

# 2017 UNPSA Updated Fact Sheets

## Category 1: Reaching the Poorest and Most Vulnerable through Inclusive Services and Participation

### *First Place Winners*

#### Asia and the Pacific Group



#### **India**

**Initiative: Kanyashree Prakalpa (KP)**

**Institution: Government of West Bengal**

Each day, child marriage affects more than 41,000 girls globally. Using Conditional Cash Transfers, Kanyashree Prakalpa (KP) aims to improve the status of adolescent girls from socio-economically disadvantaged families in West Bengal, India. Two conditional cash transfers are provided - an Annual Scholarship of Rs. 750/- to girls between the ages of 13 and 18, and a One-Time Grant to girls who have reached age 18. The cash transfers are contingent upon the girls being enrolled in education and unmarried at the time, and are only given to girls from families whose annual income is not more than Rs. 1,20,000/-. Increased educational attainment, prevention of child marriage and financial inclusion are the scheme's objectives. Simultaneously, through public advocacy and social behavior change communication, Kanyashree works towards creating a supportive environment in which girls are encouraged to express their full potential and are free to become architects of their own lives.

#### Latin America and the Caribbean Group



#### **Argentina**

**Initiative : Jardines Municipales de la ciudad de Santa Fe**

**Institution : Municipalidad de la ciudad Santa Fe**

In the city of Santa Fe, until 2011, access to early childhood education (45 days to three years old) was concentrated in private institutions located in the historic and commercial center of the city. According to census data for 2010, only 12% of children under four years old attended the early childhood educational system. The families of the most vulnerable sectors suffered from lower participation rates. The creation of the Municipal Early Childhood Education System (SMEI) and the implementation of a comprehensive and inclusive public policy for early childhood education were based on the right of education for children from vulnerable communities. Mechanisms and forms of management were jointly created by the provincial state and civil society organizations to avoid duplication and standardize education quality.

Ultimately, 16 Municipal Gardens were created, located in the north, west and coast of the city, beginning with the neighborhoods that were in extreme need.

### **Western Europe and Others Group**



**United Kingdom of Great Britain and Northern Ireland (UK)**

**Initiative: Senior Citizen Liaison Team (SCLT)**

**Institution: Avon and Somerset Constabulary**

The Senior Citizen Liaison Team (SCLT) was created to address the issue of senior fraud. Studies in the United Kingdom identified that 53% of the people surveyed (aged 65 years and above) have either been victims of fraud, or have been targeted with fraudulent money schemes. The fully volunteer-run team provides a host of modified safeguarding services, designed to protect vulnerable senior-citizens from financial abuse. The implementation of SCLT strategies showed a decrease of 56% in offenses targeting senior-citizens.

## ***Second Place Finalist***

### **Africa Group**



**Botswana**

**Initiative: Social Upliftment through Waste Management**

**Institution: Ghanzi District Council, Ministry of Local Government and Rural Development, Botswana Public Service**

The small population and sparse distribution of people in the Ghanzi District of Botswana has resulted in a lack of available resources, contributing to its limited development and high levels of unemployment. One reoccurring problem within the Ghanzi District is the proximity and large amount of uncollected waste, exacerbating the harmful living conditions and health implications. As a tool to combat the issue of waste management and unemployment, community members were provided with donkey carts and contracted to collect waste within their settlements. In doing so, beneficiaries are able to provide for their families and improve the living conditions of their communities. Due to the initiative's ability to reduce waste collection costs, the government was also able to provide stronger safety nets for the community, increasing the standard quality of living.

**Category 2: Promoting Transparency, Accountability and Integrity in Public Service**

***First Place Winners***

**Latin America and the Caribbean Group**



**Colombia**

**Initiative: School Comptrollership**

**Institution: Contraloría General de Medellín**

Since 2008, the Comptroller General of Medellín has carried out pedagogical and training activities regarding the exercise of social control in municipal schools. At that time, however, there were no mechanisms that permitted youth to democratically participate in school processes surrounding the oversight and use of public resources, natural resources and the environment. In 2010, the Office of the School Comptroller was created to promote transparency and social control in the management of school public resources. Since the initiative’s launch, its methodologies, based on communication and experiential education, have been implemented in other regions of the country. Furthermore, the initiative has also been replicated in over 50 educational institutions within the Republic of El Salvador.

**Western Europe and Others Group**



**Australia**

**Initiative: Fund My Community**

**Institution: Department of the Premier and Cabinet, Government of South Australia**

Each year, Fund My Community involves the community into deciding how AUD\$1 million can be used to improve the lives of disadvantaged, isolated or vulnerable South Australians. As a digital participatory budgeting program, Fund My Community invites South Australian citizens to take part in a “community assessment,” reviewing the applications and allocating the funding to the projects or services that they believe will have the biggest impact. Fund My Community contributes to the SDGs by building effective, accountable and inclusive institutions at all levels. Evaluation has shown that this participatory approach has multiple benefits for government, non-government applicant organisations and the community.

## ***Second Place Finalist***



**France**

**Initiative: A Public Water Operator Committed to the General Interest, Sustainability and Transparency**

**Institution: Eau de Paris**

Eau de Paris' creation was both a political and a pragmatic answer to tackle the municipal water service fragmentation between multiple actors. The privatization of water services was marked by opaque management, and by continuous and unjustified price increases since the mid-1980s (+7%/year between 1984 and 2008). Eau de Paris was created based on a basic but strong principle: Water is a vital common good of humanity, and as such, must be managed according to the fundamental values of performance, quality, responsibility, solidarity and sustainability. Since 2010, Eau de Paris, a public entity, has managed the entire water production and distribution cycle. By taking over its water service, the Municipality of Paris' aim was to ensure a transparent public water system that served the interests of citizens through open and participatory governance. This reform allowed the emergence of a public integrated water management model that is a key actor of sustainable development, is deeply committed to the protection of water resources and biodiversity, and contributing to tackle the consequences of climate change.

## **Category 3: Innovation and Excellence in Delivering Services in Health**

### ***First Place Winners***

#### **Asia and the Pacific Group**



##### **Mongolia**

**Initiative: Telemedicine Support for Maternal and Newborn Health**

**Institution: National Center for Maternal and Child Health**

With a population of 3 million people living within 1.56 million square kilometres, Mongolia remains the least densely populated country. The sparse distribution of people makes it challenging to deliver health care services to rural, remote areas of the country. This issue is exacerbated by the lack of quality specialist care facilities and qualified human resources, largely affecting the nomadic communities who make up 38% of the total population. By connecting every provincial hospital in the country with experts at the National Center for Maternal and Child Health (NCMCH) in the capital of Ulaanbaatar, rates of perinatal and early newborn mortalities dropped from 15.4 and 8.4 respectively to 12.9 and 6.8 per 1000 live births between 2011 and 2016. This system also offers distance consultations and distance learning opportunities for over 200 provincial doctors who are actively using it and a group of 39 experts has been arranged at the NCMCH.

#### **Eastern European Group**



##### **Republic of Armenia**

**Initiative: Elimination of Mother-to-Child Transmission of HIV in Armenia (EMTCT)**

**Institution: National Center for Aids Prevention of the Ministry of Health**

The absence of mother-to-child HIV transmission prevention (PMTCT) affected 45,000 pregnant women annually. This could have resulted in up to 45% of children born, without prophylaxis, to HIV positive mothers, therefore needing lifelong antiretroviral therapy (ART). In response, large scale measures were established, aimed at the systematization and coordination of the national AIDS response, the establishment of the HIV testing and counselling system, ART provision, creation of regulatory basis and mechanisms, ensuring universal access to PMTCT all over the country, ensuring necessary financing and capacity, as well as sustainably strengthening the health care systems. The initiative allows expecting mothers to receive at no cost HIV testing and PMTCT when needed. Moreover, 10 regions countrywide and the capital have been provided with the infrastructure to provide HIV tests to all vulnerable groups of people, and WHO targets on EMTCT have been achieved. There are now trained HIV personnel

available in all antenatal clinics, decreasing stigma and discrimination, and strengthening human rights protection.

### **Latin America and the Caribbean Group**



**Ecuador**

**Initiative: Trabajo en Redes Integradas de Salud**

**Institution: Ministerio de Salud Publica del Ecuador**

In Ecuador, there was a severely fragmented and abandoned healthcare sector and most of the specialized personnel were concentrated in urban areas. With only 21% of the population having some type of health insurance, the majority of citizens had difficulty accessing public health services, which perpetuated inequality and social exclusion. Thus, the state government enshrined in the Constitution of the Republic of Ecuador that health was a fundamental human right. The constitutional amendment stated that healthcare should be free and guaranteed in access through the National Health System Organization in Ecuador with the creation of the Comprehensive Public Health Network, in conjunction with private sector providers. As a result, more than 8,000 health care services are now provided in public and private networks, guaranteeing access to high quality health services for all social groups.

## ***Second Place Finalists***



**Thailand**



**Initiative: Excellent Happy Home Ward**



**Institution: Khaoprangam Municipality**

Due to the growing number of uncared-for senior citizens in the community, local elders began visiting hospitals often in the hopes of receiving long-term care and support rather than direct medical attention. This began to directly impact hospitals, who suffered from a decreased number of available beds. The Khaoprangam Municipality organized the participation of a multidisciplinary team, with families and communities, to provide services and support at home for citizens with chronic illnesses. The mechanism works without specific restrictions and is open to all elders regardless of social class. The Excellent Happy Home Ward helps enhance understanding for the needs of elders and increases the involvement of communities, families and the patients themselves in a network of support and social care.

## **Latin America and the Caribbean Group**



**Colombia**



**Initiative: Sistema de Informacion Unificado en Salud-SIUS**

**Institution: Gobernación de Cundinamarca – Secretaría de Salud**

The Unified Health Information System project -SIUS of the department of Cundinamarca is a proposal employing Information and Communication Technologies (ICT). The goal is to capture quality data focused on patients. Through the exchange of clinical-care information based on international standards, patient care, public health, health-risk management, and empowerment of professionals, the health system has improved. Through ICT implementation by SIUS, 53 state hospitals within a public network covering 116 municipalities that the department has transformed decision making in the health sector. By 2015, 91% of the public hospital network had high technological capacity in Computer and Communications Equipment, 94% in repowered or renewed Data Servers, 98% of improvements in Physical Technology Infrastructure, 100% systematization in the administrative and healthcare areas, and 100% in Telemedicine service qualification.