

1. EXECUTIVE SUMMARY

This report presents progress made against the Rolling Work Plan 2010-2011 of a new Country Programme (2010-2015) along with some key milestones and outputs achieved. The report was finalized after five thematic programme reviews with counterparts and an Intermediate review using the lenses of **risk**, **equity**, and **partnerships**.

The Uzbekistan Country Office piloted the Revised Programme Structure and supported programme activities that are part of a multi-year plan.

Amongst achievements of 2010:

- The progress towards and completion of a major initiative for capacity building of the primary health care providers, including in inter-personal communication, which has positioned UNICEF as the lead partner for MCH reform.
- Through strong advocacy, MICS 4 is implemented at the regional level thus allowing decentralized data that will be greatly valuable both for Regional planning and the equity agenda.
- Within the Uzbekistan Country Office (UCO), the finalization of a comprehensive staff building effort that includes 21 recruitments supported by individual induction plans as well as an all-office-learning-plan including collective training on such vital areas as RBM and C4D.

Amongst shortfalls:

- Despite the recognized technical strength and leadership role of UNICEF, a systemic approach in promoting child protection remains a challenge, mainly due to the sensitive issues involved (child labour and juvenile justice reform).
- Although the normative framework for Early Childhood Education (ECD) is now in place, insufficient priority given to this critical period of life in the child's learning and development process is a constraint on the development of preschool facilities and on the pace of ECD's expansion.
- Availability, exchange, use and analysis of data remain a cross-cutting challenge for all programme and activities.

Amongst partnerships, the following are notable:

- Together with the UNRC, UNICEF played a central role during the Kirgiz-Uzbek refugees' crisis, assessing the situation, informing the donors and humanitarian community, negotiating humanitarian access, and advising the Government of Uzbekistan (GOU) on programmatic response.
- As part of its upstream work aiming at providing elements for child friendly policies, UNICEF is working with UNDP and the World Bank on an analysis of safety nets system. The expected outcomes are, improved governance and resource allocation mechanisms, and expansion of fiscal space for children.

In 2010, the UCO had to assume substantive additional responsibilities to help tackle the various emergencies that occurred including refugees' crisis (two weeks), polio outbreak (yearlong) and measles (re)occurrence (seasonal).

The UCO moved to its new premises, which have been provided free of charge resulting in cost savings for UNICEF.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The Human Development Report (HDR) 2010 indicates that Uzbekistan moved to a medium human development status ranking 102 out of 169 countries. In August, WB

classified the country as a lower middle income country with GNI per-capita (Atlas) 1,100 USD. The GDP growth is 8.3%. However, its correlation with the reduction of poverty is not obvious. Public expenditure remained at 12% of GDP for education and 2.3% for health.

The Parliament adopted two laws on children: **'Preventive Measures from Micronutrient Deficiency'** and **'Prevention of Child Neglect and Juvenile Delinquency'**. Despite some positive trends in the political and macroeconomic environment, challenges persist, including the achievement of MDGs with equity. Analysis shows that although most MDGs are likely to be met at the national level, challenges remain in the regions as seen below:

MDG1. According to official statistics, poverty rates have been decreasing nationwide down to 24%. Yet, rural areas especially in Karakalpakstan and Surkhandarya are most affected with GNI per capita 5 times lower than in Tashkent city. Likewise, child poverty (1 USD/day) is 4 times higher in Karakalpakstan (49%) compared to Tashkent city. Children are the household members that benefit the least in case of improved income, with under-5-year children recording the highest poverty rate (32%).

MDG 2 was officially reached; however, analysis suggests that a significant proportion of children do not seem to benefit from quality primary education, with 36% of teachers in rural areas fully qualified as compared to 61% in urban areas.

MDG3. In the education system, formal gender parity in terms of access to primary education has already been achieved. UNICEF data confirms the existence of the practice of more intense involvement of girls in time consuming domestic work that might limit girls' time for homework, therefore impeding their ability to learn effectively. Regarding Secondary education, the 2007-2008 National HDR suggests that the introduction of centralized schools for secondary specialized education have raised access barriers for girls from traditional families who do not allow them to live away from home or commute long distances. Data from the Demographic and Health Survey confirms that in all gender related indicators, disparities actually affect girls more heavily than women. Additionally, analysis suggests that gender equality fares better among some ethnic groups more than others.

MDG4. Infant and child mortality rates have decreased to 34 and 38 respectively. Even so, child mortality rates in Surkhandarya and Kashkadarya are more than 2-fold the rates in central regions. Immunization coverage has been quite stable during the decade with only a slight decrease recently. Constraints still need to be overcome to guarantee the sustainability of the campaigns (especially with 45% of the vaccines included in the routine programme financed with donor funds). Almost 40% of poor families do not use health facilities due to lack of money.

MDG5. Maternal mortality rates have declined to 28 but disparities continue. According to administrative data, Bukhara and Korezm regions have the highest mortality rates, which are three times higher as compared to Jizzak and Samarkand. In the Southern regions, less than 78% of pregnant women benefit from all components of antenatal care, compared with 98% in Tashkent city.

MDG6. Official figures recorded about 13,000 HIV/AIDS-infected people of which more than 9% are children. Sexual transmission is on the rise with a likely rise in vertical transmission as well. Paediatric cases are becoming a concern. Stigmatizing and discriminatory attitudes are prevalent: 97% of women agree with at least one discriminatory statement towards people with HIV/AIDS.

MDG7. According to official statistics, the share of population with access to safe drinking water has moderately increased to 82.5%, and 99% of the population has access to

sanitary means of excreta disposal. Nevertheless, the coverage is uneven: 67% of the population in the Southern regions access safe drinking water compared to almost 100% of Tashkent city.

MGD8. The Aral Sea disaster has brought critical health problems for 1 million women and 1.5 million children.

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:

The multi-year Country Programme (CP) has made some major strategic shifts and obtained some promising outputs that will lead to concrete results in 2011 and beyond.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

In 2010, considerable progress was evident in institutional and individual capacity building across all intermediate results areas. Nevertheless UCO recognizes that the capacity building strategy for creating an enabling environment will require further focus in 2011.

National capacity development strategy: To effectively address capacity gaps within the government partners, UNICEF invested in the development of capacities of staff, other UN agencies and partners in **Results-Based Management** (RBM) and **C4D** with support of international experts. This resulted in increased knowledge of staff in the above-named concepts. New synergies were developed between programmes and C4D, and an effective cross-cutting strategy was identified for behavior and social change in support of programme results.

Grassroots training for improved health care practices and delivery: Through the health programme, a significant progress was achieved in the capacity building of the Ministry of Health (MoH) and its health professionals, from tertiary to primary health care level, for equitable, efficient and quality delivery of health services to children and mothers. This effort contributed to the increased knowledge of 7,600 doctors and nurses on newborn and child survival packages, PMTCT, Paediatric AIDS, and USI monitoring. Counselling skills of home visiting nurses in four provinces were improved through inter-personal communication training and use of interactive C4D tools.

Institutional capacities: Mainstreaming of child-friendly teaching methods was supported within the national education system. Capacities within the Ministry of Public Education (MoPE) were strengthened to increase the implementation and monitoring of policies resulting in development of new competency-based requirements for teachers and increased use of evidence for decision-making. The President's Academy further integrated the training package on 'decentralized planning for child well-being', which targets local government officials, into its curricula. A Child Rights Monitoring System is being established, and within its framework, capacity building initiatives were supported in 3 regions for local governments and NGOs resulting in an increased knowledge on CRC monitoring.

Capacities of the Republican Social Adaptation Centre, the institution which is leading child care system reform, were strengthened in policy implementation, management and monitoring. Institutional capacity building for graduate, post-graduate and in-service training on Social Work further advanced in five Universities with UNICEF support.

3.1.2.2 Effective Advocacy:

In 2010, advocacy priorities were centred around five key thematic issues: regionalized MICS 4, juvenile justice, child labour, paediatric AIDs and preschool education.

Evidence based advocacy: **MICS 4** was advocated at the highest levels in government resulting in cohesion and ownership by the GOU, in turn, prompting its effective use. Advocacy contributed significantly to the decision on generating data disaggregated by all administrative regions, to promote better analysis and evidence-based decision making at the decentralized level and offer an entry point for the equity approach. Challenges on maintaining transparency and avoiding data manipulation will determine the success of MICS in 2011.

Advocacy for establishing a functioning child rights monitoring system led to the reviving of the high level national inter-sectoral coordination mechanism under the leadership of the Cabinet of Ministers and with participation of Deputy Ministers of MoH, MoPE, Ministry of Labour and Social Protection (MoLSP), Ministry of Higher Education (MoHE) and other government institutions and NGOs. The challenge is to ensure effective connection between this body and the regions where CR monitoring mechanisms are also initiated.

Through engagement with both Chambers of the Parliament, its committees, the Office of the Ombudsperson and the National Human Rights Centre, UNICEF advocated for **juvenile justice** reform and a more independent role of the civil society. The challenge remains on achieving consensus around the recommendations made by the stock taking report.

As a result of high level advocacy, UNICEF is the only international agency authorised to conduct **child labour observations** during cotton harvesting and provided feedback for improvement focusing on uninterrupted basic education and labour substitution. In coordination with the Regional Office (RO) and HQ a strategic balance was achieved between international advocacy and programmatic exigencies on sensitive issues of human rights, child labour and HIV/AIDS. UNICEF advocated for **Paediatrics AIDS** as part of the wider health system strengthening and played an important role in preparation of the country's application to Global Fund's 10th round of grant-making.

Pushing progress towards results: For 2011, the UCO will continue to prioritize its advocacy strategy to serve programme objectives with systematic monitoring of advocacy results.

3.1.2.3 Strategic Partnerships:

Partnership Mapping Analysis and Partnership Strategy were developed (for evidence based advocacy towards the UN partners, international community, civil society, parliament, and private sector). In addition to government counterparts, concrete and strategic partnerships are being developed and implemented: *EU, WB, UNDP, WHO, CDC, GTZ, Legislative Chamber of the Parliament, Cabinet of Ministers, national think tanks, media and some functional NGOs.*

Collaborative relationships: UNICEF played a proactive role in furthering UNICEF/**EU** partnership in health sector reform that contributed to a quality health intervention model and set an environment for policy changes in the MCH system. The positive outcome of this partnership was that it created great interest in and commitment from the government for nationwide scale up, with a wider approach to deal with mother and child health. UNICEF also facilitated the signing of EU partnership with local partners in the education sector.

UNICEF/WHO/CDC made progress in a comprehensive assessment on immunisation aimed at identifying gaps in the vaccine procurement and management system, and recommending key strategies to reach the pockets of currently uncovered children in remote areas. With **World Bank**, a comprehensive assessment on nutrition was completed as a basis for future nutrition interventions. Partnership with **WHO** and **GTZ**

supports the operationalisation of the Nutrition Improvement Strategy and the joint plan of action. The challenge is to ensure the strategy's sustainability through promoting the necessary ownership and leadership by the MoH.

Partnership with the **Parliament** (as well as with the Office of the Ombudsperson) led to UNICEF's participation in parliamentary committee hearings and interactions with local Government Executive Bodies and officials on programme and policy issues. The partnership is especially useful for information sharing and capacity building of the country's political leadership. Partnership with the **National Association of Electronic Mass Media** (NAEMM), National Television and Radio Company and Creative Union of Journalists enabled UNICEF to make modest yet crucial progress in building capacity of the national and regional media..

UNICEF partners on child labour with **local authorities, international donors and national think-tank/s**. This is resulting in substantive contribution to the progressive elimination of forced child labour.

Pushing progress towards results: The UCO partnership strategy is now being revisited to assess the effectiveness and outcome, and make recommendations for the future.

UNICEF Partnerships and inter-agency collaboration:

- WHO, UNFPA, UNIAIDS, UNDP, World Bank, ADB, GTZ, EC, USAID
- National Parliament
- Regional teacher-training institutes
- Ferghana regional government and Women's Committee on ECE
- NGOs and Academic Institutions for child rights monitoring system
- Fergana Region Labour and Social Protection Department for capacity building package on social allowances delivery
- Aral Gene Pool Fund, other regional NGOs, President's Academy on State and Social Reconstruction for RPAs
- Red Crescent Society
- Dutch Red Cross and UNISDR

3.1.2.4 Knowledge Management:

Replication of good practices through effective knowledge management: The polio immunization emergency response with four national polio campaigns benefited the C4D component immensely. It generated improved technical knowledge of strategies, good practices and lessons learned in communication planning, use of social data and indicator-based monitoring of behavior outcomes. It also ensured better preparedness in emergency communication on immunization issues. Effective strategies and communication materials were replicated/adapted in the CEE/CIS regions, notably Abkhazia. A follow-up study is planned to detect the direct relation between this improved C4D effort and the effective immunization coverage.

Leveraging the 'new media' for knowledge management: Top quality web content including press releases, development news items, human interest stories and videos on key programmatic issues (MCH, immunization, child protection, education, etc.) were published regularly on UNICEF global and regional websites. It remains to be seen whether this effort contributes to advancement of the CR agenda notably by mobilizing resources and support for UCO. Utilization of online advocacy tools achieved a multiplier effect. A news package on the UNICEF global website featuring the GoU-UNICEF-EU partnership for maternal and child health was distributed via UNIFEED, a daily satellite feed to Associated Press Television News Service and European Broadcast Union clients worldwide.

Documentation and lessons learned: The MoH piloted integrated packages of newborn and child survival training components in 8 regions. This model of packaging became cost effective not only in terms of training but also because it led to improved health care for sick children and their mothers by reducing hospitalization, using less invasive procedures and fewer medicines. These achievements were documented and disseminated through organizing workshops/conferences.

The MoPE produced a preschool curriculum and syllabus along with manuals on child-friendly learning environment for pedagogical institutes. Roundtables were held for national, regional, and district governments and NGO partners to discuss research reports.

Internal arrangements within UNICEF: Mechanisms are being put in place in the UCO to ensure that all staff interactions with stakeholders, such as field visits and meetings are documented and internally shared for proper follow-up and internal complementarities. The UCO is building its internal institutional memory.

3.1.2.5 C4D Communication for Development:

C4D as a key cross-cutting strategy developed: Positive behaviours related to child survival, development, growth and maternal health were promoted at the community level in Namangan, Syrdarya and Samarkand regions using mothers' cards, posters on 'danger signs' in under 5 children and flipcharts that were field-tested. Enhanced counselling services were provided to pregnant women and families of under 5 children by over 1,800 home visiting nurses trained in inter-personal communication (IPC).

Based on the above experience, a *package of 4 behaviour outcomes* was identified for promotion across the country, especially in the most deprived and difficult to reach populations to reach a tipping point for social change that would accelerate progress towards MDGs. This package of behaviour outcomes includes *breastfeeding, hand washing, recognising danger signs among children and pregnant women, and using iodized salt.*

Participatory approach: The four polio immunization campaigns conducted as an emergency response were leveraged as an 'opportunity' to demonstrate *evidence-based C4D strategies*, thus shifting the focus from ad-hoc communication activities to a more strategic C4D planning driven by epidemiological and social data. Polio C4D strategies were integrated into operational micro-plans to ensure full ownership of government counterparts at all levels.

An equity-driven approach ensured children from gypsy groups were effectively immunized through skilful negotiations with gypsy leaders. Tashkent province, for instance, reached 7,000 gypsy children who were brought to the immunisation points as a result of talks held by healthcare authorities with the Gypsy Baron, an informal tribal leader who is trusted by gypsies living in Tashkent province.

Monitoring: A large quantity of banners, posters, pamphlets, fliers for children, handouts for teachers, job-aids for patronage nurses was printed contributing to achieving a near 98% vaccine coverage in all campaign rounds. According to results of the communication monitoring, 98.8 % of respondents knew about polio immunization campaigns and 97.4 % had correct specific knowledge.

Best practice: Designs of communication materials, training modules, monitoring protocol and questionnaires produced by UNICEF Uzbekistan were adapted and used not only in Uzbekistan but also in other CEE/CIS countries.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation:

The human rights based approach (HRBA) was applied in child care system reform. Family and Child Support Services as a component of this system reform employed the principle of empowering disadvantaged children to claim their rights for social protection, education and health. A strategy was developed to *build capacity of major duty-bearers*, who should ensure respect for and protection of children's rights.

Interventions in *Juvenile Justice* are based on strengthening the capacity of children in conflict with the law to claim their rights, and of *stakeholders' to meet their obligations towards children* addressing the issues of disparity and injustice. This work is in early stage of its implementation.

The health programme was designed and implemented with the HRBA focusing on *equal access and utilization of quality health care* by the vulnerable population. The current equity focused approach of health programming is directed to the regions of Aral Sea Region where child morbidity, mortality and poverty are highest in the country.

Children's right to participation was enhanced through technical skill-building of local TV producers and sharing UNICEF examples of involving children and young people during all the different stages of planning, content creation, and production of TV/radio programmes. The participatory approach contributed to further the children's right to express their opinion freely and to have their views heard.

Institutionalizing the child-friendly learning environment approach to education has contributed to *realizing the right of every child to receive a quality education*. Integrating inclusive education into the training of all sub-national pedagogical experts is based on the right of every marginalized child not to be further excluded from mainstream education.

Lessons learned: There is a great need to increase knowledge and understanding of UNICEF staff and government partners of the HRBA and invest in capacity building on HRBA, which is scheduled for 2012.

3.1.3.2 Gender Equality and Mainstreaming:

Gender inequality: Though gender disaggregated data is scarce, all programme designs take into account equality dimensions between boys and girls. In the first year of the new country programme, there was no gender specific analysis within the intermediate results areas. Women's empowerment was promoted through C4D in health, education and child protection.

The education programme kept gender parity for enrolment in basic education as an area that requires a closer analysis. The National HDR discussed about a decrease in female enrolment after 9 years of compulsory education. While there are some suggestions as to why girls drop out, currently, there is no firm data (UNDP, 2010). There is also no information on actual attendance of either gender. UNICEF has started to strengthen the capacity of MoPE to collect valid attendance data.

Gender mainstreaming into the programmes, especially in education and C4D in four behaviour outcomes and other advocacy priorities is being developed for 2011. Building capacity of staff and government partners in gender programming is required and staff training is scheduled for 2012.

3.1.3.3 Environmental Sustainability:

Environmental challenges and impact on children: The Aral Sea disaster and ecological crisis in the region have caused huge economic losses, affected living standards and health of the population in Karakalpakstan and in the Aral Sea basin as a whole. Within the framework of the decentralized planning strategy, UNICEF actively worked in

collaboration with the Aral Gene Pool Fund and regional administrations of Karakalpakstan, Khorezm, and Bukhara regions to analyze the situation in the regions with a view to help address the above mentioned acute issues.

The situation analysis revealed that socially vulnerable groups (women and children) were the worst affected by the ecological disaster. The main concern is the deterioration in the health of children and a high rate of diseases (pneumonia, diarrhoeal, tuberculosis, malnutrition) along with retarded mental and physical development. Child poverty study findings were also used to analyze the region-specific challenges: 33% of all households cannot afford daily intake of proteins and 9% cannot provide children with three meals a day. The chronic malnutrition (stunting) rate in children living in Karakalpakstan is twice (18%) than children living in Tashkent City (9%). Every 6th child in Karakalpakstan is suffering from stunting, which not only compromises physical growth but decelerates mental and cognitive development leading to intergenerational poverty.

Working together: Based on the analysis, UNICEF provided support to the Regional Authorities of Karakalpakstan, Khorezm and Bukhara Governments to design their Regional Plans of Action (RPA) for child wellbeing 2010-2012 to address priority issues pertinent to child rights in the region. These included free access to quality health and education services, child protection services, as well as analysis of social aspects of child wellbeing such as Government and regional fiscal policy and social packaging. The RPAs include conclusions and recommendations based on situation analyses. Indicators that would allow periodically assessing progress of the region towards child wellbeing have been developed and are in place. The implementation of these RPAs is underway under the leadership of regional authorities.

In addition to the above, UNICEF is supporting the effort of the UN (6 agencies working through a joint programme) in addressing the ecological consequences of the Aral Sea disaster by complementing activities, exchanging data, conducting joint missions and providing joint inputs (in WASH, MCH, Nutrition).

Internally, the UCO is paying attention to its carbon footprint by applying the principles of sustainability, preservation and energy savings to its operations. It is currently negotiating the procurement of a no-fossil-energy car for the office.

3.2. Programme Components

3.2.1. Maternal and Child Health, Nutrition and HIV/AIDS

Main MTSP focus area addressed: Focus Area 1- Young child survival and development and Focus area 3 - HIV/AIDS and children

Key result areas addressed:

- Support national capacity to achieve MDG 1 by improving child nutrition through improved practices and enhanced access to commodities and services
- Support national capacity to achieve MDGs 4 and 5 through increased coverage of integrated packages of services, improved practices and an enhanced policy environment
- Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive women receiving antiretroviral drugs (ARVs); increase the proportion of children receiving treatment for HIV/AIDS
- Support reduction of adolescent risk and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services

Achievements:

In the effort to improve the **quality of MCH services**, UNICEF continuous work with the MoH resulted in the adoption of ILBD as nationwide system. According to a decree issued in April, every newborn must be counted in the national statistics system

following ILBD criteria. This will contribute to reduce underreporting and provide a clearer picture of perinatal outcome.

A Continued Quality Improvement system was introduced in the maternities of 5 regions. This facilitates self-assessment of the activities, identification of quality gaps and ensuring appropriate responses. The medical curriculum for under- and post-graduate education was revised to include newborn and child survival packages. This contributes to institutionalize the current efforts made by MoH and UNICEF in the in-service training component and make them sustainable.

More than 7,000 health professionals were trained in the newborn and child survival packages. 67% of them are correctly practicing the skills while providing health care to 1.5 million under-five children (50% of the under-five population) and their mothers in 8 regions. The target regions include 70% of the rural population countrywide and the two regions with the highest child mortality. Capacity of health managers was built in planning, implementation and monitoring of MCH care services in all regions. Monitoring results show that 82% of them correctly applied learned skills.

As a result of UNICEF and WHO advocacy, MoH agreed to conduct an assessment of the **immunization** programme, which identified the gaps in vaccine procurement and management and recommended strategies to make them more efficient. As a follow-up, MoH, with UNICEF's assistance, conducted a vaccine forecasting for 2011-2015. In addition, vaccine procurement for routine immunization was facilitated by UNICEF.

Continued efforts in **nutrition** culminated in the adoption of the Law on Prevention of Micronutrient Deficiency Related Disorders in July. In this framework, MoH, with UNICEF assistance, developed an action plan to operationalize the law. Furthermore, a policy document on the country's strategy for sustainable agriculture, food security and nutrition was developed by the Cabinet of Ministers with support from different UN agencies.

In the area of **HIV/AIDS**, as a result of UNICEF assistance, MoH initiated the introduction of a self-monitoring system for PMTCT in health facilities at different levels. In the framework of the newly issued policy for universal HIV testing of pregnant women, MoH, with UNICEF support, started training and mentoring programme for health professionals to integrate PICT (Provider Initiated Counseling and Testing) and PMTCT into routine antenatal care. In order to support the integration of paediatric HIV care and treatment into IMCI practices, MoH initiated a pilot in-service training on HIV case management targeting paediatricians and general practitioner in Andijan, Namangan and Fergana (high prevalence regions). With UNICEF support, MoH established pilot day-care centres in four regions to provide psycho-social support to children, women and families affected/infected by HIV. Complementary support networks of families were created, bringing into focus the non-medical care component. Consequently, in the second semester, 550 HIV positive children and their families received support.

On the basis of the evidence generated through the YFHS previously piloted, MoH integrated this concept in pre- and post-diploma courses of three medical institutes. This will contribute to institutionalize the YFHS model and provide a more integrated and tailored service to adolescents in need.

Challenges:

- Lack of accurate data/information for evidence-based decision making.
- Insufficient government resources allocated to supplies.
- Lack of transparency and punitive environment in HIV/AIDS issues.

Studies and Evaluations conducted:

- Nutrition Situation Analysis

Next steps:

- Expansion of IMCHS component in six additional regions with focus on primary health care facilities in rural areas.
- Evaluation of IMCHS programme component with system analysis and recommendations for next steps in upstream policy work
- Social budgeting analysis and piloting basic package of health services in high mortality and high poverty regions.
- Equity-focused accelerated child health care in Aral Sea Basin.
- Facilitating sustainability of immunization programme.
- Facilitating operationalization of the multi-micronutrient deficiency mitigation law.
- Piloting SWASH strategy in Ferghana Valley
- Development of monitoring tools on PMTCT and Paediatric HIV.

3.2.2. Basic and Preschool education

Main MTSP focus area addressed: Focus area 2 - Basic education and gender equality

Key result areas addressed:

- Support national capacity to improve children’s developmental readiness to start primary school on time, especially for marginalized children
- Support national capacity to improve educational quality and increase school retention, completion and achievement rates
- Restore education after emergencies and in post-crisis situations

Achievements:

With UNICEF advocacy and technical support, the MoPE created the normative framework necessary for early childhood education (ECE) programs. The Preschool Department of MoPE developed an ECE curriculum and syllabus using the age-validation of Early Learning Development Standards conducted by UNICEF.

With UNICEF assistance, six of 15 preschool teacher training centres introduced child-centred methodologies. Thanks to a joint initiative between the Ferghana authorities, Women’s Committee, and UNICEF that focused on improving teacher training, learning materials, and facilities, enrolment in pilot kindergartens has increased by 66%. This experience demonstrates that improved quality in preschool services is a contributing factor that motivates parents to enrol their children. Nationally, however, enrolment in kindergartens declined to 17%.

UNICEF contributed to improving quality basic education through the incorporation of child-centred teaching methods into the education system, based on the evidence provided by the pilot experience of Child Friendly Schools (CFS). Manuals on establishing a child-friendly environment, approved by the Republican Education Centre, were integrated into the curriculum of pre-service and in-service teacher training institutes in eight regions and are being applied in schools. As a result of mainstreaming of child-centred teaching methods, a new government initiative for national teacher training integrates these methods and uses CFS-trained teachers. Child-centred teaching ideas were used in seven additional regions supported by the World Bank and with the participation of teachers trained in CFS methods.

Four CFS resource centres established at regional Education departments with support from UNICEF, demonstrated to be sustainable and continue to provide methodical and consultative services. An additional centre has been established in Karakalpakstan, where primary and secondary enrolment is the lowest in the country. Broad advocacy work and knowledge-sharing through resource centres led to increased knowledge of

child-centred education as evidenced by publications of methodical materials in the scientific research magazine of Karakalpakstan and dissertations on CFS.

Thanks to an intersectoral approach adopted with the Social Policy section, the number of CFS schools reached 1,000, covering communities with high vulnerability especially in terms of natural disasters.

Through an intersectoral effort between the Ministries of Education, Health, Labour and Social Protection, Higher Education and Justice, and UNICEF support, key government regulations on inclusive education were developed and approved, laying the normative framework for strategic development of inclusive education. The same ministries adopted normative documents for establishing a joint database of children/people with disabilities, streamlining the data collection process and improving sensitive statistics' management. In collaboration with UNDP, training on inclusive education was provided to district methodologists and trainers. Staff from SOS Villages was trained in CFS principles and the orphan children attend CFS schools in Samarkand and Tashkent.

UNICEF has assisted in increasing the capacity of the MoPE to monitor teacher quality. Through the process of the UNICEF study on Teacher Quality and Supply, there was increased understanding within the ministry staff and teacher-training institutes about teacher quality. As a result, the MoPE has lessened non-instructional duties for teachers and revised the rating system for learning achievements. A joint working group, supported by UNICEF, developed the teacher's competencies which were approved by the National testing centre to be used for attestation of teachers

UNICEF support in strengthening the monitoring system of MoPE increased their capacity for evidence-based decision making. Information from the national monitoring of learning achievements, supported by UNICEF in 2009, contributed to the revision of the curriculum and syllabus for all subjects in grades 5-9, implemented in September.

Challenges:

- Lack of government priority to Early Childhood Education.
- Limited monitoring and evaluation capacity within the MoPE.
- Ineffective methodological support for teacher training.
- Inclusive education relegated to special programs, mainly concerned with the health and mobility of students.

Studies and Evaluations conducted:

- Teacher Quality and Teacher Working Conditions in Uzbekistan

Next Steps:

- In partnership with Women's Committee, advocacy for increased national and regional support for ECE.
- Strengthening MoPE capacity for effective monitoring.
- Strengthening MoPE capacity to provide methodological support for inclusive education.
- Enhancing MoPE capacity at all levels to plan, implement and monitor policies on quality basic education, inclusive education, and ECE.

3.2.3. Child Protection

Main MTSP focus area addressed: Focus area 4: Child protection from violence, exploitation and abuse

Key result areas addressed:

- Better national laws, policies, regulations and services across sectors to improve child protection outcomes, in particular justice for children, social protection

systems, and services in place to protect, reach and serve all children, notably those identified as vulnerable to harm, marginalized, or in contact with the law

- Support development and implementation of social conventions, norms and values that favour the prevention of violence, exploitation, abuse and unnecessary separation for all children, whilst ensuring respect for their views and building on young people's resilience
- Government decisions influenced by increased awareness of child protection rights and improved monitoring, data and analysis on child protection

Achievements:

As part of the efforts for enhancing services for **Children without Family Care and at risk**, the leading NGO in Social Protection Sector, with UNICEF assistance, developed a strategy for reforming child care system through the Family and Child Support Services (FCSS). The strategy is based on the evidence provided by the evaluation of the pilots supported in previous years. As a result, the Government included FCSS into the draft of new welfare improvement National Plan of Action. FCSS apply a multi-disciplinary approach towards Child Protection (CP) and alternative forms of care for disadvantaged children, including those with special needs.

As a complement to this process, UNICEF has been supporting the development of Social Work as a profession. In 2010, as a result of continuous advocacy and technical assistance, five additional universities introduced graduate and post-graduate courses on Social Work, including a 10-week in-service diploma programme for practitioners aimed at strengthening Child Care Interventions.

As a result of UNICEF continuous advocacy, the Government agreed to conduct a **Juvenile Justice** (JJ) assessment, as a first step for a comprehensive and multi-disciplinary reform of the system. The results of the study - supported by UNICEF Regional Office - demonstrated that Uzbekistan still has a highly centralized justice system, based on the notion of retributive justice. The absence of a national policy or strategy on JJ has led to an inadequate justice system for approximately 3,000 children coming into conflict with the law annually.

In addition, the Law on Prevention of Juvenile Offending was developed with UNICEF technical inputs. This is the first step towards creation of a comprehensive national JJ Strategy. Thanks to UNICEF advocacy and technical assistance, the Regulations on "Special Educational Institutions" for child offenders have been also revisited, excluding their application to children, who have not committed any offence but are rather considered "difficult" to educate.

The work in ensuring that detention is used as a measure of last resort and excludes cases of status offences has led to widening application of reconciliation and mediation alternatives to punishment, which was publicly supported by the President at the joint plenary session of both chambers of the Parliament in November.

Finally, through UNICEF support, a course on Children's Rights with JJ component was introduced at the Tashkent Law Institute (TLI). It will help prepare and equip law graduates with sound knowledge of international instruments and standards. Being a model Law Institute, TLI has laid a standard to be replicated in all Law institutes later on.

Regarding the strategy for the **elimination of child labour**, a pilot initiative was launched in Fergana region, involving local authorities and aiming at keeping children under the age of 12 out of the fields. The initiative has been the result of UNICEF's advocacy and the collaboration with the Cabinet of Ministers and the Fergana administration. According to UNICEF informal field observations, in line with commitments, most children under 12 appeared to be out of the fields. Such observations were conducted nationwide and the exercise provided a general overview of

the situation, highlighting dynamics of the cotton campaign and the scale of child involvement throughout the country.

Challenges:

- Punitive attitude and censorship towards critical CP issues.
- Lack of data, a critical challenge to furthering reforms based on government agreements.
- Large number of national stakeholders adopting a charitable rather than a rights-based approach.
- Violence against children, fair trial guarantees, human rights of children in conflict with the law and child exploitation remain sensitive, slowing down reforms in the sector.

Studies and Evaluations Conducted:

- Assessment of the Juvenile Justice System in Uzbekistan.

Next steps:

- Continuing support and documenting good practices in prevention, diversion and alternative services, which test and exemplify emerging JJ approaches;
- Developing social change strategies to promote access to justice and rehabilitation of child offenders/victims.
- Supporting the operationalization of the FCSS model nationwide, with priority on the areas with high prevalence of most vulnerable children and families.
- Advocating for elimination of worst forms of child labour.

3.2.4. Child rights monitoring and policy analysis

Main MTSP focus area addressed: Focus area 5: Policy advocacy and partnerships for children's rights

Key result areas addressed:

- Support national capacity to collect and analyse strategic information on the situation of children and women.
- Research and policy analysis on children and women, with special consideration of child poverty and disparities, social budgeting, social protection, decentralization, migration, and legislative reform for CRC/CEDAW implementation.
- Policy advocacy, dialogue and leveraging.

Achievements:

The **National Plan of Action on Child Well-being** (NPA) is a CRC supported coordination mechanism to boost the Government's capacity to fulfill CRC commitments. UNICEF advocacy and technical support contributed to greater awareness of the importance of an inter-sectoral approach to promote child wellbeing. As a result, the Government is developing an enhanced NPA for 2011-2013 which will include improved monitoring and costing mechanisms.

National Inter-sectoral Working Group (IWG) for Child Well-being, composed of high level officials from different governmental and nongovernmental organizations and chaired by the Cabinet of Ministers, was established in April for the primary purpose of overseeing the implementation and monitoring of the CRC.

Inter-sectoral working groups have also been established at the regional level to oversee regional action plans. This decentralized planning approach has led to better understanding of regional disparities and subsequently more effective programming at regional levels as explained in more detail in 3.2.5.

To enable realization of child rights, a system of **Child Rights Monitoring** (CRM), also overseen by Inter-sectoral Working Groups, was introduced and is in process of operationalization. Institutionalization of CRM has focused on strengthening capacities of line ministries, the National Human Rights Centre and civil society to improve the implementation and monitoring of CRC/NPA.

Given that fiscal policy is a cornerstone for ensuring child wellbeing, strong advocacy and collaborative has led to s policy analyses in the areas of social safety net and fiscal planning. Findings will lead to better understanding of fiscal expenditures, cause and effect relationships, changes in administrative and legislative framework, adaptations in delivery mechanisms, overall cost effectiveness, and ultimately, policy changes which will result in improving the living situation of vulnerable children and women.

Social safety net system analysis and reform included a pilot, jointly supported by UNICEF, UNDP and the Fergana authority. The pilot focused on improving the capacity of Mahalla (self-governing community institutions) who are responsible for delivering social allowances to those most in need. Capacity gap analysis led to the development of a package developed by the Institute for Social Research under the Cabinet of Ministers. Should analysis reveal that the package results in improved social allowance distribution and thereby positive results for children, it will be considered for replication to other regions and will support policy reform in the safety net system.

In addition, UNICEF secured agreement of the Government to analyse the resource gaps and **fiscal planning** methodologies in the education sector. The study will identify access barriers and make recommendations on how to efficiently use resources in the preschool system. This will contribute to increase enrolment, especially for children from the poorest quintiles.

In order to enhance data collection on child-related issues, the National Inter-sectoral Group endorsed the implementation of **MICS 4** and tasked follow up and implementation to a Technical Group. Both groups demonstrated full ownership, increasing the likelihood that MICS results will be used effectively. As a consequence of this ownership and UNICEF advocacy, it was agreed that data would be disaggregated by administrative regions, which will require an unprecedented effort. Data identifying the most vulnerable children by region will boost evidence based decision making at decentralized level and offer an entry point for the equity approach at the policy level. Currently sampling field work is ongoing.

Challenges:

- Agreement on policy interventions focusing on equity due to potentially sensitive nature of research findings.
- Weak project proposals by some partners due to restricted institutional capacity, limited financial resources and systemic barriers.

Studies and Evaluations (Ongoing):

- Safety Net Analysis
- Fiscal Analysis in Public Education
- MICS 4.

Next Steps:

- Evidence based advocacy to promote Social Safety net system reform at central and sub-national level.
- Advocacy and support for the operationalization of the CRM system.
- Based on MICS 4 results, updating child situation profile highlighting the most vulnerable.

- Strengthening capacities of national and regional governments on result-based management, human-rights based approach and other decision-making tools.
- Strengthening capacity of key research and statistic government institutions for child-sensitive and equity-sensitive data collection and analysis.
- Evidence based advocacy to progressively improve fiscal planning and resource mobilization in social sectors.

3.2.5. Decentralized planning for children and DRR

Main MTSP focus area addressed: Focus area 5 - Policy advocacy and partnerships for children's rights

Key result areas addressed:

- Policy advocacy, dialogue and leveraging

Achievements:

UNICEF's work on promoting child-sensitive policies at decentralized level was primarily focused on the regions of the Aral Sea basin, which present the highest prevalence of vulnerable children for a variety of indicators, due to the situation of deprivation connected with the environmental disaster as well as with other socio-economic factors.

The Republic of Karakalpakstan, Khorezm and Bukhara regions, though not yet officially endorsed, have developed **Regional Plans of Action for Child Wellbeing (RPA)**. The RPAs served as the principle guiding framework for prioritizing children's needs in the agendas of local governments and encouraged inter-sectoral coordination to pursue a more integrated approach to child wellbeing.

Through collaboration between the Aral Gene Pool Fund, UNICEF and two national research institutes, an assessment of the situation was conducted and provided valuable insights, revealing key disparities and challenges affecting children and women. The findings provided evidence to advocate for an equity-based approach in the formulation of the RPAs.

In order to enhance regional capacities to develop and implement RPAs, a capacity building package targeting regional authorities was developed and its implementation started. The package includes trainings on monitoring (5 regions), Result-Based Management (5 regions) and MDGs (7 regions). As a result, the regional governments of Karakalpakstan and Khorezm have already taken concrete steps to strengthen their child rights monitoring capacities by creating inter-sectoral child rights monitoring groups. The experience of both RPA development and the capacity building package provided good practices and lessons learnt that will be documented and will inform similar processes in other regions.

In addition, with the intent to institutionalize the capacity building package, UNICEF provided technical support to the President's Academy on State and Social Construction of Uzbekistan. As a result, a new curriculum on managing social services in decentralized planning targeting national and local level senior policy makers was developed and is awaiting final endorsement to be officially integrated into the institutional curriculum in early 2011.

Regarding the **Disaster Risk Reduction and preparedness initiative (DRR)**, a Memorandum of Understanding between the Ministry of Emergency and UNICEF was signed in July, ensuring the commitment of the Government towards disaster preparedness and risk reduction in line with Hyogo Framework for Action. A work plan was also adopted in line with such commitments.

In this framework, a Steering Committee comprised of representatives from the Ministries of Emergency, Education, Higher and Secondary Special Education, Health as well as representatives from the Committees on Nature Protection, Committee on Geology and the National Academy of Science. Through this body, the country will be guaranteed a more inter-sectoral and coordinated approach at national and regional level.

As a result of UNICEF technical assistance and capacity building, and under the coordination of the Steering Committee, all 13 regions developed regional action plans for disaster risk reduction and preparedness. This exercise actively involved districts, mahallas, schools, pre-schools and rural medical centres to ensure better synergy and ownership.

Challenges:

- Decentralized planning for child wellbeing. Ownership of programmes to address children's rights by the regional authorities.

Next Steps:

- Strengthen partnerships with regional governments and support the adoption of RPAs in additional regions (including capacity building, advocacy, and technical assistance).
- Raise awareness among regional policy-makers and parliamentarians about disparities and the importance of mainstreaming equity-based approaches in decision making for children and women.
- Promote the use of DevINFO at the regional level to monitor the situation of children and women and provide evidence for informed decision making for RPAs.
- Support the government to develop national Framework for Action to enhance inter-governmental network in the field of disaster preparedness and risk reduction.

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:

In early 2010, a comprehensive Rolling Management Plan was developed to organize the governance structure and mechanisms and specific elements were developed.

The office monitors the implementation of 5 Rolling Work Plans, and a task force documents and monitors the entire planning process. The option chosen by the UCO is to have three multi-year programmes for the duration of the cycle and to organize an intermediary review (held on December 16-17, 2010) to adjust the RWPs for the following year and prepare inputs for the annual report.

A determined effort was made to build the country team (21 recruitments during the year) with notably: development of comprehensive induction plans for each new recruit; an office learning plan to ensure staff access to UNICEF basics such as PPP (March 2011), C4D (November 2010), RBM (September 2010); along with a staff morale improvement plan developed as a follow-up of the 2009 global staff survey with action points and clear accountabilities.

Programme and Operation meetings are held monthly, Weekly Coordination meetings take place every Monday. Specific tools support these coordination and monitoring processes. CMT, JCC have met regularly to monitor and agreed on decisions that affect all office management. Major steps taken this year included review of work processes to alleviate the workload while preserving accountabilities, increased ceiling of

responsibilities, budget's reallocation, and reporting and documenting mechanisms (part of better knowledge management in the office).

CMT also piloted the office move this year, including design, code of conduct and organization of work within the new premises. JCC piloted the staff morale improvement plan, which was developed as a follow up to the 2009 survey. An assessment conducted in late 2010 revealed important progress made in different aspects of staff wellbeing and development.

Task Forces (C4D, publication, and emergency) and Focal points (gender, security) were established including for the EPRP and the management of the EAWEA. Security improvements were made both in terms of premises and in staff readiness/awareness.

4.1.2 Strategic Risk Management:

The Office underwent a comprehensive and all-staff-inclusive Enterprise Risk Management (ERM) exercise. It identified key existing risks to be taken into consideration and mitigated. The exercise will be finalized in early January 2011 with the preparation of the Risk and Control Library, and a follow-up plan will subsequently help to keep high risk awareness amongst staff, monitor evolution, and ensure the most-at-risk areas are addressed.

The main major risk likely is related to the overall financial aspects of the programme, wherein the majority of DCTs is being provided in cash. HQ/RO guidance will be requested in 2011 to tackle this potential risk.

A Business Continuity Plan is in place and proved to be effective during the UCO's speedy move to the new office premises in August 2010.

4.1.3 Evaluation:

The multi-year IMEP for 2010-2011 was revised during the intermediate review meeting in December and will be updated accordingly to adjust to the changing needs of the Country Programme and to reflect the new analysis approach required by the equity focus. In 2010 the Plan was fulfilled for more than 85% implementation of IMEP components.

As a result of internal consultations and the CMT involvement, the UCO took measures to increase the objectivity and effectiveness of evaluation processes. Notably, all Terms of Reference (TOR) for evaluations are to be reviewed and cleared by the Monitoring and Evaluation (M&E) Officer before being submitted for final approval to the Deputy Representative. In addition, the newly established PCA Committee is tasked to review and make recommendations on the selection of candidates based on their methodological proposals, thus not leaving this decision to the project managers only. The Committee includes members from Programme Sections, Operations, the Deputy Representative and the M&E Officer.

In order to enhance the internal capacity to prepare TOR for evaluations and review draft reports, training on UNICEF evaluation standards and TOR minimum content was conducted and individual presentations were held during the induction process of new staff members. As a result, the quality of TOR submitted during the year has been improving. In addition, the UCO regularly submitted TOR for review to Parc, an LTA-bearer with CEE/CIS Regional Office.

The in-country capacity for evaluations does not always allow analysis in line with UNICEF standards. The UCO is exploring the possibility to establish partnerships where national and international research institutes can collaborate in key evaluations, thereby contributing to quality of analysis as well as to indigenous capacity building.

Research findings were used for reporting, evidence based advocacy with partners and internal decision making. The equity approach contributed to stronger emphasis being placed on disaggregated quality data and information analysis. Even so, awareness that findings were not always used to the full extent, led the UCO to make more effective use of research findings a priority in all ongoing and future work.

4.1.4 Information Technology and Communication:

During the emergency crisis (Kyrgyz refugees in Andijan region) in June 2010, office emergency tools (Citrix portal, VHF/HF communication) were tested and maintained. A temporary office in Andijan was established with LAN and internet access based on mobile WiMax technology.

During the office move to the new premises, the IT service break-time was 3.5 hours. The office LAN, power supply and video/security systems were installed according to UNICEF and UN security requirements, as well as IT technology standards.

Since Uzbekistan is a pilot Country Office, PROMS and Briefing Book upgrade to version 9.1 was performed. The IT equipment operated by the office is fully compatible with UNICEF hardware and software standards. It is constantly upgraded to sustain compatibility with planned switch to Windows 7 operation system. The inventory is updated continuously and all information is being kept in a Lotus Inventory Database. The SITA connection was terminated resulting in sizeable reduction of communication cost.

With financial and technical support from RO, the Polycom Video device was installed to improve the inter-office communication and provide video-conference facilities between COs.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:

For the second year consecutively, 100% of donor reports were submitted on time and in line with quality standards.

By the end of 2010, a total of 5,820,000 USD of Other Resources were mobilized, of which 1,394,860 USD are funds for Emergency (grants). The UCO is in the first year of a six-year Country Programme with an OR ceiling of 22,500,000 USD.

During the Polio emergency, UCO appealed for CERF and received the whole requested amount of 737,000 USD. During the emergency related to the Kyrgyz refugees' crisis, an appeal for CERF funds was submitted, but Uzbekistan did not receive any in view of the fact that the refugees returned to their country. However, the UCO incurred expenses that were covered with funds received from other donors, EPF funds and Regular Resources. Currently the EPF replenishment is under discussion.

All PBAs expired in 2010 have expenditure rates of 96% or more. Two out of fourteen expiring PBAs during this year required the extension of the duration, which was duly agreed to and fully endorsed by the donor. Expiring PBAs are monitored on a monthly basis during Programme Meetings, and a list of expiring PBAs is disseminated three months, and again one month, before the expiry date as a reminder for Programme Sections.

4.2.2 Management of Financial and Other Assets:

Both Programme and CMT meetings regularly review office performance indicators. This constant monitoring throughout the year ensured the majority of goals related to operations management performance were met.

Key structural constrains currently limit the UCO capacity to meet indicators related to outstanding DCTs and to some extent also pertaining to implementation rates. The Grants' Commission established by the Government for monitoring and approving donor

grants to national counterparts adopted strict regulations criteria since 2009. In 2010 the average time for approval became longer which adversely affected the availability of funds for timely implementation of programmes. Efforts are being made to seek the Government's cooperation in speeding up the clearance process.

Despite the above difficulties, the UCO was able to clear all outstanding DCTs for more than 9 months. The majority of DCTs were switched to bank wire transfer and local currency cash withdrawal.

The success with PBAs is encouraging: 100% of PBAs were used within the duration agreed with the donor. Likewise, all PBAs for Other Resources for Emergency were utilized within the expiry date and for more than 98% on average.

Out of an allocation of 3,289,000 USD of Regular Resources 2,860,930 were fully spent by the end of the year. Including the funds obligated and to be spent in early 2011, the effective implementation amounts to 3,106,523 reaching 93% overall. Uzbekistan is a Country Office piloting the Multi-Year Work Plans with duration of two years. Many processes are ongoing with national partners, and the correspondent activities and expenditures will take place in January and February 2011 with no interruption in the first quarter of the year for planning processes. As a consequence, some RR funds originally allocated to 2010 are planned to be spent in early 2011 and US\$245,593 are obligated as commitments.

4.2.3 Supply:

The supply and logistic component functioned with full capacity throughout the year, including during the two emergency responses in May and June.

During 2010 the UCO had 10 off-shore procurements, mainly for the procurement the emergency supplies for Kyrgyz refugees during the crisis and for the vaccines in response to the polio outbreak. The number of direct orders increased to 15 PGMs. Nearly all supplies were delivered to the country within the agreed time frame.

Besides the offshore procurement, a rapid emergency local procurement also took place. Locally the UCO procured the basis hygienic items, clothes and shoes for children in the refugee camps. During the emergency, the UCO's Logistic Unit provided full support to ensure the timely delivery of all goods to the final consignee. During the four nationwide polio eradication campaigns, the local printing companies proved their effectiveness and produced large quantities of printing materials in a very short period of time.

In general, all supply inputs were created in accordance with UNICEF rules and regulations and provisioned delivery dates. Overall the UCO raised 190 supply requisitions for an amount of 1,829,400 USD. Local Procurement accounted for 86% of all supply requisitions this year. The status of the local market is improving; the number of companies working with IT, transport and printing has increased. The quality of services provided is very good, as most of the companies are equipped with modern machines.

4.3 Human Resource Capacity:

During the year, the UCO undertook several recruitment processes to fill in vacancies created by the departure of some staff as well as establishment of new posts in the organigram of the new Country Programme starting in 2010. The office completed recruitment for the following international posts: Deputy Representative P-4, Chief of Education P-4 and Child Protection Specialist P-4 joined the country team, Social Policy and Economical Specialist P-4 will join in January 2011. The post of Operations Manager, P3 was abolished and a new post of Chief of Operations, P4 was established. The recruitment for this post is currently under way. Recommendations for the post of Maternal and Child Health Specialist were submitted for review to CRB and final approval to HQ.

The UCO also completed the recruitment of 5 national posts, namely: Health Officer NOA, Health Officer NOB, Health Project Assistant GS6, Child Protection Officer NOB and the C4D Officer NOB. At the moment, the office still has 1 vacant post of the ECD Officer, NOB that is currently under recruitment.

In 2010, UCO introduced personalised plans for new staff members. A considerable impact of this new plan in terms of shortening the introductory learning phase was perceived well within the office.

In order to support the move to the premises and the emergency response for the Kyrgyz refugee crisis, a number of measures were taken. The Operations Manager from the Albanian Office was sent on a temporary assignment initially to assist with Andijan crisis and later with the move to the new premises. In addition, an Emergency Specialist from the Georgia Office was sent for a temporary assignment to support the UNICEF sub-office temporarily established in Andijan.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

The office moved from the old building to the new office premises at the end of August. For the period April - August a rent free lease agreement was in place. The location of the new premises was coordinated with the Ministry of Foreign Affairs. Subsequently, based on discussions with the Ministry, a free-lease agreement with charge of the utilities' cost only was signed for the new premises.

The new premises allow UNICEF to host larger meetings and conferences. Therefore, since the move, we have decreased our renting of hotel facilities. In 2011, we will even increase our savings in other conference related expenses such as catering by exploring more cost-effective options. The 9 vehicles fleet will be maintained and serviced but no new vehicle is to be purchased this biennium. Senior management will limit their travels to the strict minimum. UNICEF is proposing UNCT/OMT to re-open the file of cost-shared arrangements for all-UN contracts (security, maintenance, conferences, travels, etc).

4.4.2 Changes in AMP:

The UCO has a Rolling Management Plan for 2010-2011, the majority of whose components remain valid. As per our recent Intermediate Review Meeting, changes will be made with respect to:

Programme management: internal performance indicators will be updated to better reflect our multi-year programming status.

Staff accountabilities: these will be re-defined in relation to the new format for field visits and meetings documentation; participation in the 'New UNDAF'; the requirement that Monitoring and Reporting on CR should be better articulated in the equity agenda, etcetera.

Management indicators: a list of 22 indicators will be determined for the office, to better serve our monitoring purposes than the generic global office management indicators that do not necessarily fit the multi-year status of our CP.

Office Learning Plan: as before, this will reflect the global priorities of UNICEF while building the capacity of the UCO staff to promote those same priorities at the country level and below; PPP and emergency related skills will be reinforced using Skillsoft online training.

IMEP: the focus will be on better use of evaluation findings and less diffusion (i.e., less in number but more strategic in value).

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. *Knowledge Attitude and Practices study on influenza A/H1N1 in Uzbekistan*
2. *Teacher Quality and Teacher Working Conditions in Uzbekistan*
3. *Assessment of the Juvenile Justice System in Uzbekistan*
4. *Nutrition Situation Analysis in Uzbekistan*

5.2 List of Other Publications

1. *Country Programme Briefing Kit*
2. *"School of Family Life" "Oylaviy hayet maktabi" Book for preschool education establishments on family education.*
3. *Benchmarking in Education (Science about self-improvement)*
4. *Reference Book for Improving Health Practices within Family and Community*
5. *Collection of legislative and regulation documents on targeting social allowances to low income families - Handbook*
6. *Collection of legislative and regulation documents on targeting social allowances to low income families - Handbook*

6. INNOVATION & LESSONS LEARNED

Title: *Strong push for C4D using an emergency entry point.*

Contact Person: Savita Varde-Naqvi, snqvi@unicef.org

Abstract:

The outbreak of polio in Central Asia was totally unexpected. Since Central Asia was certified polio-free in 2002, no supplementary immunisation activities were planned in the multi-year work. According to UNICEF's global commitment it had to assume the responsibility of timely vaccine procurement, communication and social mobilisation.

With the last known case of polio in the region recorded in 1997, a possibility of this highly infectious disease spreading rapidly was/is not perceived as a risk either by the medical community or by parents and families. Hence a robust communication social mobilisation strategy with effective monitoring mechanisms had to be designed to support the campaigns. The 'opportunity cost' of shifting the focus from planned communication activities was converted into a new opportunity to rally partners, especially MoH around strategic communication methodologies and inter-sector collaboration which can now go beyond polio to accelerate results for other programme priorities.

Innovation or Lessons Learned:

A fairly well-funded global priority like polio immunisation should be 'used' to demonstrate all the critical steps along the communication continuum: research, evidence-based communication objectives setting and planning, community participation and social mobilisation and monitoring for results.

The communication network developed painstakingly to reach every household for the emergency polio campaign will now be leveraged to accelerate other public health and

programme priorities: the ongoing close partnership with and ownership of MoH paves the way for further use of social mobilisation/C4D elements in all MCH and overall health reform in the country.

Large-scale behaviour change outcomes (such as getting *all* children immunised during *every* single polio campaign round) can be achieved and sustained only through a cross-sector communication strategy as seen from the 'Health-Education-Women's Committee' alliance that reached out to over 97% of the households.

Thematic public service announcements with a 'dramatic' element were prepared, moving away from an 'instructional' approach of the conventional style of messaging, to a more engaging, lively and participatory tone.

Potential Application:

The experience offered can be used for strengthening routine immunisation and consensus building around evidence-based C4D strategies for accelerating programme results.

Issue/Background:

From April to mid-December 2010, the region recorded 462 confirmed polio cases, constituting 53% of the global caseload. This outbreak required four national immunization campaigns conducted in May, June, July and October, with support from UNICEF and WHO. The first three campaigns covered a target population of 3 million children between 0–5 years. However, due to significant immunization gaps among adolescents, the strategy was revised to target a population of 10 million children from 0 – 15 years old. In addition, a sub-national round for up to 25 year-olds was held in Surkhandarya and Kashkadarya regions due to their proximity with Tajikistan.

Strategy and Implementation:

Using AFP surveillance and social data UNICEF raised the risk perception about polio virus importation among all key stakeholders. A Communication Taskforce including WHO and UNICEF, led by MoH, planned, reviewed and coordinated all communication activities. Communication planning was entirely guided by epidemiological data, and current information on cross border population movement, on limited access to immunisation points due to remote location of communities, as well as on movement of gypsies and mobile populations.

Thematic public service announcements with a 'dramatic' element were prepared, moving away from an 'instruction' based approach to a more engaging, participatory tone. Community engagement and social mobilisation were used as key elements to involve families and motivate them to get children immunised during the campaign rounds. Inter-personal communication (IPC) guidelines were developed and IPC training was a key component of the pre-campaign training of home visiting nurses and vaccinators.

Community influencers such as community chiefs and religious leaders were mobilised to build confidence of family members in vaccine safety. Negotiations with a 'Gypsy Baron' led to 7000 gypsy children being vaccinated. Monitoring protocol was developed to monitor implementation and impact of communication activities. Communication funds to the tune of US\$ 500,000 were raised by integrating communication strategies firmly within the programme proposal.

Progress and Results:

- Strategic communication interventions contributed to achieving and sustaining a 98% vaccine coverage through the four immunisation campaigns.

- A relationship of trust and a closer partnership was established with the communication personnel of MoH.
- Communication activities were well integrated into the programme and coordinated jointly with MoH which eventually took full ownership of communication planning, implementation and monitoring.
- National partnership achieved, including with internal actors in the country, is now helping to address other C4D related challenges.
- More than 97% people interviewed had heard or read about the polio immunisation campaigns.
- A strong media interest was created at the national and regional level through regular media briefings, press conferences and knowledge sharing with them.

Next Steps:

Build C4D capacity of the MoH and other government counterparts to consolidate acquired knowledge and practices through the polio campaign experience, which was not envisaged in the Country Programme but offers potential as a tested means to support the communication and achievement of the Country Programme's broader strategic objectives.