

Results for children  
from unrestricted funds

# REPORT ON REGULAR RESOURCES 2009

unite for  
children

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## Foreword

As its title makes clear, the purpose of this report is to provide detailed data on the use of UNICEF's Regular Resources in 2009, the critically important unrestricted funds that help our agency achieve its mandate of promoting the wellbeing and protecting the rights of all children. It also provides us with the opportunity to demonstrate to you how critically important your support is to realizing our goals.

The core resources that you provide are essential to all of our efforts and accomplishments. These flexible funds allow us to fill funding gaps, to undertake innovative programming, and to press forward in important new directions. In addition, they enable us to respond quickly and effectively to humanitarian crises, unforeseen financial and economic downturns, accelerating urbanization, and the unfolding effects of climate change.

Looking back, we also note that the past year marked the 20th anniversary of the Convention on the Rights of the Child. This milestone was a reminder of what we have achieved, but also of the work that remains to be done. And looking forward, as we all know, the target date for the Millennium Development Goals (MDGs) is now just five years away. Through unrelenting hard work, UNICEF has joined its many international, national, and local development partners in making impressive progress towards realizing the MDGs. Nonetheless, some goals lag behind others, and inequities in many areas have actually widened: between the better off and the most vulnerable, between urban and rural areas, and, in too many instances, between boys and girls.

So as we continue to make every effort to achieve the MDGs, we must do so while working to advance the rights of *all* children – a commitment that will guide our work going forward. Regular Resources will be an invaluable element in the hard but rewarding effort to fulfil that mission.

We owe you, our donors and partners, a great deal – and our debt of gratitude for your support can best be measured by all the work it enables us to do on behalf of millions of children and women in more than 150 countries and territories. For, quite simply, this work, and all the benefits that it brings, would be impossible without you.

Anthony Lake  
Executive Director, UNICEF



## Abbreviations and acronyms

<b>CCC</b>	Core Commitments for Children in Humanitarian Action
<b>CEE/CIS</b>	Central/Eastern Europe and the Commonwealth of Independent States
<b>CFN</b>	Children's Forum Network (Sierra Leone)
<b>CFS</b>	Child Friendly Schools
<b>CHD</b>	Child Health Days
<b>CERF</b>	Central Emergency Response Fund
<b>DaO</b>	Delivering as One
<b>DRC</b>	Democratic Republic of the Congo
<b>EPF</b>	Emergency Programme Fund
<b>FAO</b>	UN Food and Agriculture Organization
<b>G8</b>	Group of Eight
<b>GNI</b>	Gross National Income
<b>IDD</b>	Iodine deficiency disorders
<b>IDPs</b>	Internally Displaced Persons
<b>ILO</b>	International Labour Organization
<b>LDC</b>	Least Developed Countries
<b>MDGs</b>	Millennium Development Goals
<b>MIC</b>	Middle Income Countries
<b>MTSP</b>	Medium-term Strategic Plan
<b>Natcoms</b>	National Committees (UNICEF)
<b>NGO</b>	Non-governmental organization
<b>OR</b>	Other Resources (restricted resources)
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>RR</b>	Regular Resources (unrestricted, core resources)
<b>RTE Act</b>	Right of Children to Free and Compulsory Education Act (India)
<b>U5MR</b>	Under-five mortality rate
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDG</b>	United Nations Development Group
<b>UNDGO</b>	United Nations Development Group Office
<b>UNDP</b>	United Nations Development Programme
<b>UNEP</b>	United Nations Environment Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Human Rights
<b>UNICEF</b>	United Nations Children's Fund
<b>UNIDO</b>	United Nations Industrial Development Organization
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>USD</b>	United States Dollars
<b>USI</b>	Universal Salt Iodization
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization





# THE VALUE OF REGULAR RESOURCES

**T**he United Nations Children's Fund (UNICEF) has been working for more than 60 years to ensure the survival, protection, and development of children. In more than 150 countries and territories, UNICEF supports programmes not only to save children's lives – through interventions in health, nutrition, education, and water and sanitation – but also to advocate for their rights so that every child can reach his or her full potential. Because of our unique experience and global presence, UNICEF is able to participate in all stages of assistance – emergency response, post-crisis recovery, and long-term development.

Despite great progress, a staggering 24,000 children under five still die every day from preventable causes related to poverty. In addition, many children do not have access to education or adequate healthcare and are subjected to violence and exploitation. UNICEF is committed to changing this reality, and to creating a better world for every child. UNICEF strives to protect children's rights, improve their health, and nurture their mental and physical development. Our extensive partnerships at the global, regional, and country level enable UNICEF to effectively support national governments in their effort to place policy issues concerning children and women at the top of their agenda.

UNICEF's ability to reach as many children as possible with effective, low-cost solutions to counter the biggest threats to their survival, as well as to provide them with the protection and education all children deserve, depends on securing sufficient funding. Specifically, Regular Resources (unrestricted, core resources) allow the organization

to allocate funds when and where they are most needed, while also safeguarding the neutrality of programmes.

Regular Resources allow UNICEF to react quickly to changing circumstances, whether to enhance ongoing development programmes, to invest in innovative programming, or to respond to conflicts or natural disasters. Such rapid action as augmenting nutrition programmes in response to the recent global rise in food prices without waiting for funds to be raised through a specific appeal is only possible through Regular Resources. In addition, these funds allow UNICEF to maintain a continuous presence, reduce administrative costs, and fill critical funding gaps.

UNICEF's advocacy is critical to the organization's work, the sustainability of which largely depends on the ability to engage with governments, civil society groups, the corporate sector, and prominent public figures to mobilize political commitment and public support. In collaboration with these partners, UNICEF helps to design and implement legislation, social policies, budgetary provisions, and enforcement and monitoring mechanisms to support and protect children's and women's rights the world over. Regular Resources are the foundation that ensures that UNICEF can carry out this vital mission, now and in the future.

# ABOUT OUR DONORS



UNICEF derives its income entirely from voluntary contributions. Governments and private donors, the latter largely through the organization's 36 National Committees (Natcoms),<sup>1</sup> provide the vast majority of these funds. These include unrestricted Regular Resources (RR) and restricted Other Resources (OR), which donors can direct to specific programmes according to their interests or priorities.<sup>2</sup>

In 2009, UNICEF income was \$3,256 million – nearly three times that of 2000 (\$1,139 million), and a decrease of 4 per cent from 2008, reflecting the consequences of the global economic downturn. In all, 102 governments contributed \$2,252 million<sup>3</sup> (69 per cent) directly to UNICEF or through inter-governmental organizations and inter-organizational arrangements, which are government contributions to UNICEF through other UN agencies, while Natcoms, other private sources, and non-governmental organizations (NGOs) provided \$916 million<sup>4</sup> (28 per cent).<sup>5</sup>

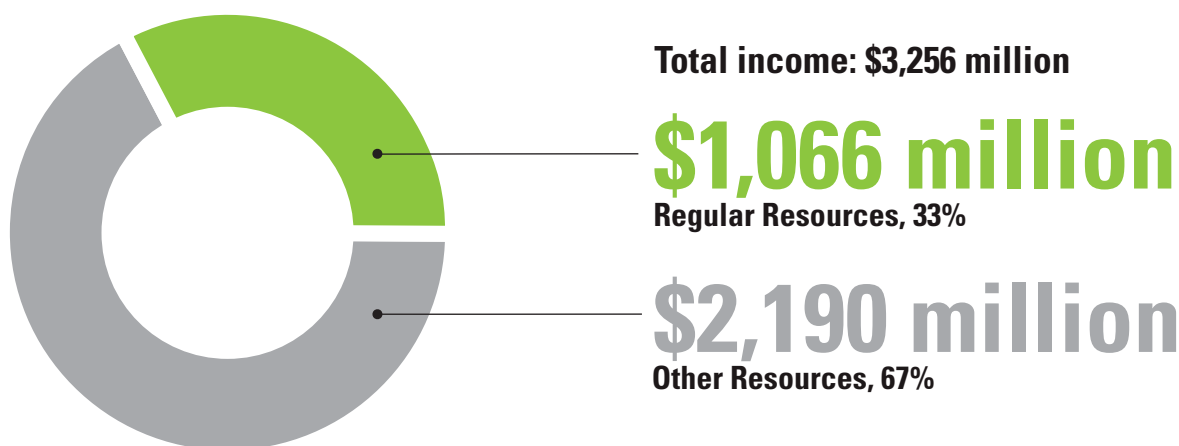
The decrease of \$134 million in total income between 2008 and 2009 resulted from a 4 per cent reduction in government funding and a 5 per cent reduction in Natcom support. Total public sector income, taking into account inter-organizational arrangements, decreased a more modest 2 per cent, while total private sector income, which includes private income through National Committees as well as remitted directly to UNICEF, decreased 7 per cent.

Significantly, Regular Resources, the organization's preferred type of income, decreased only 2 per cent from a year earlier, showing an unwavering commitment of donors towards supporting children's programmes despite the troubling economic conditions that the donor community faced in 2009. RR funding from governments declined 4 per cent, which was offset by a 6 per cent increase in RR from the private sector.

#### CHART 1

#### INCOME BY TYPE OF RESOURCES (2009)

Total UNICEF income from all sources in 2009 was \$3,256 million. The proportion of RR to total resources remained largely at the same level in 2009 (32.7 per cent), showing a modest increase of 0.7 per cent over 2008 (32 per cent), but significantly lower than the 2007 level (37 per cent). The trend of a declining ratio of core resources to overall income is of great concern as UNICEF's global presence and capacity to provide continued leadership on child-related priorities, including during sudden onset emergencies, largely depends on a strong and reliable core income base.



<sup>1</sup> These funds come largely through special fundraising appeals and ongoing relationships with individuals, civil society groups, companies, and foundations, as well as through UNICEF's extensive cards and gifts operations.

<sup>2</sup> Unrestricted funding are contributions provided by donors as Regular Resources in order for UNICEF to maintain the core capacities to fulfill its mandate and to implement the programmes outlined in the organization's Medium-term Strategic Plan (MTSP). Restricted funding are contributions earmarked by donors for specific purposes, including a specific country, geographic area, theme, project, sector, emergency, or any other category agreed upon between UNICEF and its donors.

<sup>3</sup> This includes contributions from inter-governmental organizations such as the European Commission.

<sup>4</sup> This includes National Committees, UNICEF country offices, nongovernmental organizations, and other miscellaneous private funds donated directly to UNICEF.

<sup>5</sup> The remaining 3 per cent includes contributions from interest and miscellaneous income, such as small donations and gains/losses on foreign exchange transactions.

CHART 2

### INCOME TRENDS BY TYPE OF RESOURCES (2000-2009)

Between 2000 and 2009, public and private contributions to UNICEF increased considerably: Regular Resources nearly doubled, while Other Resources increased nearly three-fold.

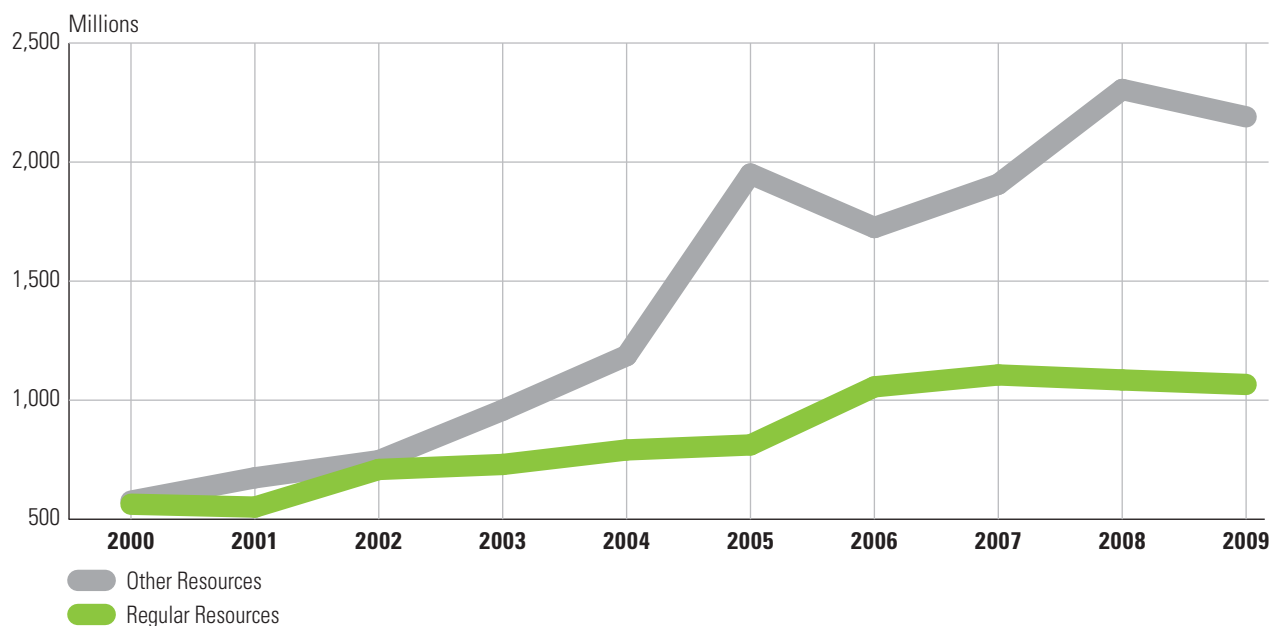
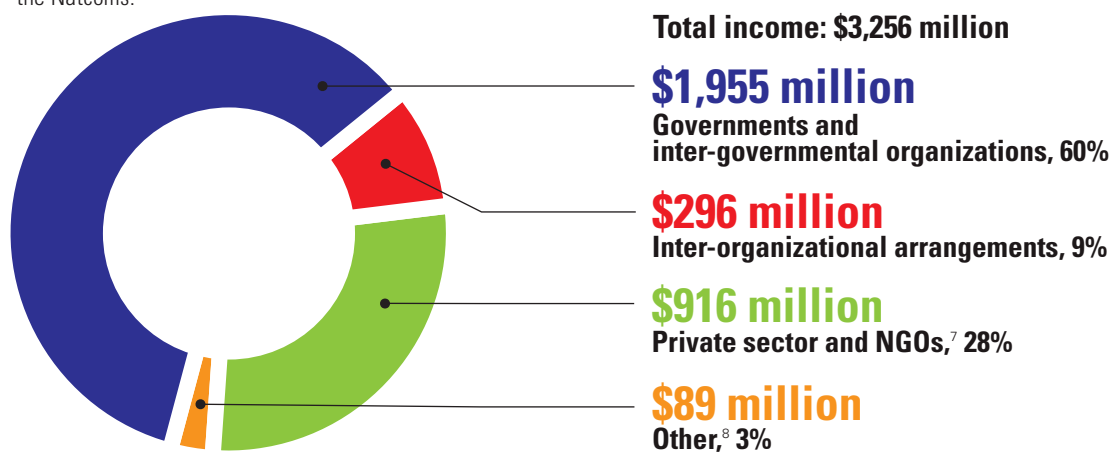


CHART 3

### TOTAL INCOME BY SOURCE OF FUNDS (2009)

In 2009, governments, including inter-governmental organizations such as the European Commission, accounted for 60 per cent of the organization's total resources. Another 9 per cent was received through inter-organizational arrangements.<sup>6</sup> Private sector resources – which include National Committees – and NGOs accounted for 28 per cent of UNICEF's income, 79 per cent of which was provided by the Natcoms.



<sup>6</sup> Contributions from inter-organizational arrangements have come through the following sources: FAO, UNAIDS, UNDGO, UNDP, UNEP, UNESCO, UNFPA, UN Human Security Trust Fund, UN Joint Programmes, the UN Mine Action Service, UNOCHA, UN Secretariat, WHO, World Bank, and WFP.

<sup>7</sup> Of the \$916 million, National Committees contributed \$720.6 million (79 per cent) and other private sources and NGOs provided \$195 million (21 per cent).

<sup>8</sup> Contributions from interest and miscellaneous income, such as small donations and gains/losses on foreign exchange transactions.

CHART 4

### TOTAL RR INCOME BY SOURCE OF FUNDS (2009)<sup>9</sup>

Governments and inter-governmental organizations provided 56 per cent of UNICEF's Regular Resources in 2009, while private sector sources and NGOs contributed 36 per cent.

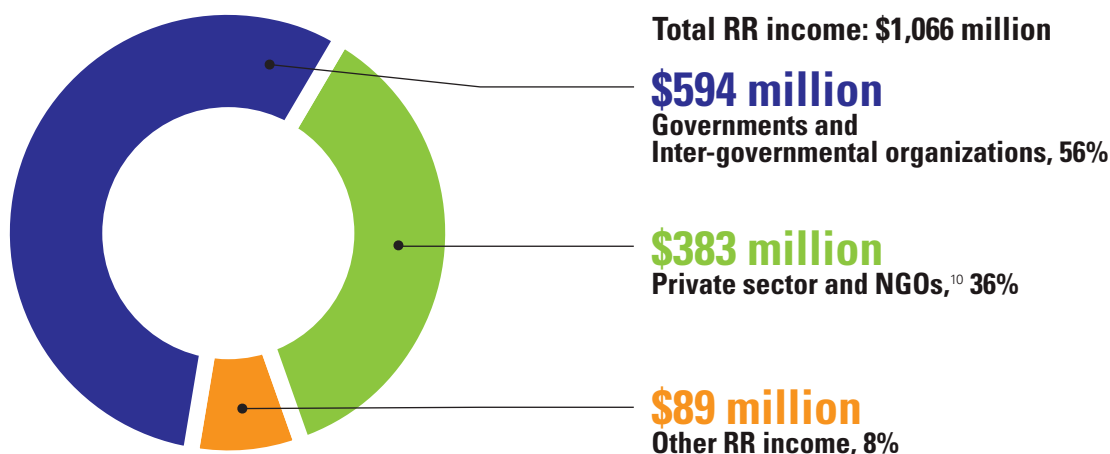
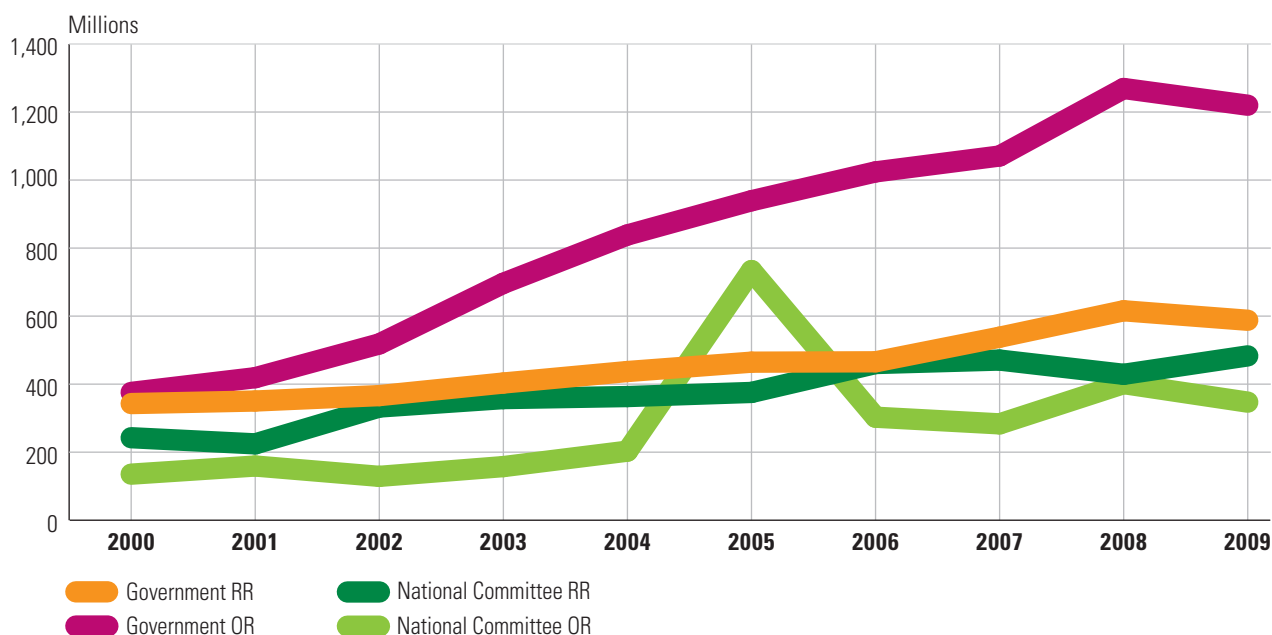


CHART 5

### GOVERNMENT AND NATIONAL COMMITTEE INCOME TRENDS (2000-2009)<sup>11</sup>

Over the past decade, both governments and National Committees have more than doubled their annual contributions to UNICEF. Although restricted funding has risen at a higher pace than unrestricted funding during this period, both sets of donors clearly understand the value of Regular Resources to the organization. The challenge as we emerge from the current global economic downturn is to ensure that RR continues to grow both in absolute dollar terms and as a percentage of total income.



<sup>9</sup> RR figures include refunds and adjustments to income recognized in previous years.

<sup>10</sup> National Committees contributed \$374 million (98 per cent) in Regular Resources, while other private sources and NGOs provided \$9 million (2 per cent).

<sup>11</sup> The data in this chart includes all income before the cost of goods delivered and other expenses are deducted. RR and OR figures for governments do not include inter-governmental contributions. The 2006-2009 figures include income adjustments to prior years for governments and National Committees.

TABLE 1

**TOP 20 GOVERNMENT, INTER-GOVERNMENTAL, AND NATCOM DONORS (2009)**

Among the 20 major donors to UNICEF in 2009, nine were National Committees and 11 were governments, including the European Commission, which is a major donor among the inter-governmental organizations that support UNICEF programmes.

COUNTRY	DONOR TYPE	RR (USD million)	RR (%)	OR (USD million)	OR (%)	TOTAL (USD million)
<b>United States of America</b>	Government	130.0	43%	169.5	57%	<b>299.5</b>
<b>Norway</b>	Government	69.9	35%	129.2	65%	<b>199.1</b>
<b>Netherlands</b>	Government	46.4	24%	144.4	76%	<b>190.8</b>
<b>United Kingdom</b>	Government	34.4	19%	147.7	81%	<b>182.0</b>
<b>Sweden</b>	Government	72.4	42%	98.7	58%	<b>171.0</b>
<b>Japan</b>	Government	15.4	9%	149.0	91%	<b>164.5</b>
<b>Japan</b>	National Committee	132.9	86%	22.2	14%	<b>155.1</b>
<b>European Commission</b>	Inter-governmental	—	—	144.4	100%	<b>144.4</b>
<b>Canada</b>	Government	16.2	13%	112.1	87%	<b>128.3</b>
<b>Spain</b>	Government	31.1	27%	82.3	73%	<b>113.4</b>
<b>Germany</b>	National Committee	48.3	52%	45.3	48%	<b>93.6</b>
<b>Netherlands</b>	National Committee	52.0	71%	21.6	29%	<b>73.6</b>
<b>Australia</b>	Government	16.6	24%	53.5	76%	<b>70.0</b>
<b>United States of America</b>	National Committee	25.0	39%	38.7	61%	<b>63.7</b>
<b>Denmark</b>	Government	30.9	49%	31.6	51%	<b>62.5</b>
<b>Italy</b>	National Committee	38.0	62%	23.4	38%	<b>61.4</b>
<b>Sweden</b>	National Committee	18.4	33%	37.3	67%	<b>55.7</b>
<b>France</b>	National Committee	34.5	63%	20.1	37%	<b>54.6</b>
<b>United Kingdom</b>	National Committee	8.9	19%	37.8	81%	<b>46.7</b>
<b>Spain</b>	National Committee	27.1	60%	17.8	40%	<b>45.0</b>

TABLE 2

**TOP 10 DONOR COUNTRIES<sup>12</sup>**

The following list shows the top 10 donor countries, aggregating both government and National Committee contributions.

COUNTRY	GOVERNMENTS		NATIONAL COMMITTEES		TOTAL (USD million)
	RR (USD million)	OR (USD million)	RR (USD million)	OR (USD million)	
<b>United States of America</b>	130.0	169.5	25.0	38.7	<b>363.2</b>
<b>Japan</b>	15.4	149.0	132.9	22.2	<b>319.6</b>
<b>Netherlands</b>	46.4	144.4	52.0	21.6	<b>264.4</b>
<b>United Kingdom</b>	34.4	147.7	8.9	37.8	<b>228.7</b>
<b>Sweden</b>	72.4	98.7	18.4	37.3	<b>226.8</b>
<b>Norway</b>	69.9	129.2	3.9	10.9	<b>213.9</b>
<b>Spain</b>	31.1	82.3	27.1	17.8	<b>158.4</b>
<b>Canada</b>	16.2	112.1	0.5	6.1	<b>134.9</b>
<b>Germany</b>	9.1	8.8	48.3	45.3	<b>111.5</b>
<b>Italy</b>	4.0	23.4	38.0	23.4	<b>88.8</b>

<sup>12</sup> Includes contributions from governments and National Committees; excludes inter-governmental, non-governmental, UN/inter-agency, and pooled fund contributions.

TABLE 3

## TOP 20 GOVERNMENT RR DONORS (2009)

COUNTRY	RR (2009) (USD million)	RR (2008) (USD million)
United States of America	130.0	128.0
Sweden	72.4	71.9
Norway	69.9	73.5
Netherlands	46.4	53.4
United Kingdom	34.4	38.0
Spain	31.1	23.3
Denmark	30.9	37.6
Belgium	27.7	4.7
Finland	21.9	22.7
Switzerland	17.8	16.9
Australia	16.6	21.8
Canada	16.2	17.7
Japan	15.4	15.7
France	12.8	18.5
Ireland	10.8	25.1
Germany	9.1	8.3
Italy	4.0	17.7
Luxembourg	3.5	3.9
New Zealand	3.3	3.5
Republic of Korea	3.0	2.8

TABLE 4

## TOP 20 NATCOM RR DONORS (2009)

COUNTRY	RR (2009) (USD million)	RR (2008) (USD million)
Japan	132.9	133.1
Netherlands	52.0	55.2
Germany	48.3	40.1
Italy	38.0	23.0
France	34.5	38.0
Spain	27.1	23.0
United States of America	25.0	8.7
Sweden	18.4	14.4
Republic of Korea	18.4	11.7
Denmark	15.5	11.2
Finland	10.4	12.6
United Kingdom	8.9	8.0
Belgium	7.2	7.9
Hong Kong, China	6.5	6.6
Switzerland	6.0	4.1
Greece	5.9	4.9
Portugal	4.7	5.1
Norway	3.9	2.5
Austria	3.5	2.7
Ireland	2.9	3.7



# HOW UNICEF SPENDS ITS REGULAR RESOURCES

UNICEF is guided by the principle that all children have equal rights irrespective of where they live. Nonetheless, some countries attract more external development funding than others. UNICEF's Regular Resources are partly intended to help bridge these funding gaps among countries. The largest share

of RR is spent on supporting programmes implemented by country and regional offices to promote and realize the rights of children and women around the world (**Programme Assistance**). The balance of funds sustains UNICEF's **Support Budget**, which includes Management and Administration<sup>13</sup> and Programme Support.<sup>14</sup>

CHART 6

#### TOTAL RR EXPENDITURE (2009)<sup>15</sup>

In 2009, \$769 million (71 per cent) of Regular Resources was spent on Programme Assistance. This represents one quarter of total UNICEF RR/OR expenditure on Programme Assistance (\$2,943 million). A further 29 per cent of Regular Resources was spent on the organization's Support Budget, including 11 per cent for Management and Administration and 18 per cent for Programme Support.

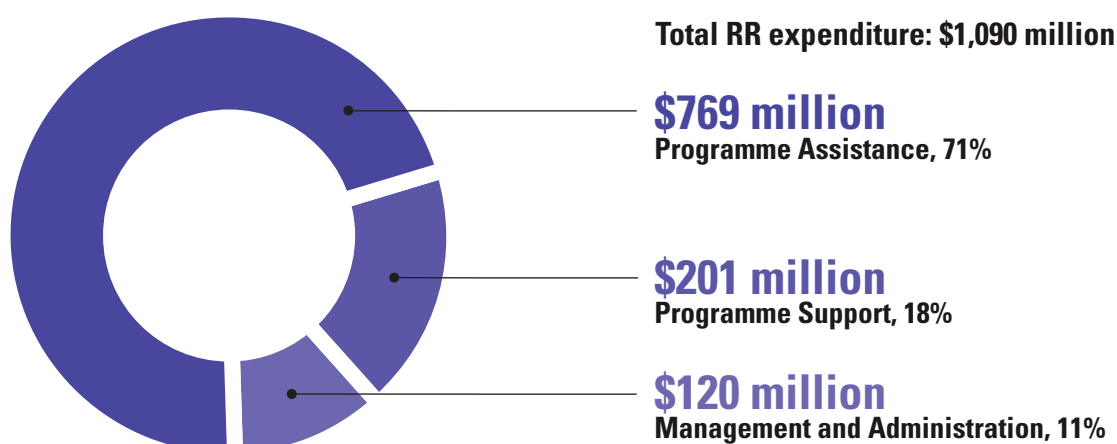
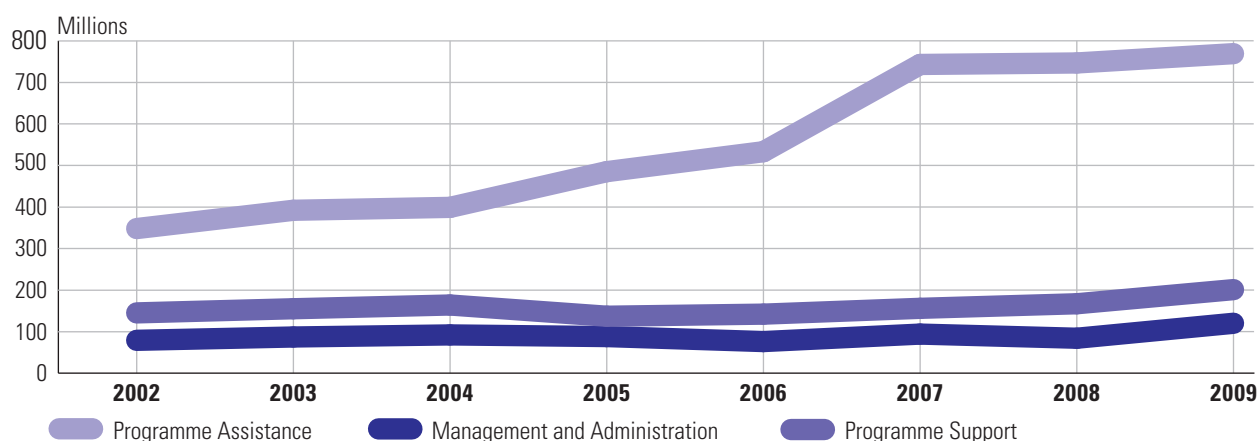


CHART 7

#### RR EXPENDITURE TRENDS (2002-2009)

Between 2002 and 2009, the share of RR-funded Programme Assistance directly reaching children more than doubled, while the share of Support Budget remained relatively stable as a proportion of total RR expenditure.



<sup>13</sup> **Management and Administration** includes all costs that are not directly attributable to a particular programme, but are necessary to support the organization's central management, fundraising, and financial functions. The Division of Financial Management and Administration, the Division of Human Resources, the Division of Communication, and the Information Technology Department are among the departments funded through this budget component. They ensure services to the more than 9,000 staff members implementing programmes in over 150 countries and territories.

<sup>14</sup> **Programme Support** covers all the organizational units whose primary functions include the development, formulation, delivery, and evaluation of UNICEF's programmes. This includes the basic costs of country and regional offices, including most core professional staff salaries.

<sup>15</sup> RR expenditure figures exclude write-offs (\$1 million) and Support Budget transfers that represent income taxes paid by UNICEF on behalf of citizens of governments that contribute to UNICEF's Regular Resources (\$19 million).

In allocating its Regular Resources, UNICEF utilizes a formula approved by the Executive Board that gives highest priority to the needs of children in low-income countries, particularly the Least Developed Countries (LDCs) and those in sub-Saharan Africa, ensuring that LDCs receive at least 60 per cent of Regular Resources and that countries in sub-Saharan Africa receive at least 50 per cent.<sup>16</sup> The RR allocation formula also assures a minimum allocation of \$750,000 to each UNICEF country programme to support implementation of the country's core programmes for children. This includes those in the Middle Income Country (MIC) category. Finally, the formula is designed to limit the allocation of disproportionate Regular Resources to countries with especially large child populations.

Programme Assistance funds are distributed in six ways, the following two of which account for 96 per cent of all expenditures.<sup>17</sup> Latest country programme income and expenditure projections are also taken into account in determining allocation levels:

**Priority Countries:** In 2009, 88 per cent of the \$769 million in Programme Assistance funds was spent in priority countries that received Regular Resources based on three key indicators affecting children: under-five mortality rate (U5MR), gross national income (GNI) per capita, and child population.

**Strategic and Innovative Activities:** At the discretion of the Executive Director, 8.2 per cent of Regular Resources in 2009 was spent in support of strategic and innovative programmes, including responding to the food crisis, and the global economic downturn.

<sup>16</sup> In 2009, 60.4 per cent of Regular Resources were allocated to Least Developed Countries and 59.5 per cent to countries in sub-Saharan Africa.

<sup>17</sup> The other four categories are: distribution of resources to regional offices for inter-country programmes; support to the Emergency Programme Fund; adjustments; and net income on product sales, which are allocations of Regular Resources to country offices that generate RR through the sales of cards and gifts.

CHART 8

### RR PROGRAMME ASSISTANCE EXPENDITURE (2009)

The following chart shows RR expenditure across the above-mentioned six categories.

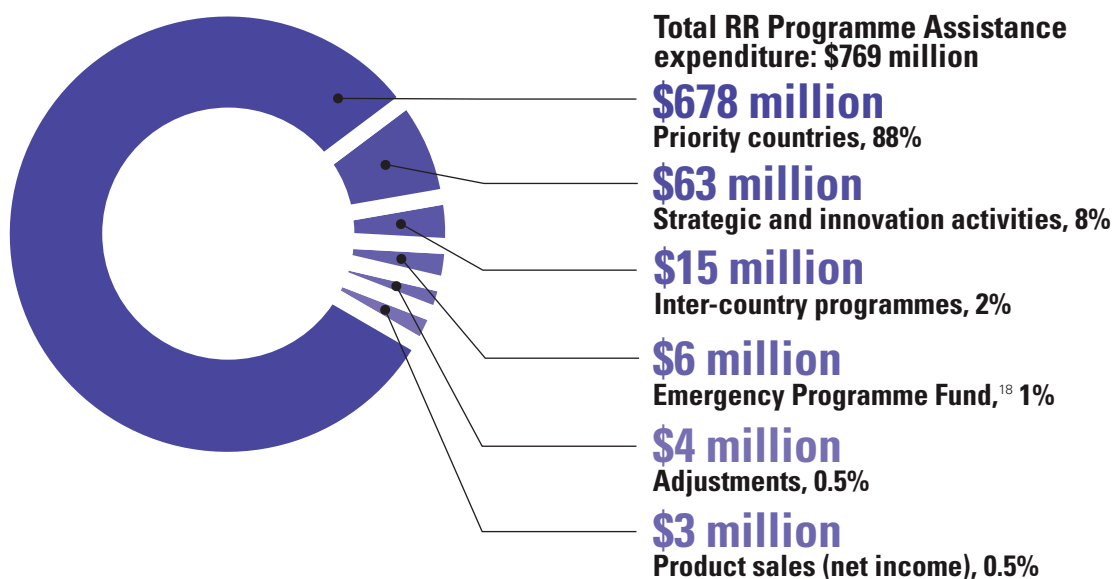
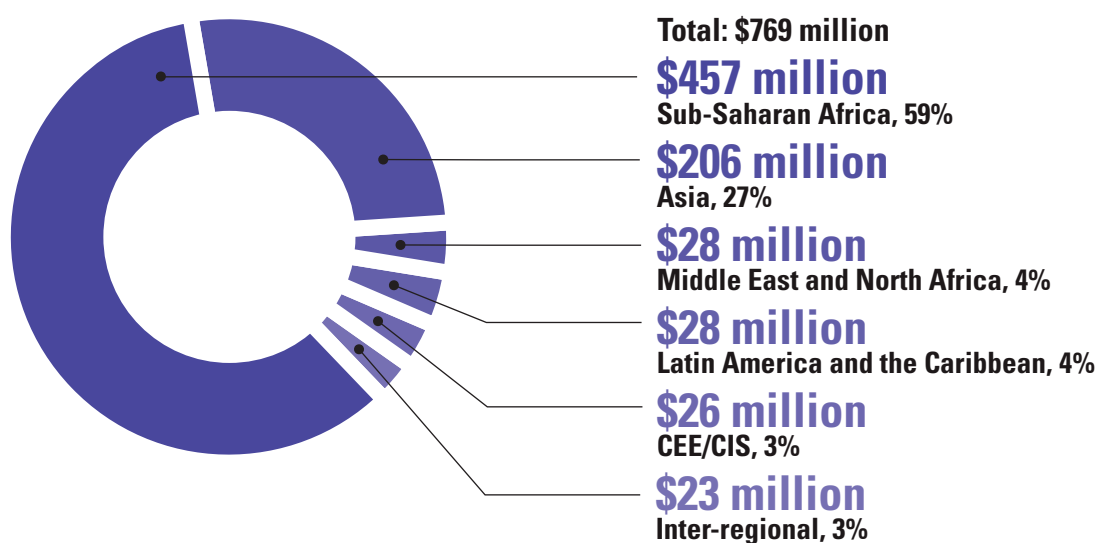


CHART 9

### RR PROGRAMME ASSISTANCE EXPENDITURE BY REGION (2009)

The following chart shows the regional distribution of RR Programme Assistance funds in 2009. The degree of reliance on these funds varies by region: 59 per cent was distributed in sub-Saharan Africa and 27 per cent in Asia, while between only 3 and 4 per cent was distributed in each of the remaining regions: the Middle East and North Africa, Central/Eastern Europe and the Commonwealth of Independent States (CEE/CIS), and Latin America and the Caribbean.



<sup>18</sup> This \$6 million reflects the share of EPF loans that were converted to non-reimbursable loans in 2009; only such non-reimbursable EPF loans are treated as RR expenditure. This sum does not reflect the share of Regular Resources used to support the implementation of humanitarian action programmes. (See Table 8, page 22 for a description of the EPF.)

## Priority countries

In 2009, \$678 million (88 per cent) of Regular Resources for direct Programme Assistance was allocated to UNICEF country offices and programmes based on the Executive Board-approved

criteria: U5MR, GNI per capita, and child population. These unrestricted funds are allocated to those countries with the highest incidence of child vulnerability.

TABLE 5

### RR PROGRAMME ASSISTANCE EXPENDITURE: TOP 50 COUNTRIES (2009)<sup>19</sup>

Most of the top 50 countries that received RR Programme Assistance funds in 2009 were located in sub-Saharan Africa and Asia. The organization allocated these resources based upon the Executive Board-approved formula and an assessment that their considerable programme needs and funding shortfalls merited the investment of unrestricted Regular Resources.

COUNTRY	U5MR (/1,000 live births)	GNI/CAPITA (USD)	CHILD POPULATION (‘000)	TOTAL EXPENDITURE (USD million)
<b>Democratic Republic of the Congo</b>	161	140	33,784	<b>55.4</b>
<b>Nigeria</b>	189	930	75,065	<b>48.8</b>
<b>India</b>	72	950	446,646	<b>42.0</b>
<b>Afghanistan</b>	257	250	14,526	<b>39.5</b>
<b>Ethiopia</b>	119	220	42,124	<b>35.9</b>
<b>Bangladesh</b>	61	470	64,486	<b>22.2</b>
<b>Uganda</b>	130	340	17,349	<b>22.1</b>
<b>United Republic of Tanzania</b>	116	400	20,630	<b>21.4</b>
<b>Pakistan</b>	90	870	70,609	<b>19.8</b>
<b>Niger</b>	176	280	7,724	<b>18.2</b>
<b>Burkina Faso</b>	191	430	7,778	<b>17.7</b>
<b>Myanmar</b>	103	220	15,617	<b>17.0</b>
<b>Mozambique</b>	168	320	10,909	<b>16.3</b>
<b>Mali</b>	196	500	6,721	<b>14.7</b>
<b>Sudan</b>	109	960	17,961	<b>13.8</b>
<b>Chad</b>	209	540	5,690	<b>13.3</b>
<b>Madagascar</b>	112	320	9,829	<b>12.7</b>
<b>Kenya</b>	121	680	18,593	<b>11.8</b>
<b>China</b>	22	2,360	341,820	<b>10.5</b>
<b>Somalia</b>	142	140	4,389	<b>10.0</b>
<b>Burundi</b>	180	110	4,383	<b>9.9</b>
<b>Rwanda</b>	181	320	4,921	<b>9.6</b>
<b>Malawi</b>	111	250	7,479	<b>9.3</b>
<b>Yemen</b>	73	870	11,729	<b>9.2</b>
<b>Zambia</b>	170	800	6,270	<b>9.0</b>
<b>Angola</b>	158	2,560	9,022	<b>8.5</b>

<sup>19</sup> Excludes any RR expenditure for Strategic and Innovative Funds and RR expenditure through the Emergency Programme Fund.



<b>COUNTRY</b>	<b>U5MR</b> (/1,000 live births)	<b>GNI/CAPITA</b> (USD)	<b>CHILD POPULATION</b> ('000)	<b>TOTAL EXPENDITURE</b> (USD million)
<b>Côte d'Ivoire</b>	127	910	9,271	<b>8.4</b>
<b>Sierra Leone</b>	262	260	2,889	<b>8.4</b>
<b>Ghana</b>	115	590	10,553	<b>8.2</b>
<b>Guinea</b>	150	400	4,656	<b>7.6</b>
<b>Nepal</b>	55	340	12,606	<b>7.4</b>
<b>Cambodia</b>	91	540	6,247	<b>7.3</b>
<b>Cameroon</b>	148	1,050	8,908	<b>6.8</b>
<b>Zimbabwe</b>	90	340	6,175	<b>6.6</b>
<b>Indonesia</b>	31	1,650	76,805	<b>6.3</b>
<b>Senegal</b>	114	820	5,998	<b>6.3</b>
<b>Liberia</b>	133	150	2,017	<b>5.7</b>
<b>Pacific Islands<sup>20</sup></b>	—	—	—	<b>5.7</b>
<b>Democratic People's Republic of Korea</b>	55	935	6,656	<b>5.5</b>
<b>Benin</b>	123	570	4,553	<b>4.9</b>
<b>Central African Republic</b>	172	380	2,137	<b>4.5</b>
<b>Togo</b>	100	360	3,260	<b>4.5</b>
<b>South Africa</b>	59	5,760	18,385	<b>4.0</b>
<b>Viet Nam</b>	15	790	30,263	<b>3.7</b>
<b>Uzbekistan</b>	41	730	10,593	<b>3.5</b>
<b>Egypt</b>	36	1,580	29,422	<b>3.4</b>
<b>Tajikistan</b>	67	460	3,081	<b>3.4</b>
<b>Caribbean Region<sup>21</sup></b>	—	—	—	<b>3.4</b>
<b>Sri Lanka</b>	21	1,540	5,504	<b>3.4</b>
<b>Philippines</b>	32	1,890	36,793	<b>3.1</b>

<sup>20</sup> Countries in the Pacific Islands include the Cook Islands, Fiji, Kiribati, the Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

<sup>21</sup> The Caribbean Region includes Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and the Turks and Caicos Islands.

## Strategic and innovative activities

Each year a portion of total Regular Resources is allocated at the discretion of the Executive Director upon the recommendation of UNICEF's Allocation Advisory Committee. These funds are intended to support government and civil society partnerships in strategic and innovative activities that help achieve the Millennium Development Goals. Allocations are based upon a number of criteria. First, these include supporting priority programmes that have remained unfunded for more than one year despite resource mobilization efforts.<sup>22</sup> Second, a further 7 per cent of Regular Resources is also available to the Executive Director to fund approved country programmes to promote excellence,

encourage innovations, respond to emerging opportunities, and promote partnerships and integrated delivery of services.<sup>23</sup>

In 2009, \$63.38 million of unrestricted funds was spent on these activities, representing 8 per cent of total RR Programme Assistance. Of the 20 top recipients, 14 were in sub-Saharan Africa, one in South Asia, two in CEE/CIS, and three in the Middle East and North Africa. Kosovo\*, South Africa, and Djibouti were especially reliant on Regular Resources, receiving 76 per cent, 67 per cent, and 63 per cent, respectively.

TABLE 6

### RR PROGRAMME ASSISTANCE EXPENDITURE: TOP 20 RECIPIENT COUNTRIES OF STRATEGIC AND INNOVATIVE FUNDS (2009)<sup>24</sup>

COUNTRY	EXPENDITURE OF STRATEGIC AND INNOVATIVE FUNDS (USD million)	TOTAL RR EXPENDITURE (USD million)	STRATEGIC AND INNOVATIVE FUNDS AS % OF TOTAL RR
Democratic Republic of the Congo	4.0	55.4	7%
Ethiopia	3.1	35.9	9%
South Africa	2.7	4.0	67%
Burkina Faso	2.3	17.7	13%
Mali	1.9	14.7	13%
Madagascar	1.8	12.7	14%
Chad	1.7	13.3	12%
Zimbabwe	1.6	6.6	25%
Nigeria	1.5	48.8	3%
Sudan	1.4	13.7	10%
Tajikistan	1.4	3.4	40%
Somalia	1.3	10.0	13%
Djibouti	1.3	2.0	63%
Kosovo*	1.1	1.4	76%
Senegal	1.0	6.3	17%
Togo	1.0	4.5	22%
Yemen	1.0	9.2	11%
Indonesia	1.0	6.3	15%
Occupied Palestinian Territory	0.9	3.1	28%
Angola	0.8	8.5	10%

<sup>22</sup> The UNICEF Executive Board has authorized the Executive Director to allocate so-called *RR for OR* in select cases.

<sup>23</sup> These funds are known as *7 per cent Set Aside for Regular Resources*.

<sup>24</sup> Headquarters and Regional Offices received \$4.5 million in discretionary funds in 2009 to boost implementation of UNICEF's new gender policy. The goal of UNICEF's work with partners in pursuit of gender equality and the equal rights of girls and boys is to contribute to poverty reduction and the achievement of the MDGs through results-oriented, effective, and coordinated action that achieves the protection, survival, and development of girls and boys on an equal basis.

\* UNICEF activities in Kosovo under United Nations Security Council Resolution 1244 (1999).

## Responding to the food crisis and the global economic downturn

The food and fuel price volatility that erupted around mid-2008 and the international economic slowdown that began to unfold in late 2008 both extended into 2009. The lingering effects of the crisis left 90 million people impoverished (defined as earning less than \$1.25 per day) and a further 50 million people in extreme poverty (earning less than \$1 per day); unemployment increased by 20 million; and tens of thousands of infants and children were at heightened risk of dying, notably in sub-Saharan Africa. Furthermore, 200 million people joined the ranks of the hungry in 2008 and 2009, leaving more than 1 billion people facing food insecurity and hunger, for the first time in history. The effects of the crisis are likely to persist: poverty rates will be slightly higher in 2015 than they would have been had the world economy grown steadily at its pre-crisis pace.

For the second consecutive year, UNICEF allocated discretionary Regular Resources in 2009 to draw the attention of partner governments, national and international agencies, and non-governmental organizations to the increased vulnerabilities of children and women affected by the volatility of food prices and the economic downturn. By sharing lessons from past experiences, and by proactively influencing national policies, the organization was able to augment many of its ongoing initiatives to protect children from the worst effects of these crises.

Funds were disbursed in two rounds: the first to support countries with the highest nutrition burdens and largest funding gaps, the second to promote social protection among populations most at-risk. In all, 37 countries benefited from the allocation of \$25 million in Regular Resources – \$18 million to support nutrition initiatives and \$7 million for social protection issues.

These funds played a strategic role in mobilizing the political leadership of countries with the largest nutrition burdens on the importance of integrating health and nutrition initiatives into child survival and development packages, which included scaling-up the real-time monitoring of the nutrition situation in countries and prioritizing widespread action

in maternal and infant nutrition. The funds were also used to strengthen the collection of data and information on children and women in order to help governments to make the right strategic decisions for children.

Many countries reported improved policy responses, partly due to the increased advocacy efforts resulting from the investment of RR. In certain countries, social protection expenditures were largely maintained, while in others – notably in sub-Saharan Africa – governments were able to implement social protection programmes through the introduction of new budget lines and the abolition of user fees for health care. Many countries in the East Asia and Pacific region were in a position to introduce fiscal and monetary stimulus packages that provided support to families through the downturn. Cash assistance programmes, health-care reform packages, and low-income housing provisions were also introduced to support the most vulnerable children and their families.

Burkina Faso is one example of how Regular Resources affected both health care and social protection needs in 2009. In addition to identifying a specific budget line on social protection for the 2010 national budget, the Ministry of Social Action designed a conditional cash transfer programme to benefit the most at-risk populations. Discretionary RR funding helped the government address child malnutrition needs, including treating 20,000 severely acute malnourished children and promoting the importance of healthy infant and young child feeding practices.

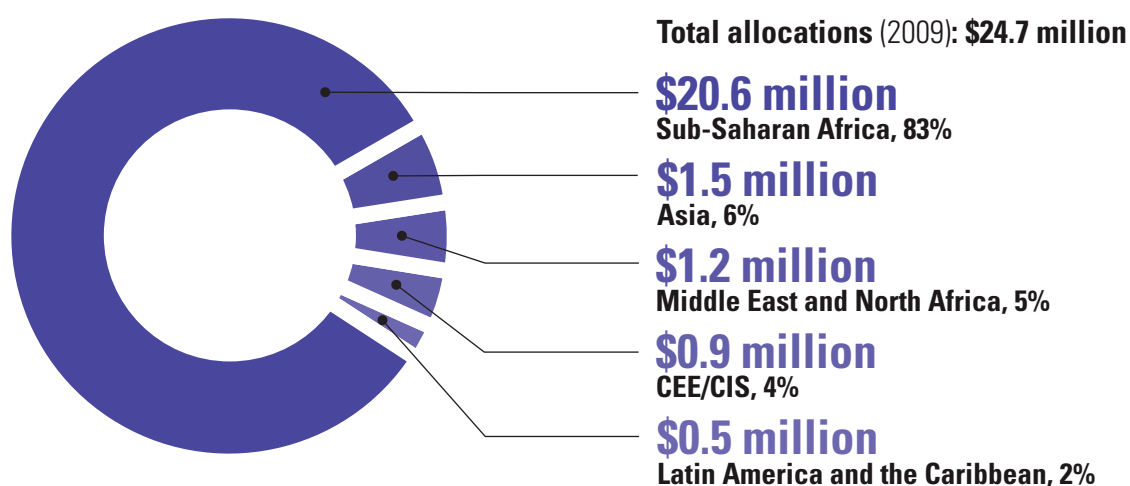
TABLE 7

**RR PROGRAMME ASSISTANCE EXPENDITURE: TOP 20 COUNTRIES  
RECEIVING DISCRETIONARY FUNDING IN RESPONSE TO THE FOOD CRISIS  
AND THE GLOBAL ECONOMIC DOWNTURN (2009)**

COUNTRY	ALLOCATION OF ECONOMIC DOWNTURN FUNDS (USD million)
Kenya	2.5
Rwanda	2.3
Burkina Faso	2.0
Nigeria	1.9
Somalia	1.6
Zimbabwe	1.2
Ethiopia	1.0
Eritrea	0.9
Mauritania	0.8
Malawi	0.8
Madagascar	0.7
Nepal	0.7
Congo	0.7
Iraq	0.7
United Republic of Tanzania	0.6
Mozambique	0.6
Sierra Leone	0.5
Cameroon	0.5
Senegal	0.5
Uganda	0.5

CHART 10

**REGIONAL DISTRIBUTION OF RR IN RESPONSE TO THE FOOD CRISIS  
AND THE GLOBAL ECONOMIC DOWNTURN (2009)**



## Humanitarian action

UNICEF is called upon to respond to an increasing number of humanitarian crises – chronic and sudden onset – throughout the world. In 2009, natural and complex humanitarian crises continued to take a toll on large numbers of people. Floods, cyclones, landslides, and earthquakes have threatened lives and livelihoods in every continent. And in many parts of the world children and women continue to bear the brunt of conflict, displacement, and deteriorating living conditions. An important lesson learned from major emergencies is that timely and flexible funding enables humanitarian actors to respond rapidly and most effectively to priorities established in cooperation with national counterparts.

UNICEF allocates a share of its Regular Resources to the Emergency Programme Fund (EPF), which is a \$75 million revolving fund that country offices can access during emergencies. These funds are typically released upon request in the first 12-24 hours following an emergency.

The EPF is intended to support:

- Cash and supply requirements to kick-start response actions in the first few days immediately following the onset of emergencies;
- Emergency needs when no inter-agency appeal has been launched;
- UNICEF participation in inter-agency assessment missions;
- Emergency staff and administration; and
- Preparedness to strengthen rapid response capacity to deliver on UNICEF's Core Commitments for Children in Humanitarian Action (CCCs).<sup>25</sup>

The EPF is managed on a biennial basis. Loans are reimbursed with Other Resources as and when these restricted funds are mobilized. In those cases where country offices are unable to raise adequate funding to reimburse their EPF loans, such loans are converted into non-reimbursable allocations. The decision to waive reimbursement is made on a case-by-case basis, subject to satisfactory justifications regarding the lack of sufficient donor support, an analysis of funding levels, and humanitarian needs.<sup>26</sup>

For the 2008-2009 biennium, \$124 million in EPF loans was released to support 44 country offices in meeting the CCCs and to bolster UNICEF's inter-agency coordination responsibilities – 30 per cent higher than in the previous biennium. During the same period, country offices reimbursed nearly \$94 million to the Fund. In 2009, UNICEF released over \$40 million in EPF loans. Allocations ranged from as much as \$7.8 million to respond to the humanitarian crisis of internally displaced persons following the cessation of hostilities in Sri Lanka to as little as \$200,000 to assist populations affected by flooding in Bhutan. In all instances, Regular Resources through the EPF provided the organization with an indispensable tool to respond rapidly and flexibly to the needs of children in the widest range of emergencies.

<sup>25</sup> UNICEF's response to emergencies is framed by its *Core Commitments for Children in Humanitarian Action*, which is a global framework undertaken by UNICEF and its partners to fulfill the rights of children affected by humanitarian crises.

<sup>26</sup> UNICEF sets aside \$30 million each year to be considered as "estimated expenditure of Regular Resources" in anticipation of some country offices not being able to reimburse the EPF because of funding constraints. For the 2008-2009 biennium, nearly \$34 million (27 per cent) was converted into non-reimbursable EPF loans.



TABLE 8

**EMERGENCY PROGRAMME FUND:  
ALLOCATIONS AND REIMBURSEMENTS (2008-2009 BIENNIUM)**

COUNTRY	ORIGINAL ALLOCATION			REIMBURSED TO DATE (USD million)	CONVERTED TO NON-REIMBURSABLE LOANS (USD million)
	2008 (USD million)	2009 (USD million)	TOTAL (USD million)		
Buthan		0.2	0.2	0.2	
Burkina Faso	1.0	1.5	2.5	2.5	
Cameroon	1.0		1.0		1.0
Central African Republic	0.6		0.6		0.6
China	2.5		2.5	2.5	
Colombia	1.8		1.8	0.3	1.5
Comoros	0.2		0.2	0.2	
Cuba	0.3		0.3		0.3
Democratic Republic of the Congo	3.0		3.0	3.0	
Democratic People's Republic of Korea	3.0	3.4	6.4	3.0	3.4
Ecuador	0.4		0.4	0.4	
El Salvador		0.3	0.3		0.3
Ethiopia	23.6		23.6	23.6	
Georgia	3.7		3.7	3.1	0.6
Guinea-Bissau	0.2		0.2		0.2
Haiti	1.2		1.2	1.2	
Honduras	0.2		0.2	0.2	
India	2.6	0.9	3.5	3.5	
Irac	3.8		3.8	3.8	
Kenya	1.5		1.5	1.5	
Lao People's Democratic Republic	0.6	0.2	0.8	0.6	0.2
Madagascar	1.8		1.8	1.2	0.6
Malawi	0.5		0.5	0.5	
Mozambique	1.2		1.2	1.2	
Myanmar	4.2		4.2	4.2	
Namibia	0.3		0.3	0.1	0.2
Nepal	0.5		0.5	0.5	
Occupied Palestinian Territory	1.0	4.8	5.8	5.8	
Pacific Islands		0.2	0.2	0.1	0.1
Pakistan	1.4	6.5	7.9	4.0	3.9
Paraguay	0.3		0.3		0.3
Philippines		1.0	1.0	1.0	
Russia	1.7		1.7	0.2	1.5
Rwanda	0.4		0.4		0.4
Somalia	7.7	2.5	10.2	6.7	3.5
South Africa	0.9		0.9	0.2	0.7
Sri Lanka	0.8	7.8	8.6	5.7	2.9
Sudan	5.6	4.0	9.6	5.8	3.8
Uganda	3.0		3.0	2.0	1.0
Yemen	0.5	2.0	2.5	1.6	0.9
Zambia	0.6		0.6	0.6	
Zimbabwe		5.0	5.0	3.0	2.0
<b>Grand Total</b>	<b>83.3</b>	<b>40.3</b>	<b>123.6</b>	<b>93.8</b>	<b>29.8</b>



# RESULTS FOR CHILDREN: GLOBAL REVIEW

## Results for children: Overview

UNICEF's work is governed by its **Medium-term Strategic Plan**, 2006-2013 (MTSP),<sup>27</sup> which is based on the key priorities defined by the 27th Special Session of the UN General Assembly, *A World Fit for Children* (2002). Those priorities include achieving the best possible start in life for children; enabling access to a quality basic education; and providing ample opportunity for children and adolescents to develop their individual capacities.

The MTSP is comprised of **five Focus Areas**, which are closely interlinked and reflect UNICEF's primary contributions to the international development agenda. Their results are intended to have a decisive and sustained impact on realizing children's rights and on achieving the commitments of the Millennium Declaration and Millennium Development Goals. They also ensure an effective UNICEF contribution to poverty reduction through advocacy and partnerships that generate sustained investments in children's survival, development, and

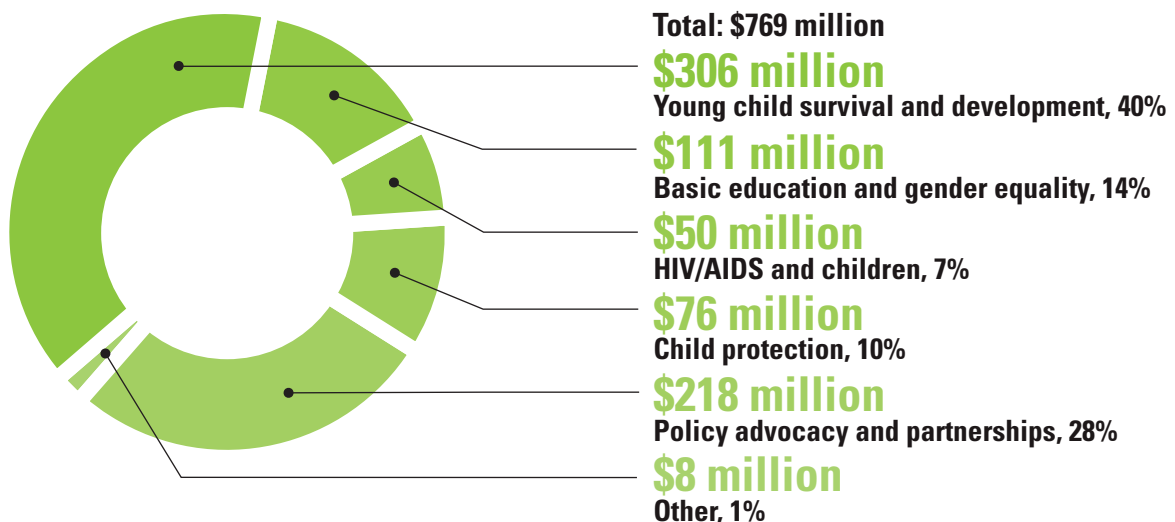
protection. Further, the Focus Areas incorporate UNICEF's human rights-based approach, focusing on the most marginalized and vulnerable children and their families, and the organization's emphasis on gender equality.

Unrestricted Regular Resources are vital to enabling UNICEF to support its partners in achieving long-term and sustainable results for children. They allow targeted interventions in those areas that the organization considers most critical based on the available evidence. The flexibility of RR allows UNICEF's country offices to maintain and expand their work in all these strategic areas.

The following pages highlight the organization's key achievements across the five Focus Areas and humanitarian action in 2009. They present a summary of the key **global results** achieved in 2009 and they include several **country case studies** that demonstrate the essential value of RR to UNICEF's programmes in the field.

CHART 11

### RR PROGRAMME ASSISTANCE EXPENDITURE BY MTSP FOCUS AREA (2009)



<sup>27</sup> The original MTSP period was 2006-2009; the timeframe has been extended through 2013.



## FOCUS AREA 1

# Young child survival and development

### The challenge

Every year more than 6 million children die from pneumonia, poor nutrition, diarrhoea, or other preventable diseases. Every year half a million women die in pregnancy, mostly during delivery or in the first few days thereafter. Worldwide, 200 million children under five do not receive the appropriate care and support that are needed to become physically healthy, mentally alert, and emotionally secure. By ensuring that all children have access to basic education and health services, and by focusing on those marginalized by poverty, HIV/AIDS, conflict, and discrimination, we can break the cycle of want and neglect that is the scourge of millions of children.

### Supporting the MDGs

UNICEF supports young child survival and development programmes that aim to reach several MDGs, including MDG 1 (*Eradicate extreme poverty and hunger*), MDGs 4 and 5 (*Reduce child mortality and Improve maternal health*), MDG 6 (*Combat HIV/AIDS, malaria, and other diseases*), and MDG 7 (*Ensure environmental sustainability*).

While there are hopeful signs that some of the Millennium Development Goals are in sight, much work remains in other areas. For example, 63 countries were on track in 2009 to reducing the number of underweight children under five, compared to just 46 three years ago. However, 34 countries are still lagging, and 20 countries did not make any progress at all. A review of the countries with the highest absolute levels of under-five mortality and of those making the least progress since 1990 shows that fragile states, especially those in conflict or in transition, are significantly worse off.

This can be seen in the areas of water and sanitation, for example. Current trends suggest that 91 per cent of the global population will use improved drinking water sources by 2015. However, the countries that need development assistance the most – those that are making the least progress – are receiving the least support and are still far short of reaching this global average. Furthermore, 2.6 billion people remain without access to any basic



sanitation. At the same time, the effects of the global food, economic, and financial crises, climate change, and the threat of the influenza pandemic (H1N1) have all added to the already existing challenges in reaching the MDGs.

### Progress to date

In order to help countries that are lagging in their efforts to reach the MDGs, UNICEF and its partners are scaling-up their support to national programmes in those countries that report the highest numbers of child deaths and the greatest numbers of undernourished children. UNICEF is also putting an additional focus on the 24 countries where 80 per cent of the world's stunted children live, as part of a concerted effort to reach more children in these areas. The organization is also continuing to **increase community capacity** to actively support the prevention and treatment of such major child killers as diarrhoea, pneumonia, malaria, neonatal infections, low birth weight, and severe acute malnutrition.

Confronting inappropriate social norms, attitudes, and practices, UNICEF works with communities to **promote basic behaviours** that can significantly improve the health and wellbeing of children and their families, such as breastfeeding, good hygiene and sanitation, neonatal tetanus provision, and use of insecticide-treated mosquito nets.

To provide the legal settings for making these interventions sustainable, UNICEF advocates with governments to adapt their policies to allow communities to take on more responsibility to treat some preventable illnesses. For instance, as a

result of **long-term advocacy** efforts, in 2009 as many as 35 countries with high mortality rates had put in place policies enabling communities to address cases of pneumonia. UNICEF also stepped up its efforts to promote safe water, sanitation, and hygiene – a programme known as WASH. In 2009, **WASH activities** took place in 99 countries. By end of 2009, 61 per cent of the 150 countries and territories in which UNICEF works had a national communication programme to promote proper hand washing with soap.

When global food prices rose in 2008, UNICEF reacted immediately by supporting increased investments in life-saving nutrition programmes. This included accelerating the use of **ready-to-use therapeutic food** for the treatment of severe acute malnutrition by increasing its purchase of such food to over 11,000 metric tons in 2008 (from 100 metric tons in 2003). The organization continued its work in this area in 2009 by emphasizing the importance of addressing *nutrition* security in the context of food security.

Over the last 21 years there has been a **99 per cent reduction in polio cases** – from an estimated 350,000 cases in 125 countries in 1988, when the Global Polio Eradication Initiative was launched, to just 1,600 cases in 2009. UNICEF continues to be at the forefront of supplying vaccines; informing and mobilizing communities to vaccinate their children; influencing global policies; and advising on research, strategy, implementation, and evaluation. A key breakthrough for the eradication initiative occurred in December 2009 when a *bivalent oral polio vaccine* became available, providing greater immunity against the two forms of wild polio virus. Afghanistan was the first country to use this vaccine before year end.

Another nutritional disorder that is being aggressively addressed is **iodine deficiency**, which is directly responsible for mental and physical development retardation in children and young people. By 2009, 36 countries had achieved the goal of at least 90 per cent of households using iodized salt.

## 2009 QUICK FACTS

- By 2009, UNICEF was supporting national authorities in 42 countries to empower communities to assume primary responsibility for the prevention and treatment of **severe acute malnutrition**.
- UNICEF supported child health events in over 50 countries to deliver **Vitamin A supplements** – to ward off blindness and bolster the immune system – as well as other low-cost health services that can have a high impact on a child's wellbeing.
- With UNICEF support, more than 140 million children were **immunized against measles** – 63 million in integrated campaigns that also distributed 13.3 million doses of de-worming medicine.
- UNICEF and its partners distributed more than 42 million long-lasting insecticide nets for **malaria prevention** in 2009.
- UNICEF procured and distributed over 2.1 billion doses of **oral polio vaccines** to 70 countries.
- Some 200 million children and 600,000 schools participated in the 2009 **Global Hand Washing Day**, supported by UNICEF.

TABLE 9

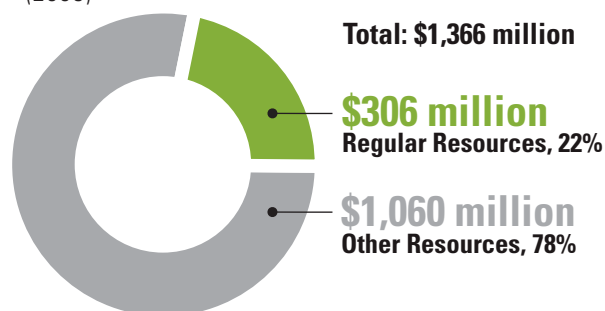
**RR PROGRAMME ASSISTANCE EXPENDITURE FOR TOP 20 COUNTRIES:  
YOUNG CHILD SURVIVAL AND DEVELOPMENT (2009)**

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Democratic Republic of the Congo	30.2	112.3	27%
Nigeria	22.9	63.6	36%
Ethiopia	15.9	87.4	18%
Afghanistan	15.2	55.9	27%
India	12.7	68.8	19%
Pakistan	10.7	62.4	17%
Niger	8.8	27.7	32%
Uganda	8.2	20.9	39%
Burkina Faso	8.1	22.4	36%
Bangladesh	8.0	34.3	23%
Myanmar	7.9	26.2	30%
United Republic of Tanzania	7.2	11.4	63%
Sudan	7.1	94.7	8%
Somalia	6.8	58.6	12%
Madagascar	6.5	15.0	43%
Mali	6.0	16.8	36%
Mozambique	5.9	23.2	26%
Yemen	5.3	9.9	53%
Democratic People's Republic of Korea	4.7	11.1	42%
Ghana	4.6	13.4	34%

**VOICES FROM THE FIELD**
***Holding community health sessions in rural Viet Nam***

Thirty-six-year-old Nhanh Tung is just one of many mothers benefiting from a new community outreach initiative on maternal health in her Vietnamese village, Binh Thanh Trung. Twenty to 30 women attend each session to learn about a wide range of maternal and infant health issues, such as pregnant and postnatal care, disease prevention, nutrition, and hygiene. The success of these community health sessions can be seen in Nhanh: "I learnt that I have to take iron tablets during pregnancy up to the delivery date. Half-an-hour after the delivery I have to start breastfeeding and continue for six months. I also have to get my children immunized and weigh them every month so I can make sure that they are growing at a healthy rate."

CHART 12

**EXPENDITURE BY TYPE OF RESOURCES:  
YOUNG CHILD SURVIVAL AND DEVELOPMENT  
(2009)**


## FOCUS AREA 2

# Basic education and gender equality

### The challenge

Giving every child the chance to learn in a proper school with motivated teachers is one of UNICEF's major goals and activities. Between 1999 and 2007, the number of out-of-school children dropped by 33 million worldwide. Some 87 per cent of school-aged children are now enrolled in school, with nearly equal numbers of girls and boys. But there are still 72 million children who are not attending school, and current projections see this number only reducing to 56 million by 2015. In addition, while the number of girls who are out-of-school has decreased globally, and gender parity is on track in most countries, many girls in the Arab States, Central Asia, and South and West Asia are still denied their right to an education. Finally, the quality of education and learning achievement also continues to be a global concern. Studies show that in some countries children are not able to read and write properly even at the end of primary school.

### Supporting the MDGs

UNICEF's education programme supports MDG 2 (*Achieve universal primary education*) and MDG 3 (*Promote gender equality/empower women*) by increasing children's readiness for school; improving access to formal and non-formal education and early childhood development activities; and enhancing the quality of education through advocating for new curricula, the construction of child-friendly schools, and the improved training of teachers. UNICEF is also helping governments address disparities in education, such as between boys and girls, between regional areas, and between the better off and the most vulnerable.

While progress towards the MDGs is moving ahead in some areas, other areas are struggling. For instance, establishing access to early childhood development activities continues to be difficult, as early childhood development centres are not available in many countries. Although there has been some improvement – 140 million children were enrolled in preschool programmes worldwide in 2007, up from 113 million in 1999 – regional disparities are severe. In sub-Saharan Africa, only 1-in-7 children are enrolled in an early childhood development programme, compared to 1-in-3 for other



developing countries. And while many countries have started to develop and implement universal school readiness policies and programmes, many more lack either the relevant policies or good programmes that would allow all children, and in particular the most marginalized, access to early learning and development opportunities.

### Progress to date

UNICEF **advocacy efforts** have emphasized the positive impact of early learning on performance and retention. They have also sought to reduce education disparities. The number of countries with national education plans that include measures to reduce gender disparities, for instance, increased from 58 in 2005 to 93 in 2009. Furthermore, the number of countries whose education plans include measures to reduce other disparities, such as those related to poverty, ethnicity, disability, etc., increased from 74 in 2005 to 121 in 2009.

The **United Nations Girls' Education Initiative** remains the principal mechanism and platform for addressing gender disparities and for using gender as an entry point to address other educational disparities and multiple forms of exclusion. With almost 40 countries reporting partnerships for girls' education, and with work on gender increasingly mainstreamed and championed by governments, this partnership continued to help bridge the gap in enrolment between girls and boys in 2009.



Through the support of UNICEF and its many partners, an additional 11 countries developed **universal school readiness policies** in 2009, bringing the total number of countries to 61. Being the first country to introduce early childhood legislation in 2007, Ghana now reports that over 90 per cent of its poorest children have access to preschool education. In comparison, preschool education in other African countries varies from 1 per cent in Burkina Faso and Burundi to 19 per cent in Cameroon.

**Child-Friendly Schools (CFS)** is a flagship project of UNICEF's education programme, which includes the construction of safe and spacious buildings, training teachers in making classes more interactive, and helping school authorities manage their budgets. It also includes promoting hygiene and sanitation in schools. By 2009, 69 countries had developed quality standards for primary education based on the CFS model, and 89 countries had included WASH activities in their schools.

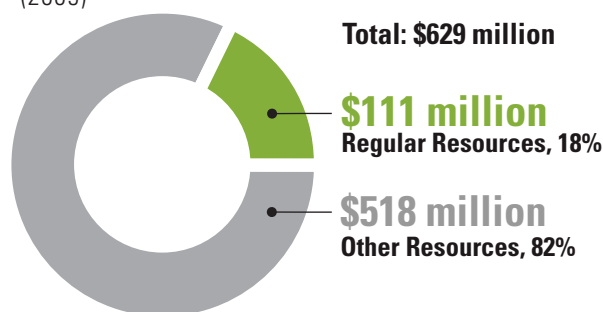
A key component of CFS is ensuring that **schools are environmentally safe**. In Madagascar, for instance, UNICEF piloted the construction of 16 eco-friendly classrooms and latrines, using pressed

bricks and other eco-friendly materials. Because these schools are not only better for the environment but also cheaper to build, the Ministry of Education and other UNICEF partners are now planning to construct additional schools in the country.

Along with Save the Children, UNICEF coordinates the international aid community's education response in humanitarian crises. In 2009, the two agencies jointly led the Inter-Agency Standing Committee Education Clusters that coordinated specific **emergency education activities** in 37 countries.

CHART 13

**EXPENDITURE BY TYPE OF RESOURCES:  
BASIC EDUCATION AND GENDER EQUALITY  
(2009)**



## VOICES FROM THE FIELD

### *Child-friendly school construction in cyclone-ravaged Myanmar*

**"I love this school!"** exclaims Aye Nandar Win. **"I love the space, the colours, my desk – everything."**

Aye Nandar Win attends fifth grade at Sinku Primary School in southern Myanmar. The students and teachers have been enjoying their new school, which was constructed by UNICEF and the Myanmar Ministry of Education after Cyclone Nargis destroyed the original buildings. **"The children are motivated, they participate, are active and so happy,"** observes the principal, Daw Hlar Hlar Nwe. Student numbers have almost doubled, from 72 to 136, since the new school opened its doors in June because parents in nearby villages feel safe and confident sending their children to Sinku.

Like all UNICEF-supported schools, Sinku Primary School features well-lit and ventilated classrooms, a teachers' office, library, water and sanitation facilities, access ramps for students with disabilities, and a large playground. The school was built to resist earthquakes up to 5.0 on the Richter scale as well as strong winds. In order to prevent flooding, the building has been raised a foot above the highest surge level in the area.

TABLE 10

**RR PROGRAMME ASSISTANCE EXPENDITURE FOR TOP 20 COUNTRIES:  
BASIC EDUCATION AND GENDER EQUALITY (2009)**

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Afghanistan	9.5	32.7	29%
Democratic Republic of the Congo	6.3	23.3	27%
Nigeria	5.9	13.6	44%
United Republic of Tanzania	5.8	7.6	76%
Ethiopia	5.6	26.7	21%
India	5.1	15.5	33%
Niger	4.1	8.5	48%
Bangladesh	3.9	21.9	18%
Uganda	3.6	9.6	38%
Mali	3.6	5.5	66%
Pakistan	3.4	29.7	12%
Myanmar	3.3	24.3	13%
Mozambique	3.1	8.5	37%
Indonesia	2.7	44.6	6%
Burkina Faso	2.5	8.0	32%
China	2.0	7.7	26%
Burundi	1.9	5.9	32%
Madagascar	1.8	10.4	17%
Ghana	1.6	3.2	51%
Cote D'Ivoire	1.4	11.4	12%

**2009 QUICK FACTS**

- Thirty-five countries placed a total of 2,300 orders for UNICEF's newly-developed **Early Childhood Development Kit**.
- A total of 388 **Alternative Education Centres** in Sudan had been established with UNICEF support by 2009, providing additional learning opportunities for more than 193,000 out-of-school youth.
- UNICEF worked with municipal authorities to set the stage for the **abolition of primary and secondary school fees** in Bogota, Colombia, in 2011. This initiative will benefit more than 1 million children and set an example for other areas of the nation.
- In Myanmar, 19 **child-friendly and environmentally-safe schools** had been built by 2009 in cyclone-affected areas.

## FOCUS AREA 3

# HIV/AIDS and children

### The challenge

Protecting children from HIV/AIDS and supporting those affected by the virus are two of the toughest challenges UNICEF and its partners are facing around the globe. Despite increasing awareness of the issues, actual progress has been slow, hampered by such factors as stigmatization, discrimination, and simple lack of motivation. The most recent UNAIDS estimates suggest that 11-12 million children worldwide have lost one or both parents due to AIDS. Young girls continue to be exposed to the greatest risks: in countries throughout Eastern and Southern Africa, for example, girls and young women aged 15 to 24 years are between 2 and 4.5 times more likely to be infected with HIV than males of the same age.



### Supporting the MDGs

UNICEF's support to the HIV/AIDS programme is contributing to MDG 4 (*Reduce child mortality*) and MDG 6 (*Combat HIV/AIDS, malaria, and other diseases*). Specifically, the organization aims at reducing the number of new infections and at increasing access to antiretroviral drugs for HIV-positive women and children. Simultaneously, UNICEF is working with a number of partners to improve family, community, and government support for orphaned and vulnerable children, and educating adolescents about the risks of HIV/AIDS and how they can protect themselves.

A disturbing trend shows that young people under 25 account for 40 per cent of all new HIV infections worldwide. Despite the fact that most people become sexually active in their adolescent years, effective school-based sexuality education is not

available in most countries because it is still considered a taboo subject. Youth-friendly health services are seldom available or are inadequate to the needs of their young clients. Additionally, more than 95 per cent of children who have lost one or both parents to AIDS are being cared for by relatives. Evidence shows that families are the best providers of care and support for affected children, and that these families need outside assistance. Nonetheless, only 12 per cent of the targeted 80 per cent of households with orphans and vulnerable children received free, basic external support in 2009.

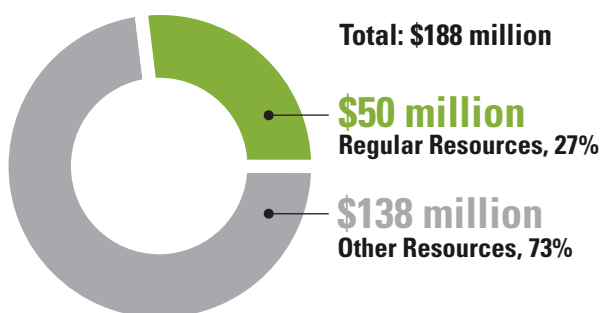
Reflecting on the state of HIV/AIDS, the UN Secretary-General's 2010 report on progress towards the MDGs urges a focus of attention on the "large and increasing inequalities in various economic and social dimensions," and identifies (among others) children affected by HIV and AIDS as particularly vulnerable in this context. To improve their lives and prospects, there must be a concerted effort to adapt global evidence to local needs, especially for children living in the poorest conditions.

### Progress to date

In recent years it has become clear that singling out orphans and other children affected by HIV/AIDS may actually lead to their further stigmatization. Recognizing this, the international community, including UNICEF, has agreed to use an AIDS-sensitive – and not AIDS-exclusive – approach to social protection. **Integrating services** such as maternal, newborn, and child health care with HIV services has been shown to be a highly effective way of achieving universal access and improved health outcomes for all.

In harmony with this effort, a central goal of the organization's work is to ensure that the gains made on behalf of women and children can be sustained by **strengthening national institutions** that are designed to safeguard vulnerable populations, for example by linking cash transfers with other health and social protection services and community child protection mechanisms.

# EXPENDITURE BY TYPE OF RESOURCES: HIV/AIDS AND CHILDREN (2009)



The **participation of marginalized communities**, especially through peer educators, is essential for strengthening national systems and institutions, ensuring appropriate messaging, and maximizing results. In Nepal, UNICEF supported efforts to reach out to more than 11,000 most-at-risk adolescents in 2009 with information and services on HIV, and it trained nearly 400 peer educators in eight districts. Of those trained, 87 per cent reported using or accessing the available services.

In an effort to help develop **diagnostic and mapping tools** for national child protection systems, UNICEF provided technical support to the United Republic of Tanzania's new national registration scheme. This scheme seeks to rapidly identify the number of vulnerable children who are at risk of HIV and AIDS. By the end of 2009, 64 per cent of all districts had identified their most vulnerable children, an increase from 53 per cent a year earlier. More than 580,000 of these children are now receiving at least one basic service, such as counselling or legal support.

The publication in December 2009 of the first *UN International Guidance on Sexuality Education*, under the leadership of UNESCO, presented a strong **rationale for sexuality education** in and out of schools that is sensitive to AIDS, gender, and sexual diversity. The most important news for educators and national planners may be that there is no downside to sexuality education in schools. None of the programmes studied, even those that were ineffective, led adolescents to have sex earlier or with more partners.

Last year also showed a steady increase in the number of pregnant women worldwide benefiting from services intended to prevent the transmission of HIV from mother to child (**prevention of mother-to-child transmission**, or PMTCT). The number of pregnant women testing for HIV during pregnancy or around the time of delivery increased from 7 per cent in 2004 to 21 per cent in 2008. The proportion of pregnant women living with HIV receiving antiretroviral treatment increased from 10 per cent in 2004 to 45 per cent in 2008. This positive trend continued throughout 2009.

UNICEF is piloting, with inputs from the World Health Organization (WHO) and other global partners, the **Mother-Baby-Pack** – an innovative package that includes all the antiretroviral drugs and antibiotics needed to save a baby from being born with HIV. With just one visit to an antenatal clinic, a pregnant woman receives all the medicines required to prevent mother-to-child transmission of the virus.

## VOICES FROM THE FIELD

### *Supporting HIV-positive mothers in Lesotho*

A heavily pregnant Malekena, 22 years old, trekked for over five hours across steep gravel roads, rocky mountain paths, and pebbly river planes, determined to reach the nearest health clinic and check up on her unborn baby. Even though she might not have realized it then, this journey was critical for her baby's survival. That was the day Malekena found out she was HIV-positive. She was counselled by nurses at the pilot health clinic in Berea, which provided her with the new Mother-Baby-Pack for HIV prevention, developed by UNICEF in line with WHO guidelines on preventing mother-to-child transmission.

Four months later, Malekena is proud of her thriving newborn baby girl. "Her name is Mankhube; she is my miracle baby!" Malekena has returned to the clinic to have her baby tested, and the results have revealed that little Mankhube is HIV-negative. "These drugs are a gift from heaven; they have brought me life," says Malekena with a glowing smile.

TABLE 11

**RR PROGRAMME ASSISTANCE EXPENDITURE FOR TOP 20 COUNTRIES:  
HIV/AIDS AND CHILDREN (2009)**

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Ethiopia	4.0	8.3	48%
India	3.2	6.7	47%
Nigeria	3.0	3.2	93%
Pakistan	2.4	3.5	68%
Uganda	2.3	5.3	44%
Mozambique	2.1	11.9	17%
Burkina Faso	2.0	2.0	98%
United Republic of Tanzania	1.9	3.4	56%
South Africa	1.7	4.5	39%
Myanmar	1.4	1.7	82%
China	1.2	4.7	26%
Mali	1.2	1.5	79%
Madagascar	1.2	1.2	97%
Malawi	1.1	8.1	14%
Zambia	1.0	3.0	32%
Democratic Republic of the Congo	0.9	4.0	23%
Cote d'Ivoire	0.9	1.0	95%
Sudan	0.9	3.6	25%
Chad	0.9	2.0	43%
Angola	0.8	3.5	23%

**2009 QUICK FACTS**

- With the help of UNICEF, India developed a **national strategic plan** that ensured that the necessary equipment would be available in all 174 antiretroviral centres to offer both paediatric as well as HIV services. Now, mothers can receive help for themselves and their children in one location.
- UNICEF **advocacy** helped drug-stricken Uzbekistan to re-programme \$700,000 in Global Fund contributions to activities aimed at reducing infection through contaminated needles.
- UNICEF procured enough **antiretroviral** drugs to support nearly 784,000 patients for one year.
- UNICEF procured and distributed more than 10.4 million **HIV rapid test-kits**.
- In Kenya, increased government and donor funding enabled the expansion of a UNICEF-supported **cash transfer programme** for families with vulnerable children from 30,000 households to 75,000 households in 47 districts.

## FOCUS AREA 4

# Child protection from violence, exploitation, and abuse

### The challenge

Today, children are facing an increasing spectrum of harm and abuse. This spectrum includes sexual exploitation and trafficking, hazardous labour, physical and psychological violence, homelessness, the impact of armed conflict, forced military service, harmful cultural practices, lack of access to legal and health services, unnecessary institutionalization, and more. The current global economic downturn and the many issues related to climate change and urbanization are relatively new challenges that are having – and will continue to have – a massive, long-term impact on the lives of children everywhere.

Working with a number of partners on the global, regional, and national level, UNICEF is striving to create an environment where girls and boys are free from violence, exploitation, and unnecessary separation from family. The organization seeks to ensure that local and national laws, services, and practices minimize children's vulnerability, address known risk factors, and strengthen children's own resilience.



### Supporting the Convention on the Rights of the Child and the Millennium Declaration

The nations of the world committed to a number of child protection-related objectives by signing the Millennium Declaration in 2000. The Declaration was drafted after it became clear that not a single goal in any sector can be achieved unless the protection of children was first integrated in programming and policy development.<sup>28</sup> The objectives

include: (1) to work for the full protection and promotion of civil, political, economic, social, and cultural rights for all; (2) to fight all forms of violence against women and children; and (3) to encourage the ratification and full implementation of the Convention on the Rights of the Child, with particular attention to the involvement of children in armed conflict and the sale of children, child prostitution, and child pornography. UNICEF's child protection programmes address each of these aims, and it is thus supporting the Millennium Declaration and the MDGs across all sectors.

### Progress to date

UNICEF and its partners are tackling the challenges of child protection in two distinct ways. One focuses on **strengthening child protection systems** at the global, regional, and national level. This process entails the passage and implementation of laws, policies, and services to effectively prevent and respond to child rights violations; for example, identifying and persecuting child traffickers.

At the same time, UNICEF is working with governments and communities to **change discriminatory social norms**, which underlie many forms of violence, exploitation, and abuse, such as the belief that girls are worth less than boys (much of the Middle East and Asia) or that children can be guilty of witchcraft (Nigeria, Democratic Republic of the Congo). For example, the United Nations Population Fund (UNFPA)-UNICEF Joint Programme for the **elimination of female genital mutilation/cutting** stepped up activities in eight pilot countries and added four more in 2009. Two countries, Gambia and Somalia, issued their first declarations of abandonment.

A major milestone for child protection in emergencies was the approval of UN Security Council resolutions 1882 and 1888, which expanded the monitoring and reporting mechanism on **grave violations against children in situations of armed conflict**. These resolutions build upon Security Council Resolution 1612, and together they seek to protect children from being killed, maimed, or

<sup>28</sup> There is no specific MDG addressing child protection issues, which are covered in the Millennium Declaration.



sexually assaulted, and to prevent the recruitment and use of child soldiers.

By December 2009, 14 countries had set up monitoring task forces to check and report on such violations. The schemes established on both the national and regional levels offer opportunities to strengthen coordination among the involved actors, improve the accuracy and reliability of information gathering, enhance means to hold perpetrators accountable, and implement more effective advocacy and programme activities for children and women. Parties to conflicts in Côte d'Ivoire, Darfur, Myanmar, Nepal, Sri Lanka, and Uganda have already developed action plans to help prevent and address cases of violence against children. The Uganda Task Force on Monitoring and Reporting, for instance, has been engaged in consultations with the United Nations, including UNICEF, to establish a regional strategy to monitor and report on grave child rights violations committed by the Lord's Resistance Army rebel group in the region.

In 2009, an **inter-agency collaboration on child labour** encouraged increased joint research, programming, and innovative policy development on child labour issues. In India, for instance, UNICEF supported research that highlighted the fact that increased access to schools significantly reduced

## VOICES FROM THE FIELD

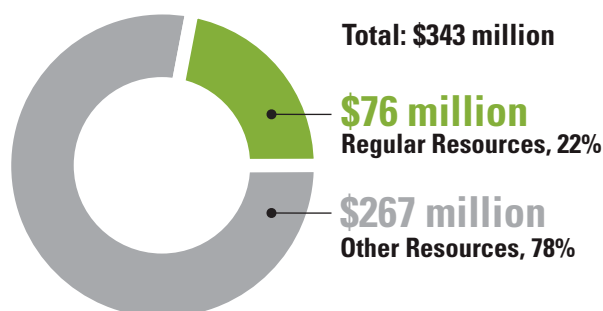
### *Protecting the rights of Pakistan's most vulnerable children*

**In a tidy dormitory lined with bunk beds at the Child Protection and Welfare Bureau in Faisalabad, 10-year-old Tariq plays a game of carom with his friends. "I won!" he cries.**

**A year ago, Tariq had no place to call home. He had run away from his family because his father had beaten him. Sleeping at a friend's house at night, he worked odd jobs during the day and spent his meagre earnings on food and drugs. Eventually, the Child Protection and Welfare Bureau, a UNICEF partner, became aware of Tariq's situation and offered him a way out by taking him to a newly established shelter for runaway boys. Here, children like Tariq attend literacy classes, play sports, and receive counselling. Meanwhile, parents are located and counselled, and are assisted in the preparation of petitions so that custody of their children can be returned to them.**

CHART 15

### EXPENDITURE BY TYPE OF RESOURCES: CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE (2009)



*rural* child labour rates, while increased household income had the largest impact on reducing *urban* child labour rates – findings that revealed the need for a differentiated approach to child labour in rural and urban areas. UNICEF also provided **technical advice to corporate partners**, including Telenor, IKEA, and the Norwegian Investment Fund for Developing Countries, in an effort to influence change in sourcing, supply chains, and investment patterns – particularly in the area of agricultural child labour, where 69 per cent of all child labour takes place.

Last year UNICEF supported approximately 78 countries in expanding their **birth registration** activities, up from 64 countries the year before. One particularly successful approach has been offering birth registration together with health services, such as coupling birth registration and immunization campaigns in the Democratic Republic of the Congo, or having midwives register newborn babies in Sudan.

UNICEF assisted 114 countries in 2009 (up from 64 in 2008) in **addressing family separation** issues through programmes ranging from policy development to direct care support; for example, by setting up shelters and education opportunities for street children.

UNICEF initiatives concerning **children with disabilities** have more than doubled in the last two years, from 30 countries in 2007 to 75 in 2009. These included advocacy and awareness-raising efforts, and finding alternatives to institutional care. Much progress has been made in Central and Eastern Europe, where support for children with disabilities has been incorporated into childcare system reforms. As a result, families with disabled children in some countries now receive such services as day-care, early childhood development programmes, counselling, and parenting support.

TABLE 12

**RR PROGRAMME ASSISTANCE EXPENDITURE FOR TOP 20 COUNTRIES:  
CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE (2009)**

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Democratic Republic of the Congo	5.6	19.9	28%
Afghanistan	4.6	6.6	70%
India	3.6	7.3	49%
Uganda	3.0	6.3	48%
Nigeria	2.5	2.7	93%
Burkina Faso	2.3	3.8	59%
Pakistan	2.1	7.5	28%
Bangladesh	2.1	8.3	25%
Niger	1.9	2.5	75%
Ethiopia	1.6	4.7	34%
Chad	1.5	4.3	35%
China	1.5	4.2	36%
Zambia	1.4	3.3	44%
Mozambique	1.4	5.7	25%
Sierra Leone	1.3	2.2	61%
Senegal	1.3	2.8	45%
Mali	1.3	2.5	50%
Madagascar	1.3	2.5	51%
Kenya	1.2	10.0	12%
Somalia	1.1	5.6	20%

## 2009 QUICK FACTS

- UNICEF published *Progress for Children: A Report Card on Child Protection*, the first comprehensive resource on **child protection statistics**.
- UNICEF advocated for national policies and legislation to **combat child trafficking** in 41 countries.
- UNICEF assisted nearly 20 countries in mapping and assessing the effectiveness of their **child protection systems**.
- As of December 2009, 951 companies in 35 countries had signed the Code of Conduct for the **Protection of Children from Sexual Exploitation** in Travel and Tourism.
- Eight additional Member States endorsed the Paris Commitments and **Paris Principles on Children Associated with Armed Forces or Armed Groups**, increasing the number of endorsing states to 84.
- With the help of UNICEF, an additional six countries ratified the **Optional Protocol to the Convention on the Rights of the Child** on the Sale of Children, Child Prostitution, and Child Pornography in 2009, bringing the number of signatories to nearly 140.



## FOCUS AREA 5

# Policy advocacy and partnerships for children's rights

### The challenge

The rights of children are threatened in a multitude of ways, including in ongoing conflicts, natural disasters, and in an increasing number of situations that permit and even foster inequalities and discrimination. While some of these situations have been ongoing for years, at times new challenges present themselves. The recent global economic and financial downturn is a good example of unforeseen circumstances that can magnify already existing disparities in the most vulnerable communities.

Many developing countries face increased social needs at a time of reduced resources. Families struggle to provide food, to send children to school, or to provide medical care. National governments and the international community have only limited time in which to protect today's children from the long-term effects of under-investments in public spending before yet another generation becomes trapped in a cycle of poverty.

### Supporting the Convention on the Rights of the Child, the Millennium Declaration, and the MDGs

UNICEF's work in policy advocacy and partnerships is crucial in all sectors, and consequently contributes to all eight Millennium Development Goals and the principles of the Millennium Declaration. It is also central to realizing the principles and commitments enshrined in the Convention on the Rights of the Child. UNICEF's efforts include being a global advocate for children; providing technical and policy support to help achieve and sustain children's rights; putting more focus on the most vulnerable

children; developing capacities, for instance, for the proper planning, implementing, and monitoring of social protection interventions; and working cooperatively with key partners – including children themselves – in promoting children's rights.

True progress towards the MDGs and the universal realization of the rights of all children will only be achieved when the entire international community works in concert for the implementation of policies that focus on the most vulnerable children and their families. UNICEF's support to national counterparts to influence changes in policies and laws for improving children's lives is central to the organization's "upstream" work.

### Progress to date

In response to the economic slowdown, UNICEF and other humanitarian actors in 2009 emphasized the importance of **protecting children from economic and social shocks**, including through sustained and increased investments to meet the needs of children, women, and disadvantaged families. UNICEF supported governments both in piloting social protection programmes and in advocating for the scaling-up of existing programmes that have proven to be successful.

Working with governments, UNICEF also reviewed the public expenditure and budgeting processes of 95 nations in response to the economic crisis. Nearly 60 countries now make use of government-civil society partnerships for **monitoring and analyzing national budgets** as a way to ensure that the needs of children and women are considered. In Iraq, for instance, UNICEF advocacy resulted in an increased government commitment to *child-friendly budgeting*, including the use of government resources to procure vaccines and many other important health and nutrition supplies.

It is estimated that by 2030, 60 per cent of the world's population (some 5 billion people) will live in urban settings. To prepare for the consequences of this emerging reality, UNICEF reviewed urban trends and their impact on children and adolescents; compiled an overview of work being done by other actors; and conducted an assessment of its own urban activities within a sample of UNICEF



country offices. The recommendations from this study will influence future programming responses in the area of **children, the environment, and urban poverty**.

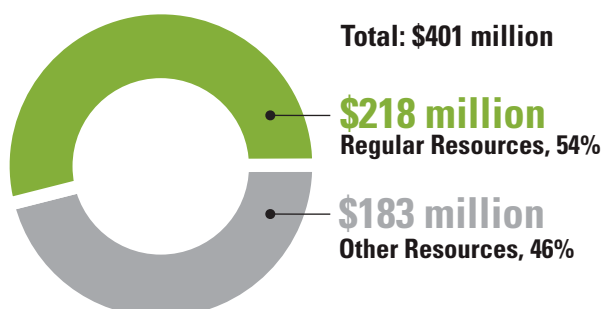
In an additional effort to strengthen global coordination around children's issues, UNICEF launched the **Child Poverty Network** in October 2008, designed to establish a community of knowledge and practice on child poverty and disparities. In 2009 this online forum grew to more than 1,000 members from 150 countries, including child poverty experts, academic and research institutions, governments, and UN agencies. Via this forum, members share experiences related to child issues, discuss concepts and approaches, and publish research and other information that might be helpful to improve the situation of children around the world.

Globally, UNICEF is the leading UN agency for **data collection and analysis on child-related indicators** in nutrition, health, HIV/AIDS, protection, education, and water and sanitation. UNICEF continues to maintain the **DevInfo database** on behalf of, and with support from, 20 member agencies of the United Nations Development Group (UNDG). In 2009 it also supported the launch of the fourth round of **Multiple Indicators Cluster Surveys**, which produce highly reliable household data on children and women across all sectors.

Strengthening the **voice of children** themselves, 31 countries systematically sought the views of children on development issues through opinion polls and focus groups with girls, boys, and adolescents. This compares with only 17 countries in 2005. In 39 countries, adolescent girls and boys were active participants in drafting national reports to the Committee on the Rights of the Child.

#### CHART 16

#### EXPENDITURE BY TYPE OF RESOURCES: POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS (2009)



#### VOICES FROM THE FIELD

##### *Youth delegates demand action on climate change*

**"We, the youth delegates from 44 countries attending the Children's Climate Forum 2009, will not sit back and watch." This is the strong, determined beginning of the Declaration of the Children's Climate Forum in Copenhagen. It continues: "We already face the effects of climate change.... The time for talk is over. Now, we hold you accountable for your commitments."**

**After a week of intensive work and debate, 164 young people from all over the globe committed to personal changes in their own lives and demanded that governments worldwide take actions to protect our planet from the effects of climate change, stressing how climate change has threatened their lives and that of their families. "This is just the first step, the beginning of something that will change all of our lives in the near future," said 16-year-old Bripra Biswambhara Nil, from India.**

TABLE 13

**RR PROGRAMME ASSISTANCE EXPENDITURE FOR TOP 20 COUNTRIES:  
POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS (2009)**

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
India	17.5	27.0	65%
Nigeria	14.4	14.6	99%
Democratic Republic of the Congo	12.2	20.7	59%
Afghanistan	9.6	12.1	79%
Ethiopia	8.2	11.1	74%
Bangladesh	8.1	9.4	86%
United Republic of Tanzania	5.6	6.2	91%
Chad	5.4	7.8	70%
Kenya	5.2	6.8	76%
Uganda	4.9	7.0	70%
Rwanda	3.9	4.7	83%
Mozambique	3.7	6.4	58%
Sudan	3.4	16.6	20%
Myanmar	3.3	5.3	63%
Niger	3.2	4.0	82%
Malawi	3.1	4.2	73%
Burkina Faso	2.8	2.8	99%
Côte d'Ivoire	2.7	2.9	93%
Mali	2.7	3.2	82%
Nepal	2.6	4.9	54%

## 2009 QUICK FACTS

- Membership in *Voices of Youth*, an online forum established by UNICEF to facilitate the **exchange of knowledge and ideas** among children of the world, grew to nearly 45,000 by year-end.
- In early July, 54 young delegates met in Rome to participate in UNICEF's **Junior 8 Summit** at the same time as the annual meeting of the Group of Eight (G8) was held in L'Aquila. These delegates discussed the same issues that were on the G8 agenda and drafted recommendations for the G8 leaders on such topics as HIV/AIDS, climate change, child rights in the context of the financial crisis, poverty and development in Africa, and education.
- UNICEF sponsored 96 major **thematic studies related to children and women**, up from 76 such studies in 2008.
- UNICEF supported production of **situation analyses and child poverty studies** on the rights of children and women in 18 countries, providing essential evidence for national development planning and for drafting poverty reduction strategies.
- In Malawi, UNICEF has been working with the government to encourage the scaling-up of a successful **social cash transfer scheme** that is currently in seven districts, reaching 24,000 vulnerable households.

# Humanitarian action

## The challenge

Natural disasters, armed conflicts, and the financial and economic downturn continued to have a tremendous impact on the lives of children in 2009. **Conflicts** cause large-scale displacement of populations, often to facilities wholly inadequate to the needs and numbers involved. Of an estimated 42 million people currently displaced by conflict and persecution, over 40 per cent are children.

**Natural disasters** also contribute to global insecurity and population displacement, and such disasters have been growing in number and intensity in recent years. In addition, for the first time in human history more than half the people of the world are living in towns and cities, a trend that is likely to rapidly increase due to climate change, thus creating the potential for new urban emergencies as a result of overcrowding and inadequate public services.

## Supporting the Millennium Declaration and the MDGs

Most of the worst-off countries in terms of their performance in the MDG indicators are either experiencing or recovering from emergencies or have a long history of humanitarian crises. For example, fragile situations account for half of under-five deaths worldwide, and for nearly half of all children not attending primary school. As emergencies become more complex, the international community – including UNICEF – needs to adapt its strategies to address the immediate needs resulting from specific crises, while simultaneously ensuring longer-term sustainable solutions and contributions to achieving the MDGs.

## Progress to date

In 2009, UNICEF responded to more than 232 separate emergencies in 94 countries, and it worked with governments and civil society partners to address the **full spectrum of emergency-related issues**: disaster-risk reduction, early warning, preparedness and response, and early recovery – all of which help to lay the foundation for sustainable, longer-term interventions.



UNICEF has been a contributor to all pillars of **humanitarian reform** through its support to a strengthened UN-led humanitarian coordinator system; its leadership of sectoral emergency response groups, known as “clusters”; its partnerships with international and local actors; and its assistance to humanitarian financing, including helping to further define the mechanisms and priorities of the Central Emergency Response Fund (CERF).<sup>29</sup>

The organization recognizes that an **effective early recovery** approach during the emergency response phase lays the foundation for a sustainable recovery by strategically addressing challenges related to developing the capacity of national and local authorities and communities to rebuild over the long term. Recovery programmes in tsunami-affected countries highlight the potential of this model: in several such countries UNICEF continued to support efforts to rebuild education and health systems and develop new child protection systems where there were none before.

While the **cluster approach** for coordinating humanitarian activities has become the norm in sudden-onset emergencies, it has also proved valuable in supporting preparedness activities, as well as serving as entry points for development of national capacities. Currently, there are 34 education clusters, 30 WASH clusters, 22 nutrition clusters, and 40 child protection clusters set up around the globe.

<sup>29</sup> The CERF is a humanitarian fund established by the United Nations to enable more timely and reliable humanitarian assistance to those affected by natural disasters and armed conflicts. In 2009, UNICEF received over \$94 million in CERF grants, making it the largest source of humanitarian funding to the organization.



A pilot effort to strengthen **gender equality in humanitarian action** in 2009 showed promising results in some countries, including increased capacity of staff and partners to apply gender analyses to their assessment and design of emergency programmes. In the Democratic Republic of the Congo, for instance, the UNICEF-led WASH cluster agreed on minimum standards for WASH partners to incorporate gender and child protection issues in their programmes.

Five years after the 2004 tsunami, UNICEF **completed its tsunami programmes** in Malaysia, Maldives, Myanmar, Somalia, and Thailand in 2009, transferring any remaining responsibilities to national authorities. In Indonesia and Sri Lanka, UNICEF will continue to support reconstruction activities in the health, education, and water and sanitation sectors through 2010.

## VOICES FROM THE FIELD

### *Initiatives to reduce malnutrition in Goma*

Riziki Furar lies contentedly on a mattress in one of the rooms at the Therapeutic Feeding Center at Virunga Hospital in Goma. She is waiting for the midday call when the next round of feeding takes place. Her daughter, three-year-old Shashire Bahati, plays in her lap. Her skin shines a healthy glow and her cheeks are round. Riziki and her daughter fled their village near Goma in 2006 because of fighting. They have since been living in several camps for internally displaced persons (IDPs).

Less than one month ago, Shashire was extremely weak, she had swollen feet, and she was suffering from acute watery diarrhoea. Worried that her child might die, Riziki initially brought her daughter to a UNICEF-supported supplementary feeding centre in Buhimba IDP camp. After undergoing an examination with a nutritionist, Shashire was immediately referred to Virunga Hospital to undergo three weeks of intensive therapeutic feeding. The change has been dramatic. "When I came here, my daughter was in a very bad condition. She had no energy and was basically lifeless," Riziki explains. "Now she's put on weight, she no longer has diarrhoea, and her feet are no longer swollen."

## A note regarding expenditure on emergencies

While humanitarian crises are largely funded by restricted Other Resources, core Regular Resources serve a very important purpose in the early stages of these response and recovery efforts. UNICEF has a \$75 million revolving fund called the Emergency Programme Fund (EPF), which it makes available to country offices to support cash and supply requirements to kick-start response actions in the first few days immediately following the onset of emergencies. Without these funds, some offices would have to delay the start of their humanitarian response activities, potentially putting many lives at risk. In 2009, UNICEF allocated more than \$40 million in EPF loans to 15 countries. See *Humanitarian Action* (page 21) for details on the EPF and 2009 expenditures.

## 2009 QUICK FACTS

- UNICEF supported the distribution of 2,900 **emergency health kits** to 28 countries, filling essential drugs needs for approximately 29 million persons for three months.
- The organization's Supply Division in Copenhagen provided **emergency supplies** to 68 countries facing humanitarian crises in 2009.
- UNICEF provided 14.5 million doses of **meningitis vaccine** to six countries in Africa and 127 million doses of **measles vaccine** to emergency-affected countries.
- In the Democratic Republic of Congo, over 19,000 **survivors of sexual violence** were identified with UNICEF assistance, 18,000 of whom received counselling and nearly 12,000 received medical assistance.
- In Yemen, some 27,000 young people participated in activities offered at 10 **child-friendly spaces and youth centres** established by UNICEF and its partners.
- Continuing to respond to the 2008 Cyclone Nargis in Myanmar, UNICEF supported the identification, registration, and assistance of 10,500 **vulnerable children and their families** through regular visits, the provision of supply kits, and educational and health services.



# RESULTS FOR CHILDREN: COUNTRY PROFILES

## Results for children: Country profiles

The following 15 case studies are illustrations of UNICEF's work worldwide – in Least Developed Countries and Middle Income Countries. They include 14 country-specific profiles and one multi-country initiative on UN Coherence. All the highlighted programmes benefitted from varying amounts of Regular Resources, from as high as 97 per cent (HIV/AIDS in Uzbekistan) to as low as 12 per cent (young child

survival and development in Somalia). Of the 17 countries profiled in the following pages, 14 were among the top 50 countries that spent Regular Resources on Programme Assistance in 2009 (see Table 5, page 16). In all instances, the availability of unrestricted funds helped the organization to implement aspects of its programmes that it might not otherwise have been able to do solely through the mobilization of restricted donor funds.

TABLE 14

### SUMMARY OF COUNTRY CASE STUDIES

CASE STUDY NO.	FOCUS AREA	COUNTRY	RR AS % OF TOTAL FOCUS AREA EXPENDITURE	PROGRAMME DESCRIPTION
1	<b>Young child survival and development</b>	China	19%	Iodine deficiency disorders
2		Ethiopia	18%	Severe acute malnutrition
3		Somalia	12%	Child Health Days
4	<b>Basic education and gender equality</b>	Democratic Republic of the Congo	27%	Education in emergencies
5		India	33%	Reducing educational disparities
6		Yemen	43%	Improving school readiness
7	<b>HIV/AIDS and children</b>	Zambia	32%	HIV/AIDS and prevention of mother-to-child transmission
8		Uzbekistan	97%	Building trust to prevent HIV infections
9	<b>Child protection from violence, exploitation, and abuse</b>	Bangladesh	25%	Child labour
10		Nigeria	93%	Social exclusion and marginalization
11	<b>Policy advocacy and partnerships for children's rights</b>	El Salvador	44%	Promoting child rights
12		Georgia	56%	Protecting orphans and vulnerable children
13		Kenya	76%	Social protection for children made vulnerable by AIDS
14	<b>UN Coherence</b>	Sierra Leone	79%	Voices of children
15		Multi-country:	–	Delivering as One
		Albania		
		Rwanda		
		Viet Nam		



## FOCUS AREA 1: YOUNG CHILD SURVIVAL AND DEVELOPMENT

### Case study 1: China

#### *Iodine deficiency disorders*

##### The challenge

A lack of iodine in the diet can result in any of several conditions, collectively referred to as iodine deficiency disorders (IDD). These conditions can affect people of all ages, causing swelling of the thyroid gland (goitre) as well as symptoms of an under-active thyroid (hypothyroidism). Infants and young children are particularly at risk of such disorders, including intellectual impairment and problems with physical development. Indeed, severe iodine deficiency during early development can result in mental retardation (cretinism). Thus, it is extremely important that pregnant women, breast feeding mothers, and young children receive adequate amounts of iodine. Recent studies have shown that children from communities that are iodine deficient can lose as much as 13.5 IQ points on average compared to children from communities that are non-deficient.

While iodine deficiency is the most common cause of preventable mental retardation and hypothyroidism globally, IDD can be easily and cost effectively prevented and controlled by adding iodine to table salt – a process known as Universal Salt Iodization (USI). China has a history of iodine deficiency dating back to the economic reforms of the mid-1980s, when salt production was devolved by the state, and thus there was no guarantee that iodine was being added.

##### UNICEF's role

With support from UNICEF and the World Health Organization, the Chinese Government has prioritized IDD elimination and, with a World Bank loan, has been restructuring the salt sector since 1995 – when the iodization of salt fell below 40 per cent. As a consequence, China is one of the first countries in the world to achieve Universal Salt Iodization, and by 2009 almost 95 per cent of households consumed salt iodized to the national standard. While these statistics are extremely encouraging, given the country's vast population, almost 68 million people remain unprotected from iodine deficiency, primarily in the provinces and rural counties. The problem is greatest in the poorest

provinces because the excess production of non-iodized salt results in significantly cheaper prices than iodized salt.<sup>30</sup> For this reason China continues to set demanding targets, and UNICEF continues to support the government's efforts, including the national recognition of IDD Day (15 May) each year.

UNICEF has also been directly engaged with the government through a series of technical exchange visits, providing data on the value of iodized salt, the elimination of IDD globally, and the importance of China to sustain its efforts for full national implementation of its USI programme. These exchanges have included visits from high-level experts and members of IDD global networks, as well as organizing study visits by local government leaders to other countries with successful USI programmes – allowing these leaders to bring home important “lessons learned” that can be applied to their own regions.

UNICEF is at the forefront in collecting data about iodized salt coverage and iodine nutrition status, and the organization is working with the central government to influence local governments on the importance of achieving specific targets. UNICEF has also worked to persuade local governments to provide salt price subsidies wherever needed, resulting in cheaper or even free iodized salt in some areas. This has greatly helped poor regions such as Tibet, where coverage more than doubled from 30 per cent in 2007 to approximately 73 per cent in 2009. Similarly, Xinjiang region achieved 90 per cent coverage in 2009 for the first time.



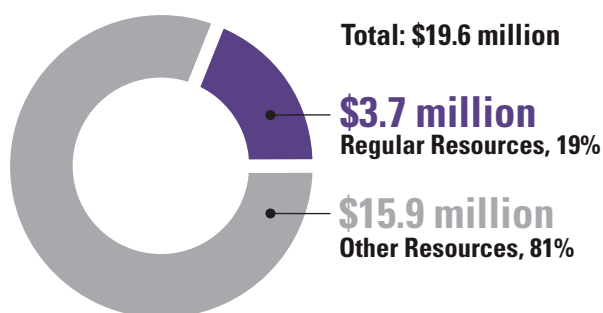
<sup>30</sup> It is noteworthy that in many very poor countries progress in reducing iodine deficiency disorders is largely achieved because the cost differential between iodized and non-iodized salt is negligible.

### The value of RR in China

*It is increasingly difficult for UNICEF China to attract donor funding for traditional development assistance activities, given the country's obvious economic achievements. Nonetheless, China remains in need of technical support, advocacy, and high-quality programme monitoring and evaluation. While the government has been exceptionally supportive in the effort to reduce the population's iodine deficiency, there are still remote areas of the country where iodine deficiency disorders are unacceptably high. RR funding is extremely useful for the China country office to maintain its activities in promoting a public health approach to salt iodization and iodized salt consumption, thus preventing IDD for the tens of millions who continue to be at risk in this country.*

CHART 17

#### RR/OR EXPENDITURE: CHINA CHILD SURVIVAL PROGRAMME



### VOICES FROM THE FIELD

At first, Wang Yi felt tired. Every day the teenage girl would struggle to get out of bed and make her way to school. Later, it became harder and harder to swallow. Soon thereafter she noticed her neck swelling, and eventually her thyroid gland grew so large that her neighbours would make fun of her swollen goiter. At the time she was told that her liver had been damaged and that she should put poultices of cabbage and clay on her sore neck. As Yi later discovered, her problem was iodine deficiency, causing years of pain and eventually requiring surgery.

## FOCUS AREA 1: YOUNG CHILD SURVIVAL AND DEVELOPMENT

### Case study 2: Ethiopia

#### *Severe acute malnutrition*

#### The challenge

As reported by UNICEF in *Tracking Progress on Child and Maternal Nutrition*, published in 2009, approximately 200 million children in the developing world under the age of five suffer from stunted growth as a result of chronic maternal and childhood undernutrition. As the number of hungry and malnourished people passes 1 billion worldwide (approximately one of every six persons), the report identifies undernutrition as one of the major causes of death among young children.

Undernutrition is often invisible until it is severe, and many children who appear reasonably healthy may be at grave risk of serious and even permanent damage to their health and development. The problem is concentrated in just a few regions in the world, with 80 per cent of all chronically undernourished children found in 24 countries. Among children who suffer from stunting – a consequence of chronic nutritional deprivation that can begin before birth if the mother is undernourished – 90 per cent live in Africa and Asia.

Food insecurity, exacerbated by various public health hazards and internal displacement due to war, is a major factor affecting the health and nutrition of children in Ethiopia. The latest Ethiopian Demographic and Health Survey indicates that the prevalence of severe acute malnutrition in children under five is approximately 2.2 per cent throughout the country. However, UNICEF estimates that over 270,000 children under five in the most food-insecure districts are in need of therapeutic feeding treatment.

#### UNICEF's role

To respond to the need to provide therapeutic feeding in Ethiopia, UNICEF is partnering with a government-led Health Extension Programme, as well as with international NGOs, to train health workers in the case management of severe acute malnutrition at the village health-post level. With UNICEF's support, the Federal Ministry of Health launched the national Health Extension Programme in 2004 to widen the reach of primary healthcare services for mothers and children across the country. As a result, coverage of publicly-funded healthcare increased from 61 per cent in 2003 to 87 per cent in 2007, with coverage rates now remaining stable.



Thanks to this partnership, the capacity to treat severe acute malnutrition in Ethiopia has increased from near-zero in 2003 to 100,000 cases in 2009, achieving recovery rates of up to 83 per cent in the 342 districts where malnutrition is concentrated. UNICEF is now supporting the roll-out of the strategy throughout the country which, when fully implemented, will provide enormous gains for child survival.

The Health Extension Programme has trained and deployed thousands of health workers and volunteers to deliver a basic healthcare package, including maternal, infant, and child health. Each local health post is co-managed by two health workers who offer a range of services, including antenatal care and nutritional counselling, as well as assistance with immunization, family planning, and hygiene and sanitation – all supported by volunteers. More recently, a supplementary course in malnutrition management has been added to the programme's basic curriculum. In addition to providing families with ongoing guidance on nutrition, health workers can now screen for malnutrition and supply therapeutic food and medicine to those who can be treated on an outpatient basis. Those in need of more urgent attention are referred to inpatient treatment at health centres and hospitals.

Health workers – usually women from the communities in which they will serve – complete a one-year training course, and to date some 33,000 workers have been trained. This has created the opportunity for a massive scaling-up of community treatment of severe acute malnutrition, especially in drought-affected districts, given that the health

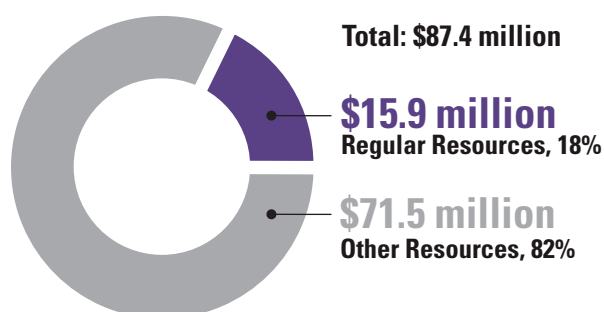
## The value of RR in Ethiopia

*The 2007-2009 period saw a major breakthrough in Ethiopia in the treatment of severe acute malnutrition at the community level. Regular Resources have been fundamental in helping to pilot the Health Extension Programme. Further, ensuring a steady flow of RR funds to Ethiopia in the future is essential to enable the government, UNICEF, and other partners to scale-up the scope of these activities for the more than 270,000 Ethiopian children living in highly food insecure districts that can benefit from live-saving therapeutic feeding treatment.*

CHART 18

### RR/OR EXPENDITURE:

#### ETHIOPIA CHILD SURVIVAL PROGRAMME



posts are close to many patients, and that health workers can more readily monitor a patient's progress through weekly home visits. The number of posts grew exponentially in 2009 – from fewer than 500 to more than 3,200. This means there was a corresponding growth in early detection of severe acute malnutrition, which has vastly improved the chances for full recovery of malnourished children.

The programme's emergency response is further enhanced by *RapidSMS* – a text messaging service that UNICEF adapted to the Ethiopian communications market in order to support effective food distribution. Data can be entered onto mobile phones as SMS messages and almost instantaneously appear on the government's computer servers, meaning that the correct amounts of food can be distributed quickly and accurately to needy areas.

## VOICES FROM THE FIELD

**Almaz Kare is a 20-year-old mother of two who lives in the Boricha District of Ethiopia. The area has been hit hard by the ongoing drought in eastern Africa; and while families struggle to live on the food grown on their small plots, the drought means cash crops are failing and food is scarce. Almaz's daughter, four-year-old Masento, is recovering from severe acute malnutrition. Her recovery is being managed by Mulu Yohannes, the family's village health worker.**

**"Masento is much better now that she has been treated by the health worker," says Almaz happily. Mulu and others like her are treating severe acute malnutrition at the community level. Undernourished children such as Masento can be identified and, if they do not have medical complications, can receive therapeutic feeding close to home. Mulu distributes *Plumpy'nut* – a high-protein, ready-to-use peanut paste fortified with milk and vitamins – and visits the family at home once a week to monitor Masento's progress.**

## FOCUS AREA 1: YOUNG CHILD SURVIVAL AND DEVELOPMENT

### Case study 3: Somalia

#### *Child Health Days*

##### **The challenge**

The tragic reality of Somalia is that one child in seven dies before the age of five. UNICEF and WHO are partnering with local authorities to protect children under five from preventable diseases and water-borne illnesses through Child Health Days (CHD) – a programme designed to reduce malnutrition and safeguard women against neonatal tetanus in child delivery. Services offered include immunization against measles, diphtheria, whooping cough, tetanus, and polio, as well as Vitamin A supplements, oral rehydration to treat diarrhoea, water purification tablets, and screening to refer malnourished children to emergency feeding programmes.

##### **UNICEF's role**

In an environment where the public health structure cannot supply sufficient services, the Child Health Days approach offers broad national coverage by reaching out to the displaced and to rural communities; by working closely and continuously with central ministries and regional- and district-level authorities to build local institutional capacity; and by building a more permanent structure to deliver services in a more decentralized fashion.

In 2009, UNICEF collaborated with WHO, local authorities, and NGOs to launch a nationwide initiative to periodically reach every child in every community in Somalia to protect them from preventable diseases and water-borne illnesses, and to reduce malnutrition. UNICEF supports CHD programmes in over 50 countries, and by 2008 more than four out of five children globally (82 per cent) were immunized. UNICEF's role includes reaching out to political and religious figures, teachers, women's groups, parents, and community-based organizations – all

of whom are actively supporting the implementation of Child Health Days activities in various ways. UNICEF also promotes the initiative through radio and loudspeaker messages, and provides the enormous quantity of vaccines and other supplies necessary for the campaign.

The logistical task in Somalia was enormous, with more than 1,800 vaccinators, 200 social mobilizers, and 1,200 vehicles involved in the central and southern parts of the country. The first round began in the urban and rural northwest, with 800 field teams setting up immunization posts in community areas, schools, health centres, and around mosques. With the support of some 50 local and international partner organizations, some 5,000 trained health workers and countless mobile teams mounted on donkeys and camels reached out to remote mountainous areas that vehicles could not access. As a result, child immunization rates across Somalia are now estimated at 60-80 per cent.





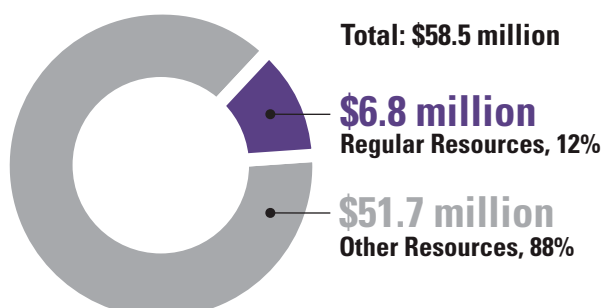
### The value of RR in Somalia

During 2008 and 2009, UNICEF Somalia received \$1.74 million from RR funding for the implementation of a Child Health Days campaign that reaches every part of the country. In this effort, Regular Resources have helped UNICEF to fill critical funding gaps that resulted from slow and reduced funding received against the 2009 inter-agency Consolidated Appeals Process.

The national campaign depends heavily on effective micro planning and community mobilization, which can only be achieved after months of effort by UNICEF and WHO staff, and can only be implemented whenever windows of access and security are available. Thanks to RR funding, to date 1.4 million children under five and 1.2 million women of child-bearing age have been reached at least once with an essential package of life-saving health and nutrition services.

CHART 19

#### RR/OR EXPENDITURE: SOMALIA CHILD SURVIVAL PROGRAMME



### VOICES FROM THE FIELD

"We don't have health facilities, nor water and shelter," says Halima Elmi, a mother of eight who brought her children to a health post in Mogadishu set up for the Child Health Days campaign. She now lives in a displacement camp where no hospitals or clinics are available. "I came today to see health workers who have the vaccines. This is what the people here need," says Ms. Elmi.

According to a UNICEF worker in the field, organizing such a far-reaching campaign in a conflict zone was a major challenge. "Planning the Child Health Days in Mogadishu was not easy, given the volatile nature of the environment, where security conditions are changing by the day," he explained. "Our implementation plans were disrupted on occasion by serious fighting." But flexibility and good preparation made it possible to reach children and women in the capital. All vaccines and other supplies were pre-positioned by UNICEF, and health workers were on stand-by to fan out whenever the security situation allowed. Over a period of three months, all 16 districts in Mogadishu were covered.

## **Case study 4: Democratic Republic of the Congo**

### *Education in emergencies*

#### **The challenge**

Of the 72 million children worldwide not attending primary school in 2006, 60 million were in 33 conflict-affected countries and territories. Among these is the Democratic Republic of the Congo (DRC) – one of the poorest countries in the world. Despite the signing of peace accords in 2003, fighting continues today in the east of the country where more than 2 million displaced people are living, over half of them children. The situation is further compounded by chronic cholera and seasonal flooding, making the DRC one of the world's greatest humanitarian crises of modern times. In addition, the prevalence of rape and other sexual violence has been described as the worst in the world.



#### **UNICEF's role**

Together with the Government of the DRC, NGOs, other UN agencies, and local communities, UNICEF is working to reduce the vulnerabilities of children through two flagship humanitarian aid programmes – the Rapid Response Mechanism and the Programme of Expanded Assistance for Returnees. UNICEF knows from extensive experience that in

emergency situations the resumption of education offers a rapid return to normal life, and it is working hard in the DRC to give all displaced primary-age children access to quality education in a safe and protective environment. In 2009, UNICEF reached three out of four of these children, and in 2010 the organization aims to reach even more.

Nonetheless, emergency education is much more than providing a basic curriculum. Schools are safe havens in the midst of chaos – places where children and young people can access a wide range of essential services and return to the daily rhythm of normal life. UNICEF's experience clearly shows that giving children a sense of normalcy and structure helps children deal with and overcome trauma.

UNICEF and its partners – notably, the UN Office for the Coordination of Humanitarian Affairs, Solidarités International, and the International Rescue Committee – are ensuring that children return to school as quickly as possible, distributing pre-positioned supplies for students and teachers. UNICEF supports building and maintaining temporary classrooms in host schools in the vicinity of camps for the internally displaced, and provides learning materials so that these host schools can absorb the additional displaced children. This means that displaced children can learn alongside local children, which also helps to reduce tensions between the two communities.

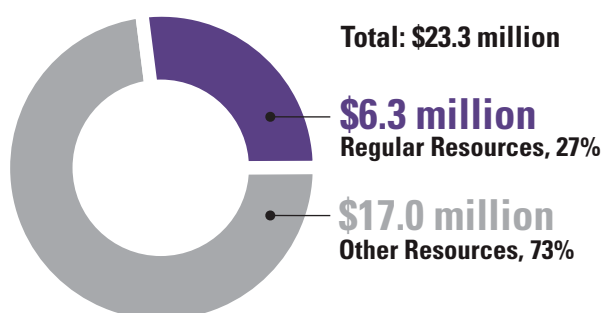
UNICEF also supports the training of teachers to have the special skills that are needed to help children on their road to recovery. Working with its partners, in 2009 UNICEF supported the construction or repair of 649 classrooms and informal learning spaces, and provided notebooks, pens/pencils, and slates to nearly 324,000 children.

## The value of RR in the DRC

*Regular Resources are critical to the organization's work in the Democratic Republic of the Congo, as they make it possible for UNICEF to plan its education activities well in advance and to cover the cost of such important aspects of schooling as refresher training for teachers and the annual school enrolment campaign. In areas of the country that have been affected by the humanitarian crisis, Regular Resources also permit the sustainability of emergency interventions, ensuring that children not only have access to school, but that they also stay in school.*

CHART 20

### RR/OR EXPENDITURE: DRC EDUCATION PROGRAMME



## VOICES FROM THE FIELD

Pruscilla is eight years old and lives in Kibati, a camp for the displaced. She attends the daily “catch up” class at Kayembe Primary School, where she receives extra lessons for children who were forced to flee their villages. Like other schools, Kayembe operates a double shift: in the afternoon, when the first group of children have returned home, the school is full again, taking children from neighbouring Kanyaruchinya Primary School, which lies on the edge of the Kibati camp. Since fighting erupted, the school has also been home to more than 70 families, a last place of refuge for the displaced.

“We fled our village when the fighting started,” explains Pruscilla, her voice barely audible. “I missed a month of school, but now I come to classes here in Kayembe Primary School, where I can continue my studies.”



## FOCUS AREA 2: BASIC EDUCATION AND GENDER EQUALITY

### Case study 5: India

#### *Reducing educational disparities*

##### **The challenge**

Although India was close to achieving universal enrolment in grade-one primary education by 2005, the fact remains that 1-in-4 children drop out before they reach grade five. This attrition rate means that 8.1 million primary-aged children are still not in school. The reasons for this are many and varied, but drop-out rates are high for certain castes and tribes, and they are particularly so for girls and for the minority Muslim population.

In April 2009, in a bold effort to confront these conditions, India passed the Right of Children to Free and Compulsory Education (RTE) Act, ensuring that children ages 6 to 14 have the right to at least eight years of quality elementary education supported by the state. For the first time in the country's history, the government has assumed the direct responsibility – working with local communities – to make available schools and infrastructure (including separate toilet facilities for girls and boys), trained teachers, child-friendly teaching and learning materials, and other essential provisions.

##### **UNICEF's role**

In order to support passage of the RTE Act, UNICEF provided the government with essential data and research pointing out the importance of removing all barriers to free and compulsory education. Furthermore, UNICEF successfully advocated for the RTE Act to have specific provisions for disadvantaged groups, such as child labourers, migrant children, children with special needs, or – in the words of the Act – those who have a “disadvantage owing to social, cultural, economical, geographical, linguistic, gender or other factors.” Now that RTE has become law, UNICEF is advocating and building

partnerships for more child-friendly schools and for the inclusion of heretofore excluded children – influencing national and state policies and frameworks.

UNICEF has supported 15 states in their efforts to develop and pilot child-centred/child-friendly education. Today, the organization continues to help integrate the principles of child-friendly schools into state education plans, and is encouraging governments to provide increased resources to reach out to excluded children, as improving the quality of education is key to preventing future drop outs. To support the implementation and monitoring of the RTE, UNICEF is working with partners from government, civil society, teacher organizations, the media, and local communities to understand the Act and ensure its effective implementation across the country.

UNICEF is also collecting and analyzing data to identify disparities and pockets of exclusion; developing and piloting new teaching methods and materials (from worksheets to sports equipment); and accelerating the participation of girls through, for example, campaigns to change behaviour regarding traditional gender roles. In addition, over the next three to five years UNICEF expects to support efforts to train more than 1 million new teachers in India.



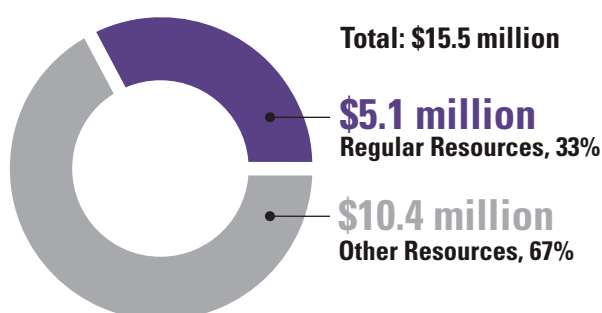
## The value of RR in India

It is sometimes difficult to mobilize donor contributions for specific strategic interventions. For this reason, UNICEF India relied on unrestricted Regular Resources to facilitate state consultations on the new national RTE Act, and to undertake the necessary research to develop the norms and standards necessary for quality and child-friendly schools – all of which has had an influence on the Act's content and now on its planning and implementation.

In addition, RR funding will continue to help set up monitoring systems for the Act and support convergence with other actors who play an essential role in meeting RTE goals, such as Early Childhood Education policies and enhancing WASH in schools.

CHART 21

### RR/OR EXPENDITURE: INDIA EDUCATION PROGRAMME



## VOICES FROM THE FIELD

Rina Kachhap dropped out of school when she was just 13-years-old as a result of inadequate privacy and hygiene facilities. “I wonder what I could have done with my life if I stayed in school,” says Rina, now 16, with obvious regret. “I’ve given up studies so I don’t know what I can do in future.”

Adequate sanitation has a huge impact on the school attendance of girls. Providing private and separate sanitary latrines can increase enrolment and help keep girls in school as they enter adolescence. However, while about half of all schools in India offer such separate facilities, many young women remain out of school for other reasons, including cultural tradition and social pressure. In Jharkhand, as in many parts of rural India, a girl is considered *paraya dhan*, that is, property that belongs to her future husband’s family. Investing in girls, including sending them to school, can be viewed as money wasted. This is why the new RTE Act is so important – a major step towards guaranteeing that all Indian children, boys and girls, can receive a quality elementary education.

## FOCUS AREA 2: BASIC EDUCATION AND GENDER EQUALITY

### Case study 6: Yemen

#### *Improving school readiness*

##### **The challenge**

While increasing numbers of children are starting primary school in Yemen, this statistic alone does not tell the whole story. Many children start school late, fall behind, and then drop out. In contrast, a child who arrives at school ready to learn is likely to be successful and to stay in school. Thus, improving school readiness has the potential to break the vicious cycle of late enrolment, poor performance, and dropping out.

##### **UNICEF's role**

UNICEF is piloting an innovative approach to improving child readiness for school – the Child-to-Child initiative – whereby school children help younger children prepare for their own classroom experience. The pilot is currently running in six countries: Bangladesh, China, the Democratic Republic of the Congo, Ethiopia, Tajikistan, and Yemen.

A 2009 evaluation of the project in Yemen, conducted just one year after its implementation, showed that there had been a significant impact on enrolment in primary school. Further, among children involved in the initiative, 96 per cent were enrolled by the first week of school, compared to only 64 per cent of those not involved in the programme. This evaluation has provided UNICEF with the evidence necessary to advocate for introducing the Child-to-Child approach nationally as well as in other countries.

As part of the Child-to-Child initiative, teachers are assisting the children in their classes in their effort to help the development of younger children at home. The programme consists of a series of interactive learning games and activities that focus on the basic building blocks of early numeracy and literacy. Activities include sharing stories; singing

songs; talking about things they see, think, and feel; reading together; recognizing letters; and counting and sorting objects by colour, size, and shape.

UNICEF further supports the programme by raising awareness, particularly among parents, about the importance and benefits of early learning. Conceived and developed with assistance from UNICEF, the programme is delivered through partnerships on the ground, including:

- a Child-to-Child Trust to develop materials and train teachers;
- the American Institutes for Research to support evaluation; and
- national governments to raise community awareness.

In Taiz, the pilot project was implemented in 15 schools in the first year. Eighty children and 200 peer teachers were trained, who in turn held 35 community-based preschool learning sessions for some 600 younger children. Teachers and parents observed that children from the programme arrive at school confident about being there and keen to learn – in contrast to those not in the programme, many of whom are uneasy at being away from home for the first time.



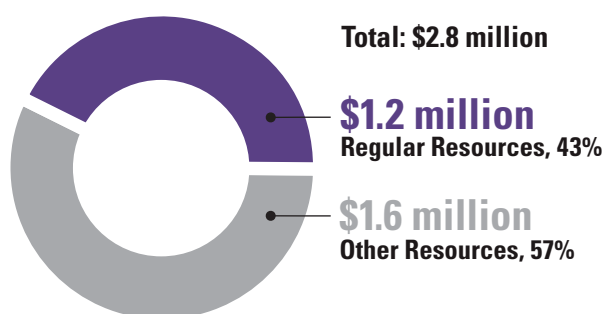
### The value of RR in Yemen

*After less than two years of implementation, the Child-to-Child approach is already showing positive results in improving school readiness and primary school enrolment in Yemen. Regular Resources were used at the inception of the project, and they will be critical in pursuing these activities as the project goes forward.*

*Specifically, RR funds will enable the government, UNICEF, and other partners to expand the scope of activities based on the findings of the project evaluation and the experience gathered from pilot districts. Funds will serve to continue to inform caregivers, young facilitators, and teachers on the importance of enrolment readiness and retention in areas where these figures are particularly low.*

CHART 22

#### RR/OR EXPENDITURE: YEMEN EDUCATION PROGRAMME



### VOICES FROM THE FIELD

Abdulkarim Tawfeq is in eighth grade at Omar ben Al-Khattab School, Haifan District, Taiz. He is one of a group of children in his school selected to be a young facilitator in a UNICEF-assisted Child-to-Child project. He and his fellow facilitators act as role models to help younger children at home or in the neighbourhood to get ready for school.

Each week on Monday and Wednesday four preschool children gather at Abdulkarim's home to learn songs and hear Abdulkarim tell stories and talk about his experiences at school. His sister, Tuqa, age four, also sits close by, absorbing the songs and instructions alongside the older children. Until recently, one of this group had been Abdullah, Abdulkarim's younger brother, who is six; but this year Abdullah has started school himself, and is now one of the top students in his class. Tuqa, always a little jealous, says she can't wait to join a Child-to-Child group – and to start school, too!

## FOCUS AREA 3: HIV/AIDS AND CHILDREN

### Case study 7: Zambia

#### *HIV/AIDS and prevention of mother-to-child transmission*

##### **The challenge**

Zambia is one of the countries most affected by the HIV/AIDS pandemic in southern Africa. Each year 80,000 children are born to HIV-positive women, and of these children 30-40 per cent become infected with the HIV virus. Of those infected, a third die before the age of one, half before the age of two, and two thirds before the age of five.

Prevention of mother-to-child transmission (PMTCT) is the single most effective way to significantly reduce the number of new paediatric HIV infections – and to reduce child deaths through AIDS. PMTCT services cover a number of key interventions to create a safety net around both mother and child, including the early identification of HIV status; the early enrolment in antenatal care for HIV-positive pregnant women; and access and use of all appropriate postnatal services (including antiretroviral therapy).



In recent years Zambia has made major strides in the provision of PMTCT services, with the number of HIV-positive women receiving these services rising from 37 per cent to 61 per cent from 2006 to 2009. In addition, the number of HIV-positive children receiving treatment rose dramatically from 21 per cent to 53 per cent over the same period.

Despite these significant improvements, however, PMTCT services are still inadequate in rural areas, exacerbating existing pockets of vulnerability in the country.

##### **UNICEF's role**

Working with the Ministry of Health and with Family Health International, UNICEF has supported the scaling-up of PMTCT services nationally so that currently the Zambian public sector is on track to reach its 2010 target of providing services to 80 per cent of all women and children in need. One specific focus of this collective effort has been the establishment of 53 health facilities in three hard-to-reach rural districts in Luapula province, where the burden of HIV is increasing.

UNICEF is supporting the training of healthcare workers in PMTCT, performing advocacy and communications work to raise awareness of the PMTCT programme, providing materials (such as clinic cards) to record the health care of children, and providing much needed equipment for midwives to ensure a safe and successful birthing experience for both mother and child. In 2009, UNICEF also mentored and supervised some 1,200 facility and community health workers from all provinces. As a result, early infant diagnosis has for the first time been integrated into Child Health Week – an awareness programme first piloted in 15 districts of Zambia and now scaled-up to all 72 districts of the country.

One other innovative technique that UNICEF has initiated to enhance the quality of PMTCT is the use of mobile phones to remind mothers to return to their health centres for follow-up antenatal testing and care. This simple technology is a great aid to health care workers, who must cope with insufficient staffing for home visits, lack of transport, inaccurate addresses, as well as the stigma associated with HIV.

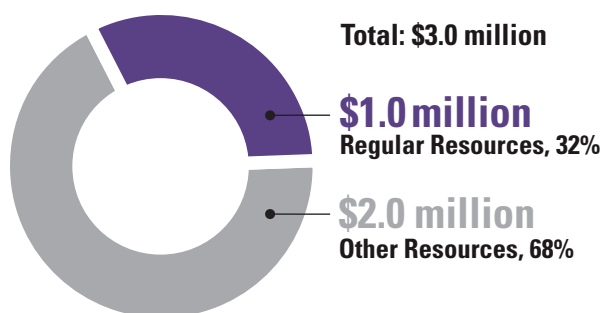


### The value of RR in Zambia

*Regular Resources are an enormous factor in Zambia, providing the country office with the flexibility and independence necessary to help the government reach its ambitious and strategic goals regarding PMTCT, girls' education, and more. RR is also essential in making sure UNICEF can provide well-planned and evidence-based strategic programming.*

CHART 23

#### RR/OR EXPENDITURE: ZAMBIA HIV/AIDS PROGRAMME



### VOICES FROM THE FIELD

Elizabeth Senkwe, 38, lives in Luapala province, located in the northern region of Zambia. Married at 21, Elizabeth soon became pregnant and gave birth to her first child. The child was frequently ill, and it died during Elizabeth's second pregnancy. Following that birth, Elizabeth's own health deteriorated, and the new baby had frequent diarrhoea and chest infections. Sadly, this child, too, eventually succumbed, and Elizabeth and her husband were left childless. It was then that a doctor advised Elizabeth to be tested for HIV and, as it turned out, she was HIV-positive.

With regular treatment Elizabeth's health improved, and she and her husband decided to try again for a child. Through a PMTCT programme, they had learned how it was possible for an HIV-positive woman to give birth to an HIV-negative baby, and they felt encouraged enough to go forward. Mother and child were closely monitored, and Joshua was born HIV-free. Three years later he was joined by his sister, Deborah. Elizabeth is now a counsellor with the Network of Zambian People Living with HIV, a community partner of UNICEF.





## FOCUS AREA 3: HIV/AIDS AND CHILDREN

### Case study 8: Uzbekistan

#### *Building trust to prevent HIV infections*

#### Challenge

Uzbekistan is facing an enormous challenge in trying to reverse the trend of rising HIV/AIDS infections in the country. At the beginning of 2009, nearly 13,000 people were living with HIV/AIDS, including many less than 24 years of age. One fourth of these infections occurred in 2008 alone, and the sexual transmission of the disease in particular is on the rise. A 2006 baseline survey of the most-at-risk adolescents highlighted a lack of access to preventive services and insufficient knowledge regarding the nature of the epidemic: for example, some 66 per cent of respondents did not know how to prevent HIV, and 56 per cent were engaged in high-risk behaviours. Because HIV/AIDS continues to be a taboo subject in this country, there are serious constraints on communicating the threat of infection and promoting safe behaviour, especially among adolescents.

#### UNICEF's Role

UNICEF's Young People's Health and Development project in Uzbekistan focuses on three goals: (1) prevention of HIV/AIDS among most-at-risk adolescents and young people; (2) expanding access to quality prevention of mother-to-child transmission and paediatric HIV services; and (3) establishing psychosocial support services for children living with or affected by HIV in pilot areas. The project encourages the direct participation of young people, for example through peer education and life-skills training. Furthermore, health providers are trained in youth-friendly approaches by UNICEF and its partners to provide adequate counselling and communication on issues ranging from sexual behaviors and alcohol and drug use, to violence at home and unsafe sex practices. Importantly, youth are ensured privacy and confidentiality.

Working with government counterparts and building partnerships with local NGOs, UNICEF has helped to increase access to youth-friendly health services over the past few years – with the number of centres offering such services rising dramatically from approximately 3,500 in 2008 to nearly 70,000 in 2009. Further, after successfully implementing a new UNICEF-supported outreach strategy involving nurses specifically trained for dealing with most-at-risk adolescents, the Ministry of Health has decided to replicate the project in the five regions of the country where HIV is most significantly on the rise.

In an effort to improve psychosocial support for children and youth living with HIV/AIDS and their families, UNICEF also supported the expansion of the organization's basic services package in three pilot regions in 2009. The package includes nurse visits to households, psychological counselling, antiretroviral therapy, food supplies, and more. Also in 2009, the topic of *Youth Friendly Health Services* was introduced in the pre-diploma training course for General Practitioners at Tashkent Paediatric Medical Institute. This initiative will help integrate issues of HIV/AIDS into the national curriculum, thus ensuring sustainability of these services as well as contributing to a reduction in the stigma and discrimination associated with HIV/AIDS.



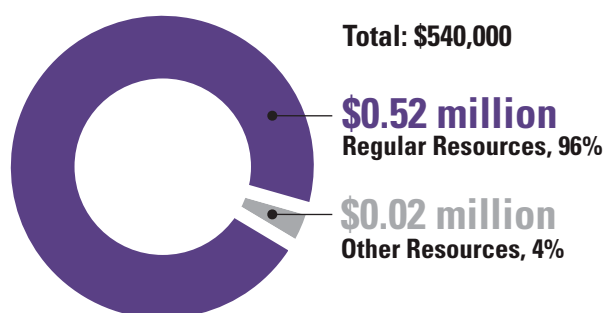
## The value of RR in Uzbekistan

*In Uzbekistan, UNICEF is using Regular Resources to address the full range of highly sensitive HIV issues in the country. These include incorporating HIV prevention and paediatric care services into the nation's maternal and child health services; training health personnel to encourage safe motherhood practices; and promoting early diagnosis of infants and pregnant women.*

*Regular Resources are also being used to strengthen youth-friendly services and to establish day-care centres for children infected and affected by HIV. These centres offer psychosocial support to children and their families, thus providing much needed non-medical attention as well as medical care.*

CHART 24

### RR/OR EXPENDITURE: UZBEKISTAN HIV/AIDS PROGRAMME



## VOICES FROM THE FIELD

Yurunatuz is a Roma community in Margilan, Uzbekistan. Intravenous drug use is an issue here, especially among young people, who also lack access to education and health services from which they could learn how to protect themselves from HIV infection and how to treat their drug addictions.

Halida, a UNICEF-trained outreach worker, is helping the community to prevent the spread of HIV/AIDS by distributing information and conducting health education sessions for community members, including adolescents. She says she hopes that one day HIV/AIDS will cease to be a taboo subject and youth will have counselors who they can speak to about sex and drugs without having to fear stigmatization by their families and communities. "They trust me now, on their own and as a group," Halida explains. "One mother, for example, was worried that her son had HIV, and she asked me to help him get tested. The boy turned out to be HIV-positive. He's being counseled and cared for now."

It took time and many personal conversations, but Halida has earned the trust of the families here. Yurunatuz is just one community among many in five regions of the country that are receiving support from the UNICEF-assisted non-governmental organization *Hayot Sifati Hamrohi* ("partners in life quality").

## **Case study 9: Bangladesh**

### *Child labour*

#### **The challenge**

Living in one of the world's poorest nations, some 84 per cent of the Bangladeshi population exist on less than \$2 a day. Consequently, millions of children, including the very young, are forced to work to help support themselves and their families. This is especially the case in urban centres such as Dhaka City, where most people live in temporary housing in overcrowded slums.

It is estimated that 7.4 million children are in the Bangladeshi workforce, and that 93 per cent of these work in informal sectors such as unregistered small factories and in domestic employment. Of these, some 1.3 million children participate in work categorized as "hazardous," which includes children who work more than 43 hours a week. Domestic work is the largest hazardous child labour sector in the country, and of these child labourers most are girls. Long hours, low or even no wages, poor food, social isolation, and often dangerous working conditions can severely affect a child's physical and mental health. Unfortunately, child domestic workers are largely invisible in terms of social protection, given that Bangladeshi culture regards such domestic work as normal, particularly for girls.



Because they are invisible, these children represent a particularly high-risk group, frequently victims of exploitation, racial discrimination, mistreatment, and sexual abuse. As such, the situation in Bangladesh dramatically demonstrates why the new definition of child labour – established in 2008 by the 18th International Conference of Labour Statisticians – is so important, as it includes unpaid household services, thereby helping to remove a major source of contention in child labour statistics.

#### **UNICEF's role**

UNICEF has been providing strong support to the Government of Bangladesh in its effort to create a comprehensive approach to child protection, a key aspect of which is ensuring that every child – including girls – has the opportunity to attend school. As such, UNICEF has helped to produce two important policy documents. The Child Labour Eradication Policy (to be published in 2010) has the primary objective of withdrawing children from hazardous work. The Draft National Education Policy, which will soon be presented to Parliament for final approval, provides for one year of pre-primary education for children five and over, and provides for children aged 6-10 to complete primary education up to grade five. In addition, over the last few years UNICEF has used the World Day Against Child Labour (12 June) to raise awareness of both the rights and needs of child workers.

Fully two thirds of children who work do not attend school, and as such they become trapped in low-income jobs and a cycle of intergenerational poverty. To address this stumbling block, UNICEF is supporting the piloting of a non-formal education programme at the primary level for children 10-14 years and at the secondary level, and it is providing livelihood options for youth and young adults. One example is the creation of learning centres to provide basic education for hard-to-reach urban working children, run by the Bureau of Non-formal Education in the Ministry of Primary and Mass Education. These learning centres offer urban working children aged 10-14 who work at least seven-hours per week the opportunity to learn for 2.5 hours a day, six-days per week, at a time that accommodates their work schedule. As of 2009, some 46,000 children of the 166,000 enrolled in the project had graduated.

Over 6,600 learning centres had been opened in six divisional cities by 2009, and UNICEF provided these centres with teaching resources and materials for all students. The Government of Bangladesh has asked UNICEF to develop a strategy for replicating the project across the entire country – in six divisional cities and 64 district townships.

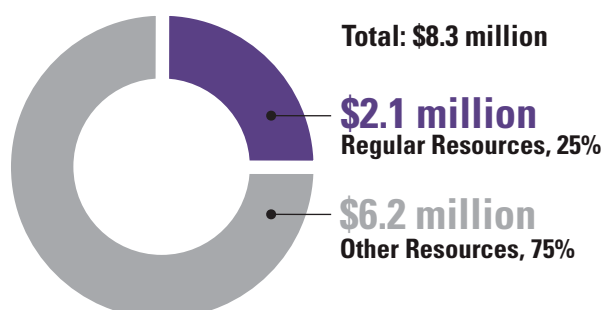
## The value of RR in Bangladesh

*Child poverty and child labour are major challenges in Bangladesh, one of the poorest countries in the world, and with more than 7 million children in the workforce. In an attempt to address these problems, UNICEF is piloting a social protection programme, building a strong evidence base to influence the strengthening of child protection systems at the national level.*

*Mobilizing resources from external sources for such work is difficult, especially as sustained and reliable funding is required for a period of at least 3-5 years. Regular Resources have provided the programme with the necessary funding security, enabling UNICEF to implement critical programme components – such as cash transfers and other social protection services for orphans and vulnerable children – for as long as they are needed.*

CHART 25

### RR/OR EXPENDITURE: BANGLADESH CHILD PROTECTION PROGRAMME



## VOICES FROM THE FIELD

Anika, age 13, is from Sharang Bari Basti, a rural village in south-east Bangladesh. Like many other poor families, she and her family came to live in Dhaka. Her father is blind and cannot work; her mother and elder sister work as maidservants. However, their income is not enough to support Anika, her parents, and three young brothers and sisters. Consequently, Anika works as a part-time domestic in two homes in the morning. In the evenings she is responsible for looking after her baby nephew, Yasin. In the time between these responsibilities she attends an informal learning centre at Mirpur, in Dhaka City. Prior to enrolling in this programme she had never attended school.

Anika wants to be a skilled garment worker, and needs an education and subsequent livelihood training to achieve this. If she succeeds, she will be able to earn a salary and break out of her family's situation. Her teacher, Mahmuda Akhter, says Anika "is the smartest girl in her class, and that if there were rankings, she would definitely come first."



## FOCUS AREA 4: CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE

### Case study 10: Nigeria

#### *Social exclusion and marginalization*

##### **The challenge**

Until recently it was generally thought that development, urbanization, modernisation, education, as well as the adoption of Christianity or Islam would lead to the disappearance of ancient beliefs and practices related to witchcraft. However, the current reality in much of sub-Saharan Africa is quite different. Far from fading away, these social and cultural traditions have been all too well preserved. Tragically, those most vulnerable to the social stigma of witchcraft are children – particularly those who have lost one or both of their parents, who have an illness or disability, whose birth was considered abnormal, or who were born albino. A variety of factors contribute to this condition, including poverty, ignorance, the desire for scapegoats, and a cultural permissiveness of violence against children.

Once accused of witchcraft, stigmatized children commonly experience abandonment, mistreatment, torture, and even death. They suffer severe trauma, fear, insecurity, and shattered self-esteem, and are often drawn into street life, thus becoming exposed to further exploitation and abuse. In Nigeria, such sociocultural norms and practices, including child marriage and the exploitation of Almajiri children (children of poor families sent to beg for survival), are major constraints to passing laws to protect the rights of children.

##### **UNICEF's role**

UNICEF's attention was first drawn to this phenomenon by Stepping Stones Nigeria and the Child Rights and Rehabilitation Network, two NGOs running a shelter for child victims in the state of Akwa Ibom. Based on this preliminary information, UNICEF commissioned a study to track the causes and prevalence of violence against children who are accused of witchcraft in Akwa Ibom. As a result, UNICEF helped civil society organizations to lobby the Government of Nigeria for passage of the national Child Rights Law (2008), criminalizing (among other behaviours) the practice of accusing children of witchcraft and imposing stiff penalties for offenders – several of whom have already been prosecuted and jailed.

Recognizing the unique nature of this problem, UNICEF advocated for reform among individuals of authority, including governors, governors' wives, and traditional and religious leaders, thereby gathering sufficient support to make significant strides in the law's implementation to protect children from the stigma of witchcraft. UNICEF assisted the State Ministry of Information to develop a strategy and action plan for promoting the abandonment of the practice, and it assisted the state government in educating the staff of ministries, departments, and agencies on this issue. In addition, UNICEF shared its knowledge of the problem with more than 12,000 lawyers, and received their commitment to invest more time and effort on behalf of children's rights in general and on the implementation of the Child Rights Act in particular.



UNICEF has also helped various non-governmental organizations, including the Child Rights and Rehabilitation Network, to provide effective rehabilitation, care, and protection for rejected children accused of witchcraft. In 2009 at least 3,900 communities from the country's 16 states participated in inter-community social dialogues – led by traditional civic and religious leaders, and supported by government partners – on the evils of the practice and the imperative to abandon it and evolve new community norms and actions. Further, UNICEF supported the production of two 13-part radio series in which children told their own stories to sensitize a national audience to the experiences of vulnerable children.

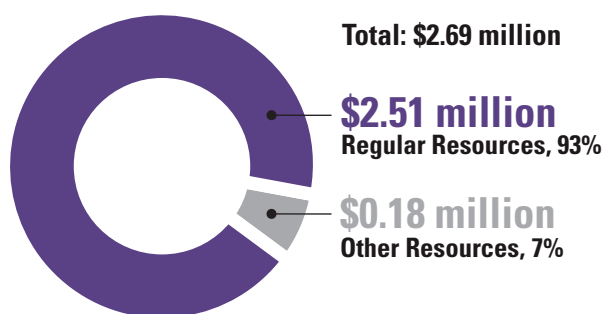
## The value of RR in Nigeria

*Some traditional practices – from stopping babies with diarrhea from eating or drinking to accusing children of witchcraft – can cause significant long-term damage to children, and to their communities. UNICEF uses Regular Resources to mount information campaigns in communities and among traditional and religious leaders and civil society organizations to encourage healthy, protective practices for children.*

*The organization also draws on RR funds to lobby state governments to adopt and implement child rights laws so that governments can put child protection systems in place, and can prosecute those who commit crimes against children. That process is already well underway, and today RR funds are being deployed to set up a Child Protection Network in a number of states in Nigeria designed to ensure that victimized children are referred to services that can offer them appropriate support and protection.*

CHART 26

### RR/OR EXPENDITURE: NIGERIA CHILD PROTECTION PROGRAMME



## VOICES FROM THE FIELD

Jeremiah Friday, popularly called Jerry, had always loved going to church and was thrilled whenever his mother asked him to accompany her to an evening vigil. Of course, a favourite time of year was Christmas, when the Pastor would invite all the children to his home to be given local nuts, a sizeable quantity of rice, and a soft-drink without either of his parents around to make those silent gestures imploring him to be a gentleman.

Jerry's life changed dramatically one evening when, without warning, the 10-year-old was singled out of the crowd of worshippers and accused by the prophetess of the church of wizardry and the misfortunes of his family – a classic case of scapegoating. Further, in their belief that a witch (like the devil) must be destroyed, his father poured fuel on him and set him ablaze, after which he was forced to fast for three days with no medical attention. Sadly, Jerry is just one among the more than 150 children currently being cared for at the Child's Rights and Rehabilitation Network, each with a harrowing story of his or her own.



## **Case study 11: El Salvador**

### *Promoting child rights*

#### **The Challenge**

Forty per cent of El Salvador's population lives in poverty, half of whom are children. This means that 1.3 million children live in marginalized communities, are at risk of increased violence and abuse, and face such additional hardships as lack of access to schooling and health services. And their situation may become even more dire: in 2009, the global financial downturn greatly reduced the life-saving remittances that are sent home by some 2 million Salvadorans living and working in the United States. These funds had done much to bolster a national economy wracked by civil war in the 1980s and, more recently, by natural disasters.

#### **UNICEF's role**

Working in partnership with a national association of municipal governments (known by its Spanish acronym, COMURES), in 2009 UNICEF launched a "Seal of Approval" programme designed to improve the lives and ensure the rights of Salvadoran children and adolescents, with emphasis on prevention of violence in the family, in the school, and in the community.

More than 100 mayors (out of 262 in El Salvador) from towns around the country have already signed up for the programme, and more are expected to join. Over the next two years, municipalities seeking the UNICEF Seal of Approval will have to work towards measurable gains for children in three broad areas: human development, public policy, and youth participation. Interventions include education

and health care for all children, birth registration for infants, and antenatal care for pregnant women. Municipalities will also have to provide opportunities for children and adolescents, as well as civil society groups, to make decisions that directly affect young lives.

Finally, municipalities must enact and implement specific local ordinances that bolster child rights in line with El Salvador's Law on the Comprehensive Protection of Children and Adolescents. Passed by the national legislature in 2009, this new law coincides with the 20th anniversary of the Convention on the Rights of the Child. Once fully implemented, it will establish new responsibilities – and provide greater support – for the protection of child rights in local communities across the country.

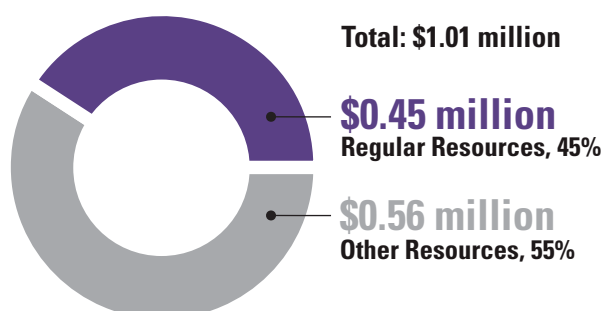


### The value of RR in El Salvador

*The major portion of the funds utilized for the activities related to UNICEF's new Seal of Approval programme have come from unrestricted Regular Resources. Thanks to these funds, UNICEF will be able to continue this valuable project throughout 2010. A shortage of RR, however, jeopardizes the longer-term viability and continuity of the project, which could adversely affect the important progress that has been made in the areas of health, education, public policies, and child protection. This, in turn, would directly affect the lives and well-being of Salvadoran children living in the 114 municipalities now served by the Seal initiative.*

CHART 27

#### RR/OR EXPENDITURE: EL SALVADOR POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME



### VOICES FROM THE FIELD

Ana Elizabeth González is a 16-year-old living with her parents and four siblings in San Marcos. Ana's family has been struggling for many years, and currently they earn a living by making *quesadillas* (cheese-based breads) and selling them in their neighbourhood.

To get to school, Ana had to walk several miles each way and borrow materials from fellow students. "My parents could not afford the bus ticket and the school books; it was so difficult to study like that," she remembers sadly. But everything changed a year ago when UNICEF started a project with the San Marcos municipality, helping the most vulnerable children obtain access to education. Today, Ana receives a transport bonus, school materials, and a school uniform as well as computer classes and counselling. For Ana, this means that she and her sisters and brothers can finish their studies up to high school.

## **Case study 12: Georgia**

### *Protecting orphans and vulnerable children*

#### **The challenge**

Institutionalizing vulnerable children – for instance, children from HIV-affected households or children with disabilities – is common practice in many Central Eastern European countries. In 2005 some 5,000 children in Georgia were living in such institutions, despite the fact that 90 per cent of these had a living parent. Conditions in these homes are often daunting: children reside in crumbling and dilapidated buildings, they do not receive proper health and nutritional care, and they do not have access to the attention and various services that they need. Of course, they are also deprived of their basic right to be part of a family.

Such institutions are just one manifestation of a wider problem in Georgia, where 28 per cent of all children live in poverty and, as a result, are shunned by the larger society. Many children carry emotional and physical scars from the 2008 Russian-Georgian war, and there are 250,000 internally displaced people as a result of this armed conflict. It is also estimated that one child in five experiences repeated physical abuse, and there has been a significant increase in the number of children who are in conflict with the law – where the focus is on punishment, not rehabilitation.

#### **UNICEF's role**

In 2005 the Government of Georgia declared deinstitutionalization a policy priority, and UNICEF has been working intensively to help the government find alternatives to residential institutions, reintegrating children into their own families wherever possible. Such alternatives include foster care, community-based care/group homes, and a national network of day-care centres to support vulnerable children and their families with the aim of preventing unnecessary separation. In partnership with local municipalities, UNICEF has helped to jump-start five such centres, all of which were operational in 2009.

As a result of these efforts, the number of children in institutions has dropped from approximately 5,000 in 2005 to 1,400 in 2009 (including about 100 with disabilities), and the number of institutions has decreased from 46 to 22. Also, while there were only eight social workers in all of Georgia in 2005, today there are over 200 professionals organized into 50 teams. UNICEF is funding their training through Tbilisi State University. Plans are in place to extend training to Batumi University to provide social services to western Georgia as well. UNICEF has plans to support the government in expanding the number of day-care centres and to help create an umbrella organization to strengthen links among the various centres nationwide.

Additionally, UNICEF assisted in establishing a National Child Development Centre to promote diagnosis and early treatment of such conditions as speech problems or other learning disabilities. And working with First Lady Sandra Roelofs, who is actively involved in this area, UNICEF is assisting the government to create a comprehensive national child protection system. As a result, support for social welfare programmes has increased 10-fold since 2003, and now makes up 20 per cent of total government spending.

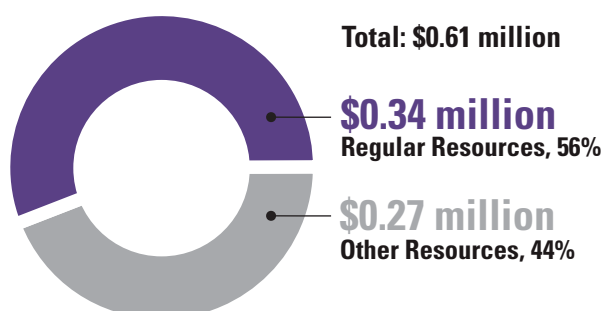


## The value of RR in Georgia

*Regular Resources were directly responsible for helping UNICEF Georgia to coordinate the work of experts and leading stakeholders in the field of child welfare, including supporting the government's deinstitutionalization programme. RR funds were also used to promote regional dialogue on driving child welfare reform forward.*

CHART 28

### RR/OR EXPENDITURE: GEORGIA POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME



## VOICES FROM THE FIELD

Fourteen-year old Artur is typical of many of the children living in orphanages or boarding schools in Georgia: he is not actually an orphan. He is one of Georgia's 'social orphans' – children whose parents sent them to live in an institution, almost always because of poverty or a disability. In Artur's case both his parents are alive and are living in the same city as he is, Rustavi, but they are simply too poor to provide for him.

For five years Artur lived in an institution, but no longer. The Rustavi Children's Institution has been closed. Although Artur cannot return to his parents at this time, he now lives in a small group home with seven other children (many of them related), overseen by a live-in couple and supported by a staff of four professionals. This home, like others, was established, renovated, and furnished through a partnership set up by UNICEF and EveryChild, a local NGO.

## **Case study 13: Kenya**

### *Social protection for children made vulnerable by AIDS*

#### **The challenge**

As a result of HIV/AIDS, malaria, and tuberculosis, Kenya is home to a rapidly growing number of orphans and vulnerable children. Currently, more than 2.4 million children have lost one or both parents, have a seriously ill parent, or live outside family care, and almost all of these live in extremely difficult circumstances. Poverty is severe and widespread: many households exist on less than \$1 per day, and many more on less than \$2 per day.

#### **UNICEF's role**

Despite these challenges, Kenya is a strong example for effective support of vulnerable families affected by HIV/AIDS. Today, tens of thousands of vulnerable families are enjoying financial support through a government cash transfer programme, whereby each family is given approximately \$40 a month with which to do the best for the children in their care. This programme is the result of a seven-year effort by UNICEF, other development partners, local civil society, and Kenyan youth groups.

When UNICEF, UNAIDS, and the United States Agency for International Development issued its 2002 report *Children on the Brink: A joint report on orphan estimates and program strategies*, Kenya was in the midst of historic parliamentary elections. This seminal report contained statistics on children orphaned by HIV/AIDS from 88 countries, including Kenya, and strategies for helping these children. UNICEF and its partners used the occasion to launch a major media campaign to lobby Kenya's parliamentary candidates to support the abolition of primary school fees and to provide a direct cash benefit to the most vulnerable families.



UNICEF staff and youth groups took to the campaign trail to challenge parliamentary candidates to promise to address seriously the issue of orphans, if elected. Every few days newspaper advertisements listed 12 pledges and the signatures of each of the parliamentary candidates who had signed up. By Election Day there were 350 signatures, and more than 100 of these candidates were elected as Members of Parliament. These candidates included the new President, Mwai Kibaki, and many members of his cabinet.

Following the elections, UNICEF and its partners undertook a small pilot project – supporting 500 families in three districts through a cash transfer system. When monitoring showed that caregivers (of whom 78 per cent were women) overwhelmingly chose to spend their additional income on their children's nutrition and education needs, the programme continued to grow in scale and importance.

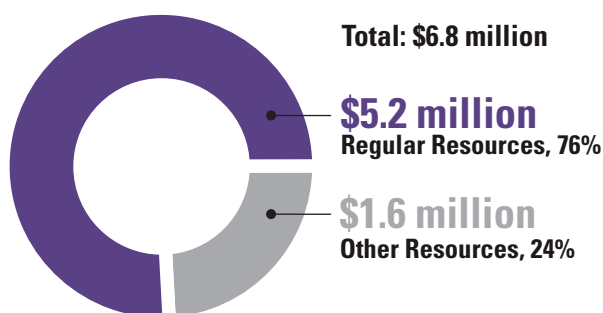
By 2009, the Kenyan Government, with support from the World Bank, expanded the programme to 75,000 households in 47 districts. And efforts are not stopping there: the programme is expected to reach 125,000 households by 2013.

### The value of RR in Kenya

*The experience of the Kenya country office with the cash transfer programme for orphans and other children made vulnerable by AIDS has shown that RR has been of great help in covering funding gaps. Although this particular initiative is largely supported by restricted funding from external donors, RR funding provides much needed flexibility by allowing UNICEF to address costs that arise after the planning process has been finalized. In addition, such funding ensures that the organization has the capacity to take urgent actions whenever necessary.*

CHART 29

#### RR/OR EXPENDITURE: KENYA POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME



### VOICES FROM THE FIELD

Mariamamu is 17, the oldest of six children. She dropped out of school at age 10 because her family could not afford the fees. In 1999 her father died and the following year her mother died, too. Mariamamu was left to care for her brothers and sisters, in a house where the roof was caving in. Mariamamu's is one of around 200 families in her area receiving help through the direct cash transfer programme. The small income means that her family can stay together. And it means that Mariamamu's brothers and sisters get the food they need, and can go to school because they have money for fees, books, and uniforms. They are also saving to buy materials to repair the roof – the roof of their own home.



## **Case study 14: Sierra Leone**

### *Voices of children*

#### **The challenge**

As is the case in many countries throughout the world, in Sierra Leone important decisions affecting the future of children – including such crucial decisions as early marriage, access to education and health care, HIV/AIDS prevention, and protection from various forms of abuse – have traditionally rested entirely with adults, with little or no input from the affected children themselves. Consequently, many children had their future options curtailed, including their ability to learn, to pursue a career, or to choose their life's partner for themselves.

#### **UNICEF's role**

In 2001 the Ministry of Social Welfare, Gender, and Children's Affairs in Sierra Leone established the Children's Forum Network (CFN) to strengthen children's involvement in, and influence on, decisions that directly affect them at the national, district, and community level. UNICEF and Plan International provided the primary technical support and advice for the development and rollout of the Network. Launched on the first "Day of the African Child" (16 June 2001), the Network was designed to spread knowledge on the rights, responsibilities, and welfare of children in Sierra Leone through the active participation of children. In the years that followed, the CFN was a strong voice in support of the Child Rights Act, passed in 2007, which lays down an age of consent for marriage, employment, and other key milestones.

Until 2008 the CFN was limited to seven districts in the country, but with support from UNICEF the network was expanded in 2009 to all 13 districts, including the most remote and hard-to-reach areas. Today there are some 1,500 active CFN members across the country – an average of more than 100 per district. In addition, UNICEF is supporting the Voice of Children radio project, first begun by the UN peacekeeping mission in Sierra Leone in 2002. The project is a way of healing

psychological wounds that children suffered during the decade-long civil war; and young people produce and present programmes that, for example, address the issues of child soldier disarmament and reintegration.

UNICEF provides a variety of ongoing services in support of the Children's Forum Network in particular, and of children in Sierra Leone in general. One highly popular product is *Pikin News* – a newspaper for and by children, which is widely distributed through the public schools. The professional staff of *Pikin News* train CFN members in photography and the use of computers so that they can communicate issues that affect them through the newspaper and through the effective use of the internet. UNICEF also provides equipment for the Voice of Children's radio project, and it supports the participation of children at international forums and conferences on certain issues of social development that require some level of child participation.

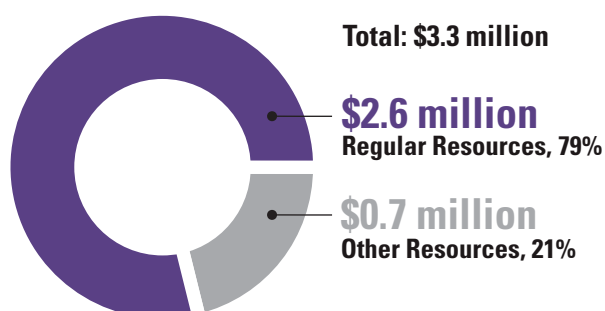


### The value of RR in Sierra Leone

*In Sierra Leone, one woman in eight dies at childbirth, and at least one child in ten dies before his or her fifth birthday. In the face of these tragic statistics, Regular Resources give UNICEF a solid basis to fund free health care and immunization programmes, contribute to HIV sensitization and treatment, and promote basic education as well as child protection policies and practices. Together, UNICEF and its partners have thus contributed towards the reduction of child and maternal mortality rates in Sierra Leone by creating an enabling environment for the healthy growth and development of children.*

CHART 30

#### RR/OR EXPENDITURE: SIERRA LEONE POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME



### VOICES FROM THE FIELD

Ahmed Tejan Daramy, 17, of Freetown, has been an active member of the Children's Forum Network since the age of 10. Ahmed has nine siblings, and is now a mentor and role model for his family and other people in his community. Ahmed's parents once held the traditional view that children are "to be seen and not heard," but not any longer. Today they realize that creating a platform for children's voices on issues that are important to them can contribute significantly to national development, as these children are the future leaders of the country.

"My son is now so argumentative and confident, and he comes home with lots of information as a result of his active involvement in various activities, especially with the CFN," says Ahmed's mother proudly. Ahmed is about to complete his secondary education and enrol in university. His future plans? What else: he dreams of one day becoming the president of Sierra Leone!

## UN COHERENCE

# Case study 15: Multi-country (Albania, Rwanda, Viet Nam) *Delivering as One*

### The challenge

To respond to the challenges of a changing world, the United Nations family is committed to providing development assistance in a more coordinated way, and UNICEF is fully committed to being a pro-active and loyal team player in these efforts. As part of its overall aim of promoting greater UN coherence, the UN in 2007 launched a “Delivering as One” (DaO) pilot initiative in eight countries, the key elements of which are to have *One Leader, One Budget, One Programme, and One Office*.

Obviously, it just makes good sense to strengthen coordination, avoid duplication, implement programmes jointly, and capitalize on each agency’s resources and respective areas of expertise to better support national priorities and the achievement of the Millennium Development Goals. Also, in a time of significant fiscal instability, there is an increasing demand for greater coherence by both programme and donor countries. For UNICEF in particular, driving the DaO process at every level of the organization provides opportunities to shape the larger agenda within the UN system on all issues related to children. By sharing relevant information and analysis with our UN partners, including lessons learned, UNICEF raises children’s issues to a higher level and to wider audiences than before.

A nationally-owned joint programming strategy has been one of the key gains that have emerged from the eight pilots (Albania, Cape Verde, Mozambique, Pakistan, Rwanda, United Republic of Tanzania, Uruguay, and Viet Nam). Country-led evaluations of these initiatives are underway, from which it will be possible to draw lessons learned to guide future programming in these and other countries.

Beyond the pilots, all countries rolling out a United Nations Development Assistance Framework in the coming years will be expected to work together in a more coordinated fashion. To date, some 20 additional countries – at the request of their respective governments – are using a variety of approaches to strengthen inter-agency coherence.

### UNICEF’s role

#### ALBANIA

Albania emerged from 45 years of isolation following the demise of its communist regime in 1991. The country faced a difficult transition to democracy and open markets while struggling with poor governance and organized crime. This period also brought many changes to Albanian society, not all of which have been positive. For example, young people leaving the school system have a difficult time finding jobs, and limited employment opportunities have forced many of them to study or to find employment elsewhere. If Albania continues to lose its young population, its future will be in serious jeopardy.



UNICEF is an active partner in the UN joint programme on Youth, Employment, and Migration in Albania, and in 2009 – together with the International Labour Organization (ILO) – it conducted an assessment of the capacity of municipalities, employment offices, the labour office, youth organizations, and the private sector in Shkodra and Kukes to address issues of youth employment. As a result, model youth resource centres in these cities received UNICEF assistance to provide much needed career guidance and counselling. In addition, information packages on education choices, employment opportunities, and rights in the workplace were drafted and will soon be finalized and disseminated through the resource centres. Again working with the ILO, UNICEF also developed a livelihood and employability skills training programme, which covers workers’ rights and career guidance for at-risk youth and young workers.

### The value of RR in UN coherence

*The availability of core resources in the form of Regular Resources is extremely important in the context of UNICEF's Delivering as One initiative, since they are relatively predictable multi-year funds. Indeed, in recent years programme countries have been calling for UN agencies to allocate more core funding to increase the level of predictability and flexibility of assistance. Regular Resources enable UNICEF to support "One UN" plans in various countries with precisely this sort of essential funding.*



#### RWANDA

With about 94 per cent of all primary-aged children enrolled in school, Rwanda has one of the highest primary-school enrolment rates in Africa. However, fewer than 1-in-5 students in the country will proceed to secondary school.

Within the "One UN Programme" in Rwanda, UNICEF is working with all the UN agencies active in the area of education – including FAO, UNESCO, UNFPA, UNHCR, UNIDO, WFP, and WHO – to support the government's efforts to deliver a quality education system built on child-friendly schools and such basic principles as quality, equity, and efficiency. In its role as co-chair of this effort (with the World Food Programme), UNICEF is able to engage other UN agencies in advocating the importance of this initiative to the government.

Together with the UK Department for International Development, UNICEF is also co-chair of the development partners' group in education, which supports the government's efforts to deliver on the national education plan. In this position, UNICEF is present at all high-level decision-making forums, which allows the organization to provide input on all major decisions regarding policy, planning, and budgeting within the sector.

In 2009 the Government of Rwanda adopted the standards and guidelines that UNICEF helped to develop for the child-friendly schools model, and incorporated them into the national Education Sector Strategic Plan, which envisages the construction of 3,000 new classrooms.

## VIET NAM

With the government now preparing its next Socio-Economic Development Strategy, the United Nations is focusing on ways to help the country revise its poverty reduction approach to make it more targeted at reducing and eliminating all forms of poverty.

Advocacy is a participatory process. Working together, the UN agencies have recently supported the review of key poverty reduction plans in Viet Nam. This review process has influenced government thinking on ways to address chronic poverty challenges; the role of social protection; the specific contribution of cash transfers; and how to coordinate the development and implementation of the country's poverty reduction and social protection framework.

During the period 2006 to 2009, UNICEF and the Government of Viet Nam led an effort to engage experts from various ministries and UN agencies to review current policies and to identify new and better ways to address child poverty and deprivation. As a result, significantly more children are now identified as poor. Children living in rural areas in general, and in the northern regions of the country in particular, are more likely to live in poverty, as are children who belong to ethnic minority groups.



## VOICES FROM THE FIELD

**Nguyen Thi Gai is a farmer living in Hoa Binh, a mountainous province in the north of Viet Nam. Her 15-year-old son died after he was seriously injured at a construction site, where he had been working to support his family. While at the hospital, doctors discovered that Gai's son had been suffering from malnutrition for some while.**

**Gai's family had never qualified for government support, as they live above the official poverty line. In order to receive such support, a child in a rural area must live in a household with a total per-person monthly income of less than VND 200,000 – approximately \$10. Yet Gai's income was not enough to provide for her children's education and nutrition needs. Her four children, including three daughters, attended only primary school, and all of them started working during their early teen years. It is hoped that under the government's new poverty alleviation programmes, children such as Gai's son will no longer be overlooked.**

# APPENDIX



## Regular Resources partners and donors (2009)

DONOR	REGULAR RESOURCES					GRAND TOTAL
	PUBLIC SECTOR		PRIVATE SECTOR			
	GOVERNMENT	INTER-ORGANIZATIONAL ARRANGEMENTS	NATIONAL COMMITTEES <sup>31</sup>	OTHER CONTRIBUTIONS <sup>32</sup>	COST OF GOODS DELIVERED AND OTHER EXPENSES <sup>33</sup>	
Algeria	24,000					24,000
Andorra	39,681		382,924			422,605
Armenia	4,000					4,000
Australia	16,581,992		2,475,324			19,057,316
Austria	1,910,838		3,468,209			5,379,047
Azerbaijan	15,000					15,000
Bahamas	1,000					1,000
Barbados	4,000					4,000
Belgium	27,661,026		7,225,845			34,886,871
Bhutan	15,181					15,181
Bolivia	110,640					110,640
Brazil				670,028		670,028
Burkina Faso	4,280					4,280
Cameroon	2,237					2,237
Canada	16,158,060		506,500			16,664,560
Chile	70,000			68,607		138,607
China	1,216,499			288,012		1,504,511
Colombia				324,970		324,970
Costa Rica	15,754					15,754
Croatia	36,000			368,088		404,088
Cuba	20,000					20,000
Cyprus				790,455		790,455
Czech Republic	144,835		1,620,005			1,764,840
Democratic People's Republic of Korea	86,280					86,280
Denmark	30,911,400		15,549,393			46,460,793
Dominican Republic				65,357		65,357
Ecuador				88,101		88,101
Estonia	66,129					66,129
Ethiopia	49,831					49,831
Finland	21,870,832		10,361,261			32,232,093
France	12,787,700		34,531,569			47,319,269
Germany	9,145,598		48,260,838			57,406,435
Gibraltar				12,802		12,802
Greece	300,000		5,911,223			6,211,223
Guyana	10,727					10,727
Honduras	30,167					30,167
Hong Kong, China			6,515,809			6,515,809
Hungary	137,424		392,924			530,349
Iceland	822,466		937,296			1,759,762
Indonesia	100,000			34,596		134,596
Iran (Islamic Republic of)				53,308		53,308
Ireland	10,762,535		2,908,294			13,670,829

DONOR	REGULAR RESOURCES					GRAND TOTAL
	PUBLIC SECTOR		PRIVATE SECTOR			
	GOVERNMENT	INTER-ORGANIZATIONAL ARRANGEMENTS	NATIONAL COMMITTEES <sup>31</sup>	OTHER CONTRIBUTIONS <sup>32</sup>	COST OF GOODS DELIVERED AND OTHER EXPENSES <sup>33</sup>	
Israel	100,000					100,000
Italy	3,952,560		38,032,653			41,985,213
Japan	15,442,574		132,893,944			148,336,518
Kazakhstan	50,000					50,000
Kenya				121,934		121,934
Korea, Republic of	3,000,000		18,376,720			21,376,720
Kuwait	200,000					200,000
Lebanon	5,000					5,000
Lesotho	1,500					1,500
Liechtenstein	49,950					49,950
Luxembourg	3,477,701		1,053,247			4,530,948
Malawi	2,975					2,975
Malaysia	84,000			58,480		142,480
Mali	21,900					21,900
Malta	6,562					6,562
Mauritius	8,824					8,824
Mexico	214,000			530,797		744,797
Moldova, Republic of	1,000					1,000
Monaco	10,339			41,295		51,634
Mongolia	11,200					11,200
Morocco	80,000					80,000
Myanmar	1,480					1,480
Namibia	1,500					1,500
Netherlands	46,419,100		51,998,124			98,417,224
New Zealand	3,333,360		646,301			3,979,661
Nicaragua	4,000					4,000
Nigeria				35,073		35,073
Norway	69,930,000		3,896,110			73,826,110
Pakistan	38,250					38,250
Panama	26,750			90,939		117,689
Peru				82,372		82,372
Philippines	49,603			122,292		171,895
Poland	200,000		717,216			917,216
Portugal	300,000		4,682,642			4,982,642
Romania				2,097		2,097
Russian Federation	1,000,000					1,000,000
Samoa	1,000					1,000
San Marino			11,154			11,154
Senegal				13,914		13,914
Serbia				170,667		170,667
Singapore	50,000					50,000
Slovak Republic	13,123					13,123
Slovenia	85,995		2,472,335			2,558,330
South Africa	20,000			52,377		72,377
Spain	31,065,090		27,123,013			58,188,103
Sri Lanka	15,500					15,500
Sweden	72,393,075		18,420,393			90,813,468
Switzerland	17,825,400		6,045,920			23,871,320
Thailand	232,358			75,569		307,927

DONOR	REGULAR RESOURCES					GRAND TOTAL
	PUBLIC SECTOR		PRIVATE SECTOR			
	GOVERNMENT	INTER-ORGANIZATIONAL ARRANGEMENTS	NATIONAL COMMITTEES <sup>31</sup>	OTHER CONTRIBUTIONS <sup>32</sup>	COST OF GOODS DELIVERED AND OTHER EXPENSES <sup>33</sup>	
Trinidad and Tobago	14,975					14,975
Tunisia	29,630			66,038		95,668
Turkey	200,000		387,840			587,840
United Arab Emirates	100,000			18,003		118,003
United Kingdom	34,369,860		8,876,568			43,246,428
United States	130,000,000		24,999,322			154,999,322
Uruguay	21,400			70,143		91,543
Venezuela (Bolivarian Republic of)	50,000			979,606		1,029,606
Viet Nam	13,709					13,709
Zambia						
Miscellaneous <sup>34</sup>				2,120,307		2,120,307
Income Adjustments to prior years <sup>35</sup>	2,146,908		1,402,348	(36,371)		3,512,885
Cost of goods delivered and other expenses <sup>33</sup>					(109,568,935)	(109,568,935)
Sub Total	587,788,264		483,083,263	7,379,855	(109,568,935)	968,682,447
Intergovernmental organizations						
Income Adjustments to prior years <sup>35</sup>	6,460,516					6,460,516
Sub Total	6,460,516					6,460,516
Inter-Organizational arrangements						
Income Adjustments to prior years <sup>35</sup>		242,845				242,845
Sub Total		242,845				242,845
Non-governmental organizations						
Tesuko Kuroyanaqi, Japan				1,094,400		1,094,400
Miscellaneous <sup>36</sup>				63,987		63,987
Income Adjustments to prior years <sup>35</sup>				580,863		580,863
Sub Total				1,739,250		1,739,250
Other income						88,542,308
TOTAL INCOME	594,248,779	242,845	483,083,263	9,119,104	(109,568,935)	1,065,667,365

<sup>31</sup> Private Fundraising and Partnerships Division (PFP) income included.

<sup>32</sup> Includes income from Country Office Private Sector Fundraising.

<sup>33</sup> Cost of goods delivered and other operating expenses incurred by PFP, excluding commission retained by sales partners.

<sup>34</sup> Miscellaneous Income primarily consists of private sector income for which the source is not individually identified.

<sup>35</sup> Includes refunds and adjustments to income recognized in previous years.

<sup>36</sup> Miscellaneous Income primarily consists of income from non-governmental organizations.

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