UNICEF’s New Strategic Plan Responds to QCPR

For the first time ever, UNICEF, along with UNDP, UNFPA, WFP and UN-Women, has fully aligned its new Strategic Plan (2014-2017) with the QCPR cycle. This has provided a unique opportunity for UNICEF to work with sister agencies to converge their respective strategic plans and focus on system-wide synergies to deliver results. A key feature of this convergence is the selection of common indicators for QCPR monitoring, based on relevance, feasibility, cost of collecting data, and balance across different issues. As outlined in the annex of its Strategic Plan, UNICEF has established 17 indicators linked to the QCPR, 10 of which have been drawn directly from the Action Plan for QCPR implementation, developed by the UN Development Group (UNDG).

UNICEF’s Strategic Plan converges with those of other funds and programmes through the following features:

◊ A greater focus on strengthening real-time monitoring systems of governments and partners, as outlined in the Monitoring Results for Equity System (MoRES), with particular focus on barriers and bottlenecks faced by the most disadvantaged;

◊ The use of performance indicators of the Joint UN Programme on HIV/AIDS to help monitor progress in addressing HIV and AIDS and to maximize the coherence, coordination and impact of the joint UN response to HIV and AIDS;

◊ The use of performance indicators aligned with the approach agreed through the on-going work of the Inter-Agency Standing Committee on the common Humanitarian Response Monitoring Framework, as part of the newly developed humanitarian programme cycle;

◊ A harmonized application of the principle of value for money, based on the concepts of economy, efficiency and effectiveness.

UNICEF’s new Strategic Plan focuses on equity to accelerate the realization of children’s rights. It also incorporates the UNDG programming principles, based on the human rights-based approach to cooperation, gender equality, environmental sustainability, results-based management and capacity development.

In accordance with the QCPR, UNICEF has developed its integrated budget 2014-2017 using a cost classification fully harmonized with UNDP, UNFPA and UN-Women. The harmonized cost classification was approved by the respective boards in early 2013 and the integrated budget is expected to be approved in September. This harmonized approach will allow for a more comprehensive and coherent overview of the use of resources for delivering results.
As part of the UNDG, UNICEF has made major strides since the adoption of the QCPR resolution in December 2012. The UNDG has prioritized QCPR implementation in its Strategic Priorities for 2013-2017. Progress has been rapid and unprecedented, with the following major achievements:

- The UNDG Task Team, led by UNICEF, developed the UNDG QCPR Action Plan. The UNDG Action Plan prioritizes 126 mandates for collective action by the UNDG, clustering them into 28 action areas with clear indicators. This Action Plan lays out common actions for all UNDG members. The UNDG is currently working with DESA to further align the indicators to monitor QCPR implementation.

- UNICEF has been actively engaged in the development of the Standard Operating Procedures (SOPs) for countries wishing to adopt the Delivering as One (DaO) approach. The SOPs offer key coherence principles and tools for UNCTs to lighten programming and operational processes and to improve the way the UN System works together to deliver results. UNICEF, with its sister agencies, is developing key resources and guidance to be available for UNCTs rolling out UNDAFs by end 2013.

- The UNDG has agreed on a modality to support the functioning of a cost-effective Resident Coordinator (RC) system based on cost-sharing among all UNDG members. The cost-sharing will be implemented in 2014, subject to approval of the UNDG agencies’ governing bodies.

- The boards of UNDP, UNFPA, UN-Women and UNICEF approved a new agreement on cost recovery frameworks, which will be effective on 1 January 2014. The new methodology for the calculation of cost recovery is grounded in the principle that regular resources should not subsidize other resources, one of the key principles of the QCPR. As such, it offers incentives to provide core funding and certain types of contributions such as government cost-sharing, South-South cooperation and soft earmarking.

Coherence at Country Level

An analysis of 127 UNICEF Country Office Annual Reports for 2012 reflects UNICEF’s strong commitment to coherence efforts at the country level. Some highlights of the 2012 analysis include:

- UNICEF promotes joint programming, leading 235 theme groups in 108 countries. The lead role is particularly evident in the area of socio-economic policies, which includes social protection.

- UNICEF country offices, on average, participate in three common services.

- UNICEF supports the full implementation of the Management and Accountability (M&A) system. For example, the job description of all UNICEF Representatives has been revised to include their role as a UN Country Team (UNCT) member; reporting to the RC on the UNDAF/joint programmes; and supporting the RC in her/his leadership role.

- UNICEF provides significant support to the RC system through technical and financial contributions. For example, UNICEF contributed approximately USD 5 million (USD 2.72 million in cash and USD 2.36 million in-kind) to the RC system. UNICEF’s contribution to coordination in humanitarian settings is USD 10.3 million in-kind. Furthermore, in 2012, more than 75 per cent of UNICEF Representatives served as acting Resident Coordinator for an average of 33 days each.

This analysis is timely as it helps to identify particular areas for attention in QCPR implementation, while making sure that UNICEF’s commitment to deliver better results for children remains central to coherence efforts at the country level. The roll-out of upcoming UNDAFs will provide UNICEF country offices with an opportunity to support the practical implementation of the SOPs, tailored to the individual country context. UNICEF is
Over the past year, the UNDG has facilitated an unprecedented “global conversation” through a series of national consultations and 11 global thematic consultations on the post-2015 development agenda. UNICEF has been at the forefront to ensure that issues affecting children and young people are centrally addressed in discussions on the next development agenda, and that children and young people have a voice in the process.

At the global level, UNICEF co-led five of the thematic consultations: addressing inequalities; health; education; water and sanitation; and conflict, violence and disasters. At the national level, consultations were convened by the UNCT, with field based agencies like UNICEF helping to organize and bring the voices of children and young people to the national debates, using innovative tools to capture their perspectives.

In Uganda, the popular SMS tool U-Report, developed by UNICEF and partners, was used to engage young Ugandans and to disseminate the post-2015 global survey My World. In Malawi, UNICEF took the lead in ensuring that children, adolescents and youth engaged at national and local levels, together with the NGO, Save the Children. More than 2,100 young people, largely from rural areas, were consulted through focus group discussions and in-depth interviews. Additionally, more than 450 urban adolescents and youth joined the discussion virtually through social media.

In Turkey, the issue of early childhood was championed by Istanbul Mayor, Kadir Topbaş, also a Secretary General Post-2015 High-level Panel member, during a meeting in Istanbul in January 2013, supported by UNICEF and partners. Young people have also issued regional declarations from Latin America and the Caribbean, Africa and Southeast Asia, to name a few. These are but a few examples of the approximately one million people that have already engaged in post-2015 national and global consultations and surveys.

Keeping Children at the heart of Sustainable Development

UNICEF has recently released a paper making the case for why children should be at the centre of sustainable development. Three key messages are:

1. Sustainable development starts with safe, healthy and well-educated children;
2. Safe and sustainable societies are, in turn, essential for children;
3. Children’s voices, choices and participation are critical for the sustainable future we want.

This paper is a companion piece to UNICEF’s 10 key messages on Post-2015: Towards a post-2015 World Fit for Children: UNICEF’s key messages on the Post-2015 Development Agenda.

Common issues identified by children, adolescents and youth in these national consultations include good education, job opportunities and better governance. Snapshots of these consultations and others are captured in the report The Global Conversation Begins: Emerging Views for a New Development Agenda, issued by the UNDG in late March 2013. A follow-up to this report is forthcoming.
In March 2013, Swaziland, the country with the highest HIV prevalence in the world, launched a national campaign: *Eliminating new HIV infections in children by 2015 and keeping their mothers alive.* Developed by the Government of Swaziland with the technical support of UNAIDS, UNFPA, WHO and UNICEF, the strategic framework represents a united push towards eliminating new HIV infections among children and improving the health of women over the next two years.

The Government of Swaziland, the Swaziland Nazarene Health Institutions, WHO, UNICEF and other strategic partners initiated the prevention of mother-to-child transmission (PMTCT) programme in 3 clinics in 2003. By 2010, it had expanded to more than 150 healthcare centres, resulting in the availability of treatment in 88 per cent of facilities. By 2011, 95 per cent of women identified as HIV positive within the health facilities were receiving antiretroviral drugs, excluding single-dose nevirapine for PMTCT, compared to 57 per cent in 2009. During the same period, there was a 7 per cent reduction in mother-to-child transmission in 2011. UNICEF support also contributed to an increase in the number of children (aged 0–14 years) initiating antiretroviral treatment, with 67 per cent receiving treatment by the end of 2012. The ambition now is not only to reach the global goal of eliminating new HIV infections by 2015, but also to reach the new national goal of reducing HIV infections among children to less than 5 per cent by 2015.

**A NATIONAL PUSH FOR AN HIV-FREE GENERATION IN SWAZILAND**

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**AN EQUITY APPROACH TO ACHIEVING HEALTH-RELATED MDGs IN VIET NAM**

WHO, UNFPA, UNAIDS and UNICEF, together with the World Bank, have partnered to support the Viet Nam Ministry of Health in leading the first ever national equity analysis of the health-related Millennium Development Goals (MDGs).

Completed in early 2013, the evidence from this analysis has stimulated the development of a Government policy resolution for equitable achievement of the MDGs, which is to be issued to every province by the Prime Minister later this year. This is an opportunity to refocus domestic and ODA resource allocations to address the equity gaps.

While Viet Nam has made impressive progress in achieving most health-related MDG targets at the national level, subnational disparities remain. The analysis has drawn the attention of policy makers to rising inequities in health outcomes in a middle-income country context, and the importance of addressing the specific needs of ethnic minority women and children. The analysis demonstrates that there are increasing disparities in all health related MDGs driven by differences in ethnicity, income, maternal education and residence in rural or urban areas. For example, child and infant mortality have been increasing over time for ethnic minority children. Some challenges involve neonatal mortality in mountainous and ethnic minority areas, unmet contraceptive needs amongst adolescents and poor access to water and sanitation in rural areas and unmet HIV treatment needs.

While this national analysis has highlighted the need for more accurate disaggregated data, the conclusions and recommendations suggest that an equity approach to the health-related MDGs can be delivered through strategies that specifically target the most vulnerable populations, including the most disadvantaged and marginalized children.

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