them, despite their pivotal importance for Kosovo’s future. The UNICEF Innovations Lab, launched in 2011, aims to highlight their situation and give them a voice. It has three main pillars: By Youth for Youth, the Design Centre and YAP (the Youth Advocacy Platform).

- By Youth for Youth, developed in partnership with the Peer Educators Network, empowers youth to take part in the processes that affect them, and to develop and implement projects that change their own lives and the lives of others.

- The Design Centre aims to tackle the lack of reliable data on children and young people in Kosovo, developing and using technological innovations for Kosovo institutions that work on behalf of youth and children.

- YAP is a dynamic advocacy platform run by and for young people, providing a unique space for them to get involved in social and political action.

Highlights to date have included the innovate Camps, where young people can share their ideas and get support to turn them into action in their own communities. Current projects include door-to-door research by young people on young people, the creation of a football team for girls, the ‘guerilla’ painting of garbage cans to encourage their use, and youth-led outreach to reach those who have dropped out of school.
Join us

We welcome new partnerships. UNICEF does not work in isolation. The challenges that face children and adolescents, and the new opportunities that are opening up to improve their well-being, are everybody’s business. No single organization or individual acting alone can make a lasting difference for the children of Central and Eastern Europe and the Commonwealth of Independent States. We are actively looking for partnerships that will have the maximum impact on children’s lives.

We welcome new ideas. We work in a region of many middle-income countries, where we must build partnerships, foster innovation and use our very limited funds to leverage major change for children. We are always looking for new and better ways to do this.

If you would like to know more about our work, please visit: http://www.unicef.org/ceecis

If you would like to join us or share your views, please contact: ceeCIS@unicef.org
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