

Uzbekistan

Country programme document 2010-2015

The draft country programme document for Uzbekistan (E/ICEF/2009/P/L.14) 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.

Basic data†

(2007 unless otherwise stated)

Child population (millions, under 18 years)	10.6
Under-5 mortality rate (per 1,000 live births)	41 ^a
Underweight (% , moderate and severe, 2006)	5
Maternal mortality ratio (per 100,000 live births, 2006)	28 ^b
Primary school attendance (% , male/female, 2006)	100/100
Survival rate to last primary grade (% , 2005)	99
Use of improved drinking water sources (% , 2006)	88
Use of improved sanitation facilities (% , 2006)	96 ^a
Adult HIV prevalence rate (%)	0.1
Child labour (% , children 5-14 years old)	.. ^c
GNI per capita (US\$)	730
One-year-olds immunized with DPT3 (%)	96
One-year-olds immunized with measles vaccine (%)	99

† More comprehensive country data on children and women are available at www.unicef.org.

^a According to Multiple Indicator Cluster Survey 2006 data, the U5MR is 57 per 1,000 live births; use of improved drinking water sources is 90%; and use of improved sanitation facilities is 99%.

^b The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 24 deaths per 100,000 live births.

^c The child labour estimate is under review.

Summary of the situation of children and women

1. More than 40 per cent of the people of Uzbekistan are under 18 years of age, and the Government places considerable emphasis on meeting children's needs. In a context of recent economic growth, the amount the State budget allocated to social sectors increased to 55 per cent in 2008. About 12 per cent of gross domestic product is devoted to education, 3 per cent to health, and 2 per cent to social assistance for poor families.

2. The level of poverty (Millennium Development Goal 1), based on a measure of 2,100 kilocalories per person per day, stood at 26 per cent in 2005. The Government is committed to reducing this level to 14 per cent by 2015. However, greater progress is needed in rural areas, where three fourths of poor people live. Malnutrition and micronutrient deficiencies have been contributing to about one third of the under-five mortality rate (U5MR). About 5 per cent of children are underweight; 14 per cent are stunted; exclusive breastfeeding is only 26 per cent; adequate young-child feeding is 28 per cent; and multiple micronutrient deficiencies are common. The 2005 Anaemia Prevention and Control Programme Evaluation recorded anaemia rates in children and women of childbearing age at 33 per cent and 37 per cent, respectively.

3. With a school attendance rate of 96 per cent, Uzbekistan is on track to reach Goal 2. However, pre-school attendance stands at only 22 per cent nationally and only 13 per cent in rural areas, due to hitherto insufficient investment and challenges in providing high-quality education. According to the Ministry of Public

Education, 55 per cent of school-age children with disabilities are enrolled in mainstream education. Nevertheless, further efforts are required to ensure full inclusiveness and retention of children at risk. Goal 3, on gender parity in primary and secondary education, was officially achieved in 2005, although the 2007-2008 National Human Development Report suggests that longer distances from schools resulting from the introduction of secondary specialized education (grades 10-12) have raised barriers for girls from traditional families. In spite of the Government's focus on quality and relevance, curricula and teaching methods have not kept pace with global standards. There is room to further develop the skills of education staff in school planning, management, monitoring and evaluation, and the capacity of school boards and parent-teacher associations.

4. To achieve Goal 4, Uzbekistan needs to reduce the U5MR to 24 deaths per 1,000 live births. According to the MICS 2006, U5MR fell from 69 to 57 deaths per 1,000 live births between 2000 and 2006. Despite 95 per cent of deliveries occurring in public facilities, the poor quality of peri-natal care contributes to half of all infant deaths and a high maternal mortality ratio (MMR), which stands at 28 deaths per 100,000 live births. Another challenge is the fact that families lack proper knowledge on good child-rearing practices to support children's survival, early development and protection.

5. Reversing the spread of HIV/AIDS (Goal 6) will be a challenge. The Republican AIDS Centre reports that total registered HIV cases soared from 230 in 2000 to 13,184 in 2007. A cause for concern is the increasing infection rate among women, a group who represented 34 per cent of cases in 2007, up from 10 per cent in 2001. Indications from one region suggest that growing numbers of children are at risk from mother-to-child transmission of HIV, which represented 3 per cent of registered cases in 2007. HIV infection among under-24s nearly doubled, to 26 per cent, between 2003 and 2007. A baseline survey of the most-at-risk adolescents (MARA) conducted in 2006 highlighted a lack of access to preventive services and knowledge: some 66 per cent of the respondents did not know how to prevent HIV, and 56 per cent were engaged in high-risk behaviour. About 73 per cent of reproductive-age women understood the different modes of HIV transmission.

6. Regarding Goal 7, the children and women of Uzbekistan are at continuous risk from natural disasters, particularly earthquakes. Another challenge has been the shrinking of the Aral Sea, which has led to desertification, soil salinity, extreme weather conditions and microclimate change, with the affected population experiencing a deterioration of livelihoods, increase in migration, and worsening health.

7. A clear role exists for development partners (Goal 8) in ensuring better use of available resources. The Welfare Improvement Strategy of Uzbekistan was important in identifying where international organizations could contribute, particularly in addressing regional disparities and supporting the Government's commitment to the transition from a "strong State to a strong society" in which citizens are better aware of rights and demand quality services.

8. The most important child-related laws and conventions recently approved, signed or ratified include the national Law on the Guarantees of the Rights of the Child, the National Plan of Action for Child Welfare, the two Optional Protocols to the Convention on the Rights of the Child (on the sale of children, child prostitution and child pornography; and on the involvement of children in armed conflict), the

Convention on the Rights of Persons with Disabilities (signed), and International Labour Organization (ILO) Conventions No. 182 on the Worst Forms of Child Labour and No. 138 on Minimum Age. The ratification of ILO Conventions Nos. 182 and 138 followed the recommendation of the Committee on the Rights of the Child, which also called for ensuring children's rights to education during the cotton harvest and the establishment of monitoring and control study mechanisms for child labour. Despite the ratification of two ILO conventions, the issue of child labour in the cotton sector remains to be fully addressed. The Committee further recommended the setting up of an intersectoral body with adequate resources to coordinate implementation of the Convention on the Rights of the Child, including harmonizing the juvenile justice system with international norms and standards.

9. Living in State care institutions are more than 31,000 children, 28,000 of whom have disabilities. Some 314 children are receiving non-residential care. Unified and disaggregated data are lacking on key child protection indicators, and child protection issues are covered by a number of Ministries, a practice that hinders implementation of programmes. The Government has started to respond to the need for improved data collection and analysis and is working on de-institutionalization, inclusive education and reduction of the worst forms of child labour.

10. While good progress has been made towards most Goals, full achievement will be very difficult. The prioritization of budget allocations for children is crucial, given the likely decline in remittances and economic pressure on families because of global economic trends.

Key results and lessons learned from previous cooperation

Key results achieved

11. The evaluation of the Newborn Survival Package, supported by UNICEF in 2007, illustrated a significant increase in the knowledge, skills and preparation of staff and facilities for neonatal resuscitation and newborn care. UNICEF, the Centers for Disease Control and Prevention, and the World Health Organization (WHO) supported nationwide introduction of the international live birth definition, which has helped to increase understanding of issues related to neonatal mortality. The Government also adopted a Law on Iodine Deficiency Disorders Prevention. Technical support from UNICEF combined with HIV test kits supplied by the Global Fund to Fight AIDS, Tuberculosis and Malaria enabled 1,300 women's primary health care staff to develop skills for HIV pre-test counselling. Youth-Friendly Health Services (YFHS) for HIV prevention among MARA in five "hot spots" helped to increase in the percentage of adolescent intravenous-drug users visiting YFHS at least four times annually, from 24 per cent in 2006 to 55 per cent in 2008.

12. In pre-school education, technical assistance from UNICEF and the World Bank contributed to the development of Early Learning and Development Standards (ELDS), which led to a National Programme for Pre-school Education. A Government resolution established alternative school-readiness programmes, including community-based and Sunday schools. The Family Education programme benefited nearly 250,000 families. Compared to the 2006 baseline, exclusive breastfeeding soared from 35 per cent to 79 per cent, while the percentage of households with supplementary children's books rose from 38 per cent to 58 per

cent. Following an evaluation in 2005 of the global education project in Central Asia, the Child-Friendly Schools (CFS) package was scaled up in 750 schools, reaching 500,000 children; as a result, 25 per cent of children in the programme showed a greater interest in their studies. CFS and inclusive education principles were integrated into the revised Law on Education and in the curricula of all teacher training institutes.

13. The introduction of an umbrella Law on the Guarantees of the Rights of the Child and the annual high-level Child Protection Forum led to enhanced commitment, stronger partnerships and better monitoring of such issues as child care system reforms, juvenile justice, and inclusive education. Social work is now registered as a profession, offering opportunities for undergraduate and postgraduate studies and in-service training. Since 2004, six orphanages closed, and the number of children in State orphanages decreased by 25 per cent. The Cabinet of Ministers, with support from UNICEF, developed and endorsed a National Plan of Action to implement the two ILO Conventions on child labour. In line with this effort, directives were issued to local officials to refrain from involving children in cotton harvesting.

14. A reporting system was introduced nationally to better analyse data and to ensure that decision-making was evidence-based, and comprehensive plans for implementing the law on child rights were developed in two regions. The Government, European Union (EU), United Nations International Strategy for Disaster Reduction and UNICEF introduced community and school disaster-preparedness and risk-reduction plans in six disaster-prone regions, covering 200 schools.

Lessons learned

15. *From policies to system change.* An impressive array of laws, national plans and programmes has been adopted, yet analysis showed that for these to be effective, system change and capacity development requires greater emphasis. The midterm review of the country programme highlighted the need to focus on sector reform and the strengthening of systems and budgeting. An evaluation of the programme on local capacity-building concluded that it had the potential to help local authorities adapt national policies to local realities. The evaluation also highlighted the need for more comprehensive assessments of the training needs of service providers, specifically “role mapping”. These elements are incorporated into the new country programme.

16. *From sectoral to integrated interventions.* The evaluation of the Newborn Survival Package in 2007 demonstrated the value of fully integrating interventions, which strengthened intersectoral cooperation, systemic efficiency and a sustainable continuum of care. Consolidating interventions in a strategic package also helped to leverage funds from donors and enhance Government commitment to sector-wide approaches. Learning from this experience and the midterm review, the new country programme will feature greater service packaging in several areas: prevention of mother-to-child transmission (PMTCT) of HIV will be integrated into maternal and child health (MCH); and child care reform work will be consolidated.

17. *Mainstreaming Communication for Development (C4D) into family education.* An independent evaluation of the family education programme in 2005 recommended better-targeted messages and greater use of mass media. These

lessons and the C4D approach will be incorporated into family education to raise awareness on laws and policies among the population and service providers, change attitudes and behaviour, and multiply programme impact.

The country programme 2010-2015

Summary budget table

<i>Programmes</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Improvement of quality basic services	10 734	17 400	28 134
Strengthening national capacity-building for policy development and implementation	6 990	4 500	11 490
Cross-sectoral costs	2 010	600	2 610
Total	19 734	22 500	42 234

Preparation process

18. Preparation was closely aligned with the United Nations Development Assistance Framework (UNDAF) 2010-2015. UNICEF actively participated in consultations with Government and civil society and contributed to the United Nations Country Analysis. UNICEF held strategic planning sessions in September and November 2008, which were followed by UNICEF-Government consultative meetings in December 2008 chaired by the Deputy Prime Minister in charge of Social Issues. Four sectoral working groups comprising Government and UNICEF representatives worked to sharpen priority programme areas, key results and interventions. UNICEF also held bilateral consultations with key development partners.

Goals, key results and strategies

19. The overall goal of the county programme is to contribute to achievement of the Millennium Development Goals, especially those concerning child survival, growth, development, protection and participation, through strengthening national capacity to plan, implement and monitor the realization of the rights of children and women under the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women, addressing weaknesses in intersectoral coordination, system capacity and data quality.

20. The following key results are expected by 2015:

(a) The U5MR and MMR reduced from 57 to 24 deaths per 1,000 live births, and from 28 to 23 deaths per 100,000 live births, respectively;

(b) Micronutrient deficiency rates reduced by 20 per cent for anaemia and 50 per cent for iodine deficiency disorders;

(c) HIV infections from mother to child reduced to 2 per cent, and use of youth-friendly health services by MARA increased from 20 per cent to 60 per cent nationwide;

(d) Pre-school enrolment for children 3 to 7 years old increased from 22 per cent to 50 per cent, and at least 50 per cent of schools are child-friendly;

(e) Enrolment of children with special needs increased by 20 per cent in mainstream basic education, and more children at risk of dropping out retained;

(f) Attendance of children in school during cotton harvesting season ensured for all children;

(g) A reduction in the ratio of institutionalized children to children placed in alternative care of 25 per cent;

(h) Child rights issues are documented on a yearly basis and followed up.

21. Strategies for achieving these results are structured around three levels of interventions:

(a) *At national level*, to provide quality technical knowledge to support policy and system change, using comprehensive, evidence-based evaluations to strengthen national ownership of social services and leverage funding for children. Proven interventions will be taken to scale and embedded into service delivery. An effective mechanism for coordination and consultation will be further developed to improve implementation of decisions at policy level and to mainstream best practices from subnational interventions into national policies;

(b) *At subnational level*, to reinforce partnerships with local governments to address capacity gaps in local planning, delivery and monitoring of converged quality services for children that are better tailored to each region's needs;

(c) *At community level*, to empower service providers and beneficiaries through support for behavioural change and enhancing the understanding of child rights, thereby raising demand for quality services. This will involve an increased emphasis on C4D.

Relationship to national priorities and the UNDAF

22. The country programme reflects the focus on policy and governance reform that contributes to the Welfare Improvement Strategy objective of "significant improvement in the quality of services in education, health and other socially significant sectors". It will assist the Government in incorporating a comprehensive strategy for child welfare improvement into key national planning documents, which will benefit from the participation of Uzbekistan in the studies on Global Child Poverty and Social Budgeting.

23. The country programme is aligned with three UNDAF priorities: (a) poverty reduction among vulnerable groups, to which programme interventions for child protection are integral; (b) enhancing quality essential services, to which the programme on improvement of quality basic services contributes; and (c) mainstreaming environmental concerns in policies and strengthening the governance system, to which interventions relating to social policy development/child rights monitoring and regional planning contribute.

Relationship to international priorities

24. The country programme relates to all Millennium Development Goals, especially those noted above; *A World Fit for Children* commitments; and the focus

areas of the UNICEF medium-term strategic plan 2006-2013. Young child survival, education and gender equality, HIV/AIDS and child protection (focus areas 1 to 4) are grouped under one programme, reflecting the unifying theme of raising service quality. The programme on policy advocacy and partnership for children's rights reflects the need to focus on policy development, monitoring of child rights and addressing common issues of reliable data and effective governance structures.

Programme components

25. The country programme comprises two components. The first one will assist the Government in improving access to quality basic social services for children and women through continued work at policy and service-delivery levels, scaling up successful interventions and focusing on the most vulnerable children (those without parental care, with disabilities, in conflict with the law, affected by HIV, engaged in labour), emphasizing achieving equality between boys and girls. The second component will contribute to strengthening national capacity for social policy development/monitoring of child rights to provide more sustainability at local level through effective feedback. Cross-cutting themes will encompass the following: youth participation, including substantive involvement in social and policy decision-making through an enhanced environment and improved access to information and life skills opportunities; gender equality, promoting data disaggregation and girls' access to opportunities; and C4D to change behaviour and increase demand for quality services.

Improvement of quality basic services

26. Despite a solid health infrastructure and favourable doctors-per-person ratio, Uzbekistan still faces high U5MR and MMR. Millennium Development Goal assessments indicate that the HIV/AIDS trend will not likely be reversed by 2015. In education, the Country Analysis notes that, while overall enrolment and attendance rates are high, in basic education the participation and retention of children with special educational needs and children at risk require further improvements. In addition, barriers denying secondary-education access to girls from traditional families must be removed. Concerns exist regarding the capacity of teachers and school managers to deliver quality education. This programme component aims at supporting system development for improving service delivery.

27. The programme will work with the Government in reducing U5MR and MMR through gradual expansion of innovative newborn and child survival intervention packages as well as sustainable immunization. Approaches include capacity development of health care providers and quality assurance for effective peri-natal care; neonatal resuscitation and newborn care, and consistent implementation of the international live birth definition; promotion of exclusive breastfeeding; behaviour change regarding infant/young child feeding; micronutrient supplementation; growth and development monitoring; and Integrated Management of Childhood Illness. Effective peri-natal care will contribute to reduced maternal mortality through quality reproductive health services and safe delivery. In immunization, the programme will support sustaining complete vaccination coverage above 85 per cent and work towards quality assurance of vaccine supply and introduction of needs-based protocols. In the newborn and child survival programme component, collaboration among UNICEF, WHO, the United Nations Population Fund, Asian Development Bank, World Bank and national health institutes will be further

strengthened, as will partnerships with WHO and the GAVI Alliance (Global Alliance for Vaccines and Immunization on immunization).

28. UNICEF will join the World Bank, WHO, GTZ (the German Agency for Technical Cooperation) and the private sector in mobilizing technical and financial support to implement the national Nutritional Investment Plan, aiming to achieve the following: 80 per cent of households consuming iodized salt; essential nutrition services supported to decrease nutritional anaemia; support provided for law and policy development on nutrition and food fortification; increasing public awareness of micronutrient deficiencies; and the building of national capacity to monitor consumption of iodized salt, fortified flour and fortified cottonseed oil.

29. The programme will work closely with the Government, World Bank and Asian Development Bank towards improving the quality and efficiency of basic education, building on the CFS approach. This includes life skills-based education, promotion of child rights and gender equality, water, sanitation and hygiene education, and community participation. CFS principles and standards will be further integrated into in-service and pre-service training. It is expected that by 2015, 50 per cent of schools will be certified child-friendly, and at least half of teachers will be using child-centred teaching methods. UNICEF will work with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP) to support the development of inclusive and gender-sensitive policies and standards for achieving universal access to and completion of basic education. Programme synergies will be established with the World Bank in teacher training and capacity-building of school boards and parent-teacher associations, and with Asian Development Bank in water, sanitation and hygiene education. In line with the expected introduction of the policy for one-year compulsory pre-school education, training will be provided to at least 50 per cent of pre-school teachers, with support from the World Bank. In addition, local governments and *mahallas* (neighbourhoods) will be supported to establish alternative pre-school services.

30. The HIV/AIDS and children component will work closely with the Joint United Nations Programme on HIV/AIDS (UNAIDS) theme group and local partners to promote better access to, and use of, YFHS, and will work towards a target of 80 per cent of children in need receiving antiretroviral therapy. HIV prevention among MARA will be promoted using intensified peer-based community outreach to deliver information, counselling and referrals, increase demand for preventive commodities and increase the use of YFHS (voluntary counselling and testing). Service providers' capacity will be developed, YFHS standards introduced and changes in legal provisions supported. PMTCT and paediatric AIDS programme quality will be enhanced by integrating HIV prevention and care into MCH and reproductive health services. The programme will support (a) the creation of safety nets for HIV-affected children and families, raising awareness to encourage increased access to health, protection, psychosocial and education services for children with HIV; (b) documentation of best practices; and (c) policy change.

31. Child protection will address three important areas: reforming the child care and juvenile justice systems, and elimination of the worst forms of child labour. The programme will support the establishment of a national child protection coordination mechanism, building on the experience of the Child Protection Forum for development of standards, procedures, reviewing budgets, and monitoring

reform trends. Local governments will be assisted in developing mechanisms for effective, gender-sensitive, community-based prevention services, non-residential alternatives, individualized case management, and post-care community reintegration for strengthened child care and justice systems for all vulnerable girls and boys. Support will be given to developing further the social work profession so that it implements both care and judiciary measures, including mediation and probation. UNICEF will work with the United Nations Office for Drug Control (UNODC) regarding children in conflict with the law; and with UNDP, UNESCO and other partners on children with disabilities, focusing on capacity-building and rights of children to inclusive education and family life. To contribute to eliminating the worst forms of child labour, UNICEF will work with the Government, in collaboration with ILO, improving monitoring, implementation and reporting related to international conventions and the National Plan of Action on Child Labour. UNICEF will also cooperate with the World Bank to highlight child labour issues in policy dialogue on agricultural reform and incentives to farmers, and to support development of a national communication strategy and social mobilization for awareness-raising and behaviour change.

32. Early childhood development (ECD) will reach communities and families in six regions with cross-cutting messages that complement sectoral interventions in child survival, development and protection. Family and community child-rearing practices will be improved, focusing on harder-to-reach low-income rural families. This will be achieved through strengthening capacities of frontline workers to monitor families' situations and provide counselling and appropriate resource materials. Family care to support children's school readiness will be emphasized, along with a stimulating family environment for improved child development for both girls and boys. A reader-friendly "Facts for Life" family package will be developed and distributed. These efforts will be integrated with the broader C4D.

33. Regular resources will fund core interventions in health and nutrition, education and ECD, child protection, HIV/AIDS, cross-cutting capacity development and C4D. Other resources will be used primarily for scaling up MCH interventions, the Nutritional Investment Plan and other new initiatives, including justice for children, child labour and PMTCT.

Strengthening national capacity for social policy development and implementation

34. Lessons learned highlight that evidence-based policy needs to be effectively implemented at the local level. Such policy both contributes to, and benefits from, more region-specific planning and robust systems of budget allocations for children as well as improved monitoring and reporting to the Committee on the Rights of the Child. This programme component covers three areas.

35. **Child rights monitoring and policy analysis** will contribute to the development of national/local systems and environments in support of the realization of child rights. With UNDP and national partners, including the State Statistics Committee, the programme will further develop the collection and analysis of strategic information on children and women for evidence-based decision-making. Gaps in information and analysis will be addressed through studies on emerging issues, such as migration, and possible remittance reduction linked to economic trends. The programme will work towards child-friendly budget allocations, effective utilization and leveraging of resources for vulnerable girls and

boys, through participatory policy development, planning, and implementation at the national and subnational levels. In collaboration with national and international partners, the programme will establish knowledge hubs to support this process. The programme will also provide technical assistance for the development/implementation of the National Child Welfare Strategy as an overarching policy document on child rights and gender equality. Efforts will be made with the Government to strengthen State coordination systems for monitoring, reporting and follow-up on child rights, through the establishment of an independent ombudsman office for children, an intersectoral state coordination mechanism, and a more developed civil society. The programme will seek new partnerships with the Ministries of Economy and Finance, academic and research institutions, the World Bank, Asian Development Bank, UNDP, EU and the Council of Europe for leveraging resources for children.

36. In collaboration with national partners and UNDP, the programme will also support decentralized planning and policy implementation, which will build on achievements in capacity development of local governments and will contribute to addressing regional and gender-based disparities that affect children's welfare. Interventions will include a comprehensive capacity and gender gap assessment to define the skills and knowledge-development needs of local governors and other local officials for realizing children's rights. As a result, local governments and *mahallas* will be able to better manage the delivery of basic services for children. Technical assistance will be provided to the Academy of State and Social Construction and to line Ministries, including the Ministries of Economy and Finance, for developing training materials, and advocacy will take place for leveraging local resources for children through networking with international academic institutions. All regional governments will be enabled to develop regional action plans for implementing the National Child Welfare Strategy and to integrate these into regional development plans.

37. This component will include a disaster preparedness and risk reduction element that will enhance the Government's disaster preparedness strategy, particularly in the education sector, to build a culture of safety. Disaster preparedness capacities of local governments, communities and schools in such areas will be further strengthened in risk assessment, planning, mitigation, and awareness. As a result, selected local communities in the disaster-prone areas will show greater resilience and have stronger networks. The Ministries of Emergency Situations and Public Education, UNDP, the International Committee of the Red Cross and EU will be major partners. With regional authorities and the Aral Sea Fund, response strategies and regional plans in the Aral Sea regions will be developed to address the disaster's impact on child welfare. UNICEF and the Asian Development Bank will assess water in the Aral Sea area to determine appropriate technology for providing access to safe drinking water.

38. Regular resources will be used to establish a coordinated monitoring and reporting system, and capacity development of central and local authorities. Other resources will be used primarily for studies and surveys, such as those on the social welfare system, MICS, Knowledge Attitude and Practices for Behavioural Change, child rights monitoring, and disaster preparedness and risk reduction.

39. Cross-sectoral costs will cover country programme implementation, including maintenance of transport/vehicles, office premises, communications, security, office supplies, and salaries of staff working on cross-cutting issues.

Major partnerships

40. In addition to partnerships mentioned above, including those with United Nations agencies for the UNDAF, which also complement World Bank and Asian Development Bank infrastructure programmes, UNICEF will work with the EU and specific countries/Governments on emerging child rights issues. UNICEF will explore how its policy and system focus can complement the education infrastructure investments of the Organization of Petroleum Exporting Countries Fund, and the Islamic Development Bank.

41. Uzbekistan will contribute to and benefit from regional experiences of Central Asian Forums on MCH, Education and Child Protection, and will provide leadership on PMTCT. Within the United Nations, UNICEF will lead on education and child protection, and will strengthen international partnerships on cross-cutting issues such as child labour, the impact of migration on children, gender equality and disaster preparedness. Long-term partnerships with research institutes and universities will be explored to support national capacity for monitoring and evaluation and evidence-based policymaking.

Monitoring, evaluation and programme management

42. *UzbaInfo*, benefiting from more disaggregated data, will be operational (with the collaboration of UNDP) as a tool for tracking progress towards the Millennium Development Goals, the Welfare Improvement Strategy, and other child-related policy implementation.

43. Key indicators for monitoring will be infant, child and maternal mortality; number of health facilities correctly applying the WHO protocol on peri-natal care; incidence of micronutrient deficiencies; pre-school attendance, gender equality for girls and boys and the percentage of schools certified child-friendly; the proportion of children in alternative care; HIV infections from mother to child; use of YFHS by MARA; and the number of regional governments that have action plans for children. Evaluations, studies and surveys will include those on family empowerment for better child care; Knowledge, Attitude and Practices for Behavioural Change on HIV prevention among MARA and young people; learning achievements in CFS; child care system reform; and migration and environmental impact on children's well-being. Two MICS (2010 and 2014) will measure progress towards country programme goals and Millennium Development Goals and complement programme reviews. Field monitoring to regularly assess the situation of children and women and to review project implementation will be further reinforced.

44. The Cabinet of Ministers will ensure the planning and coordination of country programme implementation. The Deputy Prime Minister in charge of Social Issues will lead in liaising among UNICEF and the Ministries concerned.