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Summary of midterm reviews of country programmes

Central and Eastern Europe and the Commonwealth of Independent States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs), specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Executive Board is to comment on the report and provide guidance to the secretariat, if necessary. The MTRs, evaluations and studies in this report were conducted in 2007 and 2008.

Introduction

1. Nine countries in Central and Eastern Europe and the Commonwealth of Independent States conducted midterm reviews (MTRs) between October 2007 and March 2008. The MTRs were carried out in three major geographical segments within the region, namely: South-Eastern Europe (Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, Montenegro and Serbia), the Caucasus (Armenia and Azerbaijan) and Central Asia (Kazakhstan, Turkmenistan and Uzbekistan). Several studies, reviews, assessments and evaluations informed the MTR findings. All but one of the countries covered in the MTRs are classified as middle-income countries.

* E/ICEF/2008/16.

Midterm reviews

Regional overview

2. The recent period has seen an economic rebound in almost all countries. In 2007, economic expansion in the nine countries under review ranged from 6 to 35 per cent;¹ this growth, however has not been evenly distributed. Energy-rich countries have benefited from the rise in oil prices, while others are facing rising food and oil prices. A number of these countries have benefited from increased trade, foreign direct investment, and from the ongoing process of integration with the European Union.

3. Economic recovery has reduced overall levels of poverty, but vulnerability remains high, especially among children. The World Bank estimates that 53 million people in the region are poor and a further 113 million are vulnerable to poverty. “Jobless growth” remains a stubborn feature in significant parts of the region. Poverty is concentrated in rural areas and among ethnic groups, such as the Roma.

4. The paradox of economic growth coexisting with increased vulnerability and social exclusion features as a central issue within the region. With the ongoing wave of social sector reforms, families are increasingly caught between under-resourced public services and poorly regulated private systems. As a result, increasing numbers of children are growing up in public care.

5. Almost all of the nine countries are on track to achieve the Millennium Development Goals. However, all countries face challenges in achieving these Goals at decentralized levels. Significant achievements have been registered in reducing child mortality in countries with high rates; in the adoption of international standards such as the definition of live births recommended by the World Health Organization (WHO); and in the provision of micronutrients. The latter achievement is reflected in the elimination of iodine deficiency disorders through universal salt iodization in four of the nine countries. The greatest progress has been in moving forward the agenda of child protection. There has been much greater public recognition of the problems faced by children, as well as a greater commitment to reform, as can be seen in the changed discourse on what child protection means. New services providing alternatives to institutionalization have been developed and important steps have been taken, for example, through the appointment of ombudspersons for children and the establishment of monitoring mechanisms.

6. The issue of juvenile justice is growing in importance, and reforms have been initiated in a number of countries following the introduction of changes in the judicial system. The task ahead is to ensure a comprehensive approach to strengthening juvenile justice based on international standards and best practices.

7. Young people are increasingly benefiting from new opportunities. Tertiary education has been expanded, often in favour of women. Unemployment rates among young people, however, remain among the highest in the world, affecting up to two thirds of young people in some countries.

8. In less than a decade, HIV infections have risen dramatically, driven by injecting drug use, particularly among young people under 30, raising new challenges in prevention, treatment and care. Outbreaks of nosocomial HIV

¹ World Development Indicators, The World Bank Group, 2007.

infections in Central Asia have highlighted the need to accelerate health system reforms and the urgency of addressing stigma-related issues.

9. Recent economic growth represents a window of opportunity to extend and consolidate the social dimensions of transition. Sustained progress for children and young people will need to be based on several strategies: strengthening the evidence for policy formulation and building capacities to implement system reforms; ensuring that adequate capacities and resources are made available to achieve decentralization; addressing quality issues in the delivery of services; and completing the ongoing process of aligning existing laws and policies with the Convention on the Rights of the Child. Costing and outcome-based approaches for budgeting have emerged as critical factors for anchoring progress. In this changing context, the role of UNICEF and the support it provides is also changing. In every MTR report, Governments have identified areas needing intensified UNICEF focus and strategic engagement. The new context requires UNICEF to facilitate capacity-building, widen access to good practice, model new approaches, and forge linkages with national and international bodies of expertise.

10. The MTR process has benefited from discussions with United Nations thematic groups. And the MTR findings have been used to inform United Nations Development Assistance Framework (UNDAF) reviews and identify new opportunities for coherence and joint programming. The strengthening of partnerships has moved to centre stage.

11. Country programmes have shifted focus to emphasize several strategies: (a) concentrating support to the reform of the childcare system, addressing de-institutionalization and promoting a better understanding of abandonment; (b) new areas, including support to reform of juvenile justice; (c) child poverty as a vital but often overlooked component of national development/poverty reduction strategies; (d) promoting new approaches to early childhood development and parenting, and the modelling of socially inclusive education; (e) focusing on the most vulnerable young people in HIV/AIDS prevention, care and treatment strategies; and (f) giving attention to issues that need greater societal debate, including violence against children, trafficking, and the social impact of migration.

12. Country programmes are increasingly assisting Governments in defining and ensuring the sustainability of a basic package of services for children, through costing, analysis of capacity gaps and capacity-building, especially at a decentralized level.

13. All nine countries carried out the Multiple Indicator Cluster Survey (MICS) or Demographic and Health Survey (DHS) and took specific measures to increase the dissemination of multiple sources of data, including through DevInfo.

14. Close partnerships have contributed to these results. Collaboration with a number of United Nations agencies within the context of UNDAF has continued and intensified.

15. Collaboration with the European Commission, the World Bank and the Asian Development Bank has expanded opportunities for leveraging. The Council of Europe has been a critical partner on normative work and promoting child rights. Close cooperation has continued with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, the United States Agency for International Development, the Organization for Security and

Cooperation in Europe, the Centres for Disease Control and Prevention, the United Kingdom Department for International Development, Irish Aid, the Canadian International Development Agency and Swedish International Development Cooperation Agency, as well as bilateral partners (the Governments of Finland, Japan and Norway). Partnerships with international and local non-governmental organizations (NGOs) such as Save the Children and the Open Society Institute have been critical for programme relevance. The successful leveraging of resources, whether knowledge-based or financial or both, is a growing feature of the programmes under review.

South-Eastern Europe

Bosnia and Herzegovina

16. **Introduction.** The MTR review process began with the launch of a joint country-led evaluation of child-focused policies in the social protection sector. The evaluation results provided inputs for the development of the national development plan and social inclusion strategy (2008-2013). A situation analysis and sectoral reviews were also undertaken. The MTR concluded with a conference that examined the results of the country-led evaluation and achievements in key functional areas.

17. **Update of the situation of children and women.** Poverty levels have been decreasing as a result of GDP growth of 6 per cent in 2006. The country is fully engaged in nation-building and is establishing State institutions, applying the rule of law and making the transition to a market economy. Efforts are being stepped up to reform the juvenile justice system, collect social data and decentralize public administration. Progress is on track to meet the Millennium Development Goals, with the exception of education. The “two schools under one roof” policy, aiming to accommodate ethnic groups in education, however, remains unresolved, and preschool attendance is only 6.4 per cent. Full immunization coverage is only 61 per cent. Disparities are acute, with 76 per cent of Roma illiterate, 64 per cent of Roma children not attending primary school, and only 20 per cent of Roma children enrolled in secondary school.

18. Quality and coverage of public policy and services need to be strengthened. The Committee on the Rights of the Child recommended that the Government prioritize budgetary allocations to guarantee a minimum level of social and health protection for all children throughout the country.

19. **Progress and key results.** The overall goal of the 2005-2008 country programme is to support the inclusion of all children, young people and women in the provision of basic education, health and increased participation of child protection services.

20. The cooperation programme strengthened legislative and policy frameworks for preschool education. The parenting education programme broke through barriers faced by socially excluded families. Elements of life skills education are being implemented in secondary schools and participatory action research methodologies for children were scaled up to the municipal level. Technical support for the collection and analysis of baseline data enabled leveraging a second phase of the Global Fund Round 5 (2005) funding for the HIV/AIDS response for prevention, care and support for populations most at-risk. The programme facilitated a multisectoral and multi-stakeholder approach to developing a policy for children

without parental care and a national strategy to address the number of children in conflict with the law. Country-wide knowledge and data on children were enhanced through MICS 3, national surveillance systems, and the DevInfo and TransMONEE databases.

21. **Resources used.** As of the end of 2007, the total expenditure was \$9,258,704 (\$1,850,592 in regular resources and \$7,408,112 in other resources, of which \$2,835,205 was spent on policy support, \$2,908,286 on inclusive basic and child protection services, \$2,455,880 on participation for good governance and \$1,059,333 on cross-sectoral costs. In June 2008 the Executive Board approved an increase of \$2,000,000 in the ceiling for other resources.

22. **Constraints and opportunities affecting progress.** Against the background of 13 governance units and more than 150 Ministries, the operational context continues to be complex. Ensuring policy coherence in programme design and implementation across sectors and different entities and levels is challenging. Weak capacity and systems, especially regarding immunization, resulted in 13 stock depletions in 2005 and contributed to a measles outbreak in 2007. The Stabilization and Association Agreement concluded on 20 June 2008 with the European Union offers opportunities for further reform and progress. UNICEF and its partners have been called upon to play a more strategic role in supporting the development and implementation of national frameworks, strategies and monitoring systems.

23. **Adjustments made.** The MTR noted that the country programme is prioritizing emerging challenges and promoting an appropriate mix of strategies. Intersectoral work with the health, education, social welfare and justice sectors will be promoted as part of strengthening social protection and inclusion. Complementary work on results-based budgeting, legislation and monitoring and evaluation systems will be undertaken.

24. UNICEF has phased out its assistance to voluntary and confidential counselling and testing services to at-risk populations, as the services have been scaled up with funding from the Global Fund. Work on mine action will focus on the mainstreaming of mine risk education and consolidating support to Bosnia and Herzegovina's Mine Action Centre on Mine Risk Management, as Government capacity to oversee mine risk education and landmine victim assistance activities has increased significantly.

The former Yugoslav Republic of Macedonia

25. **Introduction.** The MTR process was participatory and culminated in a high-level meeting with Government partners, NGOs and United Nations agencies. It included a number of milestones, notably the preparation of a situation analysis, a strategic positioning exercise and bilateral consultations with a large number of partners.

26. **Update of the situation of children and women.** National priorities centre on European Union accession and decentralization, which both have important implications for children. GDP growth in 2007 was 5.5 per cent. Poverty levels are high, at 30 per cent in 2005. Unemployment among young people (60 per cent) is among the highest in the region. Disparities exist between urban and rural areas and ethnic minorities, with Roma especially affected.

27. The country is on track to reach the Millennium Development Goals in health, but quality of care is a concern. While reforms in education are under way, accelerated action is needed on coverage of preschool and quality of learning achievements.

28. **Progress and key results.** The overall goal of the 2005-2009 country programme is to promote and protect children's rights, especially among the socially excluded and vulnerable.

29. The country programme contributed to de-institutionalization of childcare services through the development of a national strategy and a new regulatory framework for foster care, as well as the establishment of mobile teams of social workers in those municipalities with the highest number of foster families. Technical advice helped to shape a new Law on Juvenile Justice that was adopted as part of a package of laws aimed at harmonizing the country's laws in order to meet European Union accession criteria.

30. The country programme also contributed to government efforts to improve access and inclusive education by modelling a child-friendly school (CFS) approach and supporting policy developments in the area of preschool education, giving special attention to Roma children. Programmatic synergies were established with the World Bank-supported Education Modernization Project, to facilitate the scaling up of active learning and mainstreaming of standards for quality education. A child poverty analysis informed the ongoing discussion and programmes on social inclusion. UNICEF provided technical support for the country's successful application to the Global Fund Round 7 for the national response to HIV/AIDS, focusing on prevention of HIV/AIDS among most at-risk adolescents and youth and on improving access to care and treatment.

31. **Resources used.** As of the end of 2007, the total expenditure was \$5,076,700 (\$2,308,654 in regular resources, \$2,675,425 in other resources, and \$92,621 in emergency resources), of which \$946,643 was spent in social policy and monitoring and evaluation, \$939,034 on HIV/AIDS prevention and young people's health, \$1,706,052 in early childhood development/education, \$1,202,316 in child protection, and \$282,655 on cross-sectoral costs. A total of \$5,641,660 was available for 2005-2007.

32. **Constraints and opportunities affecting progress.** Local municipalities vary considerably in terms of revenue, as well as infrastructure and human resources, and the level of their capacity is a key determinant of effective delivery of basic services and ability to tackle exclusion. Mechanisms of intersectoral collaboration need to be strengthened. With the country's engagement in and commitment to the European Union accession process, there are opportunities to strengthen institutional capacity by facilitating access to good practice on social inclusion, as well as by modelling social services for excluded children.

33. **Adjustments made.** There will be an increased programme focus on the following cross-cutting areas agreed at the MTR: (a) a sharpened engagement in social and economic policy analysis focusing on child poverty; (b) enhanced support for data collection and analysis; and (c) strengthened support to decentralization processes and public administration reform in order to address growing disparities in access to basic social services affecting children.

34. The programme will focus on perinatal and newborn care within the context of ongoing health sector reforms.

35. The programme will also focus on supporting re-organization of the preschool education system as part of the new early childhood development (ECD) policy, including its costing, and the integration of the new early learning development standards in kindergartens. The programme will continue to support ongoing education reforms and partner with the World Bank to mainstream CFS standards in the education system.

36. As part of the national de-institutionalization process, the programme will support system-strengthening by developing a continuum of alternative services for children deprived of parental care, as well as by supporting quality assurance mechanisms. Reforms of juvenile justice will be supported in partnership with the European Union.

Montenegro

37. **Introduction.** The MTR process was an opportunity to examine the nature, scope and strategic direction of the engagement of UNICEF in a newly independent country. The process saw the Government taking a proactive part in the articulation of the role it envisaged for UNICEF in the coming years. UNICEF also held consultations with major international development partners.

38. **Update of the situation of children and women.** The dual processes of nation-building and planned accession to the European Union have implications for children and women. The GDP in Montenegro grew by 6.5 per cent in 2006. Yet disparities are still significant, with 30 per cent of children growing up below or close to the poverty line. Poverty levels increase to 49 per cent for refugees and displaced children, and to 57 per cent for Roma children. The north is three times poorer than central and southern areas. Under a third of Roma children attend primary school, and less than 5 per cent have access to preschools.

39. Institutionalization of at-risk children, particularly children with disabilities or without parental care, remains a response to child protection. While reform of the social protection system is under way, the pace of progress calls for accelerated effort. Action is required to reinforce public administration, institutional capacity and the statistical infrastructure in order to monitor the situation of children, as well as the quality and equity of social services. The financial management capacity of municipalities also needs to be further improved. The country's new Constitution includes clauses that guarantee the protection of children against all forms of exploitation and abuse; violence is a challenge that is gaining increasing attention but requires a systemic response.

40. **Progress and key results.** The overall programme goal is to ensure that children, particularly those who live in poverty and are socially excluded, enjoy and exercise their rights.

41. The programme of cooperation is providing policy advice and support to strategies to reach the most vulnerable children, covering inclusive education, youth, HIV/AIDS prevention among most at-risk adolescents, and the national strategy for the Roma Decade of Inclusion (2005-2015). One of the main achievements has been the inclusion of juvenile justice system reforms in the legal system. The technical partnership with the Government resulted in the revision of

the criminal code, permitting a set of alternative measures for children and young people in conflict with the law.

42. As part of strengthening national systems, the programme was able to build capacities of service providers active in child protection, health and education, and outreach work, particularly relating to Roma children, as well as the capacities of service providers in the piloting of models of inclusive, child-friendly and violence-free schools. The development of local plans of action has resulted in increased community awareness on issues of vulnerability, inclusion and participation.

43. **Resources used.** As of the end of 2007, the total expenditure was \$2,492,468 (\$1,054,235 in regular resources and \$1,438,233 in other resources): \$843,539 was spent on partnership and social policy reform, \$563,413 in system and institution-building; \$341,735 in community mobilization, \$246,739 on partnership for child rights, and \$497,042 in the cross-sectoral programme. During 2005-2006, Montenegro was a part of the Serbia and Montenegro country programme and all allocations were managed by Belgrade office.

44. **Constraints and opportunities affecting progress.** The programme faces capacity and structural limitations. There is need to improve intersectoral cooperation and administrative capacity to complete the reform agenda, implement decentralization, and operationalize mechanisms for child rights monitoring. There is also a need to acquire new skills, especially in the area of social protection. In order to effectively implement new approaches, it is essential to have hard evidence to inform national debate and policy development. The opportunities to systematically address challenges facing children are within reach.

45. The independence of Montenegro has created opportunities for the Government to define its strategic goals and articulate its priorities for children. The country is committed to fulfilling European Union accession criteria, including that of devoting special attention to children as the first and future generation of European citizens. By accompanying the Government through the accession process, the country programme is helping to consolidate and extend the children's agenda as part of social sector reform. Putting children at the heart of the accession process will be the driving force for the remainder of the programme.

46. **Adjustments made.** The current programme, while comprehensive, requires greater focus and more specific tailoring to the newly gained status of Montenegro as an independent country. The revised programme approaches will focus on social inclusion and child protection, with cross-cutting emphasis on investments for children, strengthened planning at local and central levels, and improved monitoring of child rights through system-strengthening, data collection and evidence-based advocacy.

The Republic of Serbia

47. **Introduction.** The status of programme implementation and proposed adjustments were discussed with partners based on key reports, studies and evaluations and the UNDAF annual review. This analysis fed into the MTR consultative process, which culminated in a conference that brought together the Government, NGOs, United Nations agencies and the European Commission.

48. **Update of the situation of children and women.** Serbia has been successful in implementing economic reform and has a strong economic growth potential.

During the transition period, the focus of attention has been on European Union integration, privatization, strengthening of democratic institutions, the search for political stability and, to a lesser extent, on social sector reforms.

49. In 2006, 8.8 per cent of the Serbian population was categorized as poor. It is estimated that among 1.4 million children, 20 per cent are living on, or under, the poverty line. The under-five mortality rate is three times higher for Roma than for other children. Coverage of the six-month mandatory preparatory preschool programme was 89 per cent for Serbian children, but only 56 per cent for Roma children. Only 28 per cent of Roma children complete primary education. The placement of children with disabilities, and those without parental care in institutions, has been the dominant paradigm in the childcare system. The country is now slowly moving towards acceptance of community- and family-based alternatives.

50. **Progress and key results.** The overall goal of the 2005-2009 country programme is to ensure that children, particularly those living in poverty and exclusion, enjoy and exercise their rights.

51. The programme of cooperation contributed to the inclusion of child rights standards in the new Law on Health Care, adopted in 2005. All Expanded Programme on Immunization costs previously funded by UNICEF are now covered by the State budget. The International Code for the Marketing of Breast Milk Substitutes was adopted by Parliament in 2005, and the Youth Health Development Strategy was endorsed in 2006. Relevant international standards were integrated into the Family Law (2005), the Law on Juvenile Offenders, Legal Protection of Minors (2005), and in the six Juvenile Justice sub-laws (2006). Line Ministries also adopted special protocols for protection of children from abuse and neglect.

52. With the endorsement of the National Council for the Rights of the Child and of the Ministry of Education, the concept of child-friendly schools based on active learning and child-centred methodologies was introduced. Models of rehabilitation of children in conflict with the law, based on the principles of restorative justice, have been tested for replication. Local Plans of Action for children in 21 municipalities represent major tools for community mobilization and for ensuring the equal access of all children to social services, including Roma. Primary health centres introduced standards for youth health-friendly services.

53. **Resources used.** The approved budget for Serbia and Montenegro for 2005-2007 was \$13,795,000 (\$1,995,000 in regular resources and \$11,800,000 in other resources). However, as Montenegro became an independent State in 2006, a new country programme with a separate allocation was launched in 2007. In 2005-2007, the Serbia programme spent a total of \$6,434,000: \$1,447,500 was spent on social policy reform, \$2,046,000 on system- and institution-building, \$1,395,400 on community mobilization, \$412,500 on partnerships for child rights, and \$1,132,600 on cross-sectoral costs.

54. A total of \$10,281,176 was mobilized, some of which will be implemented in 2008-2009.

55. **Constraints and opportunities affecting progress.** The rapidly changing political environment in the country and in the sub-region did not allow sufficient space for social sector reform. While legal frameworks and policies incorporating international standards exist, they are not accompanied by guidelines or

accountability structures. Prioritization is required for the funding of key national strategies such as the National Plan of Action for Children. Decentralization is under way, but fiscal devolution and local planning capacity are lacking. Slow implementation of the social welfare reform strategy has hampered progress towards equal opportunities for children of minorities and children with disabilities.

56. Ongoing initiatives provide a number of opportunities to reach marginalized populations and most at-risk adolescents. In the key area of data, the programme assisted the Government to update national data collection systems and information for child-friendly policies.

57. **Adjustments made.** Programme strategies will be directed towards addressing systems constraints. Data collection systems at sub-national levels will be upgraded for better monitoring of policies and plans at the local level and for facilitating the scaling up of Local Plans of Action. Increased policy and technical support will be provided to the reform of the child-welfare system, including budgeting, costing and quality standards for a minimum package of family and child support services, with special emphasis placed on children with disabilities. Upgraded data collection systems and standards for alternative services will support the implementation of the new law on juvenile justice. The support to health sector reform will prioritize innovative interventions for the inclusion of marginalized populations. Existing standards for mother and child health care will be revised.

58. Further mapping and analysis of barriers to social inclusion are recommended. Efforts to enhance the inclusion of Roma children and devise strategies for scaling up the CFS concept will focus on education, technical support and modelling. Support will also be provided to the development and implementation of early child learning and development standards. Communication strategies will target behaviour change among vulnerable adolescents.

Caucasus

The Republic of Armenia

59. **Introduction.** The MTR review process was approved by Government and involved sectoral working groups. Strategies and results were analysed for their relevance to the poverty reduction strategy, the medium-term expenditure framework and national sectoral strategies. UNICEF commissioned external assessments to sharpen programme strategies. The findings were discussed at a high-level meeting of partners.

60. **Update of the situation of children and women.** Annual GDP growth, averaging 10-14 per cent over the past five years, has contributed to a reduction of poverty rates. The rise in food and oil prices, however, risks stemming economic growth and undermining social welfare interventions.

61. Good progress has been made in creating a firm policy and legal environment upon which to strengthen national programmes for children. While achievement of the Millennium Development Goal 4 is on track, greater attention needs to be given to reducing neonatal deaths, improving timely vaccination coverage and increasing health expenditures. Net attendance rates in basic education are high, but preschool attendance levels are only 21 per cent. In child protection, the Government has embarked on a fundamental policy shift from institutional solutions to foster care and community-based alternatives.

62. The Committee on the Rights of the Child recommended the development of a comprehensive system for collecting disaggregated data as a basis to assess the progress that has been made in the realization of children's rights and as a means to inform the design of policies.

63. **Progress and key results.** The overall goal of the 2005-2009 country programme is to contribute to the realization of every child's right to grow up healthy and well-nourished in a caring and inclusive environment with access to quality learning.

64. In childcare reform, the new poverty reduction strategy includes a Government commitment to move children from orphanages to biological or foster parents, and from boarding schools to families. New mechanisms are now in place to oversee this process, including a national child protection committee, State-funded child protection units and guardianship commissions. Community-based alternative systems for vulnerable children have become the cornerstone of the programme. A new national strategy on disabled children is being implemented, and a model of inclusive schools is ready to go to scale.

65. In health, the Government implemented the World Health Organization's Integrated Management of Childhood Illnesses (IMCI) strategy; a regional IMCI pilot programme contributed to an increase in correct diagnoses by doctors from 57 per cent to 89 per cent, and correct treatment from 49 to 84 per cent. A measles/rubella campaign in 2007 achieved 90 per cent coverage. The implementation of a financial sustainability plan for immunization is under way. Elimination of iodine deficiency disorders was achieved through universal salt iodization in 2006 through a partnership of line Ministries, Parliamentarians and salt producers, with the support of the United States Agency for International Development. In education, a preschool strategy (2007-2010) and the Act on Alternative Pre-school Services were implemented. Increased provision of quality preschool services is being leveraged through active collaboration with the World Bank.

66. **Resources used.** As of end-2007, the total expenditure was \$5,541,365 (\$2,318,014 in regular resources and \$3,223,351 in other resources): \$439,222 was spent in policy development; \$3,645,144 in capacity development; \$1,142,014 in child, family and community participation; and \$314,985 on cross-sectoral costs. Seventy-six per cent of other resources has been assured for 2008 and 33 per cent for 2009, with the shortfall mainly in the area of health. In 2007, the Executive Board approved an increase of \$1,500,000 in the other resources ceiling.

67. **Constraints and opportunities affecting progress.** Poverty reduction and improvements in the welfare system are impeded by low tax collection, amounting to only 14 per cent of GDP. Currency appreciation has had a negative impact on remittances that contribute up to 30 per cent of GDP. While on the increase, State expenditure in the social sector remains low. Capacities and resource levels at municipal level need to be strengthened.

68. Direct budgetary support to de-institutionalization provided by the European Union and complemented by UNICEF technical support offers a good opportunity to make further progress in the implementation of childcare reform. Similarly, the partnership with the World Bank in ECD will contribute to Government plans to increase quality preschool services.

69. **Adjustments made.** The MTR recommended strengthening the provision of technical advice on the design, costing and evaluation of policies. This will shift the emphasis from direct support to training as a way to emphasize a capacity-building role in addressing institutional constraints.

70. In protection, the emphasis will be to support the Government as it introduces reforms aimed at moving from policy formulation to implementation. In health, the country programme will respond to the recent multi-donor-supported review of the health system through a focus on strengthening the country's monitoring capacity and providing supportive supervision. Ensuring the sustainability of, among other initiatives, newly introduced interventions (IMCI) and prevention of mother-to-child transmission of HIV (PMTCT), will be given special attention. In education, UNICEF will, in collaboration with the World Bank, play a leading role in developing low-cost alternatives in support of educational reform. Support to social policy and budgets is a new area for the country programme. UNICEF will draw on high-quality technical expertise to support the Government and partners to optimize resource allocation for children.

The Republic of Azerbaijan

71. **Introduction.** Sectoral groups and the Cabinet of Ministers, during a special session chaired by the Deputy Prime Minister, reviewed achievements against planned results, new data on the situation of children and women, and the relevance of country programme goals to national priorities. Changes in the results matrix were recommended. MTR findings contributed to an extended annual review of the UNDAF.

72. **Update of the situation of children and women.** Exceptionally high rates of economic growth driven by oil revenues provide unique opportunities for modernization, reform and the achievement of the Millennium Development Goals. Overall levels of public expenditures are increasing and absolute poverty is decreasing. Increased wealth and ongoing sector reforms provide a platform for addressing the remaining challenges related to quality, equity and access of services, and expansion of social services for vulnerable families, while at the same time tackling child mortality rates and stunting.

73. Although the education sector has benefited from increased funding, quality is still a challenge. Less than 10 per cent of preschool aged children attend preschools. HIV/AIDS is a growing challenge and has been designated as a national priority. The national response has been strengthened and antiretroviral treatment has become available for the first time.

74. **Progress and key results.** The overall goal of the 2005-2009 country programme is to support national efforts to strengthen policies, legislation and capacities in the areas of health, nutrition, education, child protection and youth participation.

75. The Government developed a framework for comprehensive reform of child protection systems, including juvenile justice. The Ministry of Education has integrated active learning into the new national primary school curriculum, textbooks and national teacher training curriculum. A nationwide CFS framework is being developed and school quality standards are being modelled. The situation assessment and analysis informed the new World Bank education financing to the Government, which for the first time included early childhood education. Key

policies on mother and child health are being aligned with international standards. Results of an independent national survey suggest that elimination of IDD is now within reach.

76. The first national life skills programme was implemented, and a national strategy for youth-friendly health services is now in place. A database on HIV and co-infections is being improved with the introduction of second-generation surveillance among most at-risk groups. A Child Parliament was elected in 2006, and is consulted by the national Parliament on relevant legislation. A child rights unit was established in the Office of the Ombudsperson.

77. **Resources used.** As of end-2007, the total expenditure was \$8,179,374 (\$4,117,081 in regular resources and \$4,062,293 in other resources): \$5,846,138 was spent in policy, planning and advocacy, \$2,029,353 in community-based integrated services, and \$303,883 on cross-sectoral costs. The five-year other resources ceiling was reached in 2007 and increased by \$4 million, thus giving the total of \$8.7 million, raising the total approved country programme budget to \$13,460,000.

78. **Constraints and opportunities affecting progress.** Further efforts are needed to reconcile national Government-generated and international data on the health sector. Approval of the State programme on poverty reduction and sustainable development and the national framework of action will give accelerated momentum to the implementation of policies and programmes benefiting children.

79. **Adjustments made.** The MTR recommended that the resources of the country programme be directed more towards strengthening policy design and addressing key system constraints in the implementation of national reforms and programmes. Analytical work will centre on the generation of high-quality data and analysis, backed up by modelling of new approaches in child protection, health and education at district levels.

80. A modified programme structure comprising the existing policy, planning, advocacy and cross-sectoral components, in addition to a new component on social systems strengthening, was recommended to reflect this new programmatic focus. Technical support will be provided to analyse budgetary allocations to social sectors affecting children, thereby facilitating a shift away from inputs towards outcomes for children and prioritizing high-impact interventions.

81. The programme will focus on strengthening the implementation of the child protection system reform and will support and model comprehensive juvenile justice reform. Mother and child health policies and strategic planning for the introduction of the definition of live births recommended by WHO will be major priority. Assistance in establishing a national HIV/AIDS database will be continued and promotion of PMTCT prioritized. The second phase of education sector reforms is expected to scale up active learning as part of the new primary curriculum and give increased priority to ECD. A new initiative, Sport for Development, will increase participation of excluded and disadvantaged youth in sport, recreation and life-skills activities.

Central Asia

The Republic of Kazakhstan

82. **Introduction.** Launched in 2007, the MTR process carried out within the context of the UNDAF included focus group discussions, interviews with

stakeholders, desk reviews, field observations and discussions. Major MTR findings were discussed at a two-day meeting bringing together national counterparts and partners.

83. **Update of the situation of children and women.** Rapid economic growth has continued over the past three years. Poverty levels, which stood at 18.2 per cent in 2006, are now decreasing. The recent MICS has also shown a reduction in child mortality rates. However, the outbreak of nosocomial HIV infection in 2006 among children highlighted the need to accelerate reforms and improve quality of services. The number of children in residential care has stabilized and alternative forms of care are expanding. While the achievement of Millennium Development Goal 2 is on track, rates of preschool enrolment are still low, at 16 per cent. Mother-to-child transmission of HIV/AIDS increased between 2005 and 2007.

84. The Committee on the Rights of the Child recommended that Kazakhstan bring national laws to full compliance with the principles and provisions of the Convention on the Rights of the Child and called for an increase in budget allocations for health, education and family support.

85. The country has embarked upon ambitious legal reforms and is strengthening the child protection system. The establishment of the Kazak Committee on Child Rights Protection and the Interdepartmental Commission on the Protection of the Rights of Minors will support the ongoing reform of the juvenile justice system.

86. **Progress and key results.** The overall goal of the country programme is to focus on national policies, legal frameworks and budgetary re-allocations to improve access to quality basic social services and strengthening child protection.

87. A basic benefit package of free health services for children and women was introduced as part of the health reform. In joint partnership with the Asian Development Bank, the country achieved the elimination of iodine deficiency disorders and the implementation of the strategy for flour fortification is under way, with support of the Global Alliance for Improved Nutrition (GAIN). In addition, youth-friendly services were introduced at primary health care facilities. In child protection, alternative care services were included. The implementation of MICS contributed to building the capacity for data collection and enhanced the quality of statistics available on children. In social policy, a methodology for prioritizing budget allocations for children has been developed with the Academy of Public Administration. An informal session of Parliament endorsed the approach and recommended its further refinement and application. A national dialogue on child welfare, including budgets, led to the initiation of improved legislation on families.

88. **Resources used.** As of end 2007, the total expenditure was \$6,022,548 (\$3,605,408 in regular resources and \$2,417,140 in other resources): \$2,640,228 was spent in family and community empowerment, \$1,909,891 in improved social protection system, \$873,356 in social policy development and participatory governance, and \$599,073 in the cross-sectoral programme. An increase of \$3,500,000 in other resources was approved by the Executive Board in 2007, bringing the total other resources ceiling to \$5,716,000 for the entire programme cycle.

89. **Constraints and opportunities affecting progress.** The time needed to upgrade capacities, strengthen planning and monitoring mechanisms, and address gaps have slowed implementation of system reforms.

90. Partnerships within the World Bank and the Asian Development Bank offer opportunities to complement the work on international standards and legal frameworks related to children, particularly regarding budgeting and governance.

91. **Adjustments made.** The MTR recommended accelerating the ongoing shift from a sectoral ECD approach to an overall multi-sectoral approach including integrated health, social and educational components. The programme will phase out support to salt iodization activities and focus on flour fortification and the introduction of vitamin A supplementation on the basis of data gathered by the MICS. Inclusive education approaches will be incorporated into the CFS initiative. The peer-to-peer education framework for life skills will be taken over by the United Nations Population Fund, while direct support to the life skills-based education project will be discontinued.

92. The programme will continue to strengthen national capacity and policy on children deprived of parental care, and work towards developing preventive services. Protection and gate-keeping mechanisms within the national juvenile justice system will be developed and reinforced. The establishment of an independent child rights monitoring and referral system to support broad-based de-institutionalization will be consolidated. The programme will also continue to provide technical support to child-focused budgeting, as well as to data gathering and analysis of child well-being indicators.

Turkmenistan

93. **Introduction.** The MTR took place against the backdrop of major changes spurred by the reform initiatives launched by the country's new President. The review carried out a systematic survey of data available on children and undertook a sector analysis of basic education. Consultations with partners and thematic discussions in the context of UNDAF provided useful information. The findings were presented to all partners in November 2007.

94. **Update of the situation of children and women.** In 2005 the Government ratified the Optional Protocols to the Convention on the Rights of the Child on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, and approved a new child labour law. The Government also submitted its first report to the Committee on the Rights of the Child. The Committee recommended that data on children be improved to monitor progress made and that child protection, including juvenile justice, be strengthened and aligned with the principles of the Convention.

95. Child mortality rates have been decreasing, but capacities and awareness of childcare practices on the part caregivers and health providers need to be strengthened. While data show good progress on school enrolment and retention and completion, the quality of education and access to preschool continue to pose challenges. The prevalence of HIV is low, but risks have emerged as a result of rising drug use and relatively low knowledge levels on HIV/AIDS prevention among young people.

96. **Progress and key results.** The goal of the country programme is to support government and other partners in the development of a comprehensive, rights-based policy framework for ensuring quality, access and use of basic social services.

97. Iodine deficiency disorders have been eliminated, and nearly all flour produced in Turkmenistan is now fortified with iron. A 2007 analysis of the basic education sector informed the ongoing education system reform. Early learning and development standards have been adopted in ECD. The programme supported the State Statistics Committee to fill data gaps and build capacities for carrying out a household survey, which helped to establish baseline data for measuring progress towards achieving the Millennium Development Goals.

98. **Resources used.** As of the end of 2007, the total expenditure was \$5,274,119 (\$3,512,770 in regular resources and \$1,761,349 in other resources): \$2,496,921 was spent in institutional capacity development, \$1,673,587 in the velayats (provincial) programme for children, \$573,268 in policy advocacy and development planning, and \$530,343 in cross-sectoral costs. In 2007, the Executive Board approved an increase of \$3,000,000 in the other resources ceiling, bringing the total to \$4,300,000. A total of \$2,800,000 was mobilized, some of which will be implemented in 2008-2009.

99. **Constraints and opportunities affecting progress.** Cross-cutting operational constraints centre on incomplete alignment of laws with the Convention on the Rights of the Child, despite substantial progress; the availability of quality data; and capacity gaps at both central and the decentralized levels. The reforms and initiatives launched by the President present opportunities to address the above constraints.

100. **Adjustments made.** The MTR recommended that priority attention be given to building the capacity of State institutions to use data for policy formulation and to facilitating the use of data at decentralized level. Review and drafting of legislation will focus on juvenile justice.

101. Reform of the education sector will be supported by strengthening capacity for planning and management and on measures related to improving the quality of teaching and learning. Support will also be given to strengthening preschool education and supporting development of monitoring systems for learning achievement.

102. Each programme intervention will specifically address risks posed to young people. The effectiveness of programme interventions will be increased through communication strategies for behaviour change. Attention will be paid to nationwide replication of successful programme models at the velayat (provincial) level. The Government has already fully funded a number of programmes, including universal salt iodization, flour fortification, the provision of EPI supplies and regular IMCI, allowing the country programme to shift its activities towards strengthening capacities and systems for quality assurance and monitoring of these interventions.

The Republic of Uzbekistan

103. **Introduction.** The MTR was a consultative process that concluded with a national conference that saw the participation of sectoral ministries, United Nations agencies, partners and NGOs. The conference took stock of new programmatic directions and identified adjustments for the remaining programme period.

104. **Update of the situation of children and women.** The under-five mortality rate is decreasing, but sustained efforts need to continue to accelerate reduction of infant mortality. Primary and secondary school enrolment remains high and

infrastructure is being upgraded. However, attention now needs to be turned to issues of quality of education and preschool access. Appreciation of the importance of de-institutionalization is rising. While the prevalence of reported HIV/AIDS remains low, the number of new infections is increasing, especially among young people exhibiting risky behaviour.

105. The Government increased its allocation to the social sector to 55 per cent of the total budget. Expenditure on education stands at 12 per cent of GDP and approximately 3 per cent on health. Important reforms are under way. These represent an opportunity to complement infrastructure development with improvements in coverage and quality of social services, especially in basic education and mother and childcare services.

106. In March 2008, the Government signed the two International Labour Organization conventions on the minimum working age and on the worst forms of child labour, and a plan of action for implementation is being elaborated.

107. In its Concluding Observations, the Committee on the Rights of the Child called for increased efforts to develop a comprehensive data collection system. A national plan of action was developed in response to the recommendations of the Committee. The Law on the Guarantees of the Rights of the Child, adopted in January 2008, provides the basis for reviewing existing legislation to ensure its compliance with principles of the Convention on the Rights of the Child. The Cabinet established a reporting system on implementation of the National Plan of Action at the central and subnational levels.

108. **Progress and key results.** The programme aims to improve access to sustainable, quality, integrated basic services for children in health, education, child protection and HIV/AIDS prevention, by strengthening social policy work, coupled with the capacity-building of government bodies at the central and subnational levels.

109. In response to changes in the environment, some programme strategies were adjusted during the first two years in consultation with Government. Since 2005, the cooperation programme has supported the consolidation of all low-cost, high-impact interventions into three basic health and nutrition packages for newborn, child survival and improved child nutrition. These are now being scaled up by the Government. As a result of support from GAIN, all flour produced in State-owned mills is now fortified with iron and foliate. In partnership with the World Bank, a multisectoral nutrition investment plan has been developed and is expected to be adopted in 2008.

110. The number of schools adopting a child-friendly approach rose from 51 to 700, and the Government is committed to scaling up this approach nationwide. A revised version of the Education Law came into effect, incorporating principles of the Convention on the Rights of the Child and the concepts of child-friendly schools and “inclusive education”.

111. In child protection, the focus has been on childcare reform, including de-institutionalization and juvenile justice, resulting in the passing of a Law on the Guarantees of the Rights of the Child in 2008. In support of the national HIV/AIDS prevention strategy, youth-friendly health services, PMTCT and paediatric care programmes have been modelled and are now being scaled up. With the gradual scaling up of successful models in health and education aimed at improving the

efficiency of services targeting children and women, there is agreement that mechanisms and capacities for ensuring quality and assessing results need to be strengthened.

112. **Resources used.** The total expenditure for 2005-2007 was \$15,394,024 (\$7,722,408 in regular resources, and \$7,671,616 in other resources). Of this, \$10,984,679 was spent on Access to quality basic services, \$3,212,745 on Good governance for achieving children's and women's rights, and \$1,196,600 on cross-sectoral costs. In 2007, the Executive Board approved an increase of \$6,500,000 in the other resources ceiling.

113. **Constraints and opportunities affecting progress.** Ongoing reform in the social sector accompanied by increased investments offer opportunities to address the issues of management capacities and quality of services which constrain the efficiency of delivery, especially at local level. Improved data, quality research and evaluations have proved effective in informing national policies and strategies. An extended partnership with the State Academy will be key to enable outcome-oriented — rather than input-oriented — planning, monitoring and evaluation processes.

114. **Adjustments made.** The programme will continue to facilitate the provision of technical expertise and sharing of best practices, and will focus on building capacity in policy-making and strengthening mechanisms for ensuring quality of models that have been scaled up. There are three specific areas of attention: (a) developing a nutrition strategy; (b) strengthening networks of social workers, family and child support units and restorative justice; and (c) setting standards in youth-friendly health services and mainstreaming PMTCT and paediatric care into the national safe motherhood programme.

Conclusion

115. The midterm reviews have highlighted and refocused UNICEF programmes on the critical strategies necessary for making progress and improving the well-being and rights of children. These include intersectoral collaboration on policy and system change in support of reform. The reviews also highlighted that sustainability of interventions calls for explicit attention to costing, budgeting and decentralization.

116. The value of having high-quality, validated data and of making this available to policymakers has been identified as crucial to the success of interventions in the nine countries in Central and Eastern Europe and the Commonwealth of Independent States. The success of the reforms on which all of these countries have embarked will, to a large extent, determine the extent to which economic growth benefits children. The reforms will need time but also a sharing of experience and regular stock-taking and review.