Executive Summary

In 2013, the Government of Kazakhstan and UNICEF launched a Mid-Term Review of their 2010-2015 programme of cooperation to reflect on up-to-date results and propose some adjustments, in light of Kazakhstan reaching high-income country status in the coming years with an ambition to become an international Official Development Assistance (ODA) donor country. The Analysis of Children and Women Situation confirmed significant progress in the reduction of Infant and Child Mortality, Mother to Child Transmission of HIV (MTCT), de-institutionalisation of 0-3 year old children, and expansion of pre-school coverage.

Based on a Scaling Up Nutrition (SUN) evidence provided by UNICEF, and in answer to high level advocacy efforts, the Government of Kazakhstan endorsed the 2014-2017 Plan on Reduction of Maternal and Infant Mortality supported by a US $5 million annual allocation for flour fortification, vitamin A supplementation and the improvement of Mother and Child Health (MCH) services. As part of A Promise Renewed, the national birth and death data collection system was verified by the United Nations’ Inter-Agency Group for Child Mortality Estimation (UN IGME) experts and was updated. The resulting re-calculated of child mortality estimates (CME) (child mortality decreased from 54.1 in 1990 to 18.7 in 2012 (per 1000 live births)) confirmed the attainability of the Millennium Development Goal (MDG) 4, to reduce under-5 mortality rates by two-thirds by 2015. The Situation Analysis and a review of data highlighted the need to further align national child statistics with international standards in order to help the Government effectively monitor the child rights situation in the country and present absolute data to international bodies.

In 2013, UNICEF supported the Ministry of Labour and Social Protection of the Population (MoLSP) in its first comprehensive situation analysis on child with disabilities. This analysis will inform reform in this area and the second phase of the 2012-2018 National Plan on Support to People with Disabilities in preparation for the ratification of the Convention on the Rights of People with Disabilities (CRPWD). The analysis reveals that 67 per cent of pre-school children with disabilities and 46 per cent of school-age children with disabilities are not enrolled in kindergarten or school. The first “Different but Equal” national campaign to promote an inclusive society put the spotlight on disability at the sub-national level; the Communication for Development (C4D) approach proved its relevance for this area thus further demanded by the Ministry of Labour and Social Protection of the Population (MoLSP) and the Ministry of Education and Science (MoES). UNICEF became the National Statistics Agency’s leading partner in developing methodology for an upcoming national survey on quality of life for persons with disabilities.

Joint UNICEF - Ministry of Health (MoH) child abandonment prevention programmes prevented 40 per cent of possible child abandonment cases; strengthened cross-sectoral social work in this area; and led to the transformation of infant homes into day-care facilities supporting families at risk of child abandonment and neglect. A violence study (revealing that 66 per cent of the 4,207 children interviewed experienced school violence or discrimination) provided a better understanding of the scale and need for strategically planned independent monitoring and referrals in the child protection system and policies. UNICEF continued to support the Government in mainstreaming children rights in the justice system. To reinforce access to justice for children, criminal Codes were aligned with Child Rights-related international norms. UNICEF’s analysis on diversion methods confirmed the need to introduce legal changes into the justice system. UNICEF also advocated for the rights and protection of child victims, witnesses, and alleged offenders within the justice system.

UNICEF continued to assist the Government in shaping its youth policy by gathering evidence and closing critical knowledge gaps on youth suicides (the risk of adolescent suicidal behaviour in Kazakhstan was found to be three times higher than that in other European countries), conducting youth consultations on issues affecting them most, and supporting the Parliament in developing a Youth Law to promote meaningful youth participation and enhance focus on the most vulnerable youth.
In 2013, Kazakhstan maintained economic growth at 5.1 per cent of the GDP. New policy objectives articulated in the 2030 Social Development Concept set to shape social policy in the areas of mother and child health, early childhood development and pre-school education, social protection, disability prevention, secondary education, sport and culture, employment and housing. Yet social sector financing remains low compared to the average of OECD countries with 2.4 per cent slated for health, 4.0 per cent for education, and 4.1 per cent for social protection.

Despite significant improvements, 45 per cent of children below the age of 18 live below the poverty line, and 7 per cent below the extreme poverty line (2009-2010 Household Budget Survey). Poverty is concentrated in large households with small children, young families with children and single parent families, as well as families of adults with disabilities and migrant families. Women and children living in poor communities are particularly vulnerable to the impact of natural disasters. The effects of earthquakes, flooding, mudslides, and extreme temperatures are exacerbated by deteriorating housing, poor infrastructure, environmental degradation and poor resource management.

Expenditure on healthcare has increased significantly from US $120 per capita in 2005 to more than US $224 per capita in 2010, and was accompanied by improvements in access to healthcare through the expansion of the universal basic package of services. Maternal mortality fell from 77 deaths per 100,000 live births in 1995 to 13.5 deaths per 100,000 in 2012. Despite this decrease, maternal mortality remains relatively high. Infant mortality fell by 64 per cent from 45.8 per 1000 live births to 16.7 per 1000 live births.

Several health challenges remain. Hospital beds, doctors and nurses are spread unevenly across the country. Perinatal deaths account for more than 50 per cent of infant mortality. High risk infants and mothers are not identified in a timely manner at the community level. Inadequate antenatal services and child nutrition support during the transition from paediatric to adult care also remain an issue. The disparities in levels of infant, child and maternal mortality reflect regional disparities and income-based inequity. In order to address these bottlenecks, the Government introduced interventions to enhance equitable access to quality MCH services. Per-capita financing in the Primary Health Care (PHC) system was set up to address identified regional and rural/urban disparities. A blended model of patronage nursing at the community level aims to improve inter-sectoral collaboration between the health and social systems.

Kazakhstan is at the concentrated stage of the HIV epidemic with 21,578 HIV positive persons recorded in October 2013, out of which 1,945 developed AIDS (National AIDS Centre, 2013). Although unsafe injection practices remain a dominant mode of transmission, sexual transmission has become a main cause of HIV infection among pregnant women. There has been significant progress in preventing mother-to-child transmission (MTCT) of HIV with the annual transmission rate falling from 9.5 per cent in 2006 to 2.6 per cent in 2012. To address the key bottlenecks hindering the elimination of MTCT, UNICEF and the MOH introduced nation-wide early infant HIV testing using the dry blood spot test.

Despite the Government’s commitment to introduce an integrated approach through the Ministry of Labour and Social Protection of the Population (MoLSP), the Ministry of Education and Science (MoES), and the Ministry of Health (MoH), certain systemic problems with the integration of social services remain. These include underdeveloped family focused care practices and the inadequate capacity of social workers to sustain family reunification. UNICEF raised these issues and advocated redefining the roles of social workers at the primary health care level to focus on young children at risk of abandonment and early identification of child disability and maltreatment. In order to address these problems, the MoH introduced protocols for integrated case management and initiated the restructuring of infant homes into day care centres to support families at risk of child abandonment and neglect.

The number of preschools increased by 801 kindergartens increasing the coverage of children aged 3-6 years to 71 per cent. Additionally, 45.4 per cent of secondary schools established consultative councils (parent teacher associations) to address social and developmental issues. Kazakhstan participated in the Trends in International Mathematics and Science Study (TIMSS) (27th place out of 50) and the Programme for International Student Assessment of the OECD (PISA) which placed the achievement of Kazakhstan children at 59th place.
There are 65,800 registered children with disabilities in Kazakhstan, and 151,216 children with special needs and disabilities, yet only 23 per cent of secondary schools offer inclusive environments. The MLSP is implementing a new phase of the 2014-2018 National Action plan to support persons with disabilities, one which focuses on revising the discriminatory wording regarding disability found in legal acts.

Out of 33,682 children without parental care, 29 per cent remain in residential institutions. In 2013, another eight residential institutions were closed, with 1008 children less in public care (from 10,887 in 2012 to 9879 in 2013). The number of institutionalised children aged 0-3 decreased from 1,552 in 2012 to 1,302 in 2013. Forty-three children of this age group were placed in foster care. Kazakhstan resumed inter-country adoption and 31 children were adopted internationally. Although the country ratified the Convention on the Civil Aspects of International Child Abduction in 2012, national legislation has not yet been aligned.

In 2013, 185 children were in pre-trial detention with 24 cases diverted, while the number of children in post-trial detention was 123. The number of children referred to special schools for 'offending' behaviour - schools which according to international standards deprive liberty - decreased from 97 in 2012 to 55 in 2013. Adolescent suicide is an increasing problem in Kazakhstan, which is amongst the most affected CIS/CEE countries in respect to mortality among adolescents (15-19) and young people (20-24). The Government has recognized suicide as a serious public health issue. A UNICEF-initiated study confirmed that suicidal behaviours are a serious problem for youth with a high percentage of attempted suicides found among high school pupils. The study identified lack of specialized health and mental health services as a major impediment for comprehensive and long-term preventive measures.

### Country Programme Analytical Overview

Kazakhstan is on track to become a high income country undertaking major steps in economic and social spheres. As national budget spending increases, so does the national standard of living. However, UNICEF notes widening disparities affecting families and children, specifically due to significant regional and urban-rural variations in poverty and child well-being levels. Addressing the need for national development strategies that follow on from the national 2050 Strategy to accelerate the achievement of national and international child-related goals ensuring equity has become an essential task for Kazakhstani society.

In line with the Government of Kazakhstan 2050 Strategy, UNICEF’s equity-focused policy advice aims to make budgeting and financing processes more responsive to children’s needs. It stresses analysis of the effectiveness of social protection measures for children and families; technical advice on per-capita financing of education; costing of social services for children; as well as enhanced child-focused budgeting at local level.

UNICEF assisted the Government in identifying bottlenecks in the delivery of MCH services through the development of the 2014-2017 Plan on Reduction of Maternal and Infant Mortality with state funding allocation. The Plan envisages supplying millers with a premix to fortify wheat flour, improving the capacity of local health managers to plan equity-focused programmes, and monitoring MCH services coverage at the sub-national level. Implementing the BBP at the PHC level effectively and efficiently is seen as a priority to address the barriers vulnerable mothers and children face in accessing integrated medico-social services. The introduction of UNICEF/WHO-developed antenatal and perinatal care assessment tools into the internal MoH audit system helped strengthen the Quality Improvement Health Management Plan. In line with the country’s commitment to eliminating MTCT, UNICEF supported the two-stage introduction of the dry blood spot (DBS) method for early infant diagnosis of HIV. This method is slated to replace an earlier less effective and more harmful diagnostic method by the end of 2015.

A child-focused government policy requires engagement in the sensitive areas of violence, suicides, disability and Justice for Children (J4C) where a high prevalence of discrimination and stigmatisation exists. Addressing these issues requires strengthening the ethical principles of partners, including the mass media. This is something that UNICEF has already started to assists with. The joint MLSP-UNICEF “Different but Equal” campaign aimed at promoting an inclusive society includes a knowledge package on the diversion method for children in conflict with the law. Similarly, UNICEF assisted with evidence-based analysis and also helped
introduce non-discriminatory language, ethical reporting, and C4D support for an upcoming national survey on disability.

In order to deal with the bottlenecks preventing the delivery of social services and care to families in need and prevent family separation, the system of social services delivery needs to be revised and brought in line with international standards. To overcome the limited or uneven distribution of social workers, their role at the PHC level was discussed and re-profiled so as to help prevent child abandonment and to facilitate the early identification of child disability and maltreatment. As a result, infant homes were restructured into day care facilities offering support to families where the risk of child abandonment and neglect were high.

To overcome the lack of legal provisions for diversion methods, pre-trial probation of juveniles and protection of child victims and witnesses of crime, UNICEF supported the Government in conducting an in-depth analysis of the compliance of draft and existing J4C legislation with international standards. This resulted in some revisions in legislation.

**Humanitarian Assistance**

Within the framework of the Disaster Risk Reduction (DRR) in the Education programme, co-funded by ECHO and the Government of Kazakhstan (GoK), UNICEF continued cooperating with the MoES and the MoE to strengthen the resilience of children and their families living in disaster prone areas to emergencies. Partnership with the National Education Academy resulted in mainstreaming aspects of DRR into the key competencies of school children as part of the 12-year education development.

The DRR and resilience of local authorities, schools management, teachers and children was strengthened through multi-sectoral school safety assessments, integration of DRR in school emergency preparedness system, provision of DRR learning materials with basic equipment and monitoring instruments, as well practicing disaster simulations, involving parents and exchanging good practices between education facilities. Best practices were documented and are being shared with other regions for replication and fundraising. The existing barriers to DRR, including the lack of a tradition in emergency response, lack of public information on disaster risks and insufficient coordination will be raised during the risk and vulnerability analysis planned for 2014.

**Effective Advocacy**

*Mostly met benchmarks*

The continued positive dialogue with and technical support to Parliament resulted in introducing international child rights norms into five legal acts (Criminal, Criminal Procedural, Criminal Administrative Codes, Law on National Preventive Mechanism under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OP CAT), Draft Law on social minimum standards).

The recent Analysis of the Situation of Children and Women revealed inequity, child rights’ neglect and social vulnerability in the country and showed a great need for an assessment of the Government’s child-related policy, for an adjustment of the UNICEF Country Programme Action Plan (CPAP), as well as for UNICEF input into the 2030 Social Development Concept which will dictate social policy for the next decade.

Strong advocacy with evidence-based policy advice given by UNICEF resulted in the Government endorsing the State Plan on Reduction of Maternal and Infant Mortality for 2014 - 2017 supported by an annual budget allocation of about US $5 million. The Plan includes interventions to improve the nutrition status of women and children as well as their access to quality Mother and Child Health (MCH) services. It also aims to improve the capacity of local health managers to plan equity-focused programmes and monitor the coverage of sub-national level MCH services.

Despite some tremendous progress made by Kazakhstan on legislative frameworks and improved benefits and services, the Situation Analysis on the Status of Children with Disabilities, conducted by UNICEF, brought new evidence of children in different age groups being socially excluded due to either the lack of
identification, remoteness or unpreparedness of families, or by their disability. It also showed that professionals quickly responded to their needs.

The Regions Office (RO) and the Country Office (CO) at the Child Protection Forum identified several barriers hindering the support and inclusion of children with disabilities. In response it called for: multi-sectoral collaboration to ratify the UN CRPD as soon as possible, changing the discriminatory legislative terms, developing new community-based early socialisation and arbitration services, and harmonizing the indicators between the agencies and in the routine statistics. UNICEF’s advocacy with the Agency of Statistics led to strengthening the state data collection and monitoring system for child rights protection in accordance with internationally agreed standards and definitions, starting with children with disabilities.

Advocacy regarding the maltreatment and abuse of children continued with the successful launch of the violence in schools study and the introduction of the East Kazakhstan Oblast (EKO) prevention programme, which aims to engage academia, school safety teams, parents and NGOs in the identification, remedy, response and rehabilitation of conflict situations in schools and local communities. The programme supports national advocacy for clear reporting and referral paths, independent oversight of the schools environment and improved roles and capacity of the key statutory bodies, management and teachers. The grassroots programme interventions proved that 10 per cent of violence starts in the family, indicating that further analysis on domestic violence and children is required.

To address vulnerabilities of rural adolescents and youth, UNICEF successfully advocated for the establishment of remote centres country-wide. Following youth consultations and assessments of legislation, UNICEF reached an agreement with the Parliament to jointly develop the Youth Law which would establish mechanisms for youth participation and address adolescents’ needs.

### Capacity Development

*Fully met benchmarks*

The equity gaps and needs of the marginalized population are addressed in the Concept on Social Development of Kazakhstan. UNICEF’s policy advice helped the Government shape the document to ensure sustained improvement in health, education and social services and synergy between economic growth, income poverty reduction and advances in social development.

In health, UNICEF reached an agreement with the Ministries of Health, Justice and the Statistics Agency to harmonize the calculation of the infant and child mortality rate with international standards to improve the Quality of the Monitoring Results for Equity System (MDG 4). The data collection system and the capacity of national staff to analyse child mortality data as well as the technical expertise in using methodologies and approaches to measure mortality improved and resulted in a follow-up plan which specified key elements that are needed to close the gaps in the monitoring system.

To enhance the Justice for Children and better document the experience of children’s courts, UNICEF and the Judicial Institute supported a multi-sectoral team of authors in presenting legislative norms and practical examples and social work techniques in a bench book for judges. This bench book was included in courses for general practice judges as a part of the Judicial Institute curriculum.

UNICEF provided technical support to the Ministry of Labour and Social Protection for the first national “Razniye-Ravniye” (Different but Equal) campaign, to promote an inclusive society and support the work being done to empower people, including children, with disabilities and provide them with equal opportunities for development and access to services.

With UNICEF assistance, the authorities of Child Friendly Cities (CFC)-member cities learned how to increase child and youth participation in the development of city strategy and action plan, auditing of existing services and facilities, and raising awareness on child rights within the CFC initiative while identifying their main concerns and needs.
The child well-being monitoring system, developed in EKO with identified gaps in capacity development, reveals a high number of indicators collected but a weakness in disaggregating data by sex, location and age groups leading to limited analysis and limited knowledge about the situation especially among the most disadvantaged children. UNICEF assisted in improving data collection and management, also by engaging local and national level statisticians in conducting a survey on how child well-being is perceived by children.

The Suicide Study had an extensive capacity building component and, for the first time, national and local experts used an evidence-based approach to identify and follow up on adolescents with suicidal tendencies.

### Communication for Development

**Mostly met benchmarks**

With UNICEF’s technical assistance, community-based civil society organizations are promoting Child Survival and Development evidence-based interventions and integrating them at the facility, community and family levels to reach the most at-risk children. Community-based parent support groups and patronage nurses promoted healthy nutrition behaviour and improved the care of children in vulnerable groups of the population.

UNICEF strengthened the impact of the first national “Different but Equal” campaign led by the MLSP by supporting it with C4D materials aimed at promoting an inclusive society. From May to October 2013, the campaign enabled the participation of 6,000 persons and children with disabilities in social activities aimed at changing the general public’s attitude towards people and children with disabilities.

To continue addressing the stigma, limited access to the health, education and sport affecting children and people with disabilities UNICEF’s partnership with the Special Olympics Europe promoted the sharing of printed books and helped raise the awareness of families bringing up children with disabilities and of professionals on the needs and rights of children with disabilities and on methods of for their inclusion in society. Similarly, the Karaganda early inclusion and socialisation programme for children with disabilities increased the knowledge of parents and helped them better understand their child, and how to play with them and ensure their smooth development.

The survey done by the Public Opinion Research Tank revealed gaps in public knowledge towards child abandonment and inclusive society, and set baseline for further C4D interventions.

Enhancing capacity of partners in EKO in C4D resulted in producing prototype C4D materials and networking with creative people. The materials will contribute to the programmes aiming to prevent violence against children in public settings, child abandonment and promote inclusive society.

Cooperation with the Kazakhstan Union of People living with HIV resulted in the launch of the X-Road online game ([http://xroad.tv/](http://xroad.tv/)) and the completion of its second episode. This healthy communication tool aims to promote responsible behaviour and prevention of HIV among youths. Since its start, the online game has gained popularity among Internet users. The plan is to gradually popularize the game among the Russian-speaking young population in Kazakhstan and beyond.

Child suicide and other sensitive issues were key topics of media capacity building and ethical reporting workshops. The need to improve the ethical principles of the media was made apparent by its poor reporting on child issues, which served to further enhance rather than alleviate stigma around sensitive issues.

### Service Delivery

**Fully met benchmarks**

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UNICEF Kazakhstan does not engage in service delivery in general. Only with a view to promote effective advocacy at the central level and reduce equity gaps. Some innovative approaches in delivering services to the most vulnerable are being tested by UNICEF in the EKO as part of the UN Joint Programme.

These approaches implemented in the local context help to improve policies at the national level. In 2013, a number of new approaches in health, child and youth protection and social policy have already been integrated into national practice and policies. In the area of health, the Road Map developed to address the barriers and bottlenecks in MCH service delivery in EKO helped the MoH improve the national Basic Benefit Package to better target inequities at the community level. The recommendations of the Road Map were also incorporated by the Government in the State Plan on Reduction of Maternal and Infant Mortality for 2014 - 2017 with an annual budget allocation of US $5 million.

The referral protocol used to identify and deal with families at risk of child abandonment and the introduction of the under - age 3 child abandonment prevention mechanism at the PHC level in Semey city helped local specialists identify and successfully deal with more than 70 cases of potential child abandonment. As a result, the referral protocol has been incorporated into MoH policies.

The diversion mechanism was aligned with international standards and more than 50 children in contact with the law in EKO underwent rehabilitation with newly incorporated social and physiological components. The results were used to inform the law amendment process in justice for children at the national level.

The results of the study on the prevalence, underlying cases and risk factors of suicide and suicide attempts in adolescents revealed that the main reason for suicides are underlying psychological and mental conditions (90 per cent of respondents in the high risk group had symptoms of depression) and factors that act as a trigger. Some recommendations were tested locally and already adopted by the MOH for better suicides prevention.

A child well-being monitoring system was also tested in EKO with a view to better identify those in most need and expand their coverage by social services. Scaling the system up to the national level will allow for better social services delivery of nationwide.

The experience of Ust-Kamenogorsk and Semey cities in implementing the CFC initiative was shared at the national and international levels and informed the development of the CFC national assessment and recognition mechanism to be launched in 2014.

The results of the UNICEF-developed school safety assessment methodology, tested in eight schools in EKO, were presented at the national level and provided the foundation for the development of a national school safety assessment methodology.

## Strategic Partnerships

*Mostly met benchmarks*

In 2013, UNICEF established and sustained a diverse partnership landscape including the GoK, Parliament, Ombudsman, UN Agencies, international and national Civil Society Organizations (CSOs), corporate sector, and traditional donors. Major partnerships continued with: the Norwegian Government around the strengthening of the Ombudsman’s Child Protection System; with the Brazilian Government on healthy nutrition and care for young children; with the CDC on IDD monitoring systems; with the UniCredit Foundation and Special Olympics Europe/Eurasia on promotion of inclusive society; with PRI on Justice for Children; with ATF Bank on 0-3 child abandonment prevention; with Bakyrychik Mining Company on ECD and youth programmes; and with Kazkommertsbank on reduction of IMR. Child rights and business principles were promoted through dialogue platforms and among corporate partners as part of the child-friendly CSR strategy.

The successful experience of the UN Joint Programme in East Kazakhstan oblast - where UNICEF, UNFPA and UNDP collaborated jointly with the Government to improve well-being in the region - contributed to the
potential expansion of joint programming involving UNICEF, UNDP, WHO, UNESCO, UNFPA, UN Women, UNHCR to two more regions.

UNICEF’s partnership with the Parliament allowed for the mainstreaming of child rights into key national policies on prevention of violence against children, child care reform, minimal social protection standards, and support to youth, and justice for children. The formalization of UNICEF’s partnership with the Statistics Agency established grounds for strengthening the state data collection and monitoring system for child rights protection. Partnership with the Ministry of Health led to the transformation of infant homes into day care facilities as well as increased the understanding of the underlying causes for adolescent suicide. UNICEF’s partnership with the Ministry of Labour and Social Protection contributed to the success of the first national campaign promoting inclusive society for children and persons with disabilities, with UNICEF providing technical consultation and communication materials for the campaign.

UNICEF’s coordination of Justice for Children initiatives with the GoK, Ombudsman, EKO akimat, EU, Government of Norway, USAID, UNDP, OSCE, and PRI introduced the child rights agenda into major reform discussions.

UNICEF enhanced cooperation with UNDP, UNISDR and Red Crescent Society to strengthen resilience of children to natural disasters through the DRR in Education programme, co-funded by the GoK and ECHO. New partnerships were established with the Nazarbayev Intellectual Schools to support integration of DRR/resilience into school curricula and with National Construction Institute to test methodology on school safety assessment.

A knowledge and innovation partnership on child rights in justice and prevention of violence against children was enhanced with the Academy of Public Administration and East Kazakhstan State University. More staff and students from Eurasian National University, East-Kazakhstan State University, Nazarbayev University, Kazakh Law and Humanities University were exposed to UNICEF’s mission and contributed to UNICEF’s work as experts and volunteers.

In 2013, UNICEF conducted consultations with the Civil Society Organizations (CSO) on how to jointly better deliver results for children. The consultations showed that 40 per cent of CSOs position themselves as equal implementation partners while the rest see themselves as resource recipients. This suggests that a strategy to enhance the sustainability of CSOs is needed.

### Knowledge Management

**Mostly met benchmarks**

The 2013 Situational Analysis of Children and Women in Kazakhstan presented an accumulated wealth of knowledge and evidence on child rights, equity and child well-being. It became one of the main reference documents for UNICEF as well as for the Government and civil society counterparts.

In 2013, 11 studies and surveys were completed on the following issues: violence against children in schools; prevention of child abandonment; the state of children with disabilities; legislation to prevent child torture; on the causes, risk and protection against youth suicides; consultations with NGOs, children and youth on Kazakhstan’ post-2015 agenda and UNICEF role in that agenda. Most of the studies were done by local researchers though capacity strengthening was required especially in such unexplored areas as child abandonment prevention, inclusive society for children with disabilities, and the perception of well-being by children.

To build local research capacities, UNICEF engaged international experts to assist local partners in designing research methodology, data collection and analysis thus fostering open discussions on issues affecting the most disadvantaged children.
In 2013, UNICEF managed to resolve the issue of restricted access to data by signing a MoU with the national Agency of Statistic (AoS). This resulted in receiving access to requested data and becoming a lead partner in strengthening the AoS’s capacity to analyse child-related data particularly through TransMONEE, and child well-being monitoring. The AoS expressed an interest in conducting MICS 5 and the National Disability Survey and requested UNICEF’s technical assistance for this endeavour.

UNICEF studies are validated by relevant stakeholders and completed studies are available on the UNICEF website as well as being widely distributed to partners and the general public. There is evidence that that the studies are being used by the Government for planning and setting policies at the local and national levels. For example, the knowledge package on diversion methods for children in conflict with the law developed by UNICEF resulted in an increase in understanding by law enforcement practitioners and members of Parliament of the diversion concept and its benefits for reducing stigma and preventing re-offending by juveniles. This led to the introduction of the concept of diversion in the draft Criminal Code.

The recommendation to revise stigmatizing definitions of children with disabilities (i.e. ‘invalids’ or “children with limited opportunities’) presented in an analysis of children with disabilities in Kazakhstan is already being implemented by the MLSP in the second phase of National Plan on Support to People with Disabilities.

UNICEF’s work with the Human Rights Ombudsman on the analysis of legislation and complaints of torture and violence against children in the context of juvenile justice helped shape the Ombudsman’s agenda on protecting the rights of children in the juvenile justice system in Kazakhstan. Also UNICEF generated knowledge on effectiveness and cost of tested with participation of social workers and psychologists innovative child abandonment prevention programme at the PHC level.

In 2013, UNICEF documented Kazakhstan's experience in establishing Youth Friendly Services to be used further by national and regional partners. UNICEF continued linking national counterparts with international sources of knowledge through inter-country dialogue platforms on education, nutrition, MTCT, child disability, J4C and other areas where Kazakhstan had opportunity to benefit from regional good practices and share its own promising experiences beyond its borders.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

The Situation Analysis (SitAn) in Kazakhstan prepared for the Mid Term Review (MTR) and highlights the human rights approach of the well-being of children and women. The greatest focus was on socially vulnerable and disadvantaged children and families with specific recommendations given to policy-makers on ways to improve the protection of children's rights in the country, including in a new Social Development Concept till 2030.

The President’s 2050 Development Strategy emphasizes the state’s strong commitment to gender equality, access to decent employment for women and particularly single-mothers, the elimination of domestic violence against women and children, condemnation of sexual slavery, enhancement of women’s political participation, and support to women’s entrepreneurship, all in line with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

The UN multi-Agency use of the HRBAP in Kazakhstan is the Joint UN Programme based on the establishment of a comprehensive framework for supporting the region both in economic and social spheres with a special focus on vulnerable groups.

Kazakhstan is currently leading in suicide rates among children and adolescents in the CEE/CIS region. UNICEF will therefore work further to develop evidence-based measures to address this problem and ensure the right of adolescents to survive and good mental health.

The equity gaps in the health of children under-five, identified last year by the MCH Study, resulted in
awareness-raising measures aimed at women and children, on how to claim their rights to health and survival.

According to national statistics, children with disabilities under 18 years of age account for 1.33 per cent of the total population of children in Kazakhstan in 2012 (TransMONEE, 2013). Global indicators (WHO-World Bank, 2011), show that this rate is below the global average which is 5.20 per cent for children 0-14 years old and suggest that a certain group of children with disabilities remain unidentified in country and are thus unable to access services and protection measures. In its efforts to ratify the CRPD, the Government is developing the second phase of the 2012-2018 Plan of Action to ensure the rights of people with disabilities and help improve their quality of life.

The Children’s Rights Protection Committee of the MoES suggested that it be in charge of coding and monitoring the implementation of the Hague Convention on Civil Aspects of International Child Abduction, ratified by Kazakhstan. UNICEF provided technical consultations to the Committee on the role and function of such a body.

In line with its ratification of Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), the Government passed a law on a National Preventive Mechanism (NPM) aimed at preventing torture and other cruel, inhuman and degrading treatment or punishment. Kazakhstan chose the internationally-recognised “Ombudsman Plus” model, in which the Ombudsman, jointly with civil society organisations, independently monitors detention facilities including social institutions for children.

The newly drafted Criminal Code criminalises certain acts that were not considered criminal before. In order to harmonise the Criminal Code law with the CRC, UNICEF has recommended putting more emphasis on enhancing child protection mechanisms to prevent and respond to child maltreatment. Framing the legal basis for protection of the rights of children in line with international standards is being discussed with the Government.

**Gender Equality**

*Mostly met benchmarks*

Despite a constant increase in women’s economic activity, it is still lower for women (66.7 per cent vs. 77.1 per cent for men). The unemployment rate is higher for women than for men (6.2 per cent vs. 4.6 per cent).

In 2012, women occupied 24.3 per cent and 17 per cent of seats in national and local parliaments respectively, while their proportion in the Cabinet of Ministers and politically appointed civil servants was 12.3 per cent and 9.3 per cent respectively. In national consultations with children and youth (UNICEF 2012), about 40 per cent of girls reported gender as a cause of their problems.

Child marriage and child abandonment was recognized as growing gender phenomena. Overall the numbers of adolescent girls married or cohabiting are low (1 per cent of girls aged 15-17 and 4.5 per cent of girls aged 15-19 according to 2009 census and MICS 2010) but were reported more frequently in some regions and certain Muslim ethnic groups [2]. Unofficial sources claim that in such families girls did not make informed decisions about family planning and contraception [3], are often subject to physical and sexual violence from family members, are kept isolated from potential sources of support and face labour exploitation [4].

Government data [5] confirms that boys are more exposed to the worst forms of child labour (72 per cent vs. 28 per cent of total registered cases) but does not identify a gender difference in sexual exploitation. This contradicts UNICEF’s 2011 assessment which identified girls being more susceptible to trafficking (80.7 per cent).

Since 2009, UNICEF CO had maintained and follows the gender mainstreaming action plan. All studies and key interventions, including MTR and bottlenecks analyses, are designed with clear gender benchmarks and
disaggregation. Thus, for instance, the analysis on children with disabilities showed no major gender disparities but rather the presence of discrimination based on disability status. The testing of the school violence prevention programme in East Kazakhstan has incorporated gender into its system of recording, reporting and investigating incidents of school violence and addressing disruptive, aggressive and violent behaviours of children. Following the outcomes of the study on the causes behind child abandonment (2012) a prevention programme addressed multiple vulnerabilities that were identified as contributing to a woman’s decision to abandon a child (lack of housing, job opportunities, education, family support, etc.).


### Environmental Sustainability

*Fully met benchmarks*

UNICEF as well as UNDP, UNFPA and UNV are engaged in the UN Joint Programme in Eastern Kazakhstan to address the social, health and environmental challenges caused by nuclear tests at the Semipalatinsk site during 1949 – 1989. Considering the results of the innovative health, education and social protection practices in Eastern Kazakhstan, the Government has requested the UN to expand its engagement into two more regions of the country - Kyzylorda- Kyzylorda and Mangystau - from 2014 on. The Kyzylorda Region has poor economic and social infrastructure, a severe climate, and high environmental and health risks caused by the Aral Sea disaster. Limited access to clean water and sanitation, especially in the rural areas, are among the main challenges there. Being heavily dependent on oil and gas resources, the Mangystau region has large disparities between urban and rural areas in terms of income levels, living conditions, access to social services and employment opportunities for low-qualified labour. UNICEF has discussed the needs and main directions of cooperation with the local authorities, service providers and young people in both regions.

UNICEF supports the local authorities in implementing the Child Friendly City (CFC) Initiative that also promotes a clean and safe urban environment. In 2013, the National CFC Index was developed in cooperation with the National Commission on Women Affairs and Family and Demographic Policy and includes indicators on environmental sustainability (clean air and water, creating safe environments and playgrounds, providing population with uninterrupted public utilities). It was also agreed that in 2014 a National CFC Coordination Board will be established at the national level in cooperation with the same Commission. The National CFC Assessment and Recognition Model was developed and piloted in 6 cities and reported that ecological requirements were followed by the local authorities.

About 40 per cent of the population in of Kazakhstan lives in highly active seismic zones. Around one million people live in areas under threat of flooding. Landslides, droughts, extreme temperatures and other climate related disasters have become more frequent in last few decades and resulting losses estimated at in USD $69 million from 2002 to 2011. UNICEF, jointly with the MoES and the MoE, continued to implement the Disaster Risk Reduction in Education programme co-funded by ECHO and the GoK in order to strengthen the resilience of schools to disasters. UNICEF organized regional DRR/resilience consultations to develop a Regional DRR/resilience roadmap for 2014 and beyond in line with the resilience concept, aiming to tackle
According to the MICS 4, only 61 per cent of households have access to piped water in their dwelling, yard or plot. Only 1.8 per cent of poorest households have access to piped water as compare to 96 per cent of the richest households. A programme called “Ak-Bulak” was adopted with the aim of providing access to central water supply systems to 80 per cent of the rural population and to 100 per cent of the population in urban areas by the year 2020.

South-South and Triangular Cooperation

Considering the regional approach to the Disaster Risk Reduction in Education programme, the Government of Kazakhstan, UNICEF staff and national experts had a series of opportunities in 2013 to exchange good DRR practices with the Central Asian and Southern Caucasus countries. DRR good practices were documented at the country and regional levels and presented at the national child-centred DRR conference in which all schools with the DRR in Education programme participated. The results of the school safety assessments in Kazakhstan were presented by the international expert from the Resilience Institute, Western Washington University and compared with the other assessment methodologies in the region (Armenia, Tajikistan, and Azerbaijan). A Kazakh national expert on DRR in Education supported the Turkmenistan Country Office in developing the capacity of national/local level authorities and school staff on DRR and mainstreaming the DRR into the Child Friendly School Certification package endorsed by the Government.
**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. Social Policy & Alliances for Children - By the end of 2015, Kazakhstan is in line with the remaining CRC observations to address disparities in the realization of children's rights.**

**Progress:**

Kazakhstan has made considerable steps towards the realization of child rights. The well-being of children in Kazakhstan has improved thanks to several factors such as significant advances in mother and child health, including the reduction in maternal mortality to 13.5 deaths per 100,000, and infant mortality to 18.7 per 1000 live births; rapid expansion in pre-school coverage: virtually universal access to secondary education and introduction of an integrated approach to social services for children and their families. A rapidly growing economy with 5.1 per cent GDP growth in 2013 allowed the Government to gradually increase social sector financing over years with health expenditures, for instance, doubling since 2005. Yet overall social spending in Kazakhstan remains low compared to the average in OECD countries, and fluctuates with minor deviations around 2.4 per cent for health, 4.0 per cent for education, and 4.1 per cent for social protection.

Despite progress in the above-mentioned areas, a UNICEF supported Analysis of the Situation of Children and Women revealed an unfinished agenda regarding child rights in the country. The standard of living in Kazakhstan has risen significantly over the last decade, and yet there are growing regional and urban-rural disparities. Multi-faceted poverty is a significant issue influencing the vulnerability of families and children. The 2009 Household Budget survey shows that 45 per cent of all children below the age of 18 are living in poverty compared to the average of 33 per cent for the total population. Poverty is concentrated heavily among large households with small children, young families with children and single parent families.

The well-being of children from socially vulnerable and poor families is at greater risk compared to that of children from better-off families. UNICEF also brought together the voices of youth NGOs and vulnerable young people (e.g. those with disabilities and rural youth) to reflect their priorities for a new national youth policy. To address the existing equity gaps, UNICEF has been working with the Government to support current social reforms in line with the national 2050 Social Modernization Strategy that aims to establish new standards of life in Kazakhstan.

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

**Progress:** Improvement of child well-being has been recognised as an important national priority. Still children in Kazakhstan remain a particularly vulnerable group. UNICEF has been engaged with the Government nationally and locally to address the disparities by supporting child-focused policy reforms and program implementation.

At the policy level, UNICEF supported the development of a new financing model for secondary education and specialised social services and continues to work with relevant ministries to ensure that per capita financing adopted by the Government would benefit the most vulnerable children. UNICEF is also actively involved in helping Parliament draft a youth law by collecting views and opinions of children, adolescents, and engaging youth leaders during the National Post-2015 Report and MTR process.

At the local level, different indicators provide different pictures of where and who the poor and deprived children are. UNICEF has been working with local authorities and the Statistics Agency to set up a comprehensive child well-being monitoring system in selected regions and test tools that would be rolled out in other regions of the country.

In addition, UNICEF has been involved with local authorities to develop and test child-focused policy tools and processes. Major cities in 6 oblasts tried out the Child-Friendly City accreditation model proposed by UNICEF (aimed at assessing the child friendliness of the city, including the establishment of a child participatory mechanism, coordination group, report on the state of children in the city, and development of a city strategy and action plan) and presented their results at the IV Forum of Kazakhstan child friendly cities.

Women and children living in poor communities are particularly vulnerable to the impacts of natural disasters. Jointly with the MoES and the MoE, UNICEF continued its support for the Disaster Risk Reduction (DRR) in Education programme which aims to strengthen the resilience of children and their families living in areas prone to disasters and emergencies.
IR 2390/A0/04/001/007 IR 1.2 Alliances for Children - By end of 2015 compacts for children, representing the government, the private sector, civil society and UNICEF, contribute to child- and youth-centred initiatives, the leveraging of resources and regular monitoring of children's rights.

Progress: The Eurasia Fund of Central Asia, Chevron and GSM Kazakhstan initiated a dialogue platform to promote Corporate Social Responsibility (CSR) through the csrkz.org web portal and presented a national blueprint of CSR. However, the blueprint only touches upon the prevention of the worst forms of child labour and overlooks the importance of businesses as champions of child rights.

At least 6 oblasts and cities (EKO, Karaganda, Mangistau, Atyrau, West Kazakhstan Oblast, and Almaty) have functioning compacts for children which unite the business community and authorities. This accounts for 35 per cent of the targeted group. However, it is hard to obtain reliable information on the numbers of participant or activities, as CSR activities are sporadic and irregular.

Public-private sector partnerships are being supported by the Government which recently adopted the Presidential strategy paper on “Social Modernization of Kazakhstan: 20 Steps to a Society of Universal Labour” as well as legislation on Corporal Social Responsibility (CSR).

As approaches to CSR are still new to Kazakhstan, UNICEF is taking the lead in this process by fostering relations with the private sector in order to help companies build and strengthen their child focused CSR programmes as well as mobilize resources for child-related programmes such as the ECD and youth programs in rural areas sponsored by the Bakyrchik Company.

Other examples of local Government – UNICEF – private sector partnerships include agreements reached with three local administrations to establish a child abandonment prevention system and promote of inclusive society for children with disabilities with UniCredit Foundation and ATF Bank financing (Akmola and Karaganda Region). Another partnership with the Kazkommertsbank focuses on combating infant mortality in East Kazakhstan Region of Kazakhstan.

PC 2 - Strengthening systems for a protected environment for children

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 and preventive and protective services.

Progress: UNICEF supported the verification of national birth registration and mortality statistics resulting in updated UN IGME child mortality estimates. The statistics showed significant reduction of IMR (by 64 per cent) and U5MR (by 65 per cent) between 1990 and 2012 – from 45.8 to 16.7 and from 54.1 to 18.7 per 1000 live births respectively. This reduction was within the poorer income quintiles thus reducing the impact of income-based disparity.

The comprehensive national policy on anaemia prevention helped reduce the prevalence of anaemia among women at reproductive age in 2006 from 44.7 per cent to 38.9 per cent in 2011 and among children under 5 from 47.4 per cent in 2008 to 35.2 per cent in 2011. The national nutrition surveillance system was established with technical assistance from UNICEF and evidence-based advocacy resulted in the endorsement of the State Plan on Reduction of Maternal and Infant Mortality for 2014-17.

The HIV epidemic is increasingly affecting women with 81 per cent of HIV-positive pregnant women having contracted the virus through sexual intercourse. To achieve virtual elimination of MTCT, UNICEF and the MOH introduced early infant diagnosis of HIV using the dry blood spots test. Documentation of youth-friendly services showed progress made, lessons learned and ways forward to reach the most vulnerable adolescents through a network of 70 centres established throughout the country.

In 2013, eight residential institutions were closed, leaving 9,879 children institutionalized. The number of institutionalized children aged 0-3 decreased by 14 per cent and their adoption into foster homes increased significantly. The Government has proposed new family-type homes and revised the infant homes’ mandate. Although the MoH and UNICEF are jointly developing preventive services, high abandonment rates and the overuse of family separation need to be further addressed in legislation and practice.

Despite progress in addressing violence against children evidence suggests a high prevalence of maltreatment within the fragmented child care system with 49.4 per cent of 2-14 year old children experiencing different forms of domestic violence. The situation requires a detailed assessment of domestic violence, awareness raising, strengthening of the identification system and response.

Between 201 and -2013, 400 children participated in community-based alternative justice programmes and the number of children referred to special schools reduced by 44 per cent. Within the justice system, 185 children remained in pre-trial and 123 in post-trial detention. Further reform of the juvenile justice system is needed.

Kazakhstan has the highest adolescent (aged 15-19) suicide rates in the region (23.6 per 100,000). A comprehensive study to understand the causes of suicidal behaviour in adolescents and youth provided evidence and recommendations to help shape national policies and strategies.
IR 2390/A0/04/002/004 IR.2.1. 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:** The introduction of WHO/UNICEF assessment tools for antenatal and perinaatal care into the internal audit system strengthened the National Quality Improvement Health Management Plan. The tools can be used to monitor and assess the national scaling up of Care for Development and Effective Perinatal Care practices. They have been incorporated into the routine daily work of all health workers at Primary Health Care level and at all maternity units at the secondary and tertiary level of perinatal care.

The MOH used the nutrition surveillance system to monitor the nutrition status of children and women and decided to supply a premix to millers that covers the annual population needs of fortified wheat flour. UNICEF assisted in introducing vitamin A supplements into three regions with good preliminary results. These will be used to argue for scaling-up the programme nationally.

The draft of a national master plan to improve PHC and reduce regional and urban/rural disparities as well child mortality developed with WB support is based on evidence provided by UNICEF. The plan will introduce per capita financing of PHC using rural/urban, regional, age and sex indicators to establish the amounts given.

To achieve virtual elimination of MTCT, UNICEF and the MOH introduced early infant diagnosis of HIV using the dry blood spots test. The test will be first introduced in the two most affected regions and then scaled-up nationally. It is slated to replace the harmful infant’s full-vein HIV test by the end of 2015.

The assessments on Most at Risk Adolescents (MARA) did not allow for the identification of a sample of adolescents at risk of HIV and following MTR discussions with the Government, the MARA component was redefined to address other adolescent vulnerabilities and to promote their social inclusion and participation.

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

**Progress:** Equity, gate-keeping and family support related changes to the State Social Standards Law were initiated. The Parliament continued to enrich the criminal codes with international norms on child rights regarding pre-trial diversion, alternatives to detention, social and psychological services to children in justice system, victims and witnesses of crime, and the execution of punishment. In answer to the President’s call, the MoI is leading the introduction of foster care for children in conflict with the law as an alternative to specialised schools and pre-trial detention.

The local child protection bodies were detached from the central child protection committee to merge with education departments under the local authorities (Akimats) with childcare and monitoring functions. This segregation of the social and child protection functions may undermine the efforts of building an integrated child protection system.

Programmes addressing the abandonment of children aged 0-3, jointly implemented with the MoH introduced integrated cases management protocols resulting in a 40 per cent success rate in risk cases and boosted the transformation of infant homes and social work with socially-vulnerable families. The child disability review contributed to MLSP’s development of the 2nd phase of the 2012-2018 National Action plan to support persons with disabilities.

The East Kazakhstan violence prevention programme led to a 300 per cent increase in the identification of maltreatment and conflicts with 20 per cent of cases referred to out-of-school social support services. The EKO-tested community based diversion programme identified gaps in national legislation that need to comply with international standards.

The adopted law on national preventive mechanism under OPCAT permits independent monitoring of several types of closed institutions for children. The practical toolkit on independent monitoring of child rights implementation in closed institutions was handed over to the Ombudsman for practical use.

The experience of children’s courts was compiled in a collectively written bench book for judges to facilitate better interpretation of international, national laws and practices and the delivery of psycho-social support to children in the justice system.

PC 3 - Cross-sectoral costs

**Progress:** Under the major inter-agency (UNICEF, UNDP, UNFPA, and UNV) and cross-cutting UN Joint Programme “Raising Competitiveness of the East Kazakhstan region through Innovative Approaches to Regional Planning and Social Services for 2011-2015”, UNICEF continued introducing innovative approaches to delivering services to the most vulnerable children as part of the central level policy advocacy efforts aimed at reducing equity gaps. These approaches are implemented in the local context with the existing
infrastructure and enhanced capacities of local stakeholders and are then translated into policies at the national level in order to address disparities across all the regions in the country. In 2013, a number of new approaches in health, child and youth protection and social policy have already been integrated into practice and policies.

In cooperation with the EU, the Ministry of Education and Science and the Ministry of Emergency UNICEF continued its implementation of the Disaster Risk Reduction in Education programme in pre-school, primary and secondary schools in Almaty, Eastern Kazakhstan and Southern Kazakhstan. The programme is aimed at strengthening resilience of children and their families living in disaster prone areas via integrating DRR/resilience aspects into the secondary school curricula, school emergency preparedness system and learning process.

UNICEF continues to support the MoE and the MoES in strengthening the DRR/resilience concept in education and in local communities. Structural and non-structural risk reduction mechanisms to ensure schools are compliant with international standards were shared with the central and local level authorities so they could be incorporated into national school safety assessment methodology. After testing, the DRR was introduced into the nation-wide school curricula and practice.

Throughout 2013, the Astana Country Office provided HR, administrative, banking/accounting and logistical support to sub-regional personnel, events and UNICEF RO presence in Almaty. With the planned transformation of Almaty office into a regional office hub in 2014, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and personnel, events and UNICEF RO presence in Almaty. With the planned transformation of Almaty office into a regional office hub in 2014, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and personnel, events and UNICEF RO presence in Almaty. With the planned transformation of Almaty office into a regional office hub in 2014, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and personnel, events and UNICEF RO presence in Almaty. With the planned transformation of Almaty office into a regional office hub in 2014, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and personnel, events and UNICEF RO presence in Almaty. With the planned transformation of Almaty office into a regional office hub in 2014, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and personnel, events and UNICEF RO presence in Almaty.

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:** Sound progress has been achieved in increasing the coverage of prevention of HIV transmission from mother to child (MTCT) services with the proportion of HIV positive pregnant women receiving ARVs for PMTCT increasing from 88 per cent in 2008 to 96 per cent in 2012. Moreover, the MTCT rate decreased sharply from 9.5 per cent in 2006 to 2.6 per cent in 2012. Recognizing the progress made in integrating PMTCT into MCH, Kazakhstan was the only country in the region selected by WHO and UNICEF to pilot the MTCT verification protocol. Outcomes of the pilot significantly contributed to global consultations on the Elimination of MTCT. ICATT based training course on infection control in paediatric hospitals for CAR countries developed in cooperation with CDC and GIZ. The MoH started using the tool in its training of national and regional mother and child coordinators.

UNICEF continues to support the MoE and the MoES in strengthening the DRR/resilience concept in education and in local communities. Structural and non-structural risk reduction mechanisms to ensure schools are compliant with international standards were shared with the central and local level authorities so they could be incorporated into national school safety assessment methodology. After testing, the DRR was introduced into the nation-wide school curricula and practice.

Throughout 2013, the Astana Country Office provided HR, administrative, banking/accounting and logistical support to sub-regional personnel, events and UNICEF RO presence in Almaty. With the planned transformation of Almaty office into a regional office hub in 2014, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and administration will be undertaken in collaboration and agreement with the Regional Office. Modifications will be introduced in office governance, financial, asset, budget and HR management to reflect the new relationship and support the framework between Almaty/RO and Astana CO.

IR 2390/A0/04/007/003 IR 3.2 Programme Support, including cross-sectoral area based programming

**Progress:** The actions of the Road Map developed with the expertise of UNICEF to address the barriers and bottlenecks in MCH service delivery in EKO were incorporated into the endorsed State Plan on Reduction of Maternal and Infant Mortality for 2014-2017 with an annual budget of US $5 million. More than 74 cases were identified and successfully handled by the local specialists using the referral protocol for identifying and dealing with families at risk of abandoning child, and the under age 3 child abandonment prevention mechanism at the PHC level in Semey city.

A diversion mechanism was introduced in line with international standards and more than 50 children in contact with the law in EKO underwent rehabilitation with newly incorporated social and physiological components. The results were used to inform the law amendment process for children in the justice system at the national level.

An extensive study was carried out by UNICEF on the prevalence, underlying cases and risk factors of adolescent suicide and suicide attempts in Kazakhstan with a special focus on EKO with the final results and recommendations of the study presented to both the central and local authorities. The results revealed that the main reasons behind the suicides were the psychological and mental conditions as well as factors that acted as a trigger. Some recommendations were adopted by the MoH for improving PHC and preventing suicides more effectively.

A child well-being monitoring system has been introduced and tested in EKO with a view to better identify those in most need and expand their social service coverage. The experience of Ust-Kamenogorsk and Semey cities in implementing the CFC initiative was shared both at the national and international level. The results and recommendations of UNICEF school safety assessment methodology tested in 8 schools in EKO were presented at the national level.

**PC 800 - Generated Programme Component for Business Area 2390 and Cycle Number 4**

**PCR 2390/A0/04/800 Management and Administration Results**

**Progress:** The Office provided support to the Kazakhstan country programme by executing adequate and effective governance, risk management and controls in Astana office and Almaty zone office over key areas in financial, asset and budget management, human
During the reporting period the office met the majority of set targets and progress was observed in the areas of participatory governance, monitoring of financial resources, budget utilisation, accounts and assets, HACT assurance, and staff capacity development.

The Office identified areas for improvements that include cash balances optimisation and adjusting assurance activities to be linked with partnership assessment results. Aligning staffing structure with programme needs is an immediate management priority that is to be addressed through the post MTR CPMP process in 2014.

Changing the status of the Almaty zone office to a Regional hub requires revisiting the existing governance structure and defining a new accountability framework with the Regional Office to enable appropriate risk control and supervision over the new Office and to ensure that any envisaged involvement of the Astana Office staff in support of the Almaty Office is necessitated and justified, and a clear scope of responsibilities is defined.

The audit conducted in 2013 concluded that overall management of the Office is satisfactory and adequate systems are in place to ensure effective and efficient support to programme implementation. The office addressed recommendations of the audit and developed an action plan which was partially implemented.

**IR 2390/A0/04/800/001 791 Effective & Efficient Governance and Systems**

**Progress:**

The Office supervisory structure was clearly defined and agreed upon with staff. It included system of delegated authorities, office committees and teams. A set of management indicators was used to monitor performance, covering both programme and operational areas. Baselines, targets and responsible staff were clearly defined for each indicator, and actual performance was measured and reported against them. The Office established and implemented adequate procedures in the delegation of financial controls, and staff followed prescribed procedures. The Representative issued a table of authority (ToA) documenting the roles/authorities delegated to staff, and the Office accurately recorded this in VISION. The Office formally notified staff of the roles/authorities that had been assigned to them, and they acknowledged in writing their awareness of the responsibilities and accountabilities associated with exercising these financial authorities.

The Office conducted a risk and control self-assessment and developed its risk and control library, which was regularly updated and discussed in the CMT meetings. The RCSA will be revised and updated in 2014 to include any new relevant risks and reassess the control status and rating of existing risks. The audit 2013 found that supervisory structure was adequate.

**IR 2390/A0/04/800/002 792 Effective and Efficient Management and Stewardship of Financial Resources**

**Progress:** CRC and PCA review committees held regular meetings and their recommendations were considered by approving authorities. Cost saving measures included changing internet plans which brought a 55 per cent cost reduction for internet services. The Office regularly monitored the status of accounts and took action to correct them where necessary. Bank reconciliations were conducted on time. A physical inventory of plant, property and equipment was conducted and the Property Survey Board reviewed unserviceable and surplus assets for disposal. Budget utilisation was reviewed regularly at CMT, programme and section meetings. By the end of 2013, 99.5 per cent of RR were used; 100 per cent of PBA of the country programme budget were used before expiration and all donor reports were submitted on time. Due to regular monitoring, the Office did not have outstanding DCT advances of more than 9 months. The assessment and assurance plan was approved and its implementation including micro assessment and assurance activities was carried out as planned. The Office faced challenges in improving planning and the utilisation of cash resources. Despite all efforts, the Office did not manage to achieve the target in 2013. The 2013 audit found that the Office had satisfactory controls in managing financial resources.

**IR 2390/A0/04/800/003 Effective and Efficient Management of Human Capacity**

**Progress:** Established procedure for management of human resources and recruitment was maintained and strengthened. All vacant posts were filled through competitive selection; all contracts were timely managed and personnel actions completed. Performance discussions and evaluations were completed for previous period and work plans agreed upon. Improvements were made in the implementation of the learning and training plan, and 90 per cent of group training needs were met. Proper attention was given to staff concerns raised through the JCC. Opportunities for flexi working hours, learning days, telecommuting were provided and used. Issues of concerns raised in 2011 Global staff survey were closed with the implementation of the action plan. Office priorities, plans, goals, decisions were discussed openly at meetings, retreats and through information sharing channels. The audit 2013 found the Office HR management procedures satisfactory and adequate.
Effective Governance Structure

The Office program and operations objectives and priorities were defined by all staff at the beginning of the year during the annual management retreat. The Office identified two major priorities: Country Program Mid Term Review and the audit, both of which were included in the Annual Management Plan for 2013. The progress in achieving the Office priorities was regularly and systematically monitored and reported at the Country Management Team (CMT) meetings against clearly established indicators. In 2013, the CMT met eight times. The CMT also acted as an advisory body to the Representative. The CMT had a standing agenda that proposed solutions to a wide range of issues affecting the overall management of the Office, including the implementation of the Harmonized Cash Transfer framework in collaboration with partners, improvement of work processes, staff capacity development, as well as staff wellbeing, safety and security issues.

The CMT endorsed MTR changes in PCR/IRs, planned budget and proposed staffing structure as part of the Country Programme Management Plan (CPMP) submission. The CMT reviewed and provided feedback to the draft audit report and endorsed the Office Action Plan. The CMT set priorities for HACT implementation, micro assessment and partners’ training, revised the Office fundraising strategy, developed the Office retreat agenda, endorsed and streamlined the Table of Authority, documenting the roles/authorities delegated to staff and the Office and ensured this was accurately recorded in VISION. It also established appropriate supervisory structures comprising of Office committees and teams. Staff were formally notified of the roles/authorities assigned to them and acknowledged their awareness of the responsibilities and accountabilities associated with exercising these financial authorities.

The management decisions were risk informed and made in a consultative manner. The Office conducted a risk and control self-assessment and developed its risk and control library which was regularly updated and discussed in the CMT meetings. The latest review of the risk and control library was undertaken at the December CMT meeting. The Audit of the Country Office conducted in June 2013 observed that the governance and supervisory structure of the Office was adequate.

Strategic Risk Management

The Office systems to assess, address and respond to significant programme, operational and hazard risks are in place and defined in the several documents: Kazakhstan Risk Control and Self-Assessment (RCSA); Early Warning Early Action Plan (EWEAP); Business Continuity Plan (BCP); Disaster Recovery Plan for ICT; UNCT Security Plan, Audit report 2013. The CO EWEAP was reviewed and highly ranked by the RO experts.

The Office risk profile – RCSA - was reviewed quarterly at CMT meetings. The latest review of risks and recommendations for risk control and mitigation was undertaken in December 2013, resulting in a revision of the ratings of six risks and decreasing the level of the risk related to VISION implementation from Medium Low to Low. The revised ERM strategy was incorporated in the MTR/CPMP, as well as in the AMP.

The risk related to HACT implementation, which was added in 2012, was addressed when the Office conducted an analysis of programme partnerships for 2010-2015, finalised the plan for assurance and micro assessment, and conducted a micro-assessment of the financial management capacity of identified partners.

The Business continuity plan was tested twice during the year using telecommunication and radio drills, and testing remote access capabilities to systems (Lotus Notes and VISION) in a scenario of restricted movement and limited physical access to Office facilities.

To address the risks of ICT breakdown identified in the DRP, the office engaged an alternate internet provider to establish back up connectivity to the Internet, set up satellite equipment at standby mode, replaced part of the obsolete portable ICT equipment and laptops with higher standardised products, and increased internet connectivity speed and capacity.

The Office provided feedback to the audit observations and prepared an action plan to address the six risks identified by the audit. The implementation and progress status was reviewed at CMT meeting and reported.
to the OIA.

In response to the results of security risks, the office organised and conducted two building evacuation drills, improved the office fire alarm and security facilities.

**Evaluation**

The annual Integrated Monitoring and Evaluation Plan (IMEP) was developed on time, reviewed by the RO and placed on UNICEF evaluation portal. It initially envisaged 12 studies including the Situational Analysis on Status of Women and Children in Kazakhstan. In accordance with the audit recommendations received in July 2013, the annual IMEP was updated. The mid-year update of the IMEP reflected the actual status of research and monitoring activities and included two programme evaluations not planned earlier (starting in 2013 and to be completed in 2014) and 2 regional multi-country evaluations (juvenile justice and child mortality). The multi-year IMEP was revised as part of the MTR process. The monthly monitoring of the IMEP led to 92 per cent of the Plan being fulfilled with a high satisfaction rate of the counterparts.

UNICEF played a significant part in the mid-term evaluation of the UN Joint Programme in the East Kazakhstan oblast. Specifically, it helped UNCT with the development of the comprehensive TOR in accordance with international evaluation standards. UNICEF also started the programme evaluation in the area of Child Protection using funding from the Government of Norway. All relevant partners, such as the Government of Norway and East Kazakhstan oblast authorities were informed of UNICEF evaluation policies in order to ensure the independence, impartiality and use of international standards when conducting evaluations.

Kazakhstan strengthened its capacities in conducting evaluations. This was confirmed by the UN IGME mission and 2013 TransMONEE implementation. In June 2013, the national birth and death data collection system was reviewed by the UN IGME experts and resulted in a re-calculation of Child Mortality Estimates and confirmation that MDG 4 is achievable for Kazakhstan by 2015. The findings of studies on MCH, suicides, disability, violence against children, justice for children are in high demand by government officials and Parliamentarians and resulted in the adoption of major policies targeting children. These include the 2014-2017 Reduction of Maternal and Infant Mortality Programme for flour fortification, vitamin A supplementation and improvement of MCH service quality, the second phase of the 2012-2018 National Plan on Support to People with Disabilities, and a draft of the 2030 Social Development Concept.

The country programme was assessed through the MTR process and end of- and mid-year reviews with the GoK. In addition, throughout the year, UNICEF regularly monitored supported programs through spot checks, monitoring visits and review of submitted deliverables. The HACT Micro-assessment of six implementing partners was conducted in 2013 and specifically noted by the audit as a good example for other UN agencies to follow. The Office also established early warning monitoring mechanism for DCTs and Donor Reporting with DCT over nine months and all donor reports submitted on time in 2013.

**Effective Use of Information and Communication Technology**

The IT tasks scheduled for 2013 were fully completed. The Astana CO connected to a new ISP ASTEL and as a result Internet bandwidth increased to 6 Mbps, which significantly improved the quality of Office connectivity. A backup Internet connection was set at 1 Mbps WiMax line. Stability of Internet connectivity was the priority and there were no interruptions of the connection during work time. The Office completed the implementation of the following major global releases in the CEE/CIS region: backup solution, DHCP and 10.x IP address allocation, Hyper-V hosts’ updates, and antivirus updates.

The Office implemented the ICT replacement plan based on recommendations made by the ICT Committee and findings of the internal IT audit conducted by IT Assistant: equipment with an expired life cycle through PSB was disposed of all desktops and old laptops were replaced with new energy-saving laptops to ensure proper functioning. All professional and critical staff were equipped with laptops to enable them to switch to mobile arrangements when travelling or offsite with remote access to systems, through WiMax, Citrix, Cisco
AnyConnect, Lotus Traveller for the mobile devices, Webmail. Staff had access to UNICEF e-learning training resources (WebEx, iLearn, SkillSoft, etc.) for knowledge improvement, training and certification. Skype video conferencing was used.

The Business Continuity Plan’s IT component was tested in 2013 in the Astana Office. A backup connection BGAN continued to operate with a new LTA with IEC-Telecom. The BGAN device and Sat phones were tested regularly with respect to disaster recovery.

MOSS standards were maintained ensuring security and protection of equipment and data. The fire alarm sensors and the CCTV cameras in the Office were replaced by a new model and two fire drills were conducted. All critical staff was equipped with VHF, as per the office BCP, and radio checks were conducted in June and in December. 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 troubleshooting were conducted regularly. To ensure smooth operation of ICT in the absence of the ICT Assistant, the office network was accessible by remote control. Additionally, the Office signed a memorandum of understanding with UNDP to have support for IT infrastructure in the absence of ICT staff.

The Office land line continued to operate using IP telephony with separate billing as a cost efficiency measure. The mobile telecommunication was only used by critical staff 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 the Wi-Fi/WiMax capacity of the alternate Internet provider in both the Astana and Almaty Office locations.

Electronic records on the shared server drive were revised, systematized and cleaned up; access rights were assigned to relevant staff members; vital records were renewed where necessary and backed up offsite.

**Fund-raising and Donor Relations**

In 2013, 100 per cent of the donor reports were submitted on time, and to the satisfaction of the donors.

The CO increased OR funding, which is to some extent related to the additional financing secured from the Government of Kazakhstan under the UN Joint Programme. As of the end of 2013, the CO raised US $6,875,408 in total in 2010-2013, 57 per cent of which is against the new approved OR ceiling of US$ 12,040,000. In 2013, the CO raised US $970,100 which was 43 per cent against the planned annual OR target of US $2,230,769. All available funds were utilized optimally and by the grants’ expiration dates (almost 100% utilization level).

The utilization of funds was monitored regularly at CMT and programme meetings. Also, a special funding needs table was developed to regularly monitor funding needs of the programme, and plan and foresee movement of funds in the programme.

The CO received funds within earlier mobilized resources from the private partnerships with ATF Bank, Kazkommertsbank, and UniCredit Foundation. The CO also received US $500,000 from the Multi Donor Trust Fund (MDTF) as part of the Kazakh Government’s funding of the UN Joint Programme for East Kazakhstan.
Management of Financial and Other Assets

The audit conducted in July 2013 found the financial and assets management of the Office to be satisfactory. The Office regularly monitored the status of accounts and took actions to investigate and correct errors. In 2013, all transactions in VISION were properly processed and monthly and interim financial closure activities were completed on time. Bank reconciliations schedule deadlines were met and open items cleared timely. Petty cash spot checks were conducted quarterly. Receivables and cash receipts, including VAT, reimbursement for common services, income from disposed asset and cash refund were recorded timely and cleared. A physical inventory of plant, property and equipment was conducted and the Property Survey Board appropriately reviewed unserviceable and surplus assets for disposal.

Budget utilisation was reviewed regularly at CMT, programme and section meetings. Utilisation of RR by the end of 2013 reached 99.5 per cent; 100 per cent of PBA of the country programme budget were used within validity dates and all donor reports were submitted on time.

The challenge faced in 2013, like in 2012, was inaccurate cash flow forecasting and utilisation of cash resources for programme activities. Though the concern was raised at staff and CMT meetings, and measures to ensure accuracy of planning were introduced including additional management oversight and detailing of requests, the Office could only meet 50 per cent of the established benchmark in 6 out of the 12 monthly periods. In some instances the excess of cash was due to the receipt of VAT refunds and reimbursements from the OSCE for common premises expenditures, but it was agreed that cash flow planning remains the area requiring improvement in 2014.

By the end of 2013, the Office had no outstanding DCT over 9 months. The status of DCT was monitored at Programme and CMT meetings throughout the year. The risk, identified in 2012, associated with insufficient monitoring of the effectiveness of programme inputs and proper utilisation of resources due to a lack of systematic assurance activities and micro-assessment of partners, was addressed in 2013. All the office staff received HACT refresher briefing which also served as training for new staff. Since the other UN agencies do not implement HACT, the micro-assessments of partners were therefore done solely by the UNICEF Office, using the services of an auditing firm. The Office had a total of 32 implementing partners. It conducted micro-assessment of six implementing partners in 2013 and plans to complete the micro-assessment of six additional partners in the next reporting period. According to the audit recommendations, it was agreed that cash flow planning remains the area requiring improvement in 2014.

Supply Management

There were no emergency supply procurement in 2013. In 2013, supply management focused on procuring services in support of the programme component. Services related to studies, surveys and research represented one of the highest direct programme support costs. Translating, designing and printing of programme communication materials, 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 2013 totalled US $1,014,000. Translation services made up 12 per cent of the annual supply component costs. Printing of programme materials made up 9.4 per cent of the annual supply component costs (Local PO - Printing), 1 per cent was directed for procurement of office
equipment. About 15.85 per cent of the total supply component was dedicated to small local procurement through Low value PO. The procurement of IT equipment through direct order and local procurement was 1.89 per cent (Asset Acquisition PO). Procurement of services from institutional contractors for conducting studies, surveys and research represented one of the highest non-staff cost elements, reaching 37.12 per cent (Consultant Contract). The Office conducted 9 biddings and 3 cases were subject to the CRC’s review.

The LTAs were concluded and established in VISION with local vendors for translation, printing, catering, events and transportation services. At the beginning of 2013, the Office had 10 LTAs with printing, catering and event companies valid from 2012 through 2013. In addition, the Office created 12 LTAs (Translation services - 8 LTAs, Transportation services - 4 LTAs). The LTAs were created in SAP and were widely used by program and operations. Jointly with UN agencies, 5 LTAs were signed (Courier-customs/broker services - 1, Printing houses - 3, Internet connectivity - 1). Four contracts were signed with hotels in Ust-Kamenogorsk. Though they were not registered in SAP, these LTAs and contracts were beneficial for the UNICEF Kazakhstan Office as they allowed better rates, discounts and credit terms.

Creating the LTAs system for frequently used services accelerated and simplified their selection and contracting, especially for translation, interpretation, local transportation, copying. At the same time simplification of contracting through LTAs caused excessive use of these types of services resulting in a 40 per cent increase in expenditure on translation and 70 per cent increase expenditure on transportation services as compared to the same categories of expenditure in the previous year. The analysis was undertaken twice during the year and brought to the attention of the CMT.

**Human Resources**

According to the 2013 audit observations, the Office has adequate procedures in place for managing human resources. By end of 2013, the Office completed recruitment for all vacant posts, with the exception of the one post which will be abolished. Overall, five recruitment processes were completed through competitive and competency-based selection. One staff member was separated due when their contract expired. New staff received induction and orientation briefings arranged by the Office to help them get acquainted with the Office and their assigned responsibilities. They also received security briefings from UNDSS staff.

The Office learning and training plan was developed and captured individual development plans and the group training needs that were identified at the annual management retreat. More than 80 per cent of the learning plan was implemented and most of the group trainings and learning activities, including briefings on new policies, updates from RMT meetings, HACT and assurance activities, PPP, C4D, segregation of duties, refresher training on contracting and travel in VISION, were completed as planned. Integrity awareness training was completed by management and a number of staff enrolled and completed on-line courses on leadership. Kazakh language classes were arranged for and attended by all staff.

The staff performance and appraisal system was maintained and monitored, PAS for 2012 were finalised on time and the 2013 mid-term discussions completed.

JCC meetings were convened three times in 2013. Staff raised concerns regarding job security in light of the new type of engagement that will be established with the Government after the end of country programme in 2015, reflecting the change in shift of the country to high/middle income status. They expressed the need to retrain and re-profile in order to upgrade their skill set. The audit observed adequate and effective cooperation between staff and management, as well as proper attention paid to ethical standards and to staff concerns. An action plan to address the issues raised in the 2011 global staff survey was implemented and agreed as closed in 2013.

Throughout 2013, the Astana Country Office provided HR, administrative, banking/accounting and logistical support to sub-regional office in Almaty. In 2014, once the Almaty Office becomes a regional outpost with consequent changes of the legal and SAP status, workflow and business processes, the two offices will assess the scope of their support and define their respective roles and responsibilities.

The main objective of the LSA executive committee was to keep the staff informed of the main initiatives of
the organization with regard to changes within the Office and to table the main concerns of the staff for discussion, in close contact with the RSA and GSA.

The issue of streamlining and strengthening the human rights principles in the workplace, universal treatment and non-discriminatory approach were also discussed by the staff and the Vision, Mission and Guiding Principles of UNICEF Country Office are to be strengthened accordingly.

The Office retreat held in 2013 was devoted to personal development and team-building. As per feedback obtained, the retreat strengthened staff morale and reinforced the UNICEF Country Office team.

Efficiency Gains and Cost Savings

Communication costs decreased by 21 per cent compared to the previous year and amounted to US $25,520. A 55 per cent reduction in Internets costs occurred in stages in 2013, by changing Office connectivity in Almaty to UN House and changing ISP in Astana and amounted to US $590/month at the end of the year.

For recurring operating expenses associated with administration and programme support activities, the Office reduced costs by using video conferencing as an alternative to travel as well as IP telecommunication as an alternative to the more expensive land line. In consensus with all the staff, the Office continued to use economy class, even when travelling by air for more than nine hours.

Changes in AMP & CPMP

In 2014, the Office will incorporate results of MTR in CPMP, Integrated Budget and the Office Management Plan. The organizational structure will be revisited as part of the MTR to align the staffing structure with programme needs. These modifications were initially developed, in consultations with all staff, and endorsed by the CMT in 2013. Two staff positions in support of the joint programme will be regularized and changes in reporting line and funding source introduced. The Country Programme Management Plan (CPMP) will reflect the planned budget associated with each PCR/IR based on approved RR and current increased OR ceiling. Implementation of the post-audit action plan and closing of observations will be one of the office priorities. In operations management, the Office will work on further improving of bank cash balance optimization and increasing the efficiency of work processes and transactions. In programme management, the Office will need to introduce measures for ensuring quality implementation of programme delivery when funded and implemented by government partners.

The Office assurance plan will be revisited based on results of assessment and determined risk rating. The Office will review its risk control self-assessment profile to update strategies and actions for adequate risk response. These will be incorporated into office management documents and plans.

With the transformation of the Almaty Office, from a zone office to a regional outpost, changes in supervisory structure, VISION workflow and assignments, including roles, master data, reporting relationship and administration will be undertaken in collaboration and in agreement with the Regional Office. Modifications will be introduced in office governance, financial, asset, budget and HR management procedures and practice to reflect new relationship and support framework between Almaty/RO and Astana CO.

The Office learning strategy and individual development plans will take into consideration the demands of the global initiative for increased efficiency and effectiveness, as well as the regional transformation agenda. Staff development and re-profiling will be aimed at building relevant set of skills that would increase staff capacity in addressing challenges coinciding with the end of the country programme and changing UNICEF agenda.

Summary Notes and Acronyms

AoS – Agency of Statistics of the Republic of Kazakhstan
APR – ‘A Promise Renewed’
BBP – Basic Benefit Package
C4D – Communication for Development
CCC – Core Commitments for Children
CD – Capacity Development
CEDAW - Convention on the Elimination of All Forms of Discrimination Against Women
CFC - Child Friendly City
CIS/CEE – Commonwealth of Independent States/Central and Eastern Europe
CME – Child Mortality Estimate
CMT – Country Management Team
CP – Country Programme
CPAP – Country Programme Action Plan
CRC – Convention on the Rights of the Child
CRPWD – Convention on the Rights of People with Disabilities
CSO – Civil Society Organizations
DBS - dry blood spots
DHS - Demographic and Health Survey
DRR – Disaster Risk Reduction
ECHO - European Community Humanitarian Office
EKO – East Kazakhstan Oblast
EQA - External Quality Assessment
GDP - Gross Domestic Product
GoK – Government of Kazakhstan
HACT - Harmonized Approach to Cash Transfer
HRBAP – Human Rights Based Approach
IDD – Iodine Deficiency Disorders
IGME – (United Nations) Inter-Agency Group for Child Mortality Estimation
IMEP - Integrated Monitoring and Evaluation Plan
J4C – Justice for Children
JJ – Justice for Children
KAN - Kazakh Academy of Nutrition
MCH – Mother and Child Health
MDG - Millennium Development Goals
MDTF – Multi-Donor Trust Fund
MICS – Multiple Indicator Cluster Survey
MLSP – Ministry of Labour and Social Protection of the Population
MoE – Ministry of Emergencies
MoES – Ministry of Education and Science
MoH – Ministry of Health
MH - Mental health
MoRES - Monitoring of Results for Equity System
MTCT – Mother to Child Transmission of HIV
MTR - Midterm Review (of the Country Programme)
NGO – nongovernmental organization
ODA – Official Development Assistance
OECD - Organisation for Economic Cooperation and Development
OP CAT - Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
PCR – Programme Component Result
PHC – Primary Health Care
PTA – Parents and Teachers Association
RKLA – Regional Knowledge and Leadership Area
RO – Regional Office
SitAn – Analysis of the Situation of Children and Women in Kazakhstan
SUN - Scaling Up Nutrition
UK – the United Kingdom
UN – United Nations
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