

Tajikistan

Country programme document 2010-2015

The draft country programme document for Tajikistan (E/ICEF/2009/P/L.11) 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.

<i>Basic data</i> [†] (2007 unless otherwise stated)	
Child population (millions, under 18 years)	3.1
U5MR (per 1,000 live births)	67
Underweight (% , moderate and severe, 2005)	17
Maternal mortality ratio (per 100,000 live births)	97 ^a
Primary school attendance (% net, male/female, 2005)	89/88 ^b
Survival rate to last primary grade (% , 2005)	99
Use of improved drinking water sources (% , 2006)	67
Use of improved drinking sanitation facilities (% , 2006)	92
Adult HIV prevalence rate (%)	0.3
Child labour (% , children 5-14 years old, 2005)	10
GNI per capita (US\$)	460
One-year-olds immunized with DPT3 (%)	86
One-year-olds immunized with measles (%)	85

[†] 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 170 deaths per 100,000 live births. See <http://childinfo.org/areas/maternalmortality/>.

^b Survey data.

Summary of the situation of children and women

1. Tajikistan is the poorest country in the region, with a 2007 gross national income of \$460 per capita. Between 2000 and 2007, the gross domestic product (GDP) grew annually by an average of 7.7 percent. Over one third of the labour force works abroad, and its 2008 remittances accounted for over half of GDP. The current global financial and economic crisis threatens not only these remittances but also economic growth and investment in children and women.

2. The challenges are profound and include a limited resource base, the fact that the country is prone to natural disasters, gender inequalities, and institutional weaknesses. These combine to threaten the sustainability of reforms and development achievements.

3. Roughly half of the population still lives in poverty, which is more prevalent in the south and east of the country. Recent price inflation exacerbated food insecurity, which affected 13 per cent of the population in the first half of 2008. Social assistance benefits for children do not reach all those below the poverty line. Social sector budgets remain low and are barely adequate to maintain existing systems: Tajikistan spends 3.8 per cent of its GDP on education, and 1.6 per cent on health. Tajikistan regularly experiences natural disasters, which include earthquakes, floods and harsh winters, and has weak institutional capacities to deal with environmental shocks and challenges such as availability of clean water. Together these constitute a continuing development emergency.

4. In spite of such challenges, Tajikistan succeeded in decreasing sharply the infant mortality rate from 75 deaths per 1,000 live births in 2000 to 56 in 2006; and

the child mortality rate from 93 deaths per 1,000 live births in 2000 to 67 in 2006. Coverage of vitamin A supplementation increased from a negligible amount in 2004 to 65 per cent in 2007, and iodized salt consumption grew from 20 per cent in 2000 to 49 per cent in 2007. Full immunization coverage rose from 71 per cent in 2004 to 85 per cent in 2007. Moreover, the Government is introducing financing reforms in health (Basic Benefits Package) and education (per capita financing) and is improving the child protection system by including a social-work approach to case management and community-based family support/substitution services. Tajikistan is engaged in a Poverty Reduction Strategy Paper (PRSP) process, addressing social and economic reforms. A Joint Country Support Strategy will contribute to a more effective and efficient use of aid.

5. Tajikistan can achieve Millennium Development Goal 4 “Reduce child mortality”, provided it focuses more strategically on the main causes of death. More than 40 per cent of infant deaths occur in the first week, despite the fact that 62 per cent of births take place in institutions and 83 per cent are accompanied by a skilled attendant. In the postnatal period, malnutrition, diarrhoeal diseases and acute respiratory infections are the major causes of death. Only one third of the population receives its water from unimproved sources, and water quality in general is a concern. The maternal mortality ratio (MMR) is higher than the region’s average, largely because of inadequate perinatal care, and therefore Goal 5 will be difficult to achieve.

6. Family knowledge and care practices are inadequate. Roughly one third of children aged 6-59 months are stunted. Only 6 per cent of children with diarrhoea receive increased fluids and continued feeding, and only 3 per cent of women know the two danger signs of pneumonia. This situation is compounded by chronic food insecurity and vulnerability to increases in food and energy prices. The Millennium Development Goal target on child malnutrition could be met with great difficulty.

7. Some 90 per cent of children enter grade 1 without pre-school experience, since access to pre-school education remains unaffordable for many, especially vulnerable, children. Fewer than 10 per cent of children attend State pre-schools, whereas 15 per cent are in private kindergartens for which data on the quality of the programmes are not available. There is a lack of family knowledge on child development: as many as 60 per cent of children lack support for early learning at home.

8. Enrolment and attendance rates at primary school (grades 1-4) are very high for both sexes, but by grade 9, roughly one fourth of girls no longer attend school. As this situation has persisted for several years, the country is beginning to experience the challenge of children being born to mothers with incomplete basic education. Household work or school-related expenses are cited by girls 60 per cent of the time as the reason for not attending school. Teachers are in short supply; 16 per cent of them do not have the required level of pre-service training; and their in-service training is sporadic. For these and other reasons, the country may not achieve Goals 2 and 3.

9. There is a rapidly increasing HIV/AIDS epidemic, centred on a widespread availability of cheap drugs for intravenous use, commercial sex work, and population migration. The 2007 HIV prevalence rate was 19 per cent among intravenous drug users and 1.8 per cent among commercial sex workers. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates there are

10,000 people (15-49 years) living with HIV/AIDS. Groups at risk are difficult to reach because of their engagement in marginalized and illegal activities; constraints on access and use of services for under-age groups; and stigma and discrimination in health services. Goal 6, therefore, is unlikely to be met.

10. Around 200,000 children aged 5-14 are engaged in some form of child labour (excluding non-intensive household chores) and 65,000 children aged 5-14 are engaged in paid work, according to the Multiple Indicator Cluster Survey (MICS) in 2005. Child abuse and neglect is a challenge, and children are commonly exposed to physical and psychological punishment. According to MICS 2005, among children 2-14 years, 76.7 per cent of boys and 71.8 per cent of girls experienced some forms of punishment. Severe physical punishment was applied to 18 per cent of boys and 14.2 per cent of girls in the same age group. In 2005, about 12,900 children lived in residential care institutions; nearly 80 per cent of them had at least a biological parent alive. The reform of the child protection system is hindered by the lack of alternative services and monitoring systems.

11. In 2005, there were 255 children in prison and 327 in open rehabilitation institutions. The juvenile justice system needs its own legislation, procedures, authorities, and sentencing guidelines and practices. Children under the age of 14 years still face arrest, pre-hearing detention and extended deprivation of liberty, often for minor offences.

12. The observations of the Committee on the Rights of the Child date from 2000, but many remain relevant: gender discrimination, the lack of access to family support services for children with disabilities, the deterioration in the quality of education and health services, additional household costs of school attendance, and the lack of a well-administered juvenile justice system.

13. Women and girls face great challenges. For instance, only 1 in 10 Parliamentarians is a woman, and 1 woman in 6 marries before age 18. The United Nations Special Rapporteur on Violence against Women noted in her concluding statement of May 2008 that while gender equality is promoted in law, in practice the situation of women has regressed in the past 15 years.

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

Key results achieved

14. UNICEF and the World Bank led donor coordination in the education sector, and supported the Ministry of Education with technical assistance to develop the National Strategy for Education Development, which enabled the Government to receive \$19 million from the Fast Track Initiative Catalytic Fund.

15. Piloting of the World Health Organization (WHO) live birth definition in two regions resulted in a better understanding by the Ministry of Health of the problems related to infant mortality, which have now been addressed in the health sector reforms. To date, 33 out of 71 maternity hospitals in the country are certified as baby-friendly. In partnership with WHO and the World Bank and with funding from the GAVI Alliance (Global Alliance for Vaccines and Immunization) and the Japanese International Cooperation Agency, the programme supported national

immunization; as a result, the Government substantially increased immunization coverage, to 85 per cent in 2007.

16. Joint UNICEF-WHO support to semi-annual national vitamin A supplementation days, funded by the Government of Canada, contributed to the Government's increasing coverage of children aged 6-59 months, to 65 per cent in 2007. The household consumption of adequately iodized salt rose to 49 per cent in 2007 following legal enforcement by the Government and partnership with non-governmental organizations (NGOs) and manufacturers for capacity-building and social mobilization, with support from UNICEF and the Asian Development Bank.

17. With funding from the European Commission, the Government of Japan and the Canadian International Development Agency, the Government of Tajikistan provided 350 schools (enrolling approximately 150,000 children) with some or all elements of a water, sanitation and hygiene education package. A 2007 evaluation found that the positive results achieved in terms of latrine utilization and maintenance had been sustained over time. Building on this result, the Ministry of Education set new water and sanitation standards for schools, in collaboration with the World Bank and UNICEF.

18. The country programme supported the Government to develop strategic directions in child care reform, including assessment and de-institutionalization, and a greater emphasis on keeping children in a family environment, and in community-based support services. With support from the Swedish International Development Agency, 2,871 children were assessed and 1,682 were reintegrated in their families. Seven institutions were closed, and three others transformed into regular schools with extra-classes for children from very poor families.

19. With the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the programme helped the Ministry of Health to model youth-friendly health services for most-at-risk adolescents (MARA); as a result, 86 per cent of targeted MARA knew of the services and 27 per cent had visited them. HIV/AIDS-related life skills-based health education was introduced in the curriculum for grades 7-9 and is now taught in 10 per cent of schools. In partnership with the Global Fund and UNICEF, the Ministry of Health introduced the prevention of mother-to-child transmission (PMTCT) of HIV in 18 districts, enabling 60,000 pregnant women in those districts — one third — to receive voluntary counselling and testing (VCT) as of 2008, compared to 11 per cent of pregnant women in 2005. Further, all officially registered pregnant women who are HIV positive nationwide received preventive antiretroviral therapy; the first-year coverage exceeded 50 per cent.

Lessons learned

20. A regional assessment of the contribution of the country programme to the Education for All Fast Track Initiative in 2007 found that UNICEF played a central role among education sector donors. The experience also showed that the financing partnership led to major improvements in donor coordination and alignment with government priorities, sectoral strategy development and the building of key management capacities.

21. An evaluation of de-institutionalization in 2008 found that the country programme had managed to overcome key challenges in removing children from

residential care institutions. This represented major progress; however, in order to avoid a negative impact on children's protection, quality alternative services to families needed to be put in place. As a result, more emphasis will be placed on such services in the new country programme.

22. Adolescent health services have traditionally been unsuccessful in reaching most MARA, because of their age, the legal environment, and their engagement in marginalized activities. Introducing confidential registration, ensuring that services address stigma and discrimination, using outreach workers, and providing VCT have made these services youth-friendly and contributed to improved access and treatment. These approaches will continue to be used in the new country programme, with the aim of reaching greater numbers of MARA more effectively.

23. The winter emergency of 2008 and the severe impact of the food and energy crises underlined the fact that government and United Nations programmes are subject to repeated swings between regular programming and emergency response. Emergency preparedness and response is therefore better integrated into strategies and work plans in this country programme.

The country programme, 2010-2015

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	3 000	6 000	9 000
Basic education and gender equality	2 600	5 500	8 100
Child protection	2 340	3 200	5 540
Policy and planning	2 500	1 000	3 500
Cross-sectoral	1 572	300	1 872
Total	12 012	16 000	28 012

Preparation process

24. Sectoral consultations were organized for health, education and child protection, involving the relevant ministries and major donors. Meetings with the Vice Prime Minister — who is also the chair of the Commission on Child Rights — and the Head of the National Investment Commission, which is responsible for coordinating aid and the Joint Country Support Strategy, also took place. The Ministry of Foreign Affairs was closely consulted.

25. Programme preparation relied on the United Nations Development Assistance Framework (UNDAF) 2010-2015, State Statistics Committee data, the MICS 2005, Tajikistan Living Standards Survey (2007), Sexually transmitted infections/HIV epidemiological surveys of the Ministry of Health/Republican AIDS Centre, Joint Country Support Strategy social sector reports, Food Security Assessments, and studies and evaluations on child poverty and programme components.

Goals, key results and strategies

26. The overall goal of the country programme is to contribute to protecting children's rights to survival, development, protection and participation, with a particular emphasis on the most vulnerable. The country programme will support government efforts and plans aimed at addressing the three main development challenges facing the country, namely: poverty and its drivers, particularly as they affect children; the compounded crisis and recurring development emergencies; and gender inequalities and institutional weaknesses in the social sectors, particularly at the decentralized level.

27. In line with the Millennium Development Goals endorsed by Tajikistan, the programme will contribute to achieving: (a) a decrease in infant and child mortality rates by focusing on reducing neonatal mortality and improving the care and nutritional status of children; (b) a reduction in the MMR by a more effective perinatal care with quality reproductive health services and clean delivery; (c) reduction of the risks of HIV infection among infants and MARA; (d) completion by all children, particularly girls, of nine years of quality basic education; (e) improvement in the ratio of children in institutional care to children in alternative family-or community-based care, from 96/4 to 70/30, together with a reduction in the rate of children in formal care by 10 per cent; and increase of 10 per cent in the number of children in conflict with the law who are diverted to non-punitive care and preventive services; and (f) gradual elimination of worst forms of child labour through a more effective monitoring and reporting system and better access to education by working children. In each of these areas, support will be given to national policies, system strengthening, budget development and decentralization, with a view to promoting the sustainability of reforms.

28. These goals will be achieved using the following strategies: (a) promotion of human rights approaches across the country programme; (b) adequate recognition of cross-cutting issues of child poverty and gender equality in public policy; (c) modelling, testing and scaling up of cost-effective interventions that reach the most vulnerable children and families, giving priority to saving lives in selected districts; (d) capacity development through accessing international knowledge networks and academic centres, to accompany social sector reform; (e) building of strong partnerships among the Government, civil society and major development partners to leverage resources, promote innovation, and create programmatic synergies; and (f) integration of ongoing emergency preparedness and response with work on policy and system strengthening.

29. There will be a new focus on communication for development linked to the generation of quality data and cutting-edge knowledge on children, and their dissemination for evidence-based policy making.

Relationship to national priorities and the UNDAF

30. The country programme is based on an analytical identification of critical areas and is designed to support the priorities and strategies laid out in the National Development Strategy and the PRSP. Country programme results were identified as part of the 2010-2015 UNDAF development process, and contribute to three of the four UNDAF outcomes, pertaining to quality basic services, food and nutrition security, and poverty reduction and governance.

Relationship to international priorities

31. The design of the country programme was guided by the Convention on the Rights of the Child and *A World Fit for Children*, and is framed by the Millennium Development Goals and each focus area of the UNICEF medium-term strategic plan 2006-2013.

Programme Components

32. **Child survival and development.** While the Government was successful in substantially decreasing the infant and child mortality rates, there is still a high level of early neonatal and maternal mortality that points to weaknesses in policy and standards, and in the availability and quality of services. The programme will target four key results: (a) improved maternal and child health (MCH) services are adequately taken into account in national health policies, strategies and budgetary frameworks; (b) all women who are giving birth as well as newborn infants in eight districts receive quality essential and emergency obstetric and newborn care; (c) parents in eight districts have improved child care practices, while nationwide immunization coverage and vitamin A supplementation are at 90 per cent, and consumption of adequately iodized salt is at 80 per cent; and (d) the PMTCT and paediatric AIDS services are integrated into MCH services in 54 maternity hospitals and reproductive health centre in 18 districts, and outreach services and voluntary counselling and testing are provided to MARA in 25 cities.

33. The main areas of cooperation will be perinatal care; MCH and nutrition; and HIV/AIDS prevention and treatment. The new focus on perinatal care will build on international experience and expertise to help the Government to better integrate essential and emergency obstetric and newborn care services into the national strategies and plans, by developing or adapting standards and protocols, in close partnership with WHO and the United Nations Population Fund (UNFPA). In particular, the programme will contribute to a greater focus on antenatal care and early childhood care in the Basic Benefit Package supported by the World Bank.

34. Work will continue with the Ministry of Health to strengthen systems to manage immunization services, vaccine supplies and cold chain, in collaboration with GAVI and the Japanese International Cooperation Agency, to support social mobilization to generate demand for quality services; and, in co-operation with the World Bank, to support the elimination of micronutrient deficiencies. The programme will contribute to reinforcing national systems to implement nutrition-related legislation, including on food fortification; generate greater demand for consumption through communication; and support procurement services for the Government.

35. Regarding HIV/AIDS, stronger support will be provided to MARA, pregnant women and children who are HIV-infected, and to prevention of nosocomial infections. Relevant policies and protocols will be developed and adapted in order to better integrate PMTCT and paediatric AIDS into the MCH services. In partnership with the United Nations Development Programme (UNDP) and UNAIDS, the programme will assist the Government to further enhance the capacities of clinicians and laboratory technicians to deliver services addressing stigma and discrimination; and strengthen the existing health monitoring system. Improving MARA knowledge, practices and use of services will be achieved by improving the

skills of outreach workers; building service capacities on confidential registration; and making technical assistance available to support legal reforms.

36. In addition, emergency preparedness and response will be incorporated into the capacity development activities of this programme component.

37. Regular resources will be allocated for policy development, systems strengthening and protocols. Other resources will be used for expanding coverage of services, supplies and outreach.

38. **Basic education and gender equality.** Achieving the country's goals in basic education is constrained by weak institutional capacities, the poor state of infrastructure and growing gender disparities. The programme will therefore support the Government in addressing the determinants of gender inequity, primarily demand factors; access to pre-school programmes; the school environment; and the low levels of adolescent knowledge and skills.

39. The main programmatic areas will include gender-sensitive and inclusive education policies; early learning; water, sanitation and hygiene (WASH) and girls' participation; and life skills-based education.

40. Using the child-friendly school approach as a conceptual framework, the programme targets four results: (a) government policies as well as partners' plans explicitly address the issue of gender disparity and other inequities in basic education; (b) early learning models are piloted and evaluated, and a conducive policy environment is established allowing alternative systems; (c) in 15 per cent of schools, students have access to gender-sensitive water and sanitation facilities as an entry point to increasing girls' attendance and completion rates; and (d) in 22 per cent of schools, at least 70 per cent of students in grades 7-9 have knowledge of and practise life skills.

41. UNICEF will build on its lead role with the World Bank in the Fast Track Initiative and donor coordination to support the Government in sector reforms and initiation of a national movement for girls' education, and leverage funding. The programme will capitalize on the Government's recent commitment to girls' education to strengthen communication for development and support conditional cash transfers, scholarships, school vouchers and other relevant demand-side measures. The programme will strengthen the capacity of the Ministry of Education at the decentralized level in the areas of education financing, management and governance.

42. In early learning, the country programme will draw on the Child-to-Child model to establish a knowledge base on improving school readiness for pre-school children, and on the current work on Early Learning and Development Standards.

43. WASH interventions will be sustained in the 350 schools, by building capacities at school and district level; and will reach an additional 250 schools. This initiative will contribute to improving hygiene behaviours, making schools more girl-friendly and overcoming demand constraints. The project will provide evidence and strategic direction for the adoption of a nationwide programme targeting girls' completion of basic education.

44. In partnership with UNFPA, UNDP, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization (ILO) and linked with the WASH intervention, life skills-based education pertaining to human

rights, gender equality, violence prevention, and prevention of sexually transmitted infections and HIV/AIDS will be expanded from 200 schools to a further 625 schools. In support of these, the country programme has positioned itself to access the 8th Round funds of the Global Fund.

45. Emergency preparedness and disaster reduction will be mainstreamed in all aspects of the programme, with the aim of immediately restoring education services in emergencies.

46. Regular resources will be used to help the Government to build national management and technical capacities, strengthen donor coordination and build a national partnership for girls' education. Other resources will be mobilized for expanding coverage, initiating innovative practices, communication for development, and increasing the range of capacity-building.

47. **Child protection.** The Government is reforming its child care system to provide better support to at-risk children in the family environment. It has moved ahead in the adoption of a progressive juvenile justice policy, though children still often struggle to access services and obtain support. Violence against children is recognized as a serious concern.

48. To ensure sustainability of the reforms, the programme will build on existing structures and services. Key results are: (a) the childcare system and residential institutions are transformed into services that rely more on alternative community-based services and prevention of family separation; and (b) the juvenile justice system respects the best interests of the child, and community-based alternative practices aiming at minimizing deprivation of liberty are available and used.

49. In childcare system reform, the programme will support the Government in developing a national policy framework and plan, and their implementation, and will encourage a stronger coordination, as well as the adoption of common strategies, among partners. This will include further building the social work function, detection, assessment, "gate keeping" and referral, and monitoring; increasing the range, availability and quality of family support services, particularly for children with disabilities and those affected by violence; and the transformation of institutions and expansion of quality family-substitute services.

50. In juvenile justice, the programme will continue to support legal reforms based on international standards and develop the capacity of the personnel involved in the administration of juvenile justice. It will promote alternatives to custodial sentences, including diversion to community-based services and non-residential rehabilitation services. The focus will be on under-age, first-time and least-serious offenders. The programme will work closely with the European Commission and the Swiss Agency for Development and Cooperation to increase legal support to children. It will reinforce existing monitoring and accountability mechanisms, promote cross-fertilization of international best practices, and the integration of juvenile justice into other child protection services.

51. Child trafficking will be addressed through the reform of the juvenile justice and child care systems, while issues related to violence against children will be mainstreamed in the components on basic education and gender equality, and policy and planning. UNICEF will support the generation of disaggregated data on the impact of child labour on the physical and mental well-being of children. Together with the ILO-International Programme on the Elimination of Child Labour, and

NGOs, the programme will promote access to education for working children and a reduced engagement of children in hazardous work.

52. Regular resources will be used in priority for policy development and system enhancement, while other resources will be used for the expansion of services.

53. **Policy and planning.** Social assistance programmes have a limited role in poverty reduction in Tajikistan, as there are few resources available and existing programmes do not always reach the poorest. Policy and planning efforts will support a more efficient and equitable system of social services. Related efforts will also be made to strengthen data collection and management so that this function more effectively supports national policy design and evaluation. An immediate aim is to support the costing of social services and allocation of sufficient budget provision for their effective delivery, both of which are urgent priorities. Reinforcing this work will be a stronger emphasis on increasing awareness of, and partnerships for, child rights.

54. This programme will assist the Government to adequately reflect cross-cutting issues of child poverty and gender equality in public policy, particularly in the PRSP, and to use budgetary process and allocations to support decentralization and child rights. This will be achieved through the following results: (a) the capacity of social sector Ministries to make higher investments for children in the context of public finance reforms is further developed; and (b) local authorities in at least three districts are able to develop, manage and mobilize resources for development plans that benefit children.

55. The main programme areas will be social and economic policy, communication and partnerships, and monitoring and evaluation.

56. In the area of social and economic policy, the programme will contribute to social protection reforms that are sensitive to the well-being of children and reinforce the central role of child benefits in supporting families. Through a new engagement in public financial management, the line Ministries and the Ministry of Finance will further contribute to human capital formation. This will involve building key management skills in the context of public finance reforms (including the Medium Term Expenditure Framework, Per Capita Financing in education, Basic Benefits Package in health, and the emerging Sector-wide approach). An analysis of public expenditures and their equity impact, and the costing of social services will be emphasized.

57. The programme will contribute to the building of capacity in high-quality research and analysis, shedding light on the extent, causes and trends of child poverty, and on gaps in policy, budgets and policy implementation. An expanded data and evidence base covering essential indicators of child rights will be available for use by decision makers, public service managers and civil society organizations at national and district levels.

58. The work on communication and partnerships will support efforts to develop and implement child-centred policies and the sustained realization of child rights. There will also be a focus on emergencies to promote preparedness, facilitate quick response, and leverage funds.

59. Monitoring and evaluation will contribute to building a national monitoring system centred on the well-being of children. This will include support to *TajikInfo*

and PRSP monitoring, as well as tracking the impact of the financial, food and energy crisis on vulnerable families. Support to routine systems and to exercises such as the National Census, MICS and surveys on living standards will be provided.

60. Regular resources will be used primarily for policy development and a more functional database for children, while other resources will fund the conduct of surveys and field studies.

61. **Cross-sectoral costs** will cover operational support to planning, implementation, management, monitoring and evaluation and related salaries and travel of cross-sectoral staff, and costs of office furniture and equipment.

Major partnerships

62. A wide range of collaboration and partnerships will be initiated or strengthened, as noted above. These will include United Nations agencies taking part in the UNDAF, local NGOs, and the private sector. Local governments will be major implementers in priority districts. Contributing to efforts to improve aid effectiveness and related government planning and use will be the Asian Development Bank, United Kingdom Department for International Development, European Bank for Reconstruction and Development, the European Commission, GTZ (German Technical Cooperation), the Swiss Agency for Development and Cooperation, the Swedish International Development Cooperation Agency, the United States Agency for International Development, and the World Bank. UNICEF will build on the success of previous cooperation with the World Bank to further support the Government in a new round of Fast Track Initiative in education.

63. The exchange of information, experiences and expertise on issues relating to children and women will continue through the Central Asian ministerial and technical Forums on MCH, Education and Child Protection.

Monitoring, evaluation and programme management

64. The Ministry of Foreign Affairs will assume the overall coordination of the country programme and the implementation by line ministries; it will be assisted by the National Council for Child Protection. UNICEF will work closely with the State Statistics Committee to monitor the country programme, as it maintains the national socio-economic database and tracks progress towards the Millennium Development Goals. UNICEF will cooperate with the United Nations Country Team in monitoring UNDAF implementation of Quality Basic Social Services.

65. Key indicators include neonatal, infant, child and maternal mortality; immunization coverage; HIV infections from mother to child and use of Youth Friendly Health Services by MARA; underweight, stunting and wasting prevalence; incidence of micronutrient deficiencies; pre-school enrolment; girls' attendance rate; proportion of children in alternative care; prevalence of child labour; and trends in budget allocations for critical services benefiting children. Where necessary, baseline-data studies will be conducted in 2009-2010. Major evaluations will assess the quality and effectiveness of perinatal services, child-friendly and gender sensitive schools and services, and availability and quality of PMTCT and paediatric AIDS services. A study on the prevalence and types of child labour will also be undertaken.

66. All monitoring and evaluation activities will be managed in the framework of the integrated monitoring and evaluation plan.