Kazakhstan

Country programme document 2010-2015

The draft country programme document for Kazakhstan (E/ICEF/2009/P/L.8) was presented to the Executive Board for discussion and comments at its 2009 annual session (8-10 June 2009).

The document was subsequently revised, and this final version was approved at the 2009 second regular session of the Executive Board on 15 September 2009.

unite for children

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Basic data[†] *(2007 unless otherwise stated)*	
Child population (millions, under 18 years)	4.6
U5MR (per 1,000 live births)	32
Underweight (%, moderate and severe, 2006)	4
Maternal mortality ratio (per 100,000 live births, 1994-2006)	70[a]
Primary school enrolment/attendance (% net, male/female, 2006)	99/98[b]
Survival rate to last primary grade (%, 2006)	100
Use of improved drinking water sources (%, 2006)	96
Use of improved sanitation facilities (%, 2006)	97
Adult HIV prevalence rate (%, 15-49 years)	0.1
Child labour (%, children 5-14 years old, 2006)	2
GNI per capita (US$)	5 060
One-year-olds immunized with DPT3 (%)	93
One-year-olds immunized with measles vaccine (%)	99

[†] More comprehensive country data on children and women are available at www.unicef.org.
[a] The 2005 estimate developed by WHO, UNICEF, UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 140 per 100,000 live births. See http://www.childinfo.org/areas/maternalmortality/.
[b] Survey data.

Summary of the situation of children and women

1. Kazakhstan is considered one of the most economically developed countries among the Commonwealth of Independent States, with its gross domestic product (GDP) having increased at an average annual rate of 9-10 per cent during 2000-2007. However, the global financial crisis, which has reduced GDP by almost one third, could affect the social sector. Nevertheless, the Government is currently maintaining social programmes, especially those for children and families.

2. The level of poverty, concentrated in rural areas, had decreased to 15 per cent by 2007 (World Bank). Targeted State social allowances were provided to more than 500,000 low-income citizens, 62 per cent of them from rural areas and 61 per cent of them children. Other incentives were provided, such as a doubled State childbirth allowance, increased monthly childcare allowance and additional support to families with children.

3. While expenditures in health, education and social protection grew in absolute terms in 2007, the GDP share allocated to the social sector has remained relatively low. Funding for health, for example, increased from 1.9 per cent to 2.3 per cent of GDP between 2003 and 2007, and funding for education increased from 3.2 per cent to 3.6 per cent of GDP over the same period. After reviewing the State party report of Kazakhstan, the Committee on the Rights of the Child in 2007 recommended the prioritization of, and increased budget for, disadvantaged children.

4. The country is on track to reach Millennium Development Goal 4 on child mortality, provided that additional efforts are directed towards reducing preventable perinatal deaths, which is the main cause of infant mortality, together with acute respiratory infections and diarrhoea. Accidents and trauma are a major cause of

child mortality. According to the 2006 Multiple Indicator Cluster Survey, anaemia affects 45 per cent of reproductive-age women, while iron-deficiency anaemia and vitamin A deficiency affect 36 and 57 per cent, respectively, of children 6-59 months old. The quality of maternal and child health (MCH) services is affected by system-wide weaknesses in norms, standards and practices.

5. Inequality and disparities between urban and rural areas affect many children. The under-five mortality rate is 41 per cent higher in rural areas (42.6 as opposed to 30.2 deaths per 1,000 live births, respectively), while in the poorest quintile it is more than two times higher than the richest quintile (40.5 and 16 deaths per 1,000 live births, respectively). More prosperous regions in the north provide higher preschool opportunities: 24 per cent in urban areas and 7 per cent in rural areas.

6. Goal 2, on education, has been achieved at primary, secondary and higher education levels, except for pre-primary education; only 20 per cent of children have access to preschool. The sector's performance is enhanced by the introduction of a national education quality assessment, an external monitoring system for learning achievements and an increase in the number of teachers. The remaining challenges are to improve the quality of education and the inclusion of children with disabilities.

7. The country has formally achieved Goal 3 on primary and secondary education. In 2005, the Gender Strategy was adopted, and the National Commission on Women and Demographic and Family Policy is now functional. Women constitute 54 per cent of civil servants, but only 10 per cent of these women hold decision-making positions.

8. While Government programmes and resources support child protection and juvenile justice services, the issue of children deprived of parental and family care persists. In 2008, a total of 76,308 children were in residential education and care institutions, including 17,500 children deprived of parental care. Preventing the separation of children from their families needs greater attention. Foster care represents an alternative to residential education and care but is hampered by limited resources and complex procedures. Adoption is another issue requiring attention. More than 25,000 children were adopted (domestic 74 per cent, international 24 per cent) between 1998 and 2006 (Ministry of Education and Science). Kazakhstan has not yet ratified the Hague Convention on Inter-Country Adoption. The gaps in domestic and inter-country policies and legislation, effective monitoring, and follow-up of adoptions are areas of concern.

9. Rates concerning children in conflict with the law, convictions and custodial sentences decreased after peaking in the mid-1990s. The country is committed to the creation of a juvenile justice system that complies with international standards and best practices. The Juvenile Justice System Development Concept was approved by the Government, together with the piloting of specialized juvenile courts and juvenile police units.

10. Child exploitation and trafficking are other protection issues. These practices are seasonal, increasing during the warm season when agricultural work begins and when homeless children appear on the streets, becoming prey to potential traffickers. There are no data on the extent of this phenomenon.

11. HIV infections are increasing, including among women. The proportion of women among newly registered cases of HIV rose from 19 per cent in 2001 to

26 per cent in 2007. One illustration of how the disease can spread and of gaps in the health care system occurred in 2006 in southern Kazakhstan, where 147 children suffering mainly from acute respiratory infections and/or diarrhoea were infected with HIV in paediatric hospitals as a result of prolonged hospitalization and excessive treatment that exposed them to infection.

12. Mortality among adolescents (15-19) and young people (20-24) is an emerging problem. Among countries in the region, Kazakhstan has the second-highest mortality rate among adolescents aged 15-19 due to external causes, the highest suicide rates among male and female adolescents aged 15-19 and the highest mortality rate for males and females aged 20-24 (TransMonee, 2007). No study has analysed the causes.

13. Kazakhstan also faces environmental issues. In the Semipalatinsk region, where the population in the past has been exposed to high levels of nuclear radiation and significant radioactive pollution, health problems continue. Past mismanagement of irrigation projects caused the level of the Aral Sea to drop significantly. Recently, due to the efforts of large projects run by the Government and the World Bank, the water level has risen about 4 metres. The fishing industry has experienced a gradual revival, increasing its catch from 200 tons in 2005 to as much as 2,000 in 2006 (World Bank progress report, 2007). Risks from natural disasters also include major earthquakes, to which the South-East of Kazakhstan, specifically Almaty, is highly vulnerable.

14. Generally, the approach to children's issues requires more integration, a fact recognized by the Government. Currently, programme delivery remains vertical. Moreover, measures for the timely detection of developmental problems and their early correction are not yet fully incorporated into MCH policies. In child protection, gaps result from the fragmentation of roles involving a cross-section of implementers from various sectors.

Key results and lessons learned from previous cooperation, 2005-2009

Key results achieved

15. The programme modelled a child-friendly schools (CFS) strategy in two regions and scaled it up in three more regions. Coverage of children enrolled in CFS increased from 2 per cent in 2005 to 20 per cent by 2008, covering a total of 123,000 children. The CFS assessment methodology and training programme have also been included in pre- and in-service teacher training institutions in the East Kazakhstan region. The relative delay in incorporating the CFS concept into education policies allowed for a more exact tailoring of CFS components to local realities.

16. The piloting of the Better Parenting initiative at the local level was assessed, documented and used for the introduction of better early childhood care and development practices. This model has been endorsed and is now part of national regulations. Over 50 per cent of nurses in the Southern Kazakhstan and Semey regions were trained in empowering parents in better care for young children, and especially for girls. The 2006 Multiple Indicator Cluster Survey reported that 81 per

cent of household members were engaging in activities that promote learning and school readiness.

17. The programme also contributed to major social sector reforms and the rationalization and improvement of services for children. A basic benefit package of free health services for children, pregnant women and adolescents was introduced as part of the reform. It includes free services and medicines from primary to tertiary health care to ensure universal access. In partnership with the Asian Development Bank, the country achieved the elimination of iodine deficiency. Introduction of youth-friendly services began at primary health care facilities. In child protection, several alternative care services were introduced.

18. The programme is contributing to the new United Nations joint development programme to reduce poverty and improve access to quality basic social services in the former Semipalatinsk Nuclear Testing Area. In cooperation with the United Nations Development Fund for Women, United Nations Population Fund (UNFPA) and other organizations, the programme contributed to the development and implementation of the national 2006-2016 Gender Strategy and the Government Disaster Preparedness strategy by promoting the integration of disaster risk reduction into the school curriculum.

Lessons learned

19. The 2007 midterm review of the country programme recognized programme contributions in reshaping policy designs. However, the regulatory frameworks and implementation guidelines had not been clearly established, and therefore there were gaps in the healthcare and child protection systems. It was recommended that the basis/evidence for coherent policies be strengthened and supplemented by building capacities to implement further system reforms. These should also help in identifying a holistic system approach and avoiding fragmentation of roles and unclear accountabilities. Therefore, the new country programme will emphasize strengthening the data/evidence base and building capacities to gather and use information for policy design and its effective implementation.

20. The outbreak of HIV in southern Kazakhstan illustrated shortfalls in the care of children by families, the primary health care system and hospitals. In accelerating health system reform, particularly MCH, special emphasis should be given to transitioning from ineffective input- driven planning and budgeting procedures to results-based budgeting and evidence-based, quality-oriented and well-monitored planning and implementation. The increasing risk that HIV poses to children and women can be addressed by ensuring establishment of functional horizontal linkages in an otherwise vertical health programme and by mainstreaming prevention of mother-to-child transmission of HIV and paediatric AIDS in MCH, together with efforts to reduce stigma and discrimination, including discriminatory attitudes and practices of health workers.

21. In child protection, the strong focus on de-institutionalization has resulted in a transformation of standards of care in many institutions and in some progress on introducing foster care, but it has not yet translated into overall reform of the childcare system or a significant reduction in the number of children placed in institutions. The persistence of favourable perceptions of institutional care at local and regional levels was not addressed. In addition, the fragmented gatekeeping structures of the social protection system as a whole, which favour institutional

placement, were not adequately transformed. The new programme will lend support to the development of policy initiatives that (a) place de-institutionalization and childcare reform more centrally within the social care reform agenda; (b) address structural bias that favours institutionalization; and (c) develop alternatives and improve standards and practices.

The country programme, 2010-2015

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Social policy and alliances for children	1 950	870	2 820
Strengthening systems for a protective environment for children	3 104	3 670	6 774
Cross-sectoral costs	268		268
Total	**5 322**	**4 540**	**9 862**

Preparation process

22. The preparation of the new country programme started with the 2007 midterm review, which, along with the national and global development agenda, formed the framework. Technical and high-level consultations with the Government, Parliament, academia, civil society and international organizations helped to sharpen the strategic focus towards achievement of national priorities for children and women. The outcome recommendations of the 2007 international forum on "Increasing Social Orientation of Budgets and Efficiency of Public Expenditures in the Best Interests of Children and Families in Kazakhstan" guided the shift in focus to leverage more resources and apply effective public policies for children. Collaboration with United Nations agencies in designing the 2010-2015 United Nations Development Assistance Framework (UNDAF) helped to sharpen the country programme's focus on priorities and strategic areas. The Joint UNDAF Strategy Meeting with the Government and partners was held on 16 May 2008.

Goals, key results and strategies

23. The country programme aims to support the Government of Kazakhstan in improving the quality of life of children, with special attention paid to vulnerable groups and to the reduction in regional and gender-based disparities. The overarching priorities will be to support national policies and budgets for inclusive and rights-based social services that promote greater investments in human capital and systems strengthening. This will contribute to translating economic growth into visible improvement in the well-being of both girls and boys.

24. The country programme will contribute to the following key results: (a) human, financial and organizational resources are redirected towards plans and programmes that address gender and social disparities in the best interests of boys and girls; (b) implementation of child rights commitments is reported yearly and followed up; (c) children, adolescents, youth and women are actively participating

in social and health service programmes that promote the civic engagement of these groups to realize their rights, and life skills-based education is integrated into the curriculum nationwide; (d) 20 per cent more families have access to and use MCH and early childhood development (ECD) services that comply with international norms and standards; (e) the anaemia rate among women of reproductive age and children under five is reduced by 15 per cent, and vitamin A deficiency is eliminated among children 6-59 months; (f) the ratio of children in institutional care to children in alternative family- or community-based care has improved from 80/20 to 70/30, and there are 20 per cent fewer children in formal care; (g) there is an increase of 20 per cent in the number of children in conflict with the law who are diverted to non-punitive care and preventive services; and (h) at least 90 per cent of pregnant women who are HIV positive receive services for prevention of HIV transmission from mother to child, and the use of HIV prevention services by most-at-risk adolescents has increased to 30 per cent in exposed areas.

25. Concerted efforts will be directed at the macro level, with the aim of assisting the Government in making policies that are more rights based and gender sensitive. Evidence-based and quality research and analysis will be consolidated and will provide a vital source of knowledge to influence the design of policies and regulatory frameworks that are more consistent with global standards and norms. The foundations for building stronger alliances with the private sector, civil society representatives and the Government will be established. Multidisciplinary and cross-sector system-strengthening will build on institutional capacity development for improved governance for children and delivery of quality services in MCH, micronutrients, ECD, HIV/AIDS prevention/care, education, child protection and adolescent development, and will promote progress in gender equality. Subnational work will be continued by helping local authorities in the South and East Kazakhstan regions to address more effectively preventable risks to child survival and protection. Communication for development will be a cross-cutting strategy for behaviour change.

Relationship to national priorities and the UNDAF

26. The country programme of cooperation will contribute to improving the quality of life for all, focusing on children and women. By doing this, the programme will contribute to the country's economic development. The goal of Kazakhstan is to join the "club" of the 50 most developed economies in the world, a goal holding potential for greater social investment in children and women. The programme is aligned with efforts to increase the effectiveness of public sector governance, investments in human capital and results-based management and budgeting, as well as with long-term priorities in improving children's education and health. It will directly contribute to the following UNDAF 2010-2015 Outcomes: (a) vulnerable groups enjoy improved social, economic and health status; (b) State actors and civil society are more capable of and accountable for ensuring the rights of vulnerable groups; and (c) communities and national and local authorities use more effective mechanisms and partnerships for environmental sustainability and for response to and recovery from natural disasters and other crises.

Relationship to international priorities

27. The country programme is based on the norms and standards for children embodied in the Convention on the Rights of the Child and will contribute to sustaining the achievement of the Millennium Development Goals and *A World Fit for Children* goals. Based on the observations of the Committee on the Rights of the Child, it will provide technical inputs to assist the Government in defining and allocating a more appropriate share of its resources for children, especially for both boys and girls from disadvantaged groups.

Programme components

Social policy and alliances for children

28. The translation of legislation and policies into tangible changes in the lives of children remains a challenge. Social sector expenditure and overall investment in children is limited, relative to national income and capacities. Increased use of evidence and a strengthened knowledge management system can support policymaking and accountability for policy implementation. The public needs to become more aware of trends in the status of children and their relation to the realization of children's rights, as well as the programmes benefiting children. One aim is to increase children's participation and voice in decision-making related to issues that affect them, an effort that would also result in better use and rationalization of resources. Likewise, efforts will be made to help the private sector develop a culture of corporate social responsibility, especially in relation to children.

29. The two key elements of this component are **child-focused social policy and knowledge management** and **alliances for children**. This programme component will assist the Government in monitoring child well-being and in social sector reforms by enhancing policy review and budget utilization, improving knowledge management systems across sectors and expanding partnerships for children. As a result: (a) budget processes will be more outcome-based to encourage the provision of adequate government funding for implementation of social policies equally benefiting girls and boys from disadvantaged areas; (b) a growing number of the staff of strategic planning departments, line Ministries and local administrations (education, social protection, and health care) apply child well-being indicators and evidence-based data in planning, implementing and budgeting according to the Mid-Term Expenditure Framework; (c) local development strategies and action plans are adopted; and (d) the public and private sectors work in partnership to uphold and safeguard the rights of children and adolescents.

30. The programme supports the generation of evidence for making efficient policy choices that benefit disadvantaged and vulnerable groups of children and young people. This includes support to the analytical review of related legislative and key government public finance and social protection frameworks as they affect children. Technical assistance will be made available to academic institutions by tapping international expertise and sharing best practices, and facilitating learning among countries in the region and globally. Models of excellence adopting results-based management and budgeting will be piloted, using the local government performance framework in selected regions, and best practices will be documented for replication. Quality research, evidence-generation and data collection, disaggregated by gender and location, will be supported to inform policies and

develop technical standards and regulations, such as for micronutrient supplementation and food fortification. Such knowledge will also be used to develop and implement strategies for preventing accidents and traumas, emphasizing analysis linking the well-being of adolescent girls and boys to health-seeking behaviours. Such efforts will also be used to support reform initiatives, particularly in the child protection system. The programme partners include the World Health Organization (WHO), UNFPA, United Nations Educational, Scientific and Cultural Organization (UNESCO), International Labour Organization (ILO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), World Bank, United States Agency for International Development (USAID) and European Union (EU).

31. The programme will further support the establishment of public and private sector alliances for children, including with and for adolescents. In this collaboration, the private sector, civil society representatives and the Government will be assisted in developing a "compact for children" that will contribute to sustainable initiatives, the leveraging of resources and regular monitoring of children's rights. The compact will be regularly assessed and improved. The alliances will create the basis for a transformed engagement between the Government and UNICEF and will strive to sustain resource allocation for children in the country beyond 2015. Efforts will also go towards stimulating the social responsibility of the private and corporate sector, using key communication strategies of informing, advocating, mobilizing and accelerating public awareness. Efforts will be made to make the voices of adolescents and young people heard through support for groups, organizations, programmes and initiatives promoting civic engagement and participation.

32. The programme will be closely linked to national initiatives: the Kazakhstan 2030 Strategy; the 2020 Development Programme and the Concept of Transition of the Republic of Kazakhstan to Sustainable Development for the Period 2007-2024; the health and education long-term development strategy for 2010-2020, which is based on results-based management and budgeting; the Quality of Life for All; and the Children of Kazakhstan national programme. These efforts will contribute to the positioning of Kazakhstan as a centre of excellence for children.

33. Regular resources will be earmarked especially to establish the key blocks of evidence generation to influence social policies for children and initiatives for partnership expansion; other resources will be used to supplement and sustain this effort.

Systems strengthening for a protective environment for children

34. The component will support the strengthening of the quality of health, nutrition, education and child protection services. This effort will be linked with support for more socially effective and equitable budgeting; better results-monitoring, performance and training; and updated medical and social work technologies and curricula. Gaps need to be addressed in responding to family vulnerability and social exclusion; infants and children deprived of parental care and with special needs; domestic and international adoptions; and exploitation and child trafficking. In order to overcome these gaps, support will be given to the development and implementation of new and flexible approaches, and for the achievement of greater clarity in roles and accountabilities of service providers

within the child protection and juvenile justice systems. As many social indicators point to serious deficiencies in young people's well-being, behaviour and health-seeking patterns, the programme will emphasize renewed and integrated efforts in adolescent development.

35. The programme aims to assist the Government in strengthening the social sector system so that improvements are made in access, quality and effectiveness of care and preventive and protection services for children, adolescents and women. The two key elements of the programme are **child and adolescent health and development** and **child protection**. These aim to achieve the following results: (a) a comprehensive health system is in place enabling the holistic and integrated delivery and monitoring results of MCH, ECD, life skills-based education and HIV prevention and care services; (b) transformed and optimized childcare systems are in place that rely on community-based social services, prevention of family separation and various forms of family substitute care; and (c) the juvenile justice system provides rights-based solutions to the situation and of each child in conflict with the law, in accordance with the best interests of every child. Programme partners include WHO, UNDP, UNESCO, UNFPA, ILO, UNAIDS, the World Bank, USAID, the EU and the Organization for Security and Co-operation in Europe.

36. The programme will continue to assist the Government in improving and monitoring the basic package of free health services for children and pregnant women that is part of the health reform, emphasizing emergency obstetric and newborn care services to reduce preventable perinatal mortality. The quality and impact of training of front-line health workers on effective child survival interventions, including essential newborn care, will be further assessed and reviewed. Support will be provided to improve nutrition surveillance and growth-monitoring systems covering children and women and to expand nutrition interventions such as infant feeding practices, micronutrient supplementation and food fortification. Advocacy measures to create an enabling environment for the development and implementation of sustainable mother and child health and nutrition policies will be promoted. The experience gained in life skills-based education will be used to advocate for its mandatory introduction into the curriculum, and teacher training methods will be improved and sustained, mainly through pre-service training and linkage with the international network for life skills-based education. On ECD, the programme will continue to support the development and dissemination of messages on childcare, nutrition, disability/accidents and hygiene messages, which will be based on the findings of a comprehensive child-rearing study to be conducted. The messages will be tailored to the various practices used in a country that has a rich cultural diversity. The main partners will be WHO, UNFPA, UNESCO, USAID, the World Bank and the EU.

37. Regarding HIV/AIDS, better linkages will be forged with the health and education sectors to promote healthy lifestyles, increase adolescents' awareness on HIV/AIDS prevention, ensure proper care for children in need and mainstream the prevention of mother-to-child transmission of HIV and paediatric AIDS into MCH services throughout the country. Stronger support will be provided to most-at-risk adolescents through intensified peer-based community outreach, increased utilization of HIV prevention services and youth-friendly health and psychosocial services, as well as protection, psychological and education services for children with HIV. The main partners will be the key UNAIDS cosponsor agencies and the network of non-governmental organizations delivering HIV-prevention services.

38. In child protection, the programme will collaborate with the Government to further develop effective mechanisms, including data collection and coordinated cross-sectoral systems of detection of, referral for and response to the physical, psychological and social impact of violence, abuse, neglect, exploitation and exclusion. It will enhance decision-making and the targeting of resources through improved gender-disaggregated data collection and mapping of children not currently reached. It will strengthen national knowledge on all forms of abuse, exploitation and violence to highlight gaps in service provision; improve planning and programme interventions; strengthen linkages among sectors; and establish sound policies and a legal framework in line with the Convention on the Rights of the Child. There will be a particular focus on children in residential education and care institutions and children in conflict with the law. This will require further adjustments to the social work functions and legal framework to prevent family separation and to develop and monitor community-based family-support services and family substitute care. On juvenile justice, legal reforms based on international standards will be promoted, and personnel involved in the administration of juvenile justice will be trained on alternatives to custodial sentences, such as non-residential probation measures, community services and rehabilitation services. The main partners will be the EU, ILO, UNDP and the Organization for Security and Co-operation in Europe.

39. Regular resources will be used to bring in the best expertise and share experiences and knowledge on international standards, provide cost-benefit analysis and leverage more resources for the effective functioning of systems. Other resources will be used for micronutrient supplementation and flour fortification and for specific targeted interventions in the modelling of childcare and juvenile justice systems.

40. **Cross-sectoral costs** cover cross-sectoral staff salaries as well as travel and training and will also include additional operational support for country office management and administration.

Major partnerships

41. Partnership- and alliance-building are critical strategies. For high-level policy initiatives at central level, the main partners are the Parliament; the Presidential Administration; Ministries of Education, Health, Labour and Social Protection, Justice, Interior, Emergency, and Economic Development and Finance; the Ombudsman Office; the Supreme Court; the General Prosecutor's Office; and the Agency on Statistics. At the subnational level, local governments are the main partners. Partnership with the academic and research communities will be expanded to share knowledge and develop tools and research. Through the alliances for children, civil society and the private sector will be involved in child rights monitoring.

42. Collaboration will continue with United Nations agencies in the achievement of the established UNDAF and country programme outcomes for 2010-2015. This will include a joint UNDP/UNFPA/United Nations Volunteers/UNICEF project targeting health, prevention of HIV/AIDS, protection and employment issues regarding children, women and young people residing in the Semipalatinsk region who are affected by former nuclear testing. UNICEF will also expand cooperation in

health system-strengthening with WHO, HIV/AIDS prevention with UNAIDS, and ECD with UNESCO.

43. UNICEF will collaborate with the World Bank on a health reform project, especially in the area of pharmaceutical policies linked to antiretroviral supply and the quality of MCH. Collaboration with USAID will take place on HIV and AIDS services.

Monitoring, evaluation and programme management

44. The Ministry of Foreign Affairs will coordinate the country programme; relevant line Ministries and departments will handle implementation and management.

45. The key indicators will cover the following areas: budget allocations for priority services benefiting children; infant, child and maternal mortality; the percentage of health facilities providing quality perinatal care and the percentage of mothers using them; micronutrient supplementation coverage and incidence of vitamin A deficiency; the percentage of reproductive-age women consuming flour fortified with iron and folic acid; the percentage of women who are HIV positive receiving antiretroviral drugs; the percentage of most-at-risk adolescents utilizing HIV prevention services; the proportion of children in alternative care; and the number of children in conflict with the law placed in alternatives to detention. Monitoring will take place on achievement of the Millennium Development Goals, especially those directly affecting children, the goals of *A World Fit for Children*; and on other international and national commitments. A user-friendly DevInfo will be utilized to increase access to child-related information and to facilitate use of "Quality of Life for Children" methodology for tracking child well-being, as well as gender and social disparities.

46. Major research studies and evaluations are identified in a six-year Integrated Monitoring and Evaluation Plan. These cover, among other issues, budgetary provisions for essential services for children; quality and use of MCH and youth-friendly services; and quality and use of alternative care for children. Continuing technical assistance will be provided for a Government-initiated Multiple Indicator Cluster Survey.

47. Regular monitoring activities and periodic programme reviews will be undertaken, culminating in joint annual reviews and the midterm review, which will be linked to the UNDAF.