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Recommendation for funding for a short-duration country programme**

Federal Republic of Yugoslavia

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of the Federal Republic of Yugoslavia, including the province of Kosovo under the United Nations Interim Administration. The Executive Director *recommends* that the Executive Board approve the amount of \$2,112,000 from regular resources, subject to the availability of funds, and \$36,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2004.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).



<i>Basic data^a</i> <i>(1999 unless otherwise stated)</i>	
Child population (millions, under 18 years)	2.7
U5MR (per 1,000 live births) (2000)	20
IMR (per 1,000 live births) (2000)	17
Underweight (% moderate and severe) (2000)	2
Maternal mortality ratio (per 100,000 live births) (1996)	10
Literacy (% male/female) (1995)	99/97
Primary school attendance (% net, male/female) (2000)	98/97
Primary school children reaching grade 5 (%) (1994)	100
Use of improved drinking water sources (%) (2000)	98
Routine EPI vaccines financed by Government (%) (1997)	100
GNP per capita (US\$)	^b
One-year-olds fully immunized against:	
Tuberculosis	99 per cent
Diphtheria/pertussis/tetanus	94 per cent
Measles	84 per cent
Poliomyelitis	98 per cent
Pregnant women immunized against tetanus	.. per cent

^a Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to 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), and therefore may differ from data contained in the text of this document.

^b Estimated to be lower middle income (\$756-\$2,995).

The situation of children and women

1. A decade of sanctions, war and economic crises have caused a noticeable decline in standards of living in the Federal Republic of Yugoslavia. While accurate figures are impossible to obtain, it is estimated that one quarter of the population live in poverty. Gross domestic product per capita is 43.1 per cent lower than in 1990. The country achieved 13 of the measurable end-decade goals, including those related to infant mortality, immunization, water and sanitation, and basic education. However, the quality of social services is deteriorating, and immense challenges remain in rebuilding the economy and public sector of Serbia proper and Montenegro. Not only was the malnutrition reduction goal not achieved, but malnutrition actually increased in the closing years of the decade. At the same time, Serbia and Montenegro continue to confront ethnic and political tensions.

2. The province of Kosovo, under a United Nations interim administration pursuant to Security Council resolution 1244 (1999), remains politically fragile, and budgetary constraints limit social sector spending by the United Nations Interim Administration Mission in Kosovo (UNMIK). The promotion of inter-ethnic co-existence is a guiding principle of UNMIK. None the less, the likelihood of the early return of some 220,000 Kosovar Serbs, who fled the province in mid-1999 following the departure of the Yugoslav military forces, and the ensuing reprisals by

extremists, remains remote. Human rights violations against minorities, including children, as well as general lawlessness and crime, continue. The town of Mitrovica remains ethnically divided, and the three northern municipalities, with Kosovar Serb majorities, have been reluctant to cooperate fully with the UNMIK administration. Those Kosovar Serbs and Roma who remain elsewhere in the province, as well as Kosovar Albanians who remain in the three northern municipalities, live in enclaves under the protection of the NATO-led Kosovo Force. Travel to markets or other public places, where possible, is done under armed escort.

3. The sustainability of routine immunization services in Serbia and Montenegro remains a concern despite high coverage levels. Social service facilities are neither child-friendly nor demand-driven, and a lack of disaggregated data constrains targeted service delivery. The nutritional status of women has also deteriorated, with high levels of iron deficiency (26.7 per cent of women aged 15-49 years are anaemic). Overburdened parents are less able to provide appropriate child care, and 42 per cent of mothers cannot identify at least two signs of childhood illness. The rate of exclusive breastfeeding is one of the lowest in the world (10.6 per cent). Abortions are commonly used for birth control; there were 69 abortions per 100 live births in Serbia in 1995.

4. Kosovo was always considered the most underdeveloped region of the former Yugoslavia. In the 1990s it suffered economic stagnation, and there was both social and economic discrimination against and non-participation by the majority Albanian population. Infant and perinatal mortality rates are estimated at 35 and 30 per 1,000 live births, respectively, due mainly to inadequate antenatal and neonatal services. The rate of stunting among children under five years old is 9.4 per cent, and only 15 per cent of children have access to safe water. Acute respiratory infections and diarrhoea are the leading causes of early childhood morbidity, the latter attributable in particular to poor water quality. Coverage with three doses of combined diphtheria/pertussis/tetanus vaccine has increased to 90 per cent, although areas of low coverage remain. The World Health Organization (WHO) estimates the maternal mortality ratio (MMR) to be 40 per 100,000 live births, with only 81 per cent of births attended by a professional. Antenatal coverage is only 67 per cent.

5. Only 31 per cent of children aged 36-59 months in Serbia and Montenegro attend early childhood education (ECE) programmes, and the quality of pre-school services has deteriorated. The past emphasis on institutional care has failed to equip parents with appropriate parenting skills. An estimated 80 per cent of Roma children do not complete primary school, and 50 per cent of children from rural areas and of the internally displaced do not attend school on a regular basis. The majority of children do not actively participate in the learning process. The gross continuation rate to secondary education is 65 per cent and the drop-out rate in secondary school is 30 per cent, affecting mostly poor children. Most students do not have access to vocational training as this aspect of the educational system has deteriorated greatly since the transition.

6. The population of Kosovo has the highest percentage of youth in Eastern Europe, with one half of the population estimated to be under 25 years of age. Some 17 per cent of youth are thought to be functionally illiterate, severely undermining their future prospects for skilled employment. Access to quality early childhood and basic education is low, particularly for girls and minorities. Pre-school coverage is less than 3 per cent, and net primary school attendance is 92 per cent. Drop-out rates

are much higher for girls in the later primary school grades, and in rural areas, less than 29 per cent of girls complete secondary school compared to 61 per cent of boys. Factors contributing to low female retention in schools include the teaching methods and curricula; however, further research and analysis are needed to provide a properly targeted programmatic response.

7. In Serbia and Montenegro, 65 per cent of boys and 30 per cent of girls are reported to have sexual relations before 16 years of age. Without sustained sexual education in schools and youth-friendly reproductive health services, these young people face multiple risks. Some 23 per cent of children aged 11-15 years in Serbia and Montenegro smoke tobacco regularly, and there are large numbers of intravenous drug users. Factors associated with the risk of HIV/AIDS among adolescents in Kosovo include low condom use, a high rate of intravenous drug use and incorrect knowledge of HIV (only 15 per cent of girls aged 15-19 years know three ways to prevent HIV transmission). Out-of-school adolescents have few employment opportunities. The extent of their involvement in illicit activities, including the sale, procurement or use of small arms, has yet to be adequately researched.

8. Data are not systematically collected on vulnerable children in Serbia and Montenegro. Cases of abuse are normally not reported and go unchecked. Children with special protection needs are frequently institutionalized, and community-based and family support programmes are inadequate. The rate of juvenile delinquency has risen, and social welfare centres maintain discretionary powers on corrective measures. In Kosovo, few services exist for children and women in need of special protection. Young people are particularly vulnerable in the rapidly changing province, where crime, trafficking of women and girls into the sex industry, and substance abuse are growing concerns. Monitoring, reporting and referral systems are weak or non-existent. As a whole, the Federal Republic of Yugoslavia has also become a major transit and destination point for the trafficking of young women and children for commercial sexual exploitation. Political instability in The former Yugoslav Republic of Macedonia has led to significant refugee flows into the Federal Republic of Yugoslavia, primarily to Kosovo and southern Serbia, which will further impact the weak services and capacity for children and women in the country, as well as diverting resources to the humanitarian needs of these refugees.

Programme cooperation, 1999-2001

9. Due to the 1999 Kosovo crisis, the regular programme of cooperation in the Federal Republic of Yugoslavia for 1999-2001 (E/ICEF/1998/P/L.37) was superseded by a series of United Nations consolidated emergency appeals. Generally, in accordance with the programmatic framework of the country programme recommendation, the appeals stressed attention towards internally displaced persons (IDPs) and refugees. In Serbia and Montenegro, while responding to emergency humanitarian needs, UNICEF also addressed the issues that caused the crisis and helped to facilitate a smooth transition from emergency to rehabilitation and development. Within this two-pronged approach, essential and life-saving relief assistance was provided to communities where large numbers of refugees and IDPs had settled. This included basic supplies, equipment for social institutions, psychosocial assistance, and health and nutritional care. During the winters, UNICEF provided fuel and clothing to vulnerable groups in maternity wards,

children's institutions and kindergartens. Longer-term assistance and capacity-building were also provided to ensure that basic health, education and social services could, in turn, absorb the increased caseloads and to make the services more sustainable and child-friendly. UNICEF also supported innovations such as the introduction of peace and tolerance education and active learning methods in schools and the training of visiting nurses.

10. In June 1999, UNICEF returned to Kosovo with the aim of supporting UNMIK and local communities to restore capacities to ensure children's rights. With over \$55 million in total emergency funding, UNICEF has focused on the areas of mine awareness education, child protection, maternal and child health, school reconstruction and improved sanitation. UNICEF headed UNMIK's initial education effort and contributed to the return of most children to school through the repair and winterization of primary schools, as well as the provision of school furniture, education materials and over 3.2 million textbooks. The revitalization of routine immunization services, the provision of emergency drugs, the rehabilitation of health facilities and the introduction of the Integrated Management of Childhood Illness (IMCI) initiative and the essential newborn care programme dominated emergency support in health. The reconstruction of up to 22 schools for 6,600 children, the repair of 35 pilot schools, and the upgrade of water and sanitation facilities in up to 85 schools for approximately 50,000 children will be completed by the end of 2001. UNICEF is the lead agency for curriculum reform and ECE, and has promoted child-centred education through its 35 pilot schools. UNICEF took a lead role in re-establishing the social welfare system for the territory, and supported services and legislation to enhance the protection of the most vulnerable groups, including the drafting of a new juvenile justice code and regulations on domestic violence and trafficking. Jointly with the UNMIK Department of Youth, UNICEF commissioned a situation analysis on youth, which helped in policy development. Since 2001, the overall approach in the Federal Republic of Yugoslavia has combined relief assistance with longer-term efforts to reform basic services.

Lessons learned from past cooperation

11. Lessons learned in Serbia and Montenegro point to the value of investing in networks of partners and professionals, and exposing them to innovative approaches at the grass-roots level as the basis for further policy reform in the social sector. In order to ensure proper monitoring of the Convention on the Rights of the Child, more input is needed to integrate and strengthen social information systems. To complement the resources of the state sector in child-focused service delivery, more involvement of the private sector and civil society should be encouraged and promoted. The guiding principles of the Convention, non-discrimination and the best interests of the child need to be instilled in all strategies and activities in order to ensure that social services are integrated, and child- and beneficiary-friendly.

12. The evaluation of the United Kingdom Department for International Development (DfID) and the UNICEF emergency programme in Kosovo noted that UNICEF was a critical partner in the wider humanitarian response, especially in education and in ensuring a child rights focus. However, it considered that the UNICEF contribution was hampered by operational weaknesses in emergency contingency planning and in the delayed provision of adequate human resources and logistical support. During 2000, special efforts were made to ensure the recruitment

of additional experienced staff for key functions. In programmatic terms, in the unprecedented situation of the United Nations administering a territory, UNICEF found itself having to engage in policy and project activities for limited periods of time that went beyond conventional approaches.

Recommended programme cooperation, 2002-2004

	<i>Estimated annual expenditure (In thousands of United States dollars)</i>			
	2002	2003	2004	Total
Regular resources				
Early childhood development	62.5	61.0	59.0	182.5
Access to quality education	62.5	61.0	59.0	182.5
Young people's health, development and participation	62.5	61.0	59.0	182.5
Child protection	62.5	61.0	59.0	182.5
Cross-sectoral costs	454.0	460.0	468.0	1 382.0
Subtotal	704.0	704.0	704.0	2 112.0
Other resources				
Early childhood development	3 423.5	2 670.0	1 600.0	7 693.5
Access to quality education	5 173.5	3 740.0	2 800.0	11 713.5
Young people's health, development and participation	1 723.5	1 600.0	1 300.0	4 623.5
Child protection	2 573.5	2 290.0	1 800.0	6 663.5
Cross-sectoral costs	2 106.0	1 700.0	1 500.0	5 306.0
Subtotal	15 000.0	12 000.0	9 000.0	36 000.0
Total	15 704.0	12 704.0	9 704.0	38 112.0

Country programme preparation process

13. For Serbia and Montenegro, a review of 10 years (1990-2000) of children's rights and the multiple indicator cluster survey were the basis for a planning exercise with national counterparts at republic levels and a strategy meeting which took place at the federal level, with the participation of staff from the UNICEF Pristina office. The counterparts welcomed the life cycle approach as appropriate and in line with country strategies for children. The Kosovo strategy was prepared in consultation with UNMIK, and was based on the findings of an end-decade report, a situation analysis of children and women, and the United Nations Kosovo Common Assessment. The donor community was consulted in the preparation of the programme, including on emergency preparedness.

Country programme goals and objectives

14. Within the overall framework of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the programme aims to contribute to ensuring that all children's rights are fully respected and monitored. The main programme objectives are: (a) to improve social services and empower families with knowledge and skills to enable them to ensure that infants and children are healthy, emotionally secure and able to learn in a safe environment; (b) to contribute to universal access to quality formal and non-formal education and reduce drop-out rates, particularly of girls and minorities; (c) to equip children with the necessary life skills to become healthy, active and responsible citizens; and (d) to contribute to the reform of policies and legislation for children in need of special protection and introduce family-based alternatives.

Relation to national and international priorities

15. The programme is consistent with the emerging global organizational priorities of UNICEF. It will complement efforts by the Government, the donor community and others to prepare a strategic development framework for the Federal Republic of Yugoslavia. In Kosovo, UNICEF harmonizes its programmes with UNMIK's planning activities, particularly its investment plan 2001-2003.

Programme strategy

16. The 2002-2004 programme will utilize a rights-oriented, life cycle approach to achieve child-centred outcomes. The programme strategy seeks to strengthen and develop national capacity to design and provide child-friendly services that ensure the participation of families, communities and civil society organizations (CSOs). The programme communication and social mobilization strategies will encourage behaviour change and the utilization of available services. Advocacy for child-centred policies will be promoted through a comprehensive monitoring system of child rights. Children's participation will be promoted to ensure that children and young people are consulted on decisions that affect them. In Kosovo, the partnerships established with UNMIK, United Nations agencies and non-governmental organizations (NGOs) will be utilized to advocate for improved policies and legislation. Although UNICEF support to service delivery will gradually diminish, it will none the less remain a vital part of assistance to UNMIK, especially in relation to social welfare, until budgetary resources are secured for child protection services. Research and innovative pilot projects will be supported. Contingency planning and preparedness will enable a rapid response to possible new emergencies.

17. **Early childhood development (ECD).** In Serbia and Montenegro, the programme will support the social sector reform process and seek to ensure that women enjoy high-quality health care and home support during pregnancy, delivery and lactation. Families will be supported to ensure a good start for all children, recognizing the advantages of breastfeeding, the prevention of nutritional disorders, early stimulation, and psychosocial and cognitive development. The approach will enable effective prevention and home management of child illnesses and the prevention of injuries, disease and accidental death. The programme will strengthen

the efficiency and effectiveness of expanded programme on immunization systems in order to sustain immunization coverage and support the health system's capacity to deliver universal services for IMCI, including outreach capabilities to vulnerable groups. For children aged 3-6 years, increased coverage of diversified forms of pre-school services and girls' access to initial education, where necessary, will be promoted. A protection strategy will focus on the prevention of emotional, physical or sexual abuse.

18. In Kosovo, the programme will focus on the reduction of infant and maternal mortality and morbidity, malnutrition and on improved psychosocial and cognitive development. UNICEF will promote the implementation of Kosovo-wide multisectoral policies and programmes on ECD. A key intervention among children aged 0-3 years will be the extension of IMCI training to all health workers and the inclusion of the improved parenting practices component. UNICEF will support health promotion and the training of health workers to improve and increase antenatal and neonatal care coverage. Routine immunization will be strengthened in low coverage areas and as a means of community outreach for health promotion and better parenting. The Baby-Friendly Hospital Initiative will be expanded to all hospitals and will monitor compliance with the International Code of Marketing of Breast Milk Substitutes. UNICEF will advocate with UNMIK to adopt policies and programmes on micronutrient deficiency, including salt iodization, iron supplementation and food fortification.

19. **Access to quality education.** In Serbia and Montenegro, within the reform process, the programme will contribute to universal access to quality basic education, especially for children from poor households, minority groups, displaced children and children with disabilities. Through active support to decentralization, schools will become more child-friendly and open to families and communities. A management information system with disaggregated data will be created to identify disparities and develop targeted outreach programmes. Capacity-building efforts will support the education system to promote democratic values, human rights, healthy lifestyles, social integration and peace. Child participation, creativity and self-esteem will be encouraged, and child-centred teaching/learning methods will be developed further. Advocacy activities will promote proper educational conditions for children and teachers, and vocational training for those who have missed basic education opportunities.

20. In Kosovo, UNICEF will seek to reduce drop-out rates of girls in primary and secondary school and to improve the quality and relevance of education, both in and out of school. This will include the development of a new school curriculum, the adoption of a multi-strategy ECE programme, improved teaching and the implementation of alternative education targeting girls in particular. Research will be conducted on the causes of the high school and rural drop-out levels among girls. In pilot schools, UNICEF will demonstrate the impact of a child-friendly and inclusive environment on learning performance, and advocate for its adoption throughout Kosovo. The introduction of life skills and conflict resolution in the curriculum, as well as health-related school policies, skills-based health and hygiene education, and health and nutrition services, will improve the health and well-being of school-aged children.

21. **Young people's health, development and participation.** In Serbia and Montenegro, the programme will incorporate social mobilization to support

behavioural change and create a supportive environment for young people's active participation and development. UNICEF will advocate for the formulation of an appropriate national policy framework for young people and foster the development of CSOs focused on youth participation. The development of youth-friendly social services (counselling and outreach) to empower young people with information and skills for healthy lifestyles, family planning, and the prevention of sexually transmitted infections, HIV/AIDS and substance abuse is planned. It will also develop "second chance" education opportunities for youth in high-risk situations.

22. In Kosovo, UNICEF will support UNMIK and other partners to develop effective policies and programmes addressing adolescents. HIV/AIDS prevention will be based on behavioural research and the development of communication strategies for promoting safe behaviours among adolescents, especially those associated with sexual behaviour and drug use. UNICEF will advocate for policies and programmes for adolescent-friendly health services. Research on adolescent involvement in illicit activities, including the small arms trade and trafficking of women and girls, will be undertaken. Community-based planning activities in selected minority areas to equip adolescents with the skills necessary for assessing, analysing and taking action to address problems of access to recreational facilities will be supported.

23. **Child protection.** In Serbia and Montenegro, the programme will support the country's overall social welfare reform process, with a focus on child protection and child rights violations such as abuse, neglect, the lack of due process for children in conflict with the law, abandonment, disabilities, the involvement of children in armed conflict and discrimination. The programme will support the improvement of the existing social welfare centres network, as well as encourage family- and community-based approaches in order to provide children with more opportunities for social integration. The programme will also support juvenile justice reform and promote sustainable partnerships between national and local government and NGOs in the development, coordination and provision of more efficient services.

24. In Kosovo, UNICEF will promote and support effective policies and programmes to protect children. UNICEF will support UNMIK to establish and build capacity in centres for social work and ensure that relevant UNMIK regulations conform with the Convention on the Rights of the Child and other instruments. UNICEF will mobilize civil society groups around preventive and non-institutional approaches to child protection. Through research, pilot projects and technical assistance, programmes will address children deprived of parental care, de-institutionalization, abused and neglected children, children in conflict with the law and children with disabilities.

25. **Cross-sectoral costs** will cover senior programme and operations staff, as well as support staff and the operating costs of UNICEF offices in Belgrade, Pristina and a sub-office in Podgorica. They will also include provision for monitoring, evaluation and advocacy activities.

Monitoring and evaluation

26. UNICEF will develop and implement an integrated communication plan and an integrated research, monitoring and evaluation plan to serve the interrelated functions of advocacy and child rights monitoring. UNICEF will support the set-up

of an independent monitoring system for children's rights, which will contribute to the ongoing situation analysis, the reporting process on the Convention on the Rights of the Child and the work of the ombudsman. UNICEF will establish a results-based monitoring framework that will enable effective project management and full accountability for allocated resources through regular monitoring of project outputs and evaluation of the impact of UNICEF assistance. The use of disaggregated data will contribute to the regular monitoring of the situation of the most disadvantaged children. Gender mainstreaming will be ensured through developing gender-specific indicators and integrating gender analysis in all stages of research, monitoring and evaluation. In Kosovo, during the first year of the programme, emphasis will be placed on obtaining comprehensive baseline data.

Collaboration with partners

27. UNICEF will maintain its close collaboration with other United Nations agencies, including UNMIK, and will ensure continuous exchange on strategies with other multilateral institutions such as the World Bank, the Organization for Security and Cooperation in Europe and the European Agency for Reconstruction. Collaborative efforts with civil society, notably through international and local NGOs, will be maintained to serve both the delivery of quality services and as models for policy reforms. Through its lead agency function in Kosovo, UNICEF will ensure common approaches to ECD and education reform, and will work closely with WHO in health. Throughout the Federal Republic of Yugoslavia, UNICEF is an active member of the Joint United Nations Programme on HIV/AIDS theme groups, and works closely with partners in the areas of juvenile justice and at-risk children. Partnerships may also be expanded in 2002 through the United Nations Consolidated Appeal Process to implement a school sanitation and hygiene education project in Kosovo.

Programme management

28. The UNICEF Special Representative for the Balkans Area will provide coordination and oversight to the Assistant Representative and the country management team in Belgrade and Podgorica in managing the programme in Serbia and Montenegro and to the head of office and the Kosovo management team in Pristina in managing the programme in Kosovo. The Balkans Area Office, to be based in Belgrade from 2002, will provide assistance to the UNICEF country teams in the Federal Republic of Yugoslavia, as well as in Bosnia and Herzegovina and The former Yugoslav Republic of Macedonia, in relation to policy and programme development, donor liaison, media relations and communication, security and emergency preparedness. The Special Representative also acts as the principal UNICEF focal point for cooperation with the Stability Pact for South-Eastern Europe.

