1. EXECUTIVE SUMMARY

2010 marked major progress in supporting institutional building of public services and building strategic partnerships for children along with effective advocacy.

There was notable progress in institutional capacity building of health service delivery. The Expanded Baby-Friendly Hospital Initiative (EBFHI) reached 42% of all Mother and Child Health facilities. Importantly, the Ministry of Health (MoH) plans to approve EBFHI as a national programme for 2011-2016.

The education on prevention of mother-to-child transmission of HIV (PMTCT) has been fully institutionalised within medical education institutions. The quality assurance system for Youth Friendly Clinics was built at MoH. The inclusion of drug education programme in the extracurricular activity in secondary schools has enhanced the provision of youth friendly services, HIV education and counselling for adolescents.

Effective advocacy and its impact was highlighted during Public Hearings at the Parliamentary Session on Children’s Rights, which demonstrated a united voice for children’s rights by a wide range of partners from parliamentarians, the central government, local governments and civil society organisations.

Internal personnel changes in government counterparts and insufficient coordination mechanisms among various government agencies tended to delay decision making and implementation processes. Further efforts jointly by the Government and UNICEF will help address these limitations.

An effective partnership of UNICEF with an NGO coalition and the Ministry of Family, Youth and Sports (MoFYS) had a key role in getting the Government to reverse previous unfavourable decision to support institutional child care. The combined representations made by the partners halted the effort to increase the number of children in institutions.

A new partnership was established with top advertising agencies and the Association of Outdoor Advertising, which on pro bono basis developed concepts and design for a campaign on immunisation. This partnership allowed the expansion of the social advertising campaign to all regions and reinforced the valuable role the private sector can play in tackling children's issues. It also provided a successful model for corporate social responsibility.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Ukraine’s GDP had contracted by 15 percent in 2009 due to the global economic crisis and was projected by the World Bank to grow only 3.7 percent in 2010. Despite the economic challenges, there was a slight decline in poverty, even among the poorest families with children, with the decline attributed to an increase in social transfers.

With the inauguration of a new Government in March 2010, there have been significant changes in the policy environment. The highlight is the Programme for Economic Reforms 2010-2014, which includes improving social protection and the quality and accessibility of education and healthcare. Laws have been drafted to increase social benefits to families with children, including a substantial increase of the child birth grant. There is concern, however, related to the public administration reform announced in December 2010, wherein the key functions dealing with child rights protection within the government are radically restructured.

The proposal for an Ombudsman for Children with a separate office and budget was not accepted, as it was considered to be inconsistent with the provisions in the Constitution.
Instead, an Ombudsman for Children was established in August 2010 within the Parliamentary Ombudsman for Human Rights office. It is too early as yet to report its impact on strengthening child rights monitoring and protection.

Ukraine’s infant, child and maternal mortality as well as nutrition indicators (MDGs 4 and 5) are among the best in the CEE/CIS region. The primary health care system, however, needs strengthening. Government priorities currently are geared to improvement of curative medical care facilities, which can further exasperate existing disparities. The out-of-pocket payments required for healthcare services put a heavy burden on the poorest families. There is need to put greater focus on preventive care while also making curative healthcare more affordable and accessible.

Among risks to child survival and safety, accidental death and injury are important determinants. Every one-third of under-five deaths is caused by trauma, poisoning or other external factors. Road accidents account for 2,500 deaths and 135,000 hospitalizations annually among children 1-18 years of age.1[1]

The negative public perception about immunisation and shortage of vaccines in 2009–2010 led to a decrease in immunisation coverage (reducing coverage to around 80%). In 2010 more positive immunisation-related stories were reported by the media contrary to the negative information in 2008-2009.

Ukraine has the highest adult HIV prevalence in CEE/CIS (1.1 percent). The only MDG not on track is MDG 6 on HIV/AIDS.2[2] While injecting drug use remains the primary route of transmission, heterosexual transmission is growing and women now constitute 45 percent of infected people.3[3]

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:

In 2010, UNICEF Ukraine started the development of the new Country Programme 2012–2016 (CP), in parallel with the preparation of a UN Common Country Assessment (CCA) and UNDAF. The CP development process included a thorough review of the UNICEF-supported programme areas, a strategic review of UNICEF overall engagement in the country, internal management review with teambuilding exercise and Country Programme Management Review exercise. The reviews concluded that to effectively address the equity issues in Ukraine, a strategic shift of UNICEF intervention is needed, shifting from service delivery to effective policy advocacy, to influence sector reform, enhance systems, develop national capacities, foster stronger partnerships and manage risks more systematically.

The major results achieved in 2010 have been based on a continuous support to system enhancement such as improvement of maternal and child health and HIV/AIDS related services. Specific emphasis has been given to certain at-risk groups such as MARA, HIV-positive children, and children deprived of parental care. Capacity building of governmental services has been a central theme in these approaches to improve service delivery, and institutionalise education and supportive monitoring systems. For further improvement in the situation of vulnerable children and for sustainability of intervention...
results, the main lessons learned are that broad-based partnerships are needed to strengthen advocacy and for high calibre technical assistance. Active engagement of civil society is also sought to create lobby groups and complement state provided services.

2011, which is a bridging year into the new CP, will see an even stronger emphasis on equity enhancement with the focus on: (i) pregnant women most-at-risk of HIV, to decrease the mother-to-child transmission of HIV, with better out-reach to most vulnerable women especially drug using women, (ii) using the evidence gathered on MARA to expand the out-reach services to them, (iii) continued support to child care reform process and evidence-based analysis towards the development of a national strategy for children (iv) support to the development of community-based support services to prevent children’s separation from their families. UNICEF support for all of the above will be in tandem with the overarching support to the development of supportive policies and regulations as well as other important child rights enhancing instruments.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:
The Government’s capacity to monitor and evaluate the progress of the PMTCT programme has been improved through revision of the existing PMTCT Monitoring & Evaluation system and development of a new reporting system.

In addition, education on prevention of mother-to-child transmission of HIV (PMTCT) has been fully institutionalised within medical education institutions, as PMTCT is now integrated in the curricula of all medical institutions.

Under a joint EU–UNICEF Action Plan for ‘Development of gate-keeping policies and systems for orphaned and other vulnerable children’ social workers have gained skills on case management of children at risk of being deprived of parental care. This resulted in a systematic assessment of children and vulnerable families, which prevented unnecessary institutionalisation of children. It was followed by policy reviews with the aim to develop the capacity of government to develop a comprehensive child care reform strategy, which will be further refined in 2011 with systematic analysis of child care service functions and public finance management.

The integrated management of childhood illnesses (IMCI) was introduced in 2010 as an entry point to build national and local capacities to improve primary health care for young children. In each of the pilot oblasts (provinces) and rayons (districts), the local government committed their administrative arrangement and financing for the introduction of IMCI. This included provision of medicines for almost 150 rural health care centres and establishment of a monitoring system. Funds for this were provided from oblast and rayon budgets.

In 2010 UNICEF supported the MoH to build communication and technical capacity of medical workers on immunisation and protection from infectious diseases. Trained medical speakers supported journalists to communicate to the public about the importance of immunisation and they demonstrated effectively crisis communication skills during infectious diseases outbreaks. As a result, the capacity of the MoH and regional health authorities improved to proactively work with the media and mitigate the negative effect of news coverage related to adverse events following immunisation (AEFI). The capacity of journalists from over 15 oblasts was also developed for them to use investigative journalism when presenting immunisation and infectious diseases issues.

3.1.2.2 Effective Advocacy:
Public Hearings at the Plenary Parliamentary Session on Children’s Rights in December demonstrated a united voice for the protection of children’s rights by a wide range of partners from parliamentarians, the central government, local governments and civil society organisations. Particularly issues addressed included: (1) a critical call to assign proper functions and defined responsibilities for ensuring child rights and gender equity policy in the ongoing public administration reform by the government; (2) the importance of family based care, preventing child abandonment and relinquishment, and supporting crisis families; and (3) the importance of budget allocation for children.

UNICEF successfully mobilized international organizations and the diplomatic community to jointly draw the government’s attention to the negative perception about immunisation among the population. UNICEF facilitated eight official donor representatives to sign a letter in summer 2010 to the President, articulating concerns about parents’ refusal to vaccinate their children, the drop in immunisation coverage and shortage of vaccines. This led to the government’s decision to allocate additional funds for vaccines, and intensified efforts by the MoH to resolve the vaccination issues.

The strategic information collected on MARA and the documentation of lessons learned on the implementation of HIV service-delivery models informed the production of the MARA and HIV Advocacy Report. It presents key data, analysis and recommendations on how to translate knowledge on MARA and HIV into necessary actions at the national level.

With the backing of the Regional Office, advocacy at the country level helped to support inclusion of PMTCT in the development of an integrated service delivery model addressing pregnancy and neonatal care in the context of drug use and HIV. The advocacy ensured engagement and “buy-in” of national and municipal health authorities.

In cooperation with the NGO Women’s Consortium of Ukraine, advocacy for reforming the ‘justice for children’ system was supported though the mission of a UN Judge. The Judge’s recommendations on handling of child victims and witnesses of crime were taken into account in the November 2010 draft ‘On Introduction of Changes to the Code of Criminal Procedure of Ukraine (on the procedure of interrogation of underage victims and witnesses)’.

3.1.2.3 Strategic Partnerships:
An effective partnership with an NGO coalition and Ministry of Family, Youth and Sports (MoFYS) made a positive impact on reversing the unfavourable government decision to support institutional child care. The instruction in July 2010 to increase the number of children in institutions came to a halt after a number of interventions made by the MoFYS, the NGO coalition and UNICEF.

A new partnership with top advertising agencies developed in 2010. Five agencies on pro bono basis developed concepts and lay-outs for an outdoor campaign on vaccination. In cooperation with the Association of Outdoor Advertising, the cost of placing the outdoor materials was reduced by approximately USD 500,000. The ‘saved’ funds were used to expand the social advertising campaign to all regions. Demonstrating their social responsibility, the above-mentioned private sector partners became advocates for childhood immunization.

In 2010 UNICEF expanded its collaboration with the French Embassy, the French Cultural Institute and French activists to promote children’s rights especially of the most vulnerable children. An advocacy visit by a well-known French law-maker called for the protection of minors who are in contact with the law and a child rights based justice system. A festival with a photo and film exhibition was jointly organized to raise
awareness on children’s rights. Besides the general public, the media, government and donors, over 3,000 children mainly from vulnerable groups attended the festival.

The collaboration set up by UNICEF with NGOs including women living with HIV and drug using women, and the continuing partnership with WHO, UNODC and UNAIDS and the Government counterparts has created a foundation for the development of models of integrated services seeking to provide out-reach for pregnant drug using women. UNICEF will share responsibilities, resources and competencies with the Clinton Foundation, HIV Alliance Ukraine, and All-Ukrainian Network PLHA.

In 2010 UNICEF jointly with WHO created an alliance with the World Bank on GAVI Trust Fund, and with the Swiss Development Cooperation to improve the capacity of medical workers related to Adverse Event Following Immunisation (AEFI). The MoH received a roadmap with steps to be taken to create a better immunisation safety system.

**3.1.2.4 Knowledge Management:**

The UNICEF-funded Study on Child Poverty and Disparities conducted an in-depth analysis of different child poverty dimensions and generated policy recommendations for more effective child poverty reduction. This study contributed to the recognition in 2010 of the importance of monitoring child poverty rate which was accepted for the first time as a national MDG indicator. According to the policy recommendations of the study, draft laws were submitted to increase social benefits to families with children, including a substantial increase of the child birth grant.

Assessments of the existing knowledge of primary health care workers prior to IMCI training have shown that primary health care workers know only 20 percent of what is expected. This reflects the absence of a systematic human resource development programme (in-service training) within the health service system. An effective solution could be e-learning, as computers and internet are widely available in Ukraine, and e-learning could be easily provided with low costs. The user-friendly IMCI computerized training tool ICATT was successfully tested and used to train previously non-computer literate village nurses. The MoH is now requesting UNICEF assistance in standardizing and introducing e-learning (IMCI ICATT, HIV IMCI ICATT) on a national scale.

An assessment of the AEFI surveillance and response system was conducted. It revealed that immunisation services have a weak capacity to ensure immunisation safety and efficacy. Moreover, medical workers’ knowledge and ability to communicate about immunisation safety issues both at the national and regional levels is limited. The data was used to provide detailed recommendations on how to improve the Ukrainian system of AEFI surveillance and response.

The Youth Policy review has identified gaps in human-rights based approaches in the existing Government Youth Policy. It produced recommendations and direction in strengthening support to the government on young people’s issues and improving the coherence and strengthening the coordination of UN Programmes. The findings of the Youth Policy Review were included in the State Report on Youth 2010 and presented to the President of Ukraine, Cabinet of Ministers and Parliament in December 2010. The findings were also shared at the Parliamentarian Hearings on Youth in November 2010.

**3.1.2.5 C4D Communication for Development:**

C4D had a special focus on health communication, especially addressing the prevailing lack of trust among parents in the benefits of child immunisation and confusion about simple prevention measures against influenza.

**Public Awareness:** With the purpose of restoring trust in immunisation and raise awareness about influenza prevention among the general public, significant investment
was made in mass campaigns with outdoor advertisement, wide distribution of materials, TV/radio appearances, off-the-record briefings for editors/journalists, and web-based outreach. Both campaigns on immunisation and influenza prevention had national coverage, with about 75 percent of all Ukrainian citizens seeing the advertisements. The outcome assessment shows that about 76 percent of those who saw campaign products said it influenced them, of which 85 percent were positively affected. In Kiev which has a population of over 5 million, 64 percent were against immunisation in 2008 and only 24 percent in 2010.

**Health Professionals Capacity Development:** Technical knowledge and communication skills were built among medical professionals. Over 2,370 frontline health workers gained skills on how to communicate the value of immunization. According to the training evaluation, almost all of the trainees gained knowledge and 92 percent improved their subsequent work with the media.

Discussions and awareness-raising trainings with religious and civil society leaders contributed to their adopting a better-informed position on immunisation. Workshops and off-the-record briefings for journalists improved their knowledge about immunisation and created a pool of pro-vaccination and informed professional communicators.

**Partnership Building:** Alliances were built with government officials, private sector, donors and international organizations to restore public trust in immunisation and prevent influenza. Together with the WHO, WB, SDC and other international players, coordinated advocacy helped the MoH to more effectively address the vaccination challenges. Partnering with the Association of Outdoor Advertising and top advertisement agencies ensured up-to-date context of the campaigns and coverage of the whole country.

An informational campaign was undertaken to eradicate stigma and discrimination of HIV-positive children in the education system. It targeted teachers and school/kindergarten medical workers in the 10 regions most affected by HIV. A total of 1,200 professionals and 300 parents, caregivers and social workers were trained and 6 press-conferences conducted. Analysis of the participants’ responses before and after the campaigns shows positive changes in attitudes.

**3.1.3 Normative Principles**

**3.1.3.1 Human Rights Based Approach to Cooperation:**

UNICEF conveyed its Key Human Rights related concerns to the UN CRC Committee during the Pre-session Working Group Meeting in June 2010, and also to the Government.

A major Human Rights concern is the segregation of children born to HIV-positive mothers and children with HIV-positive status in infant homes and child institutions. An analysis was made in early 2010 bringing policy recommendations, such as promotion of family type custodian care, with institutionalisation as a last resort, and ensuring full access to education services for those children. To fight stigma/discrimination of HIV-positive children in the education system, an information campaign targeting pedagogues/medical personnel in schools/kindergartens was conducted in ten regions. Prevention of abandonment of HIV-positive children and their deinstitutionalization was supported though trainings of parents/guardians and social workers in these regions. The above concern was also addressed within the List of Issues addressed by the UN CRC committee. Further advocacy is necessary and will help to ensure Government’s commitment to providing concrete solutions.

UNICEF has requested the Government of Ukraine to take strong action against harmful practices toward children incarcerated in detention facilities, as these violate the UNCRC
and other international human rights conventions. A high level mission to Ukraine by Mr. Robert Badinter, Human Rights Advocate and Ex-Minister of Justice of France, facilitated by UNICEF CEE/CIS RO, Ukraine CO and UNICEF France, observed existing conditions and urged stronger actions to prevent the negative impact of lengthy pre-trial detention of juveniles, who are commonly housed together with adult offenders, and the poor conditions in custodial institutions especially pertaining to disciplinary incarceration. As a result, the State Department for Penal Implementation issued a statement to improve conditions during disciplinary incarceration. It also requested all pre-trial/trial detention facilities not to mix juveniles with adults during pre-trial/trial detention. However, further follow up is needed to fill the gaps in legislation which still permits mixing of juveniles with adults in certain instances (such as to prevent violence between detained juveniles).

3.1.3.2 Gender Equality and Mainstreaming:

The most-at-risk adolescent (MARA) programming is based on gender disaggregated data and is informed by the evidence gathered on the difference in vulnerability between girls and boys related to HIV.

In the five UNICEF supported MARA HIV prevention and intervention models these gender differences were carefully taken into account. Policy makers, researchers and service providers were trained in gender-related aspects of the work with MARA. The interactive training was designed to use practical experience in working with MARA to increase the understanding of the specific needs of MARA boys and girls and how best to address those at the policy and service level. The training contributed to appropriate decision making by the Community Advisory Boards which act as advisory boards for MARA research and strategic MARA action plans in the regions. The Community Advisory Board in Mykolaiv, for instance, decided to pilot a gender-specific intervention targeting adolescent female sex workers in 2009-2010. The target group had been identified as an especially vulnerable and high risk group in Mykolaiv and in need of special attention. In other cities, such as Donetsk, gender-specific needs were taken into consideration during service delivery by ensuring that the peer outreach teams consisted of male and female workers.

At the national level, a consensus was established in the National Monitoring & Evaluation Working Group on HIV/AIDS that all national data are to be systematically disaggregated by age (including for those under 18) and sex in future biological and behavioural surveillance studies.

Since 2008 UNICEF has specifically promoted gender sensitive parenting education by supporting the establishment of Papa-Schools, which include training on gender equality, and in 2010 continued to expand this support from originally a couple of western oblasts to additional oblasts in the Chernobyl-affected areas. Currently, Ukraine has 30 Papa-Schools operating in 10 different oblasts. The initiative resulted in the increase of attendance at child birth by partners, and more awareness among fathers about young child care.

3.2 Programme Components:

Title: Advocacy, information and social policy

Purpose:
All children of Ukraine are empowered and enjoy their rights through the development and adoption of policies, standards, and norms, high level of awareness among child rights duty-bearers and establishment of a transparent and efficient monitoring system for child rights.
According to the RWP 2010-2011, by the end of 2011:

- Evidence-based policies to improve the situation of children are developed and adopted
- Effective mechanism implemented for monitoring child rights on the national and local levels including availability and use of disaggregated data
- Awareness raised on child rights in Ukraine through web-based and media outreach and partnerships in the best interests of children are developed with media, civil society, private sector and other stakeholders
- Public knowledge and communication capacity for preventive health are improved.

**Resources Used:**

Total approved for 2010 as per CPD: USD 327,000 (OR ceiling); Total: USD **512,918**

Total available for 2010 from all sources: RR: USD 169,076; OR: USD 823,945; Total: USD **993,021**

Any special allocations (list): No


**Result Achieved:**

The UNICEF-funded Study on Child Poverty and Disparities conducted an in-depth analysis of its different dimensions and generated policy recommendations to more effectively reduce child poverty. The study contributed greatly to the recognition that child poverty needs to be addressed; in 2010 the child poverty rate for the first time became a national MDG indicator.

Results achieved in restoring public trust in immunization and influenza prevention contributed to building an informed opinion among the public and opinion-makers on the importance of protection from infectious diseases. It also contributed to improved knowledge about immunization and communication skills among health workers to communicate more effectively about the value of immunization.

The lasting effects of the economic crisis continued to pose a risk to social and human development investments. A huge budget deficit resulted in insufficient allocation of resources to policies and programmes for children.

The December 2010 public administration reform resulted in restructuring of key functions within the government dealing with child rights protection and gender policy issues. While rationalization of the heavy public administration system is necessary, continuous advocacy is required to ensure that child rights issues are a priority for the Government.

Recommendations of the legal study on inconsistencies between national legislation and UN CRC OPSC, completed in 2009, were used in 2010 to initiate new legislation to address identified gaps.

A public survey and training assessments show that the health communication interventions were effective and have created a precedent on how to conduct a successful communication campaign on public health issues. It helped to stimulate public demand for good quality information on health issues and raised the awareness about immunisation as a lifesaving practice of 70 per cent of the population.

The assessment of the adverse events following immunisation (AEFI) surveillance and response system was conducted and gaps analysed and windows of opportunity
identified for system improvement. Recommendations on how to adjust the Ukrainian AEFI surveillance and response system to WHO standards have been developed.

In 2010, a series of assessments and analysis of the donor market and private partnership opportunities in Ukraine as well as a quick survey on UNICEF brand awareness were conducted to inform UNICEF strategy on resource mobilization and leveraging in the interests of children.

Public Hearings at the Plenary Parliamentary Session on Children’s Rights in December demonstrated a united voice for the protection of children’s rights by a wide range of partners from parliamentarians, the central government, local governments and civil society organisations. In particular, the following were emphasised: (1) a critical call to assign proper functions and responsibilities for child rights and gender policy in the ongoing public administration reform; (2) the importance of family-based care, preventing child abandonment and relinquishment; and (3) the importance of budget allocation for children.

**Future Workplan:**
The Ukraine Country Office will:

- Support a functional review of the child care system and costing of child care reform and provide inputs to the child care reform strategy.
- Advocate for increased allocation of funding to finance the NPA for children and ensure quality monitoring of its implementation.
- Advocate for adoption of the laws initiated in 2010 to harmonise Ukrainian legislation with the UN CRC OPSC.
- Refocus future policy and budget work substantively to support interventions in child care reform, HIV/AIDS and ECD, and identify and support opportunities for structural changes in other areas of vital importance for children.
- Build UNICEF image to increase credibility and promote UNICEF as best source of expertise and information about children through strengthening external and media relations.
- Advocate leveraging resources and fundraise to improve the situation for children in Ukraine through establishing new private sector/donor/civil society partnerships.
- Implement effectively C4D interventions, focusing on health-related issues – immunisation & influenza prevention (3rd wave of public campaign and advocacy with the MoH to implement recommendations of the AEFI assessment) and mother & child health in Chernobyl-affected areas (campaign targeting parents and edutainment activities with young people).

**Title:** *HIV/AIDS, children and youth*

**Purpose:**
To put young children and adolescents at the centre of the HIV/AIDS agenda and to build the capacity of state and non-state actors to halt and begin to reverse the spread of HIV/AIDS among children

According to the RWP 2010 -2011, by the end of 2011:
• Coverage of the PMTCT programme expanded to vulnerable groups of women through the introduction of a comprehensive services model
• PMTCT programme improved through the introduction of HIVQUAL system, including an updated monitoring & evaluation system and institutionalization of education in the area of PMTCT
• Increased capacity of care providers of HIV-positive children in antiretroviral (ARV) treatment and care practices through technical support to the new National Training Centre on Paediatric AIDS and introduction of Dry Blood Spot (DBS) technology for early HIV diagnostics among newborns
• Care and support services for children and families affected by HIV/AIDS strengthened through capacity building of the care providers working in the state day-care centres and development of methodological, education and information materials
• Strengthened quality assurance system of services in youth friendly clinics (YFCs) through revision and optimization of the assessment tools and evaluation standards
• Inclusion of Most at Risk Adolescents (MARA) as a group in the country HIV response by integrating MARA-related interventions in the existing projects and policies on the most at risk populations groups. A scaling up plan on MARA and HIV interventions is produced.
• Health education supported by data on health behaviour and substance abuse among school-aged children.

Resources Used:
Total approved for 2010 as per CPD: USD212,500 (OR ceiling); Total: USD 354,108
Total available for 2010 from all sources: RR: USD104,003; OR: USD987,506; Total: USD1,091,509
Any special allocations (list): No
List of donors: Irish Aid, Norwegian National Committee, German National Committee, UK National Committee, EC/ICRIN, Global HIV/AIDS Thematic Funding, Austrian National Committee

Result Achieved:
Governmental capacity to provide quality monitoring and evaluation of the PMTCT programme improved through the updated M&E system, and education on PMTCT was institutionalised through its inclusion in the curricula of all medical education institutions.

Capacity of health and social workers to provide quality treatment and support for children with HIV/AIDS was strengthened. UNICEF supported the Government in the establishment of a National Training Centre on Paediatric AIDS and providing training on ART and adherence to treatment, care and support for children living with HIV.

The quality assurance system for the Youth Friendly Clinics (YFC) was sustained by provision of assessment tools and operationalization of the techniques. The network of YFCs extended to the Chernobyl-affected areas where five new clinics opened to provide HIV counselling services to 10,000 adolescents per year in each YFC.

UNICEF supported six demonstration projects, which used different approaches to MARA. Three of these were implemented primarily by NGOs: (i) providing targeted outreach services on the street (counselling and referral) to reach adolescents who are selling sex; (ii) making rehabilitation centres for drug users; and (iii) providing a safe house for adolescent girls exploited for sex. Local authorities took the lead in three other areas to: (i) improve the capacity of clinics treating STIs and AIDS centres to respond appropriately to MARA; (ii) provide outreach services for street-based adolescents and
making drop-in centres for drug users; and (iii) strengthen referral systems. All six models promoted collaboration between the government and NGOs. The M&E frameworks in place helped to track changes and produce evidence, which was documented.

MARA issues are complex, overlapping a variety of social services, such as social protection, health care, juvenile justice, etc. The multiplicity of actors/sectors and mobility of MARA pose significant challenges to implementation of effective programme interventions. Recent evidence from the projects proves that effective intervention requires more comprehensive understanding of MARA vulnerability, and documentation of evidence based information about approaches to MARA issues. Out-reach provision of comprehensive services specifically tailored for MARA is required, which goes beyond merely preventive services for HIV infection.

PMTCT, care and treatment for HIV-positive children programmes were highly dependent on GFATM funding before 2009. The Government has taken over procurement of essential commodities but some shortages have occurred that need to be addressed. National level advocacy is critical to ensure financial sustainability and maintaining the good results achieved in PMTCT and Paediatric AIDS. Child-sensitive social protection is a key intervention to reach children affected by AIDS.

The health behaviour and substance abuse (HBSC) study provided data on HSBC trends among school-age children. The data will be used to strengthen HIV education based on the life-skills education being provided in the education and social sectors. A set of studies on MARA documented the lessons learned on targeted HIV prevention interventions and provided data, analysis and recommendations for further development and scaling up.

The survey of the existing Knowledge, Attitudes and Practices (KAP) with regard to “Care of HIV-positive Children” analysed the policies and practices that ensure the rights of children living with HIV. The findings of the survey confirmed the lack of knowledge and skills among care providers, as well as insufficient funding of the existing provisions. It also highlighted the problem of stigma of HIV-positive children.

UNICEF is an active member of the UN Theme Group (UNTG) and Joint UN Team on HIV/AIDS which provides for effective interagency collaboration with key partners and stakeholders.

Collaboration with the International HIV/AIDS Alliance and the All Ukrainian Network of People Living with HIV/AIDS, the two Principal Recipients of the 6th Round GFATM funds was possible with UNICEF being a member of their working groups and steering committee, which helped it to leverage available resources for projects aimed at protecting children and youth from HIV.

**Future Workplan:**
To intensify the focused intervention for the most excluded and marginalised children and youth, UNICEF will prioritise advocacy and effective knowledge management on MARA in order to provide the evidence-based arguments and instruments necessary for development of effective intervention models and M&E systems. In close partnership
with UN agencies, NGOs and other donor organisations, UNICEF will develop innovative outreach models for PMTCT, integrated care and service provision for young drug using pregnant women at highest risk of HIV and their infants. If successful, these models could be scaled up nationwide.

**Title: Child protection**

**Purpose:**
To put national policy mechanisms in place in support of vulnerable children, protect children from violence and abuse, deinstitutionalize children while providing a protective environment for those in state care and transform the system towards family-based care, and to develop a restorative juvenile justice system.

According to the RWP 2010 -2011, by the end of 2011:
- Legislation and policies protecting children from violence and abuse are supported by instruments and tools consistent with international standards.
- Improved system of juvenile justice, including legal provisions, specialized structures and services, all consistent with international standards in place.
- Reform of institutional care and transformation towards family-based care to support vulnerable children, including HIV-positive children and those affected by HIV/AIDS in place.
- Increased access to social inclusion services and individual care plans for children in state institutions, HIV-positive children and children affected by HIV/AIDS.

**Resources Used:**
Total approved for 2010 as per CPD: 391,500 (OR ceiling); Total: **603,947**
Total available for 2010 from all sources: RR 150,935; OR 479,950; Total: **630,885**
Any special allocations (list): No
List of donors: EU, UK National Committee, British Airways, Thematic Funding for Child Protection

**Result Achieved:**
Gaps in the existing regulations addressing violence against children/domestic violence (VAC/DV) were analysed and corrective proposals developed on prevention and referral under an EU-funded project. Amendments to the Law ‘On Family Violence Prevention’ were developed and provided to the Government for submission to the Parliament.

To improve detection and referral of VAC/DV cases, support to introduction of education programmes continued from 2009. Training courses have been institutionalised in two universities and manuals and legislation analysis have been widely distributed to judges and prosecutors.

In cooperation with the NGO Women’s Consortium of Ukraine, advocacy for reforming the ‘justice for children’ system was supported though the mission of a UN Judge. The Judge’s recommendations on handling of child victims and witnesses of crime were taken into account in the draft law ‘On Introduction of Changes to the Code of Criminal Procedure (on the procedure of interrogation of underage victims and witnesses)’.

Within a joint EU–UNICEF project for ‘Development of gate-keeping policies and systems for orphaned and other vulnerable children’, social workers have gained skills on case management of children at risk of being deprived of parental care. Methodologies for individual assessment were tested and finalised for national standards. It resulted in a systematic assessment of children and vulnerable families, preventing unnecessary institutionalisation of children. National standards were developed for early prevention of infant abandonment services in mother support centres and maternity/antenatal wards.
Those actions were followed by policy reviews with the aim to develop a comprehensive child care reform strategy, which will be further refined in 2011 with systematic analysis of child care service functions and public finance management.

A strategy was developed to address stigma and social discrimination of HIV-positive children living both in families and institutions. To fight stigma/discrimination of HIV-positive children in the education system, an information campaign targeting pedagogues/medical personnel in schools/kindergartens was conducted in ten regions. Prevention of abandonment of HIV-positive children and their deinstitutionalization was supported through trainings of parents/guardians and social workers in these regions.

Further consensus building and clarity on child care reform among the different line ministries is necessary to ensure a coordinated approach to developing childcare options as a preferred alternative to institutionalisation of children.

An assessment measuring the extent of sale of children, child prostitution and child pornography has been underway since 2009 and is being carried out by the Centre for Social Expertise of the Institute of Sociology. An analysis of gender aspects of the gathered data and the responses obtained by the study was conducted. While the final report will be available in February 2011, its tentative findings have already had an impact on the government, which has established a working group to look into risks of sexual exploitation of children during the 2012 European soccer championship in Ukraine.

An effective partnership with an NGO coalition and the MoFYS had a positive impact on reversing an unfavourable Government decision to increase the number of children in institutions.

With the support of UNICEF CEE/CIS Regional Office, the engagement of two international child rights advocates helped to improve conditions for juveniles in pre-trial/trial detention facilities. UNICEF has requested the Government eliminate the harmful practices for children in the detention facilities violating the UNCRC and other international human rights conventions. As a response, the State Department for Penal

**Future Workplan:**
Policy advocacy will be accorded high priority in the context of the Ukrainian Chairmanship of the Council of Europe in 2011 and the Ukrainian Government’s plans to hold an international conference on elimination of all forms of violence against children.

In 2011, the development of a National Strategy on Child Care Reform to accelerate the prevention of child abandonment and relinquishment, and enhancement of family-based care for socially vulnerable children will be further pursued with evidence-based systemic analysis on Governmental social service functions and public finance analysis of child care models.

**Title:** *Child health and development*

**Purpose:**
To ensure that children and mothers have equitable access to quality MCH services, are protected from micronutrient malnutrition, and grow up in a supportive family and community environment, which stimulates their mental and physical development.

According to the RWP 2010-2011, by the end of 2011:
• 50% of households consume Iodised Salt
• 100 new MCH care institutions are compliant with Expanded Baby-Friendly Hospital Initiative requirements (50 of them in Chernobyl affected oblasts)
• Two Family Centres are established in Rivne oblast
• Papa-Schools are established in Rivne and Chernigiv oblasts
• IMCI is introduced in Chernobyl affected areas.

Resources Used:
Total approved for 2010 as per CPD: 135,000 (OR ceiling); Total: 312,027
Total available for 2010 from all sources: RR 136,686; OR 747,510; Total: 884,196
Any special allocations (list): No
List of donors: European Commission, Spain National Committee, German National Committee, Bill and Melinda Gates Foundation, USAID

Result Achieved:
Local Iodine Deficiency Disorders (IDD) prevention programmes were established in six Chernobyl-affected oblasts. In Chernigiv oblast, sale of iodised salt increased threefold from 8 tons to 24 tons per month, which provides 2.5 grams per person per day, but still does not reach the WHO recommended 5 grams.

A total of 80 new MCH institutions are compliant with the Expanded Baby Friendly Hospital Initiative criteria and 20 of them in are Chernobyl affected areas.

Two Family Centres were established in the rayons most affected by the Chernobyl accident, namely Sarny and Rokytne, located in Rivne oblast. At the moment these centres are providing comprehensive basic services for 700 rural families with children.

Two oblast public organisations i.e., ‘Tato-Club.RV’ in Rivne oblast, and ‘Centre for Family Development’ in Chernigov oblast were established to run Papa-Schools activities in these oblasts. The All Ukrainian Papa-School Network website was developed and is operating (www.papa-ua.net). The English version of this website was expected to be produced by the end of 2010.

IMCI piloting has started in selected rayons of Zhytomir, Ivano-Frankivsk and Donetsk oblasts. In Donetsk UNICEF supported the introduction of the HIV module, which recently was adapted to the specifics of the CEE/CIS region. The use of this module is especially significant as it provides peripheral health workers knowledge on how to treat and support HIV affected families and children, also benefitting those who live in more remote areas.

A constraint in IDD elimination is the lack of adequate support for passing a law on universal salt iodisation. Accordingly, alternatives to the above approach are being employed such as demand creation and making iodised salt widely available.

The introduction of IMCI has highlighted the challenges for nationwide scale up. While IMCI has been effectively introduced in certain rayons, it requires the engagement prior to national implementation of the concerned oblast governments for effective advocacy. In addition, cost analysis of the IMCI approach to demonstrate the affordability and the health benefits achieved for children is required to bring the full commitment of the national and oblast governments.

The three-year Ivano-Frankivsk project on improvement of young child health and development through parent education was evaluated by an external consultant and a local research institute. As a result of the project, among children (birth-6 years of age) anaemia decreased by 20 percent, diffusive goitre by 12 percent, traumas by 5 percent,
and proportion of partner attended maternal labour (during delivery) reached 80 percent. The findings and recommendations of the evaluation will be presented to Ivano-Frankivsk oblast state administration and relevant ministries.

A new strategic partnership was established with the Ministry of Emergencies (MoE). UNICEF is member of the MoE organising committee for preparation of the forthcoming 2011 International Conference devoted to the 25th anniversary of the Chernobyl accident. It is expected that the conference will be given high political commitment by the Government and international partners, with the participation of the UN Secretary General and the Presidents of Russia, Ukraine and Belarus.

UNICEF has played a catalytic role to strengthen the coordination among international agencies (WHO, UNFPA, SDC and USAID) on MCH matters. This was further intensified to coordinate the technical support to the Presidential Initiative on the Prenatal Care Centre Project, whereby agencies agreed to join resources to introduce Peri-natal Care Quality Assessment, which complements the Government’s infrastructure initiative.

**Future Workplan:**

Agreement is reached with the Swiss Agency for Development and Cooperation (SDC) to engage in joint planning for an MCH promotion programme in 2011. Based on each agency’s engagement in MCH promotion activities, a joint strategy and action plan for MCH Communication for Development will be developed to synergise the two agencies’ efforts for more effective outcomes. It may lead to a positive fund-raising opportunity for UNICEF.

As 2011 is a transition year to the new Country Programme 2012-2016, several studies will be conducted to establish baselines.

**Title:**

**Cross-sectoral costs**

**Focus Area:**

Cross-sectoral

**Purpose:**

Cross-sectoral costs aim to provide strategic support functions for the overall implementation of the Country Programme. They provide for human resource costs, office communication and administrative costs, as well as costs incurred for cross-cutting strategic programme engagements. The Ukraine Country Office operates in an environment where national staff salaries, commercially available support services, and commercial rent of premises are relatively high and the Support Budget is insufficient to cover all necessary costs associated with the running of the Country Office (CO). A substantial portion of the Cross-Sectoral programme funds therefore is used to supplement the above and for effective implementation of the Country Programme.

The usage of cross-sectoral costs in 2010 fully met the budget plan made at the beginning of the year during the preparation of the Annual Management Plan.

In addition to the administrative support functions and human resource costs, cross-sectoral resources were utilized for key operations such as internal management review, strategic programme review and conducting of the CPMP exercise, which helped the CO
to better assess and target its capability and potential towards the design of a new Country Programme (CP).

**Resources Used:**
The details of the resource utilization are as follows:

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Allocation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Resources</td>
<td>US$387,778.50</td>
<td></td>
</tr>
<tr>
<td>Other Resources</td>
<td>US$142,056.10</td>
<td></td>
</tr>
<tr>
<td>Total Allocation</td>
<td>US$529,834.60</td>
<td></td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human resource</td>
<td>US$142,859.93</td>
<td>26.96%</td>
</tr>
<tr>
<td>Admin support and communication</td>
<td>US$294,352.01</td>
<td>55.56%</td>
</tr>
<tr>
<td>Programme related</td>
<td>US$2,622.66</td>
<td>17.48%</td>
</tr>
</tbody>
</table>

**Result Achieved:**
The CO successfully completed the Country Programme’s implementation in 2010, with the total utilization rate of the budget at 98%. The Support function of Cross-Sectoral Programme was vital to ensure effective human resource management, administration, and communication functions in the Country Office.

The following reviews and exercise were successfully completed:
- Overall strategic review of development priorities and UNICEF strategic engagement in Ukraine
- Strategic Programme Review in Social Policy, Child Protection and Early Childhood Development
- Internal Management Review with team-building exercise
- Internal Management Review with CPMP Exercise.

**Future Workplan:**
The future plan is to review the savings in administrative transaction costs, better negotiation and planning with donors to justify additional donor support through ‘Other Resources’ for human resource and support functions, and effective utilization of resources for cross-cutting strategic engagement such as country programme evaluation, MICS, and CPAP finalization in 2011.

### 4. OPERATIONS & MANAGEMENT

#### 4.1 Governance & Systems

##### 4.1.1 Governance Structure:

2010 was a challenging year for the Country Office to ensure the management of multiple tasks including programme strategic reviews, and UNDAF, CPD/CPMP planning exercise.

The Country Programme (CP) objectives and priorities were reviewed and reflected in the Annual Management Plan. During regular CMT, Programme/Operations Meetings, and Weekly Management Meetings, progress of the plan and performance of assigned functions were reviewed and corrective actions were taken.
The major focus of the CMT in 2010 was on improving operations and programme management performance with better coordination. The CMT minutes were shared with all staff on a regular basis. The CMT continued regular monitoring of Regional and Office management indicators.

In addition to the CMT, and complementing its functions, the following exercises were undertaken in 2010: (1) Annual Management Review 2009 and Planning 2010 (January/February); (2) internal management review and team building exercise (from end May to early July); (3) review of work process (August/September); (4) CPMP exercise (November/December); and (5) Risk Control and Self Assessment Exercise (December). These exercises aimed at enhancing the CO governance, improving internal communications within the office team, effective development of the new CP as well as preparedness for IPSAS and Vision implementation.

Throughout the year, In-House Committees actively met their obligations. In early 2010, two new committees namely, the Central Review Body (CRB) and the Project Cooperation Agreement Review Committee (PCARC) were established in accordance with UNICEF’s new procedural requirements. Both committees worked successfully in compliance with their assigned roles. Two Committees viz., the Appointment and Promotion Committee and the Selection Advisory Panel were discontinued in accordance with the Central Review Body’s instruction.

The new Operations Manager joined the CO in March 2010 and this change was accomplished without affecting the CO performance in any way.

The Local Staff Association (LSA) felt overstretched due to the departure of its chairperson in the mid-2010. A new chairperson and LSA Executive Committee members were elected by end 2010 to renew the LSA’s functions.

4.1.2 Strategic Risk Management:
A structured approach to risk management was introduced at the end of 2010. The CO conducted a Risk Control Self-Assessment Exercise in November – December 2010 which contributed to the finalisation of a Risk Profile and Risk and Control Library, with the support of the RO. Eighty-three indicative risks, covering 4 risk categories, were assessed by all staff in accordance with the recommended risk rating practices, and in terms of the likelihood and impact of the risk on the achievement of CP results. The ratings were discussed at a plenary staff meeting, including the differences in the perception of risk by office managers, programme staff and operations staff.

A total of 12 risk areas were identified as significant enough to warrant self-assessment and regular management attention during 2011. Some of the areas, such as Programme Strategy, Programme Management, Preparedness, Funding, UN Coherence and Performance Management, included several risks, in which case the most significant was chosen for assessment, with the rest categorized as underlying causes.

Prior to the development of the Risk Profile and Risk and Control Library, the opportunities and potential risks in the policy environment, programme strategies and implementation, operations management/controls, were often reviewed at the Weekly Management Meetings and Risk Control was managed by the CO management. With the
newly introduced structured approach, risk management controls/responses will be further pursued in a systematic way by the office management in 2011.

The CO has been regularly updating its Emergency Preparedness plan, with the timely submission of the respective online reporting as of June 30, 2010. The security focal point has been regularly reviewing and updating the Business Continuity Plan. In order to raise staff awareness of actions under emergency, within the established risk management process, the CO is planning to conduct staff training in 2011, coordinated by the security focal point, with the participation of UNDSS.

4.1.3 Evaluation:
Each year the office develops an IMEP, which is reviewed during mid-year and end-year programme reviews. There is also an IMEP, which covers the entire Country Programme cycle (2006-2011) and was revised during the 2009 MTR exercise. The IMEPs follow the organisational guidance to have fewer, but quality evaluations and studies. They are based on results based management principles and aim to ensure the availability of necessary baselines and measure if expected key results have been achieved.

As a rule, when conducting evaluations and even assessments by international consultants, the CO tries to couple them with national institutions to build national capacity and to enhance the findings by eliciting both external and internal views. Utmost care is taken to ensure that the consultants are independent and have had no involvement in the implementation of the programmes/projects they evaluate.

There is some internal capacity to conduct quality evaluations which is being used as needed. However, the limited availability of high calibre evaluators often makes them unavailable. This commonly leads to delays in implementation and reporting.

In 2010 the CO commissioned a series of external assessments of key programme components in preparation and planning of the new CP 2012-2016. The following CP components were evaluated: overall UNICEF strategic engagement in the country, Health Sector Reform, Social Policy, Child Protection, ECD, HIV/AIDS (particularly MARA) programming. Invaluable recommendations for the next programme cycle were made by the external consultants based on their findings and these have been taken into consideration in the design of the new CP 2012-2016.

4.1.4 Information Technology and Communication:
In order to ensure the sustainable functioning of the office and promote used of technology for collaboration and programme results, the following upgrades were performed:
- ProMS software to version 9.1 to improve server stability and security measures.
- Briefing Book software to version 570.
- UNICEF security patches were applied using APD software.
- SAV definitions updates regularly.

Citrix remote access to office applications was supported as a part of the BCP.

Office computers hardware was replaced with UNICEF standards within the office preparation for Windows 7 rollout.
Office staff widely used UNICEF e-learning training opportunities for training activities which reduces office expenses for staff knowledge improvement, training and certification.

VoIP services widely used in the office for UNICEF and long distance calls, allowing reduction of communication expenses by 35-40%.

Polycom HDX 7001 video conferencing hardware device was implemented. This provides office with significant reduction of communication expenses since this service is using Internet connection, allows having a wide range of video conferencing using Geneva MCU. It provides an economical access to common UN video-conferencing resources.

The Office uses local ISP Internet connection with IPSec supported by Geneva RO for e-mail and ProMS replication. Office Internet connection speed was upgraded to 10 Mb/sec. This ensures stable office data transfer according to new requirements and preparation for changes in UNICEF IT environment. This also provides stable remote access to office infrastructure.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:
In 2010, 17 donor reports were submitted, of which one was delayed due to a technical problem, giving a timely submission rate of 94%.

The CO raised USD787,328 as OR which amounted to 88.06% of the OR ceiling for the current CP cycle.

PBA utilization levels are regularly monitored during CMT meetings and Programme Meetings. The mid-year and end-year programme reviews analyze the overall trend of PBA utilization to find solutions to any problems related to fund utilization. The financial focal point prepares the financial overview on a monthly basis to review the requisitions and expenditures for each PBA. As a result, PBAs were optimally utilized and no extensions were required in 2010.

The CO undertook an assessment of donor government profiles and their strategies for Ukraine, national committee funding trends, and the opportunities for private sector partnership. The findings of the assessment led to the formulation of the Resource Mobilisation and Leverage Strategy for the CO.

4.2.2 Management of Financial and Other Assets:
The CO has been guided by the standard control mechanisms to maintain a high level of performance and fulfilment of activities in line with the organizational mandate and objectives.

The Office has been actively applying the results-based programme planning and management approach ensuring that the available financial, HR and administrative resources meet the results planned in the Annual Management Plan. The budget has been regularly monitored through PROMS and various kinds of related reports. Regular
monitoring visits were performed, which revealed no violations and confirmed the effective utilization of resources.

In 2010, a new PCA development policy was adopted, allowing UNICEF and partnering organizations to effectively agree on financial, knowledge-based and material inputs for the assisted projects, which in turn ensured successful compliance with the MTSP. Starting from April 2010, all the agreements were developed in the new format, with regular monitoring, DCT report verification and preferable reimbursement practice based on the delivery of the expected qualitative results. Throughout the year, the office had no outstanding DCTs exceeding 9 months.

It has not been possible to provide direct cash transfers (DCTs) to relevant Ministries in Ukraine, due to some administrative handicaps/limitations/barriers/impediments in governmental structures. The office has enhanced the cash forecasting practice, on a monthly and quarterly basis, giving the managers an opportunity to additionally revise and adjust the payment plans.

Effective monitoring and resource stewardship have resulted in the CO’s successful performance with regard to financial management indicators:

- 92.26% of regular resources spent in 2010
- All PBAs were used within the original PBA lifecycle.

The Office has started ensuring a comprehensive preparedness for IPSAS. In 2010, all finance-related staff passed the compulsory 7-module training.

### 4.2.3 Supply:

Supply Procurement was planned early in 2010 according to organizational requirements and management indicators. The total 2010 supply expenditure constituted **USD764,636**, which was considerably less than previous years due to reduced procurement. This change is indicative of UNICEF’s Ukraine’s operations evolving into a new organizational model, moving away from a supply-driven to a more advocacy-oriented and upstream policy-supporting role.

The Office has started the new methodology of Category Management, which has allowed classifying supply into value-adding and non-value-adding (support functions). Such an approach gives the CO more opportunity to strategize supply related programme interventions.

In 2010, the value-adding supplies comprised:

(i) printing and publicity materials: (58%),
(ii) medical supplies: (25%).

The rest 17% constituted non-value-adding supply.

The above analysis confirms that supply interventions in Ukraine are largely related to communication activities, while the supply component related to programmes and service delivery is not significant.

In 2010, as in previous years, supplies were mostly procured locally. The reasons for local procurement are as follows:
- more cost and time effectiveness due to significant savings in customs clearance procedures and freight;
- well developed and varied market in Ukraine, with most brands well represented by local suppliers/representative offices of international companies;
- lower local prices for IT, audio-video equipment, furniture, education supplies, vehicles etcetera compared to the prices quoted in Direct Ordering Price List;
- local products/products of foreign manufacturers offered by Ukrainian distributors are more adjusted to existing Ukrainian service conditions and physical environment. They are offered at competitive prices with good terms and timing of delivery facilitating programme implementation.
- locally procured supplies are usually delivered directly to end-users (99% of cases) offering an opportunity to save human resources and costs of warehouse management.

A total of USD 14,460 (2% of local procurement) was undertaken through the Supply Division Copenhagen LTAs (Direct Orders). Consisting of office and IT equipment, this external supply component experienced no significant delays in delivery.

**4.3 Human Resource Capacity:**

A major challenge in human resource management is a high turnover of GS staff. Qualified young professionals tend to seek better opportunities after a few years of GS assignments in UNICEF. From late 2009 to 2010, 5 GS recruitments were completed (including one upgrade.)

Another challenge is that the CO lacks a realistic fiscal basis to engage international staff on OR posts due to limited potential for mobilizing OR. This is illustrated by the fact that even though key priority areas require strategic engagement of senior staff, two L4 positions (HIV and Child Protection) remained vacant throughout 2010, and worse, no funding scope exists for making their recruitment possible in 2011.

On the other hand, Ukraine offers a solid and competitive basis to locally recruit qualified National Professionals: NOC OPS manager and NOB C4D officer were successfully recruited in 2010. The gap in the Child Protection section from the absence of L4 specialist was filled by the recruitment of 2 NOB officers on Temporary Assignment (assigned to a particular OR funded project as per the donor’s requirement).

The CO management encouraged active performance discussions between the supervisor and supervisees. Teambuilding exercise also reflected the improvement of the supervisor-supervisee relations. In all, 61% of 2009 PERs were completed by end February 2010.

The Peer Support Volunteer function is strengthened with 2 additional Peer Support Volunteers elected in 2010.

The Local Training Committee actively pursued Staff Learning, which ensured the completion of 77% of the training plan. Based on the 2009 training implementation review, efforts were made to improve the self-learning opportunities (such as e-learning), and a Monthly Learning Day in the office was introduced in 2010. The CO will seek out more effective ways to foster self-learning opportunities.

**4.4 Other Issues**
4.4.1 Management Areas Requiring Improvement:

Given the decrease in the allotment of regular and other resources and the global trend in UNICEF to ensure administrative cost reduction, the CO focused in 2010 on the development and expansion of cost savings policy resulting in the following:

- ensuring more effective use of UNICEF staff’s time and economizing on transaction costs by participating in common UN tenders or using their previously selected valid providers for various administrative and programmatic purposes;
- reducing travel costs through more efficient and frequent e-learning opportunities for professional and personal development;
- decreasing communication costs using VoIP services and Polycom video conferencing facilities.

4.4.2 Changes in AMP:

The 2011 AMP envisages improvement in the CO management in the following areas:

- The Office Governance will be improved by streamlining the functions between CMT, Weekly Management Meeting (WMM) and Programme/Operations Meetings. Monthly implementation monitoring will be shifted from Programme Meeting to WMM, while Programme Meeting will focus on the development of CPAP.
- ERM will be strengthened by a systematic follow up of the Risk Assessment and Risk Control Review.
- Preparedness for the introduction of IPSAS/VISION will be accelerated.
- Knowledge Management will be enhanced for evaluation and baseline surveys to conclude the current Country Programme cycle.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Assessment of adverse events following immunisation surveillance and response system
2. Youth Policy Review
3. IDU initiation survey
4. HBSC in Ukraine
5. Effectiveness and influence of information campaign
6. Review of re-socialization programmes for drug addicted youth
7. Intervention research report on MARA in Mykolayv
8. Population size estimate (PSE) on MARA
9. Case Studies on HI-service delivery models for MARA
10. Evaluation of the Ivano-Frankivsk project to improve young child health and development.

5.2 List of Other Publications

1. Drug education programme for secondary schools
2. Guide on HIV service delivery for MARA (+ two booklets)
3. Five leaflets and two posters on the YFCs and healthy lifestyles
4. Advocacy report on MARA and HIV
5. Methodological Recommendations on working with A-FSWs based at the ‘Hope. Faith. Love’ NGO in Odessa
6. Brochure for parents on immunization
7. Press-kit on immunization
8. Consideration of cases of VAC in courts of Ukraine: analysis of legislation and its practical application
9. IMCI booklets, flyers, and posters
10. Recommendations of the Study on Child Poverty and Disparities in Ukraine
11. Legal Study (summary)
12. Child Poverty and Disparities in Ukraine
13. Prevention of mother-to-child transmission of HIV, diagnostics, treatment and social support for HIV-positive
14. Prevention of mother-to-child transmission of HIV, diagnostics, treatment and social support for HIV-positive
15. HIV-positive Children, Medical Treatment, Psychological and Social Support and Protection
16. BSS Leaflet on MARA
17. Information and methodological materials and analysis of legislative and regulatory base for prevention of violence against children in and outside the child’s family
18. Prevention, identification, and referral of cases of DV and VAC: training course for social work professionals, and training course for inter-departmental team of experts
19. Prevention, identification, and referral of cases of DV and VAC: training course for educators, and programme of curricula for university students in social pedagogy, social work, and practical psychology
20. Medical and social assistance to children victims of family violence
21. Prosecutor supervision over the compliance with Ukrainian legislation regarding prevention of VAC
22. Leaflet on 5 achievements and 5 constraints of the CRC implementation
23. Recommendations of the Study on Child Poverty and Disparities in Ukraine
24. Promotion leaflet on UkrDevInfo database
25. Legal Study
26. Leaflet on Child Friendly City Initiative

6. INNOVATION & LESSONS LEARNED

**Title:** Community Initiatives to Overcome Stigma Against Children with HIV

**Contact Person:** Yukie Mokuo (ymokuo@unicef.org), Andriy Haidamashko (ahaidamashko@unicef.org)

**Abstract:**

To fight stigma/discrimination against HIV-positive children in the education system, an information campaign targeting pedagogues/medical personnel in schools/kindergartens was conducted in ten regions of Ukraine. The strategy focused on the capacity and knowledge building of social service providers, and disseminating knowledge to inform the media. It targeted teachers, school/kindergarten medical workers and journalists in the 10 regions most affected by HIV. In all, 1,200 professionals and 300 parents, caregivers and social workers were trained and 6 press-conferences conducted. Analysis of the participants’ responses before and after the campaigns shows positive changes in
attitude. Policy recommendations were also developed for further follow up in order to scale up such actions and implement them on a sustained basis throughout the country.

**Innovation or Lessons Learned:**
The initiative proved that the reasons for stigma and discrimination against children with HIV are largely lack of knowledge, awareness, and understanding by the population. Social providers often lack knowledge about how to work with children with HIV and their families, and lack capacity in problem solving when they encounter problems in the community. The initiative's positive outcomes depended largely on the adoption of a multi-fold approach, addressing capacity building, coordination, media action and policy advocacy. Importantly, the initiative demonstrated the opportunities for successful intervention even while operating on a small scale. Facilitating the communication between service providers/community leaders and people living with HIV/AIDS in the process of implementing the initiative contributed greatly to improved understanding and knowledge about HIV/AIDS in communities, and greater acceptance and inclusion of people affected by or living with HIV/AIDS.

**Potential Application:**
Based on the positive outcomes resulting from the first phase of its implementation, the initiative offers potential for its wider application to achieve a broader geographical coverage. While the initiative focuses on actions ensuring direct coordination with local governments, it also underlines the importance of engaging the national government for systematic policy decisions in support of the initiative. In parallel, mobilisation of civil society organisations and the community is found to be invaluable to creating a mass movement to promote the rights of children with HIV.

**Issue/Background:**
Stigma and discrimination against HIV positive children in schools and kindergartens is a serious issue in Ukraine. Most HIV positive children find it difficult to enroll in regular schools and kindergartens, due to lack of confidentiality about their HIV status and insufficient understanding about the rights of children with HIV both among duty-bearers as well as in the larger community and society. Some parents are against HIV/AIDS-affected children studying in the same class with their children. Due to such strong stigma and discrimination, children with HIV are deprived of opportunities for social integration and educational opportunities, which is a serious impairment to their development potential.

**Strategy and Implementation:**
The strategy adopted to tackle the above issue consisted of multiple approaches: (1) **Geographic Focus:** Ten geographical areas most affected by HIV/AIDS were identified for the intervention; (2) **Capacity Building:** a series of training sessions were provided to build the knowledge and capacity of service providers, such as teachers/pedagogues/medical professionals in schools. Training sessions were also provided to school management authorities and parents in communities; (3) **Coordination:** coordination mechanisms were established with local education authorities and centres of social services for family, children and youth, mayors and regional administrators to ensure the sustainability of the initiative with their active support and leadership/ownership. Support was also provided to formulate multi-disciplinary teams in small towns for coordinated efforts; (4) **Mass Media Actions:** Media training on issues
of stigma and discrimination was provided to the journalists. Press Conferences highlighted the issues and effectiveness of the training in 6 regions; and (5) **Policy Advocacy**: Round table discussions for government and NGOs were held. Policy recommendations are being developed (to be finalised in 2011) for achieving the system changes required to help tackle stigma and discrimination at the national level.

**Progress and Results:**
Pre- and post-training questionnaires were circulated to measure the impact of various types of training on the knowledge and attitudes of the participants. The analysis of the responses demonstrated: (i) substantial increase in awareness of the participants on the importance of providing care and support to HIV positive children, including tackling stigma and discrimination and their adverse consequences; and (ii) positive changes in their attitudes. Six months after the trainings, the civil society partner organisation, “Ukrainian Network of People Living with HIV/AIDS” reported a reduction in the number of complaints filed about stigma and discrimination.

Although the 2010 initiative has proven positive outcomes, the magnitude of the problem of stigma and discrimination against children with HIV remains significant in the Ukrainian society, and understandably, the impact of the initiative so far remains marginal. There is a need for creating a critical mass to scale up the initiative nationwide, while ensuring the sustained policy support and commitment of the national government together with local government administrations towards its adoption and implementation.

**Next Steps:**
1. Policy recommendations will be developed in 2011 for achieving the system changes around the stigma issue at the national level.
2. Additional geographical areas for the initiatives will be identified for the continuation of the initiatives and follow up actions.
3. Printed materials for medical and other personnel of schools and kindergartens as well as for parents/caregivers of HIV+ children will be printed and distributed.