

PART II: ACTION, ADVOCACY AND ACCOUNTABILITY FOR CHILDREN IN THE 1990S

CHAPTER 4. KEY UNICEF PROGRAMME THRUSTS AND PARTNERSHIPS

Programme development and evolution: background, overview and context

Programme activities and partnerships in the first half of the decade focused intensively on pursuit of the WSC mid-decade goals, with support for the development and implementation of National Plans of Action and UNICEF-assisted country programmes geared towards the achievement of key goals. Medium-term plans for the periods 1990-1993 and 1992-1995 reflected this focus and impressive results were achieved in the first five years of efforts to mobilize programmes and partnerships around the goals and a global ethic of 'first call for children'. Most countries ratified the Convention on the Rights of the Child during this period. Around mid-decade and after, strategic thinking within UNICEF was influenced by findings, recommendations, and lessons learned from a number of stock-taking exercises and reviews. These included a multi-donor evaluation in 1992; a management review in 1994; and the mid-decade review of achievements towards the goals in 1996.¹ Among the multiple issues brought to the fore by these reviews, key points for follow-up related to 1) the sustainability of achievements, with greater emphasis on capacity-building and empowerment to accompany continued support for service delivery; 2) strengthened collaboration with NGOs, civil society and other partners, including the private sector; 3) ever more explicit and stronger linkages between the Convention on the Rights of the Child and the World Summit goals; 4) continued efforts to maintain a balance between the motivating power of global goals and the equally powerful call of local priorities and realities; and 5) management reform within UNICEF to be undertaken as part of the larger process of UN system reform emphasizing closer coordination and collaboration among agencies, the effective use of resources, and accountability for results. It was also during this time that a change of leadership occurred within UNICEF, with the death of Executive Director James Grant in January 1995 followed by the appointment of Carol Bellamy as Executive Director in May of the same year.

A consultation on UNICEF programme priorities to the year 2000 and beyond was undertaken in conjunction with the management reform steering committee meetings in September 1995, ushering in a wide-ranging process of policy review, strategy update, and organizational restructuring within UNICEF.² With the mid-decade review seen as an opportunity for UNICEF to celebrate success, to learn from experience, and to further challenge and legitimize the agenda for children, the time was considered ripe to reflect on how best to do so, taking into account a number of key factors that were seen to define the changing context of UNICEF's work. These included the following:

- ◆ An increasingly differentiated world situation, marked particularly by deteriorating conditions within sub-Saharan Africa and other low-income countries; challenges of transition within the countries of central and eastern Europe (CEE/CIS and Baltic states region); and the changing needs of middle-income countries. This brought to the fore the issue of distinct regional emphases in UNICEF programming and support, and the need to more fully address disparities in achievement of the goals.
- ◆ The continuing critical need to focus on human development and poverty eradication in the face of declining ODA and 'donor fatigue' called for renewed efforts to mobilize resources and partnerships, including with the private sector, financial institutions, and both national and international NGOs, which were becoming increasingly important sources of development assistance. At the same time, UNICEF needed to strengthen its advocacy for cost-effective interventions and budget restructuring to favour social sector investment.

¹ On the multi-donor evaluation, see *Strategic choices for UNICEF, Evaluation of UNICEF Synthesis report, 1992; Follow-up action required on the multi-donor evaluation of UNICEF* (CF/EXD/1993-007); and *Follow-up to the multi-donor evaluation of UNICEF: General Programme Strategy* (E/ICEF/1995/6). For the management review, see *UNICEF management study, executive summary*, Booz Allen & Hamilton Inc., December 30, 1994 and *Positioning UNICEF for the twenty-first century: the impact of management excellence, 1995-1998* (E/ICEF/1998/AB/L.5). For lessons learned from the mid-decade review, see particularly UNICEF's 1997 *WSC follow-up report* (E/ICEF/1997/14), 17 March 1997. Also of relevance are the proceedings of the joint UNICEF/Harvard workshop on *World Summit goals for children: the challenge for sustainability*, June 1-2, 1995 and *Sustainability of the World Summit for Children goals: concepts and strategies*, Lincoln Chen, Sagari Singh, and Cesar Victora (UNICEF Evaluation, Policy & Planning Working papers, February 1997).

² *Consultation on UNICEF programme priorities to year 2000 and beyond* (CF/EXD/IC 1995-011), with participation of UNICEF regional directors, senior headquarters personnel, and two special invitees, Lincoln Chen and Margaret Catley Carlson.

- ◆ Changes within the UN system called for heightened collaboration for greater effectiveness, including through integrated follow-up to international conferences.³
- ◆ Processes of decentralization, democratization and the changing relationships between state and civil society called for an intensified focus on partnership-building and social mobilization to embrace both different levels of government, such as mayors and local authorities, as well as different groups within civil society.
- ◆ A dramatic rise in the incidence of wars and armed conflicts was having a direct impact on children and women, with an attendant imperative for UNICEF to strengthen its work in emergencies, including through a greater capacity to anticipate crises, strategies for improved protection of children in conflict, strengthened partnerships and programming to bridge the gap between ‘normal’ and ‘emergency’ programming; and intensified efforts to develop peace education as a means of prevention.
- ◆ Near universal ratification of the Convention on the Rights of the Child afforded opportunities and challenges for UNICEF programming to give practical application to the principles of the Convention, with direct programme implications for an expansion of focus beyond the younger child to include children of all ages through age 18; new programme areas and emphases to fully embrace children’s to survival, protection, development and participation; new partnerships with legal bodies, human rights institutions, child rights NGOs; and strengthened capacity within UNICEF to support CRC implementation and monitoring.

As with strategic thinking at the beginning of the decade, the consultation dealt directly with complex and often thorny issues related to global goals, country realities and selectivity in UNICEF programmes of cooperation. Participants pointed to the need to adapt global goals to country circumstances, and to address both the ‘unfinished business’ of the World Summit goals as well as emerging issues of concern – all the while taking care not to stretch UNICEF resources and capacity too thinly. This presented a clear challenge to the organization, which was noted as follows:

“A dilemma running through the consultation arose from the will to pursue the mid-decade and decade goals, building on progress already made and ensuring their sustainability; the desire to identify and focus on emerging priorities, many of which are more complex and difficult to implement than the current goals; and yet the strong recognition of the need to be more sharply focused and more selective in order to achieve a greater impact. Country-specific programme development, adapting and learning from globally-articulated goals and priorities, would help resolve this dilemma. The challenge is to learn to do this bridging effectively.”⁴

The importance of maintaining consistency between programme processes and outcomes was identified, as was the need to differentiate programme activities with varying scope. These included 1) advocacy, policy dialogue, and social mobilization; 2) monitoring, assessment and strengthening the information base on children and women; and 3) programme assistance to support services for children. With a number of other issues brought to the fore for further consideration, it was agreed that such processes of reflection would continue, including at regional level.

These processes of reflection and consultation continued alongside processes of management reform pursued through the Management Excellence Programme (MEP) which included devolution of important responsibilities and authority to the regional structures within UNICEF. The clearest expression of UNICEF’s new thrusts came in the development of a Mission Statement in 1996 which was firmly grounded in the Convention on the Rights of the Child.⁵ The Mission Statement, defining UNICEF’s overall mandate “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”, was adopted by the Executive Board in January 1996,⁶ and served as the foundation for the Medium-Term Plan for the period 1996-1999.⁷

By 1998, processes were underway within UNICEF to 1) define a rights-based approach to programming⁸ 2) accelerate progress on the year 2000 WSC goals;⁹ and 3) launch a new Medium Term Plan (1998-2001) consistent with the new programme and policy focus.¹⁰ Simultaneous processes were also being initiated to develop a new global agenda for children beyond the year 2000 (*to be discussed more fully in Part III*). The programme priorities identified for the

³ Later efforts on UN coordination would be undertaken within the overall process of UN reform launched in 1997 which established the UN Development Group and the CCA/UNDAF framework of assistance.

⁴ *A Consultation on UNICEF programme priorities to year 2000 and beyond* (CF/EXD/IC/1995-011)

⁵ The UNICEF Mission Statement (E/ICEF/1996/AB/L.2)

⁶ (E/ICEF/1996/12 (Part I), decision 1996/1.

⁷ (E/ICEF/1996/AB/L.10), 23 April 1996.

⁸ *Guidelines for human rights-based programming approach* (CF/EXD/1998-004), 21 April, 1998

⁹ *1998-2000 programme priorities* (CF/PD/PRO/1998-003), 30 April 1998)

¹⁰ *UNICEF Medium-term Plan for the period 1998-2001* (E/ICEF/1998/13), 8 July 1998.

remaining years of the decade set out four areas of concentration relating to the unfinished business of the WSC goals (with an attempt to identify specific countries where significant progress was considered both needed and possible), and highlighted three areas of emerging priority considered important both for long-term efforts to reach the goals as well as for future activities. Considering that “achieving the goals of the WSC is an essential step in implementing the CRC and CEDAW,” intensified UNICEF support was to focus on the four – often cross-cutting – areas of 1) reducing young child mortality and morbidity and preventing child disability; 2) reducing maternal morbidity and mortality; 3) improving access to and quality of basic education; and 4) improving protection of children from exploitation, abuse and harm. Emerging priority areas of focus included 1) early childhood care for child growth and development; 2) young people’s health and development; and 3) improving the availability and use of data in critical areas.¹¹ These priorities were reflected in the *Medium-Term Plan* for the period 1998-2001, which was, in turn, based on the principles of a child-focused approach; equity and non-discrimination; decentralization and participation; an emphasis on process as well as results; learning from experience; and collaboration with UN and other partners.

Against this backdrop, the next three chapters will examine key features and trends over the decade in UNICEF’s major programme thrusts and partnerships (*Chapter 4*), identify actions and advocacy undertaken on major crosscutting issues (*Chapter 5*); and describe efforts to strengthen data collection and analysis for improved monitoring and accountability (*Chapter 6*). The frame of analysis embraces both UNICEF’s pursuit of the specific goals of the World Summit for Children (in health, nutrition, water, environment and sanitation, education and special protection), as well as its support for achievement of the broader commitments of the Summit Declaration and Plan of Action (including poverty reduction, ratification and implementation of the Convention on the Rights of the Child; improvement in the status of women and girls).

HEALTH

Introduction

From its beginnings as an emergency relief organization in Europe in the aftermath of WWII, UNICEF has placed a priority focus on child health and nutrition and – by extension – on the health and nutrition of women. The decade following the World Summit for Children was no exception. Indeed, the goals of the Summit Plan of Action emerged from an initial set of health-related goals agreed jointly by WHO and UNICEF (1988) and approved by their respective Executive Boards. Though later expanded to include education and special protection goals, 4 out of 7 of the major goals for child survival, development and protection in the 1990s were in the closely related areas of health (2), nutrition (1), and water and sanitation (1), as were the majority of the supporting/sectoral goals (21 out of 27 in all). Moreover, nine out of ten of the mid-decade goals targeted for achievement by 1995 were health-related, and the overarching goals of the Summit focused on mortality reduction – with targeted measures aimed at reducing infant, child and maternal mortality, and supporting goals seen as contributing to this effort. The World Summit, therefore, saw the enhancement of children’s health and nutrition as a first duty, with the Plan of Action calling for the strengthening of primary health care and basic health services as the basis for effective action.

UNICEF’s programme response over the course of the decade remained very much consistent with these aims and priorities, as reflected in its policy documents and successive medium-term plans, as well as in its priority allocation of resources to health, which consistently accounted for the major portion of total UNICEF programme expenditures.¹² Growing out of the unifying framework of primary health care (PHC) articulated at the 1978 Alma Ata Conference, with its broad vision of health as a right for all, UNICEF approaches had been strategically honed in the 1980s through selective PHC interventions aimed at mobilizing the political will and the broad-based partnerships needed to make simple and low-cost techniques accessible to more families, thus accelerating progress in the ‘child survival and development revolution’. The rapid gains made in the 1980s in universal child immunization (UCI) and the control of diarrhoeal diseases (CDD) as the ‘twin thrusts’ of the CSD revolution spurred momentum towards achievement of the health goals of the 1990s and provided a base of support for the strengthening of integrated national health systems and structures. After a rigorous drive toward the mid-decade health goals, UNICEF programme orientations were further defined in the updated UNICEF health strategy in 1995,¹³ with continuing concern to achieve sustainability. Adoption of a human rights framework animated by the CRC helped to promote the vision of health as a basic human right, as well to expand attention to adolescent health issues, particularly in the context of reproductive health and HIV-AIDS.

¹¹ *1998-2000 programme priorities* (CF/PD/PRO/1998-003), 30 April 1998.

¹² Specific expenditures on health as a percentage of total programme expenditures was 45% in 1990 (when EPI accounted for a full 26% of programme expenditures); dipping to 27% in 1999, but rising again to 35% in 2000 (*UNICEF annual reports of the Executive Director*)

¹³ *Health strategy for UNICEF* (E/ICEF/1995/11/Rev1)

Key programme areas were further reinforced and pursued from 1998 onwards as part of a concerted thrust to accelerate progress towards the WSC goals and respond to emerging issues of concern.

Health partnerships within the UN system have been especially strong with WHO, with collaboration on follow-up to the Summit commitments and health for all undertaken within the framework of the UNICEF-WHO Joint Committee on Health Policy (JCHP); this group was later expanded to include UNFPA and became known as the Coordinating Committee on Health. NGOs have also been vital partners in health initiatives throughout the decade, along with local communities whose participation has been critical to success on a number of fronts. Key international conferences and movements such as International Conference on Population and Development (ICPD) and the Safe Motherhood Initiative provided further reference points and partnerships for UNICEF in the area of women's health. Evolving partnerships and thinking in international public health over the decade have contributed to efforts to balance 'vertical' and 'horizontal' approaches to child health initiatives, to address concerns for system-strengthening and sustainability, to strengthen intersectoral linkages and integration, and to maintain a focus on community empowerment and behavioural change issues, with creative tensions and debates on these and other issues over the course of the decade.

Child health

Immunization

As one of the most practical and cost-effective public health interventions, immunization had been the key 'driving force' behind the child survival and development revolution of the 1980s and continued as a priority focus of UNICEF support in the 1990s.¹⁴ When achievement of the 1990 UCI coverage target of 80% was announced in 1991, efforts were galvanized to reach and sustain the WSC goal of 90% coverage by 2000. Moreover, as per Executive Board decision 1991/11, specific child health interventions built on the achievements of UCI – using its structures to revive, strengthen and support basic health services – a strategy identified programmatically as "UCI-plus".¹⁵ While a careful review of UCI achievement by WHO and UNICEF has since confirmed that 1990 coverage was in fact 73% for the combined three-dose vaccine against diphtheria, pertussis and tetanus alone, this is still a major achievement. Global coverage rates have remained at over 70% over the decade, but are marked by large disparities between and within regions and countries. Moreover, coverage has been decreasing in sub-Saharan Africa, where less than 50% of children under the age of one were immunized against DPT3.¹⁶

The Children's Vaccine Initiative was launched jointly by UNICEF and WHO in September 1990 as a broad-based coalition of organizations and scientists committed to improving children's health through development and sustainable delivery of existing and new vaccines. The initiative was backed by CSD Task Force members (Rockefeller Foundation, UNDP, and the World Bank) and its inaugural declaration strongly endorsed at the Summit.¹⁷ Later in the decade, the Global Alliance for Vaccines and Immunization (GAVI) was established in 1999, with UNICEF again a key partner, along with WHO, the World Bank, the Gates and Rockefeller foundations, the pharmaceutical vaccine industry, national governments and others. GAVI is a ground-breaking partnership to help countries strengthen their immunization services and introduce new and underused vaccines for children to ensure that all children are vaccinated with every effective vaccine. UNICEF is now the major supplier of vaccines to developing countries.¹⁸

Over the decade, in collaboration with key partners, and particularly WHO, UNICEF has supported national immunization programmes (113 countries in 2000)¹⁹ through capacity-building, cold-chain maintenance, vaccine procurement and social communication to stimulate demand. An estimated one billion injections are given to women and children each year through such programmes. To increase the safety of such injections, WHO, UNICEF, UNFPA and the Federation of Red Cross and Red Crescent Societies have adopted a global policy on injection safety, calling for the use of auto-disposable syringes for all immunizations by the end of 2003.²⁰ Some 25 countries significantly increased their own financing of immunization services between 1995 and 2000, particularly through the Vaccine

¹⁴ EPI accounted for a full 26% of total UNICEF programme expenditures in 1990 during the final push for UCI 1990, and still represented a substantial 13% at mid-decade (*UNICEF annual reports of the Executive Director*)

¹⁵ *UNICEF Report of the Executive Director 1992 (E/ICEF/1992/2) Part II*

¹⁶ SG's EDR report, *We the children (A/S-27/3)*; and *Statistical update*

¹⁷ Black 1996:61, *UNICEF corporate Annual Report 1994*

¹⁸ *UNICEF Annual Report 2001*

¹⁹ *UNICEF Report of the Executive Director 2001 (E/ICEF/2001/4) Part II*

²⁰ *We the Children (A/S-27/3)*

Independence Initiative, established by UNICEF²¹ as a revolving fund to help developing countries to procure, with their own currencies, high-quality, low-cost vaccines in quantities adequate to reach and sustain UCI.²²

Progress towards the goal of eliminating neonatal tetanus has been substantial over the decade, with 104 of 161 developing countries achieving the goal, and a 50% decline reported in deaths due to neonatal tetanus.²³ UNICEF has supported neonatal tetanus control through policy and strategy development, routine vaccination, health education and training of birth attendants, working in collaboration with UNFPA, WHO, the Gates Foundation and UNICEF national committees.²⁴ UNICEF has also provided targeted support to measles campaigns, focussing particularly on high-density, low-coverage and marginalized areas and groups, including children displaced by natural disasters and instability. WHO, CDC and ICRC are important partners with UNICEF in collaboration on the measles eradication initiative with governments, with inter-agency and inter-sectoral collaboration of key importance to the success of these campaigns.²⁵ As a result of such concerted efforts and partnerships, worldwide reported measles incidence has declined by almost 40% (updated figure) between 1990 and 1999. Nevertheless, challenges still remain, particularly in the more than 15 countries where measles vaccination coverage is less than 50%.²⁶

National Immunization Days (NIDS) campaigns have been promoted for polio eradication, with extraordinary progress made through a remarkable global partnership led by WHO, UNICEF, the United States Centers for Disease Control and Prevention (CDC) and Rotary International,²⁷ and key contributions as well from the Government of Japan, the Gates Foundation and others.²⁸ By 2000, as a result of such partnerships, more than 175 countries were polio free; fewer than 3,500 cases of polio were reported (a reduction of 99% compared to the 350,000 cases in 1988) and polio was endemic in only 20 countries (compared to 125 in 1988).²⁹ Rotary International alone has mobilized hundreds and thousands of volunteers and contributed millions of dollars for global eradication of polio since 1980. In countries suffering from civil wars, UNICEF has helped secure agreements on cease-fires and 'days of tranquillity' to allow for NIDs. In some of the larger countries that are a reservoir for polio, NIDS have been an occasion for massive mobilization, both nationally and across borders.³⁰ Achieving an appropriate balance between routine and campaign immunization programmes remains a key challenge for the future, as does continued cross-border synchronization of campaigns, and ensuring the availability of adequate vaccine supplies.³¹

Community-based/integrated approaches

Each year more than 10 million children under the age of 5 die from readily preventable and treatable illness such as, diarrhoeal dehydration, acute respiratory infection (ARI), malaria, measles, and malnutrition, and often working in combination.³² Following up on a key focus during the CSD revolution of the 1980s, actions early in the decade focused particularly on reduction in diarrhoeal morbidity and mortality through promotion of oral rehydration therapy (ORT). The World Organization of Scouts was a

Facts for life: empowering with knowledge

First published in 1989, *Facts for Life* has served as a cornerstone of UNICEF's efforts to achieve the health and nutrition goals of the World Summit for Children through the dissemination of simple but life-saving information that everyone has a right to know. By 1996, some 15 million copies were in use in over 215 languages, reaching parents, young people, caregivers, health workers and teachers with messages on low-cost, practical, and 'doable' ways of promoting the health and development of children, the well-being of mothers, and healthy lifestyles for adolescents. A publication on *Facts for Life: Lessons from Experience* (1996) details the many innovative and effective ways in which the messages have been disseminated and adapted to diverse environments and needs, while a global review in 1997 underscore the very real success of this vast communication effort. *Facts for Life* has drawn government, media, business and religious leaders into global efforts of outreach for children; and has acted as a practical focus for UNICEF advocacy and social mobilization. The 3rd edition, published in 2002 in an expanded partnerships with WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank, is based on updated information, including on HIV/AIDS, featuring important additional chapters on accidents and emergencies. Drawing together the latest data, understanding and techniques of science, policy and practice, *Facts for Life* is a potent tool for empowerment through knowledge.

Source: *Facts for Life – third edition* (CF/EXD/2002-006)

²¹ UNICEF intranet *Health policy immunization brief 1991*

²² *We the Children* (A/S-27/3)

²³ *We the Children* (A/S-27/3)

²⁴ UNICEF *Report of the Executive Director 2001* (E/ICEF/2001/4), Part II

²⁵ UNICEF *Report of the Executive Director 2001* (E/ICEF/2001/4), Part II

²⁶ UNICEF *Statistical review and We the Children* (A/S-27/3).

²⁷ *We the children* (A/S/27/3)

²⁸ UNICEF *Report of the Executive Director 2001* (E/ICEF/2001/4), Part II

²⁹ *We the children* (A/S/27/3).

³⁰ *We the children* (A/S/27/3)

³¹ UNICEF *Report of the Executive Director 2001* (E/ICEF/2001/4), Part II

³² UNICEF *Health website and childinfo.org*

major partner – developing a global manual to help members in more than 150 countries promote the use of this life-saving therapy. As a result of such intensive efforts, ORT use rates have increased in all regions, including sub-Saharan Africa. A major thrust of diarrhoeal control programmes was to improve the case management of diarrhoea and other killer diseases, including malnutrition, in both health facilities and at home, marking a move towards a more integrated approach to the management of childhood diseases.³³

The Integrated Management of Childhood Illness (IMCI) Initiative was developed jointly by WHO and UNICEF in 1992 and further adapted in 1995 as a means of addressing the overall health of the child, with interventions at the health facility, community and household levels designed to strengthen linkages between them and improve the prevention or early detection and treatment of the leading childhood killers. Building on lessons learned from disease-specific control programmes, it adopts an integrated approach to training health workers in case management of the five killer diseases; improving health systems, including the availability of drugs, supplies and equipment; and strengthening key family and community practices to contribute to child survival and healthy growth.³⁴ By 2000, UNICEF was supporting community-based health and nutrition programmes in 71 countries, most of which incorporated the IMCI approach.³⁵ Major forms of UNICEF support include the development and adaptation of IMCI materials, and training and orientation of health workers and professionals.³⁶ UNICEF also supports the integration of community-based approaches in health sector wide approaches and promotes new partnerships with community service organizations at national level.³⁷

Women's health

The World Summit Plan of Action recognized that “*Maternal health, nutrition and education are important for the survival and well-being of women in their own right and are key determinants of the health and well-being of the child in early infancy*”. Reduction of maternal mortality by half by the year 2000 was established as an overarching goal of the Summit, with supporting/sectoral goals addressing the health and nutritional status of the female child and pregnant and lactating women; access by all couples to family planning information and services; access by all pregnant women to pre-natal care, trained childbirth attendants, and appropriate referral facilities; universal access to primary education for girls and accelerated literacy programmes for women. The Summit goal of halving maternal mortality rates was reaffirmed in the 1994 International Conference on Population and Development³⁸ and the 1995 Fourth World Conference on Women, which additionally called for further reductions by the year 2015 as well as the elimination of discrimination and violence against girls and women.³⁹

While measurement of maternal mortality is difficult, and available data provide only general estimates, the end decade review revealed little evidence of any significant decline in MMR in most parts of the world. Significant gains were made in improving delivery care, as measured by the percentage of births attended by skilled health personnel; however this progress was largely concentrated in areas where maternal mortality is less severe. In sub-Saharan Africa, where the highest rates of maternal mortality are found, coverage of care has stagnated and in some countries declined. Taking into consideration also the higher individual fertility rates, women in SSA face a lifetime risk of dying in pregnancy or delivery of 1 in 13, compared to – in- 4,100 in the industrialized world. Globally, just over half of all births (56%) are assisted, while 64% of women in the developing world make at least one antenatal visit with a skilled health worker during pregnancy. Approximately two-thirds (67%) of the world's women of reproductive age who are married or in union are now using a method of contraception, up from 57% in 1990, and the total fertility rate declined from 3.2 to 2.7. However, both of these are marked by significant regional variations.⁴⁰

UNICEF's policy and programme approach to women's health over the decade has been multi-sectoral in nature, taking into account both long- and short-term interventions. These include: application of existing human rights treaties and national constitutions to ensure safe motherhood; increasing access to basic education for girls and women;

³³ *We the children* (A/S/27/3)

³⁴ *We the children* (A/S/27/3); Child info.org

³⁵ UNICEF *Report of the Executive Director* 2001(E/ICEF/2001/4) Part II

³⁶ UNICEF *Report of the Executive Director* 2000(E/ICEF/2000//4) Part II

³⁷ UNICEF *Report of the Executive Director* 2001(E/ICEF/2001/4) Part II

³⁸ Prevention of maternal mortality and morbidity was a primary focus of UNICEF-supported activities related to ICPD follow-up, with a focus on improving the age at first marriage or 1st pregnancy among adolescents and young women; improving the health and nutritional capacities of girls and women; and improving the care and services available to pregnant women (UNICEF *Report of the Executive Director* 1999 (E/ICEF/1999/4) Part I.

³⁹ UNICEF intranet 1998 *Programme and policy brief on MMR*

⁴⁰ *We the children* (A/S/27/3) with additional information from the *Statistical review*

improving the nutrition of adolescent girls and women; improving the accessibility, quality, coverage and use of prenatal, delivery and post-natal care; strengthening professional attendance at birth; and encouraging communities to plan for deliveries and to delay marriage and first birth.⁴¹ UNICEF is a key partner within the Safe Motherhood Initiative interagency group (formed by UNICEF, WHO, UNFPA, IPPF, the World Bank and the Population Council), collaborating at both global and field level in efforts to ensure safe motherhood.

Programme guidelines issued in 1998 aimed at accelerating efforts to reduce maternal mortality and morbidity, targeting in particular the countries where problems remained most acute. Measures included support for development of 'mother-friendly' environments (including provision of equipment and supplies such as birth kits, obstetric drugs and micronutrient supplements where appropriate; development of quality assurance standards and protocols for maternal and newborn health; and support to community and family actions); expansion and replication of successful strategies to strengthen professional training for birth attendants; expanded coverage and impact of district-level safe motherhood interventions; and improved care for women through food and nutrient supplementation, coupled with de-worming and access to malaria prevention.⁴² Coordination was enhanced through publication in 1999 of a Joint WHO/UNICEF/UNFPA/World Bank Statement on Maternal Mortality Reduction, a United Nations planning guide and detailed internal UNICEF guidelines.⁴³

By 2000, in partnership particularly with UNFPA and WHO, UNICEF was active in maternal health programmes and advocacy in 111 countries, with increasingly holistic advocacy, social mobilization and policy development addressing such key underlying issues as FGM and other forms of violence against women as well as the need for adolescent girl counseling. A number of holistic 'women's right to health' projects have been initiated, along with UNICEF-supported safe motherhood pilot programming in marginalized or high MMR regions. Community-based programmes to encourage attended births include awareness-raising, support to referral systems, micro-credit schemes, and training of skilled birth attendants. Strategic alliances are being strengthened and developed with national midwives associations (EAPR); the Gates Foundation and Columbia University (South Asia); religious leaders (Indonesia); and professional obstetrical and gynaecological associations (Sri Lanka). In several countries, significant UN coordination and collaborative maternal health programming initiatives are underway within the context of UNDAF.⁴⁴ Such strategies, will be most effective in the context of policy choices which promote women's rights in general and give greater priority to maternal health in particular, including services that can guarantee essential obstetric care.⁴⁵

Roll Back Malaria

While the World Summit identified malaria as a key health problem, it did not adopt specific goals to address it. The global Roll Back Malaria initiative was launched in 1998 by WHO, UNICEF, UNDP and the World Bank and, since then, most countries in Africa and many in Asia have developed strategic plans for malaria control. The Roll Back Malaria initiative aims to support and promote the nationwide use of insecticide-treated mosquito nets among pregnant women and their children; promote anti-malaria prophylaxis treatment during pregnancy, and improve diagnosis and treatment of malaria among children by ensuring that children and their families have access to early, effective and affordable treatment within their homes and communities.⁴⁶ UNICEF contributes to the Roll-Back Malaria Initiative through supplies of insecticide-treated bednets, and anti-malarial drugs, surveys and assessments, support to policy development and promotion of community-based initiatives. Malaria control efforts also form part of the IMCI Initiative. UNICEF programme evaluations in southern Africa have highlighted the need for improved information and education campaigns for bednet demand creation and for micro-credit programmes for the poor. Alliances are being strengthened with the private sector for local manufacture and social marketing of bednets.⁴⁷

HIV-AIDS

As with malaria, HIV AIDS was recognized as a key survival and development threat at the time of the Summit, but it was not the focus of a specific goal and the international community as a whole was slow to address this issue with the resources commensurate with its impact. UNICEF's approach to HIV-AIDS has evolved considerably over the decade, in line with increasing international recognition of the scale and implications of the epidemic. UNICEF itself has helped help raise awareness of the issue, using communication as a critical tool to 'break the silence' surrounding it, build

⁴¹ UNICEF intranet 1998 *Programme and policy brief on MMR*.

⁴² *1998-2000 programme priorities* (CF/PD/PRO/1998-003)

⁴³ *UNICEF Report of the Executive Director 2000* (E/ICEF/2000/4) Part II

⁴⁴ *UNICEF Report of the Executive Director 2001* (E/ICEF/2001/4) Part II

⁴⁵ *UNICEF Report of the Executive Director 2000* (E/ICEF/2000/4) Part II

⁴⁶ *We the children* (A/S/27/3)

⁴⁷ *UNICEF Report of the Executive Director 2001* (E/ICEF/2001/4) Part II

participation in response to it, and tackle issues of stigma and discrimination.⁴⁸ UNICEF is an active partner within the Joint United Nations Programme on HIV/AIDS (UNICEF, UNDP, UNFPA, UNESCO, WHO, and the World Bank, with UNDCP joining in 1999) which, since its establishment in 1996 has helped coordinate and maximize the impact of efforts to combat the disease.

The aim of UNICEF's work on HIV/AIDS has been to support and strengthen the capacities of individuals, families, communities and nations to prevent HIV infection and to manage its impacts and consequences. At all levels, the priority is to ensure the urgent, substantial and sustained scaling-up of effective action in four priority areas. These include: prevention of HIV infection among children and young people (particularly through social mobilization and expanded health information/education activities; promotion of adolescent participation and youth-friendly health services; and support for particularly vulnerable groups); reduction of mother-to-child transmission of HIV/AIDS (including through improved antenatal care and expanded access to voluntary and confidential counseling and testing (VCCT), increased access and use of anti-retroviral drugs; and counseling on appropriate infant feeding options); provision of care for children, young people and parents living with HIV/AIDS; and protection, care and support for orphans and children in families made vulnerable by HIV/AIDS.⁴⁹ By the end of the decade, UNICEF offices in 160 countries were supporting HIV/AIDS programmes in partnership with national, provincial and local governments, NGOs, community groups and other UNAIDS co-sponsors to increase the effectiveness of prevention and care and to tackle the underlying causes of vulnerability to HIV/AIDS.⁵⁰ In the current MTSP, HIV-AIDS is one of five core organizational priority areas (*see chapter 10*).

Young people's health and development

Largely under the impulse of HIV/AIDS and the increasing recognition of other health risks linked to behaviour - such as tobacco and drug abuse - young people's health became a significant focus of attention for UNICEF over the decade - particularly from the Medium-term plan for the period 1998-2001 onwards. By the year 2000, over 100 UNICEF country programmes included a component on young people's health, development and participation. Common entry points included strategies to address HIV/AIDS where adolescent participation was encouraged as a powerful tool in disseminating information and encouraging discussion. Life skills, health education and the provision of youth-friendly services were supported in most regions - a good example being the *'My Future My Choice'* programme in Namibia. Interventions would often begin with a pilot or demonstration project to develop new strategies for wider application. A common framework for such activities helped foster convergence among sectors.⁵¹

Health system strengthening

In the Executive Board discussion of UNICEF's programme of action for achieving the goals for children and development in the 1990s,⁵² Board members had urged that actions to reach the health goals "*should be taken in an integrated and sustainable manner, in the overall context of improved primary health care systems.*"⁵³ Decision 1991/11 further emphasized the importance of assisting Government "*to develop sustainable, integrated national health care systems that meet the priority needs of their people*". Joint UNICEF/WHO policy documents stress the importance of strengthening national health systems with a focus on the district health system based on primary health care.⁵⁴ UNICEF's 1995 health strategy itself was prepared in response to Executive Board decision 1992/14 requesting UNICEF to elaborate on the context of community-focussed health sector development, with further details on the strategy provided in the implementation plan adopted in 1997.⁵⁵ As described by UNICEF Executive Director Carol Bellamy:

⁴⁸ See, for example, the 1994 joint WHO/UNICEF publication on *Action for children affected by AIDS: programme profiles and lessons learned*, as well as the 1999 joint UNICEF/UNAIDS publication on *Children orphaned by AIDS: frontline responses from eastern and southern Africa*.

⁴⁹ *Children, HIV/AIDS and UNICEF, A UNICEF fact Sheet*, June 2001

⁵⁰ UNICEF health website

⁵¹ UNICEF *Report of the Executive Director 2001 (E/ICEF/2001/4) Part II, para 36*

⁵² *Programme of action for achieving the goals for children and development in the 1990s: A UNICEF response to the Declaration and Plan of Action of the World Summit for Children* (E/ICEF/1991/12)

⁵³ *Report of Board discussions, 1991*. The tension between a strong goal orientation focused on immediate outcomes and longer-term capacity-building efforts seeking 'sustainability' was one that would continue in a number of ways throughout the decade, arising with particular force at around mid-decade when what many perceived to be an overcentralized drive for attainment of the mid-decade goals created a degree of polarization around the issue. The need to guard against an either-or mentality and programme approach has been raised by Kul Gautam, in his thoughtful 1997 analysis of changes and continuity in UNICEF programming (Gautam 1997)

⁵⁴ See, for example, *the Report of the UNICEF/WHO Joint committee on health policy special session of 1992 (E/ICEF/1992/L.18)*.

⁵⁵ *Implementation of the health strategy for UNICEF (E/ICEF/1997/3)*, 11 November 1996.

“This strategy reaffirms UNICEF’s support to essential health services, with an emphasis on prevention, equity of access and collaboration with a broad range of health partners. It clarifies UNICEF’s policy in response to the increasing number of behavioural problems affecting the health of children, adolescents and women. This strategy recognizes that today’s health problems require multifaceted solutions, with water supply, sanitation, household food security, healthy behaviours and practices, education, environmental protection, gender equity and poverty alleviation all key elements to improving and sustaining health.”⁵⁶

Bamako Initiative

One programmatic response to such system-strengthening concerns has been the Bamako Initiative, initially launched in 1987 and further developed jointly by WHO and UNICEF as a key strategy for reviving, strengthening and extending basic health care services which were deteriorating under economic stress, particularly in Africa. With a focus on health services at the district level and below, particularly for women and children, and a concern for capacity-building and community participation, the Bamako Initiative was promoted as a means of addressing the health goals of the 1990s as well as responding to the challenge of Health for All by the year 2000 within the holistic vision of primary health care set out at Alma Ata in 1978.⁵⁷ The Initiative aimed to provide a minimum package of health care, basic drugs at affordable prices, some cost-sharing between providers and users, and community participation in the management of health systems.⁵⁸ As the 1990s began, the UNICEF Board recognized the Bamako Initiative as a key health strategy for achieving the goals of the 1990s and approved UNICEF support in country programmes of assistance. Such support commonly took the form of training; development of standard treatment manuals to improve the quality of services; promotion of country-to-country exchanges; operations research; and the testing of outreach alternatives for underserved populations.⁵⁹ As the review at end-decade concluded, the Bamako Initiative has helped revitalize local service delivery in the 1990s in some parts of Africa and has been extended to other continents as well. Overall, it has been recognized as a cost-effective, sustainable approach to revitalizing health systems.⁶⁰

Sector-wide approaches

Over the course of the decade, largely under the impetus of the World Bank, efforts to promote wider health system reform and sector-wide approaches (SWAPS) have been pursued.⁶¹ Through the Bamako Initiative, UNICEF participated in several health SWAPS (for example in Zambia and Mali) – moving from a focus on immunization, ORS, and other public health technologies to a broader sense of health sector support.

Health in emergencies

Two main objectives guide UNICEF’s health interventions in emergency situations. The first is to prevent mortality and reduce morbidity and suffering among children and women in the ‘onset’ phase of an emergency, when health threats are greatest and service capacity is weakened. The second is to assure that the quick restoration of peripheral health services and public health programmes contribute to a sustainable post-emergency health care system⁶². UNICEF helps establish periods of tranquillity during which child health interventions can be undertaken, expands the use of child survival interventions in emergency settings, and contributes to responses to meet the psycho-social and post-trauma mental health needs of children in emergencies. As part of its global advocacy efforts, UNICEF promotes implementation of the landmine convention and is the lead agency in landmine awareness programmes. While UNICEF response to health priorities in all types of emergencies, its most substantial involvement is in complex emergencies. At mid decade, health and nutrition expenditures accounted for approximately one third of all UNICEF emergency assistance.⁶³

Looking ahead

⁵⁶ From UNICEF Executive Director Carol Bellamy’s statement at 1996 WHO-UNICEF joint committee on health policy, Geneva, 15 May 1996 (CF/EXD/IC/1996-008).

⁵⁷ *The Bamako Initiative: Progress report and recommendation presented to the UNICEF Executive Board 1991 session* (See E/OCEF/1991/L.6 and UNICEF Report of the Executive Board 1991 (E/ICEF/1991/15))

⁵⁸ *We the children* (A/S/27/3)

⁵⁹ *The Bamako Initiative: Progress report*

⁶⁰ *We the children* (A/S/27/3)

⁶¹ *We the children* (A/S/27/3)

⁶² UNICEF health website

⁶³ From UNICEF’s 1995 *Health Strategy* (E/ICEF/1995/11/Rev.1), para 90. Emergency responses and UNICEF’s CCC will be discussed in more detail in special protection chapter....

Globally, there has been substantial progress towards some of the specific and overarching health goals set by the World Summit for Children. Notable successes include the near eradication of polio, progress in eliminating neonatal tetanus, and reduction in deaths due to diarrhoea. These provide compelling evidence of what can be achieved.⁶⁴ But there have also been major challenges, with the result that many of the year 2000 goals have been rescheduled for achievement in 2010/15, along with emerging issues of priority concern such as HIV/AIDS and malaria. Under-five mortality rates have declined by 11% globally over the decade⁶⁵ and more than 60 countries achieved the WSC goal of one-third reduction. At the same time, however, U5MR rates increased in 14 countries - nine of them in sub-Saharan Africa, where deepening poverty and HIV/AIDS are reversing many of the earlier child survival gains. Moreover, serious disparities remain in U5MR within countries, by income level, by urban and rural location, and among minority groups. Meanwhile, maternal mortality and morbidity remains unacceptably high.⁶⁶ And young people's health and development issues present further major challenges to be address through support for interventions aimed at behavioural change. Under the integrated approach to programmes adopted by UNICEF in its current *Medium Term Strategic Plan* for the period 2002-2005, health sector interventions are intertwined with others within the interlinking organizational priorities whose benefits are seen to span the life cycle. (see chapter10)

NUTRITION

Introduction

Of the 27 global goals adopted at the World Summit for Children, nearly a third (8 in all) aimed at improved nutrition. Malnutrition, a 'silent emergency', was recognized to be a contributing factor in half of all deaths among young children. At the time of the Summit, more than a third of all children under five years of age in developing countries were underweight. Nearly one in six babies experienced poor growth in utero, a majority of children in developing countries were at risk of iodine deficiency disorders (IDD) and vitamin A deficiency (VAD), and iron deficiency anaemia affected the health of both women and children. Given the complex and multi-faceted nature of the issue, the major Summit goal of reducing child malnutrition by half was one of the most ambitious goals of the decade. Additional goals called for a reduction in low birth weight; reduction of iron deficiency anaemia in women; improved nutrition for women and girls; virtual elimination of iodine and Vitamin A disorders; empowerment of women for breastfeeding; institutionalization of growth promotion and monitoring; and dissemination of knowledge and supporting services to increase food production and ensure household food security.

The WSC nutrition goals were reaffirmed through a number of international conferences, including the International Conference on Environment and Development in 1992 and the International Conference on Nutrition, also in 1992.⁶⁷ With support from UNICEF, nutrition goals were incorporated into many national programmes of action (NPAs) for children, and in many cases, NPA strategies and goals were also integrated into national development plans.⁶⁸ Extensive mobilization took place in support of the mid-decade goals adopted in 1993 which included achievement of the aims of the 'baby-friendly hospital initiative' (BFHI) to spur progress in breastfeeding; universal salt iodization (USI) as a key strategy to combat IDD; and virtual elimination of VAD.⁶⁹ The review of achievements at mid-decade indicated noteworthy success towards some of the mid-decade targets, but no measurable progress on the major goal of reducing child malnutrition, with an estimated 31% of children under five still underweight in 1995.⁷⁰ Progress in other key areas such as maternal anaemia and reduction of low birthweight was also lagging behind. Thereafter, in the accelerated drive from 1998 onwards to complete the 'unfinished agenda' of the Summit, strategies to address nutrition problems were integrated into overall efforts aimed at reducing morbidity and mortality among children and women.⁷¹

The Convention on the Rights of the Child firmly establishes nutritional well-being as a right, with nutrition specifically mentioned in article 24 in relation to the right to the highest standard of health and medical care, and in article 27 on the right to an adequate standard of living. UNICEF has recognized malnutrition as "*an egregious violation of child rights*

⁶⁴ *We the children* (A/S/27/3).

⁶⁵ UNICEF *Statistical review* 2001 (prepared for the Special Session on Children)

⁶⁶ *We the children* (A/S/27/3).

⁶⁷ Jonsson 1995

⁶⁸ see Nutrition Section paper, UNICEF NY 1993

⁶⁹ The World Food Summit organized by FAO in 1996 presented a further opportunity to mobilize resources and action, as leaders from 186 countries made a commitment to realize the rights of all to adequate food and to freedom of hunger, recognizing the key role of women, the importance of breastfeeding, and the need to prioritize children, especially girls (UNICEF *State of the World's Children* 1998)

⁷⁰ UNICEF 1997 *WSC follow-up report to the Board* (E/ICEF/1997/14).

⁷¹ UNICEF 1998-2000 *Programme Priorities* (CF/PD/PRO/98-003), 30 April 1998

that undermines virtually every aspect of UNICEF's work for the survival, protection and full development of the world's children."⁷² The following represent some of the main thrusts over the decade of UNICEF's work with partners to address challenges in nutrition.

Empowerment and community-based programmes

A key strategy in pursuing the nutrition goals of the Summit was to promote improved understanding of the causes and factors leading to malnutrition as the basis for the design of appropriate action to address them. The nutrition strategy approved by the UNICEF Executive Board in 1990⁷³ was one of the earliest manifestations of an explicitly 'rights-based' approach to programming. Affirming freedom from hunger and malnutrition as a basic human right and conceptualizing nutrition as both an outcome of and key input into sustainable human development, it gave policy guidance on how to improve the nutrition of women and children by empowering families, communities and governments to take action on the basis of adequate information. The iterative process of assessment, analysis and action that came to be known as the 'triple A' cycle derived from successful community-based experiences supported by UNICEF in Tanzania (the Iringa Programme) where rapid progress in reducing malnutrition levels.⁷⁴ Building on one of the 'pillars' of UNICEF's child survival and development revolution of the 1980's (the 'G' in 'GOBIFF'), the use of regular growth monitoring in the context of understanding the processes that influence growth and developing appropriate action to promote it was an important component of the strategy at household and community level.⁷⁵ A review of such activities in the 1990s uncovered difficulties in many cases in linking the information generated from growth monitoring (the measurement aspect) with decision-making about child malnutrition and with the actions necessary to improve it.⁷⁶ Nevertheless, it has been a powerful approach when the focus remains on growth promotion and prevention of growth failure, and in a number of countries, growth monitoring has served as an entry point into broader community-based participatory programmes focusing on survival, growth and development outcomes.⁷⁷

Intersectoral approaches

Based on a multi-layered conceptual framework guiding analysis of the complex causes of malnutrition at different levels (immediate, underlying and basic), the UNICEF nutrition strategy promoted a broad, intersectoral approach to problems of malnutrition and identified three underlying factors which serve as necessary conditions for nutritional well-being. These include household food security; adequate care of children and women; and access to basic health services; in short: food, care; and health. The community-based focus and, particularly, the elaboration of its 'care' component influenced the understanding of malnutrition as well as policies to deal with it in many countries during the 1990s. Its multi-sectoral approach was also a key influence on the Integrated Management of Childhood Illness (IMCI) initiative, which has been implemented by a large number of Governments and NGOs.⁷⁸ Typical activities in a community-based programme, which evolve over time and are adjusted to circumstances, include prevention and control of common illnesses, growth monitoring, promotion and support of breastfeeding and improvement of other caring practices, including complementary feeding and hygiene, micronutrient supplementation, deworming, maternal care, household food security and income generating activities which improve women's control over resources.⁷⁹ Within the multi-sectoral approach, UNICEF sees its support for interventions in other areas as key to addressing the underlying causes of malnutrition, as, for example, through actions in health (expanded immunization, extension and improvement of the primary health care delivery system, health and nutrition education and communication); environmental sanitation and water supply; education; family planning; and improved maternal and child care.⁸⁰

Care: a critical component of nutrition

The reconceptualization of good nutrition as an outcome of adequate food, good health, and appropriate care is a fundamental contribution of the UNICEF nutrition strategy. The elaboration of health- and food-related causes of malnutrition was built on past work and knowledge, but the notion of 'care' as a third critical component was a new concept which helped expand the focus of strategic interventions designed to address nutrition problems. Care, as elaborated over the following years, refers to the practices used by care-takers in translating available health and food-related resources and services into a child's survival, growth and development.

⁷² UNICEF *The State of the World's Children 1998*

⁷³ UNICEF *Strategy for improved nutrition of children and women in developing countries* (E/ICEF/1990/L.6).

⁷⁴ *We the children* (A/S-27/3), 2001

⁷⁵ UNICEF (E/ICEF/1990/L.6) (op cit)

⁷⁶ Pearson 1993; also cited in *We the Children* (A/S/27/3) 2001

⁷⁷ for example in Thailand, India, Cambodia, Indonesia, Sri Lanka, Bangladesh, Uganda, Kenya, Madagascar, Ghana, Niger, Oman, Brazil and others. (UNICEF internet website/nutrition; UNICEF *State of the World's Children 1998*).

⁷⁸ UNICEF (E/ICEF/1990/L.6), op cit.; Jonsson 1995; UNICEF internet website/nutrition; *We the People* (A/S-27-3) 2001.

⁷⁹ UNICEF internet website/nutrition.

⁸⁰ UNICEF (E/ICEF/1990/L.6), op cit; UNICEF internet website/nutrition.

Targeted interventions against micronutrient deficiencies (IDD and VAD)

Among the most successful nutrition initiatives over the decade were the efforts to protect children from deficiencies in two key micronutrients – iodine and vitamin A. Overcoming technical issues, finding distribution systems, and forging partnerships were key processes contributing to success. These, in turn, have opened the door to accelerated work on other nutrient deficiencies with public health significance. The distribution of micronutrients through food fortification (in the case of salt iodization) and supplementation (in the case of vitamin A and iron folate) was foreseen within the 1990 UNICEF Nutrition strategy as an intervention to address two particular manifestations and immediate causes of malnutrition. An international conference on *Ending Hidden Hunger* convened by WHO and UNICEF in 1991 (co-sponsored by CIDA, USAID, FAO, UNDP and World Bank) helped mobilize partnerships and establish an agenda for action for a new micronutrient initiative.⁸¹ Inclusion of micronutrient goals as mid-decade targets helped accelerate the push for their achievement.

IDD: Iodine deficiency is the world's single greatest cause of preventable mental retardation, and even mild deficiency can affect physical and mental development. UNICEF, together with governments, salt producers, partner agencies and non-governmental organizations, has worked toward the goal of virtual elimination of iodine deficiency through the universal iodization of salt. The results, as reported at end-decade, have been extraordinary. Some 72% of households in the developing world are using iodized salt, compared to fewer than 20% at the beginning of the decade. As a result, an estimated 90 million newborns are protected yearly from a significant loss of learning ability⁸². This global success story is due to a unique combination of advocacy, partnership and alliance-building for action in pursuit of a shared and well-defined goal. Mobilization efforts effectively demonstrates the value of public and private sector collaboration. In recent years, the public and private sectors have invested a total of over \$1 billion in salt iodization. The drive, energy and commitment of salt producers, governments, organizations like the International Council for the Control of Iodine Deficiency Disorders, Kiwanis International, and the Ottawa-based Micronutrient Initiative, groups such as schoolteachers unions and children in classrooms around the year, as well as of WHO and UNICEF, have all been integral to progress. UNICEF's role has included advocacy among policy makers, support for technical consultations, preparation of guidelines, assistance with iodized salt plants, and support for quality monitoring⁸³. The struggle is not over yet. As reported at end decade, there are still 37 countries where less than half of households consume iodized salt and regional rates in levels of salt iodization remain uneven⁸⁴. Continued political commitment and public will are needed to extend and sustain the gains achieved so far and to strengthen and expand partnerships for the future.

Partnerships are key in preventing hidden hunger

Public-private partnerships have been a key factor in overcoming micronutrient deficiencies. Governments have effected national legislative frameworks, involving ministries of commerce and the private sector, including industry and small producers, to achieve coverage quickly and effectively. International agencies, donors and technical experts have worked together to identify technical, cost-effective and sustainable solutions that can be implemented to achieve high levels of coverage. Key agencies have been UNICEF, WHO and the World Bank. Donor agencies from Canada, Japan, the Netherlands, the United Kingdom and the United States have played coordinated roles providing financial support, effecting change at national levels and providing technical support. In addition, other groups, such as the Micronutrient Initiative, Kiwanis International, the International Council for the Control of Iodine Deficiency Disorders and the Programme against Micronutrient Malnutrition, have been key partners. Such partnership models can be replicated for other interventions as well.

Source: We the Children: End-decade review of the follow-up to the World Summit for Children, Report of the Secretary General, 4 May 2001

VAD: The discovery that vitamin A deficiency is not only a major source of blindness among children but also contributes to a significantly higher risk of dying from common ailments such as measles, malaria and diarrhoea has spurred efforts to address this problem. In support of the WSC goal of elimination of VAD, UNICEF joined forces over the decade with other partners in the Vitamin A Global Initiative to support nationwide supplementation of children and post-partum women, including supplementation during health interventions such as national immunization days (NIDS); and fortification of food staples such as sugar. Partners include WHO, the Canadian International Development Agency, the

United Kingdom's Department for International Development (DFID), the United States Agency for International Development (USAID) and the Micronutrient Initiative. As with IDD, the results of such partnerships are telling. By the end of the decade, the majority of children in more than 40 countries were receiving at least one vitamin A supplement yearly, and UNICEF estimates that between 1998 and 2000 some 1 million child deaths may have been prevented through vitamin A supplementation.⁸⁵ Challenges for the future include sustaining such progress, particularly through

⁸¹ Black, 1996

⁸² *We the People (A/S-27-3), 2001*

⁸³ *Draft UNICEF Nutrition portfolio review, 2001*

⁸⁴ *We the People (A/S-27-3), 2001*

⁸⁵ *We the People (A/S-27-3), 2001*

heightened attention to food fortification and the development of distribution systems as effective as the polio NIDS which will be winding down in a number of countries.

Support for breastfeeding and improved complementary feeding

UNICEF's nutrition strategy emphasized the importance of creating an environment conducive to protecting and supporting women's right to breastfeed their babies, pursuing a variety of approaches to accomplish this goal. The Innocenti Declaration of 1990 established operational targets to develop policies and programmes to support breastfeeding and to ensure implementation of the 1981 International Code of Marketing of Breastmilk Substitutes. Virtually all of the community-based programmes that have resulted in reductions in malnutrition have focused on improvements in infant feeding, especially the protection, promotion and support of breastfeeding.⁸⁶ In 1992, as a complement to such community-based efforts, UNICEF and WHO launched the Baby-Friendly Hospital Initiative (BFHI) in an intensive effort to transform practices in maternity facilities so as to promote and support breastfeeding. Working, in many instances, through national breastfeeding committees established in accordance with the Innocenti Declaration, extensive training was provided for health staff in lactation management and breastfeeding promotion, and support given for fulfillment of the 'ten steps' to successful breastfeeding established as the criteria for achieving BFHI. The last step aimed to link this hospital-based initiative with the community, calling for the establishment of community support groups to extend the breastfeeding support to women at local level. UNICEF also continued to support maternity legislation to protect the breastfeeding rights of working women.⁸⁷

Achievement of BFHI was targeted as a mid-decade goal, spurring activity in this area. By end-decade, BFHI was being implemented in more than 15,000 hospitals in 136 countries. Twenty-one countries had adopted all or most of the provisions of the Code into their legislative systems, and an additional 26 had incorporated many of its provisions in their laws. Based on available trend data, exclusive breastfeeding rates increased by nearly a fifth over the decade, and gains were also made in timely complementary feeding and continued breastfeeding into the second year of life. National commitment and international partnerships have been essential for such success, including the efforts of the World Alliance for Breastfeeding Action (WABA), established in 1991, and local NGOs. Still, progress has been uneven, and only about half of all infants and young children are being fed as recommended. Constraints are due, in part to contradictions faced by women in their reproductive and productive roles; continued commercial pressures for artificial feeding; and the complex challenges raised by HIV/AIDS. Advocacy and training are key strategies to accelerate implementation of the Code in an era of globalization, and have become even more relevant to informed choice on feeding options and for the protection of infants in the context of the HIV pandemic. Further advances in infant and young child feeding will need to more fully address each of these in an integrated manner based on the complementarity of women's rights and children's rights.⁸⁸

Maternal nutrition and low birthweight

A woman's nutritional status has a direct bearing on her chances of surviving pregnancy and on her child's likelihood of leading a healthy life. Improving women's nutritional status, not just during pregnancy, but from adolescence onwards, is key to reducing maternal death and improving child health. This process will not only reduce maternal mortality, but also the prevalence of low birth weight, the risk of birth defects, and the rates of stillbirths and infant mortality. Iron deficiency anaemia - one of the most prevalent forms of malnutrition in the world - affects women and children in particular, greatly heightening the risk of maternal mortality, low birthweight babies, and poor child growth and development. The main approach followed by UNICEF and its partners to address this problem over the decade has been to provide low-cost iron folate supplements to pregnant women through the public health system, with efforts made to improve awareness of the importance of the issue.⁸⁹ However, the success achieved in micronutrient interventions aimed at IDD and VAD was not replicated for iron deficiency anaemia: and little change in the prevalence of anaemia among pregnant women was reported at end-decade.⁹⁰ Multiple factors limited the impact of the strategy, including: lack of sufficient supplies; inadequate information provided by health workers; side effects leading to lack of compliance on the part of women; and antenatal care received too late in pregnancy for effective results. The conclusion is that integrated approaches are needed to tackle these problems, particularly through health and nutrition education and promotion among adolescents and young women, and improved antenatal care - including micronutrient

⁸⁶ UNICEF *The State of the World's Children* 1998

⁸⁷ UNICEF *Report of the Executive Director* 2000 (E/ICEF/2000/3) (Part II)

⁸⁸ *We the children* (A/S-27/3) 2001; UNICEF *State of the World's Children* 1998; *Draft UNICEF Nutrition Portfolio Review* 2001; UNICEF internet website/nutrition; UNICEF *Nutrition strategy*; UNICEF annual *Report of the Executive Director* 2000 (Part II).

⁸⁹ UNICEF internet website/nutrition

⁹⁰ *We the children* (A/S-27/3) 2001

supplementation; food supplements; deworming; prevention of malaria, smoking and teenage pregnancy; and general pregnancy monitoring.⁹¹

Protecting nutritional well-being in emergencies

Emergencies - from wars to natural disasters - can dramatically increase malnutrition rates. In Somalia in 1993 and Liberia in 1995, for example, more than half of the children in some regions were suffering from severe malnutrition. In southern Sudan in 1998, after 12 years of civil strife, acute wasting was as high as 33.4 % in some areas. UNICEF's support for nutrition in emergencies has aimed at protecting the child's right, not only to survival, but to adequate nutrition and freedom from hunger. In cooperation with partners, UNICEF interventions have aimed to prevent famine-related deaths and malnutrition in emergency situations, to reduce malnutrition rates, and to protect the nutritional status of the most vulnerable groups, especially young children and pregnant and lactating women. During emergency situations over the course of the decade, UNICEF has played a major role in nutrition surveillance, in providing essential micronutrients, in coordinating the supervision and support of therapeutic feeding centers for severely malnourished children, in ensuring adequate infant feeding, in feeding orphans, and taking all other actions possible to prevent severe malnutrition. Through its supply capability UNICEF is able to ensure rapid delivery of emergency supplies, including food. UNICEF and its partners, particularly WFP have worked together to strengthen and sustain the capacity of households to meet their basic needs for food, care of children and women, health services, water and sanitation. UNICEF has also endeavoured, through its country programming capacity, to prepare the way for rehabilitation and reconstruction in post emergency situations.⁹²

Expanding the knowledge base

An underlying thrust of UNICEF support over the decade has been to promote better nutrition action through better knowledge – applying the 'triple A' process to both community and national level planning and policy-making in order to develop actions that effectively address the basic causes of malnutrition. As a field-based organization, UNICEF has a track record of being able to determine critical gaps in programmatically useful information and to work with governments, other UN agencies and partners to fill these gaps, and then use this information in support of policies and programmes on child survival, growth and development and maternal health.⁹³ UNICEF has supported a variety of interventions aimed at building data-gathering capacity, including through development and application of the multiple indicator cluster survey (MICS), which has significantly expanded the data base for improved programme and policy planning. From the early 1990s to the late 1990s, the number of countries with data on trends in child malnutrition had tripled, with much of the increase due to the serious efforts made to assess progress towards the WSC goals of reducing malnutrition.⁹⁴ Much of the successful work on micronutrients was preceded by support for research to reveal the full consequences and dimensions of this 'hidden hunger' and thereby establish it as a major public health concern. Regular publication of nutrition data, through *The Progress of Nations* and *The State of the World's Children* reports has helped raise awareness of the issues and generate support for new and ongoing initiatives. In particular, the *State of the World's Children 1998* focused entirely on nutrition – evidence of UNICEF's consistent efforts throughout the decade to keep a public eye on the 'silent emergencies' whose impact on children was as devastating as that of the 'louder' emergencies which were continually claiming the world's attention.

Assessing progress and looking ahead

The end-decade review highlighted both progress and remaining challenges in nutrition, identifying important lessons to be applied to future work. The overall Summit goal of halving the rates of malnutrition in children under five remained elusive. While the underweight prevalence in children under five declined from 32% to 28% in developing countries as a whole, an estimated 150 million children in developing countries remained malnourished, and progress in reducing these numbers has been uneven across different regions. The most remarkable improvement was found in East Asia and the Pacific, but continuing high levels of undernutrition in children and women in South Asia and sub-Saharan Africa still pose a major international challenge for child survival and development.⁹⁵ Positive experience over the decade suggests that "results in this area can be achieved when the provision of basic services is combined with support for community and family initiatives, including those that foster behavioural change and increase the information available for local decision-making."⁹⁶ This argues for intensified efforts to mesh 'vertical' with 'horizontal' approaches in a balance that will bring the most benefits to children. Reducing anaemia also remains a major challenge – with virtually

⁹¹ *We the children (A/S-27/3) 2001*

⁹² UNICEF internet website/nutrition

⁹³ UNICEF internet website/nutrition

⁹⁴ Kul Gautam's presentation at Second Substantive Session of the Preparatory Committee, January 2001.

⁹⁵ UNICEF *Statistical review 2001* (update prepared for the Special Session on Children)

⁹⁶ *We the children (A/S-27/3) 2001*

no change in prevalence in prevalence over the decade. Achieving progress in this area will depend on a combination of interventions, including expanded supplementation with multiple micronutrients during pregnancy.⁹⁷

There is need to sustain and extend the dramatic achievements in combating VAD and IDD, where concentrated efforts, broad-based partnerships, and the application of selected low-cost technologies brought clear results. Progress in the protection of breastfeeding and the promotion of appropriate complementary feeding also needs to be sustained, with special attention to the challenges posed by HIV-AIDS. And finally, awareness over the decade has once again been drawn to the critical link between women's nutritional well-being and children's survival, growth and development. It is recognized that improved nutrition among women and girls and the prevention of low birth weight are key to breaking the intergenerational cycle of malnutrition, and that aspects of 'care' must be taken into account as a critical factor in determining nutritional outcomes for both women and children.

WATER, ENVIRONMENT AND SANITATION

Introduction

"We will promote the provision of clean water in all communities for all their children, as well as universal access to sanitation". Such was the commitment undertaken by leaders signing the World Summit's Declaration on the Survival, Development and Protection of Children. Recognizing the unfinished work of the International Drinking Water Supply and Sanitation Decade of the 1980's, the Summit Plan of Action specifically highlighted the importance of clean water and safe sanitation combined with health and hygiene education as essential elements in the health and well-being of children and their families. It also recognized that improved access to safe water and sanitation *"contributes greatly to the emancipation of women from the drudgery that has a pernicious impact on children, especially girls"*. Ambitious goals of universal access to safe drinking water and sanitary means of excreta disposal were adopted, along with the related goal of elimination of guinea worm disease (dracunculiasis) by the year 2000. Subsequently, both the Global Strategy for Shelter to the Year 2000 and 'Agenda 21' of the 1992 UN Conference on Environment and Development stressed the importance of integrated water resource development, management and protection, access to safe water in sufficient quantities, and proper sanitation for all⁹⁸ – goals further endorsed by the 1995 World Summit for Social Development.

The Plan of Action of the World Summit for Children also recognized that *"Children have the greatest stake in the preservation of the environment and its judicious management for sustainable development as their survival and development depends on it."* A commitment to work for *"common measures for the protection of the environment"* figured within the WSC declaration's broad ten-point programme to protect the rights of children and to improve their lives. The Summit's child survival and development goals were seen as contributing to the protection of the environment by combating disease and malnutrition and promoting education, measures which could help break the vicious cycle of poverty and environmental degradation. Additional actions were considered necessary to change wasteful consumption patterns among the rich and to help meet the necessities of survival and development of the poor. Environmental awareness programmes for children were also promoted by the Summit as a key feature in the world's environmental agenda. 'Agenda 21' endorsed the WSC goals for children, argued that poverty eradication is indispensable to sustainable development, and called further for the interests of children to be taken fully into account in participatory processes for sustainable development and environmental improvement.

Children have a right to grow in an environment that is supportive of their health and well-being. The Convention on the Rights of the Child (in article 24) links safe water, environmental sanitation and hygiene and safe environmental conditions more generally to the child's right to health. It also includes development of respect for the natural environment under the aims of education (article 29). UNICEF's programmes of cooperation derive from a consideration of the totality the environment of children and young people and its influences on both survival and subsequent physical, psycho-social and intellectual development. UNICEF believes that the pursuit of child survival, development, protection and participation is a major contribution to and a necessary precondition for establishment of an environment conducive to sustainable development.⁹⁹ As per its 1996 mission statement, *"UNICEF works with all of its partners towards the attainment of sustainable development goals,"* recognizing the strength of cooperation with partners in promotion of a safe and clean environment for children. A key focus over the decade has been support for sustainable achievement of the water and sanitation goals, with interventions aimed at household and community water

⁹⁷ *We the children* (A/S-27/3) 2001

⁹⁸ *We the children* (A/S – 27-3), 2001

⁹⁹ *Children and environment: a UNICEF strategy for sustainable environment* (E/ICEF/1989/L.6).

security; safer environmental sanitation; and better hygiene practices and care of children. Through catalytic and strategic support for expansion and improvement of service delivery, policy development, monitoring and evaluation, capacity-building and community empowerment, UNICEF-assisted programmes in water and environmental sanitation have aimed at eliminating major health hazards for children and addressing some of the worst manifestations of poverty affecting both women and children. A more recent emphasis on the creation of partnerships with children and young people as critical stakeholders in water, sanitation and the environment as a whole is among the upcoming challenges to be addressed in the new decade.

Water and environmental sanitation

Ensuring access to safe drinking water supply and environmental sanitation has traditionally been a key programme focus for UNICEF.¹⁰⁰ Cooperation has aimed at the overall objective of securing child health and well-being through improvements in the physical, biological and social environment of children and their communities. This was to be achieved primarily through the provision of safe, sufficient and accessible supplies of water; sanitation facilities and promotion of their use; and related measures for food and personal hygiene, environmental sanitation and vector control.¹⁰¹ During the International Drinking Water Supply and Sanitation Decade (IDWSSD) of the 1980s, in particular, UNICEF acquired increasing prominence and extension in the sector through its promotion of low-cost, appropriate technologies for rural water supply and sanitation. By 1991, UNICEF was cooperating in water supply and sanitation programmes in 95 countries.¹⁰²

As UNICEF began gearing up to help countries meet the renewed commitment to water and sanitation goals established by the WSC targets, both the lessons learned during the IDWSSD as well as the findings and recommendations of a number of global assessment exercises and forums and an evaluation of sectoral strategies entered into the shaping of a new strategic focus of support.¹⁰³ Based on these as well as on several decades of rich field experiences in Africa, Asia and Latin America, UNICEF's new strategies in water and sanitation were formulated through broad consultative processes over a period of nearly two years and approved by the UNICEF Executive Board in May 1995.¹⁰⁴

The new strategies articulate UNICEF's overall objectives in contributing to child survival protection and development; identify universal access to safe water supply and environmental sanitation services as a basic right; and place more of an emphasis on the behavioural change components necessary to realize the full health benefits from such services.¹⁰⁵ The new strategies draw on an analysis of the underlying conditions affecting the achievement of the goals which include a) household and community water security; b) safer environmental sanitation; and c) better hygiene practices and care of children. The conceptual and programmatic shift may be characterized as a move from a primarily 'hardware' approach focussed particularly on well-digging and construction of latrines, to an increasingly integrated 'software' approach embracing more behavioural aspects as well.

Such a change has had significant implications for UNICEF programmes, highlighting, for example, the importance of hygiene education as the link to good health, and fostering greater integration in multi-sectoral approaches. A parallel global shift in strategic thinking has helped redefine desired relationships between governments and communities, with governments increasingly urged to focus on promotion, facilitation and coordination of services rather than merely on their provision; community involvement – and particularly the empowerment of women - drawn in as an essential element of sustainability; with the role of NGOs highlighted as a catalyst for change.¹⁰⁶ Four key areas of support identified for UNICEF in the 1995 policy include 1) provision of catalytic support to expanding access and strengthening service delivery, with a focus on improving the quantity, quality and reliability of water supply; 2) assistance in national policy development; 3) support in emergency situations; and 4) capacity-building for strengthened

¹⁰⁰ Over several decades of WES sector programmes, UNICEF's involvement has evolved from a primarily emergency response, to a focus on procurement (delivery of supplies) particularly for groundwater exploitation (drilling equipment and handpumps), to implementation of rural water supply projects, and an increasingly integrated approach linking water supply with sanitation and gradually with other child related sectors, including health (*Evaluation of UNICEF, Water and environmental sanitation sector report*, 1992; see also UNICEF historical monograph on water and sanitation)

¹⁰¹ *Children and environment: a UNICEF strategy for sustainable environment* (E/ICEF/1989/L.6)

¹⁰² *Evaluation of UNICEF, Water and environmental sanitation sector report*, 1992

¹⁰³ These included the 1990 Global Consultation on Safe Water and Sanitation for the 1990s (New Delhi); the 1992 International Conference on Water (Dublin); a 1992 multi-donor evaluation of UNICEF WES sector activities; UNCED (1992), and the 1994 Ministerial Conference on Drinking Water and Environmental Sanitation: Implementing UNCED Agenda 21 (Noordwijk, Netherlands).

¹⁰⁴ *UNICEF strategies in water and environmental sanitation* (E/ICEF/1995/17), and *decision 1995/22*.

¹⁰⁵ *UNICEF strategies in water and environmental sanitation* (E/ICEF/1995/17).

¹⁰⁶ *UNICEF strategies in water and environmental sanitation* (E/ICEF/1995/17).

monitoring and evaluation at all levels.¹⁰⁷ Particular approaches are also being developed to address the increasingly critical water and environmental challenges in urban areas. The need to immediately accelerate efforts to improve urban environmental sanitation in particular was highlighted in UNICEF's 1998-2000 programme priorities, and a number of initiatives are underway in countries around the world.

Lessons learned in water and environmental sanitation

Achieving universal coverage

- ◆ Need for more specific government focus on the goal of universal access to water and sanitation, along with strengthened monitoring of progress.
- ◆ Need for greater government focus on promotion, facilitation and coordination of services rather than merely on their provision.
- ◆ Appropriate technologies continue to have a vital role to play.
- ◆ Greater equity in access to services will accelerate progress towards universal coverage.
- ◆ NGOs can play a catalytic role as champions of the poor and agents of change

Promoting sustainability

- ◆ Community involvement is an essential element for sustainability.
- ◆ Active involvement and empowerment of women promotes sustainability of services.
- ◆ Financing and cost recovery mechanisms need to be adapted to the local conditions
- ◆ WES efforts must be linked to social services and other development activities.
- ◆ Sector programmes must address issues of environmental degradation and pollution
- ◆ Sector monitoring and evaluation deserve emphasis.

Maximizing social and health benefits

- ◆ Greater emphasis is needed on sanitation, hygiene education and social mobilization.
- ◆ Effective water supply and sanitation programmes require recognition of the complex interplay of technical, economic, political, environmental and social dimensions.
- ◆ Collaboration with other sectors, like education, health and nutrition, is required to ensure improved water, sanitation and hygiene conditions at home, in schools, and in the community.

Effective resource mobilization and use

- ◆ Determined actions, such as adoption of appropriate technologies, can reduce costs and improve cost-effectiveness.
- ◆ Prudent cost-sharing and cost-recovery, with due consideration to the ability of the poor to pay, is an instrument for resource mobilization, sustainability, and improved access by the poor.
- ◆ Private entrepreneurship should be promoted where potential and opportunity exist.

(drawing from *UNICEF strategies in water and environmental sanitation*, 1995)

Safe water

UNICEF's focus of activities in the drinking water sector has traditionally - since the 1960s - been the provision of safe and reliable sources of water to underserved segments of the population. The need for water was often urgent, and many UNICEF water sector interventions at the country level emerged from drought relief programmes. The initial problem faced by many domestic water supply programmes was initially one of overcoming limitations in the availability of water, and the solution was predominantly technical in nature. Promoting the application of low-cost water technologies has been one of the strengths of UNICEF programmes. The decentralized nature of UNICEF operations also allowed it to support innovative demonstration projects and technology development, including hand pumps installed on boreholes and hand dug wells, rainwater harvesting, gravity flow systems, ventilated improved pit latrines, pour-flush latrines and other innovations. Carefully targeted technology development, supported by UNICEF and others, has benefited hundreds of millions of people around the world. Choice and adoption of appropriate technology are vital for programmes to go to scale in a cost-effective manner. Technology transfer is best accomplished through collaboration between the government and the private sector.

In its evolving role, UNICEF continues to be directly involved in water system development as an entry point to integrated programme approaches, for example in early childhood care and development; in pilot projects for testing new programming models; and to directly benefit poor communities in the poorest countries.¹⁰⁸ But, increasingly, UNICEF's strategies go beyond water supply per se to catalyze, advocate, and build capacity for community

¹⁰⁷ *UNICEF strategies in water and environmental sanitation* (E/ICEF/1995/17). See also UNICEF intranet *PD prog/policy briefs on safe water supply*, 1998).

¹⁰⁸ *UNICEF Report of the Executive Director 2000* (E/ICEF/2000/4) Part II

management of the water environment within the context of Agenda 21.¹⁰⁹ Gender dimensions are mainstreamed into programme interventions and the role of women highlighted – not only as beneficiaries of improved services, but as participants in management of the services. Community participation is central, as water- and sanitation health threats and the degree to which they are life-threatening depend largely on how well communities can manage them and whether individual families use them. Community management encompasses water conservation and quality protection; solid and liquid waste management; and comprehensive land management.

Such an integrated, community-based approach is evident in different forms in a number of UNICEF-supported projects and programmes, such as the UNICEF/WWF freshwater programme in India (1998).¹¹⁰ UNICEF has successfully supported community committees to run and maintain water wells, including facilitating the establishment and running of the committees to decide on extraction rates. On the international policy level, UNICEF has also been active in discussions on strategic approaches to freshwater management, working within the sub-committee on water resources of the UN administrative committee on coordination.¹¹¹ With consumption habits increasing and the water table declining in many parts of the world as a result of over-extraction for agriculture and manufacturing, balancing the competing uses of freshwater sources will be a key issue in the future. Moreover, as a result of increasing incidents of contaminants such as fluoride and arsenic and rising levels of pollution of both surface and groundwater sources from both pesticides and industry, water quality has become an increasingly important part of UNICEF-supported water programmes, particularly in South Asia.¹¹² In India, where 60 million people are estimated to be at risk from exposure to excessive fluoride, occurring naturally in groundwater, UNICEF has been supporting household and community water defluoridation projects since the mid 90s. The arsenic problem in Bangladesh's groundwater prompted UNICEF to not only offer emergent mitigation help, but to pay more attention to water quality and household water security issues in its country programmes. Arsenic contamination is emerging as a problem in many countries, particularly in SE and S. Asia.

Environmental sanitation

In follow-up to the WSC sanitation goal, UNICEF has helped raise the profile of environmental sanitation on the international political agenda, stressing the need to shift from the narrow, technological approach to latrine construction, towards a broader environmental sanitation and hygiene promotion strategy pursued within an intersectoral programmatic approach. UNICEF, for example, proposed the Global Environmental Sanitation Initiative, which was unanimously endorsed at the November 1997 Water Supply and Sanitation Collaborative Council Global Forum held in Manila. UNICEF supports a wide-range of sanitation programmes in countries all over the world and has successfully used both traditional and non-traditional media to mobilize communities through awareness campaigns to induce behavioural changes, local management and risk reduction.¹¹³ Examples over the decade include school-based hygiene projects (e.g. Nigeria); sanitation promotion projects (e.g. the 'Hare and the Tortoise' programme in Tanzania; the 'Saniya' project in Burkina Faso, and the 'Clean Friday' project in Indonesia) as well as the Public-Private Partnership for Handwashing project in Central America.¹¹⁴ Also of note is the Health and Hygiene and Caring Practices component of CASD (Cambodia) which recognizes the importance of villagers as participants in assessing their children's situation and has devised actions to improve hygiene practices and other preventive measures such as latrine construction. It also stresses the role of women, cost-effectiveness, sustainability and affordable access.¹¹⁵

UNICEF's current school sanitation and hygiene education initiative is a good example of how the promotion of behavioural change, coupled with efforts to increase the availability of water and sanitation facilities, can improve access and use in both schools and communities as well as foster children's participation in the care of their direct environment. School sanitation has been a growing focus for UNICEF and is now an integral part of the UNICEF country programme in over 30 countries, with schools in a number of other countries involved as well.¹¹⁶ It is considered to be a critical element in improving educational quality – rendering schools 'child-friendly' and welcoming to children – particularly girls – and helping to keep children healthy so as to maximize their learning potential. In

¹⁰⁹ *Vision 21: Shared vision to shared action*. Fifth global forum of the Water Supply and Sanitation Collaborative Council, Foz do Iguaçu, Brazil, 24-29 November 2000

¹¹⁰ See also *Learning from experience: evaluation of UNICEF's water and environmental sanitation programme in India, 1966-1998* (UNICEF Evaluation Office, Division of Evaluation, Policy and Planning, NY, 2000).

¹¹¹ Jansen 1998.

¹¹² UNICEF internet programme WES.

¹¹³ Jansen 1998.

¹¹⁴ Public-private partnerships: mobilizing resources to achieve public health goals: the Central American handwashing initiative points the way (USAID Basics, Environmental Health Project, UNICEF, the World Bank. January 2002.

¹¹⁵ Jansen 1998.

¹¹⁶ UNICEF internet programme WES

partnership with WHO, UNESCO and the World Bank, UNICEF advocates for the FRESH (Focusing resources on effective school health) initiative which helps build the essential components of healthy, effective schools, including: health-related school policies, provision of safe water and sanitation, life-skills-based health education, and school-based health and nutrition services¹¹⁷ (see also education chapter). The growing emphasis on life skills-based hygiene within such an approach reflects UNICEF's programmatic shift from a service delivery and construction orientation to more child-centered programming built up upon the empowerment and participation of children and young people.

Water and sanitation in emergencies

Safe water curing emergencies is a priority for survival. In line with its core corporate commitments in emergencies, UNICEF helps provide water and sanitation facilities for children in refugee and IDP camps, in schools and classrooms set up in emergency situations, and in other general access areas. Recent examples include Somalia, where the Bossaso urban water project brought together a mix of private and public interests and successfully gained the support of local authorities, beneficiaries and donors, setting an example for similar water management schemes in other regions.. Rural water projects in the central and southern zones also contributed to reactivation of smaller but equally vital water sources for both rural populations and displaced communities. In post-conflict Eritrea, in order to enhance sustainability of the new and rehabilitated water supply systems, local management systems were developed, training and tools were provided for maintenance, communities were assisted in construction of household and public latrines, and a separate project provided training for displaced communities on hygiene issues. A joint needs assessment on environmental health legislation, conducted jointly by UNICEF and WHO, indicated the need for legislation on water and sanitation systems.¹¹⁸

Working with partners

Recognizing that collaboration and cooperation are essential for success in this sector as in others, UNICEF has, over the years, formed broad-based partnerships on water, sanitation and environmental issues and activities. UNICEF has worked closely with the Water Supply and Sanitation Collaborative Council and the Global Water Partnership to promote water and sanitation on national and international development agendas. Several organizational agreements for cooperation were concluded during the 90s with the United Nations Environment Programme, WHO, the UN Centre on Human Settlement (Habitat), the World Wide Fund for Nature and the World Bank. Successful collaboration has been carried out in many countries with the World Bank and with UNDP's water and sanitation programme. Long-term partnerships also continue with the Environmental Health Project (USAID), WELL (Dfid), and the International Water and Sanitation Centre (Netherlands).

Knowledge and information exchange

In collaboration with key partner institutions, UNICEF has published a series of technical guidelines to support better programming along its strategic lines for water, environment and sanitation, and to support national and local initiatives to fulfill children's rights to a safe environment. These include manuals on sanitation (1997), school sanitation and hygiene (1998); water (1999), hygiene promotion (1999), and communication for water supply and environmental sanitation (1999).¹¹⁹ It also produced a number of information and advocacy booklets and brochures as tools for generating heightened awareness and new policy and programme actions at country, regional and international levels on such issues as childhood lead poisoning, groundwater resources, and sanitation for all.¹²⁰ In 2002, a joint UNEP, UNICEF, WHO study was launched at the UN Special Session on Children highlighting the effects of environmental degradation on children's health and making recommendations for action.¹²¹ Information exchange has also been promoted through a newsletter on water, sanitation, hygiene and the environment published by UNICEF's water, environment and sanitation section,¹²² and through a School sanitation and Hygiene Education website, developed jointly with the International Water and Sanitation Centre (IRC).

Monitoring progress

UNICEF and WHO have been at the forefront of initiatives and programmes dealing with water supply and sanitation sector monitoring, with the impetus for inter-agency collaboration and strengthened monitoring stimulated in particular

¹¹⁷ *Focusing resources on effective school health: a FRESH start to enhancing the quality and equity of education.* UNESCO, UNICEF, WHO, World Bank, n.d.

¹¹⁸ *Children affected by armed conflict: UNICEF actions.* UNICEF NY, May 2002/

¹¹⁹ see UNICEF Programme Division Guidelines Series: "Towards Better Programming"

¹²⁰ *Childhood lead poisoning: information for advocacy and action* (UNICEF and UNEP, 1997; *Groundwater: the invisible and endangered resource* (1998); and *Sanitation for all: promoting dignity and human rights* (2000)

¹²¹ *Children in the new millennium: environmental impact on health* . UNEP, UNICEF, WHO, 2002.

¹²² *WATERfront: A UNICEF publication on water, environment, sanitation and hygiene* (Issues 1 –14, from 1992- 2000)

by the International Drinking Water Supply and Sanitation Decade (1981-1990). Lessons learned from monitoring experiences in the 1980s were applied to the WSC goals of the 1990s, with particular concern to develop country-level monitoring systems as integrated components of water supply and sanitation sector management. A UNICEF/WHO Joint Monitoring Programme (JMP) was established and a software package developed as a Water Supply and Sanitation Monitoring System (WASAMS) for application at national level. Over the course of the decade, the JMP served as the backbone for gathering information at global level for reporting on progress in expanding access to water supply and sanitation, with periodic reports culminating in a global assessment of the sector in 2000 by UNICEF, WHO, and the Water Supply and Sanitation Collaborative Council (WSSCC), based on improved data collection and analysis (*see box*).¹²³

Improved monitoring of water and sanitation

The UNICEF/WHO/WSSCC *Global Assessment of the Water Supply and Sanitation Sector 2000* was the output of an improved methodology for the collection and analysis of water supply and sanitation coverage data, using, for the first time, data from nationally representative household survey to provide consumer-based information. This marked a significant shift away from past assessments based on purely provider-based data which were supplied largely from utility services and government sources. The improved methodology allows for more information on facilities provided by households, such as self-built sanitation facilities. It also allows for better data on service functioning, as consumer-based data refer to the use of services rather than solely to their construction. It is recognized, however, that further efforts are needed on the development of indicators of the quality of such services, with information lacking on the “safety” of the water sources people use as well as the “adequacy” of their sanitation facilities. To accommodate such limitations in the data gathered for the *Global 2000 Assessment*, the terms “safe” and “adequate” were replaced with “improved”, and the type of technology was used as an indicator of coverage, with judgements made about the types of facilities that could qualify as “improved”.

Source: *Global Assessment of the Water Supply and Sanitation Sector 2000*
(WHO/UNICEF/WSSCC)

The results of the assessment showed that nearly 1 billion people gained access to improved drinking water sources, over the course of the decade with global coverage rates rising from 77% to 82%. Global sanitation coverage rose from 51% to 61% over the same period, extending access to improved sanitation facilities to an estimated 1 billion people. Despite such progress, however, some 1.1 billion people still lacked access to improved drinking water supply at decade-end, with particularly low coverage in poor rural areas of

Africa and in peri-urban settlements, and water quality a rising concern in Asia. At the same time, 2.4 billion people remained without access to appropriate sanitation, with the bulk of them living in East Asia and the Pacific (42%) and South Asia (37%).¹²⁴ Overall progress towards the goals has thus been mixed: countries and regions affected by conflicts, large debt burdens, lack of investment resources and weak institutional capacity have faced the greatest difficulties in reaching water and sanitation goals.¹²⁵

The end-decade assessment emphasized the following issues for the future, with many points of key relevance for UNICEF. More effective monitoring of water quality is needed to ensure that health hazards are avoided. Wider synergies must be achieved between sector-wide approaches for water supply and sanitation and related goals and strategies in health, nutrition and education, with a particular focus on school-based initiatives. And community management and hygiene are critical to ensure that water and sanitation services result in sustained improvements in children’s lives. Clean water may be available in the household, but if hand-washing and other practices are not routine the health benefits do not materialize. Longer-term benefits also depend on effective use and maintenance of water and sanitation infrastructures. Household water security, safe environmental sanitation and adequate hygiene practices need to be fully recognized as priorities for the next decade, together with their direct implications for child survival and development.¹²⁶ New approaches are also needed to promote the participation of children and young people in water and sanitation programmes, building on children’s genuine interest and commitment to creating a better and healthier world.

¹²³ The findings of the UNICEF/WHO global assessment formed the basis for the end decade report of the UN Secretary General on *Progress in providing safe water supply and sanitation for all during the 1990s* (E/CN.17/2000/13, 14 March 2000) and were also used to prepare the more comprehensive report of UNICEF/WHO/WSSCC *Global Assessment 2000*. (UNICEF internet programme WES). These in turn fed into the Secretary-General’s report, *We the Children: End-decade review of the follow-up to the World Summit for Children* (A/S-27/3), 4 May 2001

¹²⁴ UNICEF *Statistical review 2001*, based on WHO/UNICEF Joint Monitoring Programme, 2001.

¹²⁵ *We the children* (A/S-27/3), 4 May 2001

¹²⁶ *We the children* (A/S-27/3) 2001

Eradication of guinea worm disease

Over the decade, the world has witnessed a remarkable 97% decline in the number of reported cases of the highly debilitating guinea worm disease (dracunculiasis). As a result of a broad and effective coalition of partners, the disease has now been eliminated in all regions of the world except for parts of sub-saharan Africa. Sudan alone accounts for about 2/3 of the remaining reported cases.¹²⁷ UNICEF has worked in partnership with local communities and a broad coalition of UN and bilateral assistance agencies, the World Bank, Global 2000 of the Carter Center, the private sector – particularly the Gates Foundation, national ministries and political leaders in the global guinea worm eradication effort.

In 2000, in the 13 endemic countries with endemic villages, UNICEF supported water point construction and rehabilitation, surveillance, case containment, and training and/or vector control activities, with continuation of support to surveillance activities in countries no longer endemic.¹²⁸ Guinea worm eradication efforts have contributed to the wider services available to communities, with successful methods that can be used by community-based health programmes to reach marginalized populations. Village-level monitoring systems in particular, offer useful lessons in application to other interventions.¹²⁹ Of particular note has been the successful guinea worm eradication programme in India which combined intensive WES inputs with community outreach for hygiene education and awareness creation, with the result that today India is a guinea worm free country.¹³⁰

Children, the environment and sustainable development

The broad policy framework for UNICEF's action and advocacy in support of environment and sustainable development was established in 1989.¹³¹ This stressed the linkages between environmental considerations and UNICEF's 'traditional' areas of cooperation in health and nutrition, water supply and sanitation, education and social services, as well as in the policy-oriented advocacy for adjustment with a human face, debt relief for child survival and support for the Convention on the Rights of the Child, which were all seen as contributing to processes of sustainable development. It notes that more specific environmental measures have also been a feature of a number of UNICEF programmes. In many drinking water and environmental sanitation programmes, direct efforts focused not only on the provision of adequate and clean drinking water, but on the protection of the water source through fencing out livestock and promoting afforestation to ensure the maximum infiltration of rainfall to maintain ground-water reserves. When associated with safe excreta and garbage disposal and hygiene education, such programmes were seen to have had a major direct beneficial impact on the physical environment and on the constraints of poverty surrounding the lives of children. A number of UNICEF programmes in support of women have also addressed such issues as household energy availability and alternative energy sources; non-formal education; household food security; and the empowerment of women for development - including support for women as 'environmental managers' which directly touch on environmental concerns.¹³²

UNICEF was active in integrating children's concerns into 'Agenda 21' of the 1992 UN Conference on Environment and Development. Chapter 25 of *Agenda 21* is, in fact, devoted to children and youth, and many other chapters relate to UNICEF's ongoing work at the community and household levels – on human health, freshwater resources, women, indigenous communities, education, and partnerships with NGOs and local authorities. *Agenda 21* specifically supports and acknowledges the consistency between its goals, the goals of World Summit for Children and the Convention on the Rights of the Child, which together provide the critical components to ensure that the development needs and rights of today's children will be met without compromising those of future generations.¹³³

In its response to *Agenda 21*, UNICEF developed a primary environmental care (PEC) approach as a means of integrating sustainable development into existing country programmes of cooperation. This was a community-based approach to empower local communities – particularly women and children - while ensuring protection and optimal utilization of natural resources within the community. It targeted in particular the most vulnerable populations and supported actions to prevent resource degradation and pollution. The PEC approach also called for efforts to build

¹²⁷ *We the children* (A/S-27/3) 2001.

¹²⁸ UNICEF *Report of the Executive Director 2000* (E/ICEF/2000/4) Part II.

¹²⁹ *We the children* (A/S-27/3) 2001.

¹³⁰ Communication from T.V. Luong, UNICEG. See also report on guinea worm eradication experiences and achievements in India.

¹³¹ *Children and environment: a UNICEF strategy for sustainable development* (E/ICEF/1989/L.6), 13 February, approved by the Executive Board in *decision 1989/18*.

¹³² UNICEF (E/ICEF/1989/L.6), op cit; UNICEF intranet programme and policy brief on children and the environment; & *Children, environment and sustainable development: UNICEF response to Agenda 21* (E/ICEF/1993/L.2).

¹³³ *A child's right to sustainable development*. UNICEF NY, 1997 (Occasional paper prepared by UNICEF for the Rio+5 Forum held in Rio de Janeiro, 13-19 March 1997.)

environmental awareness among children and women (including through education and *Facts for Life*) as a means of enhancing life skills and promoting participation in environmental decision-making and management. It was based on the premise that “*Innovative environmental interventions at the community level are necessary to enable people, especially the poor, to manage their resources responsibly and creatively so that they can meet the key World Summit goals related to PHC, nutrition, household food security and access to low-cost water supply, environmental sanitation and basic education.*”¹³⁴

A 1993 review of a number of UNICEF-supported projects successfully incorporating elements of the PEC approach (often without explicit labeling as such) revealed a number of common qualities considered to be strengths. These included a focus on the community, on enhanced livelihood opportunities for the poor; on local participation and knowledge; and on effective partnerships to support grassroots efforts. Building on such experiences, later applications of the approach were extended through regional initiatives such as the West African initiative for primary environmental care for children and women in the Sahel.¹³⁵ While PEC as an integrated approach to sectoral and strategic priorities has not taken significant root in UNICEF’s programmes as a whole, the principles it espouses are continuing to be applied in many community-based initiatives.¹³⁶ UNICEF has also worked with partners in advocating and raising awareness of the value of children’s participation in environmental issues, including through environmental education.¹³⁷

Partnerships for child friendly cities

The shift from rural to urban living in all parts of the world is causing vast numbers of people to subsist in crowded settlements without adequate sanitation, safe drinking water or environmentally safe living conditions. By 2025, two thirds of children in developing countries will live in cities and most will be poor. The improvement of environmental sanitation and access to water is a crucial element in the reduction of under-five mortality and morbidity rates in urban poor areas. Over the decade, municipal authorities have proven to be highly effective allies in implementing key components of the World Summit Declaration and Plan of Action, with much of the action mobilized through the *global ‘Mayors, Defenders of Children’* initiative launched in January 1992 at the first International Colloquium of Mayors, in Dakar Senegal. In signing the Dakar Declaration and Plan of Action, mayors were encouraged to develop municipal plans of action to translate national goals for children into realistic and doable actions at the city/municipal level. At the Istanbul World Conference on Human Settlements (Habitat II) in 1996, UNICEF launched the *Child Friendly Cities Initiative* as a movement which places the rights of children at the very centre of municipal planning and provides programming approaches to reach unreached children in urban areas. Since then, a growing number of cities have committed themselves to children; with mayors designated as ‘defenders of children’; city plans framed within the Convention on the Rights of the Child; and strengthened provision of basic services to fulfill the rights of women and children. In 2000, an international secretariat for Child Friendly Cities was established at the UNICEF Innocenti Research Centre in Florence, Italy to support creation of a world-wide network of cities committed to fulfil a rights-based agenda for children. A multitude of partners at local, national and international levels participate in this initiative – key partners for UNICEF include UNCHS/Habitat and other UN agencies; civil society organizations, the World Assembly of Cities and Local Authorities, and the International Union of Local Authorities.

Sources: *WATERfront*, Issue 14, April 2000; *Global Mayors’ Initiative*; *Launch of the child-friendly cities secretariat*; and *UNICEF Working Paper on Partnerships with Local Governments and Communities*

The urban environment poses many threats to the well-being and development of poor children. Children face serious health hazards caused by lack of clean water and sanitary systems, uncollected solid waste, air pollution and the rapid spread of infectious diseases, linked with overcrowding in the areas where poor families are forced to live. These neighbourhoods are often situated on disaster-prone land where families lack adequate and secure housing. UNICEF has had significant experience in urban programming, building on lessons learned through its earlier urban basic services programmes (UBS), and applying them to the current child-friendly cities initiative (*see box*). In Gujarat, India, a slum networking council Baroda links 15 slum communities with municipal staff and NGOs and has been especially successful with water, sanitation and waste removal programmes. In Tegulcigapa, Honduras, a water and sanitation programme builds on partnerships

between community members organized into water committees, the parastatal water supply company, and local NGOs who provide health and hygiene, education and monitoring services to the communities.¹³⁸

¹³⁴ *Children, environment and sustainable development: UNICEF response to Agenda 21* (E/ICEF/1993/L.2), 9 March 1993.

¹³⁵ UNICEF intranet PD on children and the environment; *A Child’s right to sustainable development* 1997; and *Children, environment and sustainable development: UNICEF response to Agenda 21* (E/ICEF/1993/L.2), 9 March 1993

¹³⁶ Jansen 1998

¹³⁷ The value of environmental education and successful examples of children’s participation in sustainable development initiatives are documented in the joint Earthscan/UNICEF –supported publication on *Children’s Participation* (Richard Hart 1996), with further references in Satterthwaite et al, 1996 where children are described as “*a bridge to sustainable development*”

¹³⁸ from UNICEF working paper on *Partnerships with local governments and communities* (November 2001)

Looking ahead

Despite notable global progress on some environmental issues, including institution-building, the development of environmentally sound technologies, a number of multilateral environmental agreements, and expanded international and local partnerships, cooperation and expanded partnerships, environmental degradation continued over the decade, accentuating health threats to the most vulnerable. Recognizing children's special vulnerability to environmental health hazards, UNICEF has increased its advocacy on children's environmental health issues, notably the adverse effects of unsafe water and sanitation, lead poisoning, and pesticides. It has also been collaborating with WHO and other agencies to strengthen monitoring of children's environmental health. Partnerships in this area continue to grow in the run-up to the World Summit on Sustainable Development, scheduled for 26 August 2002 in Johannesburg, South Africa. Integration of environmental considerations into UNICEF programmes is being further strengthened through the application of a simple but systematic environmental impact assessment (EIA) which has become mandatory to the country programming process since 2000.¹³⁹

EDUCATION

Introduction

The World Conference on Education for All (EFA) held in Jomtien, Thailand, in March 1990, set out to do for education what the 1978 Alma Ata Conference had achieved for health. Jomtien marked a significant shift in the world's collective approach to education, broadening the concept of quality basic education and expanding the understanding of how that education might be achieved. The conference, attended by some 1,500 participants from 155 nations and dozens of NGOs and development agencies, helped move education back closer to the centre of the international development agenda, affirming national and international commitments to provide basic education for all. The Jomtien declaration and framework for action suggested that countries establish targets for the decade based on the expanded view of universal basic education, including a focus on the following: 1) expansion of early childhood care and development activities; 2) universal access to, and completion of primary, or basic education; 3) improvement in learning achievement; 4) reduction of adult illiteracy, particularly among women; 5) expansion of basic education and training in other essential skills required by youth and adults; and 6) increased acquisition of the knowledge, skills and values required for better living and sustainable development.¹⁴⁰

Much of the impetus for the conference had come from UNICEF which had even earlier sought to mobilize UNESCO behind such an event, based on the realization that child survival gains could only be sustained by an informed population.¹⁴¹ In 1989, a joint UNESCO/UNICEF Committee on Education was established to promote collaboration, and UNDP and the World Bank joined them in co-sponsoring the event,¹⁴² which came at a time when the importance of sound educational policy and practice was increasingly being recognized as a requisite for sustainable human development.

In 1990, the "Bangkok Affirmation" issued by Child Survival Task Force at its March meeting in Thailand, recommended expansion of its initial set of health goals to include EFA goals for education, literacy and early child development.¹⁴³ This was also endorsed by the UNICEF Executive Board, with the recommendation that the EFA initiative be related to the UN Convention on the Rights of the Child and to the international development strategy for the Fourth United Nations Development Decade. The Board further endorsed the strategy of using the goal of universal access to and achievement of primary education (UPE) by the year 2000 as the cutting edge of Education for All, in much the same manner as UCI had been at the cutting edge of the child survival revolution of the 1980s (*decision 1990/23*).

Education goals were subsequently endorsed at the World Summit for Children, whose declaration recognized that "*The provision of basic education and literacy for all are among the most important contributions that can be made to the development of the world's children.*"¹⁴⁴ Specific WSC educational goals for 2000 included the two major goals of:

¹³⁹ UNICEF Programme policy and procedures (PPP) manual (CF/PD/PRO/2000-01)

¹⁴⁰ World Conference EFA Framework for Action, 1990; Compendium of Social Issues from UN global conferences, 1997; UNICEF strategies in basic education (E/ICEF/1995/16); Progress, challenges and future strategies in basic education (E/ICEF/1999/14); Chapman 2001; SOWC 1999

¹⁴¹ Black, 1996

¹⁴² UNFPA later joined as the fifth co-sponsoring agency behind EFA

¹⁴³ Proceedings: Protecting the World's Children: A Call for Action. The fourth international child survival conference, Bangkok, Thailand, March 1-3, 1990. Child Survival Task Force).

¹⁴⁴ UNICEF 2000, First Call for Children

1) Universal access to basic education and completion of primary education by at least 80% of primary school age children (*later added in supporting goal, through formal schooling or non-formal education of comparable learning standard*); and 2) reduction of the adult illiteracy rate to at least half its 1990 level, with emphasis on female education. Supporting goals for education included 1) expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions; 2) reduction of gender disparities in basic education; and 3) increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, and other forms of modern and traditional communication and social action, with effectiveness measured in behavioural change.

The EFA and WSC goals for education find further support in the Convention on the Rights of the Child which establishes, in article 28, the right to education for all children, stipulating that states have the obligation to provide free and compulsory primary education and to encourage regular attendance and reduction of drop-outs. It also calls for states to develop different forms of secondary education, including general and vocational education, and higher education, and to promote international cooperation for the progressive realization of these rights. Article 29 stipulates that education should develop the child's full personality, talents, and mental and physical abilities; should foster peace, tolerance, equality and respect for human rights as well as respect for the natural environment; and should generally prepare the child for responsible life in a free society. Article 17 sets out the child's right to appropriate information and material through mass media and access to children's books and other appropriate materials.

A growing focus on education within UNICEF

UNICEF's support for the Jomtien Conference and its follow-up; its incorporation of education into the goals of the WSC; and its prominent and highly visible presence as advocate for education at the beginning of the new decade represented an important milestone for the organization, opening up a renewed emphasis on education and refining its focus.¹⁴⁵ It has been recognized that in the past, the organization's limited resources, in terms of both staff and finances, had been somewhat dispersed over a number of fragmented activities, without a major impact in any one area.¹⁴⁶ Moreover, UNICEF's active involvement in many different aspects of education in the 60s and 70s had leveled off somewhat over the 1980s, when the organizations' focus on child survival issues favored initiatives in health and nutrition: Much of the effort within education at that time went towards the introduction of health, nutrition, and other CSD messages into the curriculum or their dissemination through informal educational settings, the media and other communication channels. One of the most successful of these was *Facts for Life*, a publication containing key items of information on child survival themes which was launched in 1989. Disseminated through women's groups, schools, agricultural extension programmes and community organizations, its messages were also printed on T-shirts, shopping bags, and matchboxes, and transmitted in audio and video form. New chapters were added, and messages were adapted to different local situations, and the publication was in such high demand that by 1995 more than 10 million copies in over 200 languages were in circulation.¹⁴⁷ (*for further details, see box on Facts for Life in Health section*)

In follow-up to the EFA and WSC commitments and with the entry into force of the CRC in 1990 further codifying the right to education for all children into international law, UNICEF moved to strengthen and expand its support for education in the 1990s. The proportion of budget expenditures on education rose steadily from approximately 10% of total programme expenditures in 1990 to 16% by 2000.¹⁴⁸ Senior advisors were recruited; the number of education staff increased (from 70 professionals in 1989 to 140 by 1998); and UNICEF's country programmes in education grew rapidly.¹⁴⁹ By 1999, UNICEF supported education in over 140 countries, and continued to be one of the key agencies in financing programmes at the country level.¹⁵⁰ Within that period, UNICEF's thinking around education and its strategic thrusts have also developed enormously.

Through much of the decade, UNICEF focused most of its efforts on expanding access to and improving the quality of primary education, through both formal and non-formal channels, with a particular emphasis on the education of girls and the reduction of other disparities in educational enrolment and completion. The strategic focus on primary education, articulated in a policy review of 1995 was based both on the importance of this component (endorsed by the Board in 1990 as the cutting edge of EFA) as well as on experience indicating that this was the area where UNICEF's limited resources could have maximum impact. The linkage of education with the implementation and sustainability of

¹⁴⁵ Chapman, 2001

¹⁴⁶ *UNICEF strategies in basic education* (E/ICEF/1995/16).

¹⁴⁷ Black, 1996

¹⁴⁸ UNICEF annual *Reports of the Executive Director* (Part II) from 1990-2000

¹⁴⁹ Chapman, 2001.

¹⁵⁰ *Progress, challenges and future strategies in basic education* (E/ICEF/1999/14)

all other UNICEF activities for child survival and development was another important consideration. In this way, supporting components of UNICEF's education programmes included initiatives for early child-hood care and development, and adult basic education for out-of-school youths and women. The relative emphasis and mix of activities have varied from country to country, depending on national needs, situation analysis, and UNICEF comparative advantage, with the country programme process the means of adapting global goals to the situation of each country.¹⁵¹

Particularly large-scale or multi-country initiatives supported by UNICEF include acceleration of efforts to achieve universal primary education in the nine most populous nations in the developing world (Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Nigeria and Pakistan), following an Education Summit of these countries held in New Delhi in 1993. A complementary

Special African EFA initiative was launched in 1994 to address the serious decline in educational infrastructure and enrollments in Africa following years of debt, restructuring, civil conflict and instability, and natural disaster.¹⁵² Moreover, as the number of complex humanitarian emergencies around the world continued to rise, support for education as a means of ensuring a 'return to normalcy' in emergency situations has been a growing focus of UNICEF emergency and post-emergency assistance (*see box*).

Taking stock at mid-decade:

The mid-decade *Meeting of the International Consultative Forum on Education for All* held in Amman,

Jordan in 1996 provided the international community with an opportunity to assess progress towards the year 2000 EFA goals established at Jomtien. Similarly, the 1996 *Review of Achievements Towards the Goals of the World Summit for Children* fostered a stock-taking of the mid-decade goal for education which had identified targets for primary school enrolment/retention and reduction of the gender gap in primary education.¹⁵³ Both reviews revealed slower than expected gains in education. One finding of the EFA review was that a central priority of Jomtien – girls' education, and the integrated vision of basic education that the conference had promoted had been overshadowed by the drive for universal primary education by the year 2000. But even on this priority goal, as noted in the WSC review, "*Progress on primary education has barely kept pace with the increase in population*", while reduction of adult illiteracy figured among the areas where progress was weakest.¹⁵⁴

Among key future actions proposed in the mid-decade review of the WSC goals were 1) strengthened monitoring of school attendance, repetition and drop-outs to enable better tracking of progress; 2) more comprehensive efforts to address social factors contributing to persistent gender inequalities; 3) improving the quality of education through greater attention to the physical environment of learning, provision of learning materials, teacher training, community involvement, and the development and use of indicators to assess learning achievements, with particular programmes focussing on the poor; and 4) the integrated development of non-formal educational strategies to complement formal systems as a means of expanding access.¹⁵⁵ Arising from the mid-decade analyses of constraints and progress was a renewed international commitment to accelerate achievement of universal primary education; an emphasis on

Education in emergencies

UNICEF advocates and supports education as "the fourth pillar" of humanitarian assistance in emergencies and works for the rapid re-establishment of education services as a means of restoring a sense of normalcy to children traumatized by war. In response to crises in Somalia (1992) and Rwanda (1994), UNICEF and UNESCO jointly developed a package of school supplies called 'School-in-a-box', or 'edukits' which have subsequently been distributed in a number of countries affected by armed conflict, natural disasters and other emergencies, including Afghanistan, Angola, Iraq, Liberia, Yugoslavia and Zambia, recovering from economic crisis. In 1999, during the Kosovo crisis, the kits were used in refugee camps in Albania as a key to ensuring that returning refugees would be able to continue their education. After the return to Kosovo, UNICEF supported rehabilitation of the education system, including school repair and summer catch-up classes as well as recreational activities. UNICEF's approach emphasizes support to efforts of local communities to initiate education reform and rehabilitation processes and increasing recognition is given to the role of schooling as key to psychosocial rehabilitation for children. In 1995, for example, UNICEF teamed up with Care International to introduce a pilot trauma-healing programme in schools in Croatia, which led to a revision of the curriculum as well as helping both teachers and students confront and constructively work with issues of prejudice, trauma and stress. Education for Peace has been another key thrust over the decade, as a means of instilling values of tolerance and respect, imparting techniques for peaceful resolution of conflict, and counteracting children's exposure to prejudice, stereotypes and violence. With UNICEF support, education for peace has been included in the national curricula of a number of countries, including Lebanon, Rwanda, Sri Lanka, West Bank and Gaza and Guatemala. (*from Education web site; & UNICEF actions on behalf of children in armed conflict, 2000*)

¹⁵¹ UNICEF strategies in basic education (E/ICEF/1995/16).

¹⁵² Black, 1996.

¹⁵³ WSC mid-decade education goal: Strengthening basic education so as to achieve reduction by one third of the gap between the current primary school enrolment/retention rate and the goal for the year 2000 of universal access to basic education and achievement of primary education by at least 80% of school-age children, and reduction of the 1990 gender gap in primary education by one third.

¹⁵⁴ SG Report on Mid-Decade review 1996, p. 6 and 18; and Chapman 2001

¹⁵⁵ SG Report on Mid-Decade review 1996, p.59

strengthened partnerships, including with communities, and a growing consensus on the centrality of human rights-based approaches.

Accelerated progress towards the goals and a human rights approach to programming

In response to programme directives issued in 1998, UNICEF's education programming priorities for 1998-2000 focused on accelerating progress towards the goals of both WSC and EFA, with particular focus on four areas critical to EFA:¹⁵⁶

- ◆ **Early childhood care for survival, growth and development (ECCD):** The reconceptualization by UNICEF of this area emphasized comprehensive, family-focused and community-based programming and helped refocus attention on this critical age. By end-decade, UNICEF programmes in some 22 countries were attempting to accelerate progress towards the WSC goal of expanding ECCD activities. Strategies included piloting integrated child-care programmes; development of more comprehensive national policies for young children; home- and community-based child care and development programmes; parent education projects; and greater collaboration with NGOs in the provision of child care. A Consultative Group on Early Childhood Care and Development helped forge cooperative links among multi-lateral, bilateral, and non-governmental agencies and other entities working in ECCD and a number of innovative programmes were initiated, with increasingly multi-sectoral dimensions.
- ◆ **Primary Enrollment:** Over 20 country programmes committed themselves to intensifying efforts to meet the WSC enrollment goal through: more systematic sectoral planning and advocacy for increased resources for basic education; collection of more accurate and timely data for the year 2000 EFA assessment, at both community and national levels; promotion of decentralization by strengthening school management and enhancing the role of school-community organizations; support for teacher training and selected provision of materials, supplies; support for mother-tongue education, multi-grade teaching, school clusters and distance education, school hygiene and sanitation, and school and community-based mechanisms to get more children into school. Analysis of categories of exclusion was sharpened, and a variety of methods employed to reach the unreached.
- ◆ **Quality of education:** Over 35 country programmes were committed to raising the quality of basic education by the year 2000, with a major shift from top-down approaches to more innovative ways of ensuring that quality improvement is based firmly in individual schools and supported locally as well as by national education systems. Other challenges were to ensure that teachers have opportunities for professional development and a relevant curriculum had clearly stated outcomes and usable tools for measuring achievement. In several countries, UNICEF helped to develop school self-assessment checklists on quality, safety and child-friendliness, and to strengthen parent and community involvement in school management and oversight. UNICEF supported education reform in a number of countries, with a key focus on stimulation of active learning environments and participatory teaching/learning processes. UNICEF also participated in a joint project with UNESCO aimed at strengthening national capacity to Monitor Learning Achievements (MLA) and helped promote more active learning methods and life skills curricula.
- ◆ **Girls' education:** Because it is so critical to the achievement of EFA as well as to the broader array of social development goals, some 33 countries singled out girls' education as a 1998-2000 programme priority through support for social mobilization through local language radio broadcasts; sanitary latrines for girls; gender training for staff and gender analysis of textbooks; mobile training for hard-to-reach female teachers, day-care centers for the younger siblings of girls; the provision of single-sex schools and girls; hostels in boarding schools; and community-wide support systems covering female literacy programmes and

Educating Girls: Successful initiatives in the 1990s

Under the African Girls' Education Initiative (AGEI) with financial backing from the Canadian and Norwegian governments, success has arisen from variety of approaches such Zambia's Programme for the Advancement of Girls' Education (PAGE) which is going to scale after an initial pilot project and the Diphanala project in Botswana which extends school access to mothers-to-be who would otherwise have to drop out. In Asia, girls' schools operated by the Bangladesh Rural Advancement Committee (BRAC) have boosted girls' enrollment above boys, while in Cambodia, floating schools accommodating the seasonal movements of populations living in boat homes have increased primary school access for both girls and boys. In Egypt, through a community schools project focusing on quality, girls' enrolments in the project areas have risen from as low as 30% to as high as 70%.

(Sources: UNICEF E/ICEF/1999/14 and SG EDR report 2001)

¹⁵⁶ From *Progress, challenges and future strategies in basic education* (E/ICEF/1999/14).

income-generating activities. By the close of the decade, UNICEF's global girls' education programme was supporting efforts to reduce the gender gap in over 50 countries including in the three regions where the gap was widest – Sub-Saharan Africa, South Asia, and the Middle East and North Africa.¹⁵⁷

As UNICEF implemented its programme priorities, the lessons learned at mid-decade, combined with a review of the 1995 education strategy and the move towards human-rights based programming within the organization helped elaborate on a number of issues, based on the following basic principles:¹⁵⁸

Lessons learned and programming principles in education

- Programming within a rights perspective must lead to a greater effort to ensure that all children are able to exercise their right to a quality basic education. This requires more explicit attempts to find children not in school (including through disaggregated data collection and analysis systems) and get them enrolled.;
- Among the unreached, girls must continue to be the highest priority. More evidence is proving the value of education for girls, and more experience is showing that focused interventions can make a difference in educational access and quality for girls – and, therefore, for boys as well
- Education can play an important role in helping children in need of special protection, particularly working children and children affected by HIV/AIDS.
- Education can also play a major role in situations of instability and conflict, both restoring the essential conditions for learning and providing children with at least one stable, safe and supportive environment (*see box*).
- How 'ready' and welcoming schools are to children and how well they reach out to families and communities are important issues to consider in expanding basic education, with emphasis focusing on the creation of the 'child-friendly' school, characterized by an environment that is inclusive, safe, gender-sensitive and participatory, with a curriculum that teaches skills and values that equip students for lives as responsible citizens.¹⁵⁹
- Learning must involve more than literacy and numeracy to embrace essential skills, values and attitudes critical to a child's future and imparted in an active learning environment.
- Africa has been and must remain a regional priority for education. The Low Enrollment Countries programme, a partnership with the World Bank and UNESCO, through the Special Initiative on Africa and the African Girls' Education Initiative, were seen to have particular importance for UNICEF work in Africa.

UNICEF 1995 education strategy

Taking into account the evolving global context and the ever-larger network of actors in the field, UNICEF has worked to reorient and refocus its work in education and develop a vision for education in the 21st century, based both on the principles of the Convention on the Rights of the Child and the EFA declaration's expanded definition of basic education, with the vision powerfully promoted in *The State of the World's Children 1999*, which was devoted to the issue of education, and further developed as the world community met at the end of the decade to assess progress and set new goals.

Partnerships for Education

The drive for EFA has helped foster an unprecedented level of collaboration between the major multilateral and bilateral development agencies, international NGOs, states, local authorities, civil society, foundations and the private sector - all of whom are increasingly working together at global and regional levels in order to provide the knowledge, experience and expertise needed to help achieve national EFA goals. Sector-wide approaches are also being tried as countries and agencies apply to education the lessons learned in health.¹⁶⁰ UNICEF has been and will continue to be an active member in such partnerships, including the ones below, highlighted in the SG's EDR report.

EFA Partnerships

- ◆ The **United Nations girls' education initiative** is a 10-year sustained campaign to improve the quality and availability of girls' education, launched by the Secretary-General in Dakar. Linked directly to existing mechanisms (the UN's CCA/UNDAF process, the comprehensive development framework, poverty reduction strategy papers, sector investment programmes, sector-wide approaches, EFA plans) and starting with the United Nations system, it promotes strategic action in a collaborative and concerted effort, with a focus on the country level. Its objectives are to strengthen political and resource commitments, end the gender gap and ensure gender equality in all aspects of education, with a special focus on countries in crisis. Coordinated by UNICEF, with 15 United Nations entities, it has been expanded to include bilateral agencies and NGOs, and is operational in a

¹⁵⁷ UNICEF's focal point role as lead agency for girls' education were made explicit at the 2000 World Education Forum in Dakar, Senegal, when the Secretary-General of the UN launched the United Nations Girls' Education Initiative.

¹⁵⁸ *Progress, challenges and future strategies in basic education* (E/ICEF/1999/14).

¹⁵⁹ UNICEF 1999 *The State of the World's Children*, cited in Chapman 2001

¹⁶⁰ *Progress, challenges and future strategies in basic education* (E/ICEF/1999/14).

number of countries. At the Millennium Summit in 2000, a widely attended first spouse's forum headed by Nane Annan, (with high-level UNICEF participation) helped stimulate broader interest in the initiative.

- ◆ The **Focusing resources on effective school health initiative** (FRESH) promotes the essential components of healthy, effective schools: health-related school policies, provision of safe water and sanitation, skills-based health education, and school-based health and nutrition services. FRESH is supported by UNESCO, UNICEF, the World Bank, WHO and an increasing number of other actors through partnerships between teachers and health workers, the education and health sectors; effective community partnerships; and pupil awareness and participation. FRESH provides technical assistance and training in the incorporation of school health programmes into EFA national plans of action. It is currently being implemented by a variety of partners in several African countries.
- ◆ The **Network on Education in Emergencies**, facilitated by UNESCO, UNICEF and UNHCR, with support from the World Food Programme (WFP), the World Bank, UNDP, bilateral agencies and NGOs, is working to ensure greater complementarity among agencies concerned with restarting and reforming education in conditions of crisis. NEE has task teams for networking and information-sharing; learning resources and supplies; monitoring and indicators; and post-primary education. It is linked to gender-related emergency issues through the United Nations girls' education initiative and reports to both EFA and humanitarian assistance structures.
- ◆ The **Inter-Agency Working Group on AIDS, Schools and Education** is developing a global strategy highlighting AIDS issues related to schools and education. The Group promotes knowledge of country experience, innovation, intersectoral collaboration and participation, and responds to the impact of AIDS on education and to the use of education for AIDS prevention within a wider continuum of care and support. With the International Institute for Educational Planning, it has a special focus on strengthening the role of schools and education systems to mitigate the impact of AIDS and to maximize the use of education for preventive purposes. It does this by attempting to "break the silence"; assessing the impact of AIDS on educational demand, supply and quality; and ensuring that AIDS issues are addressed in all programming exercises and sector-wide approaches.
- ◆ The **Consultative Group on Early Childhood Care and Development** represents a consortium of international organizations that support programming for young children aged 0-8 and their families. It includes the Aga Khan Foundation, the Bernard van Leer Foundation, Carnegie Foundation, Christian Children's Fund, Inter-American Development Bank, Save the Children (USA), UNICEF, UNESCO, the United States Agency for International Development (USAID), and the World Bank, with links to regional early childhood care and development (ECCD) networks involved in programming, research, policy advocacy, monitoring and evaluation. The Group identifies gaps, critical issues and emerging areas of need and interest; collects and analyses experience; synthesizes and reviews literature and experience; builds capacity; and promotes links with other sectors.

(Adapted slightly from *SG EDR Report*, pg 87, box 12)

Looking ahead: global commitments to education in the 21st century:

In April 2000, over 1,500 representatives from 182 countries met with UNICEF and other international organizations at the World Education Forum in Dakar, Senegal, to review the results of an extensive end-decade review of achievements towards the goals of EFA. Similarly, educational results at end-decade were considered in the preparations for the Special Session on Children in 2002 where leaders met to draw up a new international agenda for children. The reviews forming the basis of deliberations for both meetings found that while clear progress had been made, the rate of progress was uneven, and overall fell far short of the commitments made in 1990 and reaffirmed in numerous conferences since. The EFA 2000 assessment led to the conclusion that *"Without accelerated progress towards education for all, national and internationally agreed targets for poverty reduction will be missed, and inequalities between countries and within societies will widen."*¹⁶¹ The WSC end-decade review found that while worldwide there were more children in school at decade's end than ever before, over 100 million children were denied access – 60% of them girls. Among the excluded are children who are working and exploited; those affected by armed conflict and HIV/AIDS; children living in poverty, in remote rural areas or peri-urban zones; children of ethnic minorities and children with disabilities.¹⁶²

Both the *Dakar Framework for Action* and the *World Fit For Children* have affirmed education as a fundamental human right, reaffirmed the international commitment to universal basic education, with free and compulsory primary education of good quality for all; highlighted for particular focus the education of girls and other excluded categories; pledged to strengthen and expand comprehensive early child care; and called for improvement in meeting the learning needs of young people and adults, including through improved literacy and life skills. The target of quality basic education for all was reset to the year 2015, with the elimination of gender disparities by 2005¹⁶³. As the SG Kofi Annan remarked at the Dakar Forum, *"Implementing these goals will indeed be a test of our entire international community."*¹⁶⁴ Education is a key and often cross-cutting theme in UNICEF's organizational priorities for the period 2002-2005, with an explicit focus on the education of girls as a leading organizational priority (see chapter 10).

¹⁶¹ *The Dakar Framework for Action* (ED-2000/CONF/211/1).

¹⁶² *We the children* (A/S-27/3) 2001

¹⁶³ *the Dakar Framework for Action* (ED-2000/CONF/211/1); and *A World Fit For Children* (A/S-27/19/Rev. 1), 2002.

¹⁶⁴ from UNICEF *Education Update 2000*. "EFA Beyond Dakar".

SPECIAL PROTECTION

Introduction

In the World Summit Declaration, leaders pledged to “*work to ameliorate the plight of millions of children who live under especially difficult circumstances*” and to “*work carefully to protect children from the scourge of war.*” According to the Summit Plan of Action, children living in especially difficult circumstances include orphans and street children; refugees and displaced persons; victims of war and natural and man-made disasters; children of migrant workers and other disadvantaged groups; child workers; children trapped in prostitution, sexual abuse and other forms of exploitation; disabled children and delinquent children; and victims of apartheid and foreign occupation. Special attention was given to the issues of child labour; illicit drug use; the abuse of alcohol and tobacco; and the protection of children during armed conflicts. These were all included in the 7th of the major Summit goals which called for “*improved protection of children in especially difficult circumstances, with supporting efforts to tackle the root causes leading to such situations.*”

Although this goal was somewhat ill-defined at the time, and specific targets and indicators to monitor progress were lacking, worldwide awareness of problems such as child exploitation and abuse has grown ever more acute since the early 1990s, as attention has focused more clearly on the numbers of children affected by failed or inequitable development processes and by recurrent situations of violence and conflict. Simultaneously, the growing force of the child rights movement which achieved adoption and near universal ratification of the Convention on the Rights of the Child has helped define appropriate strategies and clarify what is meant by “*protection of children in especially difficult circumstances.*”¹⁶⁵ In the words of UNICEF Executive Director Carol Bellamy, “*The global movement that produced the CRC has helped generate pressure to protect the rights of all children, including those affected by war and other forms of violence; children performing hazardous or exploitative labour; children in extreme poverty; and indigenous and disabled children.*”¹⁶⁶

The Convention guarantees children protection against all forms of physical or mental violence, abuse, neglect, exploitation and discrimination. Certain articles of the Convention also cover the child’s rights to special protection in the context of war or forced migration, in situations where the child is in conflict with the law (juvenile justice) and in cases of disability. Provisions in Articles 19-23 and 32-40 specifically state that children are to be protected from abuse, economic and sexual exploitation or illegal adoption; that they are to be provided with services such as rehabilitative care from the effects of torture, abuse or armed conflict, and that they are entitled to special entitlements when they are without families or when their families fail in their responsibilities.¹⁶⁷ The two optional protocols to the Convention further specify protection rights for children affected by armed conflict and on issues related to the sale of children, child prostitution and child pornography.

Evolution of UNICEF’s approach to special protection issues

With roots in the heightened awareness of children’s vulnerability stimulated by the 1979 International Year of the Child, UNICEF’s work in the 1980s addressed issues of childhood disability; street children in Latin America, and children affected by armed conflict, with the first “*days of tranquillity*” for child immunization campaigns established in war-torn El Salvador in 1984.¹⁶⁸ In response to a Board request to examine issues of special vulnerability more closely, UNICEF’s work on protection issues in the first half of the 1990s was guided by its 1986 policy on ‘*children in especially difficult circumstances.*’¹⁶⁹ This focused on children in armed conflict, working and street children, and child victims of abuse and neglect, emphasizing the importance of partnerships, particularly with NGOs and the private sector; respect for the integrated physical, mental, emotional, spiritual and social development of the child; the need to reinforce family and community solidarity; and the extension of existing services to children in especially difficult circumstances.¹⁷⁰

As mid-decade approached, the importance of pursuing more comprehensive rights-based strategies to address child protection issues and developing clear indicators to monitor achievements was increasingly recognized within UNICEF. In his last speech before the UN General Assembly in November 1994, UNICEF Executive Director James Grant renewed his calls for universal ratification of the Convention: “*I cannot think of any more appropriate way for the world*

¹⁶⁵ *A review of UNICEF policies and strategies in child protection* (E/ICEF/1996/14)

¹⁶⁶ Carol Bellamy in Foreword to UNICEF’s 2001 *Profiting from abuse* booklet

¹⁶⁷ from *A review of UNICEF policies and strategies in child protection* (E/ICEF/1996/14).

¹⁶⁸ See account by Richard Reid, in *Jim Grant, UNICEF visionary*, ed. Richard Jolly, 2001.

¹⁶⁹ *Children in especially difficult circumstances: UNICEF policy paper* (E/ICEF/1986/12) and *Executive Board decision* (1986/12).

¹⁷⁰ summarized in *A review of UNICEF policies and strategies in child protection* (E/ICEF/1996/14).

to signal its commitment to human life and social progress in the year of the United Nation's 50th anniversary than by making the Convention the first truly universal law of human kind" and drew attention to the need for accelerated action on child protection: "The existence of measurable goals, deadlines and proven strategies in the areas of health, nutrition, education, water and family planning paves the way for accelerated action for children. But due to the lack of comparable goals, deadlines and strategies in the areas of child protection.....we run the risk that children's rights in these equally and vital areas will be neglected or relegated to a lower priority. We must not allow this to happen".¹⁷¹

With the adoption of its 1996 *Mission Statement*¹⁷² anchoring UNICEF's work for the overall protection of children firmly within the framework of the Convention, the stage was set for further policy development and programmatic intervention. In 1996, a 10-year review of UNICEF response to circumstances and conditions that cause gross violations of the rights of children helped UNICEF move beyond the categorization of 'children in especially difficult circumstances' to adopt the concept of 'special protection measures' as formulated by the Committee on the Rights of the Child as a guide to actions required to redress special vulnerabilities of children so as to enable them to enjoy all of their rights. The broad, often overlapping categories of circumstances that put children at special disadvantage identified by the review include: 1) disabling child labour; 2) war and other forms of organized violence; 3) sexual abuse and exploitation of children; 4) childhood disabilities; 5) loss of family and primary caregivers; and f) deficient laws and juvenile justice systems.¹⁷³ The Board (in its decision 1996/27) endorsed UNICEF's two-prong strategy to address such issues through the mainstreaming of sectoral programmes so that they reach and serve children who are at special disadvantages and the development of specific targeted programme activities and advocacy measures as needed.¹⁷⁴

UNICEF staff capacity and technical expertise in this area have been progressively built up over the decade, with the creation of child protection advisory unit within HQ; establishment of a child protection section and appointment of its first chief in 1998; appointment of regional child protection advisers or focal points; and the development of regional networks of support for country-based child protection officers.¹⁷⁵ From mid-decade onwards, a growing number of country initiatives have taken an integrated approach. A review of 1994-1997 annual reports from 75 countries, for example, showed that more than three quarters (58) were addressing child protection issues, and of those, two thirds (38) had mainstreamed protection concerns within health, education, early childhood care and development, social mobilization or community-based integrated development programmes. A similar survey in 1992 had indicated that in most programmes, 'children in especially difficult circumstances' (CEDC) was treated as a distinct sector, with 'stand-alone' activities, relying almost exclusively on non-formal approaches outside national efforts to improve major social sectors.¹⁷⁶ UNICEF's work in the area of special protection is still evolving, and the organization is in a learning mode. As programmatic capacities are strengthened, and building on organization-wide experience gained through specific programmes and partnerships, policy and implementation strategies are adjusted and enhanced, as required.¹⁷⁷ In the current medium term strategic plan (2002-2005), improved protection of children from violence and abuse, exploitation and discrimination features as one of the five organizational priorities and UNICEF's capacity to respond consistently to child protection issues will be further built up (*see chapter 10*).

Children affected by armed conflict

Created in the aftermath of WWII, UNICEF was born as an emergency organization, with special attention to the plight of children affected by armed conflict. Regrettably, this role was no less relevant throughout the 1990s, as the expected 'peace dividend' from the end of the Cold War failed to materialize and instead, a rise in armed conflicts was seen around the world, with civilians, particularly women and children, the principal victims. In 1990, 'emergencies' accounted for 8% of UNICEF's programme expenditures, rising to 28% in 1993; and 25% in 1995 (21 conflict countries and 10 natural disasters) In 1994, UNICEF provided humanitarian assistance in 15 countries; by 1998, this had

¹⁷¹ quoted in Black 1996, p. 298. The UNICEF policy review of 1996 also points to the "lack of universal indicators to measure the exposure of children in especially difficult circumstances to risk and to measure the impact of those risks on the child's development. In the absence of clear concepts and appropriate methods to establish reliable baseline data, quantifiable goals in the area of CEDC have not been determined. Work on the identification of appropriate indicators suggests that agreed criteria for risk analysis need to be developed based on broadly accepted minimal standards for assuring the well-being of children" (E/ICEF/1996/14). While indicators for CEDC were set out in an early information note (1991), these were not immediately followed up on or adopted for monitoring purposes.

¹⁷² E/ICEF/1996/12, Part I and decision 1996/1)

¹⁷³ A review of UNICEF policies and strategies in child protection (E/ICEF/1996/14)

¹⁷⁴ A review of UNICEF policies and strategies in child protection (E/ICEF/1996/14))

¹⁷⁵ Children in need of special protection measures: report on steps for policy implementation (E/ICEF/1997/16)

¹⁷⁶ Implementation of the UNICEF policy on children in need of special protection measures (E/ICEF/1998/CRP.11)

¹⁷⁷ Children in need of special protection measures: report on steps for policy implementation (E/ICEF/1997/16)

increased to 55, with nearly 50 million children and women in need of such protection and assistance worldwide. In 1995, UNICEF reviewed its mission, policies and strategic priorities in emergencies in an effort to improve its ability to respond quickly and effectively.¹⁷⁸ The challenge was ever one of achieving a balance – in priority programming, resource allocation, and global advocacy – between imperatives for action against the ongoing ‘silent emergencies’ of child hunger, ill-health, and poverty around the world, and the equally pressing imperative to protect children from the tragic consequences of ‘loud emergencies’ created by armed conflict and war punctuated by recurring natural disasters. With the frequency and intensity of complex humanitarian emergencies increasing, a consultative process was initiated in 1998 to identify ways to better prepare for and response to crises within the framework of the regular country programme, and with special attention to addressing the violations of rights of children and women that occur in crises.¹⁷⁹

UNICEF’s anti-war agenda

The *Anti-War Agenda* was articulated by UNICEF in its 50th anniversary edition of the *State of the World’s Children Report (1996)* which makes note of the “terrible symmetry” between the plight of children in 1946 in the aftermath of World War II and the current situation. The agenda emphasizes the importance of **prevention**, through actions addressing the causes of violence and greater investment in mediation and conflict resolution; highlights the role of emergency relief as part of the process to help rebuild a society’s capacity and promote development; and calls for **rehabilitation efforts** to offer both respite and reconciliation, with specific actions needed to address the psychological damage suffered by children. It points to **children as a zone of peace** as an important part of international diplomacy, capable of prizing open vital areas of humanitarian space during the darkest conflicts. It calls for an end to recruitment of **child soldiers** and appropriate measures for their demobilization and rehabilitation. Highlighting the special needs of **girls and women**, it calls for specific measures to ensure their security in the face of sexual violence and rape, and to strengthen their decision-making roles both before and after conflict. It advocates an international ban on the production, use, stockpiling, sale and export of **anti-personnel mines**; argues for child impact assessments before, during and after **sanctions** are applied against errant regimes in order to gauge the humanitarian costs; and calls for war crimes to be dealt with by international war crimes tribunals with sufficient support and resources to bring to justice perpetrators of violence against children and other civilians. It further promotes **education for peace** as a potent means of preventing continued cycles of conflict.

In recognition of the rising toll of war on children and their families over the decade, UNICEF has contributed its organizational strength and power of mobilization to efforts to place the issue more squarely on the international peace and security agenda; to translate moral outrage into renewed commitment, resolve, and standard-setting;; to develop and implement programmes and policies to protect children caught up in situations of conflict; to promote a return to normalcy in post-conflict situations; and to advocate for heightened efforts aimed at prevention. Framed by the *Convention on the Rights of the Child*, the development of

UNICEF’s advocacy, partnerships and programme action on behalf of children affected by armed conflict has been guided by the organization’s *Anti-War Agenda (1996)*, which incorporates findings of the ground-breaking report of Graca Machel on the “*Impact of Armed Conflict on Children*” (1996) which UNICEF supported. Further elaboration is found in the *Peace and Security Agenda for Children*, presented by the Executive Director at the Security Council’s Open Briefing on the Protection of Civilians (February 1999).

The operational framework for UNICEF actions outlined in the report on *Children and Women in emergencies: strategic priorities and operational concerns for UNICEF*¹⁸⁰ was endorsed by the Executive Board at its first regular session in January 1997.¹⁸¹ Because UNICEF is present in the field before, during, and after a conflict – its actions are guided by a clear perception of the links between relief, development, and of the importance of promoting sustainable peace and stability. In line with key priorities included in the *Medium-term plan* for the period 1998-2001¹⁸² and the strategic priorities identified for children and women in emergencies,¹⁸³ principal goals of UNICEF emergency-related cooperation with international and national partners aimed to:

- prevent exposure of children to risks by addressing the root causes of conflict;
- ensure the survival of the most vulnerable children and women – including those displaced within their own countries – and assist in tracing and family reunification;
- ensure protection against intentional violence, exploitation, abuse, rape and recruitment into armed forces,
- promote demobilization, recovery and social reintegration for children already recruited as soldiers;

¹⁷⁸ Information from UNICEF corporate annual reports; reports of the Executive Director, and others.

¹⁷⁹ From an initial consultation organized in Martigny, Switzerland, this was henceforth known as the “Martigny process” (*Chronology of events relating to the evolution of the Martigny process*, UNICEF Intranet papers, update 2001)

¹⁸⁰ *Children and women in emergencies: Strategic priorities and operational concerns for UNICEF (E/ICEF/1997/7)*

¹⁸¹ (E/ICEF/1997/12, part I).

¹⁸² *Medium-term plan for the period 1998-2001.(E/ICEF/1998/13)*, 8 July 1998

¹⁸³ *Children and women in emergencies: Strategic priorities and operational concerns for UNICEF (E/ICEF/1997/7)*

- promote and support landmine awareness and community-based rehabilitation programmes for child victims of landmines, and
- promote long-lasting solutions through the creation and strengthening of self-help capacities at family and community level, with particular support for the participation of women.

As articulated in its 2000 policy document on core corporate commitments in emergencies, UNICEF engages in actions on a number of levels, including a) support for the development of humanitarian policy to ensure protection of and special assistance to children in crises and unstable situations; b) global advocacy for respect for and application of international humanitarian and human rights standards protecting and promoting rights of children, including those in situations of armed conflict; and c) provision of care and protection for children and women in unstable situations, through an operational response arising from an assessment of needs and focussing on health and nutrition; education; child protection; and water supply and sanitation¹⁸⁴ (see discussion of these in relevant chapters)

A Peace and Security Agenda

The *Peace and Security Agenda* outlined by UNICEF Executive Director Carol Bellamy at the Security Council Open Briefing on the Protection of Civilians (February 1999) strengthens calls for an end to the use of children as soldiers; increased protection for humanitarian assistance and humanitarian personnel; humanitarian landmine action; protection of children from the effects of sanctions; inclusion of specific provisions for children in peace-building efforts; an end to the impunity of war crimes, especially against children; and early warning and preventive action in support of children. It also highlights need for a dramatic reduction in the availability of small arms and light weapons and for specialized child rights training and codes of conduct for all military, civilian and peacekeeping personnel so that they will understand their legal responsibilities to all children.

International attention to and concern for the issue of children affected by armed conflict has grown strongly over the decade, as evidenced, for example, by the adoption of UN Security Council resolutions 1261 (1999); 1314 (2000); and 1379 (2001) on children and armed conflict, and by the rapid entry into force of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (February 2002). War crimes against children and women are included in the Rome Statute for an International Criminal Court, which entered into force in July 2002; and the Secretary-General has issued child-focussed guidelines on the Role of United Nations peacekeeping in Disarmament, Demobilization and Reintegration (2000).¹⁸⁵ Armed conflict and other types of violence are among those recognized as major challenges for children in the *World Fit for Children* as well as the MTSP for the period 2002-2005, with actions to be informed by the recommendations emanating from the International Conference on War-Affected Children (Winnipeg 2000) and the follow-up report on *The Impact of War on Children* by Graca Machel (2001), which articulates “a children’s agenda for peace and security”.

The work of UNICEF at the field level is closely coordinated with allied agencies and partners, including the United Nations High Commissioner for Refugees (UNHCR); the World Food Programme (WFP); and the World Health Organization (WHO), as well as with the International Committee of the Red Cross (ICRC), the International Organization for Migration (IOM), and numerous other local and international non-governmental organizations (NGOs). The integrative point of cooperation within the UN humanitarian family and related institutions is facilitated by Office for the Coordination of Humanitarian Affairs (OCHA) through the Inter-Agency Standing Committee (IASC), of which UNICEF is a member. UNICEF has been actively involved in UN reform, through chairmanship of the inter-agency working group on humanitarian reform, and through participation in the UN Development Group, working among other things to bridge relief and development strategies. As a member of the UN Country Team, UNICEF participates in joint planning and action through the Consolidated Appeals Process.¹⁸⁶ UNICEF has also given and continues to give high priority to its cooperation with the Special Representative of the Secretary General (SRSG) for Children and Armed Conflict, collaborating in global advocacy efforts and supporting field visits as well as promoting follow-up to specific recommendations and agreements emerging therefrom.

In most countries facing acute instability, UNICEF has established formal relationships with NGOs, and has moved to increase collaborative relationships through various consultations, training, and refining of contractual arrangements.¹⁸⁷ National committees for UNICEF have also proven to be strong and effective partners in raising public awareness and

¹⁸⁴ As articulated in UNICEF NY. *Core Corporate Commitments in Emergencies* (E/ICEF/2000/12), 17 March 2000.

¹⁸⁵ See these and other milestone decisions for safeguarding children in *Children affected by armed conflict: UNICEF actions*, UNICEF, May 2002, pp. 10-11.

¹⁸⁶ *Children affected by armed conflict: UNICEF actions*, UNICEF, May 2002.

¹⁸⁷ UNICEF NY, Office of Emergency Operations. *An overview of UNICEF’s humanitarian mandate and activities*. 1999.

generating funds for UNICEF's emergency and rehabilitation actions in the field. The latter include psychosocial rehabilitation, landmine awareness and reintegration programmes for former child soldiers.

Child soldiers

UNICEF, in partnership with others, actively supported drafting and ratification of the Optional Protocol to the CRC on the involvement of children in armed conflict, adopted in May 2000, arguing further for the age of 18 as the minimum age for voluntary recruitment into armed forces. Birth registration has been supported in a number of countries as a means of controlling underage recruitment (for example in Angola and Colombia) and education is promoted as an important tool to prevent children's participation in hostilities.¹⁸⁸ Since the mid-1980s, UNICEF has also been regularly involved in the demobilization and reintegration of child soldiers, playing a key role in advocating and securing the release of children in Angola, Burundi, Colombia, Democratic Republic of the Congo, Guinea-Bissau, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia and Sudan. In such activities, UNICEF, together with other UN agencies, often finds itself in situations of engagement and negotiation with non-State entities, for which guidelines are currently being developed. From its experience with disarmament, demobilization and reintegration (DDR) in a broad range of countries, UNICEF has drawn a number of important lessons which have become the backbone of policy and programming on the issue and inform UNICEF's ongoing work.¹⁸⁹

Children as zones of peace

First formulated in the 1980s, the concept of 'children as a zone of peace' is promoted by UNICEF to ensure protection of children in the midst of armed conflict, all the while recognizing this as a stepping stone only, with the ultimate goal being the end of conflict. One step undertaken by UNICEF has been to secure agreements from both parties to a conflict to call temporary cease fires to observe 'days of tranquillity' during which services for children can be organized, or to designate specific access routes as 'corridors of peace' for the delivery of needed supplies. In a number of cases, national immunization days (NIDS) have been promoted as a successful strategy to fulfill children's right to adequate health care during times of war. These can also serve as a vehicle for progress in advancing the peace process by bringing parties in conflict around the table, as for example, in Sierra Leone, through NIDS conducted by WHO and UNICEF in 1999 and 2000. UNICEF and WHO also negotiated annual 'days of tranquillity' for nation-wide immunization campaigns in Sri Lanka between 1996 and 2001 which succeeded in maintaining high levels of coverage despite the long years of conflict.¹⁹⁰ The General Assembly has endorsed the concept of children as zones of peace, and the Security Council has called for such measures in its statements and resolutions.¹⁹¹

Protection of children uprooted by war

In its field-level actions, UNICEF supports the rehabilitation and recovery of displaced children and provides assistance in maternal and child health care, schools, and water and sanitation, building its interventions around four primary components: advocacy, assessment, care and protection. UNICEF also provides assistance and protection for unaccompanied displaced children, supporting psycho-social rehabilitation and reunification with families or placement in foster care, with programme developed, for example, in Colombia in 1996 and Burundi and Angola in 1999.¹⁹² Current efforts undertaken with national and international partners in Afghanistan aim at extensive rehabilitation and recovery, including through delivery of humanitarian relief supplies, organization of a massive back-to school campaign; immunization 'plus' to protect children weakened by malnutrition and exposure; supplementary feeding centres; initiation of child soldier and youth reintegration programmes; assessment of the psycho-social needs of children who are affected by violence and war.¹⁹³

In 1999 UNICEF and UNHCHR joined the Steering Committee of the Action for the Rights of Children (ARC) programme founded by UNHCR and the International Save the Children Alliance as an important forum for furthering children's rights in the refugee context which has led to practical programme implications for refugee children. UNICEF also supports strengthened inter-agency collaboration on issues of internally displaced children, working through the Inter-Agency Standing Committee (IASC) and sister agencies to develop the IASC Manual on field practices in internal displacement (published in 1999 by OCHA) and helping to focus attention on the gender dimensions of international displacement, including the need to protect women and girls from gender violence and

¹⁸⁸ from *UNICEF actions on behalf of children affected by armed conflict*, UNICEF, NY, 2000.

¹⁸⁹ *Children affected by armed conflict: UNICEF actions*, UNICEF, May 2002. See particularly 38-43 for vivid examples of UNICEF-supported DDR activities.

¹⁹⁰ From *UNICEF actions on behalf of children*, 2000 and the SG's EDR report (*We the Children*, A/S/27/3), 2001

¹⁹¹ *Children affected by armed conflict: UNICEF actions*, UNICEF, May 2002.

¹⁹² from *UNICEF actions on behalf of children affected by armed conflict*, 2000

¹⁹³ *Children affected by armed conflict: UNICEF actions*, UNICEF, May 2002

ensure their equal access to and participation in humanitarian assistance programmes.¹⁹⁴ 'Child-friendly spaces' were first established in 1999 to provide integrated care for children in Albanian refugee camps. The approach has gained recognition as a successful and innovative model for promoting the rights of refugee and internally displaced children and have been adapted to serve the needs of war-affected children in Angola, East Timor, Guinea, and Liberia.¹⁹⁵

Peace and reconstruction, including children's participation

UNICEF has sought to ensure that children's issues are high on the agenda of peace-building and reconstruction efforts and promotes children's participation in the same. The Colombian Children's Movement for Peace and efforts to mobilize Guatemalan youth for peace provide striking examples of the dynamic difference that can be achieved through children and adolescents. UNICEF also supports training on child rights for peacekeeping personnel and has developed a training manual on Humanitarian training: A child rights protection approach to complex emergencies which has served as the basis for regional workshops in Kenya, Cote d'Ivoire, Sri Lanka, Philippines, Thailand and Jordan (1999) UNICEF also provides support for child protection advisors deployed along with peace-keeping missions, for example in Democratic Republic of the Congo and Sierra Leone.

Gender-based violence and sexual exploitation in conflict and post-conflict situations

UNICEF supports a number of efforts to protect women and girls from the gender violence that is such a common feature of conflict and post-conflict situations and situations of instability. It participates, for example, in the Trafficking Task Force of the Stability Pact for Southeastern Europe; provides (with Oxfam) psycho-social support for victims of sexual abuse or violence in East Timor; has maintained a partnership with the Afghan Women's Network in Pakistan over the years; and supported development of a 5-year inter-agency plan of action against sexual exploitation of children in Cambodia, supported the creation in Sudan (1999) of the Committee for the Eradication of Abduction of Women in Children; and supported establishment and coordination of a network of services for the care of sexually abused girls in Sierra Leone. In response to allegations in November 2001 of widespread sexual exploitation and abuse of refugee and internally displaced children and women by peacekeepers and humanitarian workers in West Africa, an created IASC Task Force on Protection from Sexual Abuse and Exploitation in Humanitarian Crises was created in February 2002, with UNICEF as co-chair with OCHA. The task Force has outlined an agenda to eliminate such abuse and strengthen overall protection and care of children in humanitarian crises and conflict.¹⁹⁶ UNICEF also supports women's participation in peace and reconstruction efforts, as in the case of women from Somalia, and Afghanistan,¹⁹⁷ and has contributed to a report of the Secretary-General to be released in August 2002 on the impact of armed conflict on women and girls; the role of women in peace-building; and the gender dimensions of peace processes and conflict resolution.¹⁹⁸

Landmines and small arms

Alongside its many partners, particularly in the NGO community, UNICEF has been actively involved in the campaign to promote the adoption and rapid ratification of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Landmines and their Destruction (the Ottawa Convention) which came into force in March 1999. In coordination with the United Nations Mine Action Service (UNMAS), UNICEF has been designated responsible, within the UN system, for promoting landmine awareness and working to assure universality of the Ottawa Convention. At field level, UNICEF supports a variety of activities geared to child-focussed mine action, working with a wide spectrum of non-governmental, governmental and international partners, including in Nicaragua, Laos, Cambodia, Syria, Kosovo, Albania, Mozambique, Guatemala, Ethiopia, Colombia, Afghanistan, and Azerbaijan. As a member of Coordinating Action on Small Arms (CASA), established in 1998 as a focal point for UN-wide action and awareness raising, UNICEF participated in the UN Conference on the Illicit Trade in Small Arms and Light Weapons in all its aspects in 2001 and supports a variety of actions at field level.¹⁹⁹

Sanctions

UNICEF advocates that measures leading to the imposition of sanctions should be guided by a consideration of their impact on children. In Iraq, UNICEF supported the first child and maternal mortality surveys since 1991 whose results, released in 1999, drew international attention to the adverse impact that two wars and nine years of economic sanctions have had on the children of Iraq, with child mortality rates in the south and centre of the country twice as high as they

¹⁹⁴ from *UNICEF actions on behalf of children affected by armed conflict*, 2000

¹⁹⁵ *Children affected by armed conflict: UNICEF actions*, UNICEF, May 2002.

¹⁹⁶ *Children affected by armed conflict: UNICEF actions*. UNICEF, NY, May 2002.

¹⁹⁷ from *UNICEF actions on behalf of children affected by armed conflict*, 2000

¹⁹⁸ *Children affected by armed conflict: UNICEF actions*. UNICEF, NY, May 2002.

¹⁹⁹ from *UNICEF actions on behalf of children affected by armed conflict*, 2000

were ten years ago. The report and UNICEF's recommendations on steps to be taken to improve the situation received wide global coverage and stimulated considerable discussion.

Child Labour²⁰⁰:

Since the early 1980s, UNICEF has supported programmes aimed at improving the lives of particularly disadvantaged children, including working children. Current approaches to child labour emphasize prevention and the protection of children against exploitation and abuse. The 1990s saw the introduction of distinct child labour components in UNICEF programmes of cooperation in more than 60 countries in Asia, Africa, and Latin America. UNICEF, in close collaboration with ILO, supported the International Child Labour Conference in Oslo in 1997 which adopted an Agenda for Action aimed at setting a framework for the effective elimination of child labour. Participants at the conference included civil society actors, such as trade unions, employers and NGOs, thus enhancing the framework for broad-based partnerships. Following the conference, UNICEF developed its Global Programme for the Elimination of Child Labour, which received funding from the Governments of Luxembourg, Norway and Finland as well as from the World Bank. As part of this global programme, twenty-nine countries across all regions have been implementing child labour-related education projects under the rubric Education as a Preventive Strategy against Child Labour. UNICEF also advocates for ratification and enforcement of international laws that protect children from exploitative labour, such as the ILO Convention 182 prohibiting the worst forms of child labour.

When children begin to work early and do not attend school, they are likely to remain trapped in the cycle of poverty and disadvantage that brought them to the workplace at a young age. Breaking this cycle is the foremost goal of UNICEF's work in relation to child labour. Success requires an innovative, multi-sectoral approach combining at least three fundamental components: provision of quality, relevant, affordable education; interventions targeted at family economies to enhance their capability to provide for and protect their children; awareness raising campaigns at all levels of society to promote respect and fulfillment of children's rights and to ensure that all law enforcement effectively suppresses the demand for child labour.

A number of programmes are developed or implemented in collaboration with ILO, with whom UNICEF signed a Letter of Intent in 1996. In addition to a large number of national and international NGOs, particularly members of Save the Children Alliance, UNICEF works closely with UNDP, UNESCO and the World Bank in implementing educational programmes and with WHO in addressing the basic health needs of working children.

The 1997 *State of the World's Children* report featuring child labour as the main theme constituted a major contribution to the global awareness and

understanding of the complexities surrounding child labour. It also articulated a set of specific actions to be taken as comprehensive solutions. These include immediate elimination of hazardous and exploitative child labour; the provision of free and compulsory education; wider legal protection; birth registration of all children; data collection and monitoring; and codes of conduct and procurement policies.²⁰¹

<p>Partnerships to combat child labour</p> <ul style="list-style-type: none"> ◆ In Brazil, with ILO/IPEC, several NGOs, the Government and business and trade union partners, UNICEF supports high-profile advocacy campaigns to eliminate child labour in dangerous industries; provides education grants to low-income families to send their children to school instead of to work, and curriculum reforms to make education more attractive and relevant to previously excluded children ◆ In Bangladesh, a 1995 partnership between the National Garment Manufacturers' Association, UNICEF and ILO is dedicated to removing children under 14 years of age from the garment industry and placing them in appropriate educational programmes – ensuring that no new children are hired; providing education grants to low-income families; and offering the vacated jobs to qualified adult family members. This programme was followed by the "Urban Hard-to-Reach programme" which has over 350,000 working children enrolled in some 3,390 learning centres run by 57 NGOs. ◆ In Pakistan, a similar partnership in 1997 replicated elements of the model in the soccer ball industry in Sialkot, as well as other industries. ◆ In Guatemala, Morocco, Lesotho and Nepal, a variety of strategies are employed to expand access to and retention in education as a means of combating child labour.

In order to increase effectiveness in the coming years, UNICEF recognizes the need for improved data collection, with a special focus on the most hidden areas; documentation and sharing of programme experiences to draw lessons learned for improved policy dialogue and field programming; mainstreaming of strategies, particularly within education

²⁰⁰ most information drawn from UNICEF Programme/cprotection website

²⁰¹ from *Children in need of special protection measures: report on steps for policy implementation* (E/ICEF/1997/16)

programmes targeted at the unreached; and improved collaboration with partners. The focus within the Medium-Term Strategic Plan (2002-2005) is on the worst forms of child labour including forced or bonded labour; trafficking; sexual exploitation; and child soldiers.

Child sexual exploitation²⁰²

UNICEF works internationally and nationally to combat commercial and non-commercial sexual exploitation of children. At the global level, UNICEF advocates for ratification and enforcement of international laws that protect children, such as the ILO Convention 182 prohibiting the worst forms of child labour, which includes commercial sexual exploitation among the worst forms and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, which entered into force in January 2001 and seeks to raise the standards in protecting children from all forms of sexual exploitation and abuse.

Working together in strategic alliance with ECPAT International (End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes) and the NGO Group for the Convention on the Rights of the Child, UNICEF helps collect and disseminate information on child sexual exploitation, collaborates on projects, and gives support to the UN Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography and to the Committee on the Rights of the Child.

UNICEF played an active role with ECPAT International and the NGO Group for the Convention on the Rights of the Child in organizing the two World Congresses against the Commercial Sexual Exploitation of Children – the first ever (hosted by the Swedish government) in Stockholm in 1996, and the second (hosted by the Japanese government) in Yokohama in 2001. For both conferences, UNICEF helped facilitate regional consultations as part of global preparatory processes and has also supported follow-up. At Stockholm, 122 governments committed themselves to an Agenda for Action to eliminate sexual exploitation, with UNICEF providing support to a number of countries in the development of national plans of action to address the problem. These include measures in areas such as legal reform, training of law enforcement personnel and implementation of advocacy and rehabilitation programmes.²⁰³ Additionally, UNICEF supports a regional project in the East Asia and Pacific region addressing trafficking of children for sexual purposes. At Yokohama, which attracted 3,000 people, participants reviewed lessons learned, identified challenges and gaps; and outlined ways forward. In the Yokohama Global Commitment, 134 governments reaffirmed and reinforced commitments to the Stockholm Declaration and Agenda for Action, vowing, in particular to developing national agendas, strategies or plans of action to strengthen efforts against commercial sexual exploitation of children. As a contribution to awareness-raising for the Yokohama conference, UNICEF published a document entitled *“Profiting from abuse: an investigation into the sexual exploitation of our children.”*²⁰⁴

At national level, UNICEF works with governments and in collaboration with a host of other partners to address the problem of sexual exploitation of children. Efforts are focused in three areas: prevention, protection and recovery and integration. Preventive measures focus on reducing the vulnerability of children, particularly girls, by ensuring they attend school; raising awareness of the issue and providing information; and drawing attention to the ‘demand’ side of sexual exploitation of children. Protection focuses on improved legislation and law enforcement in the area of trafficking. Recovery and reintegration involves working with children who have fallen victim to sexual exploitation and supporting programmes for their reintegration into society.

Child disabilities²⁰⁵

In follow-up to the Decade of Disabled Persons (1983-1992) UNICEF joined WHO, UNESCO and ILO in an Inter-agency Working Group to consult on issues related to childhood disability and to build joint technical capacity. In addition to preventive actions in health (polio; IDD, support for early detection, etc) UNICEF works to design and support effective interventions and services for disabled children, including access to mainstream education and other services. Childhood disability programmes in prevention and intervention, advocacy and public education, community-based rehabilitation, partnerships and capacity building, education, training and data collection surveys are supported in a number of countries. UNICEF is the lead agency in efforts to promote landmine awareness and education to prevent injuries due to landmines and in this regard supported production of ‘The Silent Shout’, an animated film on the danger

²⁰² Much of the material is adapted from UNICEF child protection website and the website on unicef.org/events/yokohama. Examples also given in *Implementation of the UNICEF policy on children in need of special protection measures* (E/ICEF/1998/CRP.11), paras 34

²⁰³ from *Children in need of special protection measures: Report on steps for policy implementation* (E/ICEF/1997/16).

²⁰⁴ UNICEF, NY 2001

²⁰⁵ Much information drawn from UNICEF/programme/cprotection website

of landmines, which is widely used for prevention purposes.²⁰⁶ In addition to members of the Inter-Agency Working Group, UNICEF collaborates with a number of partners including the UN Disabled Persons Unit in joint financing of field projects; Rehabilitation International in support of the *One in Ten* newsletter for advocacy and information-sharing; and academic institutions, as in the preparation by Yale of the 1997 thematic discussion on disability of the Committee on the Rights of the Child.

To prevent disabilities from becoming handicaps and to advocate for effective therapy and rehabilitation, early identification needs to be expanded and strengthened. For normal growth and development of children who are already disabled, early and continued therapeutic intervention, necessary assistive devices, prosthetics, education and rehabilitation services are essential. Capacity building and resource mobilization are needed for physical therapy, assistive devices, teaching materials and training resources, along with greater collaboration at the family and community level for better use of resources. Collaboration with governments, UN agencies, NGOs and civil society needs to be expanded, especially for community-based rehabilitation, inclusive education, preparation for employment, and sports and recreation for physical development. Inclusive education and vocational training for social integration and preparation for a productive life need priority attention. Strengthened data collection and situation analyses are needed as a basis for programme planning and implementation. Public education and advocacy are needed to combat the stigma and negative stereotypes associated with disability in many countries and to protect disabled children against discrimination. Assistance is also needed to develop national legislation in conformity with the CRC and the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities.

While the 1997 Board document emphasized UNICEF's focus on child labour, armed conflict, child disability, and sexual abuse/exploitation, other issues such as juvenile justice, children without caregivers, and children orphaned by AIDS are also being increasingly addressed,²⁰⁷ along with issues pertaining to trafficking and violence against children.

Juvenile justice

Juvenile justice has been an emerging area of concern for UNICEF.²⁰⁸ UNICEF encourages activities in the administration of juvenile justice built around 3 major thrusts: diversion; de-institutionalization; and restorative justice, with prevention of juvenile delinquency an underlying focus of other programmes in education, early child care and development, etc. The guiding normative framework is provided by the Convention on the Rights of the Child; the Standard Minimum Rules for the Administration of Juvenile Justice (1985); and the Minimum Rules for the Protection of Juveniles deprived of the Liberty (1990).²⁰⁹

UNICEF promotes development, where appropriate, of 'diversion' structures and bodies (commissions, boards) designed to direct children away from judicial proceedings and towards community support, both formal and informal. It also advocates forcefully for and facilitates establishment of alternatives to the 'custodial' solutions in the juvenile justice system. Moreover, it promotes a 'restorative justice' approach in the search for alternatives to deprivation of liberty and for making diversion a reality.

In Latin America and the Caribbean, UNICEF offered support for a regional juvenile justice project in close collaboration with the UN Latin American Institute for the treatment of Crime and treatment of Offenders and DCI focusing on juvenile justice system reform in several countries, including technical assistance in drafting new laws, advocacy for legislative reform, and support for training of police, judges and other law enforcement personnel. UNICEF has also supported juvenile justice initiatives in Pakistan (1993 advocacy and research leading to an agreement in 1996 with the national Commission on Child Welfare and development on law reform and the preparation of training materials for judges, police and others); Viet Nam (in collaboration with Radda Barnen/Swedish Save the Children) and Philippines. UNICEF published a study on juvenile justice in Egypt and supports drafting of new legislation in Jordan. A study of children in prison was supported in Namibia, resulting in the creation of a juvenile justice forum which has undertaken a broader reform of the system for the treatment of juvenile offenders.²¹⁰

The 1997 Innocenti Global Seminar on 'Children involved with the system of juvenile justice' was an important step in strengthening the capacity of UNICEF and selected NGO staff, with participants sharing lessons learned from Namibia, Rwanda and South Africa, and important follow-up training supported. In countries including Chile, Costa Rica and

²⁰⁶ *Implementation of the UNICEF policy on children in need of special protection measures* (E/ICEF/1998/CRP.11)

²⁰⁷ *Implementation of the UNICEF policy on children in need of special protection measures* (E/ICEF/1998/CRP.11)

²⁰⁸ *Children in need of special protection measures: Report on steps for policy implementation* (E/ICEF/1997/16)

²⁰⁹ From website

²¹⁰ From *Children in need of special protection measures: Report on steps for policy implementation* (E/ICEF/1997/16)

Guatemala, UNICEF has provided technical support to the design of new juvenile justice systems. In Namibia, a comprehensive juvenile justice programme which focuses on training youth officers at a legal assistance centre, training social workers, and the development of training manuals for police officers is receiving support. An Innocenti Seminar has also been held on juvenile justice in post-conflict situations. At the global level, UNICEF is strengthening its partnerships with the Co-ordination Panel for Juvenile Justice, in which specialized agencies such as the UN Crime Prevention and Criminal Justice Branch and the NGO Defence for Children International take part.²¹¹

Children orphaned by AIDS

Of the multiple dimensions of the impact of HIV/AIDS on children, one of the most dramatic is seen in the rising numbers of AIDS orphans. By the year 2000, an estimated 10.4 million children currently under the age of 15 had lost their mother or both parents to AIDS, 95% of them in sub-Saharan Africa.²¹² Children suffer profoundly as their parents fall sick or die. Faced with social stigma, isolation and discrimination, and deprived of basic care and financial resources, children orphaned by AIDS are less likely to be immunized, more likely to be malnourished, less likely to go to school, and more vulnerable to abuse and exploitation.²¹³

UNICEF works closely with national governments, non-governmental organizations, UNAIDS and other UN agencies in a number of areas related to HIV/AIDS. These include: providing information and counseling services to young people to enhance their health and development; expanding life skills learning and inclusion of HIV/AIDS in school curricula; strengthening family and community capacity to protect and care for children affected by HIV/AIDS and ensure access to basic services; prevention of Parent-to-Child transmission through services to pregnant women; anti-retroviral drugs to reduce risks of transmission, and infant feeding information and counseling. Programme communications help support development of policies, legal frameworks and partnerships. Many of UNICEF activities include a component on 'breaking the silence' surrounding AIDS and reducing the stigma associated with it.²¹⁴

Complementary strategies for orphans and other children affected by AIDS

- ◆ **Strengthen the caring and coping capacities of families** – through free basic education; expanded social welfare; and income-generating programmes
- ◆ **Mobilize and strengthen community-based mechanisms** – through community-level orphan monitoring committees and community day-care centres;
- ◆ **Strengthen the capacity of children and young people to meet their basic needs and fulfill their rights** – through provision of education materials, life-skills education and vocational training
- ◆ **Strengthening the capacity of government at all levels to protect the vulnerable** – through legal reform (inheritance, adoption and fostering laws) and ensuring access to social services for children;
- ◆ **Create an enabling environment** – to combat stigma and discrimination generated by HIV/AIDS.

Source: *Orphans and other children affected by HIV/AIDS. A UNICEF Fact Sheet, UNICEF, 2002*

In its focus on children orphaned by AIDS, UNICEF's principal objective is to work with communities to increase and strengthen the ability of families to care for, support and protect children orphaned or made vulnerable by HIV/AIDS. To achieve this objective, energies aim at ensuring that all countries adopt policies, laws and action plans, that health services and education are accessible to vulnerable children, and that all children are under the

supervision of a responsible and caring adult. Programmes in this area build on commitments made at the UN General Assembly Special Session on HIV/AIDS in June 2001 which generated an unprecedented level of global leadership, awareness and support to respond to the crisis, and articulated a number of core principles and strategies.²¹⁵ Experience in working with orphans and other affected children has shown that five complementary strategies are needed to best protect and care for them (see box). Success hinges on enhanced partnerships at all levels.

²¹¹ *Implementation of the UNICEF policy on children in need of special protection measures* (E/1998/CRP.11)

²¹² SG's EDR report: *We the Children (A/S-27/3), 2001*. More recent estimates for 2002 find that more than 13.4 million children have lost one or both parents to the epidemic in the three regions studied (sub-Saharan Africa; Asia; and Latin America and the Caribbean) (from *Children on the Brink 2002. A Joint report on orphan estimates and program strategies*. UNAIDS/UNICEF/USAID, July 2002)

²¹³ SG's EDR report: *We the Children (A/S-27/3), 2001*.

²¹⁴ *Implementation of the UNICEF policy on children in need of special protection measures* (E/ICEF1998/CRP.11).

²¹⁵ UNICEF programme website <unicef.org/aids/children>; also *Orphans and other children affected by HIV/AIDS. A UNICEF Fact Sheet, 2002*.

Children without primary caregivers

While the bulk of UNICEF's work in this domain focuses on children orphaned by AIDS, other issues arise in relation to children deprived of parental care – with special reference to children in institutions. In the CEE/CIS and Baltic States region in particular, deprivation of parental care and over-reliance on institutional care for children, whose parents are unable or unwilling to care for them, remains a priority child protection concern. At the start of the 1990s, the reform of the childcare system was called for to reduce the number of children in institutions. However, at end-decade, the risk of being deprived of parental care had risen, with growing numbers of children – totaling 1.5 million in 2001 - living in out-of-home care. In a number of countries (for example Romania, Yugoslavia, FYR Macedonia), UNICEF has served as a catalyst in promoting family-centred outcomes and de-institutionalization as fundamental goals, along with the re-integration of children into a family environment and their inclusion into day-care centres and public school.²¹⁶ Strategic approaches include support for the necessary knowledge and tools to foster systemic change and creation of an environment supportive of such change through enhanced public commitment and shared understandings accompanied by support systems for the agents of change.²¹⁷

Birth registration

Birth registration - the 'first right' of children - is an essential civil right which confers the privileges of citizenship and can afford some protection against abuse. It is the first step in guaranteeing children all of their rights, including health care, education, social support and protection against exploitation. Registration at birth that gives a child a name, identity and nationality is of vital importance for the monitoring of the situation of children in need of special protection. Proof of a child's age is vital, for example, when legal action is required in cases of child abuse, sexual exploitation, early marriage, conflict with the law, under-age employment or detention in penal institutions. It is also an important source of protection against unlawful recruitment into the armed forces. Yet at the end of the decade, more than 2/5 of the 132 million babies born every year were unregistered – leaving over 50 million children excluded from the protection a birth certificate can confer. Wide urban and rural disparities in birth registration leave rural children particularly disadvantaged; the situation is particularly critical in sub-Saharan Africa, where a full 71% of births were unregistered in 2000.²¹⁸

UNICEF has increasingly supported countries in their efforts to strengthen their vital registration systems, thereby protecting the rights of children and reducing sources of exclusion. Actions in Latin America and the Caribbean have been particularly strong – with universal birth registration taken up as a major regional goal in the latter part of the decade.²¹⁹ Examples include Peru, where strategies involved massive information campaigns launched through all available media, advocacy for changes in laws and registration procedures, and financial support for innovative registration books with free distribution throughout the country. In Ecuador, where a national campaign was launched after a presidential decree restructured the civil registry system and simplified registration procedures, the mobilization of grassroots organizations resulted in over 80% coverage of the target population. In Nicaragua, a survey on the status of birth registration was conducted and a pilot project was carried out with a focus on working children. Innovative interventions to reinforce birth registration have also been undertaken in countries of other regions – for example in the Philippines, where one month a year has been declared 'civil registration month', and Bangladesh, where local government bodies have been strengthened and house-to-house registration supported by mass media campaigns, resulting in 4.5 million children registered over a 4 year period (1998-2002). More recent initiatives have been supported in Uganda, where the government has committed itself to promoting birth registration nation-wide, working through local government institutions at the village level. In all regions, as realization of the importance of birth registration grows, more partners are becoming involved and offering support.²²⁰

Child trafficking

Child trafficking has emerged over the decade as an increasingly critical issue that is being addressed on a number of levels by a variety of partners. Though statistics are unreliable, hundreds of thousands of children are estimated to be smuggled – like commodities – across borders and sold every year in a violation of human rights that threatens their very survival and development and denies them access to education, health, and protection. In its strategies to counter

²¹⁶ UNICEF Regional Office for CEE/CIS and Baltic States, *Regional Analytical Report 2001*.

²¹⁷ *Child protection in the CEE/CIS and the Baltic States Region: Challenges, priorities and the way forward*. (UNICEF Regional Office presentation for a meeting of Child Rights Officers, NY, 11-15 March, 2002.

²¹⁸ *EDR statistical review*, UNICEF 2001.

²¹⁹ Reference: *Regional report of the Americas on progress towards the goals of the World Summit for Children and the regional accords (1990-2000) IV* Secretary Pro-tempore American, Government of the Republic of Peru

²²⁰ *Universal birth registration: an issues brief* (internal UNICEF document, Child Protection section). See also *Birth registration, Right from the start*, Innocenti Digest #9, March 2002.

child trafficking, UNICEF has worked with partners to support and promote enhanced awareness, data and information; community mobilization and vigilance; regional and cross-border initiatives; time-bound measures linked to national development goals; the strengthening of existing laws; and the ratification, and implementation and monitoring of international conventions. These include ILO Convention 182 on the worst forms of child labour; the Optional Protocol to the CRC on the Sale of Children and Child Pornography (which came into force in January 2002); and the Supplementary Protocol to the International Convention on Organized Crime to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children.²²¹

UNICEF builds on its strong presence and partnerships at field level to advocate against child trafficking, to take initiatives at regional or cross-border level and to promote appropriate responses in country programmes. UNICEF has played a leading role in regional initiatives in West and Central Africa, working closely with partners such as the ILO, the OAU, the IOM, NGOs and governments who - since a 1998 meeting in Cotonou, Benin - have shown considerable political commitment to the issue. In 2000, UNICEF and ILO provided support for a sub-regional consultation in Libreville, Gabon – one of the outcomes of which was a Memorandum of Understanding on international trafficking in children between the Governments of Cote d'Ivoire and Mali – the first such agreement in Africa. This identifies areas for cross-border co-operation in combating child trafficking, including the repatriation of trafficked children and the detection and tracking of child trafficking networks.²²² In the Asia and Pacific region as well, UNICEF has joined in a number of projects to address the problem with partners such as the Mekong Regional Law Centre; the Economic and Social Commission for Asia and the Pacific (ESCAP); ILO; UNDP and the International Organization for Migration (IOM) as well as a number of NGOs active on this issue.²²³

At country level, UNICEF aims to help families and communities become the first line of protection for children. Actions includes support for the establishment of a child protection network in the border town of Poipet in Cambodia; community-based activities to report abuses at local level in the provinces of northeastern Thailand; and the creation of village committees in Benin to raise community awareness, report cases of abuse, contact police when children are missing; and monitor the re-integration of children who return to their villages. Other key areas of UNICEF work at country level include support for improved access to and quality of education; support for children who have been trafficked or exploited to enable them to re-enter society; economic support to families; and the strengthening of legislation and law enforcement.

Violence against children: an emerging focus

Within UNICEF's work, there has been growing acknowledgement that violence is not a stand-alone issue, but has significant links with a number of other organizational priorities – notably girls' education, early childhood development, and HIV/AIDS. It is known, for example that fears about school safety are an obstacle to girls' going to school, staying in school, and learning; moreover both boys and girls are often susceptible to various forms of physical and psychological violence in school, including bullying and beating, corporal punishment, and sexual coercion. UNICEF seeks a safe and protective environment around children, including within the home, the school and other institutions, and with particular reference to the most disadvantaged groups.²²⁴ As with work on gender-based violence (see chapter 5), this provides an emerging focus for UNICEF, with priority prevention measures coupled with physical and psychological recovery and social reintegration. UNICEF's participation, along with WHO and UN High Commissioner on Human Rights, in the UN Secretary-General's in-depth study of violence against children requested by the General Assembly will help establish clear parameters for further programme development.

Looking ahead

In the current medium term strategic plan (2002-2005), improved protection of children from violence and abuse, exploitation and discrimination features as one of the five organizational priorities and UNICEF's capacity to consistently respond to child protection issues will be further built up. The main areas of focus for this priority area include: children affected by violence and abuse (including physical, sexual and psychological violence against children within the family, in schools, in communities and in state gender-related violence and female genital mutilation; and

²²¹ Information for this section comes primarily from the UNICEF programme website, <protection/focus/trafficking/issue> and the *Statement by Karin Landgren*, Chief, Child Protection Section, UNICEF, at the Congressional Human Rights Caucus: Briefing on trafficking in children, 6 June 2002.

²²² *Statement by Karin Landgren*, Chief, Child Protection Section, UNICEF, at the Congressional Human Rights Caucus: Briefing on trafficking in children, 6 June 2002.

²²³ UNICEF programme website, <protection/focus/trafficking/issue>

²²⁴ *Violence against children: UNICEF's role in child protection*, paper presented by Karin Landgren, to the 2002 Congress of the International Society for the Prevention of Child Abuse and Neglect, 8 July 2002.

children affected by armed conflict); child labour (with a focus on the worst forms including forced labour, trafficking, recruitment for armed conflict, prostitution and pornography, hazardous work and illicit activities like drug trafficking); children without primary caregivers (including those orphaned by HIV/AIDS and other causes; separated children in unstable environments; and institutionalized children, including children in detention). Discrimination of all sorts is a cross-cutting theme and child protection measures are coordinated with other programme priority areas as well (such as birth registration in early childhood care and development). Core interventions aim to support a solid knowledge base to break the silence on these issues and inform programme interventions; to contribute to the development and implementation of protection laws, policies and programmes; and to strengthen measures for the prevention and elimination of violence and abuse, as well as actions aimed at recovery and reintegration for those affected through the plan period. Emergency operations will continue to be mainstreamed into regular programmes.²²⁵ (*see chapter 10 for further information*)

²²⁵ UNICEF *Medium-term strategic plan* for the period 2002-2005 (E/ICEF/2001/13).