Executive Summary

The Government released MICS4 results providing important data for child-related programming and budgeting, including development of the national child well-being monitoring system to more effectively and efficiently distribute resources to address growing social disparities revealed by the UNICEF Child Well-Being in Kazakhstan study. The process is supported by six cities piloting the Child Friendly City Recognition and Accreditation model which enhances child rights focus in local level planning and budgeting.

Signing of A Promise Renewed pledge by the Government was a confirmation of a strong partnership with UNICEF for survival of the most vulnerable children and women. The partnership was further extended to the private sector with Kazkommertsbank, Ministry of Health and local authorities working towards the enhancement of child and mother friendly health system further reducing infant mortality to achieve MDG 4 from 14.9 per 1000 live births in 2011 to 8.8 per 1000 live births in 2015. The identified bottlenecks in access to equitable, cost effective and quality Mother and Child Health services became a base for development of policy priority actions. The established National Nutritional Surveillance System introduces vitamin A supplementation into the State Health System Development Programme, where vitamin A deficiency rate among children under 5 yours was decreased from 45% (2008) to 32% (2011).

The Government, to improve the quality of education, is introducing the “per-capita financing” model. Jointly with UNICEF and World Bank, it started developing methodologies for financing of secondary and vocational education. UNICEF promotes formulas aimed at improving access to education for vulnerable children, including those with disabilities. The expansion of the Early Child Development (ECD) system continues with coverage reaching 41.6% children (age 3-6) in 2012. The Education Ministry with a special order included the UNICEF tested model of inclusive preschooling in the new ECD system.

A significant progress was made on prevention of violence, abuse and exploitation of children, including UNICEF assistance in: endorsement of a comprehensive programme on addressing suicides in children and youth; Ombudsman’s presentation of the situation of vulnerable children living in urban areas; and embarking on an in-depth study on prevalence of violence against children at schools. 14 institutions for children deprived of parental care were closed leading to a reduction of its residents from 12,925 in 2011 to 10,887 in 2012. The challenge remains in planning a transformation of the child care system. The Presidential decree established 16 juvenile courts throughout the country with 45 juvenile judges appointed. A high level conference at the Parliament followed by five in-depth legal reviews further improved legislation in justice for children, family preservation and re-unification, inclusion, family support and child rights monitoring.

UNICEF is part of the UN Joint Programme for Semipalatinsk (Government, UNDP, UNFPA, UNV) to support population affected by past nuclear testing. New alliances for children were around promotion of inclusive society (UniCredit Foundation), 0-3 child abandonment prevention (ATF Bank), reduction of infant mortality (Kazkommertsbank). The partnership in child protection was further strengthened with the Norwegian Embassy, USAID and the European Union.

Country Situation as Affecting Children & Women

In 2012 Kazakhstan’s GDP equalled 5% against 7.5% in 2011, per capita GDP equalled $12,000, and the average inflation rate stood at 6%; the unemployment rate was 5.3% against 5.4% in 2011. Social spending for education accounted for 8% of the state budget, 9.4% for health, and 23.6% for social assistance and allowances. The share of population with income used on consumption below the subsistence level was 4.1% against 5% in 2011 and budget deficit was 2.6%. Social spending rose by 12.5% year-on-year and amounted to 36.7 billion dollars. A total of 303,525 out of 5,000,000 children live in poverty. The UNICEF Child Well-being Study showed decreasing levels of poverty and fairly high levels of child well-being, however, disparities in well-being of children exist between and within the regions. In 2012, 12 860 families raising about 20,000 children were registered with police as being vulnerable due to alcohol and/or drug abuse, unemployment or violence.

According to the MICS 4 (www.stat.gov.kz), the overall situation in the healthcare sector has improved with infant mortality rates reduced by more than half from 61.9 per 1,000 live births in 1996 (DHS, 1999) to 28
per 1,000 live births in 2006 (MICS 2010/2011). The current Infant Mortality Rate (IMR) is 14.9 and Under 5 Mortality Rate (USMR) is 17.5 per 1,000 live births (2011, MoH data) – deaths are often linked to delay in accessing antenatal and perinatal care or to preventable diseases such as pneumonia, diarrhoea or measles. There is slow progress in reducing maternal mortality ratio (MMR) with 23 deaths per 100,000 live births (2011 data), thus, Kazakhstan still needs to reduce its MMR by 73% to reach the MDGs. Children under 1 year account for 20.2% of all childhood deaths (Republican Centre for Health Development, 2011). The findings of the Assessment of Equity and Socio-Economic Determinants of MCH show that IMR decreased significantly (by 16%) among 60% of the poorest population, but remained the same in the 40% rich population. The IMR and USMR are 20% higher than in other CEE/CIS countries with similar GDP per capita and more than threefold higher than the rate of the most developed countries. USMR is twice higher among the poorest (40 per 1,000 live births) than in the richest quintile (20 per 1,000 live births). MICS 3 and 4 reported worrying trends in immunization coverage (Polio – 81%; Measles – 84%, Hepatitis B – 67%); stunting remains high (13%). Exclusive breastfeeding increased from 16.8% (2006) to 31.8% (2010) but is still low.

Kazakhstan is at the concentrated stage of the HIV epidemic with 19,498 cumulative number of HIV-positive persons as of 01.11.2012, out of which 61.6% are drug-addicted people. Although overall unsafe injection practices remain a dominant mode of transmission, sexual transmission has become a main cause of HIV infection in 81% of pregnant women. The rate of abortions in HIV-positive women is high as in the general population – 28%. Cumulatively, 1,584 children were born to HIV-positive pregnant women. Of them 84 were diagnosed as HIV-positive while 364 young children are still with undetermined status due to outdated diagnosing methods. Women who use drugs constitute 25% of pregnant women who have the poorest access to PMTCT services (National AIDS Centre, 2012).

With a slight decrease in suicide cases in children and youth from 28.6 (2009) to 22.9 (2011) per 100,000, Kazakhstan is still leading in CEE/CIS on adolescents suicide, especially in girls 15-19 years of age. In total, for 3 years (2009-2011) 935 children killed themselves and each third case is a girl (Agency of Statistics, 2012). The preliminary data from the ongoing study on underlying causes of suicides in children and youth revealed serious drawbacks in the registration of suicides and suicide attempts, widespread untreated psychiatric disorders with extremely low access to mental health professionals and psychologists, including school psychologists to assist adolescents.

Despite very high school attendance rates, a small number of children do not have access to education, and/or do not attend classes regularly. In 2011/12 there were 5,230 children, including 3,159 from rural areas who were not attending school due to health issues like severe or multiple disabilities (decrease from 5,649 in 2010/11). This accounts for 0.2% of the total students’ population. The preschool attendance rate reached 41.6% in 2012 (MoES). Although the gap is slowly closing between access in rural and urban areas, MICS 2010-2011 shows that only 78% of children in Grade 1 had attended preschool programmes in rural areas compared to 85.6% of children in urban areas.

151,216 children have special needs and disabilities including 43,800 of preschool and 107,400 of school-age (MoES). Of these, only 56.2% of children with special needs and disabilities were covered by special educational programmes at 106 correctional schools, 1,219 special classes in mainstream schools, 20 rehabilitation centres, 129 counselling units, 63 inclusive education development rooms and 558 speech development units in preschools and schools.

The number of children in intuitions was reduced by 16% from 12,925 in 2011 to 10,887 in 2012 with 14 institutions closed. The number of 0-3 year old children in institutions was 1,552 (2012) - 62 children less than in 2011. The inter-country adoption process was revitalized with the ratification of the Hague Convention and the accreditation of 15 adoption agencies. There was increased efficiency in domestic adoption with a total of 85% of adoptions being domestic. In 2012 as many as 856 parents were deprived of parental rights.

In 2012, the number of crimes committed against children increased by 9.8% from 6,883 in 10 months of 2011 to 7,479 in 10 months of 2012. The number of children in pre-trial detention decreased from 105 in 2011 to 86 during the 10 months of 2012. The number of children deprived of liberty decreased by 73% between 2005 and 2011 (from 561 to 153 children) owing to the establishment of juvenile courts, closure of
most of juvenile colonies (only 1 left since 2011) and application of alternative to deprivation of liberty forms of punishment.

**Country Programme Analytical Overview**

The barriers and bottlenecks analyses of the Mother and Child Health (MCH) services, which proved for instance that USMR is twice higher among the poorest than in the richest quintile, led to the development of strategic adjustments to the State Programme on Health System Development. It stresses the need for more targeted approaches for the most vulnerable population and aims at development of socially oriented MCH services as per identified inequities and barriers in outcomes of maternal and child health. UNICEF works with the Ministry of Health (MoH) on development of a National Master Plan for PHC Improvement as well as on a Road Map to improve MCH services in a pilot region as an example for national replication. It also shaped priority actions for UNICEF for effective and efficient implementation of Basic Benefit Package (SSP); supporting district health managers in planning equity-focused quality assurance plans; strengthening home-visiting services to address the demand-side bottlenecks and address inequities at community level; as well as improving multidisciplinary social services for children at PHC level.

The national working group, led by the MoH and UNICEF, has identified critical bottlenecks in achieving virtual elimination of Mother-to-Child Transmission of HIV (MTCT). The key bottlenecks include lack of comprehensive services for women who use drugs or ineffective early infant diagnosing methods. It also re-prioritized priority actions and roles for UNICEF and national partners to overcome identified gaps.

The national child care reform, which includes development of the integrated child protection mechanisms, benefits from wide political support at the national level. However, full implementation of the reform faces barriers at the local level due to lack of capacities for moving towards child oriented and multidisciplinary approaches. Thus, most suitable approaches for the Kazakhstani context are being modelled by the Government and UNICEF in three pilot regions focusing on enhanced gatekeeping to prevent new entries of 0-3 age children into the institutional care system.

Crimes against children have grown by 76.2% during the last four years. Thus, apart from protection of children in conflict with the law, UNICEF promotes development of the justice for children system which would also provide adequate protection of children victims and witnesses of crime.

Due to a lack of national statistics, UNICEF supported a number of studies on sensitive issues like violence against children at schools, in residential institutions, child vulnerabilities, exploitation and trafficking. It allowed better identification of the gaps in the national child protection system and created a strong base for supporting the Government in testing modern approaches for identification of violence, referral mechanisms in schools and an independent monitoring system in partnership with the Ombudsman, Penal Reform International, academia and NGOs.

There was a major shift in the Government policy in addressing the problem of suicides in children and youth, including endorsing the UNICEF-proposed comprehensive programme on suicides prevention. The Government closely cooperates with UNICEF in identifying causes of suicides and developing prevention mechanisms.

**Effective Advocacy**

*Mostly met benchmarks*

A strong cooperation and advocacy with the Parliament of Kazakhstan resulted in bringing five legal acts more into the compliance with the international norms (Draft Criminal Code, Draft Criminal Procedural Code, Draft law on National Preventive Mechanism under the OP CAT, Laws on Specialized Social Services and Child Rights,).

In curbing the high rate of suicides among children and youth in Kazakhstan, the National Coordination Council for Healthcare decided to institutionalize cooperation between the regional and city authorities, the

The Child Friendly City (CFC) concept is fully owned by the Government of Kazakhstan with UNICEF advocating for a clear and effective accreditation criteria to ensure better realization of child rights at the local level. Eventually, the draft recognition and accreditation model for the CFC is officially being tested in 6 cities. Each city is responsible for developing child-centred strategies, polices and action plans.

The data of the National Surveillance Systems was used for evidence-based decision to pilot vitamin A supplementation in two regions. The piloting outcomes contributed to the introduction of the supplementation with appropriate funding to the State Health System Development Programme. As a next step, UNICEF will assist in the development of Guidelines on vitamin A supplementation and child feeding practices.

Evidence-based advocacy on prevention of violence against children initiated a high level dialogue on the need for cross-sectoral approaches for tackling this concerning phenomenon. The Ministry of Education took the lead in fostering creation of cross-sectoral response actions. Furthermore, the Ombudsman, jointly with the NGOs, is developing an independent mechanism for monitoring children’s residential institutions.

**Capacity Development**

*Fully met benchmarks*

UNICEF capacity development strategies in Kazakhstan are grounded on available or additionally collected evidence as well as on common understanding and acceptance of the cross-sectoral approaches addressing growing disparities and major challenges preventing full realization of child rights.

The findings of the Assessment of Equity and Socio-Economic Determinants of MCH showed that cause of death in children and infant populations is often linked to access and quality of antenatal and perinatal care or preventable diseases using low cost and high effective technology interventions. Thus, such interventions for reduction of infant, child and mother mortality (Effective perinatal care and Care for Development) with educational materials were introduced in health facilities, which covered 70% of births and care of young children of targeted region before scaling it up nationally with state funding.

A social work concept was revitalized through modelling new child abandonment prevention programmes, with a strong capacity building component, in three geographical locations by sharing international principles of one child’s entry into the system, one case management system and a comprehensive multi-disciplinary family assessment and intervention using institutionalization of children as a last resort. A group of 100 newly appointed social workers and psychologists in health were provided with case management skills and materials. Karaganda University was empowered to link students to the project activities, where the latter can gain practical skills through participation in family counselling, assessment of referrals and observe ethical principles.

Since identification of neglected and stigmatized groups like victims of violence or mothers at risk of abandonment is still a challenge, UNICEF provided international expertise on effective methods for data collection on child vulnerabilities and violence. The Ombudsman’s Office was further assisted in enhancing its capacities on the independent child rights monitoring with special focus on identification of violence against children. During the process, the NGOs were further empowered as independent monitors of child rights in the regions.

The central and local authorities were equipped with the certification modalities for the Child Friendly City initiative. The existing tools of local municipalities to measure child-friendliness were aligned with the international norms. The process was accompanied with building capacities on the use of revised tools by the local stakeholders.

Capacity development strategies were also fundamental in designing and implementation of piloting the per
capita financing in education among school principals, head of departments, ministerial personnel. Similar approaches were used in the enhancement of sustainability of family support services, inclusive preschooling development or youth-friendly services. As a result, additional 22 family support centres, 10 ECD rooms and 4 Youth Friendly Services became functional.

The central and local authorities were further familiarized with UNICEF’s MoRES methodology, including bottleneck and barriers analyses for more effective and efficient achievement of targets set by the Government and UNICEF in the Country Program Action Plan 2010-2015. UNICEF also expanded cooperation with a number of universities on students’ volunteering at UNICEF programmes making future professionals more sensitized on child rights.

Communication for Development

Mostly met benchmarks

From 2012, Communication for Development (C4D) strategies were mainstreamed in all work plans of all programs of UNICEF in Kazakhstan to ensure wider public support for advocated child rights related reforms. As behavioural change is a long process, the outcome of the work initiated in 2012 would be measurable only in coming years, thus, the past year was devoted to developing a base for longer term UNICEF C4D strategies in the country. A key strategic partnership with the Government, with the Ministry of Information in particular, local authorities, media, civil society and private sector were also further fostered for development of effective C4D materials.

As a part of the UNICEF C4D strategy implementation, C4D materials on prevention of abandonment of children of 0-3 years of age as well as on promoting inclusive society were produced and will be ready for broadcasting in 2013. Three C4D books on hygiene and inclusiveness were developed and widely distributed among targeted children. Text of Facts for Life was adapted into Kazakhstan context to enhance better parenting and the Integrated Management of Childhood Illness (IMCI). In addition, storylines for the Early Childhood Development (ECD) promotion are being developed to promote a healthy start in life for newborns and infants.

As a result of C4D workshop organized for media and NGOs in 2011, a talented group of media producers and journalist have emerged. Thanks to active engagement of the group in 2012, an online video game (X-road) on safe and healthy behaviour of adolescents has been produced. This modern C4D product was developed in close partnership with young people with the support of a local communication agency (http://xroad.tv/start.html). Other important products developed by this group were three C4D books and update of the interactive internet website on ARV therapy and healthy life for HIV-positive children (www.vitaminka.kz).

Contributing to UNICEF supported Disaster Risk Reduction (DRR) Program in Education, in cooperation with the Ministries of Education and Emergency Situations as well as with support of local authorities of the East Kazakhstan Region, twenty “OneMinuteJr” Videos on disaster risk reduction were produced by school children living in disaster prone areas. Video spots targeted the issues of urban environment, natural disasters, and consequences of former nuclear tests. It significantly raised capacities of children in producing communication materials enabling them to bring their needs and concerns directly to viewers, including decision-makers. The selected videos were also shown at the DRR Asian Conference in Jakarta, Indonesia, and at several stakeholder meetings.

To celebrate Children’s Day on 1 June, UNICEF held its annual, week long film festival on child rights in the country’s capital, Astana, covering issues of HIV, institutionalization, child labour, exploitation, neglect, trafficking and adolescents’ risky behaviour. Further increasing child rights awareness and the knowledge of UNICEF supported programmes among the general public, the office internet website has been improved, including introduction of a Kazakh version along with existing English and Russian versions as well as Facebook and Twitter accounts, being considered as strong tools for social networking, were updated regularly.
Service Delivery

Mostly met benchmarks

As Kazakhstan reached the group of upper middle-income countries with strong human and financial capacities, UNICEF’s main interventions are to identify the barriers and root causes preventing the most disadvantaged children from benefiting from the national wealth. Therefore, UNICEF conducted a series of equity-focused studies in child health, wellbeing and vulnerability to identify key barriers and bottlenecks in social and health services. Following positive feedback from the Government, UNICEF jointly with its strategic partners set up a number of models to introduce, test and adopt international best practices to the country’s legal system and practices. They include:

(i) multidisciplinary models for the prevention of baby abandonment in two targeted regions (detection of women at risk of abandonment, provision of adequate health and social services including, family mediations, case management, youth programs).
(ii) a model of quality continuum of care with respect to the growth and development of healthy children (Care for Development and IMCI).
(iii) a successful model of inclusive early childhood development programs (lekotheks) is being rolled out to the rural areas. This inclusive model was already scaled up in 4 regions (EKO Kostanai, Astana and Pavlodar) upon request of the Ministry of Education and Science.
(iv) technical support to the Government in piloting in four regions of the per capita funding in education to enhance inclusion of the most vulnerable groups of children into the mainstream education.
(v) a model of victim-offender mediation services in the Astana city juvenile court as an alternative to imprisonment and social rehabilitation of children in conflict with law.
(vi) a newly established model of prevention services for children and youth under high risk of suicide.

The models and piloting are being implemented in close partnership with the Government and with active participation of civil society and academia. It is also widely supported by private sector which gradually increased funding through corporate social responsibility policies.

Strategic Partnerships

Fully met benchmarks

Building wider alliances for children is one of the critical components of the UNICEF Kazakhstan Country Program as a long-term strategy for ensuring national ownership and sustainability for promotion and protection of child rights in the country. Thus, UNICEF outreaches central and local governments, donors, international organizations, civil society, the media and the private sector strengthening their knowledge and responsibilities towards child rights.

UNICEF in Kazakhstan has a strong partnership with the Ombudsman’s Office, Parliament and relevant line Ministers, examples of which could be: cooperation with Parliament on MICS4 launch (jointly with Agency for Statistics and UNFPA), and changes made to legal framework in various child rights related documents; building the independent child rights monitoring system with the Ombudsman’s Office, pursuing the child care reform with the Ministry of Education and Ministry of Labour and Social Protection, fighting child and infant mortality with the Ministry of Health or assisting, jointly with World Bank and Soros Foundation, the Ministry of Finance in changes to the per capita financing for education. A suicide prevention model started based on a newly established inter-ministerial partnership between health, education and police sectors with an overall oversight from Ministry of Health and the Prime-Minister’s Office.

Within the UN Joint Program for the Semipalatinsk Region, UNICEF partners with the Government, UNDP, UNFPA and UNV to improve child well-being situation as well as to develop new models of integrated social services in health, child protection and social policy. UNFPA was a strong UNICEF partner in development of MICS 4, collaboration with CDC supported strengthening the established IDD monitoring systems in CEE/CIS Region, and in partnership with UN Women, UNFPA and Union of Crisis Centres, issue of child marriages were put on the political agenda. A strong alliance is built through UNICEF-established justice for children donor coordination mechanism with the EU, PRI, USAID, OSCE, UNDP and the Government of Norway. The Brazilian Government funds UNICEF programmes on improving child growth and development. UNICEF also
strengthened partnership with the UNDP and Red Crescent Society within the DIPECHO funded programme on supporting institutions and communities living in disaster prone areas.

There was also continued work on widening cooperation with the private sector joining like the UniCredit Bank supporting inclusive society programs, ATF Bank working on prevention of baby abandonment or Kazkommertsbank contributing to the reduction of infant mortality. Also an additional group of journalists and media actors was set up with a pledge to promote child rights.

**Knowledge Management**

*Mostly met benchmarks*

UNICEF continues to support local research addressing the situation of the most disadvantaged children and their families. In 2012, main research included: (i) MICS 4; (ii) Child Well-Being in regions; (iii) Equity in Mother and Child Health services; (iv) Immunization coverage of vulnerable population, (v) Prevalence, underlying causes, risk and protective factors in respect of suicides in children and youth, (vi) Violence against children in schools.

MICS4 conducted under the tripartite cooperation between UNICEF, Agency of Statistics and UNFPA was co-financed by the Government and launched in the Senate. It confirmed general improvement of child rights related indicators in Kazakhstan but revealed growing disparities among the population linked to economic status, education or geographic location. ([www.childinfo.org](http://www.childinfo.org)). The growing disparities also confirmed by a specialized study on child well-being which compared all regions of Kazakhstan against pre-set indicators. It showed uneven distribution of poverty from 3% in some regions to 23% in others; regional specific challenges like access to drinkable water, nutrition or adequate housing. The study initiated discussion on the establishment of the national child well-being monitoring system.

The research on violence in schools was supported by international expertise, delivering coaching sessions for the interviewers, taking into account the life cycle of the child, human rights based approach, equity, social model of disability, system gaps and data accuracy. It covered 4,000 children and 1,000 educational staff, providing children a direct opportunity to participate and exercise their right to free expression of opinion. The initial outcomes of the study revealed that 66.2% (2 out of 3) of children were exposed to all forms of school violence and discrimination during the past year. 60.0% were exposed to psychological violence and 52.8% to physical violence. 30.5% children in urban schools were significantly more likely to have high anger and physical aggression compared to 27.5% in rural schools.

In building local research capacities, UNICEF involves international expertise to assist local partners in designing the research methodology, data collection and analysis of findings fostering open discussions on issues affecting the most deprived children; exchange ideas and lead to common understanding between national and international experts on revealed facts. The studies conducted by UNICEF and key partners are available at the UNICEF website. Access to data still could be considered as a challenge due to existing national legislation on the access to statistical data as well as politically sensitive nature of some information.

UNICEF cooperates with key academic institutions building their capacities in independent data collection and analysis, simultaneously, benefiting from their wider access to the state data contributing to fulfilment of UNICEF’s child rights monitoring role. UNICEF studies are being validated with relevant stakeholders and widely distributed among partners and the general public. There is evidence that studies used by the government for planning and policy setting at local and central level. The findings of the 2012 studies provide a basis for the Situation Analysis on the Status of Children and Women in Kazakhstan as preparation for the Mid-Term Review in 2013.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

In 2012 the Government of Kazakhstan submitted its Periodic Report on the implementation of the Convention on the Rights of the Child to the Committee on the Rights of the Child in Geneva. The report is
due for Committee’s review in autumn 2013. Currently, the network of child rights NGOs is developing its alternative report to the Committee.

For the first time in the country’s history a chapter of a new long-term national strategy till 2050 is devoted entirely to children’s rights, recognizing children as the most vulnerable and unprotected part of the society. A comprehensive data analysis under the framework of the MICS 4 and the Child Well-Being Study was based on the Convention on the Rights of the Child (CRC). The study on child well-being identified child rights related disparities between regions, age groups and gender, urban vs. rural. For the first time in Kazakhstan the notion and problem of child poverty has been brought to the public and high-level policy makers’ attention. The findings of the study and recommendations are the main basis for development of national child well-being indicators and establishing a sub-national monitoring system.

Despite a direct access of children to the Ombudsman’s Office, it is still considered as limited protective tool reaching only 85 cases in 2012 against 53 in 2010. Thus, the child rights monitoring and protection capacity of the Ombudsman’s Office has been further strengthened through joint assessments of the situation on violence in schools and with respect to vulnerabilities of children to risky behaviour, sexual exploitation and trafficking. UNICEF united NGOs and Ombudsman’s Office in building an independent mechanism of monitoring children’s institutions under the Optional Protocol to the Convention against Torture.

UNICEF developed a human rights based vision of a child focus comprehensive Justice for Children model to be tested in a selected region of the country. Recommendations included scaling-up alternatives to the imprisonment services with focus on diversion, social services and coordination between the law enforcement, prosecution, defense, judiciary, child protection and education authorities. The vision of the model was endorsed by the local authorities for setting in 2013. Child rights based indicators and benchmarks have been also incorporated in the draft Child Friendly City accreditation criteria which are being piloted in selected cities.

In line with the Convention on the Elimination All Forms of Discrimination against Women (CEDAW), public awareness on girl child vulnerabilities and child marriage as a serious violation of girls’ rights has been raised jointly by UNICEF, UNFPA and UN Women. It resulted in triggering wide political and public discussion.

**Gender Equality**

*Mostly met benchmarks*

Though Kazakhstan has achieved MDG 3 on gender equality, the endorsed Strategy on Gender Equality for 2006-2016 the Law “On state arrangements for equal rights and opportunities for women and men” (2009), the decision making bodies is comprised predominantly of men. Out of 189 countries, the Report of Inter-Parliamentary Union of 2011 ranked Kazakhstan 69th on the number of women in the Parliament. Respective bodies of the Government were requested to develop a plan of action to increase women participation in political life. A new Strategy for Kazakhstan Development till 2050 identified employers as important duty bearers in ensuring that women’s roles in the life of the country can grow, enabling a woman to pursue her career. In his address to announce this Strategy, the President emphasized that single mothers should be provided with flexible employment schemes and opportunities to work at home. He stressed the need to combat increased domestic violence against women and children, noting that “no disrespectful attitude to a woman and violence should be tolerated” and announced the rights of women and children as the most important part of next social policy reforms. However, the national monitoring system still lacks appropriate gender disaggregation at both national and local levels and despite continuous support from international development agencies, gender-sensitive budgeting is still under discussion.

Gender mainstreaming is increasingly reflecting in UNICEF programming. All studies of 2012 and bottlenecks analysis of priority programme components were designed and conducted with clear gender benchmarks and disaggregation. While a comprehensive analysis of main child well-being domains has identified urban children as better off than rural ones and did not find significant gender gaps, other analysis showed significant gender disparities. Equity focused Children’s Vulnerabilities Study explored gender differences on various dimensions including exposure to STIs and violence, access to justice, education and services. It
identified female children and youth as more vulnerable to the worst cases of risky behaviour, sexual exploitation and trafficking. While in total 65.6% boys and 34.4% girls were recognized as vulnerable, 84% of trafficking victims were female who, in majority, were trafficked as a child. Among trafficking victims 80.7% of girls were sex trafficking victims, 19.3% of girls and all males were labour trafficking victims. All interviewed sex workers appeared to be female. Child marriage and child abandonment were recognized as growing gender phenomena for adolescent girls requiring special attention.

MICS4: 4.5% of women aged 15-19 were already married and they prevail mainly in rural areas of Akmola, Manguistau and South Kazakhstan regions. The study on the causes of child abandonment in East Kazakhstan: 25% of interviewed young mothers hardly reached the age of 18 before they abandoned their children. Consequently gender balance was maintained in the Communication for Development (C4D) materials on child abandonment prevention and promotion of inclusive society. Another area to be targeted is findings of PMTCT determinant analysis which showed almost zero level access to opioid substitution therapy for pregnant women using drugs and very limited access of drug addicted women to prevention services.

Environmental Sustainability

Mostly met benchmarks

UNICEF along with the UNDP, UNV and UNFPA continued engagement in the joint UN programme to rehabilitate and develop Kazakhstan’s eastern Semipalatinsk area, severely affected by the nuclear tests carried out during the Soviet era. Innovative health, education and social protection practices based on proven international standards are being modelled throughout the region, especially in rural areas, which were on the brink of an environmental catastrophe. The program is funded mostly by the Government of Kazakhstan and has become a new modus operandi for the UN in Central Asia.

UNICEF promotes environmental protection for healthy development of a child within assisting the local authorities in the implementation of the Child Friendly City (CFC) Initiative. Special attention is paid to maintaining ecological indicators of clean air and water in cities, creating safe environments and playgrounds, providing population with uninterrupted public utilities in urban settings. A total of 18 cities have now joined the CFC network in the country, thus, pledging to ensure that ecological requirements are strictly followed by the authorities.

Kazakhstan is at risk from a range of hazards, including earthquakes, floods, land and mud-slides, avalanches, extreme temperatures (cold spells), snow storms, etc. UNICEF and Department of Humanitarian Aid of the European Union (DIPECHO) support the implementation of a programme on Disaster Risk Reduction in Education jointly with the Ministry of Education and Science and the Ministry of Emergency Situations. The programme is aimed at increasing resilience and reducing the vulnerability of schools through support to strategies that enable them to better prepare for, mitigate and respond to natural disasters.

Kazakhstan also faces water supply challenges, drinkable water in particular, being relatively poor in water resources in comparison with other republics of the CIS. The fresh water deficit is also impacting sustainable development of Kazakhstan. According to the MICS 4, only 61% of households have access to piped water in their dwelling, yard or plot. Access to piped water in dwelling is 1.8% among poorest households and 96% among richest households. Understanding that access to safe water and sanitation is crucial to reducing poverty and infant mortality, in 2011 the Government adopted a special programme "Ak-Bulak" for 2011-2020. The aim of the programme is by 2020 to provide the population with access to central water supply systems in 80% of rural settlements and 100 % in urban areas.

Even though household water and sanitation coverage is high only 79% of schools are reported to have access to good quality water supply while access to improved sanitation is 67%. Only half of the schools (54%) in the country are connected to a main water supply, while 26% have their own system, either piped into the building or stand pipe on the premises, while 19% rely on water transported by tanker. In terms of sanitation, 26% are connected to sewerage, 59% have pour/flush latrines with septic tank, and 14% basic pit latrines. The Ministry of Education is planning to launch a programme focusing on improving water and sanitation in rural schools.
Narrative Analysis by Programme Component Results and Intermediate Results

Kazakhstan – 2390

PC 1 - Social policy and alliances for children

On-track

**PCR 2390/A0/04/001 PCR1. Soc.Policy & Alliances for Children - By the end of 2015, Kazakhstan is in line with the remaining CRC observations to adisparaties in the realization of children's rights**

**Progress:**

Kazakhstan’s 2012 GDP growth rate was 5%; unemployment 5.3%; inflation 6%. The Government evidence-based planning was strengthened by finalization of the MICS4 (co-financed by Government). The MICS4 demonstrated steady progress towards MDGs achievement but also confirmed growing disparities between the poorest and the richest households. UNICEF assists Government in developing child well-being monitoring systems at the central and local levels aimed at better allocation of resources to address disparities. Analyses of MICS4 and the 2009 Household Budget Survey described key dimensions of child well-being, including monetary poverty estimates and regional comparisons and provided disaggregated information on the most vulnerable children and types of deprivation. With UNICEF’s support, the Ministry of Education developed a methodology for the per-capita financing reform in secondary education to improve quality and equitable access of vulnerable groups to education. The proposed financing model is to be tested in four regions in 2013.

The Ministry of Labour and Social Protection, the Ministry of Finance, WB and UNICEF started the comprehensive evidence-based analysis of the social protection/transfer system for children and their families. The results are to provide critical inputs to the improvement of the effectiveness (qualitative analysis) and efficiency (monetary poverty, affordability) of the existing social protection tools like cash transfers, social and child benefits.

The Child Friendly City Initiative (CFC) is promoted as an effective mechanism introducing child oriented local policies, programme and budgeting. The CFCs network expanded to 17 cities, including the capital city, and CFC Accreditation model was designed. Although Kazakhstan introduced Results Based Monitoring and Results Based Budgeting, the current policies are not adequately implemented at local level. Thus, UNICEF increases capacities of local and central authorities on CFC, including testing child well-being monitoring system in a targeted region. It is linked with increased mainstreaming Communication for Development for child rights. Under the cooperation with the EU, the Ministries of Education and Science and Emergencies, UNICEF continued implementation of Disaster Risk Reduction programme in preschool, primary and secondary education.

UNICEF initiated compacts for children for shaping child-oriented policies. Six corporate companies were involved in funding UNICEF programmes and a number of others were informed on principles of corporate social responsibility for children. More partnerships will be established with traditional donors and corporate sector to leverage resources for children and mobilize resources for UNICEF programmes. The prospects of individual fundraising for children are being studied.

**On-track**

**IR 2390/A0/04/001/006 IR1.1. 2012-13 Soc.Policy & Knowledge Management - By the end of 2015, national authorities allocate and utilize sufficient public resources to prioritize child rights in health, education and social protection**

**Progress:** There is a steady annual increase for social spending equalled now to 50% of the budget: education – 33% or 4.2% of GDP (increased by 16.6% from 2010), healthcare – 22% or 3.2% of GDP (increase by 13.4%), social protection – 39% (increase by 24.9%). The public social spending is higher than major CEE/CIS countries except for the Russian Federation but lower than OECD countries.

Kazakhstan social assistance system provides non-contributory transfers (some are categorical and others
depending on household income). Children are directly or indirectly covered under the following types of social assistance benefits: child benefits (social allowances), targeted social assistance (TSA), special social benefits and benefits for children with special needs. The overall amount spent on social allowances increased, but the monthly transfer is lower than the subsistence minimum. Benefit levels are low in terms of special state allowances and targeted social assistance. Targeted social assistance only covers a small proportion of the population in need. Social allowances result in significant reductions in poverty line but with still existing gaps in addressing the needs of the most vulnerable groups.

The MICS4 and Child wellbeing study conducted with the Government have showed improvements towards reaching MDGs but also revealed deepening of the disparities among the population. Thus, UNICEF, WB and UNDP cooperate with the Government for enhancing the monitoring system for more effective allocation of resources. In the case of UNICEF, it is focused on the development of the central and local level child wellbeing monitoring system and revision of state budget utilization in health (health system reform, education (per capita financing) and social protection (cash transfers).

Seventeen local governments are introducing the Child Friendly City (CFC) Initiative with a strong component of child focused local level planning and budgeting. The developed accreditation model for CFC has agreed indicators for progress measurement

**On-track**

**IR 2390/A0/04/001/007 IR.1.2. 2012-13 Alliances for Children - By end of 2015 compacts for children, representing the government, the private sector and civil society and UNICEF contribute to child- and youth-centred initiatives, the leveraging of resources and regular monitoring of children’s rights**

**Progress:** According to the Government, in the past few years there were over 40,000 different events aimed at increasing child rights awareness among public, government, civil society and public sector, including more than 20,000 charitable events. For parents, especially in rural areas, lectures, seminars, workshops, cultural events involving children are being organized. In educational settings there are corners dedicated to the CRC, while in libraries, there are stands on legal education provided. The special site of the MoE’s Committee for the Protection of Children’s Rights www.bala-kkk.kz was launched with the purpose to provide timely assistance to children in solving their problems, gather and analyze information on the situation regarding legal protection of children, their awareness of their rights. There is a helpline for children and public receptions for children in the republic.

The public-private sector partnership is being more stimulated by the Government, including the recently adopted Presidential strategy paper on “Social Modernization of Kazakhstan: 20 Steps to a Society of Universal Labour” and adopting legislation on the Corporal Social Responsibility (CSR). However CSR approaches are still new to Kazakhstan, thus, UNICEF taking the lead in this process fosters relation with the “Universal Labour” and adopting legislation on the Corporate Social Responsibility (CSR). However CSR adopted Presidential strategy paper on “Social Modernization of Kazakhstan: 20 Steps to a Society of

**PC 2 - Strengthening systems for a protected environment for children**

**On-track**

**PCR 2390/A0/04/002 PCR 2. System Strengthening - By the end of 2015 more children, adolescents and women benefit from quality and effective care, preventive and protective services**

**Progress:**

During 2006-2010 Infant Mortality Rate (IMR) decreased significantly by 16% among 60% of the poorest population, but remained the same in 40% of the rich population. However, in 2010 the poorest 60% still had
50% higher IMR levels than the richest 40% as well the Under 5 Mortality Rate (U5MR). UNICEF assists in closing the gaps in legal basis, funding and monitoring. In fighting anemia, the iron supplementation rate increased from 6% in 2009 to 22.5% in 2011; number of households who consumed fortified flour increased from 2% in 2008 to 26.6% in 2011, impacting the reduction of anemia prevalence among WRA in 2006 from 44.7% to 38.9% in 2011 and among children under 5 from 47.4% in 2008 to 35.2% in 2011. Despite progress in decreasing new cases of HIV transmission to infants, the HIV epidemic is increasingly affecting women. Sexual transmission of HIV became a main cause of HIV infection in 81% of pregnant women. HIV associated stigma is still widespread and significantly affects access to treatment and prevention measures and creates barriers both for demand and supply side of services. The PMTCT regulatory framework was renewed and Kazakhstan was selected for piloting a system of MTCT verification.

A National strategy for integrated child protection in service provision for vulnerable children (5 steps) was developed by the MLSP, MOES, MOH, MOI and UNICEF and is being implemented in 3 Regions of the country. The Government’s Strategic Plan and regional plans contain reduction of children in residential care by placing them into families and alternative care. In 2012, the number of children deprived of parental care was decreased to 34,785, so by 1,992 less than in 2011. In 2012, 14 residential institutions for children were closed. The number of children in institutions was steadily decreasing to 10,887 children in 2012 which is 2,038 children less than in 2011. The Hague Conventions on the inter-country adoption and civic aspects of international child abduction were ratified. In 2012, the number of national families adoptive parents increased by 26% with 90% of domestic adoptions. 0-3 age child abandonment programmes were launched. Humanization process in justice reform led to the reduction of the detention facilities for child offenders with 150 children deprived of liberty and transformation of centres of adaptation into family-support services, opening of 16 juvenile courts in 2012, testing the social work in mediation and case consideration at the court created more opportunities for alternatives at the local level.

**On-track**

**IR 2390/A0/04/002/004 IR.2.1.** 2012-13 Health, Nutrition & HIV - By end of 2015 the national authorities monitor the quality and access of children and women to integrated MCH, ECD, HIV services.  

**Progress:** Stunting remains high (13%), exclusive breastfeeding increased from 16.8% in 2006 to 31.8% in 2010 but still low, timely complimentary feeding slightly increased from 39.1 to 49.4%. The MoH collected baseline data to monitor nutritional status of children and women using them for evidence-based decision-making on micronutrients supplementation and food fortification. The healthcare system does not provide an adequate quality of continuum of care with respect to the growth and development of healthy children as well as of those with disabilities. Boys are 30% more likely to die before the age of 5 than girls. Rural children under 5 are one and a half times more likely to die than urban. The master plan for improvement of PHC to reduce disparities and child mortality has been developed. National scaling up along with capacity development of health workers in Care for Development and Effective Perinatal Care have begun. Women who use drugs constitute 25% of pregnant women who have poorest access to PMTCT services, not recognized as a risk group for maternal and infant mortality, which in turn results in lack of targeted interventions and budgeting. OST services expanded with limited access due to high opportunity cost, low adherence rate and interrupted supply of methadone. Cumulatively 1,584 children were born from HIV-positive pregnant women and 84 were diagnosed as HIV positive while 364 children are still with undetermined status due to outdated diagnosing methods. Assessment of community services reported lack of national expertise and capacity in care and treatment of young people using drugs. There is a lack of feasibility to conduct representative sample and risk behaviours measurements in MARA. Having the results of bottlenecks analysis in PMTCT, a strategic focus in HIV prevention could be shifted from most at risk adolescents (MARA) towards virtual elimination of MTCT.

**On-track**

**IR 2390/A0/04/002/005 IR.2.2.** 2012-13 Child Protection - By end of 2015, national child protection system responds to individual needs of each children deprived of parental care and in conflict with the law and prevents/responds to abuse, neglect and exploitation of girls, boys and women  

**Progress:** The number of orphans and children deprived of parental care decreased by 1,992 from 36,777 in 2011 to 34,785 in 2012. The number of children in institutions decreased by 2,038 from 12,925 children in 2011 to 10,887 in 2012. Modelling of gatekeeping and referral system as child protection multidisciplinary
approach is on-going in three regions. Benefits for carers of children with disabilities were introduced with the purpose to motivate parents not to abandon children in psycho-neurological dispensaries. MoLSP opened 16 day care units for children with disabilities. The introduced day care facilities for children with learning and mental disabilities provide opportunities for parents to find employment and socialize. The range of NGOs delivering specialized social services, including family support centres, contracted by the Government was expanded to 52 in 2012. Launched Communication campaigns on prevention of child abandonment. In 2011, 200 children were diverted from the formal justice system to alternative programmes of reintegration and mediation, but funding from the local akims and legal provision for the models need to be secured. 16 more juvenile courts established in 2012 in addition to two in Astana and Almaty. The practical and specific toolkit on monitoring child rights implementation in penitentiary and non-penitentiary institutions is being tested by the Ombudsman, PRI and UNICEF. Despite the above progress based on the UNICEF, USAID, Norwegian Embassy reports there is still a very high prevalence of violence against children in the child care system; high child abandonment cases; very high suicide rates among children and youth and overuse of family separation as addressing the child’s needs to be further addressed by the Government. ECD became one of the priorities in the national education development programme for 2011-2020 aiming to reach 100% ECD coverage by 2020. Currently 41% of children 3-5 years of age are covered by ECD.

### PC 3 - Cross-sectoral costs

**On-track**

**PCR 2390/A0/04/007 PCR3. Cross - Sectoral Costs - program support and support to UNICEF sub-regional activities**

**Progress:**

The major inter-agency and cross-cutting program of UNICEF Kazakhstan is the Joint UN Program on the “Raising Competitiveness of the East Kazakhstan region through Innovative Approaches to Regional Planning and Social Services for 2011-2015”. This $11 million program, with UNICEF $4.1 million component, is a joint initiative of the Government of Kazakhstan, local authorities of East Kazakhstan Oblast (EKO), UNDP, UNFPA, UNV and UNICEF aimed to improve the quality of life of the population living in the area devastated by almost 500 nuclear tests conducted during the Soviet era as well as advance progress towards Millennium Development Goals at the local level. The main financial contributor to the UN Trust Fund managed programme is the Government of Kazakhstan ($9 million). In 2012 the UNICEF contribution to the UN Joint Programme in East Kazakhstan oblast was $0.95 million.

The main 2012 achievements of the programme: sustenance of family support, inclusive preschool development and youth-friendly services scaled up to rural areas; approval of comprehensive program on study of suicide prevention; constructive dialogue on the development of the juvenile justice system and alternative services that resulted in one vision document and the establishment of two children's courts; introduction of EPC and Care for Development technologies in health facilities covering the region’s 70% births contributed to reduction in maternal and child mortality and being scaled up nationally with state funding; identification of barriers in access to quality MCH service for mothers and children resulted in development of Road Map for MCH service improvement; the model on continuum of mother and child care in MCH Center in EKO presented to other regions for replication; Ust-Kamenogorsk city started piloting the national recognition and accreditation model. DRR Program enabled children living in disaster prone areas to reach out stakeholders with their needs and concerns by their own “OneMinuteJr” Videos.

Based on the positive result of the East Kazakhstan Joint UN Programme, the Government of Kazakhstan has requested the UN Country Team to introduce similar Joint Programmes in Kyzylorda and Mangystau regions aiming to improve the population’s wellbeing there.

Sub-regional representation of the UNICEF CEE/CIS Regional Office covers 5 country programmes in Central Asia and South Caucuses and is based in in Almaty. There are two main programs: (1) Regional HIV and AIDS and (2) EU funded DRR project and strategic support to governments to improve preparedness and response in emergency situations.
IR 2390/A0/04/007/002 IR 3.1 Support to UNICEF sub-regional work in Central Asia and Caucasus, including HIV/AIDS and DRR program as well as assistance to sub-regional events and missions

**Progress:** Piloting of PMTCT verification protocol was conducted in collaboration with WHO. Kazakhstan has been selected as a pilot country and progress and challenges were reported and discussed at the global meeting organized by WHO and UNICEF. Early Infant Diagnosis challenges have been identified and collaboration with CDC and ICAP program and joint action plans were agreed to forward and improve the quality of EID. Co-funding cooperation agreement was concluded between UNICEF and GIZ and CDC for the development of a training course on infection control in paediatric hospitals. Communication materials: 3 booklets to support development of children with HIV are printed, development of X-road interactive video web-site has been completed, and revision and further development of web sites (Vitaminka.kz and Stop-AIDS.Net) is agreed upon.

Under DIPECHO VII programme, Ministry of Education and Science and Ministry of Emergency are supported in strengthening Disasters Risk Reduction (DRR) concept overall and more specially within the education sector in order to move from the perception of DRR as an isolated or pilot initiative towards more sustainable mainstreaming into education policies and strategies, including those targeting preschool and non-formal education. Special attention was to be paid to develop and establish adequate structural and non-structural risk reduction mechanisms to ensure schools are compliant with international standards, including Hyogo Framework of Action, and to revise national standards for hazard proofing educational buildings and surroundings through cost effective measures. The new methodologies of DRR preparedness and response are being introduced and tested into the pilot schools for better protection of children in natural and man-made disasters and to address lack of DRR training materials, properly integrate DRR into existing school curriculum, and develop appropriate preparedness skills and abilities. The outcomes of testing will contribute to the national process of introduction of DRR into the school curricula and practice.

IR 2390/A0/04/007/003 IR 3.2 Programme Support

**Progress:**

Under the cross-cutting and multi-sectoral UN Joint Programme, UNICEF assists East Kazakhstan’s local authorities to develop more effective child protection strategies. The strategies are aimed at mitigation of social and economic effects on lives of children and ensuring access to social services for the most vulnerable. Local authorities are also supported in enhancing child-centered programmes and budgets within the Child Friendly City Initiative (CFC), including development for city accreditation portfolio to monitor and evaluate the child friendliness.

In 2012, the programme scope was extended beyond urban areas to reach rural reyons. As examples, rural youth centres were opened in 4 locations; the disaster risk reduction programme was piloted in earthquake-prone rural zones and the capacities on continuum of care approach to mother and child health were strengthened in Urjar district. In addition, integrated special social services in education, health, and social welfare preventing 0-3 child abandonment and early identification of child special needs and disability were introduced to the Region. Due to acute suicide issue among youth, the suicide prevention programme started in pilot schools and institutions. The educational staff in pilot schools was prepared for testing a model of per-capita financing in secondary education. The economy, budget planning and statistics departments were trained in using "CensusInfo" for the assessment of mothers and children well-being in the region to be piloted in East Kazakhstan in 2013.

Within the inter-agency nature of the UN Joint Programme, main bottlenecks revealed related to different financial and operational modalities of the UN partner agencies, as well as the poor capacity of the local Coordination unit in East Kazakhstan leading to less effective communication and cooperation with local partners. As a mitigation measure, a coordination structure will be revised in 2013 with direct reporting to the UN Resident Coordinator.
### PC 800 - Generated Programme Component for Business Area 2390 and Cycle Number 4

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**PCR 2390/A0/04/800 PCR4 - Support. Effective and Efficient Programme Management and Operations**

**Support**

**Progress:** The Office governance and management of resources was carried out in transparent, consultative and participatory manner within the framework and under the guidance of UNICEF policy, rules and regulations, office essential documents and plans, and in the context of programme and management priorities and goals that had been defined with participation of all staff. To increase efficiency and effectiveness of office work in strategic perspectives, as well as to understand individual roles and responsibilities, all staff participated in formulating the office vision, mission and guiding principles, provided feedback to role mapping exercise, took part in defining risk profile and compensating controls, role of technical committees, staff association and consultation with the Regional Office and UNICEF HQs in decision making. Information sharing as a key principal for transparency was encouraged. All decisions and proposals, including UNCT recommendations, office submission to PBR, discussion on programme optimization, using core resources for core posts, staffing issues and recruitment plans, were communicated and explained to staff. Staff concerns, recommendation and ideas for improvements were addressed through CMT, JCC and other committees and were considered.

The Office systems to assess, address and respond to significant programme, operational and hazard risks are in place and defined in several documents. The office risk profile was reviewed and updated twice in 2012, having resulted in adding two new risks: weakness of HACT micro assessment and assurance activities and constraints in operating in VISION, as well as revoking two irrelevant risks, after conducting analysis of situation and programme operations environment. The level of risks was revised and the need for adjusting the strategy for risk control was acknowledged. It was decided to incorporate the revised ERM strategy in the MRT/CPMP.

Addressing the risk, the office conducted analysis of programme partnership for 2010-2015 and prepared a plan for assurance and micro assessment.

The Business continuity plan was tested by conducting telecommunication and radio drills, and exercising remote access to systems (Lotus Notes and VISION) under scenario of restricted movement and limited physical access to the office facilities.

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**IR 2390/A0/04/800/001 IR 4.1 Effective & Efficient Governance and Systems**

**Progress:** In 2012 CMT met 8 times. The standing agenda, frequency and membership of CMT were agreed and included in the Office management plan. CMT agenda embraced update on global, regional and UNCT issues, review of office priorities and office performance indicators, risk assessment, status of IMEP, funding and resources mobilization strategy implementation, partnership development and updates on programme and operations management. In 2012, CMT initiated improvements in the office solicitation process, HACT implementation, partners’ assessment and training, streamlining internship policy and recruitment timing, developed office retreat agenda and endorsed office fundraising strategy.

Regular staff meetings, sections meeting, office retreat and team building sessions, as well as PAS discussions, circulation of electronic correspondence were held to enhance working relations, inter-sectional communication, understanding of overall UNICEF goals and individual roles, as well as increasing effectiveness of information flow between management and staff, and between office and outside partners.

The structure of statutory committees and Table of signing authorities were reviewed twice in March 2012 and in November 2012. The office of statutory committees has been functioning on as needed basis, providing recommendations and advice for decision making and risk management. Each of the office statutory committees met at least once during 2012. Minutes of the discussion and recommendations were signed and shared with staff, where appropriate.
**Progress:** Interim and Year end closure activities were completed. Bank reconciliation was finalized for each month (100%). CRC and PCA review committees were held regularly and their recommendations were considered by approving authorities. Cost saving measures implemented: change of telephone tariff plans, revision of contractual arrangements, green ICT. Saved funds were invested in improvement of office conditions and replacing office equipment.

Disbursement of cash assistance to partners and liquidation of advances has been implemented and recorded using FACE.

By the end of 2012, the office had one unliquidated DCT over 9 months. It was reported by the partner in September but had not been liquidated in the SAP due to a system error which had been investigated for four months in coordination with VISION Help Desk and SMEs and liquidated in January 2013.

Cash flow forecasting and management of cash resources was unstable during the year, and despite all the efforts made to ensure accurate planning, the office was not successful in maintaining optimal cash balance by the end of month in 8 out of 12 months. In some instances, it was also caused by receipt of funds, contributions, VAT refund, reimbursements from ESCAP and OSCE for common premises expenditures.

The Office Role mapping introduced in 2011 was revised with recruitment of new staff and changes of office needs. During staff retreat in October 2012 the refreshing session on VISION was conducted with a focus on common problems solution. The user roles were revised to eliminate or compensate for the violations with respect to Segregation of duties financial policy. SoD analysis was complete with zero violation report and the new ToA was generated and approved. Responsibilities and Roles in VISION were explained when delegated to staff.

**On-track**

**Progress:** Office learning and development plan was prepared by Local Training Committee. Development of VISION skills, Kazakh language and teambuilding were defined as group learning and training priorities for 2012. Overall the Office learning plan was implemented at 50%.

More than 50% of professional staff spent 10 days for learning and development activities.

2 staff members exercised flexible working hours and 2 staff members benefited from breastfeeding policy. Child-friendly room was created in the office premises to support staff with children to combine professional and personal life.

All staff members submit their travel certifications or claims upon completion of travel in 15 days. The office has provided an opportunity for the attraction of the graduates from Universities as Volunteers or Interns to get familiar with UNICEF work in practice. Their assistance was evaluated by the Supervisors.

By end of 2012 all completed trips were certified and closed in SAP.
Effective Governance Structure

Office program and operations objectives and priorities were defined by all staff at the beginning of the year during the annual management retreat and approved in the Annual Management Plan for 2013. The office formulated programme and management goals in the Rolling Management Plan, and defined two major priorities: prevention of suicide among young people and teamwork in smooth introduction VISION to office business practices. The progress in achieving office priorities was monitored by regular CMTs.

In 2012 the Country Management Team met 8 times. The CMT acted as an advisory body to the Representative. At the meetings, the CMT members identified and proposed solutions to a wide range of problems and issues affecting the overall management of the office, including improvement of work processes, staff wellbeing and development, security issues. The standing agenda of CMT embraced review of implementation of CMT previous recommendations, update on global, regional and UNCT issues, review of office priorities and office performance indicators, risk assessment, status of IMEP, HACT implementation, funding and resources mobilization strategy implementation, partnership development and updates on programme and operations management. Among other issues, CMT endorsed staff roles and responsibilities in VISION, Table of Authorities and statutory committees, improvements in solicitation procedure for contractors and LTA processing; advised on changes in the signatory panel, endorsed EWEA implementation, defined priorities for HACT implementation, micro assessment and partners’ training, endorsed HACT assurance plan, reviewed and contributed to preparation of office submission to PBR, developed office fundraising strategy and endorsed OR ceiling increase; recommended on streamlining internship policy and recruitment timing, developed office retreat agenda, reviewed and endorsed and streamlined Segregation of Duties; discussed and monitored preparation of the Country Program Mid-Term Review and CPMP, and responded to the results of Global Staff Survey.

The management decisions were risk informed and made in a consultative manner. The office committees functioned well, their documented recommendations served to support decision-making process. Information sharing and participation were fundamental principles of the office governance, realized through staff retreats, weekly briefings, section meetings, regular programme meetings, presentations and learning sessions, such as updates from RMT and UNCT meetings, Deputy Rep’s and Operations meetings, VISION training, mind mapping and teambuilding activities.

Strategic Risk Management

The office risk profile was reviewed and updated twice in 2012. The main identified risk with agreed mitigation measures includes predictability of funding, governance and accountability, knowledge management and information sharing. In addition two new risks: weakness of HACT micro assessment and assurance activities and operating constraints due to VISION implementation were highlighted. The level of risks was revised and the need for improvement of monitoring and assessing the strategy and effectiveness of controls to mitigate existing risks was accepted.

Systematic analysis of risk control and response was included in the CMT agenda and the roles and responsibilities were defined to ensure integration of risk management into management plans. At the CMT meeting it was agreed to revise the action plan for each of the identified risks, and to incorporate the strategies decisions in the programme and management plans and MTR.

BCP and Early Warning Early Action website was updated by designated staff. Responding to assessment results of security risks the office organized and conducted two building evacuation drills, implemented improvements of office fire alarm and security facilities. The Business continuity plan was tested through telecommunication and radio drills, and exercising remote access to systems (Lotus Notes, VISION and e-banking) under scenario of restricted movement and limited physical access to the office facilities.
Evaluation

At the beginning of 2012 the CO developed and approved the IMEP aimed at monitoring the situation through analysis in several areas: (i) MICS4, (ii) MCH analysis in 4 regions of Kazakhstan, (iii) Child Well-being in Kazakhstan, (iv) Analysis of the social benefits system for families with children in 4 regions, (v) Assessment of per-capita financing in secondary education in 4 regions, (vi) Assessment of immunization coverage of the vulnerable population, (vii) Strengthening the gender disaggregated data management system in state child care system and profiles of institutionalized children, (viii) Strengthening the national monitoring system on the implementation of the flour fortification, (ix) Prevalence, underlying causes, risk and protective factors in respect to suicides in children and youth, (x) Violence in schools. During the year the IMEP was regularly updated and plan for 2012 milestones were achieved on time including MICS4, MCH analysis, Child-well-being, Immunization of vulnerable population, Gender disaggregated data management system, Flour fortification monitoring. The others were delayed due to government restricting legislation on obtaining raw data and complicated procedure of government approval of testing methodology. This challenge is currently being discussed with the Government within the 2013 programme planning.

During 2012 the CO continued monitoring the situation of children through the bulk of studies and surveys. Some of them such as Child Vulnerabilities, Child Well-being, Violence in schools and Equity in Mother and Child Health were particularly targeted at most disadvantaged children. The MICS4 and Child well-being study conducted with the Government have showed improvements towards reaching the MDGs but also revealed deepening of the disparities among the population. Thus, UNICEF, WB and UNDP cooperate with the Government for enhancing the monitoring system for more effective allocation of resources.

Kazakhstan possesses needed capacities for conducting evaluations and it was demonstrated in MICS4 and 2012 TransMONEE implementation. Also, the CO attracted additional capacities from international expertise including Regional Office. The findings of MICS, MCH, Flour Fortification (FF) studies are in high demand by the government officials and Parliamentarians and result in adoption of main policies aimed at children such as Road Map for improvement of MCH service, introduction of the Nutrition Monitoring component into the National Programme on Health System Development and development of the National strategy for integrated child protection in service provision for vulnerable children (5 steps) with the annual action plans in response to violence in regions of Kazakhstan.

The monitoring of programme progress has been periodically done against the 2012 Office Annual Management Plan and 2012-2013 Rolling workplans. These types of reviews were conducted during programme and CMT meetings and mid-year review with the GoK. In addition, throughout the year UNICEF regularly monitors supported programs by spot checks, making monitoring visits and revision of submitted deliverables. Most of the monitoring visits were done with participation of the government counterparts. The office established early warning monitoring mechanism for DCTs and Donor Reporting.

Effective Use of Information and Communication Technology

The office has completed all IT tasks planned for 2012: Internet bandwidth was increased to 4 Mbps that significantly improved quality of office connectivity; Back up Internet line was based on the 1Mbps WiMax line; Hardware and Software upgrades of Servers and user workstations was implemented. Stability of the internet connectivity was the priority and there were no interruptions and corruptions of the connection during working time.

The Office replaced almost all desktops and old laptops with new energy-saving laptops to ensure proper functioning under Windows 7 and Microsoft Office 2010. All professional staff use laptops being able to switch to mobile arrangements when travelling or offsite with remote access to systems, through WiMax, Citrix, VPN and Webmail. Staff had access to UNICEF e-learning training resources (WebEx, iLearn, etc.) for knowledge improvement, training and certification. A video conferencing facility was used regularly during the year.

The Business Continuity Plan’s IT component was tested in 2012 in Astana and Almaty offices. A backup connection BGAN continued to operate. The BGAN device and Sat phones have been tested regularly with respect to disaster recovery.
MOSS standards have been maintained and equipment and data are protected fully. All critical staff are equipped with VHF, as per the office BCP, and the radio check was conducted in June and in December. Field vehicles had VHF re-installed as part of MOSS. Cisco VPN/Inter-Notes/Citrix remote access to office applications was supported as part of the BCP. Backing up of office data, monitoring and implementation of network infrastructure, and end-user trouble shooting were conducted regularly. To ensure smooth operation of ICT in the absence of the ICT Assistant, a Remote Control of office network was used. The office land line telephony has continued to operate on a basis of IP telephony as the cost-efficiency measure. The mobile telecommunication at organizational cost was limited to critical staff only and the emergency satellite equipment was used only in testing mode to ensure it is in working condition and is ready to use. To ensure business continuity, the office improved backup internet connectivity by upgrading wi-fi capacity of the alternate Internet provider in both Astana and Almaty office locations. Electronic records on shared server drive were revised, systematized and cleaned up; vital records were renewed where necessary and backed up offsite.

The ICT Assistant completed Emergency Telecoms Training held in Entebbe in October-November 2012 and was certified as Advanced Emergency Telecom Responder and GVF Advanced Satcom Professional (VSAT). It means that he will be included in UNICEF’s global roster of responders in 2013.

**Fund-raising and Donor Relations**

The UNICEF country programme for Kazakhstan for the period 2010-2015 was approved by the UNICEF Executive Board in 2009 with Other Resources ceiling of 4,540,000 USD. By mid-2012, the office had already raised 4,447,210 USD in other resources; thus, an increase of 7,500,000 USD in the Other Resources ceiling was requested and approved. The total Other Resources ceiling for UNICEF Kazakhstan up to the end of 2015 is currently at 12,040,000 USD.

After long advocacy and negotiation process, UNICEF Kazakhstan ensured 2,000,000 Euro European Commission funding approved in the EC Project Action Fiche for a three-year program on Justice for Children. In addition, under confirmed commitments, CO will receive by end of 2015 in total of 2,893,869 USD, including 305,000 USD from the Government of Norway, 2,215,000 USD from the UNTF under the UN Joint Program for Semipalatinsk co-funded by the Government of Kazakhstan, 200,000 USD from the ECHO under the DIPECHO Program, and 61,207 USD from UNICEF Italian Committee/Unicredit Foundation.

In the funding pipeline 900,000 USD under the potential UN Joint Program for Kyzylorda Region from the HSTF, and 315,600 USD from private sector for child health program. The CO has developed a comprehensive fundraising strategy and is currently strengthening its private sector fundraising including both corporate and individual funding. Thus, it is expected of additional funds raised locally in upcoming years.

The CO has embarked on systematic negotiation with the Government of Kazakhstan, in November in view of the national budget preparation process, to increase its Regular Resource contributions to UNICEF, to which the government responded positively.

The proactive fundraising approach became a vital part of all programmes within the adopted Office Fundraising and Partnership Strategy. Coordinated by the Fund Raising Task Force led by the UNICEF Representative, donor profile analysis was conducted reviewing current donors and identifying potential donors. All programmes have a portfolio of project proposals that show a mixture of different types of project status, i.e. whether these are at the piloting, institutionalizing, or scaling up stages, so that these proposals are appropriately pitched according to donors’ interests and expertise. Customer satisfaction, programme excellence and timely reporting became essential parts of fundraising approach.

UNICEF Kazakhstan has established a strict funds utilization monitoring mechanism, including regular reviews and updates at each program meeting and CMT. The utilization of RR at the end of the year was at 99% and all expired PBAs (grants) were almost at 100% utilization level, thus, no duration extension of grants was requested. In 2012, CO submitted all due reports to donors as per the agreed schedule and the reports meet quality standards.
Management of Financial and Other Assets

Starting from January 2012, financial functions were implemented in VISION and recorded based on delivery principals as per IPSAS standards. Initial challenges and delays in processing transactions in VISION in the beginning of the year caused by the system novelty had been overcome steadily and by interim financial closure the office had been functioning in normal pace and completed all activities on time. The VISION roles were reviewed and discussed at staff meeting and the ToA was adjusted to VISION requirements. Staff with financial user group functions participated in on-line forums and informal inter-office clusters to share best practices. During staff retreat in October 2012, the refreshing session on VISION was conducted with the focus on common problems solution. The user roles were revised to eliminate or compensate the violations with respect to Segregation of Duties (SoD) financial policy. After completing the SoD analysis, the new ToA was generated and approved.

Budget utilization was reviewed regularly at CMT, programme and section meetings. Utilization of RR exceeded 99% by the end of the year; 100% of PBA of the country programme budget were used within validity dates and all donor reports were submitted on time. The office received cash contributions from local corporate partners that were recorded in coordination with PFP and DFAM. Other receivables and cash receipts, including VAT, reimbursement for common services, income from disposed asset and cash refund were recorded timely and cleared. The identified area for further improvement in 2013 would be cash flow forecasting and management of cash resources. In some instances challenges of cash forecasts was caused by receipt of funds contributions, VAT refund, reimbursements from ESCAP and OSCE for common premises expenditures but internal cash flow planning is subject to further improvement.

By the end of 2012, the office had one unliquidated DCT over 9 months what is below 5% benchmark. It was reported by the partner in September but had not been liquidated in the SAP due to a system error which had been investigated for four months in coordination with VISION Help Desk and SMEs.

The office also acknowledged the risks associated with insufficient monitoring of effectiveness of programme inputs and proper utilization of resources due to a lack of systematic assurance activities and micro-assessment of partners. It was included in the office risk profile and as part of the risk control strategy the assurance plan was prepared and approved at CMT, and the partners were identified for micro assessment to be conducted in early 2013. The major challenge in HACT micro-assessment of partners is lack of interest in such assurance activities by other UN partners, thus, all related assurance costs need to be covered by UNICEF limited budget only.

Physical count of property plan and equipment was conducted and reconciled with the asset records with no discrepancies revealed. Petty cash spot check was conducted quarterly. CRC and PCA review committees were held regularly to ensure efficient, transparent and cost-effective utilization of resources.

Supply Management

There were no procurement services and emergency supply procurement in 2012. The prevailing supply component of the country office was engaging institutional services including contracting for conducting studies, surveys and researches. These activities represented one of the highest direct programme support costs. The office systematized and streamlined bidding and selection process, by assigning roles and responsibilities, as well as timeline for each stage of the process. Designing and printing of programme communication materials, studies and recommendations was another significant component. A large amount of printing of programme materials was delegated to partners within joint project cooperation and was administered through DCT.

The office procurement of services and goods in 2012 totaled 1,349,000 USD. Printing of programme materials composed 1% of annual supply component (Local PO - Printing), 2% was directed for procurement of office equipment. About 6% of the total supply component was related to small local procurement through Low value PO. The procurement of IT equipment by direct ordering and local procurement was 2% (Asset Acquisition PO). Procurement of services through engaging institutional contractors for conducting studies, surveys and researches represented one of the highest non-staff cost elements reaching 67% (Consultant
Contract). The office conducted 9 biddings and 5 cases were subject to the CRC’s review. Procurement of services with the Corporate Local Contracts was about 22%.

The LTAs were concluded and established in VISION with local vendors for translation, printing, catering, events and transportation services. At the beginning of 2012 the Office had 3 LTAs with printing houses valid from 2011 through 2012. In addition, during 2012 the Office has created 17 LTAs (translation services - 7 LTAs, printing services - 5 LTAs, transportation services - 3 LTAs, catering services - 1 LTA, events services - 1 LTA). The LTAs were created in SAP and were widely used by program and operations. Jointly with UN agencies, 13 LTAs were signed (hotels - 10 LTAs, courier services -1 LTA, printing houses - 2 LTAs). Though they were not registered in SAP, these LTAs were beneficial for all UN agencies as they allowed better rates, discounts and credit terms.

**Human Resources**

Following the outcomes of 2011 Global Staff Survey, an office action plan was developed jointly by all staff and implemented addressing the key concerns identified by staff. For example, to address a concern on limited opportunity for staff career development, programme assistants had chance to facilitate partners capacity building and undertake more program monitoring field trips. The work/life balance was enhanced by favourable consideration of flexi time and working from home requests. With small investments of UNICEF and OSCE, a Child Friendly Room was established at the office premises to allow staff to bring children and temporarily place them in a safe and friendly environment. The career advance opportunities are discussed with supervisors during PAS discussions and agreement on UNICEF CO vision, mission and guiding principles improved staff members’ understanding of UNICEF mandate. Regular office retreats included team-building encouraging staff to discuss the concerns raised in open and friendly manner. The plan implementation was also discussed at three JCC meetings. The staff members updated their knowledge on Whistle blower policy and on the Ombudsman’s office support.

The proposed changed in staffing structure and profiles were discussed with all staff and were based on long-term key priorities and goals identified at the annual planning retreat. Two staff members were separated due to expiration of contracts; three new temporary positions were opened and filled in competitive selection; five staff members resigned from regular posts; five new staff were appointed. Overall, 7 staff members left their posts in 2012 and 8 were recruited, including 3 professionals and 5 general service staff. The office experienced staff capacity gaps due to high staff turnover and continued recruitment process throughout the year.

Office learning and development plan was prepared by Local Training Committee with improvement of VISION skills, Kazakh language and teambuilding as group learning priorities. In line with cost saving policy the number of external training was limited to the most essential, staff was encouraged to develop their skills and knowledge by on-line learning resources. All staff completed Basic Security in the Field II course, new staff passed basic orientation training, including HIV/AIDS at workplace, prevention of harassment, PPP manual, BSITF, IPSAS and received security briefing from UNDSS. Due to high staff turnover and new appointments, the need for formal training in VISION was identified and planned for February 2013. Team building retreat was organized in October 2012 and included both team building and sessions on programme priorities, VISION and staff issues. Overall the Office learning plan was implemented at 50% with more than 50% of professional staff spending 10 days for learning and development activities. The office benefited from the temporary support of the Finance Assistant from UNICEF Turkmenistan Office who delivered orientation training to newly recruited Finance Assistant. For two weeks the Operations Manager supported the Uzbekistan Office.

The staff performance and appraisal system was maintained and monitored, resulted in timely implementation of 2011 IPAS completion and 2012 mid-term discussion.
Efficiency Gains and Cost Savings

As a result of continued negotiations in 2011 between UNICEF and the Ministry of Foreign Affairs of Kazakhstan (MoFA), on subsidizing the cost of rent of Almaty zone office, the Country Office was informed that the state budget was allocated for 2012 to fully cover the rental cost of Almaty zone office. In 2012, the MoFA concluded a lease agreement with the owner of the building; however, the disbursements were not processed, due to procedural restrictions that required, as per the government procurement policy, to announce competitive bidding to select the premises. For this reason the lease Agreement was not validated by the Ministry of Finance and the Office continued to pay the rent throughout the year. Though the office closely followed up with the MoFA on possible solutions, and despite the government’s commitment to meet these costs, the solution had not been found by the end of 2012.

For recurring operating expenses associated with administration and programme support activities, the office applied cost savings mode of operations by using video conferencing as alternative to travel as well as IP telecommunication as alternative to more expensive land line telephony. In consensus with all the staff the office continued to exercise economy class of accommodation when travelling by air for more than 9 hours.

The office revised the tariff plans for cellular phones in use of critical staff that resulted in 40% savings as compared to the expenditures as per the previous plan. Staff initiated and promoted the idea of office greening having practiced less printing, sharing one set of documents for technical committees reviews; enforcing duplex printing, switching to network multifunctional devices rather than individual “end-life” printers, recycling stationaries and exercising overall consciousness towards resources utilization.

Overtime for the drivers was reduced by minimizing drivers’ official travel and work on weekends and holidays that saved about 30% of resources spent for drivers’ overtime last year.

New LTAs with service providers were concluded jointly with UN agencies and the office benefited from lower rates and discounts for hotel accommodation, pouch and shipment delivery, printing and stationary procurement. Increasing of solicitation benchmark by SD up to $2500 significantly saved staff time previously spent for collecting quotations for small values supplies and services. The office revised the contractual arrangements for cleaning services and saved more than 50% of the cost requisitioned for this purpose.

All identified savings from non-staff category of institutional budget were redirected for renewal of the office essential equipment and investing in staff well-being, including construction of a child friendly room, as well as covering increase in utilities rates.

Changes in AMP & CPMP

In 2013, office will finalize the MTR process and incorporate results in CPMP, Integrated Budget and the Office Management Plan. No critical changes are envisaged with respect to the PCRs that had been agreed with the Government of Kazakhstan for the current CPAP. The current discussion on possible changes regards mostly the relevant indicators and targets for the existing IRs to make them more focused and tangible for the implementation. There would neither be any significant changes in the office structure and would only reflect some modifications towards enhancing staff profiles in the key focus areas and addressing existing human capacity gaps in line with the UNICEF core roles and existing funding. Most of these modifications have been initially formulated, in consultations with all staff, and endorsed by the CMT for the 2013 PBR submission. It is expected that upon MTR finalization and discussion at the annual management retreat in January 2013, the office will summarize the proposed changes in the CPMP for 2013 PBR submission.

UNICEF in Kazakhstan will further continue the introduction of the MoRES approach in its own and partners work for children with enhanced focus on identification of the significant bottlenecks and barriers preventing the most vulnerable children from fully benefitting from the child rights. As a part of the Regional Knowledge and Leadership Areas, in 2013 UNICEF Kazakhstan would further contribute to the identified priority areas, including reduction of mother and child mortality, enhancement of family environment for children, juvenile justice, reduction of HIV transmission from mother to child, and introduction of the disaster risk reduction technics to the formal education system.
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
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<tr>
<td>APR</td>
<td>A Promise Renewed (A renewed commitment to child survival, <a href="http://www.apromiserenewed.org">www.apromiserenewed.org</a>)</td>
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<tr>
<td>BBP</td>
<td>Basic Benefit Package</td>
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<tr>
<td>BCP</td>
<td>Business Continuity (Contingency) Plan</td>
</tr>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CCC</td>
<td>Core Commitments for Children in Emergencies (for UNICEF response in emergency)</td>
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<tr>
<td>CD</td>
<td>Capacity Development</td>
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<tr>
<td>CDC</td>
<td>Center for Disease Control</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
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<tr>
<td>CEE/CIS</td>
<td>Central and Eastern Europe and Commonwealth of Independent States</td>
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<td>CFC</td>
<td>Child Friendly City</td>
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<tr>
<td>CFCI</td>
<td>Child Friendly City Initiative</td>
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<tr>
<td>CMT</td>
<td>Country Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<tr>
<td>CPMP</td>
<td>Country Programme Management Plan</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>DIPRECHO</td>
<td>Disaster Preparedness of the Department of Humanitarian Aid of the European Union</td>
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<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>ECD</td>
<td>Early Child Development</td>
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<tr>
<td>EIC</td>
<td>Early Infant Diagnosis</td>
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<td>EKO</td>
<td>East Kazakhstan Oblast</td>
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<tr>
<td>EPC</td>
<td>Effective Perinatal Care</td>
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<tr>
<td>EWEA</td>
<td>Early Warning Early Action</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GIZ</td>
<td>The German Society for International Cooperation</td>
</tr>
<tr>
<td>GoK</td>
<td>The Government of Kazakhstan</td>
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<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfer</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HQ</td>
<td>Headquarters</td>
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<tr>
<td>HRBAP</td>
<td>Human Rights Based Approach to Programming</td>
</tr>
<tr>
<td>ICAP</td>
<td>International Center for AIDS Care and Treatment Programs</td>
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<tr>
<td>ICATT</td>
<td>Integrated Management of Childhood Illness Computerized Adaptation and Training Tool</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
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<tr>
<td>IDD</td>
<td>Iodine Deficiency Disorders</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
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<tr>
<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<tr>
<td>MARA</td>
<td>Most at Risk Adolescents</td>
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<td>MCH</td>
<td>Mother and Child Health</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<tr>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
</tr>
<tr>
<td>MoES</td>
<td>Ministry of Education and Science</td>
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</table>
MoH - Ministry of Health
MoI - Ministry of Interior
MORES - Monitoring of Results for Equity System
MOSS - Minimum Operating Security Standards
MP - Member of Parliament
MTR - Midterm Review (of the Country Programme)
NGO - Non-governmental Organization
OECD - Organization for Economic Cooperation and Development
OSCE - Organization of Security and Cooperation in Europe
PBR - Programme and Budget Review
PMTCT - Prevention of Mother-To-Child Transmission (of HIV)
PRI - Penal Reform International
RAM - Results Assessment Module
RMT - Regional Management Team
RO - Regional Office
SitAn - Situation Analysis
STI - Sexually Transmitted Infections
SUN - Scaling Up Nutrition
TransMonEE – Monitoring Situation of the Women and Children in Central and Eastern Europe and the Commonwealth of Independent States
TSA - Targeted Social Assistance
USMR - Mortality Rate of Children under five years old
UNDP - United Nations Development Programme
UNFPA - United Nations Population Fund
UNV - United Nations Volunteers
USAID - United States Agency for International Development
VAD – vitamin A deficiency
WASH - Water, Sanitation and Hygiene
WRA – Women at reproductive age
YFS - Youth Friendly Services

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**Document Centre**

**Evaluation**

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<tr>
<th>Title</th>
<th>Sequence Number</th>
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## Other Publications

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<td>1 20 Ways UNICEF Impacted Children in Kazakhstan</td>
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<td>2 Development for Care Calendar</td>
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<td>3 Guide to Good Practice. The implementation and Operation of the 1993 Hague Intercountry Adoption Convention (Russian version)</td>
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<td>4 Child Suicide in Kazakhstan</td>
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<td>5 Case management in social work at the local level</td>
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<td>6 Multiple Indicator Cluster Survey (MICS), 4th round</td>
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<tr>
<td>7 A Rapid Assessment of Children’s Vulnerabilities to Risky Behaviours, Sexual Exploitation and Trafficking</td>
</tr>
<tr>
<td>8 Improvement of Maternal and Child Health Services in the Republic of Kazakhstan: An Assessment of Equity and Socio-Economic Determinants of Health</td>
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Lessons Learned

X-Road online videogame for promotion of healthy and responsible behaviour among youth and adolescents

<table>
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<tr>
<th>Document Type/Category</th>
<th>MTSP Focus Area or Cross-Cutting Strategy</th>
<th>Related Links</th>
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<tr>
<td>Innovation</td>
<td>FA4</td>
<td><a href="http://xroad.tv/start.html">http://xroad.tv/start.html</a></td>
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<th>Language</th>
<th>Emergency Related</th>
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<td>Radoslaw Rzehak, Deputy Representative, <a href="mailto:rrzehak@unicef.org">rrzehak@unicef.org</a></td>
<td>English</td>
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Abstract

Development of interactive video serial “X-Road” on healthy life style and HIV for young people is a modern technique to reach, in an attractive manner, the target group of young people at risk. The game is based on making choices, which lead to certain consequences (positive or negative) depending on the choice. The viewers participate in one day of the life of an adolescent and find themselves in different life situations requiring various decisions. This is an efficient media product that promotes/forms healthy life style and thus helps improve healthy life styles and to reverse spread of HIV among adolescents and young people, fosters development of tolerant attitude towards vulnerable young people in the society and demonstrates the perspectives and opportunities for the target group aged 12-24 and could be further broadened by production of subsequent interactive video films.

Innovation or Lesson Learned

This is a unique instrument, which has been done for the first time not only in Kazakhstan but also in entire Central Asian Region. This is a new way of disseminating knowledge and skills on healthy and responsible behaviour. Therefore, the key challenges faced were related to the novelty of approach which as some governmental partners considered it as sensitive. As not all vulnerable young people have access to the internet, a CD version (and future version for mobile phones) is being considered to be distributed among youth public settings, schools, colleges, institutions in Kazakhstan what would increase overall costs but would enable wider reach among targeted groups.

Potential Application

The game is accessible online in Russian language, thus, could be immediately available for internet use by all Russian speakers beyond of Kazakhstan.

Issue

Under the deterioration of health among Kazakh population, spread of socially dangerous diseases among adolescents and youth - abuse of narcotics and HIV-infection, the development of physically and spiritually healthy personality becomes particularly relevant. As per the 2009 government data, 89% of schools miss out lessons on HIV prevention. Youth know very little about the ways of HIV transmission. As a result, over the same year some 40% of young people aged 15-24 with the symptoms of sexually-transmitted infections received all diagnostics, treatment and counselling services at Prevention and Treatment Facilities.

Strategy and Implementation

The idea of the interactive movies is to impact on the consciousness by a fine connection between the movie and the viewer. The interactive movies allow the viewer to sink into plot, sympathize and feel, take responsibility for the events, incur a risk as in the real life, and take independent decisions. It is particularly true as regards young people. The interactive movies give young people the opportunity to go through proposed situation, get first-hand experience, take their own decisions. Young people watch the consequences and make respective conclusions. As per the International experience, in the digital technology era with the Internet, TV, radio, mobile services, modern interactive movies become an effective influence tool and entail reinforcement of learning and changing the behaviour pattern. The interactive movie is made with subtitles-links and allows viewers to select further developments. The product was
developed as a direct outcome of a specialized C4D workshop organized for media sector and is an example of cooperation with civil society, government, private sector and UNICEF partnership. Young people were directly involved in development of the materials as well as the product was pre-tested before launch.

**Progress and Results**

What causes the concern is that out of 16% of people tested for HIV aged 15-24 (year 2008) only 4% of them got to know their results. In compliance with the plan of the AIDS Centre, provision of annual information on prevention of HIV/AIDS to young people aged 15-24 should be increased from 61.6% (2009) up to 85% in 2011. Thus, even if the project has not been officially launched for public (launch scheduled for January 2013), was already presented among partners on HIV: AIDS Centre, UNAIDS, and other UN agencies and NGOs working on HIV prevention. The site is operational now in testing mode, and over 3,000 viewers have already played the game. After the project will be officially launched, there will be a special online team, which will be receiving feedback and assessing the impact of the game on youth. The plan is to cover all the youth in the country with support of young bloggers in Kazakhstan.

**Next Steps**

Further episodes of X-Road will be developed on voluntarily HIV testing. There are plans, depending on available funds, to develop versions for mobile phones.

### 2 Identifying vulnerabilities of children and most at risk children and youth

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**Abstract**

For UNICEF, equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias, or favouritism. The goal of the undertaken rapid assessment of children’s vulnerabilities to risky behaviours, sexual exploitation and trafficking was to obtain information on equity gaps and disparities in the existing child protection system of Kazakhstan focusing on most vulnerable children living in urban areas. Findings from the study served to inform the Government of Kazakhstan and general public on existing challenges of the most vulnerable groups of children living in major urban areas in Kazakhstan and their exposure to human trafficking and sexual exploitation, enriched the monitoring methods of the Human Rights Ombudsman in identifying child rights violations in Middle Income Country environment, including growing concern of in-country trafficking due to concentrating government’s efforts on fighting the cross-country trafficking only.

**Innovation or Lesson Learned**

The research demonstrated the interaction between multiple factors that contribute to child vulnerability and the need to approach child and family vulnerability cross-sartorially. The study also highlights the value of strong partnership for children with key stakeholders including the state, international organisations and NGOs. Importantly, the research showed the high prevalence of trafficking in Kazakhstan. In only 3 months of data collection 103 trafficking victims including 40 children were easily accessed by the research company and NGOs. The study revealed that the internal human trafficking in Kazakhstan is more prevalent compared to cross-border trafficking and the estimated ratio is 65.0% to 35.0% respectively which triggered changes in government policies and legislation on trafficking. The assessment re-confirmed that trafficking exposes children and youth to violence and sexual abuse and showed that traffickers and exploiters use different means of violence, intimidation and control to keep sex trafficking victims, girls and young women, cowed and acquiescent. The research also showed the failure of child protection system to
The produced findings of the assessment will be further used for the evidence based policy advocacy aimed at reducing equity gaps and disparities under the overall UNICEF agenda in Kazakhstan. The results of the research will also be applied in developing integrated approaches to early identification of family vulnerabilities, exposure to trafficking and exploitation, and consulting child/youth’s vulnerability, abuse of children can have a form of systematic and pandemic problem destroying lives of many children and youth. This also leads to neglect in care for children, delinquency acts, exposure to risks of HIV/AIDS and other sexually transmitted infections.

**Strategy and Implementation**

Coordination and partnership: The research was led by UNICEF jointly with the Ombudsman Office, supported by the USAID and Ministry of Foreign Affairs of Norway, International Organization for Migration, central and local child rights protection authorities and NGOs providing services to children.

Generating evidence: The research methodology was specifically designed for Kazakhstan. The assessment covered 7 major cities, where in-depth interviews with vulnerable children between 9 and 17 years old, sexually exploited girls and sex workers between 11 and 23 years old, and human trafficking victims of all ages were conducted. The final sample was 468 children/youth, including 259 vulnerable children (55.3%), 103 trafficking victims (22.0%), and 106 sex workers (22.6%).

Advocacy: It is used as a key strategy to share the sensitive data with key stakeholders including international financial institutions to accept and address the vulnerabilities and key risk factors for children and youth. Ombudsman uses the confidential data to open dialogue with the Government on follow up actions.

Child Participation: the research benefited from getting a direct access to children and youth who had attended the services, important determining factor was in their willingness to share their time, experiences and voices.

**Progress and Results**

The research identified that poverty, family violence and conflicts, lack of job opportunities, parent’s drug and alcohol problems, failing of child protection system are key specific factors that contribute to children/youth’s vulnerability, abuse of children can have a form of systematic and pandemic problem destroying lives of many children and youth. This also leads to neglect in care for children, delinquency acts, exposure to risks of HIV/AIDS and other sexually transmitted infections.

Next Steps

The produced findings of the assessment will be further used for the evidence based policy advocacy aimed at reducing equity gaps and disparities under the overall UNICEF agenda in Kazakhstan. The results of the research will also be applied in developing integrated approaches to early identification of family vulnerabilities, exposure to trafficking and exploitation, and consulting child/youth’s vulnerability, abuse of children can have a form of systematic and pandemic problem destroying lives of many children and youth. This also leads to neglect in care for children, delinquency acts, exposure to risks of HIV/AIDS and other sexually transmitted infections.
vulnerability, child protection and child sensitive social services and policies with focus on most vulnerable children and families.

3 Improvement of Maternal and Child Health Services in the Republic of Kazakhstan: An Assessment of Equity and Socio-economic Determinants of Health (Equity in MCH Study)

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**Contact Person**

Radoslaw Rzehak, Deputy Representative, rzhehak@unicef.org

**Language**

English

**Abstract**

To present approaches for evidence based advocacy and budget leveraging to improve access to quality mother and child health services for the most disadvantaged. It also address relevant to the Middle Income Countries income and geographical disparity of the infant and the under-5 mortality rates, limited access to specialized mother and child care services, imperfect referral systems, inadequate road infrastructure with lack of special transportation for new-born’s, weak PHC system and status of children who are significantly more under-nourished than others. All findings of the report were presented high level meetings with the Ministry of Health, Parliament as well to Governors of target regions of Kazakhstan. It resulted in adjustment of the State Program on Health System Development to close equity gaps with adequate funding as well as in initiating of the development of socially oriented MCH service as per identified inequities and barriers in maternal and child health.

**Innovation or Lesson Learned**

Since many of the issues require broader social sector interactions, innovative financial incentives could be considered to drive changes in mother and child health outcomes. Internationally significant improvements in outcomes have been linked to various forms of conditional/targeted cash transfers programmes, which could integrate antenatal and postnatal care incentives by, for example, rewarding women for compliance with antenatal care or vaccine schedules. The Government of Kazakhstan is currently exploring possibilities of more efficient use of existing special social allowance system for vulnerable groups to support access and quality of MCH services.

**Potential Application**

To achieve MDG 4 and 5 by Kazakhstan and other similar countries, the existing weaknesses of the Primary Health Care system need to be addressed without a delay. Critical conditions to improve MCH is a comprehensive Primary Health Care reform to ensure accessibility and access to a minimum range of health services in a five key elements: (i) reducing exclusion and social disparities in health (universal coverage reforms); (ii) organizing health services around people's needs and expectations (service delivery reforms); (iii) integrating health into all sectors (public policy reforms); (iv) pursuing collaborative models of medico-social services (leadership reforms); and (v) increasing stakeholder participation. Kazakhstan has begun reinforcing all five elements at the national and oblast levels to improve primary health care until it would be used in lieu of secondary and tertiary care when appropriate.

**Issue**

The report focused on issues of access to care, utilization rates, hospital staffing, cost of the patient and inpatient facilities, quality of service, and infrastructural issues, analyses of the trends and disparities in healthcare service delivery and outcomes across the oblasts, as well as outlined foundations of the social
determinants in health in order: to provide policymakers with basis for policy prioritization and resource allocation; to promote equity and improve health outcomes for mothers and children; and to lead towards better value for money for the healthcare system.

**Strategy and Implementation**

**Advocacy:** This analysis supported putting the needs of the most vulnerable children and women on the political agenda of the Ministry of Health, including adequate resource allocations.

**Coordination and Partnership:** Based study outcomes, the Ministry of Health with UNICEF support has identified a series of emerging potential strategic initiatives that could lead to improvements in the MCH care. It included addressing income and geographical disparity of the infant and the under-5 mortality rates with socially oriented primary health care (PHC) service and incentive programme as well as initiated establishment of Mother and Child Friendly system on continuous quality care.

**Ownership:** The process was widely support by the MoH and targeted regional health authorities thus would improve patronage system of PHC with aggressive interventions in lifestyle. It has also initiated revision of the hospitals admission criteria and adjustments to the costs of basic package of MCH care. It also stressed a need for coordination with on-going efforts to introduce accreditation and quality assurance (WB project) for targeted MCH issues, including elements of child friendly approach in accreditation of MCH facilities.

**Progress and Results**

The key findings presented and discussed under the auspices of Parliament highlighted inequity issues and led to relevant adjustments to the State Program on Health System Development which currently embodies monitoring over the nutrition status of children under 5 and women of reproductive age as well as development of socially oriented PHC service for family from vulnerable groups. This report was also used as a strategic document for development of a Road Map to improve the MCH services in a pilot region of the country. It has already resulted in a decision to establish special transportation system for newborn’s with sufficient staffing, helicopter and two reanimation vehicles starting from 2013. Furthermore, due to the on-going efforts on improvement perinatal care the targeted region, the MCH centre was reorganized in multi-profile centre provided continuum service for mother and child.

**Next Steps**

During the next two years UNICEF will focus on supporting the required adjustments of the national plans and policies to enhance equitable access to quality and effective MCH services and establishing links between health and child protection systems, including: (i) supporting the national government in making the implementation of the BBP more effective and efficient through assessment and cost-benefit analysis paediatric component of BBP, continuous monitoring of coverage of BBP services at sub-national level and policy advise; (ii) supporting to local level health managers in planning equity-focused MCH programmes; (iii) supporting the strengthening of the community nursing/home-visiting services to address the demand-side bottlenecks and address inequities at community level.

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### 4 Putting the sensitive child protection issues onto the political agenda

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**Abstract**

To share a lesson learnt from the advocacy/attitude changing process from a full denial to buying in by the Government on addressing sensitive issues of violence against children in public care, child youth suicides and abandonment of children. These issues are covert and of sensitive nature, especially in conservative
societies such as Central Asian, including Kazakhstan where every second child in institutions witnesses violence. Kazakhstan is also the second country in the CEE/CIS with a high rate of suicide among 15-17 age children. The lesson learnt provides an insight on the strategies UNICEF used in 2010-2012 like advocacy, exposure to evidence, formation of joint task forces resulting in a high level constructive dialogue on these sensitive child protection issues, promotion of legal reforms, cross-sectoral system strengthening and service delivery and initiating behaviour and attitude change.

**Innovation or Lesson Learned**

Since the 2006 presentation of the Secretary General’s World Report on Violence Against Children UNICEF in Kazakhstan has been stronger advocating for the need to prevent and address all forms of violence against children. Prior to the UNICEF’s actions on raising these sensitive issues no comprehensive assessment of the most vulnerable children and their exposure to risks as violence, exploitation and suicides and abandonment was undertaken in the country. For instance 80% of causes of suicides among children were unknown. First attempts to raise the issue through evidence were met with negative reaction and evidence denial. It took the Government some time to accept their existence and to move onto actions. The Ombudsman, NGOs, credible research institutes, and importantly the media are crucial partners that proved to be able to support voicing effectively sensitive issues. Raising sensitive issues requires time. To ensure constructive reaction to sensitive and striking evidence the gradual step-by-step approach should be applied with involving Government at all stages of programme development, training media and bringing good international practices which top notch not to be undermined. The conducted studies uncovered many of the hidden issues and misconceptions: in-country trafficking prevails over cross-border trafficking, inaccessibility of street youth due to regular police checks and rapid institutionalization of homeless children, commonness of mislabelling child victims of trafficking as vulnerable children, failure of different components of child protection system, thus, exposed shortcoming of some UNICEF partners. Thus, the approach was to gradually put the issue on the political agenda not to put into the questions an overall cooperation of UNICEF with the Government what could lead to further deterioration of child rights protection.

**Potential Application**

The experience of addressing sensitive child protection issues can be applied by the countries where child protection issues are still hidden or which are at the initial stage of developing programmes that address complex issues such as violence against children, suicides, child trafficking and exploitation, torture, child abandonment and beyond. To raise sensitive and weakly explored issues of child protection it is necessary to identify reliable and preferably unbiased partner (as Ombudsmen in Kazakhstan), step into a high level debate by showing the international practices, without blaming attitude, in addressing the issue to make policy makers motivated and alert, develop strong methodology and short- and long-term response actions, build capacity of national implementing partners, involve children and civil society organizations as key informants, ensure protection of human subjects participating in the research and ethical principles, train media, consult with the Government from planning stage to get their ownership and ensure acceptance of findings and recommendations.

**Issue**

Out of 5 mln children, 10,887 are deprived of parental care placed in institutional care, 38,000 in various kinds of boarding schools, 303,525 live in poverty and 20,000 belong to vulnerable families affected by alcohol and/or drug abuse, lack of job opportunities, violence and neglect. Kazakhstan has one of the with the highest rate of youth and child suicides. Root causes of child and family vulnerability, suicides and abandonment had been remaining hidden and unattended for many years leading to deprivation of protection services limiting chances to leave the cycle of poverty, abuse, neglect and abandonment.

**Strategy and Implementation**

Generating evidence: Five participatory equity-based researches (violence against children in state care, vulnerabilities of children to risky behaviour, sexual exploitation and trafficking, violence against children, causes of child abandonment, causes of suicides) were carried out to reveal the causes and scale of major vulnerabilities among children.

Ownership: Strong support was received from the Ombudsman’s Office in raising the issue of violence against children and introducing the results of the studies to the Government and the Parliament. The study
UNICEF Annual Report 2012 for Kazakhstan, CEE/CIS

on causes of child suicides is implemented under the endorsement of the Ministry of Health.
Capacity building: The methodologies were specifically designed for Kazakhstan by international experts but implemented by local experts contributing to development of national capacities in monitoring and addressing sensitive issues.
Child participation: Participation of children and families were core elements of the research methodology and results were based on the voices of children, youth and their families.
Advocacy: technical and high level meetings (regional, national, international (Sofia), inter-ministerial commissions led prime-Minister) led into convincing partners to uncover and address the hidden and unexplored issues in child protection.
Partnership: One voice was conveyed in partnership with international and private sector (USAID, Government of Norway, UniCredit, Italian NatCom, ATF Bank).

Progress and Results
The research identified that 50% of children in state-run residential institutions witnessed violence both from hands of peers and caregivers. The root causes of child vulnerability include poverty, family violence, lack of job opportunities, parent’s drug and alcohol problems. The reasons for child abandonment include poverty, lack of housing, pressure from the relatives, inadequate support from health and social services. Findings of these studies brought sensitive issues to the political agenda and served to initiate a constructive high level dialogue on the need to cross-sectorally address child vulnerabilities. Violence prevention in educational settings was picked by the Ministry of Education and the Ombudsman’s Office, jointly with NGOs, is establishing an independent mechanism for monitoring children’s residential institutions. The criminal and criminal procedural codes are being now revised to address revealed challenges. Factors that enabled the progress include ownership of the Ombudsman’s Office, strong country specific methodology, availability of budget, continuous evidence-based advocacy, participation of children and civil society organisations. The challenges include the novelty of the issue, fear of exposure of gaps and shortfalls of the service providers, limited capacity of local research institutes and frontline workers in early identification of risks.

Next Steps
UNICEF Kazakhstan is now focusing on identification of scope of violence in schools, developing models for prevention and addressing violence against children, abandonment and suicides in selected regions with concerning rates of violence against children and the highest child suicide rates, and a high institutionalisation of children. The models are being closely implemented with the Government as, if proven to be successful, are subject to future nationwide replication. The focus is also on reviewing legislation, policies and developing an integrated child protection mechanism that can early identify risk and comprehensively approach each case that involves a vulnerable child. Another focus is providing technical expertise to support the country in developing the National Preventive Mechanism under the Optional Protocol to the Convention against Torture to be used for monitoring also child care and isolation institutions as well as supporting the Ombudsman’s Office in setting up independent mechanism for monitoring children’s institutions.