

IMPACT OF UNRESTRICTED
FUNDS ON CHILDREN

REPORT ON REGULAR RESOURCES 2010

UNITE FOR
CHILDREN

unicef 

< Children in Madagascar wash their hands before lunch at Ambohitsimelo Public Primary School, which provides a nourishing meal to all 350 students twice a week.

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FOREWORD

Today, just eleven years after the UN Millennium Declaration was first issued in 2000, hundreds of millions of people are no longer living in extreme poverty. Two million fewer children are dying every year from preventable causes before reaching their fifth birthdays, and the number of out-of-school children has dropped by more than 77 million. UNICEF, its partners, and its donors have played a vital role in this achievement.

But progress has not been universal. In fact, in many nations – even those on track to meet some of the Millennium Development Goals (MDGs) – gaps between the richest and poorest children are actually widening. Too many children, and too many families, are being overlooked or underserved. Progress, when measured by national averages, can conceal huge local disparities.

Indeed, to cite just one example, it is now clear that an equity-focused approach is considerably more cost-effective in moving the world towards MDG 4: reducing under-five mortality. In low-income, high-mortality countries, for instance, every additional \$1 million invested in an equity-focused approach can save up to 60 per cent more lives. This is especially important in a time of fiscal constraint, when cost effectiveness is so important both for programme and donor countries alike.

We all know that the global funding environment has changed dramatically over the past few years. Public resources are increasingly limited; and although private resources are on the rise, there is greater competition for these resources than ever before. This has had a direct impact on UNICEF's ability to reach the poorest and most vulnerable children, and to deliver vital services in a truly equitable manner. In 2010, "Other Resources" to UNICEF, which includes those restricted funds targeting specific countries or programmes, increased by an impressive \$527 million (24 per cent) over the previous year – due in large part to the emergencies in Haiti and Pakistan. However, during the same period "Regular Resources," which are the organization's unrestricted income – so critical to our flexibility and innovation – declined by \$101 million (9 per cent), a troubling trend that could hinder UNICEF's ability to achieve results for children.

It is these Regular Resources that are the subject of this report. They are given by donors without conditions or restrictions, trusting to UNICEF to use them how and where they will have the greatest impact. This report outlines precisely how we have used our Regular Resources in 2010 to reach all children equitably, and it provides examples of how UNICEF country offices around the globe have used these funds to address critical needs that would otherwise have gone unmet.

To those donors who have given UNICEF this valuable unrestricted funding, we are deeply grateful. Your support has measurably improved the lives of children around the world. To those donors considering unrestricted funding, I would ask you to read this report and reflect on the tremendous gains that such funding has made for millions of children, and to remember the millions more who are counting on us in the future. Thank you.



Anthony Lake

Executive Director, UNICEF

ABBREVIATIONS AND ACRONYMS

CBO	Community-based organization
CEE/CIS	Central/Eastern Europe and the Commonwealth of Independent States
CFS	Child-friendly school
CLTS	Community-led total sanitation
EPF	Emergency Programme Fund
FAO	UN Food and Agriculture Organization
GNI	Gross national income
GPEI	Global Polio Eradication Initiative
LDC	Least developed country
MDGs	Millennium Development Goals
MICS	Multiple indicator cluster survey
MTSP	Medium-term Strategic Plan
NGO	Non-governmental organization
OPV	Oral polio vaccine
OR	Other Resources (restricted resources)
PMTCT	Prevention of mother-to-child transmission (of HIV)
RR	Regular Resources (unrestricted, core resources)
SRAs	Strategic results areas
U5MR	Under-five mortality rate
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Human Rights
UNICEF	United Nations Children’s Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USD	United States dollars
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization

THE VALUE OF REGULAR RESOURCES

Children have a right to equitable development and humanitarian assistance irrespective of who they are or where they live, and UNICEF is committed to protecting and promoting this right as a moral and legal imperative. Nonetheless, various factors play a decisive role in the nature and volume of international assistance that a particular child is likely to receive. Chief among these factors is the trend of a constrained public resources environment, greater competition for private resources, and increased restrictions on all types of resources. This has a profound effect on UNICEF's ability to implement its core business of focusing on the poorest and most vulnerable children. As a United Nations agency and as the only child rights organization whose mandate is articulated in an international convention (Convention on the Rights of the Child), UNICEF is uniquely placed to respond to the needs of children in all situations, whether in times of peace or crisis. But to be truly effective requires a steady and reliable flow of resources so as to meet the right needs at the right time.

Regular Resources (RR) – that is, funds contributed without any restrictions on their use – are absolutely essential to UNICEF's work. They are the core resources that enable the organization to promote the fulfilment of the rights of *all* children in *all* situations. Only through Regular Resources can UNICEF be assured of steady and predictable funding, which in turn allows the organization to undertake its work with a measure of certainty and continuity. In 2010, 65 per cent of Regular Resources were spent in least developed countries, where the needs of the

disadvantaged are greatest. Half the population in these countries is under 18 years of age. And while these nations are the richest in children, they are the most challenged in terms of child survival and development – home to the highest rates of child mortality and the poorest access to such basic social services as education, health care, safe water, sanitation, and hygiene. Regular Resources are equally critical in helping UNICEF and its partners to develop and strengthen laws that protect children against various forms of abuse, violence, and exploitation.

UNICEF has a long-term and well-developed global presence that reaches even to the most remote areas of the world. Many of the 150 countries and territories in which it works, however, are out of the public spotlight, and consequently they do not tend to attract urgent donor attention. Given this situation, Regular Resources are essential in enabling the organization to provide stability and continuity for all its country programmes – maintaining offices and the specialized expertise to support programmes for children, and using this in-country presence to promote robust local and international partnerships, as well as to support one of the largest supply networks in the world. All these components form the building blocks of better results for children.

Regular Resources are particularly valuable because they are provided by donors who not only believe in UNICEF's mandate but who have also chosen to trust that the organization will allocate their funds where they are needed most. This type of funding

ensures UNICEF's independence, neutrality, and role as a trusted partner to national governments. Regular Resources are not driven by any individual donor priorities or agendas. Rather, they are allocated based on a carefully structured formula that takes into account key development indicators, including under-five child mortality, child population, and per capita gross national income. Because such funds are not tied to any country or sectoral programme, they can be used to support those areas that will have the greatest impact on the largest number of children.

UNICEF is present in countries in all phases of the development cycle, including in emergencies, post-conflict settings, recovery environments, and long-term development. The organization is able to support the delivery of services to the most vulnerable groups as well as work at different levels of government to inform and shape policy relevant to children and women. In every part of the world, UNICEF provides a unique, long-term, and sustainable response to the humanitarian and development problems affecting children. Its presence at the grassroots level, working with partners in local communities, informs and enhances its engagement at the government and senior decision-making level, contributing to the formulation of new laws and policies that improve lives.

Importantly, Regular Resources play a pivotal role in enabling UNICEF to quickly respond to changing circumstances or emerging challenges. Because these funds are un-earmarked, they can be easily moved from programme to programme, or within programmes, covering essential supplies, services, and technical expertise that may not be addressed by restricted donations. This is particularly critical in fragile states that face new security risks or natural disasters. At a time when UNICEF is called upon to respond to an increasing number of humanitarian crises throughout the world, it is Regular Resources that ensure the organization's quick response and rapid implementation. UNICEF's Emergency Programme Fund, for instance, is a \$75 million RR revolving fund that is available to country offices in the days and even hours immediately following the onset of a crisis.

KNOWLEDGE AND PARTNERSHIPS

In a world where comprehensive and up-to-date data is essential to success, UNICEF is the unrivalled source of information on the global situation of children, combining local understanding with global knowledge to provide innovative and timely solutions. With more than 60 years of experience, the organization has an extraordinary level of technical expertise that is backed by a network of highly skilled field staff in public health, disease prevention, logistics, nutrition, water and sanitation, child protection, human rights, education, and emergency response. UNICEF offices are able to undertake these activities utilizing information gathered through tried and tested data collection and survey methodologies as well as monitoring and reporting tools. The organization's ability to undertake this important work, however, is often hampered by limited resources. Here again, Regular Resources allow for consistent and world-class technical expertise, operational support, monitoring and evaluation, data collection, and reporting.

Partnerships are key to any major venture, and UNICEF works tirelessly to bring together many groups and organizations to achieve the greatest impact for children. It leverages resources through national governments; it extends its reach by working in partnership with local NGOs and community-based organizations; it harnesses the power of the corporate sector; and it engages individuals in its aspirations to achieve change for children. Because of the size and scope of the organization, UNICEF has the ability to bring together like-minded groups and individuals around a single rallying point: the welfare and development of children and women. Regular Resources are critical in ensuring that the organization is able to achieve its core mandates.

In sum, the increased predictability of Regular Resources enables UNICEF country offices to plan better, which dramatically improves operational efficiency and programme effectiveness. It reduces administrative and transaction costs, and frees programme staff at the country level to focus more of their time and attention on serving the world's children. To this end, the value of Regular Resources cannot be overstated. The decreasing proportion of Regular Resources to restricted funds is a growing concern for an organization that is pursuing an equity agenda that aims to place the poorest of the poor at the forefront of its programmes.

SUPPORTING THE EQUITY AGENDA

In 2010, UNICEF launched a renewed focus on equity in order to accelerate progress towards achieving the Millennium Declaration and Millennium Development Goals. Guided by the organization's Medium-term Strategic Plan (MTSP) for 2006–2013, this equity focus led the organization to define strategic results areas (SRAs) within the MTSP. SRAs are 'markers' of early success in the process of refocusing programmes on the equitable delivery of results to disadvantaged children and their families. UNICEF is now developing an equity-focused, decentralized framework for monitoring these results, together with national and local partners.

Regular Resources provide the necessary flexibility for UNICEF country offices to facilitate funding in a strategic manner so as to reach children and women with the greatest needs. These core resources will be particularly critical in determining the continued relevance of SRAs in each country, improving programme analysis, and aligning programme strategies to address key constraints to progress.

Both the strategic results areas and the monitoring framework will be applied to all programme areas in the coming years as one means of ensuring that programmes efficiently address equity concerns and support progress on the Millennium Declaration and the MDGs. The very flexibility provided by Regular Resources was instrumental in developing these SRAs and the monitoring framework. Going forward, Regular Resources will be required to strengthen UNICEF's capacities to implement its equity-focused programmes.

Regular Resources facilitate an enabling environment to advocate for policy changes in support of children's rights; leverage national and donor budgets towards equity-focused strategies; advocate for the removal of user fees for education, for cash transfers, and for other social safety nets; develop national and local capacities; procure supplies for service delivery; and undertake communication and social mobilization initiatives. Further, Regular Resources are allocated to least developed countries as well as to middle income countries in order to enable the organization to strategically address serious disparities in both contexts.

Regular Resources provided in 2010 enabled UNICEF to support rigorous data collection methods, such as household surveys and multiple indicator cluster surveys (MICS). These core resources are necessary to continue supporting further surveys to fill critical data gaps for monitoring the situation of children and women.

When a child's right to education, basic health, or protection is denied, he or she is deprived of the opportunity to survive, grow, and develop. In most cases, children tend to be deprived of multiple rights, reinforcing their marginalization within society. The consequences of these deprivations span the life cycle, cutting short the child's potential to develop his or her full capacities as an adult. By applying an equity lens to child-wellbeing, UNICEF can contribute to broader social processes aimed at addressing and changing inequities among all members of society.

ABOUT OUR DONORS

UNICEF derives its income entirely from the voluntary contributions of governments and private donors. Thirty-six National Committees provide the vast majority of these private funds.¹ These consist of unrestricted Regular Resources (RR) and restricted Other Resources (OR), which donors can direct to specific programmes according to their interests or priorities.²

In 2010, UNICEF income was \$3,682 million – more than three times that of 2000 (\$1,139 million), and an increase of 13 per cent from 2009. In all, 130 governments contributed \$2,440 million (66 per cent) in public sector income directly to UNICEF or through inter-governmental organizations³ and inter-organizational arrangements, which are government contributions to UNICEF through other UN agencies.⁴ National Committees, other private sources, and non-governmental organizations (NGOs) provided \$1,188 million (32 per cent)⁵ in private sector income.⁶

The increase of \$426 million in total income between 2009 and 2010 resulted from an increase of \$188 million (8 per cent) in public sector income and \$272 million (30 per cent) in private sector income,⁷ the latter largely in response to appeals for the Haiti earthquake and Pakistan floods. Regular Resources, the organization's preferred type of income, decreased \$101 million (9 per cent) in 2010, continuing a trend of negative growth that started in 2008. RR funding from the public sector declined \$19 million (3 per cent) and from the private sector it declined \$48 million (13 per cent).⁸ The remaining \$34 million loss in RR was attributed to net losses on foreign exchange fluctuations. Meanwhile, total OR increased \$527 million (24 per cent), including \$206 million (12 per cent) in public sector funding and \$320 million (60 per cent) in private sector growth,⁹ the latter due primarily to increased National Committee contributions in response to the Haiti earthquake.

¹ 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 operation.

² Unrestricted funding includes contributions provided by donors as Regular Resources in order for UNICEF to fulfill its mandate and to implement the programmes outlined in the organization's Medium-term Strategic Plan. Restricted funding includes contributions earmarked by donors for specific purposes, such as a country, geographic area, theme, project, sector, emergency, or any other category agreed upon between UNICEF and its donors.

³ This includes contributions from inter-governmental organizations such as the European Commission.

⁴ 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.

⁵ The remaining 1 per cent includes contributions from interest and miscellaneous income, such as small donations and gains/losses on foreign exchange transactions.

⁶ This includes income from individuals, corporations, and foundations donated through National Committees and UNICEF country offices; private sector income provided directly to UNICEF Headquarters; and donations from NGOs.

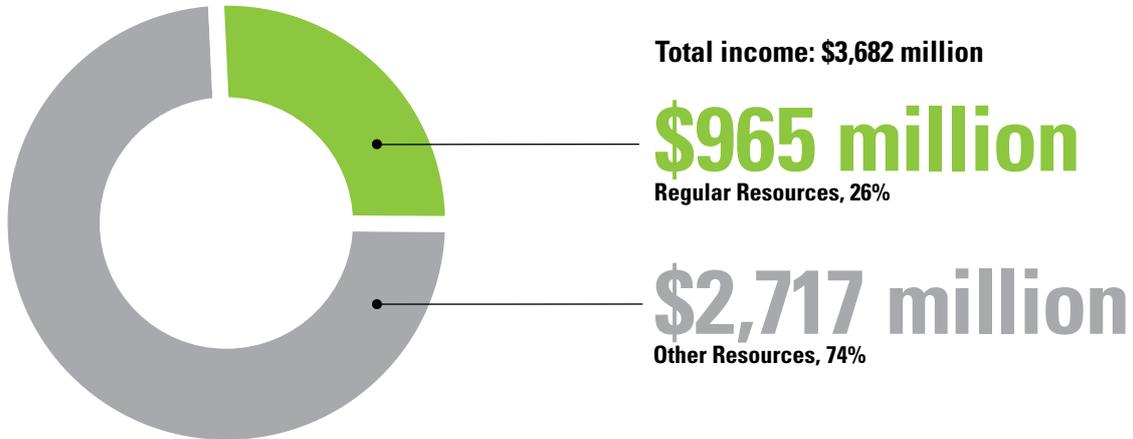
⁷ National Committee income rose \$219 million (30 per cent).

⁸ National Committee RR income decreased \$44 million (12 per cent).

⁹ National Committee OR income increased \$263 million (76 per cent).

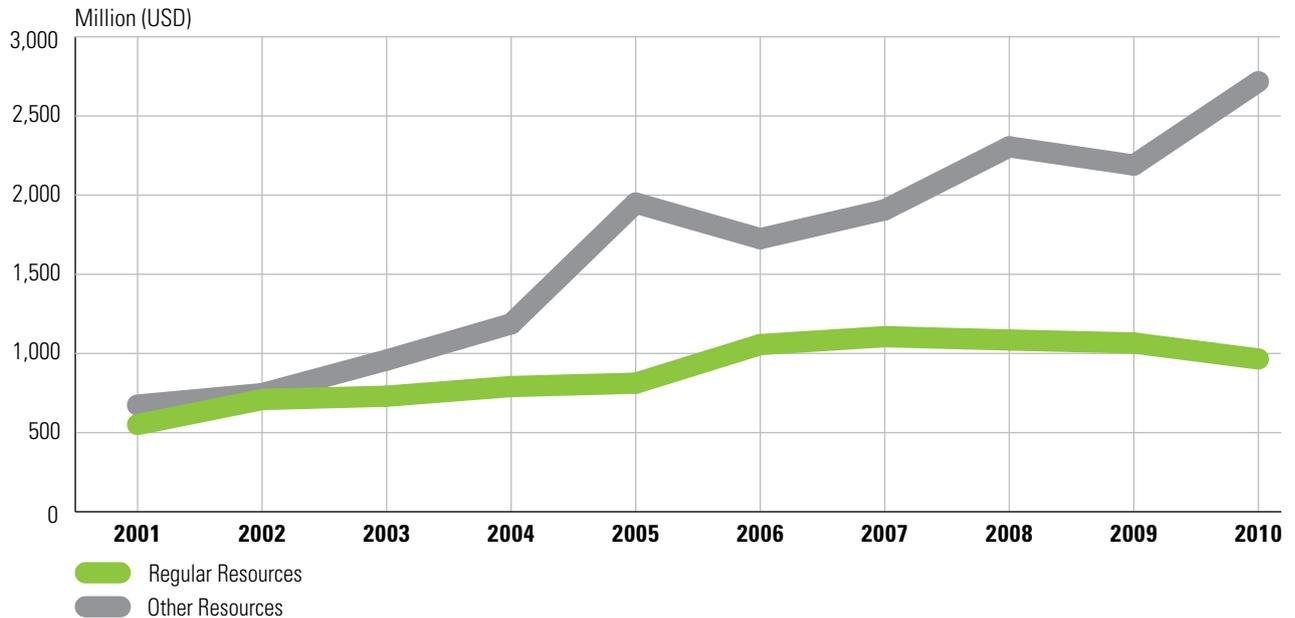
INCOME BY TYPE OF RESOURCES (2010)

Total income of \$3,682 million represents a 13 per cent increase from 2009, directly due to significant OR income growth. Regular Resources as a share of total resources dropped from 33 per cent in 2009 to 26 per cent in 2010. This trend of a declining ratio of core resources to overall income continues to be of great concern to UNICEF, as the organization's global presence and its capacity to provide leadership on child-related priorities, including during the sudden onset of emergencies, largely depends on a strong and reliable core income base.



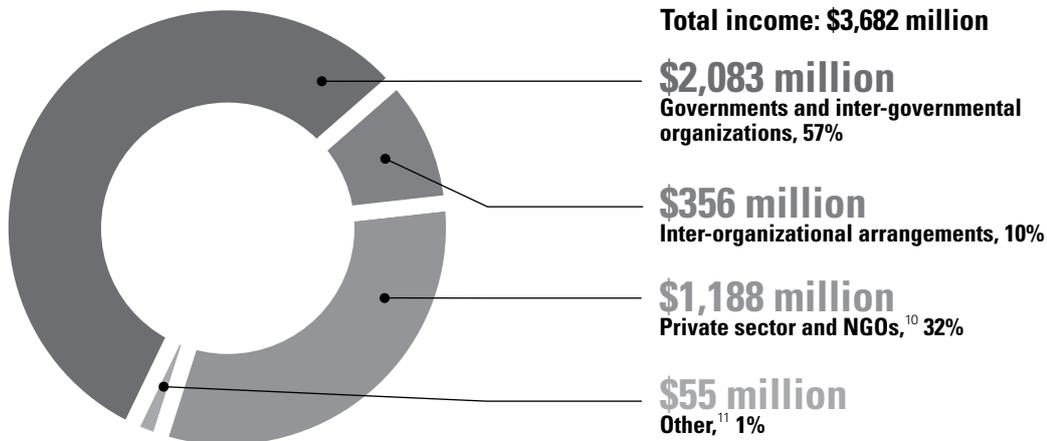
INCOME TRENDS BY TYPE OF RESOURCES (2001–2010)

Between 2001 and 2010, public and private contributions to UNICEF increased considerably: Other Resources have steadily grown more than four-fold over the past 10 years, while Regular Resources doubled between 2001 and 2007, after which the figure dropped 13 per cent in the following three years. The widening gap between restricted and unrestricted funds is an issue that UNICEF is committed to addressing with its public and private sector donors.



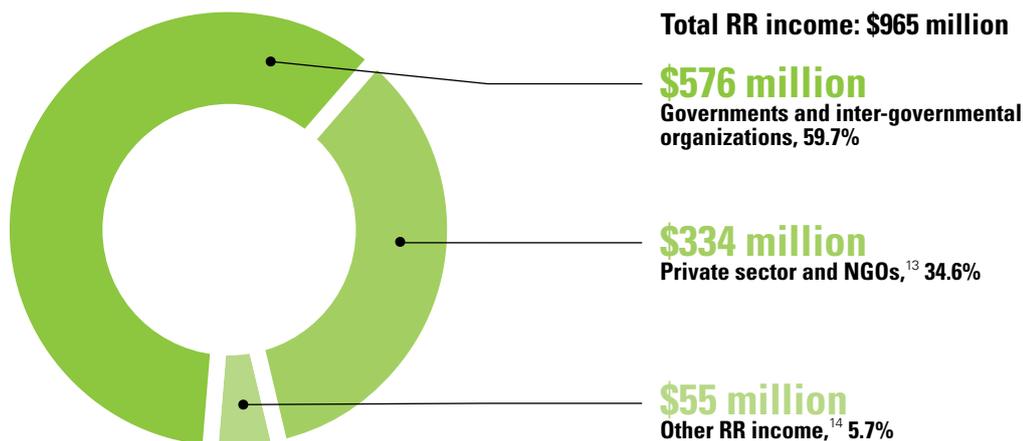
TOTAL INCOME BY SOURCE OF FUNDS (2010)

In 2010 governments, including such inter-governmental organizations as the European Commission, accounted for 57 per cent of the organization's total resources. Another 10 per cent was received through inter-organizational arrangements. Private sector resources, including income from National Committees and NGOs, accounted for 32 per cent of UNICEF's income.



TOTAL RR INCOME BY SOURCE OF FUNDS (2010)¹²

Governments and inter-governmental organizations provided 60 per cent of UNICEF's Regular Resources in 2010, while private sector sources and NGOs contributed 35 per cent.



¹⁰ National Committees contributed \$940 million (79 per cent); other private sources (including income from individuals, corporations, and foundations provided directly to UNICEF) and NGOs contributed \$248 million (21 per cent).

¹¹ Other income includes contributions from interest and miscellaneous sources, such as small donations and gains/losses on foreign exchange transactions.

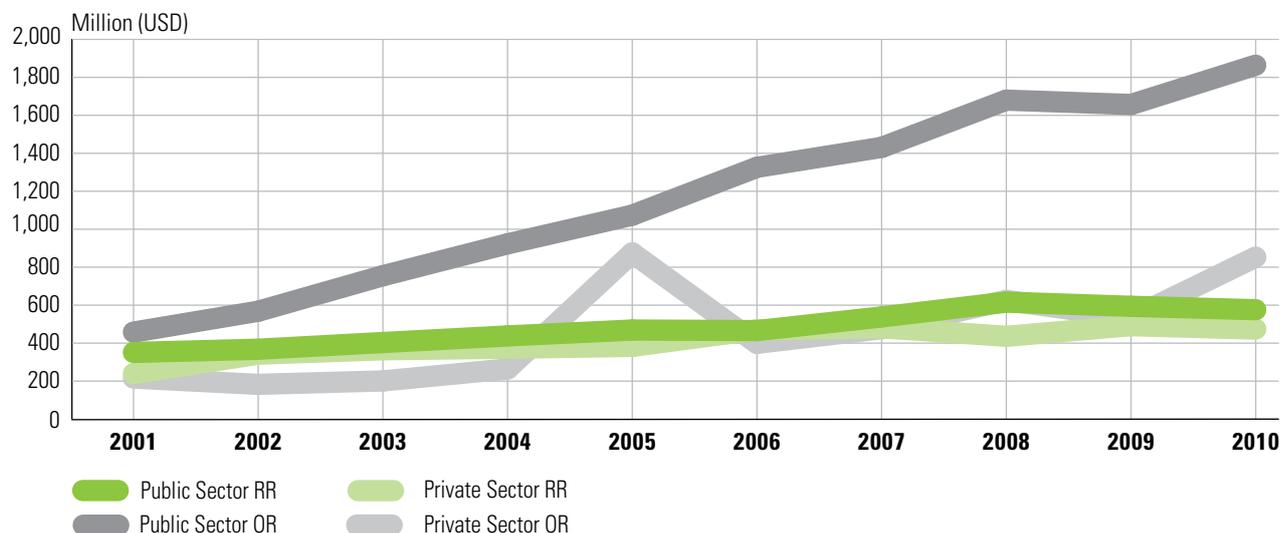
¹² RR figures include refunds and adjustments to income recognized in previous years.

¹³ National Committees contributed \$329 million (98 per cent) in Regular Resources; other private sources (including income from individuals, corporations, and foundations provided directly to UNICEF) and NGOs provided \$5.6 million (2 per cent).

¹⁴ Other income includes contributions from interest and miscellaneous sources, such as small donations and gains/losses on foreign exchange transactions.

PUBLIC AND PRIVATE SECTOR INCOME TRENDS (2001–2010)¹⁵

Over the past decade annual public and private sector contributions to UNICEF have more than doubled. While there is a firm, demonstrated commitment to increasing overall income to the organization, restricted Other Resources have risen at a significantly higher pace than unrestricted Regular Resources. This is a concern given the international community's commitment to the Paris Declaration to increasing aid effectiveness by untying aid.¹⁶ As UNICEF continues to face the ongoing global economic crisis, it is critical that the recent downward trend in Regular Resources is reversed – ensuring growth in total income, with a particular focus on additional unrestricted income.



TOP 20 GOVERNMENT, INTER-GOVERNMENTAL, AND NATIONAL COMMITTEE DONORS (2010)

Among the top 20 donors to UNICEF in 2010, 10 were National Committees and 10 were governments, including the European Commission, which is the largest inter-governmental organization supporting UNICEF programmes. The ratio of RR to OR income varies considerably among these donors. The single largest contributor to core resources was the Japan National Committee.

COUNTRY	DONOR TYPE	RR (USD million)	RR (%)	OR (USD million)	OR (%)	TOTAL (USD million)
United States	Government	132.25	39%	208.42	61%	340.67
United Kingdom	Government	32.59	13%	225.54	87%	258.13
Norway	Government	70.25	34%	134.72	66%	204.97
Japan	National Committee	148.23	77%	45.37	23%	193.60
Japan	Government	15.18	9%	159.86	91%	175.05
Netherlands	Government	42.74	27%	116.02	73%	158.76
European Commission	Inter-governmental	–	–	145.69	100%	145.69
Canada	Government	17.41	13%	117.20	87%	134.61
United States	National Committee	12.71	10%	116.04	90%	128.75
Spain	Government	29.22	23%	98.25	77%	127.47
Sweden	Government	61.43	49%	64.92	51%	126.35
Australia	Government	24.66	20%	96.08	80%	120.74
Germany	National Committee	49.99	48%	54.71	52%	104.70
Netherlands	National Committee	41.55	50%	41.58	50%	83.13
France	National Committee	37.70	53%	33.67	47%	71.38
Italy	National Committee	21.57	31%	48.37	69%	69.94
United Kingdom	National Committee	2.63	5%	54.04	95%	56.66
Spain	National Committee	24.85	45%	30.40	55%	55.25
Denmark	Government	28.07	56%	21.66	44%	49.73
Sweden	National Committee	19.68	44%	25.40	56%	45.08

¹⁵ The data in this chart includes all income before the cost of goods delivered and other operating expenses incurred by UNICEF's Private Fundraising and Partnerships Division are deducted, excluding commission retained by sales partners and sales expenditure by country offices. The 2006–2010 figures include income adjustments to prior years for public and private sector contributions.

¹⁶ The Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008).

TOP 10 DONOR COUNTRIES AND INSTITUTIONS (2010)

The following list shows the top 10 donor countries and institutions, aggregating public and private sector contributions.

COUNTRY	PUBLIC SECTOR		PRIVATE SECTOR		TOTAL (USD million)
	RR (USD million)	OR (USD million)	RR (USD million)	OR (USD million)	
United States	132.25	208.42	12.71	116.04	469.42
Japan	15.18	159.86	148.23	45.37	368.65
United Kingdom	32.59	225.54	2.63	54.04	314.80
Netherlands	42.74	116.02	41.55	41.58	241.89
Norway	70.25	134.72	6.38	12.56	223.91
Spain	29.22	98.25	24.85	30.40	182.72
Sweden	61.43	64.92	19.68	25.40	171.43
United Nations Development Programme	–	159.80	–	–	159.80
Canada	17.41	117.20	0.97	20.07	155.64
European Commission	–	145.69	–	–	145.69

TOP 20 GOVERNMENT RR DONORS (2010)

Among the top 20 government RR donors, the United States provided more than \$132 million, and Norway, Sweden, and the Netherlands provided \$70 million, \$61 million, and \$43 million, respectively. Further, the United Kingdom, Spain, Denmark, and Belgium each provided more than \$25 million in Regular Resources.

COUNTRIES AND TERRITORIES	RR (2009) (USD million)	RR (2010) (USD million)
United States	130.00	132.25
Norway	69.93	70.25
Sweden	72.39	61.43
Netherlands	46.42	42.74
United Kingdom	34.37	32.59
Spain	31.07	29.22
Denmark	30.91	28.07
Belgium	27.66	25.13
Australia	16.58	24.66
Finland	21.87	21.59
Switzerland	17.83	20.66
Canada	16.16	17.41
Japan	15.44	15.18
Ireland	10.76	9.86
France	12.79	9.45
Germany	9.15	8.24
New Zealand	3.33	4.32
Italy	3.95	4.20
Luxembourg	3.48	3.71
Republic of Korea	3.00	3.00

TOP 20 NATIONAL COMMITTEE RR DONORS (2010)

Among the top 20 National Committee RR donors, Japan provided more than \$148 million. Germany, the Netherlands, and France gave \$50 million, \$42 million, and \$38 million, respectively. Further, the Republic of Korea, Spain, and Italy each gave more than \$20 million in RR.

COUNTRIES AND TERRITORIES	RR (2009) (USD million)	RR (2010) (USD million)
Japan	132.89	148.23
Germany	48.26	49.99
Netherlands	52.00	41.55
France	34.53	37.70
Republic of Korea	18.38	24.87
Spain	27.12	24.85
Italy	38.03	21.57
Sweden	18.42	19.68
United States	25.00	12.71
Switzerland	6.05	12.18
Finland	10.36	11.59
Hong Kong, China	6.52	10.25
Denmark	15.55	9.51
Belgium	7.23	6.84
Norway	3.90	6.38
Greece	5.91	4.37
Australia	3.67	3.67
Portugal	4.68	3.42
Austria	3.47	3.09
Ireland	2.91	2.93

A young boy sits attentively in his makeshift classroom in the Democratic Republic of the Congo, where 4 million children have been orphaned. UNICEF is providing school kits and other educational supplies to primary schools and to the many children living in camps for those displaced by war.



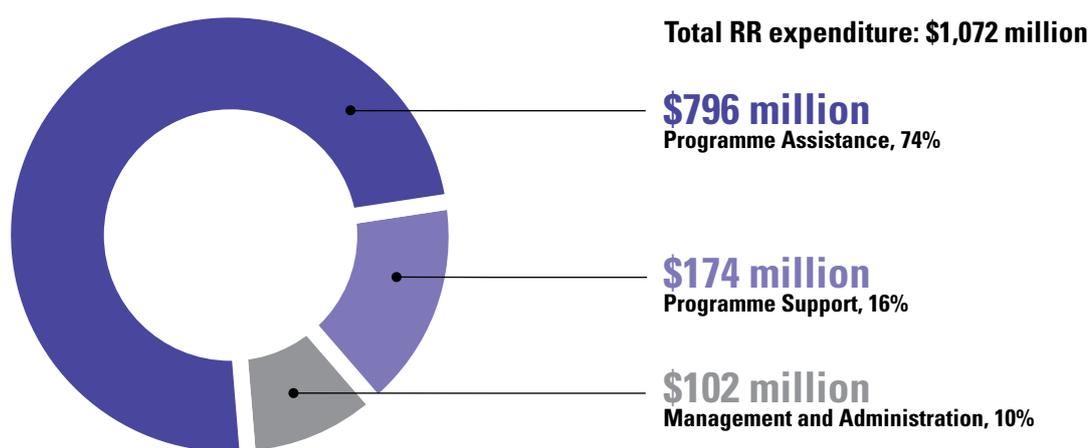
HOW UNICEF SPENDS ITS REGULAR RESOURCES

UNICEF is guided by the principle that all children have equal rights irrespective of where they live. It is, however, a fact that some countries attract more external development funding than others. While all children should benefit from international financial and technical assistance, not all are equally fortunate, either because countries are not in the public eye or they do not meet the financing requirements of particular bilateral donors. Given this reality, UNICEF's Regular Resources are essential for meeting basic unmet needs.

The largest share of Regular Resources is spent by country and regional offices in cooperation with governments and other partners (e.g., local and international NGOs) 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 costs associated with implementing country and regional office programmes,¹⁷ as well as costs of the core structure supporting the mission of the organization.¹⁸ These latter costs include corporate leadership and oversight,

TOTAL RR EXPENDITURE (2010)¹⁹

In 2010, \$796 million (74 per cent) of Regular Resources was spent on Programme Assistance. The remaining \$276 million (26 per cent) of Regular Resources was spent on the organization's Support Budget, including \$102 million (10 per cent) on Management and Administration and \$174 million (16 per cent) on Programme Support, the latter directly related to supporting country and regional offices to implement programmes in the field.



¹⁷ This component of the Support Budget is **Programme Support**, which 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.

¹⁸ This component of the Support Budget is **Management and Administration**, which includes all costs that are not directly attributable to a particular programme, but are necessary to support the organization's executive direction, oversight, communications, fundraising, financial, and human resources functions. They ensure services to the more than 9,000 staff members implementing programmes in over 150 countries and territories.

¹⁹ RR expenditure figures include write-offs (\$2 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).

the safeguarding of financial resources entrusted to UNICEF, and transparent utilization of those resources. The Support Budget is approved by the Executive Board of UNICEF, which seeks to ensure that the percentage of resources allocated to these support functions remains a modest proportion of Regular Resource expenditure.

PROGRAMME ASSISTANCE

Funds for Programme Assistance at the country and regional level are distributed among six categories, the first three accounting for 98 per cent of Programme Assistance expenditure in 2010.

1. **Countries with UNICEF programmes of cooperation:** These funds are allocated to UNICEF country programmes of cooperation based on three key indicators affecting children: under-five mortality rate, gross national income per capita, and child population.
2. **Strategic and innovative activities:** At the discretion of the Executive Director, 7 per cent of RR Programme Assistance supports strategic and innovative programmes, including advancing the equity agenda in countries and regions.

3. **Emergency Programme Fund (EPF):** In addition to the availability of Regular Resources allocated through the above mechanisms to support humanitarian programmes, many country offices also rely upon the Emergency Programme Fund, a \$75 million revolving fund that can be accessed to finance immediate emergency needs.

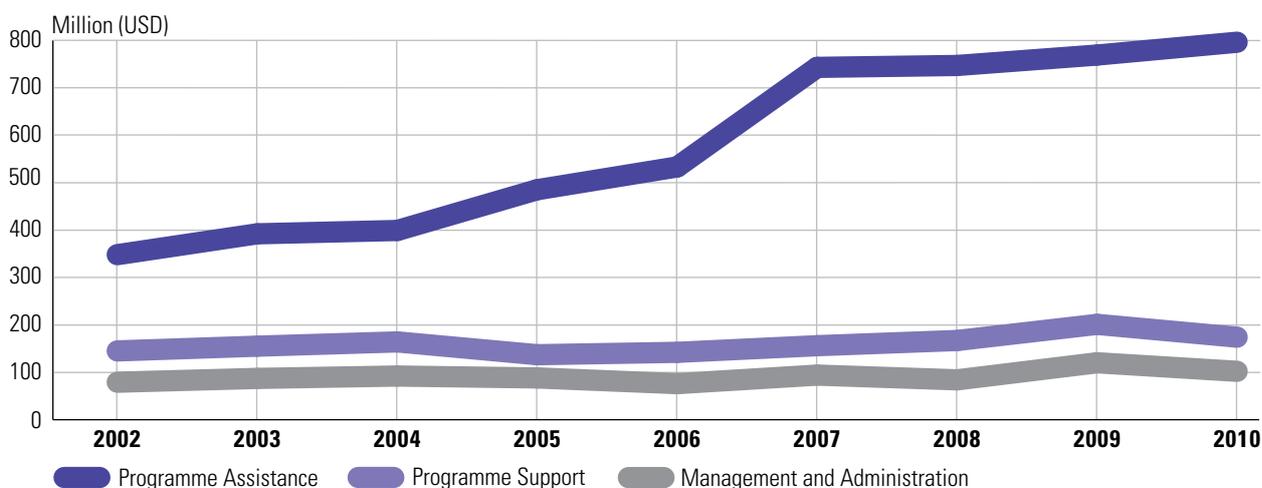
4. **Inter-country programmes:** These are allocations to support the achievement of key programme results across multiple countries.
5. **Net income on product sales:** These are allocations of Regular Resources to country offices that generate RR through the sales of cards and gifts.
6. **Income adjustments:** These are refunds and adjustments to income recognized in previous years.

The UNICEF Executive Board has also approved a minimum allocation of \$750,000 to each country programme, including least developed countries and middle income countries, to support implementation of the country's core programmes for children.

RR EXPENDITURE TRENDS (2002–2010)

Between 2002 and 2010 the share of RR-funded Programme Assistance directly reaching children more than doubled, while the share of Support Budget dropped from 39.2 per cent to 25.7 per cent as a proportion of total RR expenditure. Between 2009 and 2010, Programme Assistance increased \$27 million (4 per cent) and the Support Budget decreased \$45 million (14 per cent),²⁰ demonstrating the care with which UNICEF manages its programme expenditures.

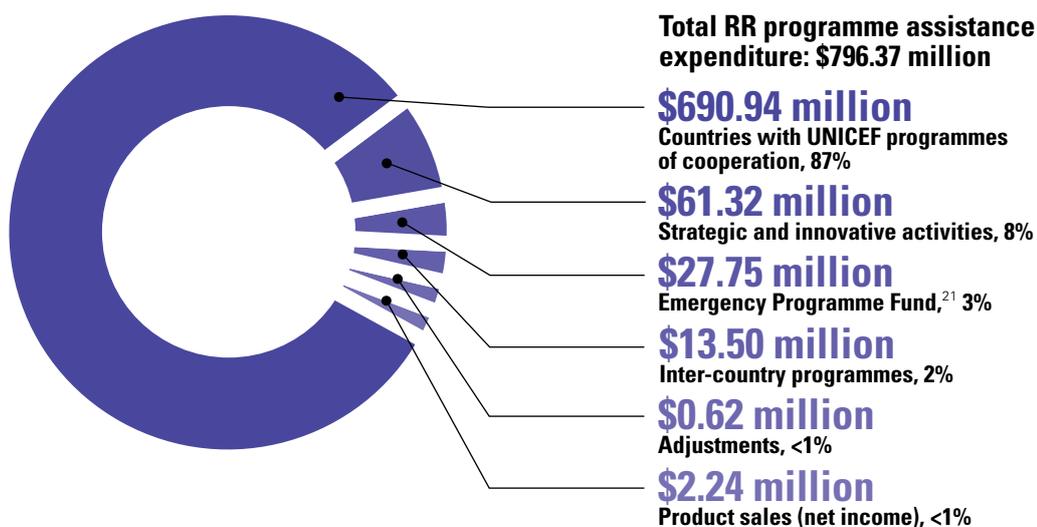
The dramatic decrease in the Support Budget since 2009 underscores UNICEF's commitment to maintaining effective and efficient operations and to continually improving its business practices in line with UN reform efforts. In many countries, for instance, UNICEF offices have now moved into shared premises or set up joint service agreements with other United Nations agencies. Among the 50 UNICEF offices with these arrangements, administrative expenses have dropped by about one third.



²⁰ Programme Support decreased \$27 million (13%) and Management and Administration decreased \$18 million (15%) in 2010.

RR PROGRAMME ASSISTANCE EXPENDITURE BY TYPE OF ALLOCATION (2010)

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



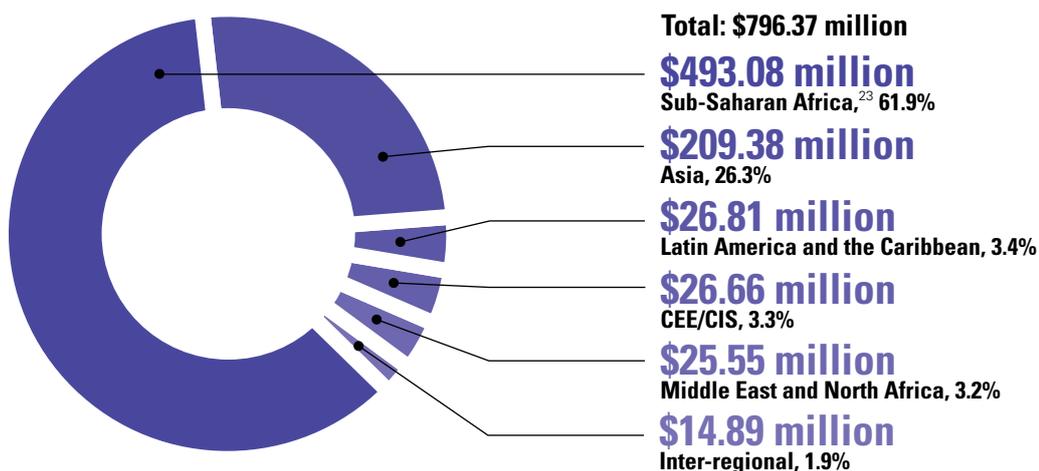
COUNTRIES WITH UNICEF PROGRAMMES OF COOPERATION

In 2010, \$691 million (87 per cent) of Regular Resources for direct Programme Assistance was spent on UNICEF country programmes of cooperation that were selected based on the Executive Board-approved criteria: child mortality rate, gross national income per capita, and child population. In allocating

these resources, UNICEF 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.²²

RR PROGRAMME ASSISTANCE EXPENDITURE BY REGION (2010)

The following chart shows the regional distribution of RR Programme Assistance funds in 2010. The allocation of these funds was based on the Board-approved criteria: 62 per cent was distributed to sub-Saharan Africa and 26 per cent to Asia, while between only 3 and 4 per cent was distributed to each of the remaining three regions: the Middle East and North Africa, Central/Eastern Europe and the Commonwealth of Independent States (CEE/CIS), and Latin America and the Caribbean.



²¹ The expenditure of Regular Resources on humanitarian programmes includes RR spent in countries that are allocated such resources through the Board-approved formula, as well as countries that benefit from loans through the biennial Emergency Programme Fund. EPF loans are treated as "estimated expenditure" of Regular Resources until they are repaid. Loans that are not repaid are converted to non-reimbursable loans and regarded as RR expenditure. Decisions whether or not to waive reimbursement can be made up until the end of the second year of the biennium.

In 2010, the first year of the 2010-2011 biennium, \$28 million in EPF loans were treated as estimated expenditure of Regular Resources. This included \$1.25 million in EPF loans that were converted to non-reimbursable loans and a further \$27.21 million in loans that are expected to be repaid in 2011.

²² In 2010, 65 per cent of Regular Resources were allocated to least developed countries and 63 per cent to countries in sub-Saharan Africa, including Djibouti and the Sudan.

²³ Expenditure assistance for Djibouti and the Sudan is included under sub-Saharan Africa.

RR PROGRAMME ASSISTANCE EXPENDITURE: TOP 50 COUNTRIES (2010)²⁴

Most of the top 50 countries that received RR Programme Assistance funds in 2010 according to the Board-approved criteria were located in sub-Saharan Africa and Asia.

COUNTRIES AND TERRITORIES	U5MR (/1,000 live births)	GNI/CAPITA (USD)	CHILD POPULATION (‘000)	TOTAL EXPENDITURE (USD million)
Democratic Republic of the Congo	199	160	35,353	57.67
Nigeria	138	1,140	75,994	54.32
Ethiopia	104	330	41,831	42.74
India	66	1,170	447,401	42.16
Afghanistan	199	370	14,897	39.34
Bangladesh	52	590	61,091	24.04
Pakistan	87	1,020	78,786	23.76
Niger	160	340	8,611	22.81
Sudan²⁵	108	1,230	19,352	22.80
United Republic of Tanzania	108	500	22,416	20.98
Uganda	128	460	18,276	20.18
Burkina Faso	166	510	8,337	19.13
Myanmar	71	220	16,124	18.36
Mozambique	142	440	11,561	15.83
Chad	209	620	5,867	15.51
Kenya	84	770	19,652	13.49
Mali	191	680	6,649	13.22
Madagascar	58	420	9,759	12.80
Rwanda	111	460	4,865	11.55
Somalia	180	140	4,667	11.12
China	19	3,620	335,915	11.00
Sierra Leone	192	340	2,827	10.19
Burundi	166	150	3,772	10.01
Malawi	110	280	8,106	9.85
Ghana	69	700	10,726	9.66
Côte d'Ivoire	119	1,060	9,953	9.57
Zambia	141	970	6,851	8.99
Angola	161	3,490	9,596	8.29
Nepal	48	440	12,712	8.02
Cambodia	88	650	6,036	7.69
Guinea	142	370	4,972	7.22
Yemen	66	1,060	12,062	7.16
Indonesia	39	2,230	74,403	6.91
Cameroon	154	1,170	9,306	6.40
Benin	118	750	4,431	6.39
Senegal	93	1,040	6,333	6.11
Pacific Island Countries²⁶	–	–	–	6.08
Zimbabwe	90	340	6,001	5.72
Central African Republic	171	450	2,088	5.66
Congo	128	1,830	1,739	5.59

Table continues on following page...

²⁴ Excludes any RR expenditure for Strategic and Innovative Activities and RR expenditure through the Emergency Programme Fund.

²⁵ All references to the Sudan in this report precede the secession of the Republic of South Sudan from the Republic of the Sudan in July 2011.

²⁶ 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.

Table continues from previous page...

COUNTRIES AND TERRITORIES	U5MR (/1,000 live births)	GNI/CAPITA (USD)	CHILD POPULATION ('000)	TOTAL EXPENDITURE (USD million)
Liberia	112	160	1,950	5.35
Caribbean Regional²⁷	–	–	–	4.06
Egypt	21	2,070	31,695	3.84
Uzbekistan	36	1,100	9,977	3.76
Viet Nam	24	1,010	28,172	3.67
Togo	98	440	3,082	3.53
Philippines	33	1,790	37,033	3.35
Kyrgyzstan	37	870	1,961	3.08
Iraq	44	2,210	14,672	2.95
Eritrea	55	300	2,432	2.91

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.

The two funding windows that are available to the Executive Director are the 7 per cent of Regular Resources that are set aside to respond to evolving needs, to encourage innovation, and to promote the organization's equity agenda; and those Regular Resources that support programmes that have remained unfunded for more than one year. Unrestricted resources that promote the equity agenda allow UNICEF to support countries in eliminating the high levels of disparities that so disproportionately affect excluded and marginalized groups and families. These resources also enable UNICEF to conduct further research on excluded populations and to

leverage additional resources from governments and strategic partners.

Regular Resources enable country programmes to minimize wide fluctuations in funding and to allocate sufficient funds to programmes approved by the UNICEF Executive Board. Maintaining a degree of funding stability strengthens results-based planning and the effective implementation of programmes. Further, the use of Regular Resources to offset unfunded programmes provides critical support to countries that are the furthest from achieving the objectives of the Millennium Declaration, the MDGs, and the MTSP targets.

In 2010, \$61.31 million of unrestricted funds was spent on strategic and innovative activities, representing 7.7 per cent of total RR Programme Assistance. Of the 20 top recipients, 19 were in sub-Saharan Africa, and one was in the CEE/CIS region.

²⁷ 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.

**RR PROGRAMME ASSISTANCE EXPENDITURE:
TOP 20 RECIPIENT COUNTRIES OF STRATEGIC AND INNOVATIVE FUNDS (2010)**

COUNTRIES AND TERRITORIES	EXPENDITURE OF STRATEGIC AND INNOVATIVE FUNDS (USD million)	TOTAL RR EXPENDITURE (USD million)	STRATEGIC AND INNOVATIVE FUNDS AS % OF TOTAL RR
Nigeria	5.76	54.32	11%
Burkina Faso	3.29	19.13	17%
Sudan	2.92	22.80	13%
Kenya	2.12	13.49	16%
Rwanda	2.06	11.55	18%
Central African Republic	1.78	5.66	31%
Chad	1.77	15.51	11%
Côte d'Ivoire	1.43	9.57	15%
Niger	1.39	22.81	6%
Ethiopia	1.36	42.74	3%
Kosovo²⁸	1.30	1.62	80%
Somalia	1.28	11.12	12%
Benin	1.26	6.39	20%
Zimbabwe	1.19	5.72	21%
Congo	1.16	5.59	21%
Uganda	1.06	20.18	5%
Mali	0.96	13.22	7%
Malawi	0.95	9.85	10%
Eritrea	0.93	2.91	32%
Senegal	0.83	6.11	14%

Allocation of Regular Resources in support of the equity agenda

In 2010, UNICEF set aside \$37.5 million in Regular Resources as part of its support for strategic and innovative activities to fund equity programming and strategies in 97 countries. These country offices used the funds to implement equity-focused situation analyses of children; to re-focus their programmes on marginalized populations; and to strengthen monitoring and evaluation. The flexibility of these resources enabled the Executive Director to authorize UNICEF's regional offices to identify and prioritize the countries to receive the funds, which proved to be invaluable in promoting the equity agenda at the country level. This was in addition to Regular Resources allocated

through other mechanisms that were reprogrammed to support the equity drive.

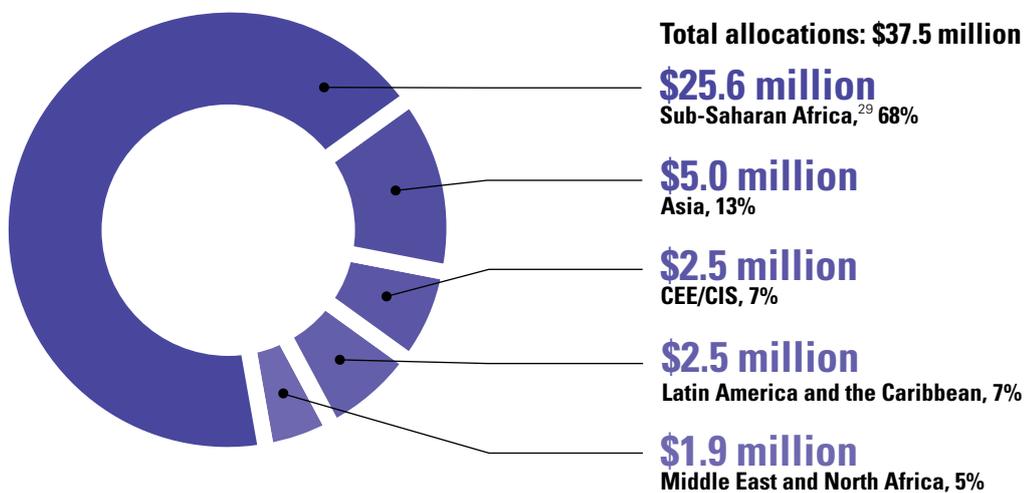
The availability of these discretionary RR funds enabled UNICEF to achieve strategic programming shifts and to engage in programme interventions that have the greatest potential for leveraging additional funds and for scaling-up results for the most disadvantaged children. Such allocations included \$20 million to high-priority countries to cover shortfalls in polio vaccines, \$6.7 million to support multiple indicator cluster surveys in more than two dozen countries, and \$2.6 million to improve global and national databases that are critical to monitoring the situation of children and women.

²⁸ UNICEF activities in Kosovo under United Nations Security Council Resolution 1244 (1999).

**RR PROGRAMME ASSISTANCE EXPENDITURE:
TOP 20 COUNTRIES RECEIVING DISCRETIONARY FUNDS IN
SUPPORT OF THE EQUITY AGENDA (2010)**

COUNTRY	ALLOCATION OF EQUITY FUNDS (USD million)
Burkina Faso	3.54
Côte d'Ivoire	3.50
Benin	3.45
Niger	2.95
Mali	2.59
Senegal	1.31
Togo	1.15
Chad	1.06
Somalia	0.69
Sierra Leone	0.68
Nepal	0.60
Central African Republic	0.55
Sri Lanka	0.50
Guinea	0.48
Sudan	0.45
Mauritania	0.37
Bhutan	0.35
India	0.35
Pakistan	0.35
South Africa	0.35

ALLOCATION OF DISCRETIONARY FUNDS IN SUPPORT OF THE EQUITY AGENDA (2010)



²⁹ Expenditure assistance for Djibouti and the Sudan is included under sub-Saharan Africa.

EMERGENCY PROGRAMME FUND

UNICEF requires timely and flexible funding in order to respond rapidly and effectively to emerging humanitarian crises. This is especially critical given the needs of children and women in the immediate aftermath of an emergency. Regular Resources enable the organization to invest critical funds in the hours and days immediately following the onset of an emergency, without having to wait for the release of formal appeals or the receipt of donor funds.

In 2010, UNICEF responded to 290 humanitarian situations in 98 countries, covering crises of all scales, including rapid onset emergencies, large-scale natural disasters, new and protracted conflicts, and chronic, underfunded 'silent' emergencies. Many of these countries relied on Regular Resources allocated through the Board-approved formula to support their ongoing humanitarian programmes, such as those in Afghanistan, the Democratic Republic of the Congo, Pakistan, and the Sudan. Others relied on RR provided through the Emergency Programme Fund (EPF), which is a \$75 million revolving fund that country offices can access to respond to humanitarian crises.

The Emergency Programme Fund has consistently proven to be an effective method for providing loans to UNICEF offices, allowing the organization to initiate its response to crises before even the most fast-acting donors can respond. The EPF remains the quickest, most reliable, and most adaptable source of emergency funds and is, therefore, an integral component of UNICEF's response capacity.

The EPF is available to all UNICEF offices to support one or more of the following:

- 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.³⁰

EPF funds are allocated over a two-year period, with 2010 the first year of the current 2010–2011 biennium. Funds are reimbursed with donor income as and when these are mobilized. When UNICEF offices are unable to raise adequate funding to reimburse their EPF grants, a decision to waive reimbursement is made on a case-by-case basis, subject to an analysis of funding levels and humanitarian needs.

In 2010, the EPF continued to be an extremely critical tool for UNICEF, as it allowed the organization to promote fast, flexible, and strategic support to country offices most in need. In all, 37 EPF requests were processed for 25 countries totalling \$81.7 million, including one disbursement to UNICEF Headquarters to procure polio vaccines.

The number and type of crises funded through the Emergency Programme Fund in 2010 show the wide range of critical life-saving operations supported by Regular Resources. They included large-scale natural disasters in Haiti and Pakistan, as well as smaller natural disasters in such countries as Belize, Chile, and Mongolia. They also included UNICEF's response to conflicts and complex emergencies in Congo, Kyrgyzstan, Liberia, and Somalia.

In **Pakistan**, three EPFs totalling \$17 million jump-started the provision of clean water for some half-million people in the days following the floods; in **Kyrgyzstan**, \$3 million in EPF funding paid for an initial response to a polio outbreak, as well as urgent logistics, security, and operational costs to set up a response base in Osh following the eruption of violence; in **Liberia**, \$1.5 million supported the response to the refugee crisis, including payment for community-based management of acute malnutrition and for family tracing and reunification services for separated and unaccompanied children from Côte d'Ivoire; and in **Nigeria**, more than \$1 million helped provide safe water, environmental remediation, advocacy, and social mobilization in response to a lead poisoning crisis that threatened children's lives. All funds were disbursed to country offices within 12–24 hours of their EPF submissions.

³⁰ UNICEF's response to emergencies is guided by its *Core Commitments for Children in Humanitarian Action*, which is a framework to uphold the rights of children affected by humanitarian crises.

Furthermore, the EPF helped to kick-start UNICEF's response to various health crises. In addition to Kyrgyzstan, the EPF funded a response to a polio outbreak in **Tajikistan** and **Uzbekistan**, as well as an outbreak of measles in **Zimbabwe**. The EPF also provided critical support to the nutritional crisis in the Sahel region of Africa, especially in **Chad** and **Niger**. In Niger, for instance, EPF funds were the foundation

of an innovative cash transfer programme that provided feeding rations for children under two years. In all these cases, the Emergency Programme Fund demonstrated that Regular Resources provide the organization with an indispensable tool to respond rapidly and flexibly to the needs of children in the widest range of emergencies.

EMERGENCY PROGRAMME FUND ALLOCATIONS (2010–2011 BIENNIUM)³¹

COUNTRIES AND PROGRAMMES	RR ALLOCATION (USD million)	REIMBURSEMENT TO DATE (USD million)
Algeria	0.18	–
Barbados/Caribbean	0.30	0.30
Belize	0.20	–
Benin	1.00	1.00
Chad	6.48	3.79
Chile	0.20	0.05
China	2.00	2.00
Congo	3.72	1.56
Democratic Republic of the Congo	5.00	5.00
Eritrea	0.08	0.08
Global Polio Eradication Initiative	4.00	4.00
Haiti	2.00	–
Kyrgyzstan	3.15	1.14
Liberia	1.50	–
Myanmar	0.60	0.60
Moldova	0.30	0.30
Mongolia	1.10	0.87
Niger	9.31	7.12
Nigeria	1.10	1.10
Pakistan	17.15	10.57
Somalia	5.50	3.35
Sudan³²	11.15	3.42
Tajikistan	0.38	0.25
Uzbekistan	1.69	1.39
Yemen	1.13	0.56
Zimbabwe	2.50	2.50
GRAND TOTAL	81.71	50.97

³¹ This table shows EPF data for the first year of the 2010–2011 biennium, including RR allocations through 31 December 2011.

³² Data for the Sudan includes allocations for North Sudan (\$4.20 million) and for South Sudan (\$6.95 million).



Children jump rope in an empty lot in Monrovia, Liberia's capital. The young girl lives in a nearby abandoned building that is home to hundreds of families who were displaced during the country's civil war.

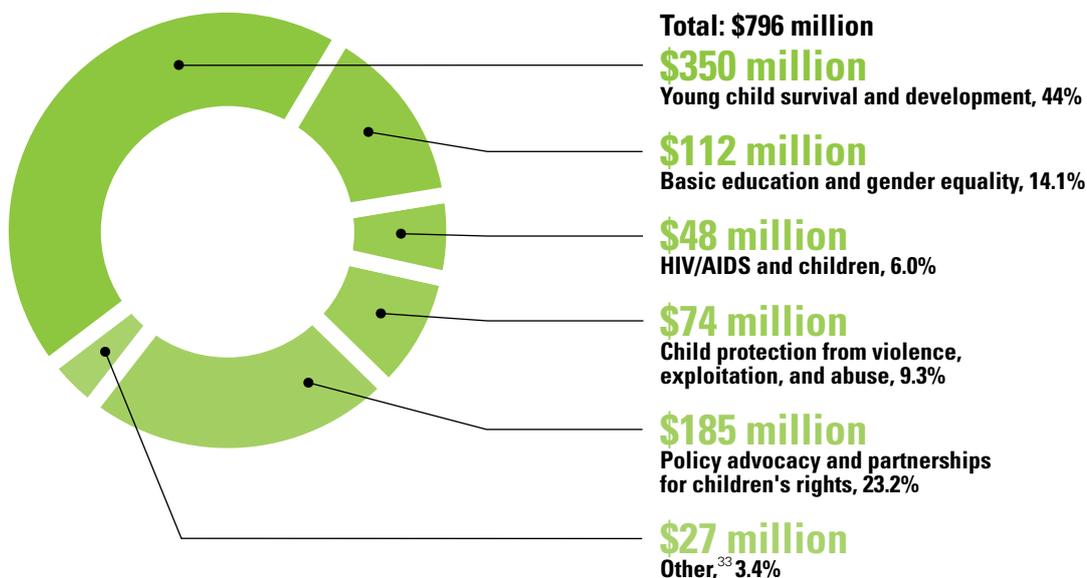
RESULTS FOR CHILDREN

UNICEF's work is governed by its **Medium-term Strategic Plan** for 2006–2013. The MTSP priorities include providing a child with the best possible start in life; 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 all interrelated and reflect UNICEF's primary contributions to the international development agenda. Progress in any one area leads to progress in all areas.

The Focus Areas reflect the organization's central mission, which is to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. Together, they support implementation of the Millennium Declaration and the global community's efforts towards achieving the eight Millennium Development Goals – all of which directly affect children. UNICEF's work correlates closely with the MDGs and is central to their advancement.

RR PROGRAMME ASSISTANCE EXPENDITURE BY FOCUS AREA (2010)



³³ These are interventions that country and regional offices implement in line with national priorities that may not fall under the MTSP framework or any of the five Focus Areas.

UNICEF SUPPORT TO THE MILLENNIUM DEVELOPMENT GOALS

MILLENNIUM DEVELOPMENT GOALS	CONTRIBUTIONS OF UNICEF FOCUS AREAS
MDG 1: Eradicate extreme poverty and hunger	Young child survival and development
MDG 2: Achieve universal primary education	Basic education and gender equality
MDG 3: Promote gender equality and empower women	Basic education and gender equality
MDG 4: Reduce child mortality	Young child survival and development HIV/AIDS and children
MDG 5: Improve maternal health	Young child survival and development
MDG 6: Combat HIV/AIDS, malaria, and other diseases	Young child survival and development HIV/AIDS and children
MDG 7: Ensure environmental sustainability	Young child survival and development
MDG 8: Develop a global partnership for development	Policy advocacy and partnerships for children's rights
Millennium Declaration (esp. chapter VI)	Child protection from violence, exploitation, and abuse Policy advocacy and partnerships for children's rights

The following pages highlight a selection of key results achieved with Regular Resources in 2010, and seek to outline and reiterate the value of these resources and the enormous gains for children that they make possible. The 16 case studies – including 14 country-specific profiles, one regional profile, and one global initiative – are illustrations of UNICEF's work worldwide, all of which have benefited from varying

amounts of Regular Resources. Of these case studies, 14 were among the top 50 countries that spent Regular Resources on Programme Assistance in 2010. In all instances, the availability of unrestricted funds permitted the organization to implement aspects of its programmes that it would not otherwise have been able to do relying solely on restricted donor funds.

SUMMARY OF CASE STUDIES

FOCUS AREA	CASE STUDY NO.	COUNTRY	RR RELIANCE ³⁴	PROGRAMME DESCRIPTION
1 Young child survival and development	1	Global Polio Eradication Initiative	17%	Meeting demand and communication challenges
	2	Myanmar	54%	Universal child immunization
	3	Nigeria	45%	Community-led total sanitation
	4	United Republic of Tanzania	65%	Addressing the challenges of acute malnutrition
2 Basic education and gender equality	5	Afghanistan	28%	Reaching the most vulnerable children in crisis with basic education
	6	Egypt	69%	Higher standards mean better quality education
	7	Niger	52%	Basic education for all
3 HIV/AIDS and children	8	Bangladesh	88%	The silent stigma of an emerging epidemic
	9	Burkina Faso	92%	Comprehensive support to a national HIV/AIDS programme
	10	Mali	83%	Predictable support enhances prevention and control
4 Child protection from violence, exploitation, and abuse	11	Azerbaijan	81%	Child-friendly juvenile justice systems
	12	India	35%	A national, integrated child protection network
	13	Sierra Leone	78%	Strengthening systems that protect children
5 Policy advocacy and partnerships for children's rights	14	Eastern Caribbean region	71%	Tackling economic disparities and social policies
	15	Madagascar	91%	Empowering youth through radio programming
	16	Nepal	57%	Social policy initiatives reach the most disadvantaged

The case studies were selected based on a number of criteria, including high RR dollar values; high RR reliance, which is the share of total programme costs funded by Regular Resources; regional diversity; and the size of the country programmes. Countries receiving the largest share of Regular Resources tend to be

among the organization's bigger programmes, while at the same time those that typically have a high reliance on Regular Resources are often smaller countries that are unable to leverage sufficient donor resources on their own.

³⁴ RR Reliance refers to the percentage of total Focus Area expenditure, including Regular Resources and Other Resources, that was supported by RR.

A health worker in Afghanistan's northern province of Balkh administers an intravenous drip into the leg of a malnourished infant as the child's mother looks on.



FOCUS AREA 1

YOUNG CHILD SURVIVAL AND DEVELOPMENT

THE CHALLENGE

Each year over 8 million children die before their fifth birthday, 81 per cent of them from sub-Saharan Africa and South Asia. Two thirds of these deaths – over 6 million in total – are either directly caused by preventable illnesses, such as diarrhoea, pneumonia, and malaria, or indirectly caused by such threats as malnutrition, poor hygiene, or lack of access to safe water and sanitation. In addition, a half-million women die each year from causes related to pregnancy and childbirth.

Enormous disparities in access to services exist between rich and poor, rural and urban, and from region to region. The MDGs related to child survival and development will only be met if a concerted effort is made to reach the poorest and most vulnerable, particularly those living in rural areas where access to basic health services and improved water and sanitation remains one of the greatest challenges. While focusing on the immediate needs of the most vulnerable, therefore, UNICEF must also engage in a process of social transformation that will, in the longer term, address the deeper causes of exclusion and disadvantage.

EXPENDITURE BY TYPE OF RESOURCES: YOUNG CHILD SURVIVAL AND DEVELOPMENT (2010)³⁵



UNICEF'S ROLE

UNICEF's young child survival and development programmes directly support several of the Millennium Development Goals, 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*). UNICEF focuses on comprehensive child health care in the earliest years, including the antenatal period, and on helping children not only to survive but to enjoy a healthy and productive future.

In this work, UNICEF advocates for and provides financial and technical support to national and community-based education and intervention programmes on health care and nutrition. This includes work in the areas of immunization, preventing and controlling

³⁵ In the charts that follow, **Other Resources Regular** refer to restricted OR funds allocated towards regular development programmes and **Other Resources Emergency** refer to restricted OR funds allocated towards humanitarian programmes.

malaria, addressing diarrhoeal and respiratory diseases, eradicating guinea worm, and eliminating anaemia. Health programmes include antenatal care for pregnant women and neonatal care in the first four weeks after birth, including the promotion of exclusive breastfeeding for the first six months of a child's life. UNICEF engages with many partners in its advocacy, social mobilization, and research in order to learn from and help other agencies in the common effort to provide emergency obstetrics.

Building upon a decades-long commitment to health, UNICEF provides life-saving vaccines to tens of millions of children each year – including in the world's most remote areas and during the most severe humanitarian crises. In addition, the organization provides the infrastructure and technical support that is necessary to deliver perishable vaccines in a safe and effective way. Through these efforts, countless children are protected from such crippling and deadly diseases as measles, polio, diphtheria, and tuberculosis. Vaccination programmes ideally include supplements of vitamin A and micronutrients, which further boost immunity and help prevent malnutrition-related disorders. Along with the World Health Organization (WHO), UNICEF also supports local programmes

that improve access to basic water and sanitation, which are in turn vital for health, childhood development, and education initiatives. Often the first on the ground in emergencies, UNICEF is unique in its capacity to deliver these and other life-saving interventions in a timely and effective way.

THE VALUE OF RR FOR YOUNG CHILD SURVIVAL AND DEVELOPMENT

UNICEF allocated \$350 million of Regular Resources to young child survival and development programmes in 2010. This represented 21 per cent of the \$1,705 million in RR and OR resources spent in this Focus Area throughout the year. Given that young child survival and development is the largest of UNICEF's five Focus Areas, continued RR is critical to ensuring that the organization's recent successes and innovations are solidified and scaled-up. This includes such vital programme areas as polio eradication, child immunization, community-led total sanitation, and acute malnutrition.

2010 QUICK FACTS

- With UNICEF support, over 170 million children were vaccinated against measles.
- Some 200 million sachets of micronutrient powder were procured for the prevention of malnutrition.
- Polio cases were reduced by over 96 per cent in India and Nigeria, compared to 2009.
- During the year, 49 countries made progress in eliminating the practice of open defecation by adopting and implementing the principles of the "Community Approach to Total Sanitation," which is supported by UNICEF.
- UNICEF helped advance several key initiatives to strengthen national capacity around MDGs 4 and 5 by expanding coverage of integrated packages of services, improving health practices, and supporting an enhanced policy environment. For instance,

the adoption of the UN Secretary-General's Global Strategy for Women's and Children's Health provides a significant opportunity for UNICEF to systematically engage with national governments and their international partners in addressing health needs in priority countries.

- In response to emergency nutrition needs in Pakistan and Haiti, and with the support of flexible Regular Resources, UNICEF provided over 150,000 malnourished children with therapeutic feeding and care. As the lead agency for the Global Nutrition cluster, UNICEF and its partners established an inter-agency response, facilitated agreements with government ministries, trained local staff, and provided a supply line focused on therapeutic food and anthropometric equipment.

CASE STUDY 1: GLOBAL POLIO ERADICATION INITIATIVE

Meeting demand and communication challenges



THE CHALLENGE

Polio, a crippling and potentially fatal infectious disease, once paralyzed more than 1,000 children a day worldwide. Today, polio is on the brink of eradication thanks to the world's largest public health partnership, the Global Polio Eradication Initiative (GPEI), which began in 1988.

UNICEF is a partner of the GPEI, together with the World Health Organization, Rotary International, and the US Centers for Disease Control and Prevention. Only 1,349 polio cases were reported in all of 2010, a reduction of over 99 per cent from the estimated 350,000 cases in 1988. Further, one of the three types of polio virus (type 2) has been completely eradicated.

There is no cure for polio, but there is a safe and effective vaccine – the oral polio vaccine (OPV) – that prevents infection from the virus. Almost all the children affected by polio today live in areas where basic health services are inadequate, and consequently where they do not receive the recommended doses of OPV. Since the GPEI began, over 2.5 billion children have been immunized against polio with the help of international investments totalling \$8 billion.

Despite the fact that only four countries (Afghanistan, India, Nigeria, and Pakistan) have been unable to stop endemic transmission, and that the virus has been corralled in geographically-defined areas in a handful of countries, many other countries still remain at risk of outbreaks of the disease. In fact, four countries (Angola, Chad, the Democratic Republic of the Congo, and the Sudan) have already experienced renewed transmission. Polio today is a disease of the world's most disadvantaged, hard to reach, and under-served communities.

UNICEF'S ROLE

UNICEF has long championed polio eradication as an organizational priority closely linked to the issue of equity – serving the hardest to reach. Our commitment to the GPEI partnership and to the GPEI Strategic Plan for 2010–2012 is critical to the goal of global polio eradication.

UNICEF plays a pivotal role as the lead agency in the procurement and distribution of OPV for routine and mass vaccination campaigns. As the world's largest procurer of vaccines, UNICEF has unparalleled expertise in forecasting needs, and in contracting, purchasing, and supplying these vital medicines. Based on

RR/OR EXPENDITURE: GLOBAL POLIO ERADICATION INITIATIVE (2010)



Total: \$107 million

\$19 million
Regular Resources, 18%

\$85 million
Other Resources Regular, 79%

\$3 million
Other Resources Emergency, 3%

VOICES FROM THE FIELD

The village of Abissa Gossing in the Koïbo area of Chad, with 30 households and 74 children under five years of age, has no functioning health system. Villagers must rely upon outside assistance to receive polio and other routine immunization services.

Early in 2011, two-year-old Amina Hassan became partially paralyzed in her left leg. She had never received OPV or routine

immunization because her mother felt that vaccines were not necessary. When Amina began to show symptoms of paralysis, her mother first believed they were caused by sorcery. Informed by visiting health workers and social mobilizers of the true nature of her daughter's illness, she became a strong advocate for immunization and now conducts awareness sessions in her village and in surrounding communities. Through her efforts,



more villagers are accepting the oral polio vaccine through mass vaccination campaigns and routine immunizations.

its strong relationships with vaccine manufacturers as well as the global scope of its operations, UNICEF is able to secure the lowest possible prices and ensure that the appropriate vaccines are safely delivered and effectively distributed. In 2010, UNICEF used both restricted and unrestricted funding to procure over 1.9 billion doses of OPV, worth \$272 million, for distribution in 71 countries.

UNICEF also leads GPEI polio communication and social mobilization activities, engaging local communities and leaders to increase awareness of polio's risks and of the vaccine's safety, and to motivate demand for children to be vaccinated. UNICEF significantly expanded its communication capacity in 2010 by hiring national and international communication experts in all eight priority countries and four priority regional offices. The organization also serves as a key partner in global advocacy and resource mobilization efforts, and encourages the use of the polio programme network to integrate additional health interventions, such as vitamin A supplements, deworming, and anti-malarial insecticide-treated bed nets – all essential to improving health care in remote and difficult to reach areas.

THE VALUE OF RR FOR THE GPEI

In 2010, more than \$18 million of Regular Resources was spent on activities aimed at combating polio. In addition, Regular Resources played a key role in bridging funding gaps for the GPEI, especially in the area of OPV procurement. Of the 1.9 billion doses of OPV procured for routine and supplementary immunization activities throughout the year, 60 million doses were procured using Regular Resources for use in 13 countries throughout Africa.

Indeed, without the availability of RR funding these vaccination campaigns would have to be scaled-down or cancelled altogether, resulting in more cases of child paralysis and death. In addition, RR allocations by country offices have been critical in addressing immediate, unexpected programme needs. In Nigeria, for example, the UNICEF country office allocated Regular Resources to fill a procurement gap when the Ministry of Health faced delays in securing funding for a scheduled mass vaccination campaign.

CASE STUDY 2: MYANMAR

Universal child immunization



THE CHALLENGE

Myanmar is a country of about 50 million people, 1.5 million of whom are children under the age of one. While over 71 of every 1,000 children die before the age of five, this is a considerable improvement from 1990, the base year for monitoring progress against the MDG targets, when the mortality rate was estimated at 118 for every 1,000 children. Despite this progress, two thirds of under-five deaths in the country occur in the first year of life, and around 40 per cent in the first month.

The **Expanded Programme on Immunization (EPI)** was launched in Myanmar in 1978 and has been instrumental in significantly reducing the number of infant and child deaths over the years. A combination of fixed and mobile outreach immunization delivery systems have been used to achieve nationwide coverage. In addition, regular supplementary immunization activities have been undertaken for polio eradication, measles control, and maternal and neonatal tetanus elimination. While there has been progress in coverage, the constraints remain numerous, including limited resources, difficult access to services, security concerns, inadequate health infrastructure, and a health system that limits integration with other health interventions.

The government's per capita health expenditure in 2007 was only about \$1. As a result, more than 85 per cent of health care is paid out-of-pocket by those receiving services. This places a significant burden on the public, in a country where the annual per capita income is estimated to be less than \$1,000. Combined with low levels of foreign aid, it means that Myanmar consistently struggles to implement and sustain a minimum level of essential public health care.

UNICEF'S ROLE

UNICEF, the World Health Organization, and the Ministry of Health collaborate closely in implementing vaccine-preventable disease control activities. In this work, immunization remains a critical and cost-effective strategy that reduces mortality and provides multiple benefits for children and mothers alike. In Myanmar, completing a child's immunization series requires that the infant and mother be seen by a health care provider, usually a midwife, at least four to five times during the first year of a child's life. This repeated contact also provides an opportunity for general health screening and the provision of timely health information and advice. It is in this context that the Expanded Programme on Immunization plays a critical role in improving child and mother health care.

RR/OR EXPENDITURE: MYANMAR CHILD SURVIVAL PROGRAMME (2010)



VOICES FROM THE FIELD

Thirty-five-year-old Thin Thin and her three-month-old daughter have come from their district home to visit Thin Thin's husband in Yangon, where he is working in an auto repair shop in Insein Township. While in the township, she visits the local health centre. "My daughter got her second doses here today," she explains. "The staff is friendly and helpful, and I did not have to pay. I am glad to have found the centre. I will bring her again."

Thin Thin's daughter has already received her first doses of vaccinations for tuberculosis, diphtheria, pertussis, tetanus, hepatitis B, and oral polio drops, all provided by UNICEF with funding from Regular Resources. "My baby is healthy and happy. I want to make sure she continues like this and is protected from diseases," says Thin Thin to a UNICEF visitor. "The health staff in my hometown first made me aware of the schedule of routine immunization that every child



needs, and I have also learned more on immunization for disease prevention by reading some pamphlets they gave me."

UNICEF and its partners have contributed to the considerable progress that the country has achieved in recent decades. Polio-free status has been maintained for a number of years, measles morbidity and mortality have been drastically reduced, and in 2010 maternal and neonatal tetanus was eliminated. Overall, immunization coverage of one-year-old children stood at around 82 per cent in 2010, with modest differences remaining between those below and above the poverty line (76 per cent and 86 per cent, respectively) and rural and urban dwellers (80 per cent and 92 per cent, respectively).

Over the years, UNICEF has provided Myanmar with almost all the country's immunization supplies, either through routine service delivery, cold storage to ensure the viability of vaccines, or specific immunization campaigns. UNICEF has raised funds for these initiatives and has provided WHO with technical support to strengthen national and township immunization capacities. Through its mobile delivery methods, UNICEF supports immunization services in hard to reach townships and border areas. As Myanmar is emergency-prone due to frequent flooding, typhoons, and earthquakes, UNICEF has supported extensive EPI-plus campaigns in affected areas.

THE VALUE OF RR IN MYANMAR

There are several barriers to financing immunization in Myanmar, including inadequate donor attention and the lack of national budget support for purchasing vaccines and injection supplies, or for upgrading and reinvesting in the cold chain system. UNICEF Regular Resources have been critical in funding the procurement of vaccines, for running the cold chain network to keep vaccines viable, and for delivering vaccination services throughout the country.

UNICEF is working closely with WHO and the Ministry of Health to advocate for the fiscal resources to provide the necessary co-financing to strengthen the national vaccination programme. Until such financing is secured, however, Regular Resources will remain a vital part of immunization funding in Myanmar.

CASE STUDY 3: NIGERIA

Community-led total sanitation



THE CHALLENGE

An estimated 103 million people in Nigeria do not have access to improved sanitation facilities, with a staggering 33 million practicing open defecation. The direct consequences of this include high rates of morbidity and mortality due to diarrhoeal diseases as well as the persistence of cholera in many parts of the country. Children under five years have the highest casualty rate, directly related to diarrhoea. Although the diarrhoea prevalence rate fell from 18.8 per cent in 2003 to 10.1 per cent in 2008, in absolute terms more than 150,000 children under five still die annually due to this highly preventable condition. The challenge in Nigeria is not only to bring down the levels of morbidity and mortality but to raise the level of sanitation such that these conditions can no longer contribute to the prevalence of disease.

UNICEF'S ROLE

Improving the country's deplorable sanitation requires a pragmatic approach that focuses on behavioural change as well as the construction of facilities. To this end, UNICEF and its partners have introduced the community-led total sanitation (CLTS) approach to accelerate sanitation delivery in almost every part

of the country, with particular focus on the more rural areas. CLTS targets the practice of open defecation while incorporating other hygiene practices, especially proper hand washing, as well as the total environmental sanitation required for maximizing the health impact of sanitation interventions.

In the ongoing effort to ensure increased access to improved sanitation in the country, UNICEF has been consistent in providing technical and financial assistance to the government both at the national and sub-national level since the 1980s. This long-standing relationship, together with the organization's support, means that UNICEF is often sought out by ministries, agencies, and departments for advice on sanitation-related matters. From 2004 to 2007, UNICEF partnered with the government and other stakeholders to pilot CLTS in several parts of the country. Following this, the organization supported the Federal Ministry of Water Resources in developing a strategy for scaling-up rural sanitation and hygiene, which included the CLTS approach.

With the support of UNICEF, over 2,875 communities in 30 of the country's 36 states are now implementing CLTS, and 659 communities have attained open defecation-free status. These communities are enjoying

RR/OR EXPENDITURE: NIGERIA CHILD SURVIVAL PROGRAMME (2010)



VOICES FROM THE FIELD

Ibrahim is a middle-aged man living in Kadaddaba, an open defecation-free community in Zamfara State. He is one of the “natural leaders” identified and trained by UNICEF and the State Rural Water Supply and Sanitation Agency (RUWASSA) to promote sanitation awareness and healthful practices. He and his other team members promote CLTS in his and neighbouring communities. While visiting a neighbouring community that was affected by cholera, he explained to them: “We were worse than you! We were living with diseases, drinking from the same dirty sources of water as

our animals. We resisted change because we did not know the benefit until UNICEF and RUWASSA came to our rescue. They didn’t just give us money, they opened our eyes!”

Ibrahim is proud that Kadaddaba is open defecation free, with every household having and using latrines. The community has also built a public toilet, because they do not want visitors to defecate openly in their community. Sign boards inform visitors that unsanitary practices will not be tolerated, and that everyone must have and use a proper toilet. “Our children



are now growing big and healthy,” says Ibrahim with a smile. “We have been empowered, and we now have skills that bring us money and fame, as people from neighbouring communities seek our services to implement CLTS and build new facilities.”

improved health benefits, and are reporting a reduction in diarrhoea incidences and better general well-being. Working with numerous partners under the auspices of the National Task Group on Sanitation, UNICEF has assisted in mobilizing both human and financial resources to continue scaling-up CLTS in Nigeria.

THE VALUE OF RR IN NIGERIA

Restricted Other Resources have generally targeted specific sanitation activities in specific locations, covering about a third of the states in Nigeria. As a result, UNICEF has had to rely upon unrestricted Regular Resources to ensure that sanitation services reach underserved areas. UNICEF has also used Regular Resources to initiate new sanitation projects and

leverage additional funding from the Government of Nigeria and development partners to expand these programmes.

Considering the magnitude of the problem, mobilizing more Regular Resources for community-led total sanitation in Nigeria will go a long way in expanding UNICEF’s work in the country, and will greatly contribute towards achieving the sanitation targets of the Millennium Development Goals.

CASE STUDY 4: UNITED REPUBLIC OF TANZANIA

Addressing the challenges of acute malnutrition



THE CHALLENGE

Despite significant progress in the reduction of under-five child mortality – down from 112 deaths per 1,000 children in 2005 to 81 per 1,000 in 2010 – about 390 Tanzanian children under five years die *every day* of mainly preventable and treatable conditions. Undernutrition is a compounding factor in child mortality. Stunting and underweight children also remain at unacceptable levels – 42 and 16 per cent, respectively. This ‘hidden hunger’ contributes to an estimated 43,000 child deaths in Tanzania every year.

Acute malnutrition is the most serious form of malnutrition: 4.8 per cent of children under five are acutely malnourished, including 3.6 per cent with moderate acute malnutrition and 1.2 per cent with severe acute malnutrition. These percentages may seem low, but they translate to 370,000 children with moderate acute malnutrition and 90,000 with severe acute malnutrition, ranking Tanzania (along with Uganda) as the fourth highest in acute malnutrition in eastern and southern Africa, following Ethiopia, Madagascar, and Kenya. According to the World Health Organization, the situation is “poor” in eleven regions of the country and is “serious” in Zanzibar, where 12 per cent of all children under five years are affected.

UNICEF’S ROLE

Reaching children in Tanzania requires high-level advocacy to ensure that appropriate actions are prioritized. It also requires the technical expertise to provide policy makers, managers, and service providers with the knowledge, skills, and tools to ensure that services reach children. UNICEF has played a key role in Tanzania in raising the profile of nutrition within the political leadership. The result is that national plans and strategies now address nutrition issues, and collaborative partnerships address the many nutrition challenges in the country.

UNICEF’s unique position as the world’s leading agency for children and as a trusted government partner has facilitated the development of a National Nutrition Strategy – the guiding document for all nutrition interventions in the country – as well as numerous technical nutrition guidelines. It has improved coordination among the government and its partners by initiating the formation of multisectoral working groups, and by leading the country’s Development Partners Group on Nutrition. UNICEF’s technical role in nutrition has also been critical in ensuring that the

RR/OR EXPENDITURE: UNITED REPUBLIC OF TANZANIA CHILD SURVIVAL PROGRAMME (2010)



Total: \$12.7 million

\$8.2 million
Regular Resources, 65%

\$4.5 million
Other Resources 35%

VOICES FROM THE FIELD

In the past, health facilities in Zanzibar lacked the basic equipment necessary to assess nutritional status, as well as the therapeutic foods and trained staff to treat severe acute malnutrition. Now that new national guidelines have been developed with UNICEF support, health facilities have clear guidance on how best to manage this life-threatening condition.

As Dr. Mkasha Zonal, Health Coordinator on Tanzania's Pemba Island, reported: "We have been

able to train health workers in all districts. Now they know how to prevent and treat acute malnutrition."

UNICEF supports services for the management of acute malnutrition in Zanzibar through the procurement of equipment and supplies, the training of health workers, and the treatment of malnourished children. As Zuhura Abraman, a nurse at Maziwa-Ng'Ombe Health Centre, explained: "We used to just give mothers advice on good child



feeding practices, but now we refer them to hospitals for treatment to get the therapeutic milk and food that they need to get better."

necessary technical capacities and tools are in place to adequately address the range of nutrition-related issues in Tanzania.

Capacity development and the transfer of knowledge are crucial if policies and guidelines are to be translated into actions that make a difference for children. This is why UNICEF continues to play a central role in supporting the government to integrate the treatment of severe acute malnutrition into routine health services in mainland Tanzania and in Zanzibar – an island within the United Republic of Tanzania with a semi-autonomous government and approximately one million inhabitants. To date, health workers in all health facilities in Zanzibar have been trained to treat severe acute malnutrition, including 160 health workers who have been trained on in-patient management and more than 250 health workers on outpatient management. In addition, some 2,000 community health workers now know how to screen and refer malnourished children for treatment.

Throughout the rest of the country, the initial focus has been on developing the capacity of 10 model hospitals to deliver services. Here, 32 core national trainers have trained more than 50 health workers on in-patient management of severe acute malnutrition and over 100 health workers on out-patient management. Experiences from these facilities will be used to scale-up services elsewhere in the country.

THE VALUE OF RR IN THE UNITED REPUBLIC OF TANZANIA

The flexibility of Regular Resources has allowed UNICEF to participate in the health sector's Basket Fund of over \$100 million, whereby key development partners pool together their financial resources to support the health sector in Tanzania. The Basket Fund enables UNICEF to leverage resources for children far beyond its own contribution of \$1.5 million in Regular Resources. More than 6 million (90 per cent) of the country's children benefit from this financial partnership.

Regular Resources have also enabled UNICEF to provide the necessary technical leadership to ensure that health policies equitably reach the children who need them most; and to that end the organization has played a convening role in mobilizing the government and its development partners to increase investment in nutrition. RR funds have also supported national efforts to treat severely malnourished children in hospitals, leading to a dramatic 50 per cent reduction in the mortality rate among this group.



Zeinabou Ismaghil, from Niger's Azamalan village, is one of the more fortunate children who can attend school. Although primary school enrolment in the country stands at 76 per cent, girls and children from rural areas face significant barriers to access.

FOCUS AREA 2

BASIC EDUCATION AND GENDER EQUALITY

THE CHALLENGE

Giving every child the opportunity to learn and attend school – regularly, with a motivated and trained teacher, and irrespective of social or economic status – remains one of UNICEF’s main goals. Progress made to date, however, is under threat because government spending on education in many countries has come under pressure due to the global economic crisis.

Political, social, and economic factors combine to exclude many children from realizing their right to an education. Approximately 67 million children of primary school age and an estimated 71 million children of lower secondary-school age do not attend school, and the statistics are worse for girls than for boys, worse for the poor than for the better off, and worse in rural areas than in urban settings. The greatest challenges to access to basic education are the lack of available classrooms and learning materials, shortages of teachers, and the inadequate quality and relevance of the education provided.

Furthermore, natural disasters – increasingly exacerbated by climate change – invariably affect the poorest and most vulnerable populations, and as such the promotion of education in emergency as well as conflict-affected contexts continues to present significant challenges. The transition from response to development is also hampered by frequent changes in leadership, complex security situations, and threats to the education staff.

EXPENDITURE BY TYPE OF RESOURCES: BASIC EDUCATION AND GENDER EQUALITY (2010)



The tools for improving basic education and achieving gender equality are available, and there can be no trade-offs when it comes to issues of access, quality, and equity.

UNICEF’S ROLE

UNICEF works closely with countries, donor governments, and other UN agencies to promote, fund, and facilitate universal primary education and gender equality in support of Millennium Development Goals 2 (*achieve universal primary education*) and 3 (*promote gender equality/empower women*). This includes improving children’s developmental readiness for school, especially for excluded children and among disadvantaged groups, through community-sponsored childhood education and health initiatives. In all stages of this process, through advocacy and local programmes, UNICEF works to reduce the gender gap and other disparities that deter children from learning in a child-friendly environment.

THE VALUE OF RR FOR BASIC EDUCATION AND GENDER EQUALITY

UNICEF allocated \$112 million of Regular Resources to basic education and gender equality programmes in 2010. This represented 16 per cent of the \$696 million in RR and OR resources spent in this Focus Area throughout the year. Regular Resources were essential to ensuring that the basic education needs of children

in developing country contexts and emergency situations were met. This includes reaching the most vulnerable children in crisis situations, improving the standards of quality education, and ensuring access to education for all children and young persons.

2010 QUICK FACTS

- As a result of UNICEF's advocacy, the number of countries reporting national policies on universal school readiness rose from 50 in 2008 to 65 in 2010. Currently, 81 countries with a UNICEF presence are still without national policies on school readiness.
- Approximately 200 representatives from 22 programme countries, as well as policy makers, academics, and education practitioners from the international community, unanimously adopted the Dakar Declaration on Accelerating Girls' Education and Gender Equality. This was the first global declaration that calls on all stakeholders to make a concerted effort to reach every girl in the next five years, and to provide a school experience that not only teaches a formal curriculum but also empowers girls to take a leadership role in their communities.
- An estimated 573,000 schools in 89 countries received support through UNICEF's child-friendly schools (CFS) initiative. The majority of these were in India, with 470,000 schools implementing the CFS approach.
- In August 2010, the President of the Democratic Republic of the Congo announced free primary education for grades one to three. UNICEF and its partners continue advocacy around the world towards fee abolition and equity-focused social protection measures, such as cash transfers, scholarships, and school-feeding programmes.
- In Sri Lanka, through UNICEF's water, sanitation, and hygiene (WASH) initiative, some 93,000 people received safe drinking water, including 14,000 children in 122 schools. Among the 94 reporting countries, there was a 5 per cent increase since 2009 in the percentage of primary schools providing safe water and sanitation facilities.
- A pilot programme designed to promote the inclusion of children with special needs benefited 334 children with learning difficulties and mental and physical disabilities in 20 primary schools in Egypt.
- Following the earthquake in early 2010, UNICEF and its partners supported the education of 720,000 Haitian students at the height of the emergency. Many of these activities were supported with Regular Resources.

CASE STUDY 5: AFGHANISTAN

Reaching the most vulnerable children
in crisis with basic education



THE CHALLENGE

Of the estimated 12 million children and youth in Afghanistan, some 4.7 million (42 per cent) are not in school – and of these, 60 per cent are girls. Of the 7.3 million attending school, only about 22 per cent are being taught by a fully trained teacher.

The education sector has been particularly affected by Afghanistan's civil war and the protracted conflict of the past three decades. This includes a rise in the number of direct attacks on teachers and girls in school, placing further constraints on girls' access to education. Insecurity in 2010 caused the closure of 621 schools in 68 districts across 10 provinces.

There are stark gender and geographic disparities in education in Afghanistan. For example, the net enrolment in primary education stands at 53 per cent for urban children, but it is a mere 6 per cent for nomadic children. Also, up to 200 of the country's 412 districts do not have a single female student in grade 10 and above; and although there are 170,000 teachers across the country, 245 districts do not have even one qualified female teacher.

UNICEF'S ROLE

UNICEF has supported a wide range of education initiatives that address issues of quality, access (particularly for girls and minority groups), and retention in Afghanistan. Recognizing the restrictions traditionally placed on the movement of girls in the country, UNICEF and the Ministry of Education are establishing nearly 3,500 community-based schools. This approach ensures a school's proximity to homes, making education accessible to girls and other children who would otherwise be excluded. Nearly 3,700 teachers and more than 120,000 children participated in these classes in 2010, including displaced children and children from minority groups. An estimated 60 per cent of these children were girls.

Child-friendly schools are one of UNICEF's key strategies for providing a safe and joyful learning environment, where a child's rights to learn, play, and participate are respected, particularly for girls and marginalized groups. To date, 500 schools have been identified for the roll-out of a child-friendly school package, and 12 core trainers have trained 569 educators in Kabul.

RR/OR EXPENDITURE: AFGHANISTAN EDUCATION PROGRAMME (2010)



VOICES FROM THE FIELD

Twelve-year-old Zamzama talks to her classmates in a newly-constructed classroom in Kabul. "I am happy to be here. I want to learn," she says with a wide smile. A student in grade five, Zamzama shares her dream of becoming a teacher. She knows that getting an education is an important opportunity in Afghanistan. This is particularly true for girls, who less than a decade ago were prevented from attending school altogether.

Despite the continued instability in the country, significant progress has been made over the last several years in increasing primary and secondary school enrolment throughout Afghanistan. Zamzama is one of the 7.3 million children – 2.7 million of whom are girls – who now enjoy their right to education. She is one of the lucky ones. Today, some 4.7 million school-age children (mostly girls) are still not enrolled in Afghanistan, victims of inaccessibility, insecurity, and



poverty. As her visitor leaves, Zamzama declares emphatically: "I never want to stop my study!"

Because only about 18 per cent of women in Afghanistan can read and write, UNICEF and its partners supported a nine-month literacy programme for women aged 15–24 that provides the equivalent of a third-grade education. As a result, nearly 60,000 women learned literacy and numeracy in 2010 through more than 2,300 centres in 34 provinces. The women also learned basic but vital information about health, nutrition, hygiene, and personal protection. In addition, UNICEF established 133 resource centres stocked with easy-to-read materials to help these young women practice and retain their new skills.

Accurate and child-friendly learning materials are critical, and UNICEF worked with the Ministry of Education's Curriculum Directorate to develop textbooks in the country's two official languages, Dari and Pashto, as well as seven other languages for grades seven through nine. The textbooks were tested, reviewed by a committee of textbook developers and school teachers, and revised accordingly. Supplementary materials, including alphabet and numbers charts for grades one to three, were developed to complement the new textbooks and to make teaching more child-friendly. A teacher-training curriculum was also developed, including 84 titles completed in 2010 and a further 200 manuals currently in the process of production.

Despite all these efforts, many children in Afghanistan remain vulnerable to insecurity. To this end, UNICEF has helped its partners strengthen some 4,000 school management *shuras* (committees) to protect schools; and 300 schools in insecure areas have been reopened and provided with teaching and learning materials, tents for temporary learning spaces, as well as slates and bags for the children.

THE VALUE OF RR IN AFGHANISTAN

While extensive recovery and development activities are taking place in Afghanistan, humanitarian needs are still acute. Because the scale of the need is so large, funding is not always available for programmes that target the most vulnerable and that seek equitable access to education. Women, girls, and ethnic minorities face particular challenges.

In this environment, Regular Resources have allowed UNICEF to push forward many critical initiatives. For example, girls who cannot leave their communities have gained access to education by way of the community-based schools initiative; and ethnic minorities are now better able to learn as a result of the efforts of UNICEF and its partners to provide materials in additional languages. Importantly, more children will receive a higher quality education because their mothers and teachers are better trained. Together, these efforts are making an enormous difference for children and women in the country.

CASE STUDY 6: EGYPT

Higher standards mean better quality education



THE CHALLENGE

With over 43,000 schools, some 1.6 million educators and administrators, and about 16 million students, the Government of Egypt has invested heavily in the country's primary and secondary education systems, and has even established a national quality assurance and accreditation mechanism to assess both students and their schools. Yet despite these impressive achievements, many children are still unable to access quality education – particularly in rural Upper Egypt, where families struggle economically and do not always understand the value of educating their children. Further, the quality of education varies across the country, as do completion rates. Girls and the rural poor are at a particular disadvantage.

Many schools are not child-friendly and register high drop-out rates, and children who do graduate are sometimes unprepared to enter the workforce due to the low quality of the education they have received. Educational reform is still needed in order to provide Egyptian children with a safe, healthful, and stimulating school environment in which corporal punishment is eliminated, child-centred teaching is applied, and learning materials are available. Adequate water and sanitation in schools also remain a challenge.

UNICEF'S ROLE

UNICEF aims to address these critical issues facing boys and girls aged 4–14, and is working directly both with civil society to test new approaches for early childhood development and with the government to set national standards and develop educational tools. Since 2007, UNICEF and its partners have established 300 community-based kindergartens to reach some 15,000 children aged 4–5 years, fully half of them girls.

In addition, UNICEF has been involved at the policy level on the Integrated Early Childhood Development programme, specifically focused on educating parents and evaluating when children are ready to begin school. As a result, Egyptian children aged 6–14 have greater access to, and higher rates of completion from, quality basic formal and non-formal education. Key components of this programme are ensuring that girls are included equally and that education reaches children from vulnerable groups.

UNICEF also promotes child-friendly schools that are accessible to all. In pursuing this goal with its partners, more than 1,500 community schools and girl-friendly schools have been established in Egypt, reaching almost 40,000 children, 75 per cent of whom are girls.

RR/OR EXPENDITURE: EGYPT EDUCATION PROGRAMME (2010)



VOICES FROM THE FIELD

UNICEF's School Improvement Programme, launched in 2007, is designed to support the Ministry of Education in managing its school reform and accreditation programme in the governorates of Assiut and Sohag. The goal of this initiative, which reaches more than 80,000 children in 106 schools, is to improve the quality of education by enabling teachers and administrators to become "change facilitators" in their communities – strengthening existing school systems, adopting child-friendly principles, enhancing community participation, and raising awareness of health and social issues in schools.

Gina Hamed is a second-year preparatory student who has aspirations of being an ambassador

some day. When asked how her school has changed, she says: "Things were different in the past. We didn't have sports or information technology classes, and the relationship between teachers and students was sometimes difficult. Now there are sport activities, and we use computers in a lot of our work. Students also have more respect for teachers, who are interested in getting feedback from us. They even encourage us to take over the class sometimes and work together."

Mahammad Moustafa, a third-year preparatory student, echoes Gina's sentiments, and adds: "The teachers are nice to us, and we are encouraged to learn how to work with other students. We also try to make changes in the



community. For example," he continues, "during the avian influenza crisis we went to people's homes to inform them how to live with chickens and kill them properly. We showed pictures and informational videos, and afterwards they had lots of questions for us."

Further, in collaboration with the government and other UN agencies, a related project on "Combating the Worst Forms of Child Labour through Education" has also been established, protecting some 5,700 boys and 5,900 girls from exploitative child labour, and helping them to enrol in formal or non-formal education programmes.

In 2010, UNICEF provided strategic support to the Ministry of Education as it pushed forward its School Improvement Programme, aimed at building the capacity of government staff to design and implement school-based reform according to National Quality Education Standards. At present, 106 government formal schools – serving almost 80,000 children – are applying CFS standards and qualify for accreditation by the National Authority for Quality Assurance and Accreditation in Egypt. At the same time, some 334 children with learning disabilities are benefiting from a pilot programme that integrates them into 20 specially equipped primary schools in two governorates.

THE VALUE OF RR IN EGYPT

Strong government systems are essential for improving quality and access to education for all children. While the government has received some direct budget support from the international community, UNICEF's Regular Resources have enabled the organization to contribute towards the recent gains in the Egyptian education sector by providing targeted technical advisory services.

Regular Resources have been used to provide national-level education advocacy and to develop quality standards for child-friendly schools. These resources have also helped UNICEF partners to incorporate their best practices in developing and managing community and girl-friendly schools, as well as to mainstream CFS standards in government schools. Further, these unrestricted resources have enabled UNICEF to leverage additional funding from other donors by demonstrating results in areas that were otherwise unfunded.

CASE STUDY 7: NIGER

Basic education for all



THE CHALLENGE

Niger's national education system has made major strides over the last decade, with primary school enrolment now standing at 76 per cent. Yet barriers to access continue to present difficulties for some children, particularly for girls and populations living in rural areas. As a result, the enrolment rate for girls remains significantly lower than that of boys.

Statistically, the chance of a boy living in an urban area to enter middle school is 19 times greater than that of a girl living in a rural area. Moreover, the quality of education remains a concern. Over 80 per cent of teachers are on short-term contracts, with little job security and few career opportunities. Moreover, teachers often lack training and have only limited experience, affecting the quality of the classroom learning environment. Compounding these conditions, the financial support provided by the government is inadequate to provide children with quality facilities and equipment. At least half the classrooms have to be rebuilt each year by parents, only one in every four schools has access to sanitation facilities, and barely

15 per cent have access to water. These problems collectively contribute to the country's low completion rate, with only half of all enrolled children finishing their primary education.

UNICEF'S ROLE

UNICEF plays a key role in ensuring that children have access to child-friendly schools in several targeted areas, improving both the quality of learning and the school environment. To address particular problems in the Niger school system, the focus has been on teacher training and involving parents and communities in the management of schools. As a result, student achievement in these schools has been higher than the national average, proving the effectiveness of the CFS approach in reducing disparities. Going forward, the most successful CFS activities will be scaled-up nationally with the support of major international NGOs.

UNICEF also plays a key role in designing and implementing the education development policy in Niger. Since mid-2010 the organization has worked with the Ministry of Education to develop the 2011–2020 Sectoral Plan for Education, which emphasizes reducing disparities in access to school and in the quality

RR/OR EXPENDITURE: NIGER EDUCATION PROGRAMME (2010)



VOICES FROM THE FIELD

Ten-year-old Tchimada lives in Agadez, a town in northern Niger surrounded by desert. Unlike many girls her age, Tchimada has managed to go all the way to her fifth year in primary school: “I am proud to be in school, I like it so much,” she declares to a visitor. “Only one year left before I can go to middle school!” Despite the significant progress made over the past ten years, boys still largely outnumber girls in school. In some villages, only two girls out of ten children reach the last year of primary school.

Tchimada has seven brothers and sisters and is the only one of the three girls in her family who has been able to attend school. She lives with her family in a temporary camp consisting of huts made of

branches, woven palm leaves, and rags. Their home does not protect them well from the wind, the sand, and the cold of night. Her father used to be a nomad, but he decided to settle down when a severe drought hit the area. For Tchimada’s family, keeping her in school has been a challenge over the years. Her brothers and sisters are all involved in small trade activities to help support the family.

Tchimada’s schooling would not have been possible without the support of UNICEF. “Before, my father and brothers had to buy my school supplies. It was always very hard for them, and sometimes I would get my things very late in the school year. My family was getting discouraged and they were close to taking me out of school.”



This year, Tchimada received a blue school bag to protect her possessions from the sand, as well as the notebooks and pens that she needs. With the help of RR funding, UNICEF Niger provides school stationery and supplies to over 120,000 children every year so that more girls like Tchimada can complete primary school and have a chance at a better future.

of learning. Thanks to its ability to work at both the local and national level, UNICEF’s education programme aims to improve the country’s education policies by encouraging dialogue between communities and national education institutions. UNICEF is also collaborating with national authorities to develop a national policy for girls’ education.

THE VALUE OF RR IN NIGER

Regular Resources for education in Niger have ensured the large-scale distribution of school supplies, the rehabilitation of classrooms, and the provision of school furniture. In addition, these funds have allowed UNICEF to strengthen the teacher-training programme and to provide community preschools with essential learning material.

The flexibility of RR funding allows the country programme to adapt its strategies to make the most of critical opportunities and to overcome obstacles related to Niger’s changing political context. Such funding is also crucial to long-term planning, which is so essential to improving the education sector in the country.



A nurse at the Matanda Rural Health Centre in Zambia takes a blood sample from a six-week-old child whose mother is HIV-positive.

FOCUS AREA 3

HIV/AIDS AND CHILDREN

THE CHALLENGE

The HIV/AIDS pandemic has massive global implications for the health and well-being of children. In 2009, the most recent year for which data is available, 16.6 million children under 18 years had lost one or both parents due to AIDS-related infections. Ninety per cent of these children are in sub-Saharan Africa.

An estimated 80 per cent of all infections in young people globally are in 20 countries, spanning several regions. The majority of these countries are in the eastern and southern parts of Africa, where the adult HIV prevalence has reached over 15 per cent in some countries. However, the HIV epidemic is also on the rise in Eastern Europe and Central Asia, especially among young people. Of the 2.2 million new infections globally in 2009, 41 per cent were among the 15–24 age group. Consequently, two of the most crucial health challenges are to make HIV testing more readily available for adolescents and to make HIV treatment services more youth-friendly.

EXPENDITURE BY TYPE OF RESOURCES: HIV/AIDS AND CHILDREN (2010)



UNICEF'S ROLE

Millennium Development Goal 6 (*combat HIV/AIDS, malaria, and other diseases*) aims to see the spread of HIV/AIDS halted by 2015, and MDG 4 (*reduce child mortality*) seeks to reduce the impact of the HIV/AIDS epidemic on children. UNICEF contributes to both these goals by supporting programmes that prevent mother-to-child transmission of HIV and by increasing the number and proportion of women and children receiving antiretroviral drugs. UNICEF also works with governments, non-profit organizations, religious groups, youth organizations, and numerous other partners to educate adolescents about the risks of HIV/AIDS and how they can protect themselves; and it seeks to improve family, community, and government support for children orphaned by the virus.

THE VALUE OF RR FOR HIV/AIDS AND CHILDREN

UNICEF allocated \$48 million of Regular Resources to HIV/AIDS programmes in 2010. This represented 26 per cent of the \$188 million in RR and OR resources spent in this Focus Area throughout the year. Regular Resources are as important as ever to UNICEF's HIV/AIDS programme, as the global economic crisis

continues to affect funding levels in this area. In 2010, RR funds helped the organization promote wide-ranging national advocacy campaigns as well as prevention, protection, and treatment initiatives.

2010 QUICK FACTS

- UNICEF supported a year-long radio and television campaign with the African Broadcast Media Partnership in which 63 public and commercial African broadcast companies across 38 countries – with a prospective audience of 200 million – committed to dedicating 5 per cent of daytime airtime to HIV programming.
- UNICEF advocacy contributed to the adoption of an international goal to eliminate mother-to-child transmission of HIV, which was reaffirmed at the MDG Summit in September. By the end of 2010, several countries had begun to integrate the elimination goal into their national HIV strategies and plans.
- UNICEF procured \$101 million in HIV commodities for 65 countries, including antiretroviral drugs, tests for HIV and other sexually transmitted infections, and HIV diagnostics.
- The UNICEF-supported Youth Ambassador Network in China engaged 420,000 out-of-school young people in high HIV-prevalence areas, and young migrants working in urban areas, in participatory HIV prevention activities.
- Awareness-raising activities and services in India reached 8 million people across 22 states, including testing for 36,000 people and counselling for 57,000 people.
- In Uganda, UNICEF and the Ministry of Health increased paediatric HIV testing services from 66 per cent in 2009 to 78 per cent in 2010.

CASE STUDY 8: BANGLADESH

The silent stigma of an emerging epidemic



THE CHALLENGE

HIV prevalence among the general population in Bangladesh is currently estimated to be less than 1 per cent. However, a concentrated epidemic in one subgroup of most-at-risk populations – injecting drug users – has been documented. HIV testing facilities are still limited, and widespread stigma and discrimination regarding HIV and AIDS prevails. For these reasons, the actual extent of HIV infection in the country remains a guess. A total of 2,088 cases, of which at least 55 were children, had been recorded in the country as of end October 2010.

This relatively low number aside, Bangladesh has been ranked as one of the seven countries globally that witnessed an increase of more than 25 per cent in HIV cases between 1999 and 2009. The HIV Sero-prevalence Survey, conducted over the years by the Government of Bangladesh, shows increasing evidence of an explosive epidemic among injecting drug users, subsequently spreading to other population groups.

The HIV risk and vulnerability of children in the country remain significant. Four per cent of the 343 HIV cases recorded between 2009 and 2010 were children under 15 years, and 17.5 per cent were between 16 and 25

years. Studies conducted by UNICEF Bangladesh in 2009 and 2010 established the involvement of a sizeable number of children in HIV-risk behaviours, especially among those living on the street. HIV awareness among young people has increased over time, but accurate knowledge about the risks of HIV remains low.

A significant proportion of the most-at-risk population are married, and migration is emerging as an important factor in HIV transmission in Bangladesh. To date, the majority of recorded HIV cases have been among returning international migrant workers and their families. An analysis of existing data on people living with HIV showed that of 645 adults who had been employed, 64 per cent had previously worked abroad. Of the 343 HIV cases reported between 2009 and 2010, 137 (40 per cent) were identified as migrant workers and 82 (23 per cent) were identified as housewives, mostly infected by their migrant husbands. The increasing number of women at high risk of becoming infected – especially wives of migrants – is believed to be indicative of some degree of ongoing spousal transmission of HIV.

RR/OR EXPENDITURE: BANGLADESH HIV/AIDS PROGRAMME (2010)



Total: \$1.26 million

\$1.11 million
Regular Resources, 88%

\$0.15 million
Other Resources, 12%

VOICES FROM THE FIELD

While infection rates remain low in Bangladesh, those children who are affected by AIDS face a grim future. The stigma surrounding AIDS is so great that HIV-positive children, and those who have lost parents to AIDS, face a life of secret struggle – excluded from their communities and deprived of their rights. Babu, aged eight, lost his father to AIDS when he was just four, and his HIV-infected mother died a year later. Opposition from his extended family was so great that even Babu's uncle was at first reluctant to accept him, though eventually he agreed.

In a home close by, another HIV-affected family suffers in silence. Here, both Abdul and Begam, as well as two of their three children, have tested positive for HIV. Because of the severe stigma associated with HIV/AIDS in their community, the children have been taught to be secretive, leaving them unable to share their feelings with friends or teachers. Today, care and support for children affected by HIV/AIDS in Bangladesh is minimal and largely uncoordinated. However, with the help of RR funding a new national strategic plan is underway that encourages the care and support of those



affected by HIV/AIDS, and that addresses the stigma and discrimination associated with the disease. Given such instruments for change, it is hoped that children affected by the virus will some day be able to live and play in a happier and more open environment.

UNICEF'S ROLE

UNICEF Bangladesh has been actively engaged in building the capacity of its partners and in shaping discussions on a national HIV/AIDS response, with particular emphasis on the needs of children and young people. This has included using Regular Resources to support the development of a National HIV Strategic Plan for 2011–2015 and to undertake a funding gap analysis.

UNICEF has also supported development of a pilot monitoring information system, under the leadership of the National AIDS and Sexually Transmitted Diseases Programme. Evidence is currently being obtained on the HIV risk and vulnerabilities of children and adolescents; the commercial sexual exploitation of children; factors influencing young people's drug use; and antenatal HIV and syphilis trends. All this data will shed further light on the actual HIV programming needs of children and young people in the country.

UNICEF is also involved in providing life-skills education on the risks of HIV to adolescents in and out of school. The out-of-school life-skills initiative has reached 266,000 adolescents, and it is expected that all adolescents enrolled in grades six to ten will

be reached through a curriculum-based life-skills programme in the future. In addition, UNICEF has provided comprehensive prevention of mother-to-child transmission services to 19 children born to HIV-positive mothers, all of which have tested HIV free. Of the 55 children known to be living with HIV in Bangladesh, the number on antiretroviral drugs increased from 4 to 41 in the last six months of 2010.

THE VALUE OF RR IN BANGLADESH

The importance of Regular Resources to fill gaps in the HIV response for children cannot be overstated. This is especially so given the difficulty of raising funds for HIV/AIDS programming for children in a country with relatively low HIV prevalence. These funds have helped UNICEF influence the national strategic focus on the issue, and they have enabled the organization to help the government and NGO partners to sustain the quality and delivery of HIV-prevention services for most-at-risk populations. Further, the ability of UNICEF to put its funds behind the national HIV-response effort has positioned the organization as a serious and credible player in the field.

CASE STUDY 9: BURKINA FASO

Comprehensive support to a national HIV/AIDS programme



THE CHALLENGE

Burkina Faso has witnessed a significant decrease in HIV/AIDS prevalence among adults, but the country continues to face significant challenges regarding prevention of the virus' transmission.

Although almost every health facility in the country offers services to help prevent the transmission of the virus from mother to child, only 56 per cent of women who access health centres get tested for HIV/AIDS – a large number simply afraid to know their status, as people living with HIV/AIDS are frequently stigmatized and rejected within their communities. Indeed, a general lack of knowledge about HIV/AIDS is one of the main issues hindering prevention efforts. Today, only 6 per cent of people aged 10 to 24 know how HIV is transmitted, underlining the urgent need to ensure accurate and accessible information.

This lack of knowledge is unfortunately accompanied by frequent shortages of testing supplies, and consequently early infant diagnosis remains very low: only one out of every five babies born to HIV-positive mothers gets tested by the age of 18 months. The provision of treatment to HIV-positive children is another challenge. Among the estimated 10,000

children living with HIV in Burkina Faso, only slightly more than half currently receive medical care, and only about 1,425 were receiving antiretroviral treatment in 2010.

UNICEF'S ROLE

UNICEF promotes and supports services focused on the prevention of mother-to-child transmission of HIV by providing medical care to children who are living with HIV, informing adolescents and young people about HIV and other sexually transmitted infections, and protecting children and their families affected by HIV. In fact, UNICEF is one of the few organizations supporting the national authorities in Burkina Faso with paediatric AIDS care. UNICEF also contributes to building the skill level of health workers through training, job aids, and the provision of technical expertise in order to establish an effective early-infant diagnosis system.

Through advocacy efforts with the government, UNICEF has contributed to ensuring that children affected by HIV/AIDS are represented in public policies, programmes, and the allocation of resources. And thanks to strategic partnerships with NGOs

RR/OR EXPENDITURE: BURKINA FASO HIV/AIDS PROGRAMME (2010)



Total: \$2.18 million

\$2.01 million
Regular Resources, 92%

\$0.15 million
Other Resources Regular, 7%

\$0.02 million
Other Resources Emergency, 1%

VOICES FROM THE FIELD

Five months into her pregnancy, Kadiatou decided to have an HIV test. "I could have had the test earlier," she explains, "but I was afraid to face the reality in case I tested positive, and my husband didn't want to hear about it." It was only during her second prenatal visit that the nurse was able to convince her to be tested.

Kadiatou turned out to be HIV positive. "I was in shock. I could see both me and my baby dying. I didn't want to lose my first baby; I wanted to live and raise my child."

Kadiatou was immediately put on antiretroviral prophylaxis to prevent the transmission of HIV to her unborn child.

During delivery, both baby and mother were given antiretrovirals. They also benefited from close medical monitoring. The baby boy is now six-months old and is HIV negative. Kadiatou is closely monitored by the doctors and is also a member of an HIV-support group. "I am very happy to have my first baby boy, Moussa," said Kadiatou. "I have to admit that from the time



I learned that I was HIV positive, I never believed my baby would live. For me, the treatment we both received is a miracle."

and community-based organizations (CBOs), UNICEF has the ability to reach the most vulnerable children affected by HIV/AIDS at the community level. In 2010, the organization supported a national survey on orphaned and vulnerable children, helping the authorities to target these children more effectively, and helping NGOs and CBOs to provide some 1,500 children in five provinces with much needed assistance.

THE VALUE OF RR IN BURKINA FASO

Regular Resources comprised 92 per cent of UNICEF's 2010 HIV/AIDS budget in Burkina Faso, and enabled the organization to support the government in developing its 2011–2015 National Strategic HIV/Sexually-Transmissible Infections Plan, which is aimed at eliminating mother-to-child transmission by 2015. UNICEF has supported the Ministry of Health in working towards this goal, and there has been extremely encouraging progress – with the number of health facilities offering these services increasing from 78 per cent in 2009 to 96 per cent in 2010.

In this effort, RR funds covered the cost of much needed equipment for health facilities and the training of health workers. UNICEF also supplied 180,000 HIV-testing kits and supervised the treatment and care of people living with HIV. Regular Resources were also vital in boosting UNICEF's efforts to support the expansion of paediatric AIDS care throughout the country, which led to an increase in the testing of children born to HIV-positive mothers. UNICEF supported youth-led HIV-prevention activities for the most marginalized and most-at-risk young people, particularly in urban areas. About 250,000 adolescents and young people aged 10–24 years (36 per cent girls) were reached in 2010 through interpersonal and mass communication.

CASE STUDY 10: MALI

Predictable support enhances prevention and control



THE CHALLENGE

Compared with other African countries, HIV/AIDS prevalence in Mali is relatively low, with 1.3 per cent of the population currently living with the virus. The rate among youth between 15 and 24 years is 0.7 per cent, with young women being almost twice as vulnerable (0.9 per cent) as young men (0.5 per cent). Yet despite significant efforts and progress in recent years, services targeting the prevention of mother-to-child transmission (PMTCT) of the virus cover only 307 health centres out of 1,094 providing antenatal care. Moreover, knowledge of HIV/AIDS prevention is low. Shockingly, two of every three young people do not even believe that HIV/AIDS exists, demonstrating a clear lack of public information about the disease.

Stigma and discrimination are direct consequences of this widespread lack of knowledge, and they hinder HIV/AIDS prevention efforts. Even though more than 90 per cent of pregnant women attending the health centres that offer PMTCT services agree to be tested for HIV, about half of those who test positive drop out before the end of the programme. Most of them quit because they feel unable to disclose their status to their husband or partner, afraid of being rejected.

Critical interventions are needed to control the epidemic throughout the country. These include the improvement and expansion of PMTCT services; early diagnosis of HIV status in infants; timely treatment of HIV-infected children; provision of reproductive health services and counselling for youth and adolescents; and strengthened social support services for affected households.

UNICEF'S ROLE

UNICEF plays a key role in scaling-up the PMTCT services in Mali by supporting government efforts to create 100 new PMTCT service centres per year in order to reach the most marginalized populations. Working with the government and other partners, UNICEF helps to improve the skills of health personnel by providing adequate materials and equipment, such as rapid testing and paediatric and adult treatment; by promoting voluntary HIV testing during antenatal consultations; by raising awareness of the PMTCT programme and reducing stigma through public information initiatives; and by supporting the monitoring and evaluation process, including national and regional reviews.

RR/OR EXPENDITURE: MALI HIV/AIDS PROGRAMME (2010)



Total: \$1.56 million

\$1.30 million
Regular Resources, 83.3%

\$0.24 million
Other Resources Regular, 15.4%

\$0.02 million
Other Resources Emergency, 1.3%

VOICES FROM THE FIELD

Nurse Zenabou maintains a neutral expression as she looks at the slip of paper in her hand. Her patient, Fanta, holds cotton to the pricked finger where a blood sample has just been taken to determine her HIV status. At least six times each day, Nurse Zenabou goes through these tense minutes of testing with her pregnant clients. Fanta's HIV test is part of her regular antenatal checkup, and part of Mali's drive to prevent women who are unaware of their HIV-positive status from unnecessarily infecting their unborn children. The test is voluntary, and 90 per cent of women in Mali willingly accept it. "They know we are there to protect them and their children," she says.

Similar antenatal consultations are happening all over Mali, part of the country's national child survival strategy aimed at reducing the

unacceptably high rate of neonatal and infant mortality. HIV develops quickly among infants, and without treatment 33 per cent will die before they reach their second birthday. At Gabriel Touré Hospital an HIV-positive patient is dreading the potential outcome of her third pregnancy, due in a matter of days. However, "because of her compliance with the regimen of daily drug-taking, there is every reason to hope she will give birth to a baby free of the virus," the doctor explains. "If the child is healthy, the mother will feel free to talk about the treatment she's had, and that will help us to advance our policy of preventing mother-to-child transmission of the virus." During this final check-up, the mother will also receive advice on monitoring the baby's health in the coming months, and on whether and how to breastfeed.



Also meeting in the hospital are a group of teenagers – a tiny fraction of the estimated 9,400 adolescents under 15 in Mali who are living with HIV/AIDS. Most Malian children living with HIV were infected by their mothers either during pregnancy, childbirth, or breastfeeding. Their weekly session is one of 35 such groups supported by UNICEF in four regions of the country, including money for transportation and a nutritious snack following each session.

In addition, UNICEF focuses on strengthening the services provided by Gabriel Touré Hospital, located in the capital, Bamako, which is one of the two largest national health facilities providing psychosocial support, care, and treatment for children living with HIV/AIDS.

THE VALUE OF RR IN MALI

Regular Resources enable UNICEF to provide continuous and predictable support to government efforts to prevent and control HIV and AIDS in Mali. This includes increasing access to facility-based health

care for children and pregnant women affected by HIV/AIDS, strengthening skills of health professionals, and supporting evidence-based advocacy. RR funding also helps UNICEF to reinforce important sensitization and communication initiatives to promote voluntary testing of pregnant women and to reduce stigma and discrimination towards people living with the virus. In addition, these unrestricted funds make it possible to scale-up the services that reduce disparities, and thus provide a brighter future for Mali's people who are living with HIV and AIDS.

In Manila, the Philippines, a young girl stares wide-eyed at an instructive video in her primary school classroom. UNICEF promotes a child-friendly approach to schooling, which strives to create safe, protective, and inclusive spaces for all children, with special attention to the needs of girls.



FOCUS AREA 4

CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE

THE CHALLENGE

All over the world millions of children – often the poorest and most marginalized – are affected by or are at risk from violence, exploitation, or abuse from the very adults who should be protecting them. Even though the exact numbers of affected children are unknown, they are thought to be vast. The challenges are immense, complex, and relevant in both the developed and developing world. A child who leaves school and home to find work to support her family may find only work of an exploitative nature. A child working informally is more likely to come into conflict with the law, to be sold, or to be trafficked. Empirical evidence and programming experience show that girls and boys who experience or are at risk of violence, exploitation, and abuse are often the most excluded members of society.

Children are disproportionately affected by armed violence, both directly through death, injury, and psychosocial distress, and indirectly through the disruption of basic services, such as education and health. In 2010, Haiti and Pakistan drew global attention to the importance of having strong child-protection systems in place *before* disasters strike. Working in partnership with governments, protection systems need to be set up through legal reform, regulation, and capacity building.

EXPENDITURE BY TYPE OF RESOURCES: CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE (2010)



UNICEF'S ROLE

By signing the Millennium Declaration of 2000, the nations of the world committed to a number of child protection-related objectives. The Declaration was drafted after it became clear that not a single goal in any sector can be achieved unless the protection of children is first integrated into programming and policy development. Among the stipulated objectives, UNICEF: (1) supports the full protection and promotion of civil, political, economic, social, and cultural rights for all; (2) opposes all forms of violence against children and women; and (3) encourages 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, the sale of children, child prostitution, and child pornography. UNICEF's child protection programmes address each of these aims, and thus support the Millennium Declaration and the Millennium Development Goals across all sectors.

THE VALUE OF RR FOR CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE

UNICEF allocated \$74 million of Regular Resources to child protection programmes in 2010. This represented 23 per cent of the \$326 million in RR and OR resources spent in this Focus Area. Among the many achievements of the past year, Regular Resources

have helped promote child-friendly juvenile justice systems; contributed towards the development of a national, integrated child protection network; and strengthened national institutions and laws to safeguard exploited and abused children.

2010 QUICK FACTS

- In Sri Lanka, UNICEF supported 538 community-based structures, such as children's clubs and village child-rights monitoring committees, in reintegrating nearly 43,000 children following almost 30 years of conflict in the country.
- Services for children in the justice sector were improved in many countries around the world. For instance, in the Republic of Moldova, 65 per cent of children accused of committing a crime were kept out of the adult justice system, and 70 per cent of convicted children were given non-custodial sentences.
- Communication and advocacy continued to play a critical role in influencing cultural norms related to children. In Montenegro an evaluation of a three-month national awareness-raising campaign entitled "It's About Ability" revealed positive changes in public attitudes towards the inclusion in society of children with disabilities. Prior to the campaign, 40 per cent of citizens expressed the view that absolutely all children with disabilities should be in special institutions, whereas only 21 per cent of those polled held the same opinion after the campaign.
- In Egypt, UNICEF supported nine large-scale public declarations that saw over 5,000 men and women proclaim that they would no longer engage in female genital mutilation/cutting.
- Child-friendly spaces – safe, structured places where children and youth meet to play, develop life skills, and participate in educational activities – were set up as an integral part of UNICEF's emergency response in Bangladesh, the Democratic Republic of the Congo, Haiti, Pakistan, the Philippines, the Sudan, the Syrian Arab Republic, and Yemen.

CASE STUDY 11: AZERBAIJAN

Child-friendly juvenile justice systems



THE CHALLENGE

Although Azerbaijan has a low rate of juvenile crime compared to other countries in the region, those young people who become involved with the law often experience trauma in a system that is not always supportive of their status as children. About 400 children are prosecuted each year. Many boys end up in boys-only juvenile prisons, while the very few girls who are incarcerated are placed in women's jails.

In addition to those accused, there are hundreds of children who are witnesses or victims of crime. Their contact with the justice system in Azerbaijan is also likely to be traumatic, since its procedures were not created with children in mind – conditions that can deter child witnesses or victims from collaborating with the authorities. In addition, these children often come from poor or fragmented families, representing some of the most marginalized people in the country. UNICEF is committed to protecting such young people and providing support to their families.

UNICEF'S ROLE

In recent years UNICEF has played a key role in promoting and supporting juvenile justice in Azerbaijan, particularly working with the government to design progressive laws on juvenile justice and to develop appropriate systems and policies. In order to promote the idea of establishing a separate judicial system for children, UNICEF supported the creation of a more child-sensitive pilot diversion centre – a place where troubled children and youth can find sanctuary and guidance. After two years of operation, the programme was deemed so successful that the police asked if at-risk children could also be referred to this centre in order to prevent future criminality. In the longer term, the government is expected to support the establishment of these centres throughout the country.

In addition to the diversion centre, a child rights-focused legal clinic has been established to provide free legal services for children and their families, including those in conflict with the law. This will ensure that they are properly represented in the courts, as the country does not yet have specialized juvenile or family courts or trained justice

RR/OR EXPENDITURE: AZERBAIJAN CHILD PROTECTION PROGRAMME (2010)



VOICES FROM THE FIELD

At the Baku Diversion Centre and Legal Clinic, the children are talking about how the centre has helped them. A bright smile breaks out on one boy's face when he is asked if coming here has made him happier. "Yes," he says simply.

Faina, a 16-year-old girl, displays a picture she has drawn of herself. At the bottom of the picture are the words: *Freedom, independence, and life is beautiful.* "This centre has put me on the right path in life," she says, talking confidently. "Before, I had a problem with my grandmother. It is the same situation now but I have changed. Before I argued with her, but now

when she argues I stay silent. I was told here that she is old and cannot change – I should change," she explains.

According to the centre's director, Mr. Ahmadov, the facility can accommodate up to 25 children at any one time. Children stay at the centre for four to six months while attending school. The staff, which includes a psychologist, first evaluates and observes each child and then formulates an individual plan for him or her. "The majority of the children are from poor and disadvantaged families. Mostly they have been involved in minor conflicts at school or on the street,"



says Ahmadov. "Most of these children are referred here by police and local authorities. The centre is aimed at diverting them from the regular justice system, and was created to provide an effective and child-adapted response to juvenile delinquency."

professionals. UNICEF has also worked with the Ministry of the Interior to establish child-friendly police rooms in local precincts and to train juvenile prosecutors in child-friendly methods. These, too, are to be replicated throughout the country.

THE VALUE OF RR IN AZERBAIJAN

The flexibility of Regular Resources has meant that UNICEF has been able to support the creation of a juvenile justice system in Azerbaijan and ensure continued efforts at bringing together key decision makers to discuss the sustainability of such a system. They

have also allowed for the greater protection of those children and young people who may have entered the justice system as witnesses to, or victims of, crime. With UNICEF support, Azerbaijan is well on its way to creating a truly child-sensitive juvenile justice system, thereby ensuring the legal rights of children as called for in the Convention on the Rights of the Child as well as other international agreements.

CASE STUDY 12: INDIA

A national, integrated child protection network



THE CHALLENGE

India is home to over 447 million children under 18 years. It is difficult to know exactly how many children are affected by various rights violations, given the lack of systematic and reliable data in the area of child protection, but where data does exist the indicators are of great concern: wide incidence of child marriage; a skewed child gender ratio due to the sex-selective abortion of millions of female foetuses; and rampant child labour affecting about 28 million children under 15. In addition, an unknown number of children are trafficked for commercial sexual exploitation. In short, millions of children in India face multiple vulnerabilities and are currently beyond the reach of a comprehensive social protection net.

A number of government programmes and schemes exist to assist different vulnerable groups of children, but mostly in an isolated manner, without any inter-linkages or comprehensive preventive measures. Among the challenges to a more inclusive child protection programme are poor planning and coordination with other services, limited resources, inadequate capacity, lack of monitoring, and an entrenched culture that sees institutionalization as the main response to children in need of care and protection.

UNICEF'S ROLE

To address these gaps in a systematic and sustainable way, UNICEF is working with the Ministry of Women and Child Development to roll out an Integrated Child Protection Scheme (ICPS), launched in 2009. This is a national, centrally-sponsored programme designed to create a protective environment for children in India by putting into place a network of child protection structures at the national, state, and district level, including mechanisms to reach out to every village and household.

ICPS consists of several initiatives that, taken together, can create a truly protective environment for children. For example, a helpline number (called 'Childline') has been opened in every district of the country, through which children and adults can report rights violations and be referred to relevant services. District Child Welfare Committees and Juvenile Justice Boards have been established, whereby the cases of children in need of care and protection (orphans, abused or abandoned children, and children in conflict with the law) are reviewed and action is taken in their best interests. To promote non-institutional care for children who cannot be with their

RR/OR EXPENDITURE: INDIA CHILD PROTECTION PROGRAMME (2010)



VOICES FROM THE FIELD

Between the muddy waters and thick mangroves of a remote village in West Bengal lives Marufa, aged 14. Six years ago Marufa fell prey to false promises from a local employment agent of a “respectable job” as a domestic helper in Delhi. Instead, she found herself a victim of physical and psychological abuse. Her movements were restricted and she was completely isolated, forbidden even to contact her family. “I was denied food at times, too,” she adds, clearly embittered by the experience.

Determined to escape, Marufa managed to contact her mother by

telephone and recount the horrors she was facing. Her mother immediately notified the local child protection group in her village, which is a community-based organization comprised of village leaders, parents, teachers, and even children. The group lodged a formal complaint against the local agent and exerted pressure on the police to act swiftly. Marufa was rescued by the police in December 2010 and brought back home.

UNICEF works with partners to develop such community-based protection and monitoring mechanisms as part of the national



Integrated Child Protection Scheme. In several districts of West Bengal, 102 cases of trafficking have been prevented, 192 trafficked children reunited with their families, 21 traffickers arrested, and 536 out-of-school children repatriated and placed into formal schools.

parents for various reasons, local child protection committees have been created in which different stakeholders (teachers, health workers, local authorities, police, civil society) come together to prevent child rights violations. To date, 110 helplines, 485 child welfare committees, 516 juvenile justice boards, and 449 special juvenile police units have been established across 632 districts.

Overall, UNICEF’s advocacy efforts have contributed to a more family-centred and less institution-focused approach to child protection in India; and as part of this new system, efforts continue for the recovery, return, and integration of trafficked children.

THE VALUE OF RR IN INDIA

The funding for UNICEF’s child protection work in India is uneven. While interventions against child labour in certain states and districts are generously funded by donors, it is extremely difficult to mobilize resources for other states, and particularly for the more upstream work that UNICEF is promoting. This is especially true for capacity development

initiatives, such as the Integrated Child Protection Scheme, where it is difficult to show tangible results for children in the short term. That said, if ICPS is implemented well at the national, state, and district level, it can have a tremendous impact on establishing a comprehensive protective environment for millions of India’s most vulnerable and deprived children.

The substantial flow of Regular Resources in 2010 has helped UNICEF’s child protection programme make a significant contribution to the roll-out of this innovative scheme; and going forward UNICEF will continue to play an important role in helping the government to implement the ICPS at the community level. This includes leveraging government resources to invest in adequate services to prevent and respond to rights violations – especially relevant in an area that has traditionally lacked sufficient professional human resources and that has not been a national priority.

CASE STUDY 13: SIERRA LEONE

Strengthening systems that protect children



THE CHALLENGE

Children in Sierra Leone are at major risk of being abused, with almost half of those aged 5–14 engaged in some form of child labour. Further, sexual exploitation is a fact of life for many girls; and basic services, including education and health care, are inaccessible for a large number of children. The 20 per cent of children not living with their biological parents – whether due to poverty, overly large families, neglect, or lack of an appropriate school in the community – are even more vulnerable to these child protection failures. ‘Kinship care’ is a custom in Sierra Leone that supports many children deprived of their parents or in need of education. However, it also puts children at risk of dropping out of school, receiving inadequate health care, and being exploited and abused. In the case of girls, it also increases the chances of teenage pregnancy.

Services for the recovery of exploited and abused children are extremely limited. Alleged child offenders are regularly put in prison with adults due to the absence of proper diversion systems or short-term care facilities; and victims of sexual abuse do not have access to safe homes or other services that could aid in their recovery. While there are many children’s homes throughout the country, they do not accommodate children in need of

short-term care, but instead provide mostly long-term care for children requiring education and health care. Although community-based care would allow these children to remain with their families, and thus make institutional space available for more needy children, such community support is rarely provided.

UNICEF’S ROLE

UNICEF has helped the government in Sierra Leone to develop minimum standards for children’s homes as a first step in strengthening government oversight and control of these institutions. UNICEF has also provided staff training and has assisted the government in monitoring the adequacy of these homes, many of which have begun to reorient their work towards community-based care.

UNICEF has gained the trust of these children’s homes, and regularly provides input about their care practices and the advantages of community-based care over residential care. Because of its local reputation, UNICEF is also able to bring together Paramount Chiefs – individuals with enormous influence in their communities – to discuss how they can use their

RR/OR EXPENDITURE: SIERRA LEONE CHILD PROTECTION PROGRAMME (2010)



Total: \$1.7 million

\$1.3 million
Regular Resources, 76%

\$0.4 million
Other Resources, 24%

VOICES FROM THE FIELD

“I really like staying here. I have everything; I can go to school, play with my friends, and eat every day,” explains 10-year-old Abdul. “But I miss my town and my community,” he adds quickly. Abdul, who is from Makeni, has been staying in St. George’s Children’s Home in Freetown, where he arrived a year ago after losing both parents. For a variety of reasons, all related to poverty, many children in Sierra Leone are separated from their families and communities; and these children become abandoned and end up in orphanages or on

the street. UNICEF is working with St. George’s on developing reunification guidelines and helping children like Abdul to return to their families, where they can grow up in their own communities.

Abdul knows how hard and dangerous it is to live on the streets. When he first arrived in Freetown he was alone and had nowhere to go. By chance, a social worker found him sleeping in the street and brought him to St. George’s. Now, Abdul feels protected. He goes every morning to the public school, where he has many friends.



Meanwhile, St. George’s has identified a family of relatives that is willing to welcome Abdul, and Abdul says he is excited about his future.

positions to better protect children. The organization is thus able to engage all stakeholders to strengthen the ability of parents and communities to protect children, to reunite children with their families, and to support children’s homes in their transformation from long-term to short-term and community-based care.

UNICEF’s work with children’s homes has been an important entry point into its broader support to the government on developing legal and policy frameworks, and training social welfare staff in an effort to strengthen the national child-protection system. Given the current constraints of the government system and the physical challenges in reaching children in remote communities, UNICEF is at the same time committed to engaging traditional leaders, parents, and children themselves in strengthening community capacity and changing norms, beliefs, and practices to better protect children nationwide.

THE VALUE OF RR IN SIERRA LEONE

While some issues are easy to fund, the more abstract efforts of gaining support to strengthen child protection systems in Sierra Leone, to develop appropriate policies, and to train staff are much harder to convey to potential donors. Consequently, Regular Resources are critical to developing and implementing these tools and processes. Such funding is also instrumental in conducting care assessments of children living in temporary homes and of reuniting them with their families.

A young girl with dark hair in a braid, wearing a white short-sleeved dress, is sweeping a dirt courtyard with a broom made of natural fibers. She is looking back over her shoulder towards the camera. The scene is framed by a dark red fabric or curtain at the top and a concrete ledge at the bottom. The background is a light-colored, textured wall.

A small girl sweeps the courtyard outside her home in Yemen's rural district of Al Munira. Over 80 per cent of the population live in remote rural areas, where access to water, health care, education, and other basic services is severely limited.

FOCUS AREA 5

POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS

THE CHALLENGE

It has been estimated that children represent half the people who are poor worldwide, and it is well documented that children are disproportionately poor compared with adults. The inadequacies in nutrition, health care, and schooling that are associated with poverty and economic shocks increase the prevalence of disease and death among children and mothers. They also deprive mothers of the ability to provide essential nurturing, and they deprive children in ways that often cannot be reversed, thus creating lifelong social and economic consequences.

The ongoing global economic downturn has had severe effects on vulnerable populations, and these effects continue to be felt in increasing hunger, rising unemployment, and mounting social unrest. As a result, millions of people in developing countries were pushed into poverty in 2008–2009, and millions more fell into extreme poverty in 2010. Not surprisingly, this worldwide trend is having a terrible impact on poor children and their families.

To effectively address these issues, development agencies such as UNICEF must engage with a broad spectrum of partners – including national governments, international and national NGOs, local communities, and children themselves. Safeguarding the rights of children, whether in times of relative prosperity or economic crisis, requires governments to change and adopt laws, social policies, and health, education, and child protection systems in order to ensure a more inclusive approach to meeting the basic needs of children.

EXPENDITURE BY TYPE OF RESOURCES: POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS (2010)



UNICEF'S ROLE

UNICEF's work in policy advocacy and partnerships is crucial to the success of all its programmes. As such, this Focus Area is central to realizing the principles and commitments enshrined in the Convention on the Rights of the Child, and it contributes to the achievement of the principles of the Millennium Declaration as well as all eight Millennium Development Goals.

UNICEF is a global advocate for children: it provides technical and policy support to help achieve and sustain children's rights; it focuses on the needs of the most vulnerable children; it helps to develop and strengthen social protection systems; and it partners with a multitude of national, local, and international actors to promote children's rights. True progress towards reaching the MDGs and the universal realization of the rights of all children can only be achieved by implementing policies that focus on the most vulnerable children and their families.

THE VALUE OF RR FOR POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS

UNICEF allocated \$185 million of Regular Resources to policy advocacy and partnerships in 2010. This represented approximately 50 per cent of the \$366 million in RR and OR resources spent in this Focus Area throughout the year. The importance of RR in this area cannot be overstated. Because of the abstract nature

of much of this work – seeking long-term, sustainable solutions to safeguard the rights and needs of children – tangible results are often not seen for years at a time. As such, Regular Resources help to fill critical funding gaps when more restricted donor funding may not be available.

2010 QUICK FACTS

- Six countries joined 46 others in the Global Initiative on Child Poverty and Disparities in 2010, committing themselves to address the issue of equity and protection for the most vulnerable through analysis, policy advice, partnerships, and the exchange of lessons learned.
- UNICEF continued to pioneer advanced technologies for data collection on social vulnerabilities. In collaboration with Columbia University, the organization rolled out 'RapidSMS' – the use of text messaging – to seven countries in sub-Saharan Africa as a simple and effective means to collect data for remote health diagnostics, nutrition surveillance, supply chain tracking, registration of children in public health campaigns, and community discussions.
- In Egypt, UNICEF continued its support of a diploma course on child rights and public policy at Cairo University. The course is designed to provide students with the skills necessary to advocate for children's issues, including through legislation, policy-making, budgeting, and decentralized local administration.
- Among the most disadvantaged children in China are the 27 million who have moved to cities with their migrant worker parents but lack urban residence status and access to basic social services. To protect the rights of these young migrants, UNICEF supported the development and distribution of a life-skills training package to over 30,000 migrants. Plans are now in place for the government to distribute this package nationwide.
- The year was notable for UNICEF's introduction of an equity focus in all its work, emphasizing the unjust disparities that deny the rights of the world's poorest and most deprived children.
- As part of its equity focus, the organization drew new attention to the rights of persons with disabilities, and began to integrate the Convention on the Rights of Persons with Disabilities into all its programmes.

CASE STUDY 14: EASTERN CARIBBEAN REGION

Tackling economic disparities and social policies



THE CHALLENGE

Despite having reached a satisfactory level of economic development, the small island developing states of the Eastern Caribbean region remain fragile, with economic dependency, high indebtedness, social inequities, and vulnerability to natural disasters among the most challenging issues weighing on their future development.

Economic disparities are of particular concern, given that the richest 20 per cent of the population account for 57 per cent of total income, and the poorest 20 per cent account for only 3 per cent of total income. Within the poorest families, children endure harsh living conditions. Often left to fend for themselves, an estimated 250,000 children are at risk of experiencing violence, abuse, exploitation, and discrimination. A recent survey indicates that child abuse in the region is widespread and on the rise, and that adolescents face numerous threats, including the emergence of gangs, increasing use of drugs and alcohol, and early sexual activity and teen pregnancy.

Here again, the global economic crisis has exacerbated the situation. The governments of the area have decreased public spending, while unemployment rates have risen. The current financial constraints have had a major impact on social policies, such that a majority of disadvantaged children and women have no access to social safety nets. Consequently, implementation of the Convention on the Rights of the Child has been substantially delayed in the region. Eastern Caribbean countries, in particular, are currently unable to provide accurate data on the situation of children to effectively inform the development of rights enforcement policies; and without effective policies, the social issues of the most disadvantaged children remain unaddressed.

UNICEF'S ROLE

UNICEF supports the governments and populations of the region by intervening at various levels. Among its activities, UNICEF has contributed to raising public knowledge of child-abuse issues by publishing key studies and facilitating mass media and public information campaigns. This advocacy effort has contributed to putting the issue firmly on the political agenda. Further, it has led to behavioural changes within local

RR/OR EXPENDITURE: CARIBBEAN REGIONAL POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME (2010)



VOICES FROM THE FIELD

In support of the Eastern Caribbean's efforts to address the issue of child abuse, UNICEF enabled the training of 35 adolescents in the production of video clips and printed materials designed to encourage youth to speak up about such abuse. One such video was produced by 16-year-old Malique Marsh in Antigua. "I wanted to show something that happens in our country every day," explained Malique.

"I always wanted to get involved in video production, and I've done a bit of acting before, so this training provided a good opportunity to use my skills in both areas to deal with something I care about."

For Malique, this powerful video is an important first step towards participating in a better future for his own society, contributing to changing knowledge, attitudes, and practices in order to put an end to child abuse.



communities and among the general adult population, who now view the use of physical punishment far less favourably than before.

UNICEF has helped to fill gaps in national data collection systems, which have allowed for a more effective assessment of children's situations throughout the region. In partnership with UN Women and the World Bank, UNICEF has conducted studies in six countries in order to help the governments identify the most vulnerable children to be targeted by their social programmes. It has also signed the first-ever work plan with the Organization of the Eastern Caribbean States to reinforce children's rights in eight countries of the region – a plan aimed at supporting the social policy agenda in these countries, strengthening their juvenile justice systems, and tightening their social safety nets.

THE VALUE OF RR IN THE EASTERN CARIBBEAN REGION

Regular Resources are the very foundation of UNICEF-supported interventions to achieve results for children in the Eastern Caribbean countries. These flexible and reliable funds enable UNICEF to effectively share and coordinate its technical expertise and resources to address some of the major challenges faced by children in the region.

In 2010, Regular Resources were essential in producing an evidence-based situation analysis of the region's children; monitoring progress of UNICEF's programmes; increasing accessibility of data on children; advocating on behalf of child-sensitive policies and programmes; and providing effective responses in emergencies.

RR was also significant in developing the capacity of teachers in the child-friendly school model; and these funds contributed to strengthening UNICEF's partnership with the Caribbean Union of Teachers and the University of West Indies, thus ensuring successful teacher training.

CASE STUDY 15: MADAGASCAR

Empowering youth through radio programming



THE CHALLENGE

Madagascar has over 5.7 million adolescents and youth aged 10 to 24, representing 29 per cent of the total population. While Malagasy youth are a great resource – both as a potential work force and as future champions for positive social change and development – myriad obstacles stand in the way of their meaningful economic, social, and political participation. Inadequate access to information, education, health services, and employment opportunities severely undermine the potential of these young people; and vulnerability to HIV/AIDS and other sexually transmitted infections, early and unwanted pregnancies, and a range of other health risks further complicate their lives. Compounding this situation, the country's political crisis since 2009 and the current political stalemate have stymied donor engagement and development programming throughout the country.

UNICEF'S ROLE

UNICEF believes that young people are better equipped to take advantage of opportunities, access critical services, and exercise their rights when they are both *informed* and *heard*. To ensure that youth have access to information and the opportunity to be heard, UNICEF launched its nationwide Junior Reporters Club (JRC) initiative in 2007. Bringing together UNICEF, the Ministry of Communication, youth groups, schools, and community-based FM radio stations, the JRC represents the most proliferate platform for "youth expression" in Madagascar, with some 400 young reporters – aged 13 to 24 – working in partnership with 40 local radio stations nationwide. An estimated 50–75 per cent of young people across the country listen to the weekly JRC broadcasts.

Coming from a diverse range of backgrounds, and with the common mandate to develop informational and educational radio programmes for youth in their communities, JRC members produce weekly shows on a variety of health and development topics – ranging from personal hygiene and HIV/AIDS prevention to biodiversity conservation and sustainable development. In the four years since the initiative's inception,

RR/OR EXPENDITURE: MADAGASCAR POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME (2010)



VOICES FROM THE FIELD

Harena is a 16-year-old girl from Fenerive-Est and one of the approximately 10,000 young people who regularly listen to the JRC radio broadcasts in the district. After listening to a programme on the importance of testing for sexually transmitted infections, she tried to convince her boyfriend to get tested. Intrigued but not convinced, Harena's boyfriend went to the local radio station and asked the

DJ to replay the programme that Harena had listened to. After hearing the show and its testimonials from other youth on the importance of testing, the young man was convinced. The next day the two went to their local health centre, and they have encouraged their friends to do the same. Today, Harena and her boyfriend tell us that they listen to their local JRC programme every week for inspiration, information, and guidance.



the JRC has collectively produced an impressive 8,400 programmes. While UNICEF support has played an important role in the initiative's effectiveness, the success of the JRC is rooted in the commitment and active engagement of a network of qualified 'volunteer coaches' and partner radio stations that broadcast the shows each week. They provide professional and technical support to their respective JRC chapters in exchange for periodic advanced training from UNICEF and its partners.

THE VALUE OF RR IN MADAGASCAR

The major portion of the funds used to support Junior Reporters Club activities comes from unrestricted Regular Resources. In this way, UNICEF and its partners have been able to support Malagasy youth in becoming agents of positive social change, allowing them to confidently deliberate on the challenges facing them, and to identify strategies to more effectively pursue their own goals and dreams. A shortage of donor resources, however, has limited the reach of the initiative, curtailing its full potential in terms of youth participation, expression, and engagement. For this reason, RR funding has been and will continue to be a critical lifeline for the initiative.

CASE STUDY 16: NEPAL

Social policy initiatives reach the most disadvantaged



THE CHALLENGE

One of the poorest countries in the world, Nepal faces numerous and very serious challenges regarding children's rights, with 69 per cent of all children severely deprived of at least one of the seven basic indicators, and 38 percent severely deprived of at least two such indicators – described as sanitation, information, shelter, water, food/nutrition, education, and health. The most worrying indicators concern nutrition and sanitation. As a result of malnutrition, fully half the children of Nepal are stunted or are below the average height for their age, 40 per cent are underweight, and more than half have no access to a toilet facility of any kind. The 2010 child poverty study illustrates the pervasiveness of poverty in Nepal, highlighting that stunting affected 62 percent of children in the lowest economic quintile and, perhaps even more worrying, 31 percent in the very highest quintile.

The lack of reliable and detailed data has prevented national policy makers from fully assessing the situation of the country's most vulnerable children. Further, policies and services are not gender and adolescent sensitive, which results in an inequitable distribution of resources. Consequently, nearly 3 million adolescent girls have not been taken into account in national

policies and programmes; and of these, nearly 2 million live in poverty and suffer from gender discrimination, violence, abuse, and exploitation.

Still, there is reason for hope. UNICEF is actively supporting social policy initiatives and governance reforms that place issues of children's rights, equity, gender, and social inclusion on the political agenda.

UNICEF'S ROLE

UNICEF has created a number of innovative programmes to promote the rights of Nepalese children, particularly the most vulnerable. Since 2009 the organization has supported the Central Bureau of Statistics in conducting the fourth edition of the multiple indicator cluster survey in two of Nepal's five regions. The data from this survey, which will be available at the end of 2011, will influence policy-making in favour of the most disadvantaged populations and inform the preparation of UNICEF's next country programme. UNICEF has also helped the Nepalese authorities to develop a Decentralized Poverty Monitoring and Assessment System – a database maintained at the district level that links indicators across all sectoral information management systems to the national development plan.

RR/OR EXPENDITURE: NEPAL POLICY ADVOCACY AND PARTNERSHIPS PROGRAMME (2010)



VOICES FROM THE FIELD

Saraswati, an 18-year-old from Biratnagar, remembers how UNICEF inspired her to become a Child Club facilitator with a local non-governmental organization. As a child, Saraswati had to work at her aunt's home. While other children could go to school, she had to handle the household chores to help her family. When she joined a UNICEF-supported Child Club at the age of 10, she was given the opportunity to learn about her rights as a child and to enrol in

a non-formal school. A majority of the Child Club members were working children just like her.

Child Clubs are the key approach to promoting the participation of children and young people in their communities, villages, and schools. Here children develop life skills, leadership, confidence, and self-esteem, which also enable them to access other organizations and local government. It is estimated that there are at least 12,500 such clubs in Nepal, with an estimated 200,000 participants.



"Sharing and organizational unity among the club members has had a marked impact on our approach to life," says Saraswati. "We now think in newer perspectives; we realize there is hope."

Over the past year UNICEF has promoted a range of high-level social policy initiatives that have provided for, among other things, a child rights expert submission to the Constitution drafting committee; a caucus of new Parliamentarians actively supporting new legislation for children; a government cash grant programme for children under five years in the most disadvantaged districts; and a flagship programme to support decentralization and governance reforms through community mobilization.

The decentralization programme is an evolution of a similar programme during the country's decade of conflict (1996–2006), in which UNICEF was able to channel a range of interventions to the hardest-to-reach communities in the most disadvantaged districts. The initiative also helped to pioneer innovations in the representation of children's and women's concerns in local planning, budgeting, and service delivery.

In addition to these key activities, UNICEF and the Government of Nepal are jointly implementing child-friendly local governance – providing guidance on enforcing the rights of children in local government systems, structures, and policies. This initiative represents a strategic opportunity both to influence national policy and to focus on child rights in the most disadvantaged districts.

THE VALUE OF RR IN NEPAL

Regular Resources have helped UNICEF contribute towards the historic post-conflict changes in Nepal. These unrestricted funds have allowed UNICEF to extend its child-friendly local governance programme to the most disadvantaged districts, and they have enabled the organization to effectively advocate for the inclusion of children's and women's rights in national governance policy reforms and the redrafting of the Constitution.

Regular Resources have also ensured UNICEF's technical inputs on child rights and child-sensitive social protection issues, while helping to leverage the government's resources and those of other development partners towards investing in the most marginalized populations.

The completion of the fourth MICS also demonstrates the critical nature of Regular Resources, which have solely funded the survey. They have helped build the national capacity in data collection, and persuaded the government to commit firmly to the next round of the survey, which will generate evidence of the country's progress towards the Millennium Development Goals.



A mother hugs her baby as they wait to receive vaccinations at a health centre in the Mopti region, Mali. UNICEF plays a key role in scaling-up these life-saving services throughout the country, made possible by unrestricted Regular Resources.

A FINAL WORD

The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action set out the principles by which the international community has committed to increasing aid effectiveness by providing less restricted aid and by realizing even greater results on investments – principles to which UNICEF is deeply committed. Untying aid increases the ability of development organizations to reduce transaction costs and maximize programme results on the ground, outcomes that UNICEF seeks in all its partner countries.

UNICEF ensures that least developed countries receive at least 60 per cent of its unrestricted Regular Resources and that countries in sub-Saharan Africa receive at least 50 per cent. These allocations are in line with the commitments in the Paris Declaration to increase the effectiveness of aid provided to LDCs and Heavily Indebted Poor Countries. Unfortunately, many of these countries do not attract sufficient donor attention to adequately address the needs of children and women, further underscoring the importance of RR funding.

As the only multilateral institution entrusted solely with advancing children's rights, UNICEF is extremely concerned that the ratio of core resources to overall income continues to decline. Such Regular Resources are critical to ensuring that UNICEF can spend the funds that donors have entrusted to it – without restrictions – on the priorities of those programme countries that the organization deems most in need.

Further, Regular Resources are essential to achieving UNICEF's commitment to equity – that is, a commitment to provide all children with the opportunity to survive, develop, and reach their full potential without discrimination, bias, or favouritism. Because Regular Resources are unrestricted – and based on need, rather than on social or political agendas – funds can be shifted as required to cover shortfalls, ensure continued vital services, or address specific challenges.

With these funds, UNICEF country offices can engage in programme interventions that have the greatest potential for leveraging additional funds and in scaling-up results for the most disadvantaged children.

The predictability of Regular Resources also enables country offices to meet the basic expenses that are fundamental to fulfilling UNICEF's institutional mandate. They allow for more consistent budgeting and more effective long-term programme planning, and they guarantee the availability of highly qualified and specialized staff required to promote long-term development cooperation. At the same time they free resources to engage in better monitoring and evaluation, so critical to effective programming.

At times when donor support fluctuates considerably, unrestricted funds cover important operating infrastructure to ensure there are no gaps in programming. And they enable the organization to respond to new, emerging challenges in fragile states and in countries facing new security risks or humanitarian crises. They also allow UNICEF to support innovation and new ways of programming.

Importantly, Regular Resources ensure the organization's independence, neutrality, and role as a trusted partner of host governments, allowing the organization to identify and support those most in need without any outside pressure based on global, regional, or local agendas.

Quite simply, the value of RR funding cannot be overstated. It increases overall efficiency. It lessens the administrative burden on the organization, host countries, and donors alike. It ensures a global and adequate country presence. It secures a platform for country-driven programme activities. And it is UNICEF's most effective funding tool as it seeks to reach children around the globe, fairly and equitably, with services that enable them to grow, develop, and thrive.



Sisters Dhanushika, 11, and Dilushana, 9, hold hands by a blackboard in a UNICEF-supported temporary learning space in Sri Lanka's tsunami-affected Eastern Province.

APPENDIX

RR PROGRAMME ASSISTANCE EXPENDITURE FOR TOP 20 COUNTRIES BY FOCUS AREA (2010)

FOCUS AREA 1 – YOUNG CHILD SURVIVAL AND DEVELOPMENT

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Nigeria	36.51	80.31	45%
Democratic Republic of the Congo	26.25	92.95	28%
Afghanistan	22.04	69.91	32%
Ethiopia	20.14	86.52	23%
India	16.10	75.06	21%
Pakistan	15.67	134.36	12%
Sudan	14.82	113.82	13%
Niger	13.22	49.81	27%
Myanmar	11.04	20.41	54%
Burkina Faso	9.93	20.31	49%
United Republic of Tanzania	8.24	12.73	65%
Chad	7.49	32.61	23%
Bangladesh	7.42	29.84	25%
Uganda	7.39	18.52	40%
Kenya	7.32	38.78	19%
Somalia	6.24	48.76	13%
Mozambique	6.08	18.14	34%
Madagascar	5.55	12.42	45%
Sierra Leone	5.54	36.30	15%
Mali	5.44	20.29	27%

FOCUS AREA 2 – BASIC EDUCATION AND GENDER EQUALITY

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Afghanistan	8.77	31.74	28%
Democratic Republic of the Congo	8.30	24.02	35%
India	7.59	19.82	38%
Ethiopia	5.72	17.10	33%
Nigeria	4.74	17.04	28%
Uganda	4.67	10.84	43%
Niger	3.89	7.46	52%
Bangladesh	3.79	22.32	17%
Pakistan	3.56	41.64	9%
Myanmar	3.53	16.00	22%
United Republic of Tanzania	2.98	6.84	44%
Mali	2.79	5.98	47%
Mozambique	2.55	6.91	37%
Burundi	2.54	5.52	46%
Burkina Faso	2.35	7.95	30%
Pacific Island Countries	1.99	5.11	39%
Madagascar	1.66	27.63	6%
China	1.64	7.83	21%
Rwanda	1.55	13.00	12%
Sudan	1.38	29.81	5%

FOCUS AREA 3 – HIV/AIDS AND CHILDREN

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Ethiopia	4.61	8.31	55%
Nigeria	4.02	4.47	90%
India	3.42	8.77	39%
Uganda	2.26	5.25	43%
Democratic Republic of the Congo	2.19	3.76	58%
Burkina Faso	2.01	2.18	92%
Rwanda	1.61	3.39	48%
United Republic of Tanzania	1.56	2.48	63%
Kenya	1.44	2.42	60%
Zambia	1.33	4.72	28%
Mali	1.30	1.56	83%
China	1.25	3.87	32%
Sudan	1.16	5.47	21%
Bangladesh	1.11	1.26	88%
Angola	1.06	2.41	44%
Zimbabwe	0.90	32.82	3%
Madagascar	0.88	1.18	75%
Malawi	0.88	7.73	11%
Niger	0.77	1.01	77%
Côte d'Ivoire	0.77	1.31	59%

FOCUS AREA 4 – CHILD PROTECTION FROM VIOLENCE, EXPLOITATION, AND ABUSE

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Democratic Republic of the Congo	5.52	20.80	27%
Bangladesh	4.21	8.43	50%
India	3.80	10.81	35%
Ethiopia	3.76	8.01	47%
Afghanistan	2.82	6.31	45%
Nigeria	2.62	2.80	94%
Myanmar	2.57	4.39	59%
Burkina Faso	2.54	5.14	49%
Pakistan	2.43	15.18	16%
Uganda	2.12	4.86	44%
Chad	1.81	5.27	34%
United Republic of Tanzania	1.73	2.80	62%
Niger	1.58	2.14	74%
China	1.56	4.39	36%
Mali	1.37	1.80	76%
Mozambique	1.36	3.58	38%
Sierra Leone	1.29	1.65	78%
Somalia	1.10	5.01	22%
Sudan	1.07	15.09	7%
Ghana	1.00	1.68	60%

FOCUS AREA 5 – POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS

COUNTRY	RR EXPENDITURE (USD million)	RR/OR EXPENDITURE (USD million)	RR RELIANCE
Democratic Republic of the Congo	14.28	19.60	73%
India	11.09	22.67	49%
Bangladesh	7.46	8.38	89%
Nigeria	6.38	7.18	89%
United Republic of Tanzania	6.26	6.85	91%
Mozambique	5.03	7.27	69%
Rwanda	4.94	5.73	86%
Malawi	4.08	7.29	56%
Afghanistan	3.97	5.66	70%
Madagascar	3.80	4.19	91%
Sudan	3.64	13.40	27%
China	3.62	4.52	80%
Uganda	3.60	5.26	68%
Indonesia	3.54	8.54	41%
Nepal	3.52	6.14	57%
Niger	3.24	3.49	93%
Cameroon	2.91	3.28	89%
Myanmar	2.80	3.59	78%
Kenya	2.77	3.19	87%
Ghana	2.52	3.26	77%

REGULAR RESOURCES PARTNERS AND DONORS

(2010)

(in US dollars)

DONOR	REGULAR RESOURCES			GRAND TOTAL
	PUBLIC SECTOR	PRIVATE SECTOR		
	GOVERNMENT	NATIONAL COMMITTEES ³⁶	OTHER CONTRIBUTIONS ³⁷	
Algeria	24,000			24,000
Andorra	24,388	233,075		257,463
Argentina	3,893			3,893
Armenia	4,000			4,000
Australia	24,660,098	3,670,559		28,330,657
Austria	2,029,069	3,086,978		5,116,047
Bangladesh	34,500			34,500
Barbados	4,000			4,000
Belgium	25,127,953	6,843,498		31,971,451
Bhutan	15,435			15,435
Bolivia (Plurinational State of)	123,761			123,761
Brazil			203,565	203,565
Bulgaria	10,000			10,000
Burkina Faso	5,820			5,820
Canada	17,408,160	965,440		18,373,600
Chile	70,000		98,720	168,720
China	1,216,501		70,805	1,287,306
Colombia			446,001	446,001
Costa Rica	16,284			16,284
Croatia	25,000		412,499	437,499
Cuba	10,000			10,000
Cyprus			616,800	616,800
Czech Republic		2,580,055		2,580,055
Denmark	28,068,950	9,514,713		37,583,663
Dominican Republic			70,204	70,204
Ecuador			123,751	123,751
Egypt	68,663			68,663
Estonia	51,999	28,302		80,301
Finland	21,592,480	11,586,751		33,179,231
France	9,446,710	37,704,618		47,151,328
Germany	8,241,961	49,994,919		58,236,880
Gibraltar			11,582	11,582
Greece	275,000	4,374,847		4,649,847
Guyana	10,754			10,754
Honduras	26,043			26,043
Hong Kong, China		10,247,057		10,247,057
Hungary	124,312	200,299		324,611
Iceland	340,000	1,206,170		1,546,170
India	814,720		31	814,751
Indonesia			230,207	230,207
Iran (Islamic Republic of)	36,731		362,484	399,215
Ireland	9,864,400	2,926,094		12,790,494

DONOR	REGULAR RESOURCES			GRAND TOTAL
	PUBLIC SECTOR	PRIVATE SECTOR		
	GOVERNMENT	NATIONAL COMMITTEES ³⁶	OTHER CONTRIBUTIONS ³⁷	
Israel	120,000			120,000
Italy	4,201,680	21,569,573		25,771,253
Japan	15,183,936	148,232,154		163,416,090
Kazakhstan	50,000			50,000
Kuwait	200,000			200,000
Lao People's Democratic Republic	5,350			5,350
Lebanon	5,000			5,000
Lesotho	1,500			1,500
Liechtenstein	46,126			46,126
Lithuania		8,899		8,899
Luxembourg	3,711,484	1,073,074		4,784,558
Madagascar	3,000			3,000
Malaysia	84,000		134,504	218,504
Marshall Islands	1,051			1,051
Mauritania	3,708			3,708
Mexico	214,000		138,377	352,377
Monaco	10,685		29,444	40,129
Mongolia	11,000			11,000
Morocco	79,035			79,035
Myanmar	2,672			2,672
Netherlands	42,735,000	41,552,595		84,287,595
New Zealand	4,319,640	1,086,528		5,406,168
Nicaragua	6,000			6,000
Nigeria			257,427	257,427
Norway	70,245,000	6,382,270		76,627,270
Pakistan	101,173			101,173
Panama	26,750		46,319	73,069
Peru			97,486	97,486
Philippines	54,085		70,365	124,450
Poland		907,043		907,043
Portugal	300,000	3,418,961		3,718,961
Republic of Korea	3,000,000	24,872,991		27,872,991
Romania	14,172			14,172
Russian Federation	1,000,000			1,000,000
San Marino		8,199		8,199
Saudi Arabia	2,000,000			2,000,000
Serbia			137,737	137,737
Singapore	50,000			50,000
Slovakia	14,430	66,533		80,963
Slovenia	156,292	1,890,521		2,046,813
Spain	29,224,950	24,847,889		54,072,839
Sri Lanka	15,500			15,500

DONOR	REGULAR RESOURCES			GRAND TOTAL
	PUBLIC SECTOR	PRIVATE SECTOR		
	GOVERNMENT	NATIONAL COMMITTEES ³⁶	OTHER CONTRIBUTIONS ³⁷	
Sweden	61,427,820	19,684,540		81,112,360
Switzerland	20,661,200	12,179,763		32,840,963
Thailand	236,848			236,848
Togo	2,000			2,000
Trinidad and Tobago	15,000			15,000
Tunisia	29,630		55,643	85,273
Turkey	150,000	338,197		488,197
United Arab Emirates	100,000		175,733	275,733
United Kingdom	32,593,785	2,626,623		35,220,408
United States	132,250,000	12,707,807		144,957,807
Uruguay	21,400		6,741	28,141
Venezuela (Bolivarian Republic of)			1,242,553	1,242,553
Zambia	85,649			85,649
Miscellaneous³⁸			527,585	527,585
Income adjustments to prior years³⁹	796,620	241,919	(398,265)	640,275
Cost of goods delivered and other expenses⁴⁰				(139,821,990)
Subtotal	575,342,755	468,859,456	5,295,228	909,675,448
Inter-governmental organizations				
Income adjustments to prior years³⁹	362,597			362,597
Subtotal	362,597	0	0	362,597
Non-governmental organizations				
Tesuko Kuroyanagi, Japan			237,200	237,200
Miscellaneous⁴¹			78,676	78,676
Income adjustments to prior years³⁹			7,779	7,779
Subtotal	0	0	323,655	323,655
Other income⁴²				54,603,788
TOTAL INCOME	575,705,351	468,859,456	5,618,883	964,965,488

³⁶ Income from UNICEF's Private Fundraising and Partnerships Division (PFP).

³⁷ Income from country office private sector fundraising.

³⁸ Miscellaneous income primarily consists of private sector income for which the source is not individually identified.

³⁹ Includes refunds and adjustments to income recognized in previous years.

⁴⁰ Cost of goods delivered and other operating expenses incurred by PFP, excluding commission retained by sales partners and sales expenditure by country offices.

⁴¹ Miscellaneous income primarily consists of income from NGOs.

⁴² Other income includes contributions from interest and miscellaneous income, such as small contributions and gains/losses on foreign exchange transactions.

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