

UNICEF in UZBEKISTAN



For Every Child
Health, Education. Equality, Protection
ADVANCE HUMANITY



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Foreword

This publication is the first of its kind for UNICEF in Uzbekistan. We wanted to provide a concise background to the country and the economic and social problems it faced having gained independence following the break up of the Former Soviet Union.

We look at the goals and objectives that UNICEF identified and the achievements made during the Country Programme of Cooperation with the Government of Uzbekistan over the last 10 years. The current programme will end in 2004, so we also look to the future, and the expectations of our new programme commencing in 2005.

I would like to thank all UNICEF's partners in Uzbekistan for their contribution to the future of the country: the Government of Uzbekistan, the World Bank, the Asian Development Bank, Project Hope, USAID, CDC, UN agencies, the Governments of Canada, Ireland, Japan, Netherlands, Finland, Great Britain and Northern Ireland and Italy; the United States Fund for UNICEF, the German and Netherlands Committees for UNICEF; and Rotary International.

I hope everyone who reads this publication will find something of interest: a previously unknown detail about Uzbekistan, an enhanced understanding of the problems that are being overcome or an inspiring personal story. We would welcome any feedback and comments.

Brenda Vigo
Head of Office
Unicef CARK Uzbekistan

Facts on Uzbekistan

Independence:	1 September 1991
President:	Mr. Islam Karimov
Head of Government:	Mr. Islam Karimov
Prime Minister:	Mr. Shavkat Miromonovich Mirziyoyev
Capital:	Tashkent
Total area:	447,400 sq.km. (<i>only 11% arable land</i>)
Administrative divisions:	12 Vilayots (regions)
Population:	25.5 million
Urban/Rural Population	37%/63%
Young Population	56% under 25, 36% under 15, 11% under 5
Life Expectancy:	70.3 years (Male 70.5 and Female 74.4)
Religion:	Predominantly Islam
Natural Resources:	Natural gas, petroleum, coal, gold, silver
Industries:	Metallurgy, natural gas, chemicals, textiles
Agricultural Produce:	Cotton, vegetables, fruits, grain, livestock
Exports:	Cotton, gold, natural gas, mineral fertilizers
Imports:	Machinery, chemicals, metals, foodstuffs
HDI Rank:	101*
GDP:	\$ 61.6*
GDP per capita:	\$ 2460*
GDP growth rate:	4.2 % (average for 1990-2003)
Government spending:	31.8% of GDP
Employment:	65.3% of 15-59 years (2000)
Inflation:	21.5% (<i>inflation was 1568% in 1994</i>)
Average wage:	\$40 per month
Literacy:	Men 99.6% and women 98.9%*
Women's Representation:	10% in Parliament

(Sources: UNDP Human Development Report 2002 (or *2003) and State Statistics Department)

1. Background

Uzbekistan is one of 5 Central Asian Republics which obtained independence after the break up of the Soviet Union in 1991. It is the most populous of the 5 Republics, with a population of 25.6 million. The country is strategically located on the path of the old Silk Road between Europe, the Middle East and China and was formerly one of the centres of world civilisation.

Uzbekistan is an arid landlocked country (one of only two double-landlocked countries in the world) with limited water resources which it shares with its neighbours, mainly coming from the two main rivers, the Amu-Darya and the Syr-Darya. The Kyzyl Kum desert covers a large part of the country, including the semi-autonomous Republic of Karakalpakstan, an extremely poor region which contains the Aral Sea – once the fourth largest internal area of water in the world, but now rapidly drying-up as a result of drought and Soviet agricultural policies. Karakalpakstan has suffered severe health and environmental problems in recent years as a direct consequence of the Aral Sea disaster.

Uzbekistan has significant reserves of gold, although its main product is cotton, for which it is the third largest exporter in the world. The cotton industry was developed during Soviet times and irrigated by waters which had previously flowed into the Aral Sea. The need to attain high production quotas under the Soviet system led to increasing demands for water and eventually to the devastating decline in the water level, sea area and water volume.

After independence a severe economic depression affected the region, as revenue transfers from the Soviet budget which had accounted for one fifth of Uzbekistan's GDP in 1991, ceased, along with subsidised oil and essential food supplies. Economic and social benefits such as lifetime employment, free access to healthcare and education, assured pensions and subsidised housing, clothing and consumption goods disappeared.



Subsequently, poverty increased and even now after steady economic progress during the 1990s, the World Bank estimates that 27.5% of the population are unable to meet basic consumption needs (*Living Standards Assessment 2002*).



The communities affected have difficulties in accessing basic health and educational services, and in rural areas, lack access to adequate water and sanitation facilities.

Agriculture is the foundation of the economy, accounting for 40% of employment, 60% of exports and 25% of GDP. With 70% of the population living in

rural areas, their dependency upon agricultural products such as cotton, make them most vulnerable to poverty, unemployment and inequality. Recent decreases in the price of cotton have resulted in reduced production; and farm restructuring has led to the loss of many agricultural jobs. 40% of the rural population now depend upon small subsistence plots for their livelihoods.

Income and education levels are strong indicators of vulnerability to poverty, however, the major indicator is the region of residence. The semi-autonomous republic of Karakalpakstan and the province of Khorezm suffer particular hardship. For the poor in Uzbekistan life can be very hard: access to healthcare and education is limited, basic services such as water and utilities are often not available (and when they are water quality is poor and often hazardous) and vulnerability to malnutrition, poverty and maternal and childhood illnesses have had a negative impact upon people's lives.

2. UNICEF in Uzbekistan

UNICEF was created in 1946, in order to provide assistance to children suffering in the aftermath of the Second World War. Subsequently, its attention became centred on promoting and protecting the rights of children in the developing world. UNICEF now works in 160 countries worldwide, with the following priority areas:

- To promote integrated childhood development and ensure the best start in life.
- To ensure that every child receives and completes primary education.
- To safeguard every child against disease.
- To stop the spread of HIV/AIDS and provide care for every child affected.
- To protect every child from violence, abuse, exploitation and discrimination

The UNICEF Uzbekistan Office was established in 1994 and the first Country Programme of Cooperation between UNICEF and the Government of Uzbekistan lasted from 1995 to 1999. It provided well-targeted supply assistance, training and improved, more efficient techniques for healthcare and their application through social mobilization.

By 1999, health, nutrition, water and sanitation, education and advocacy programmes were well established, enabling UNICEF to become a leading international organization in Uzbekistan. The Programme of Cooperation was established to oversee the adoption of international norms and standards for health and education; and legal services to uphold the rights and protection of children have been vitally important during the last ten years.

The current focus of UNICEF's activities in Uzbekistan is to work with the government in improving the well-being of children and women, based upon the government's signing and ratification of the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The current Programme of Cooperation, running from 2000 to 2004 focuses on three major areas of work, together with the Drought Emergency Programme, funded by the Government of Japan:

- The Mother and Child Survival, Development and Protection Programme
- The Child Enrichment Programme
- The Young Person's Well-being Programme

The programmes aim to “assist the government in the progressive realisation of the right of every Uzbek child to life, care, growth, health, nutrition, education, water, sanitation, participation and protection”.

The programme has been planned within the context of an overall area-wide strategy for the Central Asian region. It aims to empower families and communities by using a rights-based approach, which takes into consideration all social and economic factors which have a bearing on a child’s survival, development, protection and participation.

Mother and Child Survival, Development and Protection Programme

This covers the period from prenatal to 6 years of age, responding to the needs of children and encouraging physical and intellectual development. It also aims to improve the health and nutritional status of mothers, through the development of a safe motherhood environment, which includes access to services and life skills awareness.

Child Enrichment Programme

This programme responds to the growth and development needs of children, aged between 6 and 12, addressing their educational requirements, encouraging more child-oriented learning environments and introducing the teaching of life skills in health and nutrition.

Young People’s Well-being Programme

This programme promotes and develops adolescent health, youth development and life skills in preparation for adulthood and responsible citizenship. UNICEF want to ensure that young people are given the necessary opportunities to participate in the decisions that affect their own future. In undertaking all activities, UNICEF involves children, ensuring that their voices are heard loud and clear and their ideas expressed.

Drought Emergency Programme

Developed in response to the droughts of 2001 and 2002 in Karakalpakstan and Khorezm.

The major donors to UNICEF Uzbekistan are the Governments of Canada, Ireland, Japan, Netherlands, Finland, Great Britain and Northern Ireland and Italy; the United States Fund for UNICEF, the German and Netherlands Committees for UNICEF; CDC USA, USAID and Rotary International.

3. Mother's Health and Child Survival

The mother's health status, nutrition, micronutrient intake and absorption and child-feeding habits, together with factors such as water quality, sanitation, environmental conditions and geographical location are all factors which influence the prospects of healthy and happy lives for children.

Women comprise 42% of the labour force, but are employed largely in the health, education and culture sectors, where wages are lower than the national average. Research suggests that education is the most significant determinant of women's employment and that girls are beginning to fall behind boys in educational opportunities, particularly at the higher education level. Consequently, women make up 60% of the registered unemployed according to official statistics, with most in the twenties and thirties, poorly educated, unskilled and restricted further by limited mobility due to child-rearing responsibilities.

Equal Opportunities for Women

The problem of limited educational and employment opportunities for women have been compounded by early marriage (under 17 years of age). Women in rural areas are particularly vulnerable to poverty. Many are obliged to undertake physical labour for low wages and in employment activities that are temporary and short term. During the Soviet era manual cotton picking was the primary employment opportunity in rural areas and was a female job. This situation is still true today for many women and those working in the cotton fields may be exposed to health risks as a result of the use of chemical fertilisers and pesticides in cotton production.

International Conventions

The Government of Uzbekistan ratified the 'Convention on Elimination of all Forms of Discrimination Against Women' in 1995 and UNICEF are providing support to incorporate the commitments of the charter into National Law. These commitments include equality of property rights in marriage; equal opportunities in the workplace; equal rights and freedoms before the law; and equal rights to education. The 'Year of the Woman' took place in 1999 and this helped to draw attention to the problems that women face.

Uzbekistan is committed to gender equality. Girls enjoy the same educational opportunities as boys and the government has initiated several measures designed to reinstate women in the social and political structure.

Economic prosperity, educational and employment opportunities and health are all intrinsically linked. The collapse of the Soviet Union had a dramatic impact upon all three with life expectancy, for example, only now having reached its 1990 level. In addition to overall life expectancy, key indicators of a nation's health are the Maternal Mortality Rate (MMR), the Under-five Mortality Rate and the Infant Mortality Rate (IMR). The former has seen a worrying increase recently and the latter two, whilst falling, still remain high.

Infant Mortality

A recent UNICEF Report, the Social Monitor 2003, highlighted the problems of infant mortality, which although on the decline, is estimated to be 52 per 1,000 live births (MICS 2000), compared with the official figure of 16.5 per 1,000 in 2002 (whilst this official figure is itself five times higher than the European Union average). Respiratory infections and diarrhoeal diseases account for more than half of infant deaths.

In collaboration with the Ministry of Health, UNICEF is addressing the need for the introduction of World Health Organisation (WHO) international criteria for live birth definitions. The WHO definition regards a 'live birth' as one where after birth, the infant is breathing or showing any evidence of life, such as beating of the heart or pulsation of the umbilical cord, irrespective of the duration of the pregnancy. The definition inherited from the Soviet era only recognises breathing as a sign of life. Moreover, infants born before 28 weeks, less than 1,000 grammes in weight or 35cm in height are only counted as live births if they survive 7 days. This disparity between definitions, can be significant. With more accurate statistics, in-depth analysis of the causes of infant mortality and the provision of appropriate and effective newborn care, UNICEF estimate that as many as 50% of child deaths could be avoided. A pilot project has seen the WHO definition introduced in Ferghana Oblast, with positive results.

Recently, there has been a resurgence of tuberculosis with 14,000 to 15,000 new cases being identified annually, and 20% of these children or teenagers.

The current Country Programme of Cooperation covers the years 2000-2004 and focuses primarily on improving the quality of health services at Primary Health care level and the knowledge and skills of parents about early childhood survival, growth and development.

Maternal Mortality

The maternal mortality rate (MMR) dropped from 65 per 100,000 births in 1992 to 20.7 in 1996, however in 2002, it has risen again to 32 per 100,000 births. This rise suggests a deteriorating state of women's health and the quality of antenatal services, given that most women attend prenatal care regularly and deliver in facilities under the care of trained practitioners. The overall health problems caused by poor nutrition, an unhealthy environment and frequent births are also relevant factors in the rise of the MMR.

Malnutrition

Infant and child health is further threatened by malnutrition, reflecting mother's health status, micronutrient intake and child feeding habits. The rate of anemia due to iron deficiency amongst women is 60%, one of the highest rates in the world. The rate in children is also high, reflecting poor nutrition and diet with consequences on children's cognitive development. Vitamin A and iodine deficiencies are also prevalent, the latter resulting from only 19% of households using iodized salt (although this figure is increasing).

Responses to Mother and Child Health Problems

The Government of Uzbekistan and UNICEF have developed an integrated programme that aims to tackle infant mortality:

- A National Policy and strategy on Safe Motherhood introduced, and clinical protocols are being introduced into perinatal care services;
- Enhancement in levels of protection from diseases introduced, such as initiation of a measles elimination programme; achievement of Polio-free certification; increased vaccination coverage for children under one year old (from the current coverage of 95%) and better management of childhood illnesses such as respiratory infections and diarrhoeal diseases;
- Iodine Deficiency Disorder being tackled with universal salt iodisation; Vitamin A supplementation provided for children aged between 6 to 59 months, and leading to potentially to a reduction of child deaths by 20%; and iron supplementation significantly reducing Iron Deficiency Anemia;
- Baby-friendly hospitals increased from 3 to 16. By 2004, 50% of new-borns will be born in such hospitals;
- Exclusive breastfeeding has increased from 4% to 22 % in 3 years.
- IMCI integrated into Primary Health Care and medical curricula.

These activities have been helped by efforts to enhance the capacity of health workers, upgrade the health infrastructure, and improve water and sanitation facilities.

Promoting the use of Iodized Salt

Sayidvali and Oyimkhon Kadirkulov live in the town of Xojily (Khojily) in Karakalpakstan. They ventured into the salt production business because, Oyimkhon, a medical doctor working at the Sanitary and Epidemiological Centre (SES) in Xojily, had seen enough of patients suffering from the effects of iodine deficiency and wanted to do something about it. *“Iodizing salt”, she says “was not only social responsibility, but a successful business as well”. Sayidvali adds “Salt is the only feasible and sustainable business in Karakalpakstan. All other things are unreliable. How can we rely on cotton, or rice, for instance, as all of these are dependent upon the supply of water. There is enough salt in this region to last us for 200, 300 years.”*

The couple spent about \$20,000 setting up the Embergen salt factory *“Our cost would have been much higher, if we had to spend the \$15,000 or so for the iodation machine that we received from UNICEF,”* says Sayid. The factory, like others in the country also received 2 tonnes of iodate solution from UNICEF.

With her medical background, Oyimkhon knows very well the consequences of iodine deficiency. Small amounts of iodine are essential for children’s growth and development. If a child does not get enough iodine, his or her brain will not develop properly and consequently mental and physical development is seriously impaired.

However, less than 50% of salt on sale is iodized, and iodized salt is more expensive than non-iodized. UNICEF organised salt producers meetings in Tashkent, in order to promote the benefits of producing iodized salt. Oyimkhon was one of the producers attending the meeting. *“In order to spread awareness on iodized salt, we have printed (on the salt packaging) that not taking iodized salt can enhance the risk of babies being born mentally and physically challenged. Also at the back I have put all the necessary information the customer would need about the quality of the salt.”*

At the second salt producers meeting in Tashkent on 31 October 2003, the Salt Producer’s Association was formed and a chairman elected. This body has the potential to have a significant impact on availability of cost-effective iodized salt.



UNICEF and the Ministries of Public Education and Health have launched a National Campaign on Universal Salt Iodization. The campaign provides health lessons and information to all pupils in secondary schools. Brenda Vigo, UNICEF Head of Office in Uzbekistan stressed the importance of this initiative:

The salt production process

“This campaign will really make a difference, providing children with the knowledge they need and the opportunity to take effective action to reduce the risks for future generations. Children are a generation at risk and by demanding that their parents buy only iodized salt, they may lower that risk considerably”.

In December 2003, as part of the campaign, a national day of salt testing took place, during which 6 million schoolchildren in almost 10,000 schools across Uzbekistan brought in household salt samples to be tested for its iodine content. The day was an enlightening one for all who participated and a generation of children became informed on a critical health issue.



Testing salt for iodine content at a school in Tashkent

Steps to Reduce Infant Mortality and Improve Child Development

- All pregnant women and their families need to know the early warning signs of problems
- Pregnant women need nutritious meals and rest during pregnancy
- Breastmilk alone is the only nutrition a child needs for the first 6 months
- From birth to two years old, children's weight should be regularly monitored
- Children need iron-rich foods and iodized salt to protect their physical and mental abilities.
- Every child needs a series of immunizations during its first year
- Many illnesses can be prevented by good hygiene and sanitation practices
- Illnesses such as diarrhoea should not be killers – a child needs to drink liquid and to continue eating regularly
- Children learn more quickly when they receive affection, attention, and stimulation, in addition to good nutrition and proper healthcare, especially during their first 3 years.

4. Child-friendly Learning Environments

Early Childhood Development

The early years of a child's life are crucial, being the basis for future health and development. A child needs affection and attention in a caring and concerned environment, and one in which both parents are involved. An essential element of this environment is the encouragement to play and to interact with other children, in order to develop their curiosity and experience. Playing develops skills in language, thinking and organising and this physical and mental stimulation is vital to a child's growth.

In order to create appropriate opportunities for children, the government and UNICEF in the Country Programme of Cooperation are enhancing early childhood development through utilisation of a unique opportunity: the *Makhalla*. These are a traditional Uzbek method of local self-rule, distinct from government which are being given increasing responsibilities for community development and social assistance by the government.

The Makhalla Kindergarten

A vital aspect of the makhalla system is the 'Makhalla Kindergarten', a home-based kindergarten supported by the State, and an institution unique to Uzbekistan. It originated as a response of local communities to the pressing need to have an accessible alternative to the regular State-run Pre-school, which being located in towns, were difficult for families in rural areas to send their children to.

The primary objective of the kindergarten is to improve the knowledge and the skills of parents and communities on early childhood care that ensures a child's survival, growth and development. The kindergartens focus on the survival and protection of newborns and women by promoting health issues, reducing the incidence of childhood diseases, providing access to safe immunization services, encouraging breast-feeding and mobilising families and communities to encourage better parenting skills.

The kindergartens are home-based and cater to approximately 7-15 children depending on the condition and the size of the house. They are supervised by a trained pre-school teacher and helper (a nurse). They are affiliated to a state-run kindergarten that usually provides training, quality control, furniture, learning/play materials as well as one hot meal a day.

As a result of the initiative of local communities and the response of the State, approximately 250 Makhalla Kindergartens have been established all over Uzbekistan.



Children in Makhalla Kindergartens

There is a strong commitment from the Government of Uzbekistan, the local makhalla administration and local authorities to improve and sustain these kindergartens and additionally only minimal support is required to transform them into community-based early childhood development centers, benefitting a great deal more children than are currently attending. Such centers would provide comprehensive Early Childhood Development (ECD) programs tailored to the specific developmental needs of children and parents.

Current plans include the development of the makhalla kindergarten system to cover 10 rural and 2 urban settlements in Karakalpakstan, Fergana and Tashkent, benefitting 5,000 households. The project aims to assist households in rural and urban poor settlements that have children of 0-8 years of age as well as pregnant women. In addition to establishing or rehabilitating 250 makhalla kindergartens, a manual on setting up quality kindergartens has been developed and trainers and newly trained teachers and helpers are other key results of this project.

In addition to improving early educational opportunities, the makhalla authorities will also be the focus for improved service delivery in promoting better health and nutrition. This involves improved knowledge and skills of the service providers in early stimulation and learning, nutrition and mother

and child health, together with improved availability of basic supplies such as drugs, vitamin supplements and early learning materials.

The purpose of these initiatives are to encourage communities to become more sensitive to children's needs and committed to creating a healthy, safe and friendly environment for children. In such a community, members work closely with service providers, parents and local governments to improve environmental hygiene, health and education services, with all partners equally involved in the design and implementation of programmes. Above all, a home environment that cares for and supports pregnant women, lactating mothers and their newborn babies is desirable. The home will be an environment that is healthy, safe, stimulating and affectionate in which the child interacts with other family members, who in turn develop their own capabilities and play a vital role in monitoring a child's health, growth and psychosocial and cognitive development, and are able to detect problems for timely action.

Family Education

These initiatives constitute a new focus on Family Education, which recognises the importance and facilitates the active involvement of parents, siblings and extended family members in the household, in organized neighbourhood play/learning activities with health, nutrition, environmental hygiene and early education content.

These materials aim to improve parents' and family members' skills to provide care for children in the area of breast-feeding, complementary feeding, child nutrition, growth monitoring, completion of vaccinations, identification of symptoms of major childhood illnesses and early stimulation and learning. The Family Education Programme will improve interactive communication skills among family members at home (i.e. asking for help from each other, especially women from husbands and elders), and family members in the community (i.e. searching for services) stressing the mutual benefits to be enjoyed by all involved.

School Enrolment

Pre-school enrolment had been on the decline throughout the 1990s, dropping by almost 50% between 1991 and 1998. However, recent surveys conducted by UNICEF show that government efforts to develop a

range of pre-school opportunities, such as the Makhalla Kindergarten, are having a major impact, for example, with an increase of almost 40% in the number of 3 to 5 years olds attending pre-school.

With 36% of the population under 15 years of age it is crucial that they are provided with the right environment and opportunities. Uzbekistan has one of the highest levels of literacy in the world – a rate of 98% for both men and women – and despite economic constraints, adequate levels of spending have been maintained on education.

The educational infrastructure is extensive with almost 6 million children at school and another half million in kindergartens. Significant achievements have been made, such as a net rate of primary school enrolment at 88% of children. However, poor rural children have limited access to education.

There are, however, signs that statistics do not represent the true picture and independent data estimated the net enrolment rate for primary education to be lower. To a large extent the decline in school participation reflects the negative economic conditions arising from the collapse of the Soviet Union. In rural areas, particularly, although primary education is free, the rising costs of textbooks, meals, clothing and transportation led to a decline in the numbers attending. The dramatic reduction in pre-school attendance also contributed to the drop in primary school enrolment and attendance.

Furthermore, the problem of non-attendance of enrolled children is acute in rural areas, where enrolled children are sometimes unable to attend school because of the need for them to contribute to household income.

School Sanitation

Almost 90% of schools in Karakalpakstan and Khorezm do not have the use of adequate toilets, whilst 75% do not have access to safe drinking water. This can also be a factor in reducing school attendance, particularly for girls. The Country Programme of Cooperation aims to introduce new sanitation facilities in schools, such as pour flush water seal systems, as opposed to a hole in the ground. These toilets are hygienic, do not attract flies and insects, are easy to operate and require less water for flushing.

80 schools are currently being covered by this programme, which is also essential as a channel for the promotion of hygiene education among

children, families and the community. This programme will be expanded to cover 150 additional schools with a student population of 100,000 over the next three years.

Children with special needs

In the past the stigma of disability led to many children, particularly in rural areas, being kept at home and denied educational opportunities. However, the commitment of the government and UNICEF to providing access and opportunity for all children in Uzbekistan has seen improvements being made. There are now 62 special boarding schools for children with disabilities, 22 special schools for mentally retarded children and 23 special boarding schools for children with sclorosis and tuberculosis.

It is the aim of the Country Programme of Cooperation to provide opportunities for children with disabilities or special needs to receive the same education at the same school as other children (see panel opposite)

There is also a commitment from the government, through the 1992 Constitution of Uzbekistan, to guarantee free and equal access for all children at primary and secondary levels. An example of how this policy is working is in the treatment of children from different ethnic and language backgrounds. Basic education services are provided in all of the 7 national languages of Uzbekistan (Uzbek, Russian, Karakalpak, Kazakh, Turkmen, Kyrgyz and Tajik).



SANVIKT Disabled Children's Art Club members painting a mural at UNICEF's office

The Government has increased expenditure on education at all levels over the last few years and has undertaken significant restructuring of education programmes, such as:

- The development of more appropriate curricula which focus on student-centred teaching practices;
- Improvements to teacher training programmes;
- Improvements in the quality of textbooks and other materials.

Basic and Secondary Education

Whilst official figures for enrolment are almost 100%, independent data estimates otherwise: for example in 2000, the net enrolment rate in primary education was 87% for boys and 89% for girls, whilst at secondary level the gross rate was 99% for boys and 87% for girls. At primary level this can partly be explained by the fact that not all children of 6 years of age enter school, waiting instead until they are 7 years old.

Integrating Children with Special Needs

There is scarce information available on the number of disabled children in Uzbekistan, state policy on social support or rehabilitation or the nature of causes contributing to disability. More importantly, there is a tendency to stigmatize these children.

This stigma often results in disabled children being kept at home as neither schools nor families have adequate financial resources or professional capacity for educating disabled children, thus the quality of education and opportunities for social integration are severely limited. At best disabled children are kept in institutions facing a lifetime of isolation and exclusion.

In a Makhalla Kindergarten in Urgench, a new approach has been introduced. A team of experts visited homes in the Makhalla area and identified children with special needs, which included problems such as paralysis and polio. These children were offered the opportunity to receive a full education with other, non-disabled children.

All children are encouraged to play and learn together and to socialize with each other. All children are benefitting from the experience, but particularly those that are disabled and who are now fully integrated into their school and community.

However, there are other reasons for non-attendance:

- The direct and indirect costs involved in sending children to school
- Lower perceived benefits of sending children to school
- Decline in school facilities and equipment
- Children contributing to household income, housework or childcare.

The education system is faced with a number of challenges in addition to the gap between enrolment and attendance figures. A recent UNICEF study, 'Creating a Child friendly School in Central Asia', highlighted the lack of 'life skills' provided during schooling.

UNICEF are assisting the process through the introduction of Global Education and life skills initiatives. These aim to improve learning/teaching methods and curriculum content; and to make education a more relevant preparation for life, through the introduction of themes such as democratic citizenship, environment, health, the rights of the child, human rights and social justice. Furthermore, global education also seeks to move away from traditional didactic methods of learning and to promote interactive and participatory learning methods - within the classroom, in out-of-school learning, and in teacher training - that encourage co-operation, discussion, and active participation.

The UNICEF survey also raised questions about the standard of teaching, suggesting that many teachers lack the skills required for modern teaching methods and only 71% have attended higher education. Finally, the physical infrastructure of schools has deteriorated over the years: 80% now require renovation and most suffer from inadequate sanitation facilities.

The UN Committee on the Rights of the Child recommended improved access to education; better educational materials provided; greater participation of parents and communities; and monitoring of the quality of education. Through the Programme of Cooperation, the government, assisted by UNICEF, responded positively, introducing reforms to the educational system in order to make curricula more modern and relevant to the needs of a changing society.

A relevant curricula for today's needs

- **Develops skills such as critical thinking and decision-making**
- **Provides 'life skills' such as health awareness, substance abuse risk avoidance, combating prejudice and discrimination and coping with stress**
- **Enhances future prospects through career and business education, parenting skills and citizenship and social participation skills**
- **Provides teachers with new skills and confidence and a new sense of professionalism and purpose**
- **Provides Ministry-level and provincial-level educational administrators with new understandings and skills in the development, monitoring, and evaluation of children-centred curriculum and learning/teaching approaches**
- **Introduces Teacher training courses based upon delivering the new curriculum using interactive learning approaches.**

5. Protective Environments for Children

Children in need of protection

There are, according to the Ministry of Public Education, currently almost 3,600 children in orphanages in Uzbekistan and although conditions are generally favourable for the children, a lack of financial and professional resources often mean these children do not receive an adequate education. Traditionally, those children in orphanages were there as a result of the loss of both parents, however, poverty and unemployment have become the major causes for children to be put in institutions.

Initiatives have been introduced which prevent children from being placed in institutions, such as the creation of employment opportunities for parents and by involving the whole community for support. Further work remains to be done at the level of policy development, for example, by strengthening legislation on foster care and adoption.

There is scarce information available on children with disabilities. As described in the previous chapter, it is likely that most are missing educational opportunities as a result of the stigma attached to disability. A recent initiative by the government has improved the situation for disabled children, by providing social allowances to the families.

Juvenile Justice System

Although juvenile crime is relatively low – compared to Kazakhstan and Russia for example – it is rising as a result of young people experimenting with different lifestyles and behaviour, such as abuse of drugs and alcohol; together with reductions in welfare privileges and rising unemployment.

Under Uzbek law, criminal liability begins from 14 years of age for certain offences such as rape (and age 13 for premeditated murder) and 16 (or 18) years for other offences. Young offenders may receive non-custodial sentences or a custodial sentence in a penal colony, depending upon the crime committed.

The UN Committee on the Rights of the Child expressed concern on:

- Reports of children being arrested and held in custody without legal advice
- Children subject to ill-treatment and unlawful investigative methods
- The length of pre-trial detention
- Conditions in detention centres and penal colonies

Young People's Resource Centre

13-year-old Buniyad Habibullaev trained to become a young journalist at the Ferghana Centre for Creativity of Schoolchildren, where he attended classes three times a week. *"A good journalist is not lazy and should be ready to jump up and run to cover stories, to take picture,"* he says excitedly. *"He should be aware of his surroundings, and also be willing to listen to everyone's opinions, and should think and be careful about reporting only the truth!"*



Young journalist, Buniyad

The Centre started with about 100 children and within a year the number increased to 1000. *"We were interested in opening such a Centre because of the need for creative and recreational outlets for the youth in the region"* commented Shakhida Aminova, The Director of the Centre (who has since been replaced by Mr Akhmadaliev Mirzamakhmud). All students enjoy the facilities it offers for free and there are now 30 activities, ranging from language clubs to press, theatre and dance.

UNICEF helped to set up the centre in early 2001 and has thus far provided US\$ 54,000 for the Centre's child-to-child activities as well for refurbishing its facilities. *"We received UNICEF's support through a project called 'Forming Active and Civil Position & Leadership Skills in the Children & Youth of Farghona' in February 2001. Since then we have had many more partners, including the active support of the local authorities",* said Shakhida.

The Centre also conducts activities related to UNICEF's priorities, such as seminars on child rights. *"The children have come to realize about their rights. They have opportunities to display their leadership skills to help their personalities grow"* commented Shahnoza Akhmadalieva, 19, a CRC trainer at the Centre. Students at the Centre as well as those in other schools and in makhallas have also been oriented on life-skills for awareness on reproductive health. *"We have conducted numerous seminars and made the children aware of the responsibilities of healthy life-styles"* said Shakhida.

The Government of Uzbekistan and UNICEF are addressing these concerns and supporting the introduction of changes in the juvenile justice system to bring it in line with international standards.

Drug use and the threat of HIV/AIDS

Young people in Uzbekistan are becoming increasingly at risk from the easy availability of drugs (notably heroin) as a result of its geographical proximity to Afghanistan. The number of young people joining vulnerable groups, such as injecting drug users, has increased over the last decade, with the majority being heroin users.

An increasing number of these are now infected with HIV/AIDS and although numerically the number of people infected is low, there is a threat that the virus could now be introduced into the non-drug using population as a result of unsafe sexual behaviour amongst young people and low awareness levels of HIV/AIDS. Recent surveys have suggested that young people have low awareness levels on sexually transmitted infections (STI) and HIV.

There are close links between HIV/AIDS and tuberculosis and increasing levels of the latter in Uzbekistan are a worrying signal of a potentially more significant problem.

Young people are the most critical resource in the fight against HIV/AIDS, as they are able to make responsible choices to protect themselves, and can educate and motivate others to do the same. The Country Programme of Cooperation addresses the threat and the government have opened HIV counselling centres in Tashkent and in regional centres. Those attending the centres receive advice from specialists or can have an HIV test, whilst injecting drug users can get free syringes.

In addition, the Ministry of Health has subsequently decreed that AIDS centres should be established in each oblast, providing anonymous and confidential testing and counselling. UNAIDS, the United Nations agency responsible for addressing the HIV/AIDS pandemic, reports that this is a unique initiative in Central Asia.

In its recent publication 'Averting AIDS crises in Eastern Europe and Central Asia' (2003), the World Bank confirmed that the region was "experiencing

the world's fastest growing HIV/AIDS epidemic which "could have devastating consequences on health and development in Eastern Europe and Central Asia". Inaction is not an option and so the government's initiative is timely and significant.

The government and UNICEF's Country Programme of Cooperation is exploring ways to encourage young people to influence each other, in the promotion of healthy lifestyles and increased knowledge on HIV/AIDS, STIs, substance abuse and reproductive health. Life skills and peer education are vital tools in this undertaking: UNICEF organises Peer Education Workshops, providing training to trainers/educators working with vulnerable and marginalised groups of young people.

Furthermore, UNICEF is working with the government, legal/penal systems and the media to respond more favourably to adolescent needs.

Centres, such as the one in Ferghana described previously are a vital resource in providing young people with the knowledge needed to equip them in the transition to adulthood. UNICEF and its government and non-government partners are developing new opportunities for young people in Uzbekistan to learn about their rights and to receive life-skills training.

Key messages in preventing HIV/AIDS

- **AIDS is incurable but preventable: prevention is the most effective strategy against HIV/AIDS – every young person and adult should know how to avoid getting and spreading the disease.**
- **There is no stigma attached to HIV/AIDS - everyone is at risk.**
- **Parents and teachers must be able to provide advice and support.**
- **Everyone who suspects that they may be infected, should have the opportunity of and be encouraged to contact a health worker and to contact a counsellor if they are infected.**
- **Girls are particularly vulnerable to HIV infection and need support to protect themselves and be protected against unwanted and unsafe sex**

6. Water, Hygiene and Sanitation

The economic legacy of the Former Soviet Union (FSU), the environmental disasters which occurred under that regime and the geographical location of Uzbekistan in an arid region of the world, pose innumerable problems for the Government of Uzbekistan and for the international organisations that are working with it.

The challenges faced are epitomised by the disaster of the Aral Sea, which had a devastating impact upon the surrounding areas. During the period from 1960 until 1992 the area of the sea was halved and its volume quartered, as the Amu-Darya and Syr-Darya rivers were channeled and dammed to provide irrigation for agriculture.

The areas most affected are Karakalpakstan (which contains the Aral Sea) and the neighbouring region of Khorezm, which together contain a population of over 2.5 million people at risk.

The Aral Sea

As the sea level drops by a metre a year, more land is exposed, and the chemical pesticides used in cotton production are concentrated in a crust on the newly exposed land. Winds then disperse the crust as a cloud of lethal dust, causing health problems for the population and reducing agricultural productivity as a result of land and water salinization.

The people in these regions suffer from high levels of anemia, together with rising levels of tuberculosis, whilst children suffer from liver, kidney and respiratory diseases, micronutrient deficiencies, cancer, immunological problems and birth defects.

Surface water supplies can be affected by discharges from irrigated agriculture, containing agro-chemicals; and from inadequate sewage systems. Although the Government of Uzbekistan has made progress, still only 54% of urban and 3% of rural populations have access to adequate sewage systems, with those without relying on very basic and unhygienic pit latrines. The use of this type of latrine, together with inadequate drainage and poor hygiene practices lead to high levels of food and water contamination.

One third of the population uses drinking water that does not meet quality standards and the problem is acute in Bukhara, Navoi, Khorezm and

The Aral Sea Disaster

“Suw... Suw... Suw” says Santyula tapping on the ground with his cane. *“Suw. That’s all that matters. Suw. That’s all we want!”*. Suw is the local term for water, a commodity, that was once the lifeblood of Moynaq, Karakalpakstan. There was water all around the fishing village, but now the water is 150 kilometers away.

Seventy-year old Santyula’s started helping his father with fishing when he was just 17 years old. He later worked for forty years in the fish-canning factory. A boat would haul in around 200-300 kgs of fish a day.

“We started noticing a change in the waters around the 60s” says Santyula. Showing the level up to his chest he says, *“The water used to come here when we were at the shore..and then slowly by slowly it began going down. By the 80s the sea was gone from here”*. The life of the Aral sea depended upon the Amu Darya river. *“Now there is no water in the river, and there is no sea”*. All that remains are the rusting hulks of stranded tankers and trawlers.

Now the residents of Moynaq rely on a few wells for their household needs.



“Only some of these wells, and the pumps that the government installed have sweet water,” says Santyula. *“The rest are salty. If there is water we can plant crops.. the animals will be better fed... our lives will be better. If there is no water, there is no life.”*

Already there is a lot of migration to Nukus and beyond. *“People, children are forced to leave the place they were born, the place they grew up,”* continues Santyula. *“There are no jobs here, there is nothing to eat. Now they are all going... Lord knows where they will go, how they will live”*

Although the water has gone, the people have not been forgotten: UNICEF and the government are working in the Karakalpakstan region to improve water resources and help future generations to remain.

Karakalpakstan regions. In the latter two regions, a combination of drought and the Aral Sea disaster has exacerbated the problem and subsequent water shortages have also had a negative impact on domestic and personal hygiene exposing the population to higher risk of water borne diseases such as typhoid, diarrhoea and worm infection.

Declining Infrastructure

Vulnerability to poverty is increased by the loss of employment opportunities, the disappearance of the social security net and a failing education system. In Karakalpakstan, where the fishing industry that once employed tens of thousands of people has gone, and agricultural land is no longer productive, the employment opportunities for local people are rapidly diminishing. 40% of the rural population depend on small subsistence plots of land for their livelihoods, however, these plots are adversely affected by water shortages or pollution and consequently the rural population face increasing hardship, malnutrition and illness.

The situation in Karakalpakstan and Khorezm was exacerbated by two consecutive years of drought. The drought has so far affected a population of over 2.5 million people, resulting in 2 years of crop failure that has undermined the local economy which is dependent on agriculture.

Addressing Water and Hygiene Issues

In the Karakalpakstan and Khorezm regions in particular, UNICEF interventions aim to improve the safe water supply and environmental sanitation in the most acutely affected rural districts. The need is urgent as 7 of every 10 community water sources are not functioning properly, due to inadequate maintenance, and consequently have become contaminated.

One of the major problems is salinization and although Karakalpakstan, for example, has 63 out of 80 desalination units functioning, the majority of these are working well below their capacity and need major repairs. Furthermore, the water testing laboratories have old and out-dated testing equipment and a shortage of chemical reagents for water testing is also a major concern.

Community Water-quality Monitoring

The perilous state of water-testing laboratories led to the introduction of simple-to-use test kits (H₂S strips) to test bacteriological contamination at

the community level. With the help of the Centre for State Epidemiological Surveillance, water quality monitoring is underway in 50 villages, and with additional funding can be extended to cover a further 200,000 people. The cost of each test kit is low and hence very cost effective (see photo below).

Furthermore, hand-operated water pumps, suitable for areas with varying water table levels are being developed, with the potential to benefit 40,000 people during the pilot stage and many more in the future. Another 30 water sources, such as well manholes and hand pumps have been repaired.

Hygiene Promotion

Water conservation, a cleaner environment and the proper use and maintenance of water systems form part of the drive for mobilizing the community, whilst upgrading of existing pit-toilets to pour flush water-seal



toilets that will require minimal amounts of water, is also being undertaken.

Policy Making

A policy framework for water supply and environmental sanitation is being developed, which besides providing water supply and sanitation to areas currently without, will contribute to a reduction in water-borne and water-related diseases and improve the nutritional status of the population in general and children in particular.



7. Drought Emergency Programme

The effects of the drought in 2000 and 2001 have been compounded by the environmental degradation of the Aral Sea and an outdated and inefficient agricultural irrigation system, developed in the 1930s. In the most drought-affected areas, Karakalpakstan and Khorezm, access to safe drinking water, household food stocks and funding for social welfare were reduced dramatically, creating a crisis for the vulnerable.

Poor maintenance of the infrastructure led to 50-75% of water supplies being wasted, whilst soil salinity led to a 30% loss of agricultural land. The nutritional status of families deteriorated due to lower incomes, loss of food crops in kitchen gardens and higher food prices. Problems such as iodine deficiency disorders and anemia have become an alarming issue, affecting women's health and child development.

The Government of Japan intervened and provided assistance through UNICEF, in alleviating the plight of those living in the drought affected areas of Karakalpakstan and Khorezm. 350 million Yen (approximately US\$ 2.6 million) was provided for improving the health of two million women and children, and for upgrading of water and sanitation facilities. Following consultation between the Government of Japan and UNICEF in 2001, the priorities of the programme were identified as: Health Reform; Integrated Management of Childhood Illnesses (IMCI); Immunization; Micronutrients; Growth monitoring; and Water/Sanitation.

A major portion of the grant assistance - US\$ 2.1 million or 81% - was targeted at the procurement of health and sanitation supplies, with the remainder being utilised for human resource development in the affected areas. The stress on supplies was due to the poor infrastructure of primary health care institutions and the unavailability of governmental resources for procurement of basic essential drugs and medical equipment. Project activities were undertaken during 2002, with final monitoring and follow up activities taking place in 2003.

Achievements

The assistance from the Government of Japan and UNICEF provided technical and policy support to strengthen the government's capacity to plan, design and implement effective evidence-based technical and health system interventions, as well as to identify the necessary actions to be taken at the community level to improve maternal and child health.

Health Reform

- Establishment of the Coordination Council at the Ministerial level in Karakalpakstan and the oblast health department level in Khorezm, which enabled coordination of inter-sectoral efforts to develop and implement Safe Motherhood/PEPC concepts (for example, hospital staff help mothers to initiate breastfeeding within 30 minutes of birth and nurses encourage breastfeeding on demand; promotion of breast milk substitutes prohibited; and encouragement of exclusive breastfeeding of infants aged between 0 and 6 months).

IMCI

- IMCI has been introduced into the health system and over 150 paediatricians have been trained in new methodologies and approaches to Diarrhoeal Diseases, Acute Respiratory Infections, Immunization and Breastfeeding, as recommended by WHO.
- Improving knowledge of health workers/professionals in PHC on the rational use of drugs.
- Distribution of essential drugs, MCH kits and nurses' kits.
- IEC materials have been developed and translated into the Karakalpak and Uzbek languages. The "Dangerous Symptoms" leaflets have already been distributed to mothers.
- Parents are able to recognize dangerous symptoms and seek medical services immediately, to prevent child death.
- According to MoH statistics, the results of interventions were a decrease of infant mortality within 24 hours by 47.6% and reduction of infant mortality at household level by 52%.

Immunization

- The vaccine cold chain system has been significantly improved. Refrigerated trucks for transportation of vaccine, freezers, refrigerators, vaccine carriers and ice packs have been supplied. EPI managers at the rayon level have been trained and in turn, trained 130 epidemiologists, immunologists and paediatricians.
- All vaccinations are undertaken with disposable syringes. Safety boxes are used to collect the used syringes. Incinerators have been constructed in polyclinics in Khorezm for destroying used syringes and safety boxes provided.
- Capacity of EPI managers improved to provide better immunization services. Vaccination coverage maintained at 90-95%.

Micronutrients

- Iron supplementation reached almost all women between the ages of 12-39 (The Ministry of Health of Karakalpakstan and Khorezm oblast health department preliminary data shows an average increase of haemoglobin levels of 30%; and Rayon health specialists noticed a decrease of post-partum haemorrhage and other complications of pregnancy due to iron deficiency). Future emphasis will be given to strengthening food fortification with the help of donors and international organizations.
- Women committee workers were trained in Khorezm to raise public awareness on anemia and its relation to healthy eating habits. They visit schools, homes, and social gatherings to disseminate information, whilst posters, radio and television campaigns were also undertaken.

Growth Monitoring

- A growth monitoring system has been established and all primary health care units have been provided with growth and height measuring equipment, electronic scales, infant measuring boards and tapes. The height and weight of all children under 5 are monitored and those with low weight or height are given professional advice about a correct diet.
- Seminars on growth monitoring to train 580 primary health care specialists were conducted in Karakalpakstan and Khorezm

Water and Sanitation

- The focus was to create a mechanism for promoting sanitation and hygiene in the community on a sustainable basis, thus, seven components were identified: (i) safe handling of drinking water; (ii) safe disposal of waste water; (iii) safe disposal of human excreta; (iv) garbage disposal; (v) home sanitation and food hygiene; (vi) personal hygiene; and (vii) village/community sanitation.
- A group of core trainers in Community Health and Hygiene Education were identified and trained. They subsequently trained 150 community volunteers, in order to promote better hygiene practices among households.
- New water seal technology (pour flush water seal toilets) was introduced in 40 schools in the Republic of Karakalpakstan and Khorezm oblast, benefitting around 30,000 students. Water sources upgraded in 80 schools, benefitting over 60,000 children.

8. Rights and Participation

“UNICEF played a crucial part in ensuring that children’s voices were heard loud and clear. This was consistent with UNICEF’s work for nearly 60 years to help young people develop their abilities, so that they can take full part in advancing the well-being of humankind” (Kofi Annan, UNICEF Annual Report 2003)

Children’s views found their most significant expression at the UN Special Session on Children held in May 2002, which included 600 children amongst the 7,000 participants. A highlight of the Special Session was the Children’s Forum, which gave children the opportunity to air their views. “A World Fit for Children” was the result, setting out goals, targets and timescales for ensuring health, education and protection for children, focusing upon Children’s Rights. These goals are complimentary to the Millenium Goals:

- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS

On 20th November 1989 the Convention on the Rights of the Child (CRC) was adopted by the UN General Assembly, entering into force on 2 September 1990.

The Convention is the most universally accepted human rights instrument in history, having been ratified by 192 countries (every country except for the US and Somalia). Ratification of the CRC is a commitment by national governments to protect and ensure children’s rights and to hold themselves accountable for this commitment before the international community.

Uzbekistan ratified the convention on 9 December 1992 and as a result legislative, administrative and other steps have been taken by the government to bring domestic policy and legislation on children in line with the articles of the CRC.

The CRC recognizes that children must get the best possible start in life: benefitting from good health; be able to fight disease; receive proper nutrition; have access to education; be protected from harm and exploitation; enjoy a safe environment; and above all be listened to and encouraged to participate in matters affecting them.

The work of UNICEF in Uzbekistan is concerned with improving the lives of children and their families and helping them to exercise their rights. Special attention is given to the most vulnerable children: girls, children from minority groups, children with special needs and those exposed to poverty.

The best interests of the child are of paramount importance and are also the best interests of the nation, which will depend upon its children and young people for future progress

Child Rights

- The right to access good quality health services, in particular for maternal health, reduction in child mortality; and awareness of HIV/AIDS.
- The right to receive good quality primary education, that is free of charge and good quality secondary education that ideally is also free of charge.
- The right to enjoy leisure and recreational activities.
- The right to equality for all, regardless of gender, religion or ethnicity.
- Disabled children have the right to access special facilities and health care, but should be part of the community.
- The right to freedom of religion, of association and of expression.
- Children should not be exploited for their labour but work is accepted as long as it doesn't interfere with the full development of the child.
- Children should be protected from sexual exploitation and trafficking.
- Parents have the joint responsibility of their children and should receive assistance from the state if necessary. Children without a family should be assisted.

How are child rights being addressed?

The government with the support of UNICEF, have undertaken a range of activities to implement the CRC and improve child rights:

- A National Plan of Action on CRC Implementation.
- In November 2000, a 'National Alliance for the CRC' was formed to raise awareness and to monitor progress.
- In April 2001 a 'Global Movement for Children' was launched, together with the 'Say Yes for Children' campaign
- Legislation on domestic violence against children, penal systems and institutions introduced.
- Policies to counter child prostitution, child pornography and assault on children.
- Leave No Child Out campaign in 2003, involving regional network of NGOs involved with children's issues.
- Outline of government obligations with respect to disabled children, criminal behaviour, juvenile justice and child labour.
- In 2001, the 'Year of Healthy Generation' was declared.
- In 2001 the 'Year of Mother and Child' was declared
- Steps were taken to modernise teaching methods in schools and to make them more interactive and child-centred
- A national HIV/AIDS strategy and programme introduced.

UNICEF is working with the Government of Uzbekistan to ensure that the country is 'Fit for Children' and more importantly, involving children in the process and ensuring that their voices are heard clearly.

Children's Parliament

The Children's Parliament was established in all 219 rayons (districts) after overwhelming support from both adults and children indicated the readiness of children and adolescents to actively participate in social and political life in their own villages, rayons, cities and country. Since being established it has won the support of the highest of government officials. It is now a major platform from which children's rights are advocated. The Parliament is composed of 219 young deputies (109 girls and 110 boys) elected from urban and rural areas, together with 25 volunteers and trainers.

Its objectives are to encourage understanding of the principles of democracy and child/human rights.

Young Parliamentarians

Young Parliamentarians participated in the Country Programme Mid-Term Review (MTR) in 2002 and Mid-Year Review (MYR) in 2003. These reviews are a vital part of the planning, monitoring and evaluation process undertaken, providing an opportunity to enhance progress towards achieving annual objectives.

Azizbek Yusufov, a young parliamentarian co-chaired the day-long Mid-Term Review, along with the Deputy Prime Minister of the Republic, Ms. Dilbar Gulyamova, Chairperson of the session and the Regional Director of UNICEF, Mr. Philip O'Brien. Azizbek took on the role of inviting and thanking presenters, moderating discussions, and when appropriate, answering questions too.



A Young parliamentarian speaks

There were a dozen other Young Parliamentarians at the MTR, along with approximately 100 top government officials from the Cabinet of Ministers, the Foreign, Health, Education and Interior Ministries, representatives from UNICEF partner organizations, research institutions, UN agencies and embassies. They listened, they asked questions, and also made presentations on youth-related activities. The participation of Young parliamentarians in such events is of great benefit: not only for the young people themselves, who are given the opportunity to air their views, but also for all other participants, who can learn from the wisdom of the young.

9. Advocacy and Communications

Children and young people have a right to knowledge, particularly as they have most to gain from an environment of good healthcare and education. It is essential that health messages are made available in different formats, in order to educate and promote healthy lifestyles. However, often health messages do not take into consideration the underlying causes of health problems, contain inappropriate information or use unsuitable means of delivery; or are not directed at the right people or promote unrealistic expectations.

The provision of appropriate health information is one means by which UNICEF addresses poverty and poor health. Facts for Life (FFL) is the most widely available and admired publications, and now used in almost 200 countries worldwide (and in 213 languages). It is designed to give children a better chance of life, health and education, by putting knowledge into the hands of parents, families and communities and by presenting information on health and education in an understandable and usable way and promoting responses that are feasible.

FFL is a vital resource in creating awareness of the many risks that children are exposed to during their development into adults. UNICEF Uzbekistan has published an Uzbek language version of FFL, with local photographs and clear, appropriate messages for the families and communities of Uzbekistan. As part of UNICEF's mission to benefit all children, additional child-friendly materials are being produced to inform children and young people on how to lead full, healthy lives, to understand their rights and to fulfil their ambitions.

Young people and children can be powerful communicators – to each other, to their families and to their communities – and it is through their voices that messages can be more clearly heard, can reach their desired audiences and help to make continued advances in addressing the problems that young people, women and children face.

Media Training

UNICEF are developing a training programme for young people which will enable them to develop skills in video-making and journalism. Collaboration with local and national broadcasters will provide opportunities for airing of programmes made, following training, on television channels. By providing the means of communication to young people we will utilise the greatest

asset in communicating with young people and children – young people themselves, whilst helping those participating in the training to develop communication and interpersonal skills and to become advocates for change in Uzbekistan.

Promoting Child Rights

UNICEF continues to strengthen the advocacy, social mobilisation and resource mobilisation activities in order to promote policy changes that uphold child rights.

UN Summer Camp

In August 2003 UNICEF and other UN agencies participated in a summer camp for 250 young people from Uzbekistan, Azerbaijan, Afghanistan, Tajikistan and Kazakhstan.

UNICEF organized a morning of activity for the young people based upon the CRC. Participants had been provided with information materials beforehand, explaining the Convention and what it means in practical terms, regarding their rights. They were then divided into groups under the facilitation of Young Parliamentarians to discuss what they knew about the Convention and of their rights. Their knowledge was impressively advanced, identifying the right to education, health facilities and protection and the state's responsibility to implement the articles of the convention.



Thabborova and Rose

Thabborova Dilorom, aged 16 and Rose Hassanova, 17 from Uzbekistan participated in the summer camp. They found the CRC workshops an enjoyable and stimulating way of obtaining information of such seriousness: “*We are*

learning about the environment, the threat of HIV/AIDS and about our rights” said Thabborova, “*And about friendship, tolerance and other cultures*” added Rose. All the participants agreed that learning about their rights was of utmost importance and ensuring that their voices are heard and their views taken notice of by decision-makers.

10. The Future

The existing Country Programme of Cooperation (CPC) between the Government of Uzbekistan and UNICEF will end in 2004 and a new five year programme will commence in 2005. The new CPC evolved from the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). The Government, UN agencies, civil society, academic organizations, World Bank, ADB, USAID and the Children's Parliament actively participated in the CCA/UNDAF process and the CPC strategy was developed after further discussions and analysis. UNICEF played a major role through chairmanship of the CCA/UNDAF secretariat and membership of the Steering Committee, and contributed to coordination and development of resulting documents. The new programme will also be in line with the National Plan of Action for Children, the Millenium Development Goals and the 'World Fit for Children' initiative, and will continue to promote family empowerment and children's participation.

Under the framework of the CRC and CEDAW, the goal of the 2005-2009 Country Programme is to contribute to strengthening the ability of the state to respond to national priorities and meet its obligations towards children's and women's rights to live, grow up and develop in a nurturing, caring and protective environment.

Achieving the goals for children within the principles of CRC will directly contribute to the country's overall development, as investing in children implies sustainable development of a human capital, which is a prerequisite for the improvement of a quality of life, reduction or alleviation of poverty and sustainable economic growth.

The overall country programme implementation will adopt the following strategies to achieve the targets:

- The delivery of basic services in selected national priority areas will be enhanced through convergence of activities. A sustainable, integrated basic services system will better address the needs of women, young people and children, and will mainstream the principles of the CRC/CEDAW into national and local systems.
- The programme management capacity of local institutions will increase efficiency and effectiveness of service delivery and promote an enabling environment for community participation and family

empowerment. This will entail enhancing the professional capacity of all service providers to make them more responsive to family needs.

- National policies to expand nationwide best practices of service delivery will be supported by communication, social mobilization and advocacy. The participation of duty-bearers, such as the private sector, civil society and the mass media, as well as young people and children themselves, will be secured in order to create an environment conducive to the development of better policies and legislation in support of child rights.

The new Country Programme focuses on two areas of programming:

(a) Access to quality basic services for women and children, through improved convergence of services in selected priority areas. This programme component will address key issues such as:

- High rates of infant, child and maternal mortality;
- Poor quality of basic education;
- Increasing numbers of children in conflict with the law, on the streets or in institutions;
- Inadequate care for, and isolation of, disabled children;
- Children and young people engaging in risky behaviour, which can potentially lead to an increasing number of HIV/AIDS infections amongst them.

At national level the WHO live birth definition will be introduced and adopted nationally; iodization of salt will be universal; and a law on flour fortification adopted, and, as a consequence, at least 90% of households will consume iodized salt and 60% consume iron-fortified flour as a means of combatting anemia.

At sub-national level: In 15 rayons of six oblasts at least 80% of women and children and their families will use quality primary health services; over 50% of children will participate in Makhalla preschool care, while 80% of schoolchildren will be learning in schools that are child-centered, gender-equal, and provide life skills-education; socially vulnerable children will have access to quality community-based social services that are needed for social integration and rehabilitation; and 90% of young people will acquire

knowledge/skills to protect themselves from HIV/AIDS, STIs and drugs, and will have access to quality Youth Friendly Services.

(b) Good Governance for Achieving Children's and Women's Rights

A lack of families' and communities' knowledge on health and other child developmental issues, combined with lack of opportunities for them to be actively involved in the design of social support systems, has meant that services have remained inflexible and unresponsive to client needs. This has been reinforced by weak capacity of local authorities to plan, implement and monitor convergent programming, and an insufficient knowledge of effective social service delivery.

Key results under this programme will include:

At national level: State policies will provide a better framework for the protection of children's rights, with existing legislation amended to comply with CRC principles. Administrative frameworks and institutional development (including codes of conducts and reporting mechanisms for users of services) will directly support implementation and will be backed up with increased awareness nationwide among families on children's rights and appropriate childcare.

At sub-national level: In 15 *rayons* of six *oblasts*, over 80% of families will adopt improved child-rearing practices (health and nutrition, psycho-social and cognitive development, protection, hygiene and sanitation). The physical integrity and dignity of the child will be respected within local institutions (schools, law enforcement bodies) and communities. Communities (*Makhallas*) and local officials will develop and implement action plans for improved basic social services for women and children's well-being.

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