

POLICY AND PRACTICE
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SELECTED LESSONS LEARNED FROM UNICEF PROGRAMME COOPERATION 2007

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Selected Lessons Learned from UNICEF Programme Cooperation

2007

This document features a compilation some of the most notable innovations and lessons learned from UNICEF's 2007 programme reporting. The following examples from UNICEF's experience highlight the diversity and scope of the area in which UNICEF cooperates. These examples represent just a few of the numerous activities UNICEF supports in 155 countries around the world. They are presented here to highlight the innovative initiatives UNICEF and its country-level partners are undertaking to improve children's rights and development progress in order to share the lessons we have learned and the good practices we have identified.

Five focus areas guide UNICEF's work: (1) young child survival and development, (2) basic education and gender equality, (3) HIV/AIDS and children, (4) child protection from violence, exploitation and abuse, and (5) policy advocacy and partnerships for children's rights. The thirteen examples included in this compilation provide evidence of results in all of these areas.

It is important to recognize that lessons gained through cooperation in one country or context are not necessarily valid or transferable – directly or otherwise – to the circumstances of another. It is, however, hoped that this compilation will be useful in two ways: provide a sense of the range of UNICEF work across the regions; and provide some indications of where to look for emerging experience on specific topics which could inform or inspire future programmes.

Each of these pieces is a summary and more detailed information is available from the UNICEF Country Offices, which have provided the original material. If you are more interested in a particular topic or featured innovation, or would like to make comments, please contact Policy and Practice in UNICEF Headquarters (lessonslearned@unicef.org).

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Disclaimer: This compilation is based on internal field reports and is not edited to official publication standards. Statements in these articles do not imply or constitute official opinions or policy positions of either the United Nations or UNICEF.



Table of Contents

Focus Area 1: Young Child Survival and Development

Ghana: Integrated Nutrition Action Against Malnutrition.....	4
Mali: Campagne nationale intégré pour la survie des enfants	7
Peru: Sustainable Human Development in the Indigenous Rio Santiago Area	9

Focus Area 2: Basic Education and Gender Equality

Central African Republic: Improving School Enrolment and Retention of Conflict-Affected Children	11
Occupied Palestinian Territory: Math and Science Kits for Palestinian children	13

Focus Area 3: HIV and AIDS and Children

Somalia: Woman to Woman Initiative on HIV	15
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Focus Area 4: Child Protection

Congo Brazzaville: Stratégie nationale de protection des droits des peuples autochtones.....	17
Papua New Guinea: A rights based Juvenile Justice System in Papua New Guinea	19

Focus Area 5: Policy Advocacy and Partnerships

Chad: Budget pour les enfants.....	21
Kazakhstan: Social Budgeting in Kazakhstan	23
Mozambique: The Mozambican Unconditional Cash Transfer Programme, Programa Subsídio de Alimentos	25
Peru: Indigenous civil registrars in Amazonas – a response to social exclusion of indigenous communities.....	28
Bosnia-Herzegovina: Child Rights Impact Assessment of potential electricity price increases	30



Ghana: Integrated Nutrition Action Against Malnutrition

Summary

The Upper West Region (UWR), located in northern Ghana, is one of the country's most deprived regions and has high child malnutrition and mortality rates according to the 2003 Ghana Demographic Health Survey (GDHS). In May 2007, UNICEF, in collaboration with Catholic Relief Services (CRS), initiated an Integrated Nutrition Action Against Malnutrition (INAAM) Project in the UWR with the aim of reducing severe acute malnutrition (SAM) among children under three years of age. The project, executed by the Ghana Health Service (GHS), provides Plumpy'nut® – a ready-to-use therapeutic food (RUTF) – to a targeted 2,000 children, along with intensive behaviour change communication (BCC) to their mothers with the help of Community-based Health Volunteers (CHVs).

The initial lessons learnt are that: 1) provision of Plumpy'nut® is a simple, quick and efficient means of reducing SAM in children under three in Ghana in the short to medium term; 2) community-based outpatient treatment of SAM using Plumpy'nut® improves adherence among mothers; and 3) a strong partnership with an efficient NGO is key to the success of the project.

Innovation

This is the first time Plumpy'nut® was used in Ghana to treat SAM. Children receiving Plumpy'nut® in various in-patient nutrition rehabilitation centres (NRCs) were able to recover quicker than with other treatment regimes, enabling early return home. Children with SAM identified through GHS monthly growth-monitoring sessions in project communities could be effectively treated in their own homes, without the need for admission to in-patient care; mothers had the opportunity to learn from peers how to take better care of their children through the positive deviance approach. The project is innovative in that it provides the opportunity to complement the CRS and World Food Programme (WFP) feeding programmes, enabling children with SAM to recover to the “moderate stage”, and then continue receiving supplementary foods (corn-soy blends and vegetable oil) until they recover fully. The project also provided an effective means to reach children with SAM even in the most remote parts of the region.

Potential application

This project has provided the opportunity for NRC managers, community health volunteers (CHVs), and mothers to work together to implement a simple and rapid-results strategy (combined Plumpy'nut® and BCC) to manage SAM, even in remote parts of the region. GHS officials in the region are now calling for the inclusion of more communities in the project. A national workshop conducted by GHS in June 2007 on the treatment of SAM created a tremendous awareness about Plumpy'nut® across the country. This national workshop now calls for making the product available for severely malnourished children in other parts of the country. The use of Plumpy'nut® to address SAM in Ghana has also gained strong interest among development partners, including USAID.

As a result, there is great potential for scaling-up the INAAM Project through GHS. Already, USAID, in collaboration with GHS, is planning to utilize Plumpy'nut® in a similar project during the first 8 months of 2008. UNICEF and USAID (through the FANTA Project) have initiated efforts to promote production of Plumpy'nut® locally in Ghana. Initial in-country investigation by both Nutriset (France, Aug 2007) and UNICEF confirmed that Plumpy'nut® production in Ghana is feasible. A number of potential producers have been identified, and a comprehensive plan for full-scale local production by December 2008 has been drawn up.



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Issue

According to the Ghana DHS 2003, 26% of U5 children in the UWR are underweight (weight-for-age z-score < -2), over a third (34%) are stunted (weight-for-height z-score < -2), and 11% have acute malnutrition or are wasted, (weight-for-height z-score, WHZ < -2), of which nearly one of every four (24%) have severe, acute malnutrition (WHZ < -3). In comparison, the rates of child underweight, stunting and wasting in Ghana as a whole are 22%, 30% and 7%, respectively. Child mortality rates in the UWR (208 per 1000 live births) are also almost double the national average (111 per 1000 live births).

Reducing the persistently high malnutrition rates in the UWR demands new strategies. A successful approach will increase child survival rates in the region and the country, since malnutrition probably accounts for over 50 per cent of all child mortality in Ghana. The use of Plumpy'nut® in combination with BCC in the UWR was informed by the reported efficacy and success of Plumpy'nut® in the treatment of SAM in other African countries.

Strategy

The INAAM Project used three strategic components: (i) facility-based rehabilitation, (ii) community-based rehabilitation and (iii) the positive deviance (PD)/Health approach to behaviour change communication. In the first component, children admitted to all six NRCs in the UWR received Plumpy'nut®. Community-based rehabilitation took place in 102 communities in four districts (out of eight), where either CRS or the World Food Programme runs a supplementary feeding program. In these communities, children aged 6-to-36 months with SAM (mid upper arm circumference (MUAC) ≤ 12 cm) identified by GHS during monthly growth-monitoring sessions received two packets of Plumpy'nut® daily (1000 kcal/d) for five weeks; their mothers attended weekly intensive health and nutrition education sessions. In all, 13.8 metric tons of Plumpy'nut® was made available for approximately 2,000 eligible children. The PD/Health approach was implemented in six communities in two districts of the UWR. This approach empowers communities to address malnutrition by affirming positive local cultural practices (discovered during community-based positive deviant studies) and delivering nutrition education based on social learning theory and adult learning principles.

CRS was chosen as a partner for the following reasons: (i) their success in partnering with GHS over several years, (ii) their experience implementing child survival and nutrition programmes in the region, (iii) their logistical and human resources (including trained CHVs), and (iv) their capacity to and interest in scaling-up the project.

Progress

The first three months were used to procure supplies and equipment, conduct a baseline survey, train CHVs, and develop monitoring and evaluation systems. Available data as of November 2007 indicate that 563 children with MUAC ≤ 12 cm, out of 6,125 screened (9.2%), in 68 communities received Plumpy'nut®. Nearly 67% of these children were successfully rehabilitated (MUAC > 12.5 cm) within five weeks. Incomplete data from four NRCs show that 84 children on admission were successfully treated with Plumpy'nut® and were discharged within five weeks. Field interactions with mothers and the NRC managers reveal that the Plumpy'nut® was very well accepted by children. Mothers and NRC managers attested to the remarkably quick improvements in the health status of children consuming Plumpy'nut®. Trained CHVs provided intensive nutrition education to more than 500 mothers of children receiving Plumpy'nut® at the community level. Full results are expected in June 2008, when a formal impact evaluation will be completed.



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Next steps

Facilitating the establishment of a Plumpy'nut® production unit in Ghana is the next first logical step toward reducing or eliminating the huge freight costs associated with importation and allowing production to be controlled in-country to respond to current needs, such as emergencies. Fortunately, there appears to be substantial enthusiasm among development partners and potential investors to make this happen. Another step is to create more demand for the product through awareness-promotion within the Ghana Ministry of Health and among mothers, as well as to mobilize funds for purchase of Plumpynut® by the poor families who need it most.

Maintaining the gains already achieved in the INAAM Project communities is a challenge, since those communities still remain vulnerable, particularly to food insecurity. Plumpy'nut® is too expensive for poor families and has to be provided free of charge. It is also a challenge to scale up the project within the region (and beyond) due to inadequate resources compounded by poor infrastructure. Above all, the proportion of children with SAM is the tip of the iceberg; addressing the wider problem of moderate malnutrition is a far greater challenge.



Mali: Campagne nationale intégrée pour la survie des enfants

Résumé

L'une des innovations majeures que le Mali a expérimentée en 2007 porte sur la réalisation d'un grand événement, le premier du genre dans la région, à haut impact pour la survie des enfants ayant touché une cible de 2.200.000 enfants âgés de moins de cinq ans (soit 95% des enfants de moins de 5 ans du Mali) et 166.000 femmes en post-partum immédiat. Il s'agit de la première campagne nationale intégrée pour la survie des enfants réalisée en Décembre 2007 par le Ministère de la Santé en partenariat multi donateurs et multi acteurs comprenant cinq paquets de services intégrés à savoir : la vaccination contre la rougeole et la polio, la distribution de vitamine A, le déparasitage des enfants et la distribution de plus de 2 millions de moustiquaires imprégnées d'insecticides (MII).

Les leçons apprises de cette grande opération portent sur les aspects suivants : l'intégration d'un paquet de 5 services à haut impact avec faible coût bénéfice pour les enfants, le leadership du Gouvernement, le multi partenariat avec les donateurs bilatéraux, multilatéraux, le secteur privé, les sportifs et les ONG nationales et internationales, le rôle des Collectivités et des acteurs Communautaires, la communication et la participation. Le grand intérêt accordé par les mères d'enfants à cette campagne illustré par leur participation massive constitue une preuve de succès de cette innovation.

Potentiel d'application

Cette innovation de 5 paquets d'intervention à l'échelle nationale peut être répliquée au Mali dans les années à venir, dans le contexte d'urgence ou dans d'autres pays comme stratégie visant l'accélération de la survie des enfants à moindre coût.

Problème

Le paludisme, la malnutrition et la rougeole sont l'une des principales causes de décès des enfants au Mali. La faiblesse des services de routine et la pauvreté des familles ne permettent pas d'atteindre efficacement une couverture adéquate des services de soins préventifs et curatifs. La stratégie de distribution des moustiquaires par le système régulier de santé a toujours démontré ses limites pour l'accès effectif aux bénéficiaires que sont les enfants et les mères. Les difficultés logistiques et les pratiques de reventes sur le marché par les acteurs constituaient des obstacles majeurs. Le taux d'utilisation des moustiquaires imprégnées par les enfants et les mères demeure faible jusqu'en 2006 (36% et 39% respectivement, EDSIV 2006).

Stratégie et l'application

La stratégie de campagne de vaccination couplée avec la distribution de moustiquaire imprégnée aux mères d'enfants ayant fait vacciner leurs enfants de moins de 5 ans a été très bénéfique à plusieurs titres : i) grande attraction pour les mères très intéressées de recevoir une moustiquaire, ii) accès direct des mères aux moustiquaires sans intermédiaire, iii) occasion unique pour offrir plusieurs services de soins préventifs de santé à l'enfant. L'implication des sportifs, du secteur privé et des ONG à l'opération fût très utile pour son succès. L'opération a été lancée par le Chef de l'Etat.

Résultats

Réussite de la campagne avec une participation massive des mères. Les résultats d'évaluation de la couverture obtenus indiquent que au moins 80% des enfants cibles ont pu bénéficier de moustiquaires imprégnées. Une enquête nationale d'évaluation de l'utilisation des moustiquaires imprégnées par les enfants et les mères ainsi que la couverture effective des services offerts a été réalisée par CDC Atlanta aux Etats-Unis pendant la période de haut risque de transmission du paludisme (la saison des pluies en 2008). Les résultats de cette évaluation ont démontré l'utilisation des moustiquaires imprégnées par 78% des enfants la nuit avant l'enquête, une augmentation de plus de 200% depuis 2006 ainsi que très



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peu de variation à travers les quintiles socio-économiques. Utilisation des moustiquaires imprégnées par les femmes enceintes a aussi augmenté de la même manière, atteignant 69%.

Les principaux enseignements tirés sont :

1. La première leçon apprise de cette opération est l'impact évident pour la survie de l'enfant de la combinaison en un seul passage du paquet de soins préventifs à l'enfant ayant une incidence directe sur sa protection immunitaire contre les maladies qui constituent les principales causes de décès des enfants au Mali. La couverture nationale de l'opération donne l'avantage d'honorer à la fois le principe des droits humains dans les interventions de l'UNICEF et également la focalisation sur l'évidence de résultats pour les enfants. La chance de survie de chaque enfant de moins de 5 ans du Mali a été fortement augmentée.
2. L'efficacité de cette opération qui se traduit par un moindre coût bénéfique est l'un des grands avantages comparatifs de la campagne. Ainsi cinq campagnes nationales sont fusionnées en une seule campagne réduisant ainsi le coût unitaire de la prévention de la maladie chez l'enfant : 12 millions de dollars investis pour protéger 2.200.000 enfants en une seule fois et en une semaine contre la rougeole, la polio, la carence nutritionnelle, les parasites intestinaux et le paludisme sans oublier 166.000 femmes en post partum immédiat. L'incidence du paludisme sera sensiblement réduite grâce à la provision de la moustiquaire par enfant.
3. Le leadership réel du Gouvernement qui a coordonné l'ensemble des travaux, a apporté une contribution financière effective de 1 millions de dollars, et démontré la volonté politique à travers le lancement de la campagne par le Chef de l'Etat.
4. Le partenariat construit avec une réelle contribution du secteur privé et des sportifs et une responsabilisation des parties prenantes selon leurs avantages comparatifs. L'UNICEF a contribué aux 16% du budget de 12 millions de dollars et a fourni les moustiquaires, la vitamine A, les vaccins, etc. Les problèmes logistiques et de distribution ont été efficacement assurés par la croix rouge nationale.
5. Une grande participation des mères grâce aux campagnes de sensibilisation multimédias, à l'implication des leaders religieux, leaders traditionnels mobilisés en conséquence, des Maires de Communes et Autorités régionales et préfectorales.

Prochaines étapes

Une enquête nationale MICS est programmée pour 2009 et fournira des indications solides de la continuité de l'utilisation des moustiquaires imprégnées par les populations vulnérables. La preuve statistique du succès de l'opération au bénéfice des enfants sera ainsi bien établie et largement diffusée pour renforcer la visibilité des résultats et le plaidoyer.

Le partenariat multi acteurs pour la lutte contre le paludisme sera consolidé par l'établissement d'un cadre permanent de concertation, de mise en commun et de distribution conjointe des MII directe au niveau communautaire dans les zones déficitaires cibles au vu des résultats d'évaluation de la couverture et de l'impact.



Peru: Sustainable Human Development in the Indigenous Rio Santiago Area

Summary

Like other indigenous communities, the Awajun and the Huampis who live in the Amazonian area of Rio Santiago are amongst the most excluded groups in Peru, with low social indicators especially for children and adolescents. In order to reverse this situation UNICEF, in a joint effort with its partners, initiated a comprehensive community-based programme that produced significant improvements in indicators related to health, education and child protection.

Lessons learned

The strategies developed and the results achieved through this programme demonstrate the possibility of progressing toward the fulfilment of children's rights, even in extremely remote and poor areas. The expansion of this kind of programme, coupled with higher public investment for indigenous areas, may help reduce the serious inequities that affect indigenous populations.

Issue

Peru faces strong inequalities in social indicators amongst the different segments of the population. The indigenous communities of the Peruvian Amazon represent the most affected social groups, such as the Awajun and the Huampis (population 12,000), who live in the Rio Santiago district of Condorcanqui Province in the department of Amazonas, one of the most isolated and inaccessible regions of the Peruvian Amazon. According to the initial baseline study performed in 2002, these populations suffer from low social indicators especially for children, adolescents and women:

- 58% of pregnant women were anaemic;
- only 6% of all births took place in health centres (compared to an average of 27% for the Amazonas region and 58% nationwide);
- the maternal mortality rate was 388 deaths per 1000 thousand live births in 1999 (according to the 2000 local census of the Rio Santiago district) compared to 185 nationwide (ENDES 1996-2000);
- almost half of the children under three years old showed chronic malnutrition;
- 25.5% of students between 6 and 17 were repeating a grade; and
- only 51% of all interviewees had a birth certificate.

Strategy & application

UNICEF – in partnership with the Ministries of Health, Education and Women and Social Development, the Regional Government of Amazonas, RENIEC, community organizations and indigenous federations – initiated a comprehensive community-based programme for the fulfilment of basic rights of indigenous children with special emphasis on health, nutrition, education, good treatment, identity and participation. The main strategies included strengthening the presence and capacities of public services in the 56 communities along the banks of the Santiago River, including health services and schools, in order to develop a network for child protection, and advocating the inclusion of these actions in local Plans and Budgets. Specific strategies include:

- Maternal and child health and early childhood development: 1) strengthening of the capacities of the local health staff to provide primary care and preventive services, 2) cultural adaptation of health services, 3) implementation of a minimum package of activities in health services and for reducing malnutrition at the community level and 4) recent introduction of the rapid test technology for pregnant women in order to prevent mother-to-child HIV-AIDS transmission.



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- Intercultural bilingual education: 1) development of a pedagogical approach in accordance with cultural norms, 2) improvement of the technical level of teachers and of their commitment to education, 3) promotion of parental participation in children's education, and 4) infrastructure improvement and availability of pertinent educational material.
- Child protection: 1) support to a network of 30 Defence Centres in communities, which are staffed by trained indigenous promoters elected within their own communities, and 2) birth registration through Indigenous Registration Offices
- Strengthening of local governments: strengthening of capacities at the local level in planning, management and administration in order to include social investment in plans and budgets.

Results

Significant results have been achieved through this intervention as evidenced by the progress study performed by the end of 2006:

- The number of healthcare facilities increased, effectively shortening distances: in 2002, 20.8% of the people were one hour away from a healthcare facility while in 2006 this number had been reduced to 8%. Visits to health services increased accordingly, from 45.1% in 2002 to 61.8% in 2006 mainly due to an increase in demand for pregnancy controls and attention for diarrhoea and acute respiratory infections.
- Prenatal check-ups rose from 57.2% in 2002 to 80.8% in 2006. Women were counselled on proper diet and signs of danger or complications during pregnancy.
- The rate of births in health care facilities grew from 6% in 2002 to 12.5% in 2006 mainly due to the creation of Maternity Waiting Houses, locations close to health facilities where mothers from isolated settlements can await the moment of birth.
- Exclusive breastfeeding increased significantly from 5% in 2002 to 23% in 2006.
- Vaccination rates against tuberculosis, diphtheria, tetanus and hepatitis B reached almost 100%.
- Grade repetition rates in primary and secondary schools decreased between 2002 and 2006 from 25.5% to 7.3%, a reduction of 18.2 %.
- Birth registration for the general population increased from 53% to 57.2% and from 32% to 59% in children under age 1 year.

Next steps

While important achievements have been made in children's rights in these indigenous communities, strengthening the capacities of institutions and public services of the State is a priority for ensuring sustainability. For this reason, in the next two years the focus will be on strengthening capacities of the regional and local governments in order to develop investment projects that will enable the inclusion of these activities in public budgets. In parallel, advocacy strategies will be used in order to raise the awareness of society and of government about the situation of indigenous communities and to expand this programme into other areas with indigenous populations.



Central African Republic: Improving School Enrolment and Retention of Conflict-Affected Children

Summary

The ongoing conflict in Central African Republic (CAR) has debilitated the national health and social infrastructures. Mainly because of the conflict in CAR, only 51% of children currently attend primary school. The situation is far worse in the Northern conflict areas, where more than 75% of children are out of school.¹ This is something which UNICEF is working with partners to improve through the highly successful Bush Schools Project. This emergency project builds on existing local coping-mechanisms as well as training and provision of supplies in order to provide education to displaced children. It is followed by a Recovery/Back-to-School programme. UNICEF recognizes that child survival and development, education for children in general, and for children affected by conflict in particular, are priorities that must be addressed together if human development is to be sustainable in the long term.

Lessons learned

There is an important link between education and health provision for displaced children. It is now widely accepted that improved maternal health and early childhood health and nutrition can help improve a child's long term education achievements. In addition, the education of children, in particular of girls, can lead to a significant improvement in health, sanitation, nutrition and family planning practices. Such efforts have a positive impact on household, village and national levels. For these reasons, child survival and development (CSD) and education are two of UNICEF's main priorities in CAR. This also has positive implications for the CAR's long-term economic development and recovery.

Issue

The ongoing conflict in CAR has debilitated the national health and social infrastructures, already affected by a lack of public funding that has left the government with inadequate means to deal with the on-going crisis. This has had a significant impact on the women and children of CAR, many of whom now have a complete lack of access to health and educational facilities. In addition to this, in the north, many families have moved from their roadside homes, where they are vulnerable to attacks by armed groups, and have fled into the bush, close to their fields. These families are the main focus of UNICEF assistance. The purpose is to deliver a scaled up and reliable response.

Strategy & application

The education programme is divided into three phases. The emergency Bush Schools Project works with displaced children, building on existing community-based coping strategies in order to train parent-teachers and provide much needed school supplies. The second phase includes a Back to School Programme, which amongst others things will create safe learning spaces for returning internally displaced persons (IDPs). The final phase focuses on the long term development of education and the building of local capacity.

UNICEF support in these phases is based on the requirements on the ground at the time, for example the extent of the emergency situation (if at all) in order to determine the most appropriate response. Depending on circumstance, a health facility-based approach is used in order to deliver an expanded and comprehensive high impact intervention package to the worst affected districts in CAR. Alternatively, a community-based delivery mode, through the scaling-up of high-impact health and nutrition intervention packages for under-five children and pregnant and lactating mothers is used to meet health and nutrition targets. The type of programme UNICEF supports depends largely on the

¹ [UNICEF Information by Country. Central African Republic](#)



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context and the perceived type of education that is required. Different programmes can be run simultaneously within a region depending on the situation.

Results

As of early 2008, approximately 60,000 children have been enrolled and retained at school. Furthermore, children in existing community schools (8-16 years) are now studying in an improved environment. This result was obtained through capacity building exercises with Ministry staff, an increase and improvement in classroom accommodation and the provision of school books for non-formal education. In the districts with a net enrolment ratio less than 40%, children are taught specific life skills, especially in the area of HIV/AIDS prevention/protection.

About 39,000 conflict-affected children have benefited from emergency educational assistance through the reinforcement of government and NGO capacity. This has allowed them to better respond to the emergency, provide school supplies, recruit and train parent-teachers, and supervise schools.

Constraints

The lack of textbooks made it difficult for poorly qualified parent-teachers to teach emergency education projects: this was addressed through the purchase of 28,000 textbooks in Cameroon and where possible the use and development of locally-made teaching materials. The lack of security prevented Ministry of Education access to several project areas: in order to address this problem, supervisors were recruited and trained by International NGOs (Coopi, Caritas, DRC). Their salaries as contractors were provided within the framework of agreement between the Ministry of Education and the World Bank.

Next steps

The following strategies represent necessary next steps to provide sustainability to the results achieved thus far: 1) building capacity of education partners (government and International NGOs) in emergency preparedness and response in the field of education, 2) resuming education for more crisis-affected children, 3) rehabilitation of more schools (where security conditions allow so), 4) improving access to primary school through the provision of additional classrooms and school benches, 5) implementation of a participatory communication strategy for girls' education, 6) development of non-formal community schools for unschooled children aged 8 to 16, 7) provision of water/sanitation facilities and promoting good hygiene practices across 50 schools, 8) building Ministry of Education capacity at both the central and local level, 9) printing and distributing new life skills based curriculum and teachers' guides to all schools, and 10) supporting the training and supervision of parent-teachers.



Occupied Palestinian Territory: Math and Science Kits for Palestinian children

Summary

The lack of teaching facilities and overcrowded classrooms has generated direct negative impact on learning achievement – this has been most apparent and alarming in the subjects of Arabic, mathematics and science, with alarming low marks in these subjects. To compound matters, a recent survey shows that in a few years, there will be few qualified candidate as teachers for math and science subjects for higher education in Palestine. To address this situation, UNICEF is supporting an education project in Palestine that seeks to improve both the quality and content of education.

Innovation

An Education project supported by UNICEF has developed and provided a set of math and science teaching kits to some 500 government schools covering over 170,000 children. The 500 schools represent about 37% of all government schools in Occupied Palestinian Territory. Most of these schools were located in the hard-to-reach areas and often are considered as marginalized. Utilization of the kits has not only partially filled in the gap of education supplies but also stimulated enthusiasm for studying science and mathematics and in the end helped to improve the quality of learning by students.

Potential application

The Ministry of Education has indicated that it would like to make it a national project based on the positive feedback received on the utilization of both kits. Through UNICEF, the Ministry of Education in Lebanon and Syria have adopted the idea and also started to utilize the kits. The design of both Science and Math kits tries to meet educational needs during emergency, post-crisis or early recovery situations as well as in regular classroom teaching. Although only School-in-a-Box and Recreation kits are standard education pre-packed materials for emergency response, both Math and Science kits have the potential to become standard or complementary items to the School-in-a-Box kit.

Issue

In addition to over-crowded classrooms and poor quality teaching, most primary schools in Gaza still follow chalk-and-talk teaching patterns. A new national school curriculum has been developed². However, there has been little follow up as to the success of the curriculum and whether it is suitable for the students. The import of necessary school equipment to Gaza also remains a constant challenge. The lack of teaching facilities and overcrowded classrooms has generated direct negative impact on learning achievement. This has been most apparent and alarming in the subjects of Arabic, mathematics and science, with students attaining low marks in these subjects. To compound matters, a recent survey shows that in a few years, there will be a lack of qualified candidates as teachers for math and science subjects for higher education in Palestine.

The project has been implemented over a very short period of time to meet a pressing demand. The training should be done in a more systematic manner to ensure better understanding of the utilization of the kits.

² The first phase of the new Palestinian Curriculum was introduced in 2000 as of 2006, textbooks for grades 1 through 12 have been revised. Source: [Palestinian Ministry of Education & Higher Education website](#)



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Strategy

The project aims to:

1. Change and improve the teaching and learning process in the classroom through move interactive process;
2. Let the students be active learners and help change the passive learning environment in the classroom through hands-on activities with different items in the kits provided;
3. Improve teaching process skills and motivate students through the utilization of kits;
4. Change the traditional “Talk and Chalk” pattern and build up new relationships between students and teachers;
5. Motivate teachers and students.

According to the latest evaluation completed by the Ministry of Education and Higher Education (MOEHE) in May 2008, the quality and frequency of using the Math and Science kits by the teachers and students in those schools is rated as 85%. The evaluation concluded that teachers’ performance increased, teaching hours became more efficient, and the learners became more active and participatory in the teaching and learning process. An overall plan for the use of the kits needs to be determined (evaluation, monitoring, training, phase out).

Progress

Over 170,000 children in 500 government schools are currently utilizing the kits. About 1,000 teachers have been trained on the utilization of the kits. A Teacher's Guide and a Training Manual have been produced in Arabic. The project is ongoing, general feedback from the early users is very positive.

Next steps

The revision of the Teachers’ Guide and Training Manual has been recently undertaken by the experts group. A preliminary evaluation on the utilization of the kits was completed by the MOEHE in May 2008 and more systematic evaluation of the project will be considered in 2010.



Somalia: Woman to Woman Initiative on HIV

Summary

The 'Woman to Woman Initiative on HIV', launched by UNICEF and partners in 2007, provides women with a platform and a safe space to learn about HIV and the issues that make them vulnerable to infection, such as sexually transmitted infections (STIs), female genital mutilation (FGM), violence and abuse. UNICEF supports leading women's NGOs to engage vulnerable women and assist them in accessing correct HIV information and services and to develop solutions that work for them. The initiative focuses on female headed households, internally displaced women, adolescent girls and marginalized women. It covers four regions in Somaliland, five in Puntland and six in Central and Southern Somalia.

Innovation

The "Woman to Woman Initiative on HIV" is a programme that empowers women and provides them with tools to learn more about HIV/AIDS, and what makes them vulnerable to this and other infections.

Potential application

The Woman to Woman Initiative is evidence-based and informed by participatory action research and Knowledge, Attitude, Practice (KAP) surveys. It uses complementing strategies to ensure quality through the peer education sessions and coverage through the special outreach activities. Monitoring strategies look at numbers and qualitative change. Ownership among national partners is high. While it can easily be replicated in other countries, including in emergency situations, diligent monitoring and partner support is required to produce results that can be taken to scale.

Issue

In the patriarchal Somali society, women have limited access to information and services to prevent HIV infection and to live positively if infected or affected. The UNICEF Multiple Indicator Cluster Survey (MICS) 2006 confirmed the low level of correct knowledge; only four percent of women aged 15-49 had comprehensive knowledge about HIV. At the same time, HIV prevalence is increasing. The data from the last sero-surveillance survey (2004) show a mean prevalence of 1.4% in Somaliland, 1.0% in Puntland and 0.6% in Central and Southern Somalia. Surveys among women attending antenatal clinics have found HIV prevalence in some parts of the country as high as 2.3% (WHO, 2005). Antenatal clinic data suggests that the Somali AIDS epidemic remains significant with wide variations in prevalence between Somaliland, Puntland and Central and Southern Somalia. It is heterosexually driven and a great cause for concern, especially amongst young women.

UNICEF launched the Woman to Woman Initiative in 2007 with partners to scale up activities that reduce the risks and vulnerability of women and girls to HIV. It complements efforts among adolescents and leaders at various levels to effect change at individual and societal levels.

Strategy

A trained pool of 90 community based female facilitators conduct house visits, peer education classes and special outreach activities to reach vulnerable women and girls with information, provide an opportunity to dialogue and find solutions. The peer education sessions are linked to non formal education classes or income generating opportunities, since poverty and illiteracy are key underlying factors which increase women's vulnerability to infection. The initiative is informed by qualitative research which guided the development of strategy and materials. UNICEF has introduced the Most Significant Change methodology to monitor qualitative changes in addition to quantitative results.



In Practice

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Progress

In all programme regions (six regions of Central and Southern Somalia, five regions of Puntland and Somaliland) over 30,000 women and girls were engaged in HIV prevention campaigns. Results from the Most Significant Change monitoring methodology suggest that participants have gained new knowledge, mastered certain life skills (especially communication skills) and are now more likely to provide care and support for people living with HIV.

Next steps

UNICEF plans to scale up the initiative in all three administrative zones. During 2007, referral pathways to medical and psychosocial services were introduced, and were strengthened in 2008, especially for survivors of sexual violence. The newly launched Prevention of Mother to Child Transmission of HIV services will be closely linked to the Woman to Woman Initiative to offer a comprehensive package of services, ranging from primary prevention and prevention of transmission, to care and support for women and their families. Partners require further support to strengthen the monitoring systems. Efforts will also be undertaken to feed the findings of the initiative and women's views into national scale strategy development and advocacy efforts for greater protection and participation of women and girls.



Congo Brazzaville: Stratégie nationale de protection des droits des peuples autochtones

Résumé

En République du Congo, les populations autochtones, communément appelées pygmées, environ 10% de la population totale, sont concentrées dans 4 départements sur les 12 qui constituent le territoire congolais. Les populations autochtones souffrent de marginalisation, d'accès difficile aux services sociaux de base, à la terre et aux ressources sylvestres, de discrimination et de non reconnaissance de droits fondamentaux, d'analphabétisme, d'exploitation économique, de pauvreté et d'impuissance, de manque d'habilitation à revendiquer leurs droits. Des enquêtes nationales, y compris l'Enquête démographique et de santé (EDS, 2005), appuyées par l'UNICEF ont mis en lumière leur profonde vulnérabilité. En effet, plus de 50% d'enfants autochtones n'ont pas d'actes de naissance, alors que la proportion dans la population totale est de 19%. 65% des adolescents autochtones de 12 à 15 ans ne sont pas scolarisés, comparés à 39% dans la population générale.

L'UNICEF a appuyé un processus stratégique de plaidoyer, de mobilisation sociale et de renforcement des capacités pour aboutir à la formulation d'une stratégie nationale sur la question autochtone. Ce processus a impliqué les populations autochtones du Congo elles-mêmes, les organisations de la société civile, le gouvernement, les organismes internationaux et agences de coopération ainsi que les médias, mais aussi les parties prenantes de la sous région concernée par la question autochtone.

Leçons apprises

Cette expérience nouvelle inspire quelques leçons apprises. La première, à l'évidence, la question autochtone est politiquement et socialement très sensible ; néanmoins, un diagnostic fait de façon consensuelle constitue un gage de compréhension commune et d'obtention de l'engagement des parties prenantes (gouvernement, acteurs privés nationaux et internationaux, bénéficiaires) dans le processus de changement. La seconde, les peuples autochtones sont enlisés dans le cercle vicieux de la marginalisation et de l'impuissance ; alors, il n'y a pas de projet réussi sans leur appropriation ; ils doivent être des partenaires à part entière et participer à toutes les décisions qui les concernent. La troisième, la protection des plus vulnérables est souvent un sujet marginal ; des projets réussis servent d'outil essentiel de plaidoyer pour le fundraising, l'indispensable engagement financier dans la durée et le passage à l'échelle. La quatrième, en Afrique centrale, du Gabon à l'Ouganda en passant par le Cameroun, le Congo, la Centrafrique, la République Démocratique du Congo, les peuples autochtones vivent les mêmes problèmes, le même déni de droits, les mêmes discriminations ; d'où la nécessité de renforcer la concertation sous régionale pour une réponse coordonnée et efficiente.

Problème

En République du Congo, les populations autochtones, communément appelées pygmées, représentent environ 300.000 personnes, soit près de 10% de la population totale, et qui sont concentrées dans 4 départements sur les 12 qui constituent le territoire congolais. Plus pauvres parmi les pauvres et les plus démunies de droits à la survie, au développement, à la protection et à la participation, les populations autochtones souffrent de marginalisation, d'accès difficile aux services sociaux de base, à la terre et aux ressources sylvestres, de discrimination et de non reconnaissance de droits fondamentaux, d'analphabétisme, d'exploitation économique, de pauvreté et d'impuissance, de manque d'habilitation à revendiquer leurs droits.

Des enquêtes nationales, y compris l'Enquête démographique et de santé (EDS, 2005), appuyées par l'UNICEF ont mis en lumière leur profonde vulnérabilité (cf. « l'analyse de la situation des enfants et des femmes autochtones au Congo, 2006 », « l'évaluation des connaissances, attitudes et pratiques des peuples autochtones en prévention du VIH/SIDA et l'accès aux services sociaux de base, 2006 », « l'enquête démographique et de santé (EDS, 2005) »). En effet, plus de 50% d'enfants autochtones n'ont



In Practice

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pas d'actes de naissance, alors que la proportion dans la population totale est de 19%. 65% des adolescents autochtones de 12 à 15 ans ne sont pas scolarisés, comparés à 39% dans la population générale.

Alors que le taux de mortalité infantile est de 117 pour mille au Congo, il est probable qu'il soit supérieur à 250 pour mille pour les enfants autochtones. 26% des enfants congolais de moins de 5 ans souffrent de malnutrition chronique, mais le taux est supérieur à 40% chez les enfants autochtones selon des données partielles. 50% de jeunes autochtones ont eu leur première expérience sexuelle à 13 ans, comparés à 31 % de femmes dans la population générale, outre la fréquence élevée des violences sexuelles dont les filles et femmes autochtones sont les victimes.

Les causes de cette situation sont profondes et multiples. Singulièrement, la dispersion géographique dans des zones de forêt souvent inondées et difficiles d'accès ne facilite pas l'accès aux services sociaux de base et en décuple le coût. Cette déficience dans l'offre se combine avec un manque d'adaptation à leurs spécificités culturelles, souvent associées à la discrimination et à la marginalisation.

Stratégies

En réponse aux dénis de droits répertoriés, l'UNICEF en partenariat avec le gouvernement, a privilégié une vision holistique et multisectorielle. Le fondement en est l'approche droits/genre, en vertu du principe d'universalité et d'indivisibilité des droits. D'abord, il a été déterminant de documenter la question autochtone (film de plaidoyer «Nous les pygmées» et rapport de situation), en vue de partager l'information fiable et d'en faciliter la compréhension. De même, nous nous sommes familiarisés avec le contexte et avons entretenu une présence de proximité par l'organisation d'ateliers de planification décentralisée et participative, la mise en œuvre du paquet d'interventions essentielles d'accès des plus vulnérables aux services sociaux de base et les visites de suivi dans les zones de convergence, afin de mieux apprendre et démontrer les solutions possibles. En outre, nous avons développé un plaidoyer positif, notamment en appuyant l'organisation du Forum international des peuples autochtones d'Afrique centrale (FIPAAC) et de l'atelier de consultation nationale sur la question autochtone. L'Unicef a enfin contribué au renforcement des capacités des associations et leaders autochtones en vue d'accroître leur participation citoyenne.

Résultats

Le résultat majeur est d'avoir dessiné un processus, une stratégie nationale sur la question autochtone. En ce sens, on note un début d'engagement et de reconnaissance du problème par les décideurs politiques et la société, l'intégration des préoccupations dans le volet protection sociale à travers les processus de programmation nationale (DSRP, CCA/UNDAF, CPD), l'existence du Réseau National des Peuples Autochtones du Congo (RENAPAC). L'atelier de consultation nationale a eu le mérite de réunir, autour d'une même table, plus d'une centaine de représentants des peuples autochtones, des organisations de la société civile, du gouvernement, des experts internationaux et des agences de coopération et des médias.

Prochaines étapes

Les débats très constructifs ont permis d'adopter un draft de plan d'action national sur l'amélioration de la qualité de vie des peuples autochtones et articulé autour de quatre principaux axes stratégiques : i) développement des services sociaux de base adaptés aux besoins et spécificités culturelles ; ii) augmentation des ressources et renforcement des capacités des organisations communautaires autochtones ; iii) élaboration d'un cadre législatif protégeant les droits des peuples autochtones en tant que citoyens à part entière ; iv) mobilisation sociale, plaidoyer et communication pour le changement social.



Papua New Guinea: A rights based Juvenile Justice System in Papua New Guinea

Summary

The resolution of conflict in traditional Papua New Guinea (PNG) societies has long relied on principles of mediation, restorative justice and reciprocity. Much of the contemporary law and justice sector development has sought to improve on the formal justice mechanisms introduced prior to independence. These mechanisms are largely focused on processing offenders, often limiting the capacity of victims and communities to play an active role in the decision-making or eventual outcome. The complete absence of a specialised juvenile justice system provided the opportunity to contribute to a more locally relevant and effective system for dealing with juvenile crime. The reforms have been based on a vision to build a specialised juvenile justice system that is based on restorative justice, Melanesian tradition and contemporary juvenile justice practices.

Lessons learned

This strategy demonstrates that tradition and custom can be successfully synergized with formal government institutions, and that when these positive traditions are used as strengths, there is greater buy-in, stronger commitment and an increased likelihood of cost-effective, sustainable change.

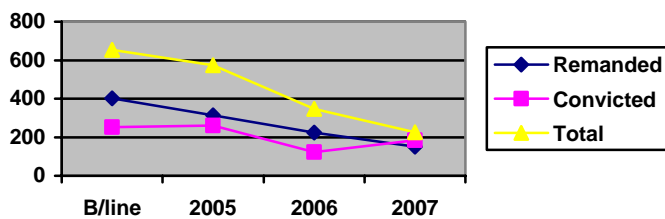
Issue

Police violence is commonly experienced by children throughout the country, with recent estimates suggest that around 75 percent of children who come into conflict with the law experience some form of police violence. Most children are detained in poor conditions, often with adults, and rarely with adequate access to legal or medical support, or independent and transparent oversight of their treatment. Remand is overused by police and magistrates and children charged with minor offences rarely have access to diversionary alternatives to arrest and detention. Furthermore, statistics related to girls are rarely available.

Results

The contemporary frameworks now include a National Juvenile Justice Policy, a Juvenile Court Protocol for Magistrates, a National Police Juvenile Policy and Protocols and Minimum Standards for Juvenile Institutions. Current data suggest that in 2007 there was a 62% reduction in the use of Correctional Services facilities for holding children on remand and a 27% reduction in their use for detention, both of which exceed the largely static trends in the use of remand and detention for adults (see figure 1). This is being facilitated by the 13 provincial Juvenile Justice Working Groups (JJWGs), 12 Juvenile Courts and 4 police juvenile reception centres that have already been established across the 20 provinces in the country (see figure 2).

Figure 1. Number of children detained in CIS facilities



¹ 2007 data is extrapolated, based on the average number of children in CIS facilities from January – August 2007 (151 remanded; 184 convicted).



In Practice

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Table 2. Summary of Juvenile Justice Systems (20 provinces)

System in place	No. Provinces	% Provinces
Juvenile Justice Working Group	13	65
Juvenile Court	12	60
Reception Centres	4	20
Provincial Police Trainers trained	19	95

The processing of offenders through the formal justice system has previously allowed agencies to work largely in isolation, as each agency has clearly defined and independent responsibilities. Some diversionary alternatives, such as mediation, require multiple stakeholders to work collaboratively to share resources and responsibilities. UNICEF recognised the importance of building the capacity of government to adopt an interagency response at the outset, and significant technical and financial inputs were invested in fostering partnerships and interagency ownership of the reforms through the establishment of the Juvenile Justice Working Group. This model is now replicated in each province before the reforms are introduced. Implementation has been more successful in provinces where the interagency model has been actively adopted and this appears to be largely reliant on strong leadership from the provincial government.

Next steps

With a rights based legislative and policy framework in place, the national government and other partners are now making additional budgetary allocations to enable the scaling up of the juvenile justice system. As greater responsibility for implementation and accountability transfers to provincial partners, who lack the depth of technical expertise of their national counterparts and less access to resources, UNICEF technical support is now focusing on supporting these sub-national partners to honour the child-focused intent of the system. This includes supporting improved data collection, with greater attention to girls and other less visible populations of children who are at risk of rights violations when they come into conflict with the law. Additionally, UNICEF is supporting greater cooperation and collaboration between national and sub-national partners, the inclusion of juvenile justice priorities in provincial planning and budgeting and building the capacity of communities to demand greater accountability from their law and justice agencies.



Chad: Budget pour les enfants

Résumé

Dans un contexte de mauvaise gouvernance, l'appui aux partenaires sur les questions budgétaires et de politiques sociales s'avère nécessaire et devrait permettre à terme une meilleure mobilisation des ressources à destination des enfants. La faible mobilisation des budgets nationaux et le manque de coordination avec le Ministère des Finances sont les freins majeurs à une augmentation du budget destiné aux enfants. Cette expérience permet au bureau UNICEF Tchad de passer d'une approche projet à une approche « politique » pour intégrer les besoins des enfants dans la stratégie du gouvernement. Afin de répondre à la demande d'éducation des enfants déplacés à l'est du pays, et par manque des maîtres communautaires et des maîtres qualifiés, le programme a entrepris la formation accélérée des maîtres communautaires choisis parmi les adultes qui ont été à l'école.

Leçons apprises

Cette expérience permet au bureau UNICEF Tchad de passer d'une approche projet à une approche « politique » pour intégrer les besoins des enfants dans la stratégie du gouvernement. Influencer le budget de l'Etat, c'est influencer la mise en œuvre de la politique du gouvernement. Les principales actions seront la poursuite des travaux au niveau central sur le budget mais elles devront également s'attacher à descendre à un niveau décentralisé puis au niveau des structures en relation avec les populations cibles afin de s'assurer d'une meilleure efficacité des dépenses.

Problème

La mauvaise gestion des finances au sein des ministères sociaux nécessitait un renforcement de capacité du bureau pour appuyer les partenaires. La faible mobilisation des budgets nationaux et le manque de coordination avec le Ministère des Finances sont les freins majeurs à une augmentation du budget destiné aux enfants.

Stratégie et l'application

La stratégie d'intervention a pour objectifs principaux d'obtenir une meilleure exécution du budget des ministères sociaux et à terme d'obtenir des allocations plus importantes pour les enfants. Les interventions se sont donc concentrées sur la préparation du budget, le suivi de l'exécution du budget et le plaidoyer au cours des réunions multi bailleurs. Une étude sur le reflet de l'intérêt pour les enfants dans le DSRP et le budget de l'Etat mobilisera les travaux au cours du premier semestre.

Résultats

Afin de répondre à la demande d'éducation des enfants déplacés à l'est du pays, et par manque des maîtres communautaires et des maîtres qualifiés, le programme a entrepris la formation accélérée des maîtres communautaires choisis parmi les adultes qui ont été à l'école.

1. La préparation du budget : L'élaboration des Budgets de Programme (BdP) 2008-2010 des ministères de la Santé et de l'Education a permis l'implication du bureau dans la planification des investissements en équipement et en construction puis légitimé la participation du bureau UNICEF Tchad aux réunions multi bailleurs lors des missions FMI et BM. La loi de finances rectificative a accordé au ministère de la Santé 6 milliards de FCFA et au ministère de l'éducation 13,5 milliards FCFA supplémentaires. Le projet de loi de finances pour 2008 prévoit une hausse des budgets pour le ministère de la Santé et le ministère de l'Education de respectivement +22% et +11%.
2. Le suivi de l'exécution : Les ministères de la Santé et de l'Education ont été appuyés dans l'élaboration des Revues des Dépenses Publiques (RDP). Une note d'analyse trimestrielle de l'exécution des budgets est envoyée à l'ensemble des partenaires, elle assure un suivi des



In Practice

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dépenses de l'état pour le fonctionnement et l'investissement et sert d'indicateur pour les décideurs des ministères. A la fin du troisième trimestre, les taux d'engagement des deux ministères sont plus élevés que l'an dernier. Le suivi régulier de l'exécution a mis en évidence certains goulots d'étranglement dans le circuit de la dépense et permis une meilleure circulation de l'information budgétaire.

3. **Stratégie sectorielle et SNRP** : UNICEF a assuré un appui à la rédaction de la Politique Nationale de Santé (PNS) et collaboré avec les autres bailleurs à la révision de la SNRP. La Stratégie Accélérée de Survie de l'Enfant (SASDE) a été intégrée dans la PNS. La rédaction du Plan National de Développement Sanitaire est en cours et l'opérationnalisation de la SASDE devrait se retrouver dans ce document. Grâce au travail fourni avec les BdP, la rédaction des Plans d'Actions Prioritaires de la SNRP II des secteurs sociaux a été grandement simplifiée et a permis l'implication du bureau.
4. **Les actions de plaidoyer** : (1) une analyse des coûts des forages ; (2) une étude des coûts de construction des salles de classe ; (3) une note sur les retards du règlement des achats des vaccins ; (4) une note sur les besoins en fonctionnement des délégations sanitaires. Ces activités ont permis de mettre à l'ordre du jour ces sujets lors des missions FMI/BM. Ainsi, dans leurs aides mémoires du mois de juin, la BM et le FMI recommandaient le paiement de la facture des vaccins et la suspension des marchés de construction de salles de classe. La facture de 400 millions FCFA des vaccins a été réglée et la Délégation Européenne a proposé son concours financier pour la campagne 2007.



Kazakhstan: Social Budgeting in Kazakhstan

Summary

To effectively address the challenges of financing the social sector for children, in April 2007, UNICEF Kazakhstan initiated a high-level international conference called '[Increasing Social Orientation of Budgets and Efficiency of Public Expenditures at National and Local Levels in the Best Interests of Children and Families in Kazakhstan](#)'. The conference hosted more than 150 participants representing worldwide think tanks, UN agencies, civil society organizations, the government of Kazakhstan, as well as national research institutions. The conference aimed to highlight and propose ways to improve the effectiveness of budget policy in Kazakhstan, to promote the best interests of children and to protect their rights, as well as to increase the sustainability and socio-economic status of families. The conference resulted in the adoption of a set of recommendations on the promotion and implementation of Child Friendly Budget (CFB) principles to support children and their families in Kazakhstan.

Lessons learned

Upon completion of this CFB project, the following lessons learned were derived: (i) budget processes are intensively political – a mixture of evidence-based advocacy and normative (rights and obligations) influence is needed to guide these processes; (ii) CFB principles need to gain entry to a high level political agenda; (iii) entry into budget work depends on serious analyses with a child rights focus (trends in social spending, child poverty, etc.) and credibility – taking into account macro- and micro-economic assumptions and reliable statistics; (iv) the need to closely work with partners such as government line ministries, Parliament, NGOs, civil society, media, local governments, academia, and international organizations; (v) UNICEF and other children's organizations should act as promoters and advocators for CFB principles; and (vi) the need to use child rights indicators and MDGs as a measure of socially responsible budgets.

Issue

The issue of socially oriented budgets has recently become very important for Kazakhstan. The country has experienced an economic boom with a budget surplus of 2-3 percent for the last few years and the availability of additional investment resources affects the application of new public policies approaches on the macro- and micro-economic levels. Despite the remarkable economic changes in the country, there are still many fiscal and social challenges: (i) although social sector funding has increased in absolute terms, it has not been proportional to GDP growth (10.7 percent in 2006) – public expenditures to education (3.2 percent in 2006), healthcare (2.2 percent) and social protection (4.1 percent) as a percentage of GDP have been steadily decreasing over the last 15 years; (ii) children and families are still not yet a real priority on national macro-, meso- and micro-economic agendas; (iii) the public budget is directly linked to the wellbeing and quality of life of children, but no particular emphasis is given to how state expenditures affect child outcomes in the evolving policy and fiscal contexts; (iv) lack of necessary expertise, capacity and potential to measure the effectiveness and efficiency of public spending for children and families; (v) lack of prioritization within social spending, e.g. reaching the most vulnerable children and families; (vi) lack of a much-needed social services system to protect children; and (vii) reliance mostly on a child cash transfers approach without the complementary support of systematic public policies and actions to address the social challenges that children and families face.

Strategy & application

CFB conference conception and delivery:

1. Early 2006: efforts to make children more visible on government social policy and budget agendas through evidence based data and high level of advocacy;



In Practice

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2. June 2006: a round table to discuss social sector budget planning and financing and enlist partners from NGOs and international organizations;
3. Agreed on a conference on child-focused budgeting with key national stakeholders: Senate, Ministry of Economy and Budget Planning, Ministry of Labour and Social Protection of the Population, and the National Commission for Family Affairs and Gender Policy;
4. A task force (conference co-organizers) was established to steer the preparation process and work out conference documents;
5. Three studies on CFB were commissioned: a desk review of international experience in promotion of CFB and two studies to review budgetary policy and process in the social sector for children and families at national and local levels;
6. High-level support from UNICEF and international key-note speakers;
7. A follow-up strategy on the promotion of CFB in Kazakhstan.

Results

Conference discussions focused upon the impact of public expenditures on child outcomes, identification of major deficiencies, constraints and gaps in national and local budget planning, allocation and expenditure measures that negatively impact children's lives. As an outcome of the conference, a set of recommendations were adopted for i) increased appropriations for education, healthcare, and social protection of children, young people, and families; ii) development of measures to increase effectiveness and transparency of public budget planning, appropriation and expenditure; iii) development of a system to monitor effectiveness, poverty rates and quality of life indicators with special focus on children and women; and iv) creation of a team in Parliament to promote and protect children's rights in national development programmes, plans and budgets.

In September 2007, a few of these recommendations were included by Members of Parliament in the Declaration of Parliamentarians on Family Policy in the Commonwealth of Independent States (CIS). Further, a new 'Social Council' was established in Parliament that will focus upon the challenges of increasing public spending to the social sector and promotion of a children's agenda at both national and local levels in the country. In addition, the government adopted a new Results Based Management strategy that will cover all areas of public policy planning and implementation, including the budgetary components; and decided to increase public spending to the healthcare sector to 4 percent of GDP by 2010.



Mozambique: The Mozambican Unconditional Cash Transfer Programme, Programa Subsídio de Alimentos

Summary

In collaboration with key bilateral partners, UNICEF supported successful advocacy efforts for increased budgetary allocations to the existing Unconditional Cash Transfer Programme (PSA) which is implemented by the Mozambican Ministry of Women and Social Action (MMAS) with State Budget funding as of 2007.

Technical assistance to the development of the Sector's Medium Term Expenditure Framework (MTEF 2008-2010) and high level advocacy efforts, informed by evidence and data, resulted in a 50 per cent increase in budgetary allocations to Social Welfare in 2008 and in the approval of new monthly disbursement rates for PSA. This increase fell short, however, of the 180 per cent increase requested by MMAS in order to meet the social protection targets set out in the Action Plan for the Reduction of Absolute Poverty II (PARPA II). Technical inputs in terms of the programme's impact on poverty reduction and analysis of its potential to improve child well being were provided at critical junctures in the national planning cycle. This analysis supported MMAS' lobbying efforts with the Ministry of Planning and Development (MPD) and the Ministry of Finance (MoF) and secured a commitment from the government of Mozambique to double the amounts allocated to vulnerable families under this programme.

This process contributed to the expansion of social protection schemes and further resulted in the development of a Joint Memorandum of Understanding involving MMAS, bilateral partners (DFID, Royal Netherlands Embassy) the ILO and UNICEF. The MoU supports the reform of the PSA's enrolment and delivery procedures as well as its management information system. It clearly outlines the commitment from MMAS and partners to conduct a thorough analysis of the impact of the PSA and to document the expected positive effect of the increased disbursement scale (with a particular focus on its impact on children) and the expanded reach of the programme. The outcome of the analysis will be an important input to the subsequent budgetary discussions with the Ministry of Finance and will contribute to a comprehensive social protection strategy.

Lessons learned

A key lesson to be learned from this advocacy initiative was the importance of building on existing governmental programmes and schemes funded through state resources and focusing on securing a commitment to expand, enhance efficiency and/or effectiveness of the same in order to increase impact while also ensuring sustainability of the social protection interventions. In the specific case of the PSA, on-going technical support will be required to strengthen existing targeting mechanisms and information management systems, and to further analyse and document the impact. There is a firm commitment to the programme and the current delivery and monitoring structures are national in reach. Therefore the potential impact of the increased payment scales together with the expansion of the programme is significant. The PSA disbursement levels are set by a Council of Ministers' decree, and therefore the increase in allocation to families signals a commitment from the government to the programme, which goes beyond the time-bound commitments made by bilateral partners in the MoU.

Another important lesson of this experience has been a reconfirmation of the importance of building strategic partnerships with government counterparts, bilateral agencies and others when conducting high level advocacy interventions in the area of social protection. UNICEF's strategic role in co-chairing the PARPA II working group on Social Action, as well as the broader PARPA II Human Capital Pillar, was crucial in raising the profile of social protection in dialogue with government and engaging other important sectors such as health and education in discussions on expansion of social



In Practice

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protection coverage. The experience of advocating for increased budgetary allocations highlighted the importance of developing closer links with the MPD and the MoF in the context of the PARPA II. Additional efforts are required to move beyond capacity building of institutions implementing social protection programmes to promote broader discussions with the MPD and the MoF on the potential of social protection to reduce poverty and promote growth.

Presenting timely analysis of the programme's impact and of beneficiary profiles to MMAS and others at critical moments in the national planning cycle proved to be effective. This analytical work was facilitated by technical support from the UNICEF Regional Office. Broader discussions on childhood poverty and vulnerability with bilateral partners that were held throughout the year as part of the dissemination of the report, *Childhood Poverty in Mozambique: A Situation and Trends Analysis*, were also instrumental in creating awareness among key partners of the need for expansion of social protection schemes.

Issue

Mozambique has an existing portfolio of State-funded social assistance programmes primarily implemented through the social welfare sector, via the Ministry of Women and Social Action (MMAS) and the National Institute of Social Action (INAS). The PSA is the longest standing State assistance scheme, and the only one whose existence and regulations are set out in legislation. Funds for the programme have been allocated exclusively from the State Budget since the programme's establishment in the 1990s. It is an unconditional cash transfer programme, which was designed to target the elderly, disabled and chronically ill and their dependants.

Information collected from INAS Provincial delegations indicates that a significant proportion of PSA beneficiaries (60 percent) are caring for children. It has the highest coverage among existing schemes; however, its current coverage is still woefully inadequate (107,000 direct beneficiaries, within a national population of just under 20 million of which more than half live below the poverty line in 2007). Furthermore, the absence of periodic increases in the level of monthly disbursements has meant that the current level of benefit (maximum of US\$ 6 as of 2007) represents less than 10 per cent of the minimum wage. Yet, despite the current limitations, the PSA has significant potential to reach increasing numbers of highly vulnerable households and children. In the context of the implementation of the PARPA II, UNICEF and partners joined together to support the government (MMAS) to expand the programme both in coverage and in terms of the amounts disbursed.

Strategy & application

UNICEF focused on three components for its advocacy strategy:

1. Dissemination through the PARPA Working Groups and key bilateral partners of the recommendations of the report *Childhood Poverty in Mozambique: A Situation and Trends Analysis*, with a particular focus on the expansion of social protection schemes;
2. Support to the development of the MMAS Medium Term Expenditure framework (2008-2010), including increased allocation to social protection programmes;
3. Analysis of the PSA beneficiary profile and modelling of its impact on poverty reduction.

During the development of the PARPA II, UNICEF and partners supported MMAS to successfully advocate for the inclusion of specific indicators and targets related to the expansion of social assistance and for the provision of basic social services to orphaned and vulnerable children. The inclusion of social protection indicators in the PARPA II's Performance Assessment Framework (PAF) – reviewed annually by government and partners – was instrumental in creating a space for dialogue with the MPD, MOF and bilateral partners on the expansion of the unconditional cash transfers programme.



In Practice

...sharing UNICEF experience and lessons learned

Supporting MMAS to secure additional resources for social protection involved providing technical support to cost the expansion of the PSA and to determine the likely impact of the different scenarios under discussion. A key first step was the development of MMAS' Medium Term Expenditure Framework (2008-2010) with a focus on the additional state budget resources required for the PSA expansion in line with PARPA II targets. Technical support was provided by UNICEF in partnership with the MPD to define key services and financial needs at provincial and district levels. While budget ceilings for the sector increased substantially (50 per cent), additional resources fell far short of the increase requested (180 per cent) by MMAS. The second phase of discussions, which focused on MMAS' 2008 budget proposal for increased monthly disbursements, faced the perception that this would place an additional unsustainable burden on government's finances. MMAS was supported to successfully advocate for increased support for the programme by articulating strategies to address the long-term cost implications and sustainability of the programme and ultimately, securing agreement for the revision of current disbursement scales by the Council of Ministers.

Results

UNICEF and partners helped carry out a rapid analysis of PSA beneficiaries in two sample provinces, concluding that if the programme were to expand together with increased payment scales, it would have a significant positive impact on poverty rates of children. Children were found in more than half of all households currently benefiting from the PSA. However, it was found that a majority of dependant children were not benefiting from the amount that should normally be allocated to dependants under the programme, mainly due to insufficient documentation or low levels of awareness of the eligibility criteria. This analysis provided the evidence for INAS and partners to successfully advocate for consolidating the support provided to families currently enrolled in the scheme. The costs and benefits of alternative proposals to scale up the PSA programme were also modelled and analysed, confirming the affordability of the MMAS proposal to increase the benefit and also outlining the likely impact on poverty reduction.

These two elements of analysis were instrumental in enabling MMAS to demonstrate the potential impact of the PSA on children. In addition, in order to address concerns regarding sustainability, DFID made a ten year commitment to provide additional funding for the programme, while the Netherlands made a similar commitment for five years. Through these efforts, new PSA scales were established and set out in the Council of Minister's decree to take effect in 2008. State funding for PSA (US\$ 7.5 million) will be topped up by an additional US\$ 3 million annually in external resources. The new amount will result in a 40% increase in the benefit for single beneficiaries, and importantly, the allocations for dependants (the majority being children) will increase by up to 240%, depending on the size of the household.

Next steps

In order to support the consolidation and expansion of the PSA, UNICEF and partners were finalising a Memorandum of Understanding in late 2007 with MMAS for additional technical assistance to support the following activities: (1) a survey of current PSA beneficiaries and dependants under their care to update the programme's enrolment system; (2) a review of the current PSA information management system at the provincial and district levels and capacity building of INAS outreach staff to improve their ability to provide accurate information to families on eligibility criteria and refer children to civil registration services; and (3) build the evidence for subsequent increases in PSA scales to be primarily financed from state budget resources to ensure the sustainability of the programme beyond the time-frame of bilateral donor engagement.



Peru: Indigenous civil registrars in Amazonas – a response to social exclusion of indigenous communities

Summary

Inadequate birth registration mechanisms in indigenous communities have contributed to social exclusion in Peru. To reverse this situation, agreements have been reached with federations of Amazon indigenous communities, and pilot projects have been implemented to promote indigenous civil registrars. This modality has led to important results in terms of access to birth registration and recuperation of cultural identity.

Lessons learned

The model of indigenous civil registrars could be applied in countries where children live in socially excluded communities with no access to birth registration, especially in Amazon regions. Indigenous civil registries provide a good opportunity for social inclusion and for reinforcing the cultural identity of these populations. The fact that the identity documents issued by indigenous registrars are as valid as those obtained in the rest of the country is deeply valued.

Issue

Civil registry offices have almost always been located in the urban centres of the municipalities or in religious missions, both difficult to reach for the population living in remote areas and travelling by boat. Furthermore, strict requirements have often been established, making on-time registration difficult. Another mechanism of exclusion, which is today a complaint of indigenous groups, has been the non-acceptance of indigenous names and the attribution, instead, of names of timber merchants, oil engineers or fishermen who came into indigenous territories for purposes of economic exploitation.

Strategy & application

Since 1996, agreements have been reached with indigenous federations from the Amazon basin to develop a registration model for remote indigenous areas. A first pilot project was carried out wherein the population could choose its civil registrars who were trained together with the community Apu or leader. Children were registered first, followed by adults lacking identification documents. As a result, the indigenous Awajun and Wampis peoples living along the banks of Rio Santiago agreed to select registrars from their communities. At the same time support was provided to the National Registrar of Identification and Marriage (Registro Nacional de Identificación y Estado Civil) (RENIEC) so that the Identity Restitution and Social Support Programme, in a joint effort with RENIEC's regional office, would gradually assume the promotion, training and monitoring required for the running of the native civil registry offices.

Results

As of early 2008, there were 43 civil registry offices in the province of Condorcanqui with indigenous registrars who belong to the Awajun and Wampis communities and who have been trained and certified by RENIEC. According to a survey taken in the area, the registration rate reached 85% for children aged five to nine, and 92% for children aged 10 to 14 – compared to a registration rate for the general population of 57.2%. To achieve these results, the indigenous civil registrars organize local registration campaigns in each remote community. Lowering the registration age will be the next challenge as only 33% of children under age three are registered. The visibility of indigenous names in civil registries is another outstanding change. It is common now to find names such as Yumi (rain or water), Nugkui (generous goddess), Sugki (mermaid) or Ipak (a vegetable dye) in the registration books. A sense of pride can be perceived on the part of the indigenous peoples since recovering their names means recovering part of their traditions.



Next steps

The model of indigenous civil registrars and the encouraging results have attracted the interest of the Peruvian government and especially of RENIEC. As a result, the model will be further implemented in other excluded areas of Peru.



Bosnia-Herzegovina: Child Rights Impact Assessment of potential electricity price increases

Summary

The Child Rights Impact Assessment (CRIA) methodology is intended to become a cost-effective tool for policy makers to assess potential impacts of new policies on families with children and child-supporting services and institutions. A sophisticated methodology was developed and tested via a pilot research focused on the privatisation of the energy sector, which is expected to substantially increase the prices of electricity and the economic burden on families with children.

Data obtained from a combination of qualitative and quantitative research, desk review and econometric work provided insights into household coping mechanisms and has for the first time substantiated concerns about the impact of policy decisions on both families with children and children's institutions. The results included information on intra-household expenditure and financial coping mechanisms and their effect on children within the household. The CRIA pilot exposed the potential negative impact of electricity price rises on children's access to health, education and social protection. Household coping strategies would also negatively impact children's health, increase child labour, reduce children's access to information, and increase girls and women's workload. The pilot has proposed child well-being/rights indicators for monitoring purposes and reinforced the need for mitigation measures.

Innovation

The CRIA focused on the development of methodologies to assess the impact of economic policies on children from a child rights perspective. The methodology was developed based on experiences of the Poverty and Social Impact Assessment (PSIA) developed by the World Bank.

Potential application

The CRIA methodology is intended for use by policy makers as an ex-ante impact assessment of planned policies. The methodology was developed and piloted in cooperation with national government institutions and NGOs. The survey findings are intended to become the baseline for the development of the social protection components of the Country Development Strategy and will be integral to Social Inclusion Strategy for Bosnia-Herzegovina (BiH), both of which will be finalised in 2008.

The CRIA methodology is cost-effective as it relies on existing data sets for preliminary analysis and is intended to be attached to large-scale national surveys, such as UNICEF supported Multiple Indicator Cluster Surveys (MICS), household budget surveys or Demographic and Health surveys. (In this case, the quantitative CRIA survey was attached to a MICS sample and available data, which created potentials to reduce the sample within the survey and thus costs of the assessment). The design of key child well-being indicators allows for cross-referencing of data from official statistical sources. The methodology has focused on economic policies but has potential to be used to assess the impact of new social policies, the impact of general price rise and will add an often lacking economic dimension to social policy planning. The interest in the methodology by national stakeholders will be further explored in 2008 given the relatively limited monitoring and evaluation (M&E) capacities within the public administration system. The CRIA will be replicated in 2010 and 2013 on proposals for water utilities reform in cooperation with government institutions. The methodology is also of interest to other countries in the region.

Issue

The methodology was developed with the intention to strengthen both national M&E capacities and to address the overall lack of scientifically sound data on child poverty and well-being. Currently, data collection on children and households is seldom collected by the official statistical systems or by social



In Practice

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sectors institutions and are mainly commissioned by international organisations. In addition, there is limited technical expertise on similar methodology within the government structures.

Strategy

The methodology and research were designed and implemented through a combined approach in which national and international consultants worked in close cooperation with the BiH Directorate for Economic Planning, as well as an appointed Steering Board comprising representatives from social sectors and energy sectors. In order to broaden the scope of capacity building, the project included national NGOs already specialising in child rights monitoring. The methodology was developed in close partnership with Save the Children UK and DFID. Once the methodological manual is finalised, an assessment of the M&E capacities in sectoral ministries will be carried out to plan capacity development and potential replication of CRIA through the new project to enhance the social protection and inclusion system for children and a new project on economic governance.

Progress

The CRIA methodology and pilot survey were finalised and research report published and presented to the public in December 2007. The feedback from government partners on the research and its methodology indicates a high degree of interest in methodology, especially given that a number of social sector ministries are currently strengthening their monitoring and statistical departments as part of the public administration reform processes. The data on children gathered through the research were seen as necessary given the overall lack of socio-economic analysis on children in BiH.

Research data will be used within the BiH National Development Strategy and the Social Inclusion strategy. The CRIA research on the effects of potential increase in prices of electricity has indicated that households with children may respond to electricity price rises differently from households without children. In particular, the preferred coping strategy of most households, namely to seek more adult employment, seems to be less popular the larger the number of children in the household. More disturbing is the fact that households that already use children for labour seem more likely to choose other coping mechanisms such as substituting with fossil fuels, strategies which are likely to adversely impact on children's health. Perhaps this is because there is little scope for extending employment within the household and alternative methods of coping will need to be sought.

Overall, the analysis confirms that the presence and the numbers of children in a household both exacerbate vulnerability to poverty and alter household behaviour in a way that may not be conducive to children's best interests. The design of mitigation policies needs to be carefully considered in the light of these findings - the presence and number of children in a household may be important factors, along with household income, in assessing household poverty risk. The qualitative research on institutions providing education, health and child protection services suggests that even modest electricity price increases might lead to cuts in the quality of service, reduced availability of these services, and/or increases in the prices they charge users, and hence reduced accessibility for poorer families. The research suggests considerable difficulties in institutional ability to meet commercial rate electricity bills. There is also some unease about seasonal changes to tariffs which mean that costs are higher at times of year when the need is greatest. Given this, the study recommends the use of specialised discounted tariffs directed at institutional bodies that work with children and poverty reducing measures to cushion the impact of reforms on vulnerable households.

A range of mitigation instruments have been proposed in the literature to date. The study recommends "lifeline" tariffs to help the most vulnerable consumers. Such tariffs have the benefit of relative simplicity in that the information required to provide such tariffs is likely to be less than other income based measures (since consumers of 'essential' electricity effectively select themselves), and they impact on the problem of high electricity prices directly. The measures can also be partly funded by increasing



the marginal costs to bulk users as well as by establishing the earmarked cash transfers or general income support.

Next steps

The CRIA project was designed in four phases and currently the second phase has been completed. In 2008, UNICEF partner supported drafting of the methodological manual by national government partners. UNICEF plans the replication of the CRIA on water poverty, including an increased focus on capacity development of government partners with regards to M&E and the application of impact assessment methodology to ensure ex-post, ex-ante and formative evaluation of the policies and programmes for children. Given that the study proposes specific mitigation measures through the social protection system, the advocacy and dissemination plan should be informed by monitoring and analysing of economic trends and impact of the increasing economic pressures on families in the context of the potential economic crisis and the CRIA findings. In 2008, the Republika Srpska (one of the two BiH entities) re-introduced subsidies for electricity costs for the poorest households. This may be further expanded to include other mitigation measures recommended in the study. Potential for partnership with the World Bank, which is finalising its review of the energy sector in BiH, including on the impact of prices on consumers and the potential for stronger joint advocacy, will be explored in order to influence improved targeting of the social mitigation measures 10 families with children and children's institutions.