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Revised country programme document

Russian Federation

Summary

The Executive Director presents the revised country programme document (CPD) for the Russian Federation for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been revised, taking into account, as appropriate, comments made by delegations during that session, and a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing, by 9 December 2005, of their wish to bring the country programme before the Board.

Basic data

(2003 unless otherwise stated)	
Child population (millions, under 18 years)	29.7
U5MR (per 1,000 live births)	20
Underweight (% , moderate and severe, 1995)	3
Maternal mortality ratio (per 100,000 live births, 2001)	32
Primary school enrolment (% , net male/female, 1994) ^{a/}	93/93
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (% , 2002)	96
Adult HIV prevalence rate (% , end 2003)	1.1
Child work (% , children 5-14 years olds)	..
GNI per capita (US\$) ^{b/}	2,610
One-year-olds immunized against DPT3 (%) ^{c/}	96
One-year-olds immunized against measles (%) ^{c/}	98

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

a/ The Russian Federal Service of States Statistics (RosStat) uses the gross primary school attendance rate, which for 2003-2004 was 129%.

b/ UNICEF uses the World Bank calculation for GNI. The RosStat figure is \$2,296.

c/ Children under two years old (RosStat).

The situation of children and women

1. After a number of years of contraction, the economy of the Russian Federation, aided by the rapid growth in oil prices, has strengthened. This has reinforced the Government's effort to advance lagging structural reforms and raised business and investor confidence in the country. These positive economic trends present a unique opportunity to increase investments on priorities for children and accelerate social sector reform.
2. Income and social disparities remain, primarily affecting children and female headed households. Wealth is disproportionately concentrated in Moscow and Saint Petersburg, accounting for over 28 per cent of the country's aggregate wealth. The economic difficulties of the 1990s led to declining expenditure on basic social services. Some 19 per cent of the population are living below minimum subsistence levels, and the benefits of economic growth have yet to be more widely shared. Although Russia has met most of the Millennium Development Goals at the national level, disparities, particularly interregional ones, underlie these relatively good average rates and trends.
3. The Government has recognized the need to address existing poverty, with key targets in President Vladimir Putin's second term being to improve living standards and to halve the number of people living in poverty to 10 per cent of the population by 2007. Women and children are particularly vulnerable to poverty, with families with low education levels and in rural areas being disproportionately affected. The Government's *National Plan of Action in the Interest of Russia's Children until 2010* (NPA) could provide further impetus to address these issues and place children higher on the political agenda.

4. According to the Federal AIDS Centre under the Ministry of Health and Social Development, there are 305,805 officially registered HIV infections in Russia, whereas the estimated number of infected people is closer to 1 million. Unsafe drug use remains the main mode of HIV transmission, but heterosexual transmission is growing rapidly. In 2004, approximately 40 per cent of new heterosexual HIV cases were women, predominantly of child-bearing age. By the end of 2004, over 15,000 children were born to HIV-infected mothers. With the majority of HIV-infections occurring in people under 30 years of age, young people are particularly vulnerable. Stigma and discrimination, prevention of HIV in infants and young people, and treatment and care of HIV-infected children are priority areas for the national response. Rates of tobacco, alcohol and drug use are increasing.
5. State educational expenditure per child has almost halved since 1990. Pre-school enrolment and availability have fallen to an average rate of 58 per cent, and the attendance gap between urban and rural areas is 28 per cent. Completion rates for the basic cycle are declining as are opportunities for vocational education and educational access for poor children living in rural areas. The system of teaching basic life skills, including such important thematic components as HIV/AIDS, substance abuse prevention and reproductive and sexual health issues, is still to be fully tailored to new circumstances. The Government's recently initiated education system reform provides further opportunities for integrating needed life skills education into the formal curriculum.
6. Economic hardship, alcohol and drug abuse and deteriorated social safety nets are among key factors that have increased family breakdown and children's vulnerability to neglect and abuse, being without parental supervision or in the worst case, being on the streets. Government agencies have strived to develop community-based responses to family breakdown and to increase use of family placements, under which approximately 74 per cent of children have been placed. However, these services need to be expanded to address the scale of the problem, which has seen an almost three-fold increase from 1993 to 2002 in deprivation of parental rights and 186,000 institutional placements for children without parental care.
7. While several health related issues such as maternal and child health care require continued attention to sustain progress made, micronutrient deficiencies have continued to jeopardize children's health. Iodine deficiency disorders (IDD), easily controlled through universal salt iodization, affect up to 40 per cent of children in some regions. Iron deficiency among children (0-14 years) has also increased by four-fold in one decade. **Promotion of breast feeding is another area where increased attention is needed. National figures report a non-exclusive breastfeeding rate of 40 per cent for infants between 3 to 6 months of age.**
8. Violence affects many children in the North Caucasus region, which results in widespread psychological and physical trauma. Recent events, such as the tragedy in Beslan, have contributed to a deterioration of relationships between different ethnic and religious groups in the region. Since 1995, over 3,000 victims of landmines or unexploded ordnance (UXO) have been recorded, over 720 of them children. The Government's defined social priorities in the North Caucasus region include reducing unemployment, increasing income and educational levels and decreasing child mortality.
9. In the beginning of 2004, the Russian Government submitted its third State Party periodic report to the Committee on the Rights of the Child, covering the period 1998-2002. The report, to be discussed in September 2005, indicates that progress has been made against the recommendations of the Committee's 1997 report. These include greater expedition of child-related legislation; establishment of independent monitoring structures to review implementation of the Convention, such

as the establishment of children's ombudspersons; strengthened coordination among government bodies involved in child rights at both the federal and regional levels; and dissemination of the Convention's principles. More attention is required on involvement of non-governmental organizations (NGOs) and enhancement of financial resources and budgetary allocations for child-related social issues.

10. A major challenge is to ensure that the social welfare reforms underway are adequately resourced; are complemented with economic and social policies that address disparities; and are well tailored to the needs of children and young people. Decentralization of responsibility and accountability of social sectors to the regional level offer opportunities, but also some risks. HIV/AIDS is moving at a pace that requires urgent and specific action. Enhanced roles and support by the private sector and civil society need to be mobilised to broaden societal support for children's well-being.

Key results and lessons learned from previous cooperation, 2003–2005

Key results achieved

11. The previous programme focused on the promotion, fulfillment and protection of children's rights. Specifically, it provided support and technical assistance to the development and strengthening of young people's health and development, child welfare reform and optimal development in early childhood through universal salt iodization and breastfeeding.

12. In November 2004, the extended annual review of the current country programme took place with the participation of government counterparts, NGO partners and United Nations agencies. Participants expressed satisfaction with the performance of the programme of cooperation, which has, through leveraging of government resources, reached all seven federal districts and 40 of the 89 regions, including 13 major urban centres.

13. A national policy framework for prevention of mother-to-child transmission of HIV (PMTCT) has been developed by the Ministry of Health and Social Development's Coordination Council on Prevention of HIV Transmission from Mother to Child, with support from UNICEF, the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). An assessment of existing PMTCT activities was conducted in 10 regions, with recommendations for policy development and actions at federal, regional and local levels.

14. Since 1999, 37 "youth-friendly" centres have been developed in nine regions. These provide age-appropriate and confidential information and services on reproductive health and healthy life-styles. National guidelines on standards for "youth-friendly" services were drafted. A network of 12 youth information and resource centres were established in two regions, with support from regional administrations. Communication for behavioural change for HIV/AIDS prevention and healthy lifestyles, youth information and resource centres' information campaigns have reached approximately 500,000 young people. Support to these activities was provided by the United Kingdom Department for International Development (DfID), Development Cooperation Ireland (DCI), the Government of the Netherlands and the United States Agency for International Development (USAID), among others.

15. The Children's Ombudsperson network has been expanded to 16 regions, providing a mechanism for hearing and addressing complaints and child rights violations. The Government published annual reports on the state of children and documented situation analysis and child welfare best practices across Russia's 89 regions, with the support of UNICEF. De-institutionalization of children has been promoted through technical support to the Government and NGOs in the development of innovative early family intervention and alternative family care social models in four regions. The Ministry of Health and Social Development, UNICEF and the World Bank have collaborated to provide key recommendations on child welfare reforms. Additionally, methodologies that enhance professionals' and volunteer outreach workers' capacities to serve unsupervised and street children have been developed and implemented in five regions. Support for these activities was provided by the Governments of Germany and the Netherlands.

16. The availability of iodized salt increased from 25,000 tons in 1997 to 160,000 tons in 2004. In 2003, the Government drafted a new technical regulation for edible salt that is subject to approval as law. In 2004, comprehensive legislation on IDD prevention was developed and submitted to the Russian Parliament for consideration. The Ministry of Health and Social Development has declared breastfeeding to be an integral part of its national policy on maternal and child health. To date, 181 maternity hospitals have been certified as "baby-friendly" in 37 regions, with approximately 16 per cent of deliveries taking place in certified "baby-friendly" hospitals. USAID provided support for these activities.

17. In the North Caucasus region, UNICEF, with support from the European Community Humanitarian Aid Department (ECHO), the Government of the Netherlands, the Swedish International Development Cooperation Agency (SIDA) and USAID, provided access to education for approximately 10,000 displaced children in Ingushetia; completed physical rehabilitation of 28 education facilities in Chechnya; and contributed to social reintegration of over 500 vulnerable young people. A comprehensive database on landmine/UXO incidents has been maintained; mine awareness has been raised among more than 140,000 children, as well as among the population in Chechnya at large; and prosthetic-orthotic support and psychosocial and vocational assistance were provided to over 250 mine and more than 400 UXO survivors. Two children's health facilities were rehabilitated in Chechnya and 34 Chechen and 8 Ingush health structures were provided with essential medical equipment, including cold-chain equipment. Support was provided to children in Beslan, through hospital and school supplies and psychosocial rehabilitation.

Lessons learned

18. At the extended annual review, the Government recommended that a more holistic and systemic approach be applied to future UNICEF-supported actions. The Government noted that recent reforms have shifted responsibility for implementation of social programmes from federal to regional levels. As a result, increased focus should be directed towards strengthening regional policy and legislation, based on successful social models. To avoid dispersal of efforts, a clear geographic rationale and greater thematic focus should be pursued. The country programme needs to support national processes that address needs of both the most vulnerable children and a large number of children across Russia.

19. The capacity to collect data and analyse trends on the situation of children on national and subnational levels needs to be strengthened. This knowledge base will facilitate more effective support for legal and policy actions at the federal and regional levels and more effective expansion of tested social models.

20. To have a positive impact on the HIV/AIDS situation among young people, it is critical to consider their specific needs for information, skills and services. Development of sustainable behavioural change and addressing stigma and discrimination need to become major programmatic thrusts. Effective outreach to young people, advocacy for equal access to treatment, and full integration of PMTCT into maternal and child health services are supportive and interlinked interventions.

21. Child welfare reform, including de-institutionalization, requires a more comprehensive response that integrates existing model experiences and brings about systemic changes with policy and legal framework improvements. The Children's Ombudsperson network has been found to be a valuable model for independent monitoring, promotion and defense of child rights.

22. Consolidating and expanding the Baby Friendly Hospital Initiative (BFHI) will be critical to ensuring that exclusive breastfeeding to 6 months is increased. Strengthening partnerships with existing maternal and early childhood facilities is required to provide capacity building and training for service providers and families to ensure optimal early childhood development. This will be complemented with much more effective communication support than in the past.

23. Strengthening partnerships with local authorities in the North Caucasus region and building the technical capacities of local NGOs is critical to promote the programme's effectiveness and sustainability. The rapidly evolving context requires the broadening of UNICEF actions to include such strategic areas as child protection, psychosocial rehabilitation of crisis-affected children in Chechnya, promotion of peace and tolerance education, and other measures to support recovery.

The country programme, 2006-2010

Summary budget table In thousands of United States dollars

Programme	Regular Resources	Other Resources	Total
HIV/AIDS and Young People's Health and Development	500	8,000	8 500
Child Protection	500	8,000	8 500
Early Childhood Development	250	500	750
Children in the North Caucasus Region ¹	50	1 000	1 050
Advocacy, Information and Public Policy for Children's Rights	1750	3500	5250
Cross-sectoral Costs	1,755		1 755
Total	4, 805	21,000	25,805
1. In addition, \$17.5 million in emergency other resources is expected to be raised over the programme cycle			

Programme preparation process

24. The development of a situation analysis of children in Russia has been closely linked to the preparation of the country programme. Strategy discussions with the Government, NGO partners and United Nations agencies guided the programme's design. Ongoing discussions with bilateral and multilateral partners, including the World Bank, USAID, the European Union (EU)/ECHO, DfID, SIDA and the Canadian International Development Agency (CIDA) also contributed significantly to programme planning.

Goals, key results and strategies

25. In the context of national goals and development plans, the overall aim of the country programme is to advance the protection and fulfillment of rights for all children and women in the Russian Federation. The programme's thrust is to support national plans and priorities to build upon and consolidate past successes, while enhancing policy and legal frameworks and capacities at federal and regional levels to address children's needs and rights.

26. Working with the Government, bilateral and multilateral representatives, civil society and the private sector, UNICEF will contribute nationwide to the achievement by 2010 of the following strategic results:

(a) Young people's health and development and HIV/AIDS: (i) at least 50 per cent of young people aged 10-18 years, including those most vulnerable to infection, will have acquired the knowledge and life skills and 30 per cent will have access to services required to reduce their vulnerability to HIV infection and other threats to their health and well-being; (ii) a 50-per-cent decrease in the rate of transmission of HIV from mother to child; (iii) the development and implementation of policies and strategies to ensure provision of a comprehensive package of care and support services for HIV-affected children and families; and (iv) increased participation and capacity of young people to make decisions that influence their lives;

(b) Child Protection: (i) reduction of the number of institutionalized children and a significant increase in the number of children without parental care being placed in family-based care settings; (ii) a decrease in the number of deprivations of parental rights; and (iii) increase of the number of children with special needs participating in mainstream education;

(c) Early Childhood Development: (i) doubling the number of Baby Friendly Hospitals (BFH); (ii) doubling the rate of exclusive breast feeding up to 6 months; and (iii) tripling the number of service providers offering training and support to families for effective parenting in first three years of life.

(d) Children in the North Caucasus Region: (i) 50 per cent of children to have access to pre-school education opportunities and a 10-per-cent increase in the number of children attending school in Chechnya; (ii) restoration of 90 per cent of the cold chain in Chechnya and Ingushetia; (iii) a 50-per-cent reduction in the number of children affected by incidents related to landmines and UXO; (iv) a 50-per-cent increase in the number of children receiving psychosocial support and physical support as a result of mine accidents.

(e) Children's Rights Advocacy, Information and Public Policy: (i) establishment of effective child rights monitoring and evaluation tools and mechanisms at the federal and regional levels, including increasing from 16 to 45 the number of regions with an effectively functioning child rights ombudsperson's office; (ii) adoption of legal and policy frameworks at the federal level that enhance children's rights, including reduction of family violence, trafficking and sexual exploitation; (iii) increased "child-friendly" decision-making and practices at the regional and federal levels; (iv) draft law on USI adopted and implemented; (v) increased involvement and awareness of civil society on children's issues and (vi) increased participation of young people in decision processes that have significant influences for them.

27. The programme will aim to have an impact on a large number of children on a few selected social fronts, and simultaneously support inclusion and reduce disparities. Priority areas, such as the North Caucasus, and groups, particularly children with disabilities and street children, will be identified. The programme will be implemented in 10 regions covering the seven Federal Districts.
28. Strategies will centre on a rights-based and gender mainstreaming approach that includes strengthening and expansion of the ombudsperson's network and harmonizing federal and regional policy and legislation with the Convention on the Rights of the Child. Young people's participation will be a key supportive strategy.
29. Best practices based on social models and other experiences will inform programme design and scaling up within national policies. Greater rigour will be pursued with establishment of baselines, and continuous assessment of the effectiveness, efficiency, and replicability of social models in key programmatic areas. The policy and legal changes needed for expanding and sustaining these models, as well as their budgetary implications will be assessed and introduced. Results of research and evaluation will be made available to decision makers through simplified data management tools. Alliances with corporations and individuals will be developed to mobilize resources for children.

Relationship to national priorities

30. The country programme supports national priorities described in the NPA, specifically: protection of children's health, optimal early childhood development and promotion of healthy lifestyles; provision of quality education; improvement of children's living standards; and enhancement of social welfare system's efficiency for the protection of vulnerable children.
31. The programme's outcomes have been designed within the United Nations country team's goal to support government and civil society in translating economic growth into sustainable human development with human rights, and within the framework of the Millennium Development Goals, including reduction of disparities and child poverty. Although the Russian Federation does not have a United Nations Development Assistance Framework, thematic and geographic coordination has been enhanced with focus upon poverty, HIV/AIDS, healthy lifestyles, human rights and joint programming initiatives in the North Caucasus region, Tver Oblast and Saint Petersburg.

Relationship to international priorities

32. The country programme contributes to the achievement of the Millennium Declaration goal of protecting the vulnerable and five of the eight Millennium Development Goals, specifically Goal 2, by means of promoting a more inclusive education system nationwide and assisting children to access education in the North Caucasus region; Goal 3, through gender equality in youth participation and leadership nationwide and through gender-sensitive approaches in the North Caucasus; Goal 4, through promotion of breastfeeding, **effective early childhood parenting**, supply and use of universally iodised salt, and PMTCT; and Goals 5 and 6 through PMTCT. The UNICEF programme for young people's health and development and HIV/AIDS will also support three of the five goals established by the General Assembly Special Session on HIV/AIDS.
33. The country programme will partially address four of the five priorities of the UNICEF medium-term strategic plan: early childhood development, combating HIV/AIDS, girl's education; and increased protection of children from violence, exploitation, abuse and discrimination. Additionally, the programme will respond to the UNICEF regional priority of young people's participation

Programme components

34. The strategic results of the country programme will be through **four** thematic programmes and undertaken in close cooperation with the Government: young people's health and development and HIV/AIDS; child protection; **early childhood development**, and children in the North Caucasus Region. The selection criteria for the 10 regions will be based on HIV/AIDS prevalence; levels of human development based on the Human Development Index; vulnerability of children; United Nations joint programming; regional government capacities and commitments; and existing UNICEF collaboration. Results from these programmes and other child rights issues will be further promoted through the **fifth** programme on children's rights, advocacy, information and public policy, to facilitate expansion of successful models and other child-rights practices to other regions. While the **five** programmes will be primarily funded by other resources, the children's rights and advocacy programme will receive most regular resources given its cross-cutting and strategic linkages to the other programmes.

Young people's health and development and HIV/AIDS

35. The health of women, children and young people is threatened by the country's growing HIV/AIDS epidemic. Social exclusion and discrimination against children and young people infected and affected by HIV/AIDS require attention to ensure programmatic success.

36. This programme will support the Government in achieving the key results elaborated above by strengthening and expanding integrated child- and youth-oriented HIV/AIDS models. An integrated “youth-friendly” health and information services model, and a comprehensive model for PMTCT, will be consolidated, documented and expanded. Treatment and care for HIV-affected families and children will be pursued through building linkages between health, protection and education services. These enhanced models will provide children and young people with greater access to information, medical and social services which positively influence their health and lifestyle choices and opportunities for their participation. Key support will comprise research, capacity-building, advocacy, monitoring and evaluation with best practices identified and disseminated. Regular resources for this programme will be used to support consolidation of programmatic interventions and technical support to government for policy initiatives while other resources will be targeted to programme implementation.
37. Programme activities will contribute to the goals of the Government’s federal programme, *Prevention and Fight Against Diseases of a Social Character* and to the UNICEF Children and AIDS Campaign. Work will also complement activities funded and supported by such other actors as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the World Bank. The programme will be implemented in collaboration with the federal and regional governments, UNAIDS Cosponsors, National Committees for UNICEF and bilateral partners including DfID, the Government of the Netherlands, DCI, CIDA, SIDA and USAID.

Child Protection

38. Child welfare reform, including provision of community-based services, is progressing slowly. Foster care structures and regional service capacities for early intervention and restorative services for families, support and rehabilitation services for children with disabilities, unsupervised, street and other vulnerable groups of children, are still to be strengthened and expanded. Many children with special needs require additional opportunities to integrate into mainstream education.
39. This programme will support the Government to strengthen and reform child welfare services and systems, to enable vulnerable children to remain in their families or in alternative family settings within their communities. Programme activities will include consolidation and documentation of tested early family intervention and alternative family-based care, including foster care and in-country adoption. UNICEF will support the Ministry of Education in conceptualizing and testing a social model for giving disabled children access to mainstream education. Consolidation of programmatic interventions and technical support will be funded mostly from regular resources while other resources will be mobilized for programme implementation .
40. UNICEF will support research, sharing of international and interregional best practices and other technical assistance. Activities will be designed in the context of the child welfare reform framework developed with World Bank and UNICEF support. Main partners will be the Ministry of Health and Social Development, other federal and regional authorities, civil society and bilateral and multilateral agencies including SIDA, CIDA, the World Bank, and DfID.

Early Childhood Development:

41. While the collaborative work of UNICEF with the Government has produced a model for BFH, the current challenge is to consolidate and expand it nationwide as part of the strategy to enhance the existing low rates of exclusive breastfeeding. The existing knowledge of young parents and service providers on effective parenting and early childhood development in specific areas and regions is weak and requires strengthening.
42. This programme will support the government to enhance child and family friendly environment for young children. The BFHI will be expanded by means of direct financial and technical support to government for replication of the model to other regions. Effective parenting will be pursued through capacity building of service providers working with families in existing early childhood and maternal facilities. Regular and other resources will be used to support consolidation of previous programmatic interventions and technical support to government for capacity building.
43. UNICEF will support documentation and sharing of best practices and other technical assistance. Activities will be designed in cooperation with the government's Federal Breastfeeding Promotion and Support Centre. Main partners will be the Ministry of Health and Social Development, other federal and regional authorities, civil society, private sector and bilateral agencies including USAID.

Children in the North Caucasus region

44. Conditions in the North Caucasus continue to be characterized by instability and unpredictability. In Chechnya, children's access to education remains low, mainly as a result of insufficient school capacity. Access to education is further inhibited by security and poverty. Children's immunization coverage is still insufficient. HIV/AIDS is an emerging problem, particularly among young people. Landmines and UXO continue to have an impact upon children's safety.
45. This programme will evolve, conditions permitting, from humanitarian aid to recovery and rehabilitation with a focus on vulnerable children and women. Key components will include education, including peace education and school rehabilitation; child protection, including mine action and assistance to mine survivors; **child survival and development**; and HIV/AIDS prevention, focusing on integrated youth-oriented services **and support**. While the programme will be mainly focused on Chechnya, appropriate attention will be devoted to meeting needs of displaced children in Ingushetia and Dagestan. **Most resources will be derived from emergency sources, with additional limited regular and other resources.**
46. UNICEF support will consist of both technical assistance and targeted supply inputs with a renewed emphasis on strengthening capacity and cooperation with local civil society organizations and government agencies. In addition, UNICEF peace education efforts will seek to involve young people, NGOs, educational institutions, media and local governments from North Ossetia, Kabardino-Balkaria, Ingushetia, Dagestan and Chechnya.

Advocacy, Information and Public Policy for children's rights

47. While the collaborative work of UNICEF with the Government has produced effective social responses at the regional level, the current challenge is consolidate and expand these nationwide. Effective regional social models and innovations, such as the Child Right's Ombudsperson, need to be promoted throughout Russia. The existing knowledge function about children's needs in specific areas and regions is weak and requires strengthening.
48. This programme will focus on translating results from best practices and social models at regional and federal levels into national public policy development and practice. In collaboration with government partners, the programme will seek a nation-wide expansion of successful social models through policy and legal instruments as well as through advocacy and resource mobilization. Advocacy and communication will also promote critical actions including legislation on universal salt iodization; exclusive breastfeeding; effective parenting; child welfare and juvenile justice reforms; anti-trafficking responses; and policies and standards on life skills education, PMTCT and care and support, and youth friendly services. Key studies on issues such as child poverty will support policy analysis. Major components will consist of support for policy and legislation; strengthening of knowledge and information management; social mobilisation for children's rights and enhanced resource mobilization for children. UNICEF will support local research, institutional capacity-building, strengthening of alliances and advocacy. This work will require close collaboration with and support to federal and regional government partners, key NGOs, academic institutions and universities.
49. Cross-sectoral costs cover staff working with a number of sectors as well as basic operational costs of the office such as utilities and rent. United Nations common premises, if established, will be supported.

Major partnerships

50. The Ministry of Health and Social Development will be the principal coordinating government agency. Federal ministries such as the Ministries of Education, Foreign Affairs, and Regional Development, as well as local and regional governments and administrations will be vital allies in programme implementation and expansion. NGOs will be increasingly involved in programme activities, particularly in the areas of young people health and development and in the North Caucasus region.
51. The range and scope of existing partnerships with the World Bank, the European Union, CIDA, SIDA, DFID, the German Agency for Technical Cooperation (GTZ), USAID, DCI, the Government of the Netherlands and the National Committees for UNICEF will be expanded, particularly in the areas of child welfare and HIV/AIDS. For its work on young people and HIV/AIDS, UNICEF will work closely with WHO, UNFPA and USAID. Collaboration will continue with the United Nations theme group on HIV/AIDS, UNAIDS, and programmes funded by the Global Fund. Work in the North Caucasus region will continue in close coordination with ECHO, other international humanitarian partners and development agencies. A joint United Nations project on poverty reduction and economic growth will be implemented in the Tver region.

52. Expansion and strengthening of partnerships with academic institutions and the Federal Service of State Statistics (RosStat) will be pursued in the light of the need to strengthen the country programme knowledge and research base and to enhance approaches to collection, dissemination, management and use of data. Given the country programme's local fund-raising initiatives, a stronger relationship with the media and private sector will also be fostered.

Monitoring and evaluation and programme management

53. A five-year integrated monitoring and evaluation plan will support a research agenda that addresses critical information gaps. Indicators to monitor the situation of children and women, as well as programme implementation, will include rates of children's and young people's access to information and services; the rate of placement of children in family-based care settings; infant, child and maternal mortality rates; and trends in child poverty. Additionally, a range of global indicators including those deriving from the UNICEF MTSP, complemented by locally agreed ones, will be used. An updated situation analysis of children and women will be published in 2008 as part of the mid-term review of the country programme. Emergency response capacity will be strengthened. Annual reviews and the mid-term review in 2008 will provide opportunities to assess progress and take corrective actions.
54. Monitoring of the Millennium Development Goals will be tracked with DevInfo in collaboration with the Ministry of Health and Social Development, RosStat and United Nations agencies. Support will be provided to RosStat for its family and fertility household surveys and to the inter-agency government body responsible for the annual production of the *State of Children in the Russian Federation* report. UNICEF will support four evaluations, of the ombudspersons' network, "youth-friendly" services, PMTCT and child welfare reform.
55. The programme will be managed in close cooperation with the Ministries of Health and Social Development and of Foreign Affairs. UNICEF cooperation will be managed through its offices in Moscow and Nazran.

Summary Results Matrix: Government of the Russian Federation -- UNICEF Country Programme 2006-2010					
UNICEF MTSP Focus Area	Key Results Expected in this Priority Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification of Results	Major Partners & Partnership Frameworks & Cooperation Programmes	Expected Key Results in this Priority Area will contribute to:
1. Young Child Survival and Development	<p>1.1 40% increase in families utilising appropriate care and feeding practices for child survival, growth and development (focus on exclusive breastfeeding) in selected regions, in line with improved legal policy and monitoring frameworks. (2004 Baseline: 15.7% of babies born in Baby Friendly Hospitals)</p> <p>1.2 90% children under-one in Chechnya and Ingushetia receive quality immunisation. (2005 Baseline - based on UNICEF estimates- 69% DTP-3 vaccination rate in Ingushetia; 66% vaccination rate in Chechnya; 85% cold chain restoration in Ingushetia & 80% restoration in Chechnya).</p>	<p>1.1.1 % of families in the selected regions that utilize appropriate care and feeding practices.</p> <p>1.1.2 % of babies born in BFHs.</p> <p>1.2.1 % DPT-3 immunisation coverage of under-one children in Chechnya & Ingushetia</p> <p>1.2.2 % of immunisation posts with functional cold chains in Chechnya & Ingushetia</p>	<p>KAP survey on parents' & other caretakers' knowledge, attitudes and skills towards ECD issues (2008, 2010)</p> <p>Reports of the federal & regional partners including MoHSD, MoE.</p> <p>UNICEF records</p>	<p>Fed. & reg Ministry of Health and Social Development, Ministry of Education, Ministry of Internal Affairs, Ministry of Foreign Affairs State Duma Union of Paediatricians Academic Centre for Healthy Children Federal Breastfeeding Promotion & Support Centre Sanitary Epidemiological Centres in Chechnya & Ingushetia IRC Disease Prevention Centre in Ingushetia WHO, UNFPA, USAID</p>	<p>WFC goal: Promoting healthy lives</p> <p>MDGs: Reduce child mortality; improve maternal health</p>
2. Basic Education & Gender Equality	<p>2.1 20% of children attend child-friendly schools in Chechnya and 10% increase in Ingushetia, with particular focus on girls' attendance</p> <p>2.2 35% of children in Chechnya and 15% in Ingushetia attend early childhood education centres (formal & non-formal) (2005 Baseline: 10-11% pre-school age children attend ECE centres in Chechnya; and 9% in Ingushetia)</p> <p>2.3 35% of schools implement peace & tolerance education programmes in the 5 North Caucasus Republics to increase children's cultural and ethnic tolerance</p>	<p>2.1.1 % of all school age children in Chechnya and Ingushetia attending child-friendly schools</p> <p>2.2.1 % children who attend early childhood education centres (formal & non-formal) in Chechnya & Ingushetia</p> <p>2.3.1 % of schools implementing peace & tolerance education programmes in the 5 North Caucasus Republics</p>	<p>Records of federal & regional MoE</p> <p>UNICEF records</p> <p>UNICEF assessment on physical conditions of schools & ECE Centres in Chechnya and Ingushetia (2005, 2008)</p> <p>Survey on quality of education in Chechnya & Ingushetia (2006, 2008, 2010)</p> <p>KAP survey of children regarding their cultural & ethnic tolerance (2006, 2008, 2010)</p>	<p>Local NGOs & CSOs Federal & regional MoE Youth Committees of 5 North Caucasus Republics Media WFP ECHO</p>	<p>WFC goal: Providing quality education</p> <p>MDGs: Achieve universal primary education; promote gender equality & empower women</p>

Summary Results Matrix: Government of the Russian Federation -- UNICEF Country Programme 2006-2010					
UNICEF MTSP Focus Area	Key Results Expected in this Priority Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification of Results	Major Partners & Partnership Frameworks & Cooperation Prog	Expected Key Results in this Priority Area will contribute to:
2. Basic Education & Gender Equality	2.4 25% increase in enrolment of children with special needs in mainstream education in pre-schools & schools in selected regions in line with national policies and frameworks. (2002 Baseline: Nationally, 214,300 disabled children are in special classes in mainstream education systems)	2.4.1 % of children with special needs in the selected regions enrolled in mainstream pre-schools & schools	Records of regional & republic administrations State Duma NGO data		
3. HIV/AIDS and Children	<p>3.1 75% of all adolescents (10-18), and at least 20% of most at-risk adolescents (MARA), have correct information to reduce their vulnerability and risk to HIV/STIs in selected regions. (2003/2004 Baseline: 25 -60% YP (15-24) in four regions have correct knowledge and perceptions about ways in which HIV is transmitted)</p> <p>3.2 30% of adolescents (10-18), including at least 10% MARA, have access to and use services and support required to reduce their vulnerability and risk for HIV infection/STIs, substance abuse and other threats to their health and well-being in selected regions. (2004 Baseline: Existence and utilisation of 37 YFS in 9 regions)</p> <p>3.3 95% of HIV-positive pregnant women have access to comprehensive PMTCT+ services & treatment in 10 selected regions, in line with national policies and legal frameworks. (2004 Baseline: Regional prevalence rate for MTCT is between 12-22%)</p> <p>3.4 25% of HIV-affected children and families receive community-based health care, social and educational support and services in selected regions, in line with national policies and frameworks. (2004 Baseline: Currently, no individual cases of enrolment in primary school of HIV-positive children in 10 regions)</p>	<p>3.1.1 % of all adolescents (10-18), & % of MARA, in # regions that can correctly identify ways of prevention of transmission of HIV/STIs and reject major misconceptions about HIV</p> <p>3.2.1 % of all adolescents (10-18), & % of MARA, in the selected regions utilising services and support</p> <p>3.3.1 % of HIV-positive women in the selected regions having access to comprehensive PMTCT+ services & treatment.</p> <p>3.4.1 % of HIV-affected children and families in the selected regions receiving community-based health care, social support and services</p> <p>3.4.2 % of HIV-positive children in the selected regions enrolled in primary school & participating in pre-school/ECD programmes</p>	<p>KAP survey (2003/2004; 2008, 2010) YIC reports YFS Clients' surveys Federal & regional MoHSD, MoE records YFS reports AIDS Centres MCH Depts AIDS registers National PMTCT survey 2006 – 2010</p>	<p>MoHSD & MoE at federal and regional levels, WHO UNFPA UNAIDS National & International NGOs USAID, DFID, DCI, CIDA, UNAIDS, UNAIDS cosponsors</p>	<p>WFFC goals: Combating HIV/AIDS; promoting healthy lives</p> <p>MDGs: Achieve universal primary education; reduce child mortality; improve maternal health; combat HIV/AIDS</p>

Summary Results Matrix: Government of the Russian Federation -- UNICEF Country Programme 2006-2010					
UNICEF MTSP Focus Area	Key Results Expected in this Priority Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification of Results	Major Partners & Partnership Frameworks & Cooperation Programmes	Expected Key Results in this Priority Area will contribute to:
4. Child Protection	<p>4.1 30% of all children without parental care, including children abandoned by HIV+ mothers, are placed in family-based alternatives in selected regions (2003 Baseline: 184,000 children without parental care live in institutions; 74% of cases of children without parental care are placed in family-based settings)</p> <p>4.2. 50% of at-risk children and families, including disabled children, in selected regions receiving quality services. (2004 Baseline: 3371 centres for social services for families & children served 10,367,000 people – 4,490,000 children; ,336,907 families)</p> <p>4.3 Improved institutional protection capacity regarding violence, abuse and exploitation of children, including protection of children & communities from UXO/landmine incidents. (2005 Baseline: Existence of <u>draft</u> laws on trafficking & juvenile justice)</p> <p>4.4 50% reduction in annual number of children affected by UXO/landmines incidents and 50% increase of child survivors receiving prosthetic-orthopaedic & physical rehabilitation assistance in Chechnya; and 50% increase in number of children receiving psychosocial support in North Ossetia and Chechnya (Baseline estimates: 720 UXO child victims; since Aug. 2001, 215 children have received prosthetic-orthopaedic assistance; 2004: 236 disabled children received physical rehabilitation; 13,400 children received psycho-social support)</p>	<p>4.1.1 % of children without parental care in the selected regions, including children abandoned by HIV+ mothers, in family-based alternatives</p> <p>4.1.2 % of children living in institutions without parental care in the selected regions, including children abandoned by HIV+ mothers, transferred to family-based alternatives</p> <p>4.2.1 % of at-risk children and families, including disabled children, in the selected regions reached by quality services.</p> <p>4.3.1 # Adopted legislation, policies, standards and monitoring mechanisms addressing trafficking, juvenile justice, civilian clearing & demining activities</p> <p>4.4.1 Number of children annually affected by UXO/landmine incidences & % of child mine survivors receiving prosthetic-orthopaedic & physical rehabilitation assistance</p> <p>4.4.2 # of children receiving psychosocial support in North Ossetia and Chechnya</p>	<p>Survey of children in institutions in selected regions (2006, 2008, 2010); RosStat records</p> <p>Records of regional & republic administrations</p> <p>State Duma</p> <p>NGO data</p> <p>UNICEF database and records</p>	<p>MoHSD; MoE; MIA</p> <p>Regional & republic administrations & social protection depts</p> <p>NGOs</p> <p>MoH/ MoLSD (Chechnya & N. Ossetia)</p> <p>Federal and Republic</p> <p>EMERCOM</p> <p>ICRC</p> <p>SIDA, German Government, Dutch Government, UNFPA</p>	<p>WFFC goals: Protecting against abuse, exploitation & violence; providing quality education</p> <p>Millennium Summit Declaration, section VI: Protecting the vulnerable</p> <p>MDG: Achieve universal primary education</p>

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UNICEF MTSP Focus Area	Key Results Expected in this Priority Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification of Results	Major Partners & Partnership Frameworks & Cooperation Programmes	Expected Key Results in this Priority Area will contribute to:
5. Policy Advocacy and Partnerships for Children Rights	<p>5.1 Strengthened knowledge base on the situation of children and women in Russia. (2005 Baseline: Situation Analysis of children in Russia; Expansion in use of Dev Info; Socio-Economic Child Poverty Study)</p> <p>5.2 Improved analysis of social budget allocation for children with focus on most disadvantaged. (Baseline: 2005 federal budget – 5.1% to education; 2.7% to health and sports; 5.6% to social policy)</p> <p>5.3 Improved legal, policy, implementation and monitoring frameworks for elimination of iodine deficiency. (2004 Baseline estimate: 30% household consumption of iodised salt; Draft USI law developed & under consideration)</p> <p>5.4 45 Child Rights Ombudsperson Offices/Posts are functioning effectively in 45 regions. (2005 Baseline: Posts exist in 16 regions)</p> <p>5.5. Effective participation of girls and boys in formulation and implementation of programmes that influence their lives (Baseline estimate: National peer education network; Young People's Media network; 20 Existing YICs)</p>	<p>5.1.1 # of updated socio-economic situation analyses of children in Russia</p> <p>5.1.2 # of ministries and UN counterparts using DevInfo</p> <p>5.2.1 % in government budget allocations for social services benefiting children</p> <p>5.2.2 # reforms to legislation, policy & institutional environment addressing key changes for children, women and families.</p> <p>5.3.1 % household consuming iodised salt.</p> <p>5.3.2. USI law adopted</p> <p>5.4.1 # of Russian regions with established & functioning Child Rights Ombudsperson Offices/Posts</p> <p>5.5.1 Number of YICs and fora with YP participation and leadership in their design and implementation.</p>	<p>Gov & counterpart publications & reports at federal and regional levels</p> <p>Regional surveys and assessments</p> <p>State Duma legislation</p> <p>Ros Stat statistics</p> <p>UNFPA records</p> <p>Federal Human Rights Ombudsperson Office</p> <p>UNICEF and UNFPA records</p>	<p>Fed. & reg MoHSD, MoE, MIA, MFA</p> <p>State Duma</p> <p>Local & int'l NGOs</p> <p>IBFAN</p> <p>KONFOP</p> <p>PCC (Public Coordination Council for IDD elimination in the RF)</p> <p>ICCIDD</p> <p>UNDP, UNODC, UNFPA, ILO, IOM,WFP</p> <p>USAID, SIDA, CIDA</p>	<p>WFFC goals:</p> <p>Promoting healthy lives; providing quality education; combating HIV/AIDS; protecting against abuse, exploitation and violence</p> <p>MDGs:</p> <p>Eradicate extreme poverty and hunger; reduce child mortality; combat HIV/AIDS; develop a global partnership for development</p>