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Draft country programme document**

Belarus

Summary

The Executive Director presents the draft country programme document for Belarus for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$3,260,000 from regular resources, subject to the availability of funds, and \$1,420,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

Basic data^a
(2003 unless otherwise stated)

Child population (millions under 18 years)	2.1
U5MR (per 1,000 live births)	17
Underweight (% , moderate and severe)	N/A
Maternal mortality ratio (per 100,000 live births, 2002)	18
Primary school enrolment (% , net male/female, 2001/2002)	95/93
Primary school children reaching grade 5 (% ,1999)	72
Use of improved drinking water sources (% , 2002)	100
Adult HIV prevalence rate (%)	N/A
Child work (% , children 5-14 years old)	N/A
GNI per capita (US\$)	1,590
One-year-olds immunized against DPT3 (%)	86
One-year-olds immunized against measles (%)	99

^a More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Belarus is a lower middle-income country. Official statistics show a continuous growth in gross domestic product (GDP) and industrial production since 1996, and a decrease in inflation from 108 per cent in 2000 to 28 per cent in 2003.

2. In 2003, 47 per cent of the consolidated social budget was spent on education, 36 per cent on health and physical education and 12 per cent on social assistance and insurance. In recent years, Belarus has embarked on a number of reforms in education, health and social protection. It is important that these reforms continue to address issues of efficiency and equity so that the most vulnerable remain at the centre of attention.

3. Belarus continues to be affected by the 1986 Chernobyl nuclear power plant disaster, when almost 23 per cent of its territory was contaminated by radioactive fall-out. The costs of addressing the environmental, economic, fiscal, and social consequences of the catastrophe have been a major burden on the budget, amounting to 1 per cent of GDP in 2003.

4. According to the World Bank, poverty has declined substantially over the past eight years while inequality has increased marginally. This decline has been achieved by maintaining an extensive system of social protection, services and administrative wage increases. However, disparities remain. People residing in rural areas represent the largest share of the poor (39 per cent). Families with three or more children have three times the risk of being poor. Poverty-related patterns are evident in morbidity and related risk factors. For example, 13 per cent of children under five years are stunted, a condition typically associated with long-term deprivation.

5. The population dropped below 10 million in 2001. During the last decade, a low birth rate has been accompanied by a high adult death rate and falling life expectancy. The number of alcohol-related deaths increased from 24 per 100,000 in 1994 to 27 per 100,000 in 2002. There are 2.1 million children in Belarus, a decline

of 25 per cent since 1990, with 72 per cent living in urban areas and 28 per cent in rural areas.

6. The infant mortality rate (IMR), one of the lowest among the members of the Commonwealth of Independent States, is higher in rural than urban areas (10 and 7 per 1,000 live births respectively). Accidents, poisoning and injuries are among the leading causes of child mortality and morbidity. The maternal mortality ratio was 18 per 100,000 live births in 2003, but is higher in rural areas, which saw an increase from 16 in 2000 to 25 in 2003. Anaemia continues to be prevalent among women of child-bearing age. The rate of anaemia among children 0-14 years increased from 727 cases per 100,000 in 2000 to 832 in 2003. Iodine deficiency disorders (IDD) remain a public health problem.

7. The well-being, health and development of more than 330,000 children continue to be adversely affected by the aftermath of the Chernobyl accident. The measures and assistance that have been put in place are not sufficient to meet the needs of these children and their families.

8. The estimated number of HIV-infected people is between 11,000 and 15,000. Increasingly, HIV is transmitted through sexual contacts and infections among women are rising. Young people comprise 80 per cent of all registered HIV cases. At the beginning of 2004, the total number of children born to HIV-positive mothers was 541, with 20 children in state care. The integration of HIV-infected and -affected children in schools poses problems arising from stigma, deficiencies in knowledge and skills of teachers and social workers, and insufficient support to the children and their families.

9. A number of new and worrying trends are affecting families. Approximately 6 out of 10 marriages end in divorce. Violence towards children and women has grown. In 2003, the fertility rate among young women aged 15-19 years was 23 per 1,000 (women in that age group). Between 1990 and 2003, there was a continuous increase in the number of children born to unmarried women, reaching nearly one third of live births in 2003.

10. Deprivation of parental rights has been the main cause for children becoming 'social orphans' and is increasingly associated with parental neglect and alcoholism. Since 2001, the number of children in state care institutions has been decreasing. Of 27,888 children deprived of parental care in 2003, 47 per cent were in state care and 53 per cent in alternative placement. Young people leaving care have had difficulties in adapting to independent living, starting a family and raising children.

11. In 2003, there were 118,914 children with special needs, including 29,282 children with disabilities. Their needs included rehabilitation, psychosocial and medical support and social integration. In recent years there has been a shift away from placing children in special education establishments towards integrated education; 68 per cent of these children currently have access to mainstream schools and pre-schools. A network of centres provides psychosocial services to these children and their families. The objectives still to be met are providing every child with special needs with comprehensive support and care to ensure social integration. To prevent more serious problems, prevention, early detection and treatment should be made available to children with early indications of physical, cognitive or emotional disabilities.

12. In 2003, 27,105 children were charged with juvenile offences, an increase of 5,560 as compared with 2002. Alcohol and drug abuse and dysfunctional family environments contributed to this increase. Policy guidelines for juvenile justice that promote a shift to social and restorative justice were developed.

13. The National Plan of Action for the Improvement of the Situation of Children and for Protection of their Rights for 2004-2010 (NPA) was developed and approved in response to the recommendations of the Committee on the Rights of the Child in 2002. Its priorities include the alignment of laws with the Convention on the Rights of the Child and the strengthening of mechanisms to collect and analyse data on children. The NPA also provides for improved policies and measures to guarantee a well-functioning juvenile justice system that puts the interests of the child first.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

14. The previous country programme's overall goal was to strengthen the capacity of the Government and civil society to fulfil and protect children's rights in Belarus. Through dissemination of knowledge and best practices, training and re-orienting services, the programme sought to contribute to the development of integrated policies and practices in early childhood development, young people's health and development and HIV/AIDS prevention, and child protection.

15. Consumption of iodized salt by households reached 55 per cent, an increase of 20 per cent from 2001. Some 78 per cent of the population now have knowledge about iodized salt.

16. The exclusive breastfeeding rate increased two-fold to 50 per cent in 2003, as compared with 1993. Standards and procedures were developed to assess "baby-friendly" clinics, and national assessors were trained. Programmes, guidelines for parental education and a "better parenting package" which addressed early childhood issues, were produced and disseminated. Pre-school education models tailored to the specific needs of children in rural areas were established.

17. Health-care services in Minsk and Svetlogorsk, a city at the centre of the HIV epidemic, were re-oriented to deliver counselling and information services to young people. These health centres involved teachers and parents in promoting healthy lifestyles. A core group of national medical professionals was trained in the prevention of mother-to-child transmission of HIV. A situation analysis of the HIV epidemic's effect on children and women helped to shape the national agenda for community-based care and support for HIV-affected and infected children and families. Support for these activities was provided by Development Cooperation Ireland (DCI).

18. An estimated 30 per cent of children now have access to healthy lifestyle education in schools. In 2004, life skills-based education was introduced into the national school curriculum and further reinforced through peer education programmes.

19. The traditional pattern of placing children deprived of parental care in state care institutions is changing. In 2003, 53 per cent of children deprived of parental care were placed in alternative care, compared to 39 per cent in 1993. New approaches for children with disabilities, including day-care centres, rehabilitation and professional/vocational training programmes to promote social integration, have been implemented with the support of the Government of the Netherlands. Restorative programmes for young offenders were assessed and recommended for replication in Minsk.

Lessons learned

20. The 2004 extended annual review of the country programme confirmed that collaboration and a coordinated response by government agencies and non-governmental organizations (NGOs) ensure sustainability and replication of best practices. Specific examples included the joint design and implementation of programmes for young offenders in Minsk; and promotion of healthy life styles and prevention of HIV, STI and drug abuse among young people.

21. The quality of the country's NPA was enhanced by the meaningful participation of children and young people. Youth participation in the promotion of healthy lifestyles through peer education programmes and youth media initiatives proved to be effective in building communication channels.

22. The progress in de-institutionalization of children is to a great extent attributed to the Government's strong commitment to a comprehensive approach that includes the adoption of legislative and regulatory frameworks; strengthening of family support services to prevent family disruption; creation of alternative family-based care accompanied by training of professionals working with families and children; and change in public attitudes.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

<i>Programmes</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood development	850	420	1 270
Children and young people's health and development and HIV/AIDS prevention	850	480	1 330
Child protection	910	520	1 430
Cross-sectoral costs	650	-	650
Total	3 260	1 420	4 680

Preparation process

23. The situation analysis of children and women in Belarus formed the basis for the new country programme. The programme was discussed with the Ministry of Foreign Affairs, as the coordinating government partner, and with line ministries and the United Nations country team. Programme interventions have been developed within the framework of national priorities and plans.

Goals, key results and strategies

24. The overall goal of the programme is to support national plans and priorities to increase children's and young people's opportunities to enjoy their rights to survival, development, protection and participation. The proposed programme will consolidate and build on achievements of previous cooperation, with the main thrusts comprising policy reform, and developing linkages and complementarity between interventions.

25. The first programme component will focus on the creation of an enabling environment for young children through achievement of two key results: (a) improved ECD policies for prevention of micronutrient deficiencies and for children with special needs (children with disabilities, who are intellectually challenged or have psychosocial problems); and (b) at least 20 per cent more young children will benefit from improved capacities of professionals and parents on ECD.

26. The second component aims to protect children and young people from HIV and other related risks. It will incorporate three key results: (a) at least 70 per cent of all children will have access to relevant health and life skills education (b) an increased number of children, young people and families will have access to quality community-based HIV/AIDS care and support in five locations most affected by the epidemic; and (c) young people will have better opportunities to influence decisions affecting their lives.

27. The third component will centre on improving the environment for children and young people in need of special protection measures, with two key results: (a) improved child protection legal frameworks and policies will be in place relating to de-institutionalization, juvenile justice and violence prevention; and (b) a 20-per-cent decrease in the number of institutionalized children.

28. Strategies include providing support for enhanced national legislation, policies and implementation mechanisms in line with the observations of the Committee on the Rights of the Child. Standards will be developed to improve services for children, and young people. Institutional capacity-building and training of professionals will be carried out in support of these changes. Social mobilization and communication for behavioural change will strive to raise awareness and change attitudes towards the most vulnerable groups of children and young people; and to promote child rights and healthy lifestyles.

29. The programme will focus upon the most vulnerable, including children with disabilities and those deprived of parental care or in conflict with the law. Efforts will be made to promote coordinated responses by public agencies and civil society vis-à-vis children, young people and families. Geographical disparities will be addressed through focusing on rural areas and locations showing the most adverse

trends in relation to children and young people, such as areas affected by the Chernobyl disaster and those with the highest incidence of HIV/AIDS.

Relationship to national priorities and the UNDAF

30. The country programme is guided by the national Law on the Rights of the Child, the Programme “Children of Belarus”, the National Plan of Action on the Improvement of the Situation of Children and Protection of Their Rights for 2004-2010, and the National Programme for Healthy Lifestyle Promotion for Youth and Children.

31. The harmonization of the programme cycles of UNICEF and the United Nations Development Programme will start in 2006 and form the basis of a coordinated United Nations system response to national priorities.

Relationship to international priorities

32. The programme contributes to the achievement of the following Millennium Development Goals: Goal 4, reducing child mortality; Goal 5, improving maternal health; Goal 6, combating HIV/AIDS, malaria and other diseases; Goal 8, developing a global partnership for development; and section VI of the Millennium Declaration: protecting the vulnerable. The goals of *A World Fit for Children* that cut across the programme’s activities include promotion of healthy lives and quality education; combating HIV; and protecting against abuse, exploitation and violence. The programme’s expected key results fit within three of the priorities of the UNICEF medium-term strategic plan: early childhood development, fighting HIV/AIDS, and child protection.

Programme components

Early childhood development

33. The rights of young children (0-7 years) to survival, health and development are threatened by micronutrient deficiencies, accidents and limited access to services for children with special needs. Lack of adequate policies, implementation measures and insufficient knowledge of professionals and parents on early child development compound these problems.

34. This programme addresses the increased need for an institutional knowledge base for ECD, appropriate and updated legislative frameworks and more advanced networking, communication and sharing among childcare professionals in Belarus. This support will contribute to the revision and refocusing of overall ECD policies and practices targeting children with special needs.

35. Implementation of a multidisciplinary approach to ECD will include improved regulatory frameworks and actions in micronutrient deficiency prevention; incorporation of standards and methodologies for comprehensive monitoring of professionals’ and parents’ care of young children; and determination of roles and responsibilities of main ECD stakeholders with a focus on parents.

36. Professionals' and parents' needs for knowledge on young children's psychosocial development will be addressed through early childhood programmes that promote children's physical, intellectual and social development and school readiness. ECD professionals and parents will be trained on the prevention and improved management of accidents and poisoning. Early identification, assessment and stimulation of young children with special education needs will be supported through increased access to quality early intervention services, such as integrated services for children with special needs. National partners will be assisted in expanding "baby-friendly" practices to maternal and child health services and monitoring their quality.

Children and young people's health and development and HIV/AIDS prevention

37. Young people are particularly vulnerable to HIV because of risky sexual behaviour, substance abuse and insufficient access to HIV information and prevention services.

38. This programme promotes children's and young people's social, physical and mental health through improving access to information, health care and opportunities for participation. The programme's HIV prevention and response framework will include complementary interventions focusing on education and prevention; community involvement in care and support of HIV-infected and affected children and families; and youth participation.

39. Healthy lifestyle information will be disseminated through the formal education system to reach the majority of children and young people. This work will foster children's and young people's understanding about youth-related risks such as HIV, STIs, and drug and alcohol abuse, and enhance their skills through life skills education to make healthy lifestyle choices and manage individual health patterns. Programmes, guidelines and manuals for children and professionals will be developed, with accompanying training to school teachers. Peer education programmes, both within and outside schools, will also complement these initiatives.

40. Expansion of health facility networks that are friendly, supportive, accessible, affordable, confidential and non-judgemental will provide youth-appropriate services and information that ensure young people the opportunity to participate in decisions affecting their health.

41. Measures to prevent HIV transmission from mother to child have been integrated in medical services for women and children since 1997, but there is lack of trained medical professionals, especially in rural areas. Replicable community-based support models for HIV-infected and affected children and their families in the locations with the most pronounced HIV epidemic will be established and evaluated. The main activities will be directed towards PMTCT, decreasing the impact of HIV/AIDS on families and preventing stigmatization and social isolation of these children and families through guaranteed access to health, education and social services, and psychosocial support. This work implies building collaboration among public agencies, professionals and civil society groups to advocate and protect these vulnerable groups' rights.

42. Creation of supportive environments for children's and young people's participation will be further promoted to ensure that children and young people are actively involved in assessing needs, devising solutions, shaping strategies and carrying them out. Child participation mechanisms, such as peer education, youth journalism or youth initiatives, will be promoted at national, regional and community levels.

Child protection

43. Parental neglect, violence and abuse lead to deprivation of parental rights and placing children in state care institutions and correctional facilities. National policies and implementation measures are still to address child protection gaps through enhancement of a system for more appropriate screening of children entering institutions the improvement and expansion of community-based support services that would better uphold the rights of children with disabilities, and those deprived of parental care and families.

44. Key programme interventions will consist of improved access to information about the situation of children and women; collection and assessment of national, regional and subregional data disaggregated by age and gender; and establishment of child protection standards and indicators. This will reinforce the coordinated national response to family dysfunction, ensuring that children live in families or family-like environments. The policy reform agenda will comprise adoption and implementation of improved child-centred strategies, including effective actions in violence prevention, de-institutionalization and juvenile justice; strengthened national capacities to monitor children's rights realization; and harmonization of public agencies' and civil society organizations' efforts in child protection.

45. The programme will focus on supportive environments for vulnerable children that reduce the risk of neglect, abuse and institutionalization, as well as on strengthening family coping mechanisms. Strategies will include development, testing, evaluation and replication of innovative models and outreach techniques targeting children with special needs and children in conflict with the law.

46. Testing and evaluation of replicable models that transform state care institutions into resource and support services for children and families will be undertaken. Children's capacities for independent living will be strengthened. Assistance will be extended to improve the situation of children in correctional facilities for juvenile offenders. Minimum standards with regard to treatment and protection of juveniles in conflict with the law will form the framework for the transformation of the child and youth care system, as stipulated in the NPA.

47. **Cross-sectoral costs** will cover selected programme staff, administrative, information and communication expenses.

Major partnerships

48. The Government of Belarus will continue to be the major partner of UNICEF. Coordination and cooperation will be strengthened with ministries working for children, young people, women and families. Local and regional authorities and administrations at the subnational level will be important allies in programme

implementation, especially in areas affected by the Chernobyl accident and the HIV epidemic. Non-governmental and civil society organizations will continue to be partners in programme implementation, monitoring and joint advocacy for children's and young peoples' rights. Children and young people will increasingly participate in programme design, implementation and monitoring. Relations will be strengthened with academic and research institutions to enhance the capacity to analyse the situation of women and children and to design actions that address their needs. The media will be engaged in advocacy and resource mobilization for children.

49. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization will be important partners in the response to HIV/AIDS. Enhanced partnerships with United Nations agencies, National Committees for UNICEF and donors will be pursued in the joint design, implementation and monitoring of activities that promote the health and development of children, young people and women. UNICEF will continue to seek opportunities for joint advocacy on women's and children's rights and for obtaining social development resources in the areas affected by the Chernobyl disaster.

Monitoring, evaluation and programme management

50. A budgeted integrated and monitoring evaluation plan (IMEP), subject to annual revision, will establish a five-year research, monitoring and evaluation agenda. Key indicators will be used to assess progress against established objectives including infant, child and maternal mortality rates, rates of anaemia prevalence, the incidence of accidents and poisoning, rate of exclusive breastfeeding, the number of deliveries in certified "baby-friendly" hospitals, rates of use of iodised salt, HIV incidence, and the number of children in institutions, and the ratio of children placed in institutions versus alternative placements. Efforts will be undertaken to develop indicators for young people's participation. Government and other partners will undertake periodical progress assessments using these and other indicators to identify implementation bottlenecks and undertake corrective actions.

51. The situation analysis of women and children in Belarus will be periodically updated. Studies, surveys and evaluations conducted in 2003-2005 will be the baseline for the assessment of programme progress and impact. National partners including the Government, local authorities, NGOs, children and young people will participate in joint monitoring and evaluation, annual reviews and the 2008 midterm review of the country programme.

52. The Ministry of Statistics and Analysis will be supported in implementing DevInfo for monitoring and reporting on the Millennium Development Goals; the goals of Education for All; *A World Fit for Children*; and national priorities vis-à-vis children and women. Access will be provided to all interested parties to disaggregated national, subnational and international data. Increased access will strengthen monitoring capacities of the United Nations, national decision makers and civil society.

53. The Ministry of Foreign Affairs will be responsible for the overall coordination of the country programme and interactions of UNICEF with national partners.