

Ukraine

Country programme document 2012-2016

The draft country programme document for Ukraine (E/ICEF/2011/P/L.4) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]
(2009 unless otherwise stated)

Child population (millions, under 18 years)	8
U5MR (per 1,000 live births)	15
Underweight (% , moderate and severe, 2002)	1 ^a
(% , urban/rural, poorest/richest)	—
Maternal mortality ratio (per 100,000 live births, 2008)	16
Primary school attendance (% net, male/female, 2005)	96/98 ^b
Survival rate to last primary grade (% , 2007)	97
Use of improved drinking water sources (% , 2008)	98
Use of improved sanitation facilities (% , 2008)	95
Adult HIV prevalence rate (%)	1.1
Child labour (% , children 5-14 years old, 2005)	7
Birth registration (% , under 5 years)	100
(male/female, urban/rural, poorest/richest)	(100/100,100/100, 100/100)
GNI per capita (US\$)	2 800
One-year-olds immunized against DPT (%)	90
One-year-olds immunized against measles (%)	94

[†] More comprehensive country data on children and women can be found at www.childinfo.org.

^a 26 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

^b Survey data.

Summary of the situation of children and women

1. Ukraine, a middle-income country, had an average annual growth rate of 7.5 per cent in gross domestic product (GDP) over the 2001-2007 period. It has made good progress on Millennium Development Goal 1: the absolute poverty rate declined from 32 per cent to 8 per cent between 2001 and 2005.¹ However, GDP contracted by 15 per cent in 2009 in the wake of the global economic crisis, and the World Bank projects it will grow only 3.7 per cent in 2010. The anticipated harmful social impact of the crisis was mitigated by an increase in social benefits, and in 2008-2009 both the rate of poverty and depth of poverty decreased.

2. While spending on social benefits was 26 per cent of GDP in 2007, only 56.8 per cent of those who live below the absolute poverty line receive social assistance, and only 23 per cent of social transfers reach the poor.² Income inequality is significant,³ which manifests itself in inequitable access to health care and education. For example, 41.6 per cent of health care financing comes from out-

¹ 2007 poverty update for Ukraine.

² Presidential Committee for Economic Reforms 2010-2014.

³ Gini-Theil coefficient 29.3 per cent, Institute of Demography and Social Studies, National Academy of Science, 2010.

of-pocket payments by households.⁴ As a result, 18.3 per cent of families with children cannot afford to buy prescribed medicines and 17.5 per cent cannot afford in-patient care.⁵ Rates of employment among women and men are almost equal, but women earn on average 23 per cent less than men.

3. Ukraine has achieved development in the social sphere, with progressive reduction of child mortality and universal access to primary education. This was largely accomplished thanks to an extensive social service system with an institutional capacity to integrate innovative approaches. However, the system is not able to address the increasing disparities because of a lack of systemic structural reforms and a legacy of inefficient use of public funds. This situation is exacerbated by low awareness about children's rights among the general population.

4. The Government has launched a Programme for Economic Reforms 2010-2014, which includes enhancing social protection and improving the quality of education and health care. The Government acknowledges that planned comprehensive reforms of the health sector, administrative and budget systems, and the pension system have not taken place. The pension fund absorbs 18 per cent of GDP, the highest in the world. This puts a heavy burden on the public budget, exacerbated by a low birth rate and ageing population. The reform envisages a shift from universal and categorical provision of cash benefits (leaving provisions for birth grants and assistance to children with disabilities) to targeted, means-tested assistance. This may lead to disadvantaged children being left out.

5. Social disparity contributes to the hardship of the 60,000 families registered as vulnerable.⁶ Many of them have a history of alcohol abuse or violence, which puts their children at greater risk of being institutionalized. In 2009, 101,819 children lived in institutions, including 42,668 children with disabilities⁷ and 17,827 children in shelters and centres of social rehabilitation. Children with HIV or a disability are at high risk of abandonment, social stigma and discrimination, and they seldom have the opportunity to learn with other children in a regular school. The lack of community-based supportive services and an inclusive education system for children with special needs means that institutional placement is often the only realistic option for them.

6. The only Millennium Development Goal not on track is Goal 6, on HIV/AIDS. The estimated adult HIV prevalence rate is 1.1 per cent, the highest in the region of Central and Eastern Europe and the Commonwealth of Independent States. While injected-drug use remains the primary route of transmission, heterosexual transmission is growing. Women are more prone to the infection due to their biological and social vulnerability, which includes engaging in commercial sex work to provide funding for drugs for their male partners, highlighting women's gender-specific vulnerability. Women now represent 45 per cent of all adults living with HIV in Ukraine.⁸

7. The number of children infected with HIV through mother-to-child transmission continues to grow due to a 20 to 30 per cent yearly increase in the

⁴ National Health Accounts, 2008.

⁵ State Statistics Committee, 2009.

⁶ State Social Services for Family, Children and Youth.

⁷ State Statistics Committee, 2010.

⁸ Joint United Nations Programme on HIV/AIDS, 2010.

number of HIV-infected pregnant women. In 2009, HIV prevalence among pregnant women was 0.55 per cent, the highest in Europe.⁹ Coverage of antiretroviral treatment has risen, as has prevention of mother-to-child transmission of HIV (PMTCT), but only a minority of children and families affected by HIV receive care and support services. Insufficient knowledge about HIV/AIDS among the general population and care providers produces fear and stigma of people infected with HIV and leads to infringement of their rights.

8. Most-at-risk adolescents have a high level of HIV infection due to injected-drug use, unprotected sex and sexual exploitation. Over half of adolescent girls living on the street have experienced forced sex.¹⁰ A recent study showed that one out of five was HIV-positive.¹¹ Most-at-risk boys and girls have less knowledge of HIV/AIDS and lower use of prevention services than adults at risk. They also face poverty, social exclusion and displacement, and their rights are frequently violated. These include violations of the right to property for those who are orphaned;¹² the right to education for those who are HIV positive;¹³ and the right to protection for those who are unlawfully detained.¹⁴

9. There is low in-country capacity to detect and refer cases of violence against children and domestic violence, which mainly affects women. Consequently, the real extent of violence is unknown. Preventive services remain underfunded and underdeveloped. Juveniles accused of a crime are confined in pre-trial/trial detention facilities for up to a year or more, sometimes mixed in with adults. While detained they have little opportunity to access education, the lack of which hampers their reintegration into society. According to a 2010 study, of the 5,300 juveniles given alternative sentences in 2008, over a quarter neither worked nor attended school.¹⁵

10. Regarding Goal 2, the literacy rate is 99.7 per cent; primary school enrolment is above 96 per cent, with no disparity between boys and girls; and virtually all students survive to the last primary grade. However, education quality varies tremendously among schools. In addition, only half of all eligible children attend kindergartens. Consequently, many children, especially those from disadvantaged families, do not receive optimal early stimulation.

11. Indicators of infant, child and maternal mortality as well as nutrition (Goals 4 and 5) are among the best in the region. However, only 56 per cent of parents know the importance of immunization, and 32 per cent have a negative attitude towards it.¹⁶ Only 18 per cent of the population consumes iodized salt at home.¹⁷ Parents' low awareness of public health and the inadequate capacity of the health system to communicate public health issues weaken childcare, leading to outcomes such as low immunization coverage, lack of early physical and intellectual stimulation and

⁹ United Nations General Assembly Special Session on HIV/AIDS report, 2010.

¹⁰ UNICEF (2009) <www.unicef.org/ukraine/MARA_Report_eng_web.pdf>.

¹¹ <<http://ijsa.rsmjournals.com/> (2010)>.

¹² <[www.unicef.org/ukraine/ukr/4_Street_children_and_young_people_en\(1\).pdf](http://www.unicef.org/ukraine/ukr/4_Street_children_and_young_people_en(1).pdf)> (2006).

¹³ UNICEF (2007), "Prevention of HIV Infection in Infants".

¹⁴ Ibid.

¹⁵ The Centre for Social Expertise, Institute of Sociology, National Academy of Sciences of Ukraine, Kiev, 2008.

¹⁶ Knowledge, attitudes, behaviours, practices survey, 2008.

¹⁷ Multiple Indicator Cluster Survey, 2005.

inadequate prevention of accidents among children. The primary health care system is weak, and government priorities lie in improving highly specialized curative medical care facilities; this situation aggravates disparities.

12. The Committee on the Rights of the Child in January 2011 urged the State, in the context of the ongoing administrative reform, to undertake a comprehensive functional review of its central and local institutions responsible for children's rights. The Committee highlighted the need to ensure that responsibilities are well delegated and clearly defined and that they ensure continuity in implementation of key child policy priorities, in particular child care reform. The Committee also urged the State to ensure implementation of the National Plan of Action (NPA) for Children (2010-2016) and to ensure that poverty reduction reforms focus on social assistance to low-income families and on child protection. If these recommendations are to be implemented, reforms are required at both central and subnational levels, as local budget allocations are determined at central level, and line ministries are the regulatory authority.

Key results and lessons learned from previous cooperation, 2006-2011

Key results achieved

13. A system of preventive services for pregnant women at risk of abandoning their babies was put in place in maternity wards and state-run mother and child centres. This contributed to a decrease of infant abandonment, from 1,500 infants abandoned in 2004 to 900 in 2009. Foster parents and social workers assisting vulnerable families and children, including HIV-positive children, enhanced their capacity through special training programmes. Around 8,000 children were in foster care in 2009, a notable increase from about 1,200 in 2004. From 2006 to 2009, the average annual decrease in the ratio of children living in residential care compared to family-type care was 7.3 per cent, exceeding the target of 5 per cent. There were 927 children in post-trial detention in 2009, a substantial reduction from 2,519 in 2004.¹⁸

14. Mother-to-child transmission of HIV has been significantly reduced, from 27 per cent in 2000 to 6.2 per cent in 2008. Ukraine has the highest PMTCT coverage in the region, and the proportion of HIV-positive pregnant women receiving antiretroviral prophylaxis grew from 86 per cent in 2005 to 95 per cent in 2009. Important factors behind the success of the PMTCT programme are that it is incorporated into the regular maternal and child health services and that the country programme has systematically supported capacity-building for programme implementation since 2001. Education on PMTCT has been incorporated into the curricula of all medical education institutions.

15. Progress was also achieved towards the goal of universal access to treatment, care and support of HIV-affected children by an increase in the proportion of children covered by antiretroviral treatment, from 37 per cent in 2005 to 70 per cent in 2009. The country programme supported the establishment of the National Training Centre on Paediatric AIDS and provided training on antiretroviral treatment.

¹⁸ State Statistics Committee, 2010.

This contributed to enhancing the capacity of health and social workers to provide quality treatment and support for children with HIV/AIDS.

16. In 2006-2010, the focus was on building a database on and providing evidence-based approaches for most-at-risk adolescents and HIV. These activities supported inclusion of these adolescents in the National AIDS Programme 2009-2013, in revisions of the national AIDS law approving HIV testing for 14- to 18-year-olds without parental consent, and in the work of the State Social Services. The National Strategic Action Plan on Most-at-Risk Adolescents and Children Affected by HIV for 2010-2013 was produced through a participatory stakeholder process and endorsed by the National Coordination Council on HIV/AIDS. Seventy-six youth-friendly clinics were established, offering HIV education and counselling for adolescents, and a drug education programme has been included as an extracurricular activity in secondary schools.

17. The adoption of the NPA for Children (2010-2016) as a law in 2009 marked progress towards developing a strategic and comprehensive legal framework for implementation of child rights. The NPA pays particular attention to equity and protection of the most disadvantaged children. This includes children deprived of parental care; children living on the street; children with disabilities; child victims of trafficking, sexual exploitation and other forms of violence; and children in conflict with the law. The NPA also contains provisions for equitable access to quality health care and education regardless of children's social and economic status.

18. The proportion of children born in "expanded" baby-friendly hospitals has doubled, from 25 per cent in 2005 to 56 per cent in 2010. Currently, 42 per cent of all maternal and child health facilities comply with the expanded baby-friendly hospital criteria, a more than sevenfold increase compared to the baseline (325 hospitals in 2010 compared to 42 in 2005). Partner-attended deliveries (with the father in the delivery room) increased from 4 per cent in 2005 to 65 per cent in 2010. A national monitoring and accreditation system is in place and the Expanded Baby-friendly Hospital Initiative will most likely be adopted as a national programme for 2011-2016.

Lessons learned

19. While the absolute poverty rate has declined, relative poverty is still high, particularly for families with children. The UNICEF-funded Study on Child Poverty and Disparities revealed that the social protection system and public spending are not used efficiently to reduce child poverty and disparities. If policy instruments were effectively used to address poverty, resources could be saved and channelled to finance other social programmes. This is one of the reasons why the new country programme will focus on policy analysis, development of evidence-based policies and efficient spending.

20. The strategic country programme review conducted in consultation with government partners in 2010 underscored the necessity for a strategic shift of the programme based on the context of Ukraine being a middle-income country to more effectively address equity. Considering the opportunities offered by the reform agenda of the Government, UNICEF is now in a better position to support more relevant analyses and utilization of knowledge and evidence on children, adolescents and women. The shrinkage of fiscal space (budgetary expenditure and

policy) due to the global economic crisis adds to the importance of evidence-based advocacy to ensure that the most vulnerable receive social assistance. In this context, the need for more national and institutional capacity development and social mobilization was identified.

21. The challenges in policy advocacy are well illustrated by the failure to pass the law on universal salt iodization, despite years of advocacy by the Ministry of Health and partners from various institutions. The public's awareness about prevention of iodine deficiency is low.¹⁹ In order to eliminate iodine deficiency disorders in Ukraine, it will be necessary to shift from advocating adoption of a law on universal salt iodization to creating demand for good nutrition. This will require support from the private sector and civil society. The public's awareness is also low on the benefits of immunization, which is regarded with distrust. The new strategy calls for high investment in raising public awareness and creating demand in this area as well.

22. Studies on most-at-risk adolescents have shown that their high rates of HIV infection are closely associated with their low socio-economic status and early start of risky behaviours.²⁰ The studies also reveal low capacity of service providers to assist these young people, who often encounter stigma and discrimination. These factors push adolescents to engage in harmful behaviours or force them into exploitative situations, such as trafficking and abuse. The study findings underlie the inclusion of the new country programme component on protective and inclusive services with a focus on prevention. The programmatic approach, justified by the evidence obtained, is to pull these adolescents out of risk by providing them with a comprehensive package of services, making existing state systems friendlier to them and strengthening systems to include delivery of support to families in crisis.

The country programme, 2012-2016

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child rights-based systems, policies and budgets	2 038	6 000	8 038
Protective and inclusive services	1 222	12 000	13 222
Cross-sectoral costs	815	—	815
Total	4 075	18 000	22 075

Preparation process

23. The Common Country Assessment was developed in spring 2010, followed by preparation of the United Nations Partnership Framework (UNPF), 2012-2016. The process was led by the Ministry of Economic Development and Trade with the support of resident and non-resident United Nations agencies, civil society and bilateral and multilateral partners. Four assistance areas were identified, and the

¹⁹ Ibid, p. 16.

²⁰ Ibid, p. 10.

UNPF was signed by the Ministry of Economic Development and Trade in March 2011.

24. The new country programme of cooperation was developed in consultation with government partners and other stakeholders. A series of thematic reviews and a strategic review of the Ukraine development agenda and its relevance for children were conducted. The objective was to identify the strategic directions of the new country programme considering the evolving context of international and United Nations coherence. A final strategy meeting with the Government, led by the Ministry of Family, Youth and Sports, was held on 14 December 2010.²¹

Programme and component results and strategies

25. While Ukraine has experienced considerable progress in social development, disparity poses a high risk for an increase of vulnerability for children deprived of parental care, living with HIV, living on the streets, from low-income families, victims of violence and in conflict with the law. The overall goal of the programme of cooperation is to support national efforts to reduce social exclusion and disparities and provide quality social services more effectively for these most vulnerable children.

26. The key results of the programme will be: (a) a decrease in social exclusion and disparities affecting children, and (b) more excluded children, adolescents and women benefit from quality health and social services.

27. The two programme components will be complementary, each informing the other for development of sustainable child rights-based systems. Evidence of what works for children at subnational level will influence better policy and budget outcomes at national level.

28. High-level technical support will be provided for development of policies and regulations to strengthen government systems and bring them in line with international standards and norms. Emphasis will be given to knowledge generation and analysis of disaggregated data, so that government systems use evidence-based information and analysis in developing policies and services for the most disadvantaged children and women.

29. Partner coalitions will be built to advocate for greater allocation of national and local budgets for interventions to achieve and sustain the goals of the programme. Cost-benefit analysis will be undertaken to demonstrate public finance management bottlenecks with the aim to ensure that services reach the most disadvantaged groups. Strategic partnerships will be built with the private sector and civil society organizations to increase their awareness and actions related to children's rights.

30. Social sector services will be strengthened with a focus on reaching the most excluded groups and enhancing integrated service delivery. Subnational service delivery models will be developed in collaboration with central and local government authorities. The models will include social contract partnerships with civil society groups to strengthen outreach to the most excluded groups of children, adolescents and women.

²¹ The Ministry of Family, Youth and Sports merged with the Ministry of Education, Science, Youth and Sports in December 2010.

31. Similarly, communication for development will be designed to support these groups to become aware of and claim their rights, which will help to strengthen their status and role in society and improve their health, social well-being and life prospects. This human rights-based approach will be intertwined with a strong emphasis on gender equality in line with international human rights conventions and standards.

Relationship to national priorities and the UNPF

32. The programme of cooperation will support the commitment of the Government to achieve the national Millennium Development Goals. Poverty reduction has been proclaimed as a top social policy priority. The Programme for Economic Reforms envisages system-level changes and includes plans for reforms in the health, education and social protection systems. This guided the development of the Partnership Framework and strategy of the programme of cooperation. The European Union-Ukraine Association Agreement currently under negotiation includes support for ensuring children's rights and reform of health, education and social protection systems. The NPA for Children provides a strategic and operational framework to implement social sector reforms for children as well as for improvement of the situation of the most socially excluded groups of children.

33. The country programme is aligned with the Ukraine UNDAF (signed on 24 March 2011) and contributes to all outcomes in the Partnership Framework's thematic area on social development through a focus on child protection, HIV/AIDS, social policy, monitoring and evaluation, and communication for development. The country programme also contributes to the Framework's thematic area on governance, primarily through the "justice for children" reform.

Relationship to international priorities

34. The Millennium Declaration, Millennium Development Goals and priorities of the UNICEF medium-term strategic plan, 2006-2013, are integrated into the programme. The emphasis is on child protection and HIV among children and youth, and reaching and improving the situation for the most disadvantaged and excluded children, adolescents and women. The country programme aims to support the actions of the Government of Ukraine within the framework of fulfilment of the Convention on the Rights of the Child, the United Nations Convention on the Elimination of All Forms of Discrimination against Women and the Outcome Document of the twenty-sixth special session of the United Nations General Assembly on HIV/AIDS.

Programme components

35. The country programme is organized around two components: (a) child rights-based systems, policies and budgets, and (b) protective and inclusive services. The two components will cut across the country programme thematic focus areas. They will assist the Government to focus on the most disadvantaged children, adolescents and women to enhance equity and ensure progressive realization of their rights.

36. **Child rights-based systems, policies and budgets.** This component will contribute to (a) implementation of selected recommendations of the Committee on the Rights of the Child, such as clearly defined governance structures responsible for children's rights, effective implementation of the NPA for Children, and poverty

reduction reforms focused on social assistance to low-income families and child protection; (b) a decrease of poverty in families with children; (c) a reduction in the number of children removed from their parents due to violence, abuse, neglect or exploitation; and (d) a decrease in the number of children placed in institutions due to disability.

37. Ukraine is a middle-income country with increasing social disparities and diminishing external donor resources. Therefore, emphasis will be on building strategic partnerships and new alliances to enhance social accountability by all duty bearers, including the private sector and civil society. Corporate social responsibility, with a focus on children, will be promoted.

38. The programme will support the generation, analysis and wide sharing of knowledge and evidence on children, adolescents and women. Establishment of a standard national monitoring system will be pursued along with wider use of UkrDevInfo by ministries and local authorities. The monitoring system of the Government will include real-time monitoring of equity, especially the situation of vulnerable groups of children such as most-at-risk adolescents. Policy surveillance reports will track the impact of government policies on disadvantaged children, identify gaps and suggest responses.

39. Regular monitoring and evaluation of the subnational models, supported by the second programme component, will be undertaken to ensure availability of solid evidence on what works for disadvantaged children. The results and recommendations from the models at subnational level will be communicated to relevant government officials, partners and donors to inform national policymaking and to enhance the support from partners.

40. To increase efficiency and effectiveness of state budget allocations, robust evidence on the costs and cost-benefit ratios of specific services will be produced and disseminated. Such efforts will cover preventive health care services for elimination of mother-to-child transmission of HIV and will compare institutional versus community-based child care. Costing and cost-benefit analysis will also be an integral part of the design of inter-sectoral subnational service delivery models, developed in the second programme component, to inform advocacy and government policy decisions. Strategic partnerships will be sought with the World Bank, European Union and local institutions, for example, for sharing financial and technical expertise, strengthening research results, and creating a stronger advocacy voice.

41. **Protective and inclusive services.** To achieve more comprehensive improvements in preventive services, a well-coordinated package of integrated services will be developed and tested. The programme component will contribute to: (a) an increase in the number of children in family-based care and decrease in the number of children in institutional care; (b) a decrease in the number of children in detention facilities; (c) virtual elimination of mother-to-child transmission of HIV, including from mothers using injected drugs; (d) an increase in the proportion of most-at-risk adolescents who use health and social services; and (e) higher immunization coverage.

42. To achieve these results, integrated health and social service models will be developed with national authorities. The models will be implemented in selected subnational localities where there is commitment for change, including Chernobyl-

affected areas where social recovery programmes are ongoing. In each locality, support will be provided to the local government to coordinate the activities of the many overlapping structures involved in decision-making and provision of services for the most disadvantaged groups. The coordination will cover several disciplines such as child care, social protection and health care services. For the services to more effectively reach the most marginalized and disadvantaged children and women, collaborative partnerships will be expanded with civil society organizations based on existing positive experiences. These organizations provide outreach services and function as a bridge between government services and marginalized groups.

43. Priority will be given to preventing institutionalization of children through advocacy and technical support to the government's child care reform agenda, aimed at ensuring that all children grow up in family-type care. Provision of community-based support services to families at risk or in crisis will be included in subnational integrated models. Similarly, support will be provided to government efforts to reform the system of justice for children. This will include diversion from prosecution and incarceration, and crime prevention. The emphasis will be on capacity development to strengthen community-based social work to prevent children from coming into contact or conflict with the law, as well as establishment of diversion schemes and probation for juveniles, and community-based preventive and rehabilitative programmes.

44. Considering the high prevalence of HIV, preventing the infection among the most-at-risk groups of children, adolescents and women is a priority for the country programme. This will be achieved by including outreach services to adolescents most at risk and pregnant women who have the highest rate of HIV infection in subnational models, and by improving the ability of service providers to make services non-discriminatory. Special focus will be given to pregnancy care services to integrate outreach services for drug users, aiming at the elimination of mother-to-child transmission of HIV. A focus will be on adolescent girls and their gender-specific vulnerability. The programme will aim to develop the capacities of health care providers and social workers from state services and non-governmental organizations. This work will centre on several aspects of working with marginalized groups, including legal and ethical issues and required communication and counselling skills. The work will also focus on prevention of HIV/sexually transmitted infections and work with harm reduction services, such as the provision of clean injection equipment for injecting drug users.

45. Studies have shown low public awareness in Ukraine about child rights and UNICEF. This will be counteracted through advocacy and communication for development to encourage the public and decision makers to commit to taking action for child rights protection. The aim will be to raise awareness and improve societal behaviours related to HIV-affected people, immunization, prevention of iodine deficiency, domestic violence and abuse, and early childhood care practices, and to counteract lobbying against immunization and juvenile justice reform. Particular focus will be on eliminating stigma and discrimination against socially vulnerable groups. The capacity of health and social service providers for effective communication with beneficiaries will also be developed.

46. **Cross-sectoral costs** cover salaries of cross-cutting staff, travel, training and equipment, as necessary, as well as additional operational support to country office management and administration.

Major partnerships

47. Partnerships will be central to the programme of cooperation. Important national partners include the Administration of the President, Cabinet of Ministers and Parliament. Key Ministries are Social Policy; Education and Science, Youth and Sports; Health; Interior; and Justice. An important state entity is the State Service of Penal Implementation. Other important partners are local authorities, communities and families. Close collaboration will be established with research institutions and independent think tanks, civil society organizations, the corporate sector and the media.

48. UNICEF will continue to play an active role on the United Nations country team. Continued and expanding cooperation with the European Union will be given priority, as will cooperation with the World Bank on common health and social sector interests. Collaboration will continue with the Canadian International Development Agency on justice for children, and with the Swiss Development Cooperation and United States Agency for International Development on health-related interventions. An active dialogue will be pursued with other bilateral agencies based on common interests.

Monitoring, evaluation and programme management

49. The implementation of the programme of collaboration will be monitored through annual reviews and a midterm review in 2014 under the coordination of the Ministry of Education and Science, Youth and Sports. In 2011, baseline data on the key monitoring indicators will be collected and verified. The UkrDevInfo and TransMONEE databases will be used to increase national monitoring and evaluation capacity. They will serve as key tools in monitoring the impact of policies and programmes on children.

50. To enhance the equity focus, the programme will closely monitor and evaluate the impact of its interventions as well as government policies and programmes on the situation of the most disadvantaged children. Key evaluations will be carried out in priority areas such as HIV/AIDS prevention and child care reform.
