# CONTENTS

1. Introduction ................................................................. 6

2. Situation analysis .......................................................... 8
   2.1. Macroeconomic challenges ............................................. 8
   2.2. Structural vulnerability of the national economy ...................... 9
       Poor allocation of investment resources .................................. 9
       Technological backwardness ............................................. 9
       Overregulated and monopsonic markets of resources and goods ........... 9
       Access to land and surplus labor ...................................... 10
       Reducing land fertility ............................................... 10
       Limited water resources ............................................. 10
       Challenges in small business development .......................... 10
   2.3. Informal sector of the economy .................................... 10
   2.4. National development strategy ..................................... 11

3. Child poverty in Uzbekistan: measurement and approaches ................. 12
   3.1. Identification and measurement of poverty .......................... 12
       Common characteristics of poverty .................................... 12
       Depth and acuteness of poverty ..................................... 13
   3.2. Child poverty profile ................................................ 13
       Children in big families ............................................ 14
       Children in single parent families .................................. 15
       Small children ...................................................... 15
       Children in families with well-educated parents ...................... 15
       Children of the unemployed ........................................ 16
   3.3. Analysis of family priorities ...................................... 16
   3.4. Deprivation ............................................................ 17

4. Efficiency of poverty reduction strategies .................................. 19
   4.1. Key aspects of poverty reduction .................................. 19
       "Growth points" policy ............................................. 19
       Social protection system ............................................ 20
       Increasing education capacity ....................................... 21
       Supporting employment growth ..................................... 22
   4.2. Mainstreaming child wellbeing issues in poverty reduction policies .... 23
   4.3. Institutional context ................................................ 23

5. Analysis of public expenditure and budgeting ................................ 25
   5.1. Trends in social expenditure ....................................... 25
   5.2. Distributive effect of expenditures and threats to children ........ 25
       Pension provision .................................................... 25
       Social protection .................................................... 27
   5.3. Expenditure on the development of the social sector and outcomes .... 28
       Education .............................................................. 28
       Healthcare ............................................................ 28
   5.4. Institutional issues and public financial management .................. 29

6. Social policy and child poverty ............................................. 31
   6.1. Health ........................................................................ 31
   6.2. Nutrition ..................................................................... 32
   6.3. Education .................................................................... 33
       Preschool education .................................................... 33
       School education ....................................................... 33
Vocational education ................................................................. 34
Education of orphans and disabled children ........................... 35
6.4. Child sport .................................................................. 36
6.5. Social protection ............................................................ 36
Children left without parental care ......................................... 36
Children with special needs (disabilities) ................................ 36
Social support to children from poor families ......................... 37

7. Recommendations .............................................................. 38
7.1. Improving legislation on protecting child rights and interests 38
7.2. Pre-school education ...................................................... 39
7.3. Primary and secondary education .................................... 39
7.4. Vocational education ..................................................... 40
7.5. Healthcare ................................................................. 41
7.6. Child health .................................................................. 41
7.7. Reproductive and maternal health ................................... 42
7.8. Nutrition ...................................................................... 42
7.9. Prevention and fight against infectious diseases ................. 43
7.10. Provision of housing ..................................................... 43
7.11. Access to public utilities ................................................ 44
7.12. Optimization of public expenditure ................................. 44

8. Strategy ............................................................................ 46
8.1. Strategic goal 1. Creating an enabling environment for increasing access to and the quality of public and commercial services for children .................................................. 47
Objective 1.1. Integrating child wellbeing issues into comprehensive development strategies ........................................ 47
Objective 1.2. Definition of clear standards of guaranteed social services and institutions ........................................ 47
Objective 1.3. Creating an enabling environment for developing service markets ....................................................... 48
8.2. Strategic goal 2: Increasing the potential of households to consider the needs and interests of children ................................................................. 48
Objective 2.1. Forming in the family and society a deeper understanding of the concept of child wellbeing ................................................................. 49
Objective 2.2. Redistribution of incomes inside households in the interests of children ....................................................... 49
Objective 2.3. To expand opportunities for children’s participation in social life and creating an environment in which the voice of every child will be heard ....................................................... 49
8.3. Strategic goal 3. Creation of conditions ensuring the social inclusion of vulnerable children ....................................................... 50
Objective 3.1. Detection and registration of vulnerable children ................................................................. 50
Objective 3.2. Full coverage of vulnerable groups with measures of social protection and facilitating their access to social services ....................................................... 50

9. Monitoring ........................................................................ 51

10. Conclusion ....................................................................... 55
Table 1. Economic policy achievements, 2000–2008 .................. 8
Figure 1. Poverty level (%), 2001–2007 ..................................... 12
Table 2. Comparative poverty risk in rural areas ....................... 14
Table 3. Poverty in households of different size ......................... 14
Table 4. Structure of aggregate household income, 2007 ............ 16
Figure 2. Child poverty in various age groups, в % ..................... 16

Panels ................................................................................... 17
1. Child deprivation .................................................................. 17
Table 5. Major indices of current expenditure on the social sphere, % of GDP ....................................................... 26
Table 6. Infant and child mortality in 1991 – 2007 (number of deaths per 1,000 live-born) .................. 31
Level of infant mortality ........................................................ 31
1. INTRODUCTION

Uzbekistan has the largest population of all the post-Soviet states of Central Asia. Nearly half of the total population of Central Asia lives in Uzbekistan, of which more than 40% are children under 15 years old. As of the early 1990s the country had a high birth rate and high infant, child and maternal mortality rates. At the same time many of the families with large numbers of children had low levels of living standards (annual GDP per capita was below USD 2,500).

Since gaining independence the President and the Government emphasized the legal, economic and social protection of motherhood and childhood, creating an enabling environment for the comprehensive and harmonious development of children and teenagers in line with shared human values, and made them a priority goal. It should be noted that Uzbekistan is perhaps the only country among the post-Soviet republics able to, in the midst of a difficult transition period and limited financial resources, make healthy and happy maternity and childhood a matter of the government policy.

This report was prepared within the framework of the UNICEF Global Study on Child Wellbeing by a team of experts and seeks to summarize Uzbekistan’s experience in formulating and implementing a social policy aimed at protecting child rights and enhancing child wellbeing based on the following:

- Since gaining independence Uzbekistan has managed to achieve substantial results in the protection of child rights and child development;

- The government of the country has adopted and implemented a wide range of measures including but not limited to the National Programme on Personnel Training, state programmes on healthcare reforms and raising a healthy generation, the medical and social rehabilitation programme for disabled children, and the National child wellbeing programme which is unique in the former Soviet Union;

- The experience of Uzbekistan in selecting priorities and focusing the efforts of government agencies and society on developing and supporting a healthy and comprehensively developed generation amidst the challenges of scarce financial resources and the complications of the transition period.

This report has been prepared by a team of experts including representatives of NGOs and social organizations, analysts and government officials. Given the features of the country’s development and specific attention paid by the government to protecting child rights and interests the report covers legal issues, maternal and child health protection, child education and upbringing, concern for vulnerable children, social support for families, and the application of target approaches in the formulation of programmes aimed...
at the protection of family, maternity and childhood as well as deepening cooperation between the government and non-government agencies to protect children’s interests.

Moreover the team of experts attempted to identify the main systemic problems, challenges and strategic issues requiring the expanded partnership and involvement of all interested parties in order to improve conditions for the comprehensive development of the young generation.
2. SITUATION ANALYSIS

2.1. Macroeconomic challenges

Starting from 2004 Uzbekistan has enjoyed high levels of economic growth. During 2004-2008 annual GDP growth averaged 8.1%. It should emphasized that this high GDP growth was achieved mainly due to advanced industries with higher value added rather than the energy resources sector of economy. The industrial sectors make an increasing contribution to the GDP – rising from 14.2% in 2000 to 22.3% in 2008; likewise in the same period the share of the service sector in GDP increased from 37.2% to 45.3%, whereas the share of agriculture decreased from 30.1% to 19.4%.

Still despite these economic achievements, some macroeconomic problems remain such as ensuring the sustainable and even development of the real sector, and increasing employment and incomes: in particular the:

- High tax burden and its uneven distribution among the economic sectors. Tax reforms have focused mainly on stimulating capital inflow rather than developing the labor intensive sectors of the economy;
- Underdeveloped and ineffective financial sector which is ill equipped to transform savings into investment. To a large extent this is due to the tight state...
regulation of the financial sector which, while seeking to ensure stability, actually reduces access to credit;

- Insufficient utilization of export capacities, including those of private sector. This is due to insufficient incentives for the development of export activities by intermediary agencies as well as a result of the current import substitution policy which protects local producers in the domestic market but at the same time reduces the competitiveness of export oriented industries using imported components.

### 2.2. Structural vulnerability of the national economy

In relation to poverty reduction, the national economy is characterized as structurally vulnerable primarily as a result of the following:

#### Poor allocation of investment resources

The allocation of investment amongst sectors is uneven. Investment priorities in recent years have focused on the development of capital intensive enterprises with limited employment while the nature of the labor market called for the establishment of more labor intensive industries. During 2003-2008 the share of investment in GDP remained high (19.3%-23%) out of which 75.4% was in production. The share of investment in the industrial sectors was 26% and it employs just 13% of the total employed, whereas investment in agriculture was just 3.8% while it contributes 30% of all employment and produces more than 20% of GDP. Such a choice of priorities exacerbates employment problems creating limited demand for labor and deepening the effect of underemployment, occasional and irregular work.

#### Technological backwardness

Crop productivity is low due to the out-of-date technology used in cultivation and storage as well as due to insufficient diversification of agricultural production. Hence losses after the harvest remain high – in the case of fruits and vegetables up to half of that which is harvested may be lost. The industrial sectors face high levels of depreciation of their production assets and obsolete technological processes.

#### Overregulated and monopsonic markets of resources and goods

The state retains a presence in the most strategic resource markets. On the one hand this ensures stability and predictability, primarily for agricultural enterprises. On the other hand it limits the opportunities for the private sector to diversity production because of a lack of competitive markets for resources and in sales.

#### Access to land and surplus labor

There is a limited amount of agricultural land and the population is growing at faster a rate than irrigated land. As a result during the last 25 years the area of irrigated land per person has fallen from 0.22 to 0.12 hectares.

During 2008-2009 the government moved ahead with structural reforms in agriculture, increasing the size of farms so as to enhance their effectiveness. Therefore as of January 1, 2009 only 105,000 farms remained from the 220,000 which had been functioning as of October 1, 2008. The number of workers employed by farms fell by more than 115,000, contributing to surplus labor in rural areas.
Reducing land fertility

Very often poor families have low income as a result of poor quality land. This is particularly true for Central and Western non-irrigated and developed areas of the country, where agriculture is vulnerable to drought or where the land is too pastured and erosive or where productivity in irrigated regions is falling due to poor maintenance and or a lack of investment in the irrigation systems.

48% of land is considered to be of poor quality. More than 70% of pastures are subject to digression. The main reasons for land degradation are the physical ageing of the irrigation and drainage systems, out-of-date equipment and wasteful water consumption, and the unbalanced utilization of pastures and other human activity on the land.

Limited water resources

Uzbekistan annually needs on average 70-71 billion cubic meters of water. In recent years, due to a reduction in water resources and the change of use of reservoirs from irrigation to power generation by countries upstream of the main rivers, the Syrdarya and Amudarya, Uzbekistan gets on average 55.07 billion cubic meters of water, i.e. 79% of previous volume. Moreover climate change processes in the region have meant a reduction in precipitation. Based on UN data, if the negative climate changes continue up until 2040, the volume of annual flow in Kyrgyzstan is predicted to be 19 cubic meters instead of the current level of 55 cubic meters. The same trend can be observed in Tajikistan.

Uzbekistan uses 53,524.2 million cubic meters of water for irrigation which is 91.3% of the total volume of consumed water. If irrigated agriculture continues to dominate the agricultural sector then the water deficit will only tend to grow. Finally this will become the main obstacle to the further development of the agricultural sector and will lead, accordingly, to a reduction in the population’s income.

Challenges in small business development

Small business has a strong agricultural orientation. 54.6% of such businesses are farming entities while only 10% of them are in industry. The low efficiency of performance by small business (which represents 72.7% of the total number of employed and 48.2% of GDP) slows down the pace of capital saving and in turn insufficient capacities for growth of the private sector in processing industries. The share of small business in total investment remains low (22.2%) and the jobs created are often temporary. Moreover the current level of access to financial resources also impedes the development and sustainability of industrial production. The regulatory framework for entrepreneurship consists mainly of subordinate legislation issued by different government agencies and consequently is frequently changed. The present mechanisms of legal expertise of bills no not ensure full coordination between the regulations issued by different bodies. As a result there are contradictions in the laws, and often overlapping or ambiguous regulations thus making it difficult for entrepreneurs to follow the law.

2.3. Informal sector of the economy

The underdeveloped legislative base, tax administration, and other factors rooted in the costs of the transition period
have inevitably led to an expansion in the informal sector of the economy. During 2002-2006 informal employment increased by 35% or a total of 1.5 million people. By the end of 2006 the total amount of informal unemployed was 5.8 million, or 56% of total employment. The informal sector grew mainly due to an increase in the number of workers in unregistered firms and seasonal or occasional labour. Jobs in the informal sector are characterized by instability, low wages, the non-observance of labor conditions by employers and the poor treatment and violation of workers’ rights.

2.4. National development strategy

Although during 1997-2008 there was economic recovery and a shift from a moderate to a high rate of economic growth, the growth rate may slow down substantially since many of the factors which contributed to economic growth are being used up. Therefore in August 2007 the Government of Uzbekistan adopted the national Welfare Improvement Strategy (WIS) for 2008-2010. The WIS is a strategy paper aimed at ensuring the coordinated implementation of national and sectoral programmes and development plans to provide for sustainable economic growth and enhancing the population’s wellbeing. The WIS has the following key objectives:

- Ensuring high and sustainable economic growth accompanied by an expansion in employment and opportunities for income generation.
- Creating an enabling environment for attracting private (including foreign) investment and stimulation of the sectors fostering economic growth and the wellbeing of the population, primarily the poor.
- Ensuring comprehensive area development, especially for rural regions, based on the available natural, labor and financial resources.
- Enhancing the quality of and access to basic social services, particularly education and health for all, ensuring gender equality and the comprehensive participation of women in economic and social processes.
- Strengthening structural and institutional reformsto increase economic competitiveness including liberalization and the development of the financial sector as well as other transformations aimed at establishing and strengthening market institutions.
- Implementing further public administration reforms in order to increase the efficiency of policy formulation and implementation as well as the quality of public services.

3.1. Identification and Measurement of Poverty

Uzbekistan accepts the definition of poverty that classifies as poor those who do not have their own material resources to ensure national minimal consumption standards. In order to assess living standards and poverty, the State Committee of Statistics has, since 2000, regularly undertaken household budget surveys (HBS) covering approximately 10,000 households.

Based on the findings obtained during the household survey in 2001 the World Bank conducted an assessment of population living standards which demonstrated that the poverty level in 2001 was 27.5% or 6.8 million people. Based on this assessment in 2007 5.9 million people lived below the poverty line, i.e. 23.6% of the population. Analysis of the HBS for the period 2001-2007 demonstrates that poverty has been decreasing (Figure 1. Source: HBS 2007). In cities poverty has decreased more, from 22.5% down to 17.6%. In 2007 the rural population made up 63.8% of the total population but the share of the poor population in rural areas was 73.1%.

Common characteristics of poverty

Analysis of poor households reveals the following factors causing poverty:
- Rural areas feature more poverty - more
than 70% of poor families live in rural areas whereas the share of the rural population in the country is less (about 60%);

- Families with 3 and more children under 16 years are at a greater risk of poverty;

- Families where the head of household has a low level of education are at a greater risk of poverty.

Based on the findings of the study it was found that having a job is no automatic protection from poverty; nearly 50% of households with low consumption levels have family members working in public organizations, or are low-paid workers of enterprises or self-employed persons. The most vulnerable categories are seasonal and occasional workers. The study demonstrated that residing in distant towns and villages lacking main road interchanges and communications is correlated with poverty; and there is a similar link with residence in towns where employment is provided by only one large enterprise.

**Depth and acuteness of poverty**

Local studies of living standards demonstrate that poverty is not deep – the vast majority of poor families can afford consumption close to the accepted poverty line and their consumption is concentrated in the 1,900 to 2,100 kilocalories band. Poverty acuteness per day is also insignificant. Specific attention should be paid to the considerable territorial variations in the poverty rate.

### 3.2. Child poverty profile

Despite an acceptance that socio-economic development in the country is based on the principles of social justice and protection of the most vulnerable population, particularly children, there is still no clear and universal methodology of assessing and monitoring child wellbeing in Uzbekistan.

Hence the analysis of poverty requires both qualitative and quantitative indices. Therefore the authors use an important tool, the so called “poverty profile”, to identify a number of aspects of poverty and how it can be alleviated.

The multivariate approach is used for this analysis of child poverty, which is important for developing government policy in the area of increasing child wellbeing, living standards and opportunities for all children. It should also be noted that measuring poverty among children cannot be reduced to a single index due to the complexity of the phenomenon and the lack of a universal definition of poverty.

Hence the “child wellbeing profile” considered in this analysis covers important aspects of poverty and has three major components: identification of those categories of children most sensitive to poverty (risk groups); analysis of family priorities and their influence on child wellbeing; and identification of child deprivation.

As such the team of experts analyzed HBS and UNICEF MICS data as well as separate findings of a sociological survey conducted among 3,000 households across the country. The analysis revealed, in particular, that poverty is connected with the following factors: a) family composition and number of dependants, primarily children; b) the education level of family members, primarily women; c) women’s employment; d) employment of able-bodied
Table 2.
Comparative poverty risk in rural areas

<table>
<thead>
<tr>
<th>Demographic characteristics of households</th>
<th>2007 Averages</th>
<th>Poor</th>
<th>Non-poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Size of a household, persons</td>
<td>5.5</td>
<td>6.6</td>
<td>5.2</td>
</tr>
<tr>
<td>2. Share of children (aged 0-16) in the total number of households members, %</td>
<td>33.8</td>
<td>36.3</td>
<td>32.9</td>
</tr>
<tr>
<td>– share of households with 0-2 children, %</td>
<td>70.0</td>
<td>55.6</td>
<td>74.2</td>
</tr>
<tr>
<td>– share of households with 3-4 children, %</td>
<td>27.9</td>
<td>40.2</td>
<td>24.3</td>
</tr>
<tr>
<td>– share of households with more than 4 children, %</td>
<td>2.1</td>
<td>4.2</td>
<td>1.5</td>
</tr>
<tr>
<td>Dependency burden per 1 household member with a personal income (regardless of source), %</td>
<td>1.9</td>
<td>2.0</td>
<td>1.9</td>
</tr>
</tbody>
</table>

2. Adequacy of social payments

<table>
<thead>
<tr>
<th>Social payments</th>
<th>2007</th>
<th>Poor</th>
<th>Non-poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>– family allowances for children under 16</td>
<td>9.7</td>
<td>21.4</td>
<td>7.1</td>
</tr>
<tr>
<td>– material aid to for poor families</td>
<td>1.8</td>
<td>4.0</td>
<td>1.3</td>
</tr>
<tr>
<td>– unemployment benefit</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>


Moreover, poor households differ in two important ways: the large number of children in a family and lower proportion of members in the labor force (households with 3 or more children have a greater risk of becoming poor). For instance in poor households the dependency burden (the ratio of dependents to family members with personal income regardless of source) in rural areas is 2.0 whereas for the non-poor this rate is lower – 1.9.

Table 3.
Poverty in households of different size

<table>
<thead>
<tr>
<th>Household size, persons</th>
<th>Poverty level, %</th>
<th>Number of children, persons</th>
<th>Poverty level, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3</td>
<td>9.7</td>
<td>1</td>
<td>17.0</td>
</tr>
<tr>
<td>4-5</td>
<td>20.1</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>6-7</td>
<td>27.7</td>
<td>3</td>
<td>28.0</td>
</tr>
<tr>
<td>8 and more</td>
<td>42.6</td>
<td>4</td>
<td>35.5</td>
</tr>
<tr>
<td>8 and more</td>
<td>42.6</td>
<td>5 and more</td>
<td>37.7</td>
</tr>
</tbody>
</table>

This is confirmed by the country study within the framework of the Global Study on Child Poverty and Disparities. Enlargement of a household from 3 to 5 persons increases the risk of poverty twofold. Further enlargement of a household results in a 40-50% increase in poverty. For big households in cities the risk of poverty is even greater than in the case in rural areas.

Poverty is higher in households with many children. The risk of poverty sharply increases with the birth of the third and then every subsequent child. However an increasing number of children has less of an impact on poverty growth than an increase in the number of adults in the household. Hence it is very likely that the distribution of resources in households, at least big ones, is not made in favor of the children.

Children in single parent families

The economic situation in such families is assumed to be worse than in those families with many children. This is because children in families with a single parent are the least protected due to a high dependency burden and the insecurities of the labor market (especially for women). However recent studies demonstrate that in Uzbekistan children in single parent families are less likely to become poor in comparison with two parent families, particularly if a household has no other relatives except for the children and parent.

This paradox is explained by the fact that families with a single parent very seldom have many children. Moreover in families with a single parent (most frequently the mother) adult employment including that of women is relatively high – a critical factor in reducing poverty. Hence the size of a household and the large number of children are more substantial causes of poverty than the absence of a parent.

At the same time family allowances are either not received by all needy families or are insufficient to lift a family out of poverty. In other words the poor depend more on social payments than the non-poor and they make less income from selling agricultural products. Based on the findings of the 2007 HBS, the poverty gap (average difference between the poverty line and income of the poor) constitutes 29.8%. This is high and suggests that poverty by income is more typical for poor families with children. Poor households have less income from wages and small garden plots and are thus more dependent on social payments.

However the current trend of decreasing birth rates to some extent ameliorates the problem of poverty in those families intending to have 2-3 children. As well as providing children with free education and health services, the State continues to provide direct material aid to poor families with children thus increasing their material wellbeing.

Small children

Small children suffer the highest risk of poverty, most often children of pre-school age and school-children under 10 years old. In other words young families have the greatest poverty risk. A new baby in a family also increases the risk of poverty for other, i.e. older, children.

Children in families with well-educated parents

Adults’ education has a substantial impact on the poverty level. The higher the education level the lower the risk of poverty. In households where the
Table 4.
Structure of aggregate household income, 2007

<table>
<thead>
<tr>
<th>Source: HBS 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure of aggregate household income by sources:</td>
</tr>
<tr>
<td>Salary and other job-related payments</td>
</tr>
<tr>
<td>Profit from entrepreneurship and property</td>
</tr>
<tr>
<td>Social payments</td>
</tr>
<tr>
<td>Other cash income</td>
</tr>
<tr>
<td>Home produce</td>
</tr>
</tbody>
</table>

householder has higher education the poverty risk is twice as low compared with households where the householder has an incomplete secondary school education. The mother’s education has a greater impact on the living standards of the family than the education of the father. This is because women with vocational education more actively contribute to income generation.

3.3. Analysis of family priorities

If both parents are unemployed the probability that children will fall into the lowest income quintile tends to rise. Upon increasing the number of children the share of households with unemployed parents tends to grow. Hence the employment of both parents does not protect it from poverty but does prevent extreme poverty.

Figure 2.
Child poverty in various age groups, %

children’s books appropriate to the age of a child, sports outfits, games, toys or other items supporting child recreation and development. Poor families, families with a single parent and families with many children have fewer opportunities to organize recreation and leisure for their children. It should be noted that the access of children to active and developing forms of leisure is limited not only by the lack of funds but also by the lack of facilities such as children’s sports clubs, sports clothing, leisure groups, parks and recreation areas.

2) Low incomes cannot ensure adequate and regular nutrition. Among poor households more than a half cannot provide children with adequate nutrition. The more children the family has the higher the risk of child malnutrition. In families with a single parent the risk of malnutrition is higher than in families with both parents, despite the fact that in families with a single parent income and expenditure seem to be relatively high.

3) Income in households is not redistributed in favor of children, with income growth not leading to a proportional growth in spending on children. Only one third of wealthier households and approximately one fourth of poor households would increase their spending for their children’s education and better nutrition proportionately if their incomes doubled. Only few households, mainly wealthier ones, would be able to purchase consumer durables, save, or spend money for vacations.

3.4. Deprivation

1) Consumption deprivation is closely related to the poverty level. The most substantial factor in this group is the inability to have daily intakes of animal protein (meat, poultry or fish) due to insufficient funds. Households with many children and families with a single parent are more exposed to a lack of nutrition. Consumption deprivation among children with unemployed parents does not differ from the average. Nutrition deprivation among the children of migrants is lower in all three characteristics.

2) Material deprivation. The most substantial factor in this group of characteristics is the lack of a fridge in the household which limits children’s access to safe foodstuffs. Moreover the lack of a fridge may be one of the reasons behind the increase in consumption deprivation (cutting down on the number of meals to 1-2 meals and the inability to cook perishable meat dishes). Deprivation of access to safe foodstuffs is less related to poverty as it is causes by other reasons, first of all the irregular supply of electric

Box

Child deprivation

- Every fifth child is exposed to consumption deprivation of foodstuff
- More than half of children are exposed to material deprivation
- 39% can be considered as deprived by housing conditions
- 22% of children are deprived by access to health services
- Almost three fourths of children are exposed to deprivation by any (at least one) characteristic

Source: Tahlil, 2009
power and unstable voltage. Children with unemployed parents and children of migrants do not differ from other children by material deprivation.

Every fifth child has no complete set of winter clothes and footwear regardless of the place of residence (city/village), gender and age of children. In families without a mother (if the mother lives in other place, has migrated in search for job or died) the share of children lacking winter clothes and footwear is notably higher. A lack of winter clothes is related to the poverty level but to a greater extent is linked to income level.

3) Housing deprivation. The most significant factors in this group of characteristics are the inability to heat the house and access to piped water. The most vulnerable by these factors are young, mononuclear with 1-2 children and families with many children living in rural areas. Children with unemployed parents and children of migrants do not differ from other children in this type of deprivation.

4) Health deprivation. The key factor in this group is the lack of an obligatory annual medical examination of children. Children aged 3-6 years old are less likely to have medical examinations; there is no significant difference between rural and urban children.

5) Relative deprivation. The survey demonstrates that 42% of children live in households considering themselves to be poor and extremely poor. The lowest self-appraisal is in mononuclear families and polynuclear families with a single parent. There are no substantial distinctions in the self-assessment by households with many children and households with 1-2 children, households with employed and unemployed parents, as well as families with migrants.
4.1. Key aspects of poverty reduction

One of the main aspects of the Welfare Improvement Strategy (WIS) is the implementation of a macroeconomic policy aimed at increasing the population’s income based on economic growth and an enabling environment for effective employment to achieve more equitable income distribution. According to the WIS such economic growth would be based on economic modernization and diversification ensuring competitiveness in the world market and comprehensive area based development across the country.

“Growth points” policy

In 2004-2008 a set of policies aimed at encouraging exports and local production enabled the country to benefit from a favourable situation in foreign markets and so ensure high economic growth.

In particular the liberalization of the currency market enabled an increase in imports of necessary goods, raw materials and spare parts for industrial production and increasing production capacities. Economic growth was supported by an industrial policy which entailed the modernization of large industrial enterprises and trade protectionism enabling the localization of industrial production and production of consumer goods.

Internal demand was stimulated by a policy of tax cuts and also increases in the population’s income from external sources (money transfers from migrants). Tax cuts also contributed to an expansion in the investment capacities of enterprises. The rapid growth of the private sector was stimulated by measures on the liberalization of entrepreneurship, reducing government intervention in the economy, and expanding entrepreneurs’ access to resource and financial markets.

Economic growth became the main cause of increased employment starting from 2000. However since 2000 a 1% increase in GDP growth led to only a 0.4% increase in employment which testifies to the low labor-intensiveness of economic growth. Hence while the pace of economic growth accelerated in 2003 this growth did not always and not everywhere reduce poverty. Underemployment and the lack of opportunities for an adequate income is a huge problem in rural areas and towns where former Soviet enterprises are closed or producing below capacity.

In the short term the government will continue its economic transformation policy. In particular, it is suggested to increase the share of industry in GDP up to 25.2% by 2010 and services up to 49%. Specific attention will be paid to stimulating export oriented production in order to speed up the average annual export growth up to 17-18%. The current investment programme directs most investment into the energy sector which will not directly
lead to substantial employment growth. Nevertheless in the medium-term multiple effects are expected from investment in large industrial enterprises, in particular the establishment of new enterprises supporting the production infrastructure and also the service sector. These will then help to increase the number of people in legal employment.

Social protection system

The social protection system was identified as one of the key tools for mitigating the negative consequences of transition and supporting the most vulnerable. Since gaining independence the social protection system has been gradually developing in the following directions:

- Development of the legislative base of social protection. In 2008 a number of laws and legal acts were adopted, including the Laws “On insurance from accidents and work related diseases at enterprises”, “On the social security of invalids (new edition)”, “On guarantees of child rights” and “On charity”. The bill “On social protection of the population” is currently at the preparation stage.

- Increasing targeting of allowances and material aid to poor families with children through a unification and concretization of eligibility criteria and enhancing the capacities of self-governance bodies as well as setting allowances at the rates adequate to the real economic capacities of a family.

- Enhancing support to the disabled, first of all provision of the disabled with technical support devices (wheelchairs, hearing aid), increasing the efficiency of rehabilitation efforts in assisting those with disabilities to take part in normal life and work, and the establishment of specific jobs for people with limited abilities.

- Further improvement of pension system by means of strengthening the saving principle, creating incentives for employers to participate in the pension provision of their staff members and regulation of the system of pension privileges ensuring a greater tailoring of contributions to be made by the future pensioner into his pension fund.

- Strengthening social support to the unemployed through establishing adequate unemployment benefits, ensuring the necessary level of substitution of the lost income, increasing the efficiency of professional training and retraining of the unemployed through involvement in vocational education facilities.

- Ensuring the real protection of labor rights of the workers already provided by laws, through strengthening control by government inspectors and increasing the role of public associations of workers.

Starting from the second half of the 1990s the key objective of the social protection policy was to transfer from universal subsidies of basic foodstuff to a system of targeted social aid to poor families (through the makhalla system). In 1997 the system of family allowances was changed to target allowances towards only those families with children under 16 whose per capita income fell below a certain threshold. Since 1999 targeted maternal allowances for unemployed mothers with children under 2 years old were introduced through the makhalla system.

The system of targeting social allowances to poor families has a number of advantages, particularly no administrative costs, a democratic procedure of allocation, consideration of
local features, an individual approach taking into account all factors causing the family to need social aid; standards for ensuring speedy consideration of applications and the absence of complicated bureaucratic allocation procedures.

The significance of targeted social allowances for poor families is quite high. First of all this refers to both types of family allowances obtained by nearly one third of all families. The impact of this aid on living standards would have been more substantial if it were not for the very low levels of these allowances which cannot lift the poor out of poverty. To some extent this happens because the amount of allowances is based on the minimal wage rate which is not related to the cost of living. Family allowances vary from between 50 to 175% of the minimal wage (depending on the number of children in a household), whereas the amount of social payments varies from 1.5 to 3 minimal wages.

Hence allowances are effective primarily in preventing extreme poverty. In recent years the amount of funds allocated for social protection has decreased which makes it even more important to target their use on the most poor and vulnerable.

**Increasing education capacity**

It is well known that increasing education capacity is not the only solution to poverty problems, but it is a critically important condition. Uzbekistan has undoubtedly achieved much in this area. Increased education capacity is ensured due to the implementation of a continuous and successive system of education starting from pre-school and up to retirement in the following ways:

- Active government measures on reforming the school education, particularly a fundamental improvement of the facilities of general schools and the quality of teacher training;
- Further development of a vocational education system, including activities on ensuring a better link between the professions obtained in vocational education and region-specific economic needs, improving facilities and the skills of education workers;
- Expanding access to higher education for young people from poor families through implementation of targeted measures on the entrance and education of young people in higher education institutions.

However still there are many unsolved problems in education.

- Unsolved problems in expanding the access of children from poor families to high-quality professional education, especially ensuring expanded opportunities for selecting directions in vocational and higher education.
- Imbalance between the education system and the real needs in the labour market. Graduates from vocational institutions often cannot find a job in their specialty since the market demand is lower than the number of such graduates from vocational institutions.
- Low quality of vocational and higher education. Graduates from vocational and higher education institutions should be able to compete in the labor market with specialists with work experience. However the low quality of professional education makes them less competitive compared to more qualified specialists with practical work experience.

Health reforms and the development of healthcare
One of the most important elements of the Welfare Improvement Strategy and poverty reduction is the population’s health. It is obvious that families whose members have chronic diseases or disabilities not only have to spend more on treatment but also have much less economic potential. Therefore the population’s health is one of the key priorities in solving poverty problems.

The main directions in this issue include the following:

- Ensuring access of the population to primary health care and emergency aid;
- Enhancing the quality and efficiency of specialized health services;
- Provision of the population with medicines including ensuring full vaccination of the population against controlled infections;
- Further development of the system of motherhood and childhood protection, strengthening preventive measures.
- Developing the system of hygiene and epidemic protection.

Still healthcare suffers from severe problems related to the following:

- Insufficient budget resources allocated for healthcare development and maintenance and ineffective distribution and spending of available funds.
- Inadequate equipping of the previously established health facilities which limits the quality of diagnostics and treatment.
- Low qualification of medical staff as well as a sharp decrease in the training of specialized doctors.
- Medical treatment and medicines are too expensive for people with low and medium incomes.

**Supporting employment growth**

One of the substantial challenges for Uzbekistan is the need to create large numbers of jobs to address unemployment. The current demography means that the able bodied population is increasing as a proportion of the whole population. During 2001-2006 the average annual growth of population of the workforce (able-bodied of working age) was approximately 3% while overall population growth was only 1.3%. As a result the share of labor resources in the total population has increased (from 51.7% in 2001 to 56.1% in 2006).

To a certain extent this problem was solved due to the creation of jobs by small enterprises. In 2001-2005 the number of those employed in small business (not taking into account individual entrepreneurs working with a legal license) increased by almost 500,000 people (from 1.5 million to 2 million). However during recent years the pace of new job creation in small business has lagged behind the growth in the number of enterprises due to the reduction in the average number of those employed in small enterprises.

The implementation of targeted jobs creation programmes such as cattle breeding development for dehkan entities led to the creation of nearly 200,000 new jobs in 2008, primarily for women with children. The development of an employment support infrastructure, particularly the establishment of permanent points on employment, the expansion of programmes for the unemployed and retraining also contributed to an increase in employment in rural areas, especially in remote settlements. Currently about 90% of those who applied to employment support offices get new jobs.
4.2. Mainstreaming child wellbeing issues in poverty reduction policies

The aforementioned directions are general approaches to solving poverty problems, determined within the framework of the human development concept which has been laid as the basis of welfare improvement:

- People should have opportunities to enhance the productivity of their living, ensuring meaningful involvement in income generation thus benefiting from economic growth;

- All people should have equal opportunities in economic and social life;

- Development should be achieved for the sake of people and by their own efforts.

Child wellbeing issues have been identified as a matter of government policy since the early years of independence. A foundation for improving child wellbeing has been laid by key government measures on enhancement of the population’s wellbeing, programmes on reforming healthcare, education and employment as well as other targeted social programmes. Children’s issues are also reflected in the WIS in a separate section entitled “Child wellbeing”. This strategy is essentially linked to this overall strategy and as such should be conceptualized with close reference to the WIS.

However despite the specific attention and active policy on social protection of children, ensuring them access to education and health facilities, child wellbeing issues have not been conceptualized in the system of national statistics or mechanisms for the formulation, monitoring and evaluation of government programmes. This is first of all a result of considering child poverty to be largely derivative of common poverty and household welfare. However such an approach has a number of long-term negative consequences, particularly:

Inadequate methodological background and approaches to the definition of child wellbeing. This affects the quality of the adopted policy decisions regarding child wellbeing and limits the focus and efficiency of policy.

Insufficient statistics on child wellbeing issues inevitably affect the mechanisms of statistical reporting. As a result currently official and departmental statistics cannot provide full data on child poverty. This hinders the formulation of high quality policy decisions and target programmes.

The monitoring and evaluation of implemented programmes to a great extent focuses on monitoring the ongoing process rather than an evaluation of the efficiency of activities and programmes as a whole in achieving the goals and objectives set.

4.3. Institutional context

In Uzbekistan numerous agencies address child wellbeing issues. Each of them operate within their own constitutional, institutional, functional and legal framework.

Child wellbeing policy is implemented through the following mechanisms:

- Adoption and implementation of government decisions, state targets and regional programmes funded by the state and donors. Programmes aim at creating legal and economic conditions for ensuring the realization of women’s and children’s rights, and the development of a physically and intellectually, harmoniously developed generation;
Legislative and executive bodies (agencies each performing activities within the framework of specific areas, authorities and objectives assigned by the Constitution, laws and normative-legal acts).

In order to strengthen measures aimed at improving child wellbeing as well as to coordinate efforts undertaken by other agencies a Coordination Council on Child Wellbeing was established in 2006 under the Social Department of the Cabinet of Ministers of the Republic of Uzbekistan. The Council is a permanently functioning deliberative body authorized to coordinate the activities of government, non-government and social organizations on child wellbeing issues. The main functions of all structures executing child wellbeing issues are the following:

- Improvement and development of a legal framework for the protection of the interests of family, maternity and childhood based on international best practices and international legal systems;
- Creating economic conditions for strengthening the material welfare of the family and children;
- Implementation of the nation-wide education programme of a general free 12-year education for children;
- Improving the protection of reproductive health;
- Further development of the system of early detection of congenital and hereditary diseases among new-born babies and pregnant women: “Screening of mother and child”;
- Improving the facilities for childhood and obstetric care;
- Provision of state support to vulnerable children, i.e. children with disabilities, orphans, children from poor families;
- Developing the system of continuous education, increasing the skills of specialists and the population’s knowledge on the protection of reproductive health - improving the medical culture;
- Expanding international cooperation in improving the reproductive health of women, the delivery and upbringing of children.

In order to execute specific activities on child wellbeing the executive bodies established specific units and departments. In addition to government agencies a number of NGOs and social organizations deal with child wellbeing issues nationwide, as well as at the regional and local levels. Hence more than 30 ministries, NGOs and social organizations are involved in the fulfillment of functions on ensuring child wellbeing both nationwide and regionally. Moreover there are more than 100 specific and targeted public agencies focusing on separate aspects of wellbeing (for instance, nature protection, protection of maternal and child health, provision of aid to children with severe social diseases, integration of disabled children, provision of support to children in difficulties, discovering and developing talented children, etc.)

Usually a top-down approach is undertaken for solving child wellbeing issues, i.e. higher administration bodies adopt legislative acts, programmes and other decisions which are sent for execution to the lower levels. Unfortunately this process does not engage the huge capacities that exist at the lowest levels: local initiatives are barely mobilized, and the capacities of families’ and self-governance bodies are not utilized.
5.1. Trends in social expenditure

The Government of Uzbekistan makes great efforts and spends considerable resources to ensure the sustainable functioning of the social sphere. Structural transformation of the economy ensured macroeconomic sustainability, falling inflation, sustainable economic growth and increases in the real income of the population. In turn, these created prerequisites for executing an active social policy and transition to targeted social protection. During the years of independence, social policy has been implemented through the following: (а) social welfare; (b) social aid to the poorest (social protection); (c) development of the social sector.

The share of public funds allocated for the social sphere in GDP is relatively high (17.1%), made up of increasing expenditure on pension provision (the most substantial component in the structure of expenditures), social aid (payment of social allowances to poor families) and financing the development of the social sector.

5.2. Distributive effect of expenditures and threats to children

Although not all the elements of expenditure on the social sphere have the specific goal of reducing poverty, as a whole, the system aims at improving the population’s living standards and providing minimal social guarantees thus having a positive effect on enhancing child wellbeing.

Pension provision

This makes up the biggest proportion of budget expenditure on the social sphere (payments constitute nearly 6.5% of GDP). However, pensions are regressive with respect to the poor. Pension provision by age has a double impact on living standards. On the one hand, pension provision by age positively affects living standards since pension payments considerably increase the average per capita family income and do not allow families from this risk group to fall below the poverty line. At the same time, there is an impact of pensions on income generation in poor families. At the same time, the impact of pensions on income generation in poor families, which usually have many children, is much lower than in wealthier households.

Disability benefits have a positive effect on the reduction of poverty in a family if a disabled person has an employment record and is able to continue working. However, disability pensions do not allow families to maintain a subsistence wage if a family has disabled children or handicapped persons from birth requiring considerable expenditures for medical treatment.

In cases of the loss of a breadwinner, pensions are progressive, however
the pension allocation system creates disincentives for the labor activity of adult recipients and as such may result in small increases in poverty.

Allowances for temporary disability, maternity leave and carers allowances gradually lose their significance as compensators of temporary disability.

Table 5.

<table>
<thead>
<tr>
<th>Major indices of current expenditure on the social sphere, % of GDP</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure on the social sphere – total</td>
<td>17,1</td>
<td>17,9</td>
<td>17,7</td>
<td>17,1</td>
</tr>
<tr>
<td>Expenditure on pension provision</td>
<td>6,3</td>
<td>6,7</td>
<td>6,7</td>
<td>6,7</td>
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<tr>
<td>Expenditure on Pension fund, % of GDP</td>
<td>6,1</td>
<td>6,5</td>
<td>6,5</td>
<td>6,5</td>
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<tr>
<td>Expenditures on Social Protection Fund, % of GDP</td>
<td>0,2</td>
<td>0,2</td>
<td>0,2</td>
<td>0,2</td>
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<tr>
<td>including expenditures on unemployment benefits</td>
<td>0,01</td>
<td>0,01</td>
<td>0,01</td>
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<tr>
<td>Expenditures on social aid, % of GDP</td>
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<td>1,8</td>
<td>1,7</td>
<td>1,4</td>
</tr>
<tr>
<td>Material aid to poor families</td>
<td>0,1</td>
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<td>Allowances for families with children under 18</td>
<td>0,7</td>
<td>0,7</td>
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<td>0,7</td>
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<tr>
<td>Allowances for families with children under 2</td>
<td>0,5</td>
<td>0,6</td>
<td>0,6</td>
<td>0,5</td>
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<td>Discounts on public utility payments</td>
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<td>0,1</td>
<td>0,1</td>
<td>0,01</td>
</tr>
<tr>
<td>Other</td>
<td>0,3</td>
<td>0,4</td>
<td>0,3</td>
<td>0,1</td>
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<tr>
<td>Expenditure on development of the social sector – total</td>
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<td>9,4</td>
<td>9,4</td>
<td>9,1</td>
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<tr>
<td>Expenditure on education – total</td>
<td>6,3</td>
<td>6,7</td>
<td>6,5</td>
<td>6,4</td>
</tr>
<tr>
<td>Public expenditure for meals for children</td>
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<td>0,5</td>
<td>0,4</td>
<td>0,3</td>
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<td>Pre-school education</td>
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<td>0,9</td>
<td>0,8</td>
<td>0,8</td>
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<td>General secondary education</td>
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<td>3,5</td>
<td>3,6</td>
<td>3,6</td>
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<tr>
<td>Completed higher education</td>
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<td>0,4</td>
<td>0,4</td>
<td>0,4</td>
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<td>Education of children with physical disabilities</td>
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<td>0,1</td>
<td>0,1</td>
<td>0,1</td>
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<td>Education of children at extracurricular facilities</td>
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<td>0,2</td>
<td>0,2</td>
</tr>
<tr>
<td>Care at Mehrbonlik orphanages</td>
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<td>0,2</td>
<td>0,1</td>
</tr>
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<td>Lyceums and colleges</td>
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<td>0,8</td>
<td>0,9</td>
</tr>
<tr>
<td>Other personnel preparation activities</td>
<td>0,0</td>
<td>0,1</td>
<td>0,1</td>
<td>0,1</td>
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<tr>
<td>Expenditure on healthcare</td>
<td>2,3</td>
<td>2,3</td>
<td>2,4</td>
<td>2,3</td>
</tr>
<tr>
<td>Including</td>
<td>0,0</td>
<td>0,5</td>
<td>0,5</td>
<td>0,5</td>
</tr>
<tr>
<td>Primary healthcare facilities</td>
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<td>0,0</td>
<td>0,0</td>
<td>0,0</td>
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<tr>
<td>Child immunization programmes</td>
<td>0,0</td>
<td>0,2</td>
<td>0,3</td>
<td>0,2</td>
</tr>
</tbody>
</table>

Source: Ministry of Finance of the Republic of Uzbekistan
due to the expansion of unregistered employment and weak observance of labor legislation. In fact these types of allowances are available only for those working in public organizations.

The number of privileges and compensations during the last decade has been decreasing as well as the number of beneficiaries. The impact of these compensations on living standards would be much greater if compensations were indexed to prices and rates for public utilities which grow monthly.

Unemployment benefits have extremely low coverage and the low rate means that have hardly any impact on the general poverty level or on the lives of the recipients.

Therefore pension provision does not have a direct function of reducing poverty level and does not focus on the poor (being established to provide income for the elderly). However given that in Uzbekistan the elderly usually live in large families, families with children also benefit from pensions. Hence pensions have the indirect function of poverty reduction. According to World Bank estimates conducted in 2003, the absence of pensions would increase the poverty level by 10%.

Social protection

In the structure of budget expenditures the share of expenditures for social protection constitutes 1.4% of GDP including family allowances for children under 2 and children under 18 (1.2%), while social aid to poor families constitutes only 0.1% of GDP. The key objective of this social protection policy was to transition from universal subsidies of basic foodstuff to a system of targeted social aid to poor families (through the makhalla system).

This system of targeted social allowances to poor families has a number of advantages, particularly no administrative costs, a democratic procedure of allocation, consideration of local features, individual approach taking into account all factors causing a family to be in need of social aid; standards for ensuring speedy consideration of applications and the absence of complicated bureaucratic allocation procedures.

The significance of targeted social allowances for poor families is quite high. This refers to both the types of family allowances obtained by nearly one third of all families. Their impact on living standards would have been more substantial if the coverage had been greater.

The volume of funds allocated for social protection is falling thus making the issue of effective targeting more and more important. Total coverage of social aid is low (4% of the total number of households according to the official statistics) but it is rather high in respect of family allowances (more than 11% of all households and more than 30% of families with children under 16).

However in addition to limited financial resources there is a problem in balancing out coverage and the amount. If a household obtains an allowance the amount may be insufficient for effective social protection. This happens because the amount of allowances is linked with the minimal wage which in turn is not related to the cost of living. Family allowances vary from 50 to 175% of minimal wages (depending on the number of children in a household), whereas the amount of social payments varies from 1.5 to 3 minimal wages.
5.3. Expenditure on the development of the social sector and outcomes

Education

Between 1997-2007 Uzbekistan annually spent 6.5% on ongoing expenditures for education, and if one includes capital expenditures it rises to 10% of GDP. As a result of reform the country has achieved the following:

- Compulsory, general and free 9-year education with enrollment of 100% of children of the respective age. The system has 9,800 schools where 5,707,000 children study and 463,100 teachers work;

- 3-year free general vocational education. The system has 1,052 well equipped vocational colleges and academic lyceums where 1,075,000 children study and 67,330 teachers and masters on production training work;

Expenditure on education is not being used rationally nor is it oriented towards the poor. As a result the quality of education at all levels remains low. Differences in access and the quality of education for different population strata with different income levels have tended to grow. This is due to the absence of incentives for teachers and low professional skills. The inadequate stimulation of teachers’ work results in less motivation and a greater turnover of professional staff.

Schools facilities also remains inadequate. Schools have only 29% of the required equipment and laboratory devices, 15% with computers. Pre-school enrollment is especially low in rural areas (19.2% of children at the respective age). This trend is caused by a reduction in the number of places in kindergartens, falling incomes and the high direct and indirect costs related to pre-school education.

Healthcare

The share of budget expenditure on healthcare is currently 2.3% of GDP. Priority directions include the establishment of an emergency aid service, the development of the primary healthcare chain, the protection of motherhood and childhood, human resource training and retraining, ensuring better medicine provision and sector financing, improvement of preventive medicine and ensuring hygiene and epidemiologic security.

The state finances emergency and primary healthcare, immunization and vaccination of population, provision of obstetric services, outpatient examination and the treatment of privileged categories of patients, specialized care for socially significant diseases and socially dangerous diseases, and carrying out public health events in preventive care, environment protection, sanitary-hygiene and countering epidemics.

The main directions in healthcare reforms include the following:

- A completely new conceptual and practical approach to motherhood and childhood issues aimed at creating an enabling environment for the birth and upbringing of a healthy generation. The goal of this direction was not just short-term reductions in maternal and child mortality but even more to achieve long-term positive effects for future generations and the whole lifetime;

- Completely new approaches to building the healthcare system and developing its infrastructure. The main objective of reforms in primary healthcare
is the establishment of rural health facilities to replace the former medical and obstetric assistance posts. This creates equal conditions for accessing health services both in urban and rural areas;

- Rejection of old stereotypes and changing approaches to healthcare financing, a substantial expansion of sources of financing including the development of fee-based and private health services in order to address budget financing deficits and to enhance the quality of health services and expectations of patients of the health facilities and medical staff;

- Optimization of financing the sector, primarily by concentrating funds on primary healthcare, out-patient treatment and prophylactics, more effective than using funds for expensive in-patient treatment;

- Improvement of the legal framework for healthcare.

Given that healthcare is so critical to ensuring child dignity and wellbeing, there is a need to address severe problems related to:

- Insufficient budget resources for healthcare development and maintenance, and at the same time ineffective allocation and spending of these funds;

- Inadequate equipment of previously established health facilities which limits the quality of diagnostics and treatment of patients;

- Low skills of medical staff and a sharp decrease in certain specializations of doctors;

- Treatment and medicines are too expensive for most of the population requiring health services (low or middle income households);

- Still high maternal and child mortality.

While access of the poor to health services is not a big problem, growing gaps in the inequality of provision of health services and the widespread practice of informal payments for health services make them inaccessible for poor families, with a consequent direct impact on child wellbeing.

5.4. Institutional issues and public financial management

The allocation of budget resources in accordance with the priorities of state policy and effective management of public expenses is key to the achievement of national strategic goals. The main priorities for improving budget management aimed at poverty reduction include the following:

- Maintaining an adequate level of financing of strategic development projects and programmes in particular focusing on education, healthcare, water supply, sanitation and environment protection;

- Development of a system of mid-term budget planning as a basis for the formulation and implementation of effective mid-term policies and programmes;

- Increasing efficiency of public funds through the introduction of result-oriented budgeting assuming simplified financing of the social sector and creating capacities to maneuver the available funds to achieve maximum efficiency;

- Introduction of a new order of financing of public organizations through a one-line method according to the norms (depending on the activity profile) with
classification of marginal wage allocations and equated payments, extra charges to wages, capital contributions and other costs;

- Increasing transparency and accountability of the budget process at all levels of public administration based on the treasury system;

- Increasing the independence and responsibility of the heads of public organizations for efficient, effective and targeted utilization of budget funds and strengthening budget discipline.

Key objectives for achieving the aforementioned social policy priorities regarding state budget expenditure include the following:

- Continuing the growth of wages for public sector employees, pensions, scholarships and allowances at an above inflation rate.

- Development and implementation of a mid-term budget strategy (MTBS) that is integrated into the annual budget cycle thus ensuring the optimization of budget expenditures, focus on the key priorities of the state policy and the increasing efficiency of the public sector.

- Optimization of expenditures for healthcare and education based on per capita financing. Per capita financing allows for a more flexible allocation of resources thus increasing their efficiency.

- Improvement of the process of budget planning based on a transition to new methods of budget planning: result-oriented budgeting (ROB). This method requires that resources be related to results, i.e. the there is a shift in focus away from meeting funding allocation targets to the expected and actual results from the provision of public services.

- Improvement in off-budget relations based on clearer legislative delimitation of expenditure authorities among budgets of different levels, adopting sustainable (3-year) norms of assignments from public taxes and introduction of leveling transfers.
6. SOCIAL POLICY AND CHILD POVERTY

6.1. Health

Health is essential to the wellbeing both of the individual person and the population as a whole. Good health is a critical precondition for a child’s development and acquisition of the necessary knowledge and skills to enter adult life.

In the early 1990s most health indicators, particularly those pertaining to children, either worsened or remained the same. This was the result of a number of factors, i.e. maintaining the old principles of healthcare organization in the midst of increasing deficits of financial resources allocated for healthcare, as well as the low efficiency of health facilities’ performance, neglecting hygienic and sanitary requirements, growing poverty and a respective deterioration of nutrition. By the end of 1990s healthcare reform led to some improvements – child and infant mortality reduced and life expectancy increased.

However Uzbekistan’s broad network of health facilities has not prevented worrying levels of child and infant mortality. Analysis of infant mortality demonstrates that the most common reason for child mortality is respiratory diseases (40% of all cases).

The level of neonatal mortality is relatively high, new-born mortality constitutes 38.7% of total infant mortality, two-thirds of deaths happen during the first days of life. Asphyxia and birth injuries prevail in the structure of neonatal mortality. Infections and parasitic diseases are less likely to cause death (4% of the total mortality rate) due to the fact that 97-98% of children are vaccinated against the main infectious diseases.

These positive trends in infant and child mortality are explained by social and economic conditions, principally the new public health system aimed at maternity and childhood protection and the improvement of birth dynamics.

At the same time almost one in every twenty children at the age of 5 is moderately underweight (5%), and 1% of children are classified as critically underweight. 15% of children are stunted (being shorter than the required height) and 4% are critically stunted as a result of improper nutrition over a long period. 3% of children under 5 years old are too thin for their age. At the same time based on available assessments, 7% of children are overweight.

### Table 6.

<table>
<thead>
<tr>
<th>Year</th>
<th>Level of infant mortality</th>
<th>Level of child mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>35.5</td>
<td>48.2</td>
</tr>
<tr>
<td>1993</td>
<td>32.0</td>
<td>48.1</td>
</tr>
<tr>
<td>1995</td>
<td>26.0</td>
<td>42.7</td>
</tr>
<tr>
<td>1997</td>
<td>22.8</td>
<td>36.3</td>
</tr>
<tr>
<td>1999</td>
<td>20.2</td>
<td>31.8</td>
</tr>
<tr>
<td>2002</td>
<td>16.7</td>
<td>24.3</td>
</tr>
<tr>
<td>2003</td>
<td>16.4</td>
<td>23.2</td>
</tr>
<tr>
<td>2004</td>
<td>15.4</td>
<td>21.4</td>
</tr>
<tr>
<td>2005</td>
<td>14.9</td>
<td>20.6</td>
</tr>
<tr>
<td>2006</td>
<td>14.5</td>
<td>19.7</td>
</tr>
<tr>
<td>2007</td>
<td>13.4</td>
<td>18.8</td>
</tr>
</tbody>
</table>
Research shows that children in low income families have an inadequate diet lacking vitamins and micronutrients (primarily potassium and iron) with a resulting slowdown in their development. The majority of child food indicators points to nutrient deficits compared with WHO standards. The share of underweight newborns constitutes 4.8%, nonoptimal breast feeding – 74%, anemia – 49%, retinol (vitamin A) deficit – 53%, height lag – 19%.

In light of this Uzbekistan formulated and introduced a special concept of the effective protection of child health. In accordance with the concept “Healthy generation” a programme on the improvement of reproductive health and healthy family was formulated and implemented. Within the framework of this programme reproductive health centers and facilities have been established across the country.

6.2. Nutrition

During 2000-2008 the production of foodstuff increased by a factor of 2.8. The country produces sugar, and almost managed to achieve grain independence. The population is fully provided with meat, milk, flour, oil, and margarine. Due to increased domestic production the import of flour reduced by 3 times, meat – by 10 times and sugar – by 3.5 times.

The government also undertakes some measures to hold down price increases for foodstuff and at the same time increase the incomes of the population. In 2000 the cost of the set of basic foodstuff (flour, meat, milk, oil, sugar, potato and eggs) composed 50% of average per capita income. In 2006 it was down to 35%.

A legislative and regulatory base has now been established to ensure the safety and quality of food in the country. Specific laws have been issued in particular the laws “On product certification”, “On hygienic-epidemiological supervision” and “On prevention of diseases caused by iodine deficit”. A Nutrition Investment Strategy for the Population of the Republic of Uzbekistan for 2009-2011 was formulated. It is based both on international

<table>
<thead>
<tr>
<th>Age</th>
<th>Weight to age</th>
<th>Height to age</th>
<th>Weight to height</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% below</td>
<td>% below</td>
<td>% below</td>
</tr>
<tr>
<td></td>
<td>- 2 from median</td>
<td>- 3 from median</td>
<td>- 2 from median</td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>1.3</td>
<td>0.3</td>
<td>5.2</td>
</tr>
<tr>
<td>6-11 months</td>
<td>4.3</td>
<td>1.2</td>
<td>7.1</td>
</tr>
<tr>
<td>12-23 months</td>
<td>8.2</td>
<td>1.1</td>
<td>16.5</td>
</tr>
<tr>
<td>24-35 months</td>
<td>5.8</td>
<td>0.9</td>
<td>16.7</td>
</tr>
<tr>
<td>36-47 months</td>
<td>3.7</td>
<td>0.5</td>
<td>16.5</td>
</tr>
<tr>
<td>48-59 months</td>
<td>4.4</td>
<td>0.7</td>
<td>16.9</td>
</tr>
</tbody>
</table>
best practices and experience accumulated during the implementation of national projects in 1998-2006 on wheat flour fortification, salt iodination, breast feeding and microelement supplementation for fertile women and children under 5 years old, carried out with support of foreign donors.

Based on fundamental research, optimal levels of consumption of food and biologically active substances have been established and the principals of rational nutrition formulated.

As a result the provision of the population with iodized salt has improved greatly. The production of iodized salt has reached 53% of the total output of domestic salt.

The country actively undertakes measures on maternity and childhood protection, support and promotion of breast breeding, advocacy and organization of healthy lifestyle. The government implements the national Programme on flour fortification to prevent deficits of micronutrients and vitamins through an enrichment of wheat flour with these substances. At the present time about 30% of total flour consumed in the country is fortified.

Analysis shows that iron and folic acid supplementation and flour fortification have been effective. Anemia among children under 5 years old decreased from 66.6% (in 2002) to 32.9% in the Republic of Karakalpakstan and the Khorezm and Fergana regions. Diseases caused by iodine deficit among the total number of observable children have reduced from 47.7% in 2003 to 28.6% in 2007.

6.3. Education

The training, education and intellectual development of the young generation is a major policy priority in the process of socio-economic reform. A high educational level is one of the most considerable achievements of the country. In accordance with a UN assessment Uzbekistan is among the leading countries worldwide in terms of literacy and access to vocational and higher education. Currently the number of students enrolled by institutions of different levels reached 2,750 per 10,000 people.

Preschool education

Over 7,000 preschool institutions operate in the Republic catering for more than 600,000, or 19% of all children under 7, including 35% of children in the cities and 12% in rural areas. The non-governmental system of preschool education is also developing actively: about 100,000 children attend private preschool institutions.

At the same time during the last decade the number of pre-school institutions has decreased as well as the number of children attending. There is a lack of capacity of preschool institutions, especially those that specialize in health and rehabilitation. This problem is especially crucial in rural areas of the country.

School education

School education is made up of more than 9,500 general education institutions in which 5,400,000 pupils are enrolled. As such the problem of school enrollment of children aged 7-15 attending grades 1-9 at general schools is solved i.e. there is general access for all to primary and incomplete secondary education. According to the MICS findings, the indicator of primary school enrollment is the same for both boys and girls of the relevant age cohort.

The reduction of the number of 10-11 (12) grade students at general schools is because of the change in the education system
Table 8.

Education in Uzbekistan

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolment to educational institutions (% of population aged 7-22)</td>
<td>76</td>
<td>77,3</td>
<td>76,5</td>
<td>75,6</td>
</tr>
<tr>
<td>Average duration of education, years</td>
<td>11,0</td>
<td>11,2</td>
<td>11,3</td>
<td>11,6</td>
</tr>
<tr>
<td>Number of learners at the age of 7-18 (% of children of the respective age category)</td>
<td>96,6</td>
<td>97,2</td>
<td>97,5</td>
<td>97,7</td>
</tr>
<tr>
<td>Number of 19 years old learners continuing their education (% of children of the respective age category)</td>
<td>21,2</td>
<td>21,3</td>
<td>21,2</td>
<td>18,6</td>
</tr>
<tr>
<td>Public expenditure on education (% of GDP)</td>
<td>6,3</td>
<td>6,3</td>
<td>6,2</td>
<td>5,8</td>
</tr>
<tr>
<td>Public expenditure on education (% of total public expenditure)</td>
<td>26,0</td>
<td>26,2</td>
<td>29</td>
<td>28,2</td>
</tr>
</tbody>
</table>

outlined in the National Program on Personnel Training, i.e. introduction of compulsory vocational education in vocational colleges and academic lyceums.

Not only is there access to all for but there is also an opportunity to learn subjects in different native languages.

Within the framework of the State program of school education development the government is realizing comprehensive measures aimed at:

- improving school buildings (new construction, capital reconstruction and major repairs);
- improving facilities (supplying schools with special furniture, teaching-laboratory equipment and manuals);
- improving the supply of textbooks and school books for students;
- enhancing professional skills and incentives for teachers.

In order to provide additional out-of-school education a set of measures has been taken on the development of child sport, culture and arts. Currently about 1,500 out-of-school educational institutions operate in the country with enrollment of 19% of all 1-9-grade students. Over 122,000 hobby groups have been established under general schools covering about 40% of students.

Vocational education

The compulsory 3-year vocational education is a separate type in the continuous education system. As of January 1, 2009 1,600 vocational colleges and 955 academic lyceums have been established in the country with enrollment of 1,080,000 students. 80% of school graduates study in vocational education institutions.

However access to vocational education is limited by the following factors:

- irrational location and specialization of education institutions;
- complicated access to obtaining specific professions;
- unwillingness of girls (and their parents) to study away from home;
- children from poor families face material difficulties when studying away from home;
Table 9.

Development of the general schools network

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of schools</td>
<td>8769</td>
<td>9478</td>
<td>9802</td>
<td>9826</td>
<td>9792</td>
</tr>
<tr>
<td>Including advanced study</td>
<td>799</td>
<td>3120</td>
<td>2915</td>
<td>2341</td>
<td>1764</td>
</tr>
<tr>
<td>Contingent of the pupils</td>
<td>4721,2</td>
<td>5145,2</td>
<td>6037,4</td>
<td>5961,3</td>
<td>5394,1</td>
</tr>
</tbody>
</table>

including:
- 1-3(4) classes
  - 1991: 1715,1
  - 1995: 2455,9
  - 2000: 2597,9
  - 2005: 2277
  - 2008: 2071,3
- 5-9 classes
  - 1991: 2294,9
  - 1995: 2125,6
  - 2000: 3026,2
  - 2005: 3146,4
  - 2008: 3021,0
- 10-11(12) classes
  - 1991: 622,7
  - 1995: 489,8
  - 2000: 372,6
  - 2005: 505,1
  - 2008: 281,1
- Special schools (rehabilitation)
  - 1991: 22,7
  - 1995: 18,9
  - 2000: 20,9
  - 2005: 19,4
  - 2008: 19,4
- Per cent of girls in the whole contingent
  - 1991: 50,0
  - 1995: 49,4
  - 2000: 52,2
  - 2005: 48,6
  - 2008: 48,6

(excluding special schools)

- inadequate conditions for children with disabilities.

Education of orphans and disabled children

About 7,000 children and teenagers left without parents’ care are identified each year, and almost all of them are sent to state boarding schools, are put in care or are adopted. Special education institutions, both corrective and restorative, have been established for disabled children.

At present there are 13 infant orphanages, 28 orphanages, 17 boarding schools for children from poor families and children without parental care, and 5 boarding schools for disabled children. 2,800 students with disabilities study in vocational colleges.

At the same time there are many issues to be resolved to improve access for disabled

Table 10.

Dynamics of school number and student contingent by the language of study

<table>
<thead>
<tr>
<th></th>
<th>Uzbek</th>
<th>Russian</th>
<th>Karakalpak</th>
<th>Kazakh</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>8765</td>
<td>780</td>
<td>375</td>
<td>555</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent</td>
<td>5506,3</td>
<td>284,1</td>
<td>144,6</td>
<td>140,6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>8801</td>
<td>753</td>
<td>376</td>
<td>544</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent</td>
<td>5440,8</td>
<td>277,0</td>
<td>134,6</td>
<td>127,4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>8858</td>
<td>760</td>
<td>383</td>
<td>531</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent</td>
<td>5299</td>
<td>270,1</td>
<td>128,5</td>
<td>115,7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>8827</td>
<td>760</td>
<td>383</td>
<td>522</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent</td>
<td>5075,3</td>
<td>282,6</td>
<td>116,3</td>
<td>99,1</td>
<td></td>
</tr>
</tbody>
</table>
children to all levels of education. Top priority in this area is the expansion of inclusive education.

6.4. Child sport

In order to strengthen the material and technical base and development of child sports, in 2003-2008 the Child Sport Development Fund funded construction of 895 children’s sports facilities of which 734 (82%) are in rural areas.

Currently the number of schoolchildren who have regular sports and physical training totals 2,200,000 including 717,000 who are engaged in regular sports training and 1,500,000 in health-improving physical training.

6.5. Social protection

Children left without parental care.

The humanistic orientation of social policy of the country calls for active measures by the government to avoid the problem of abandoned children - the most vulnerable group of the population.

Taking into consideration the mentality of the population, i.e. the system of close family relations, the government looks first to family based care to resolve this problem. For the period of 1995-2005 the number of children given to family wardship or adoption has grown by more than 40%, and their share in the number of orphans has risen from 38.9% to 45.5%.

At the same time there are 25 “Mekhribonlik” orphanages catering for 3,300 children all across the country. The aim is to make such orphanages as close to home conditions as possible.

- In accordance with acting legislation, orphans get benefits worth 100% of the minimum retirement pension which is deposited in a personal account and paid out when they become adults. In addition, children graduating from “Mekhribonlik” orphanages get benefits worth 100 times the minimum wage to buy home accessories and clothes and make other payments, to help them adapt to independent lives.

Within the framework of the “SOS-Children Villages of Uzbekistan” program, the practice of family based children’s homes is increasing. Today, there are 4 children’s villages in the republic where over 100 children left without parental care live in what are practically home conditions.

Children with special needs (disabilities).

The Law “On the social security of invalids in the Republic of Uzbekistan”

Table 11.

<table>
<thead>
<tr>
<th>Children left without parental care</th>
<th>1995</th>
<th>2000</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>47.7</td>
<td>59.0</td>
<td>39.3</td>
</tr>
<tr>
<td>Identified</td>
<td>6.5</td>
<td>6.3</td>
<td>6.4</td>
</tr>
<tr>
<td>including children sent to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>infant orphanages, orphanages, boarding schools and family type boarding schools</td>
<td>0.9</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>under wardship, adoption</td>
<td>5.6</td>
<td>5.6</td>
<td>4.4</td>
</tr>
</tbody>
</table>
defines the rights and interests of disabled children.

Today the number of children with disabilities is about 150,000. As a result of reforms in the public health system and increases in the quality of rehabilitation measures, the number of children with disabilities has decreased (by 4.5% in 2008 compared to 2007). All children with disabilities get allowances worth one minimum wage.

However still there are particular problems yet to be solved:

• increasing the efficiency of special rehabilitation measures including providing children with disabilities with orthopedic items specially designed for rapidly growing children);

• widening inclusive education especially in the system of general and vocational education;

• elaboration and application of corrective educational methodology of key skills necessary in everyday life.

The problem of adopting disabled children left without parental care is also urgent. Such children currently live in “Sakhovat” and “Muruvvat” orphanages.

Social support to children from poor families

Social support to children from poor families was a core issue in the development of the national social protection model.

Launched in 1995 the system of financial support entails the following:

• allowances to poor families with children under 18;

• allowance to mothers in poor families taking care of children under 2;

• free provision of winter clothes and textbooks to school children from poor families;

• free vacations for children from poor families in summer camps.

Today about 40% of children get direct financial support in the form of allowances. The same child can get all three types of financial aid.

These allowances are targeted by means of the self-governance bodies identifying the most needy families - a reliable and fair instrument for the distribution of the allocated funds.

Table 12.

<table>
<thead>
<tr>
<th>Financial aid to children from poor familie</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of recipients of family allowances for children under 18 years old (average per month)</td>
<td>932,2</td>
<td>930,2</td>
<td>843,7</td>
</tr>
<tr>
<td>Number of recipients of material aid (average per month)</td>
<td>66091</td>
<td>60446</td>
<td>88884</td>
</tr>
<tr>
<td>Number of recipients of family allowances for children under 2 (average per month)</td>
<td>472283</td>
<td>457431</td>
<td>557739</td>
</tr>
<tr>
<td>Number of children receiving a set of winter clothes</td>
<td>724,000 (22.5 billion s’om)</td>
<td>724,000 (18.9 billion s’om)</td>
<td>724,000 (18.9 billion s’om)</td>
</tr>
</tbody>
</table>
Previous experience shows that governments must directly address in their policies the protection of children’s interests during the transition period (in which Uzbekistan has been in the last decade). Moreover its importance means that the protection of children’s interests should be a top policy priority since the comprehensive protection of child rights and interests is impossible without concentrating the efforts of the whole society.

Government policy regarding children has as its overall goal the comprehensive protection of family, maternity and childhood, for both the present and future generations.

The key directions of government policy in Uzbekistan on the protection of child rights cover the following:

### 7.1. Improving legislation on protecting child rights and interests

The protection of child interests cannot be ignored in government policy. Moreover its importance means that the protection of children’s interests should be a top policy priority since the comprehensive protection of child rights and interests is impossible without concentrating the efforts of the whole society.

Government policy regarding children has as its overall goal the comprehensive protection of family, maternity and childhood, for both the present and future generations.

During the last decade the key directions of government policy in the protection of child interests have been implemented including the formulation and improvement of the legal framework for the protection of family, maternity and childhood based on best international practice and the judicial system.


Legislative, administrative and other measures are undertaken in order that government policy complies with the Convention on the Rights of the Child and ensures the implementation of the Convention. In this regard critical amendments should be made in the core normative documents on child rights protection along the following lines:

- Protection of basic child rights;
- Protection of child rights and interests within a family;
- Protection of the rights of children without a family;
- Rights of children for education;
• Rights of children for the freedom of conscience;
• Protection of child rights within labor relations system;
• Protection of child rights within the judicial system.

7.2. Pre-school education

It is expected to substantially increase enrollment of children aged 3-6 in pre-school education. The government does not aim to cover children under 3 years old with pre-school education, instead providing mothers with partially paid maternal leave that counts towards their working record. This approach means that mothers can pay more individual attention to children during this most challenging age and also prevents diseases including infectious ones which spread rapidly among small children.

Pre-school education focuses on children aged 3-6 years old, especially children aged 5-6 years old to ensure better preparation of a child for school and their adaptation to social life.

By 2015 it is suggested to increase by 1.5 times the enrollment of children aged 3-4 years old, such that the enrollment rate for this age group would rise from 23.7% to 32.8%. For children aged 5-6 years the increase should be larger (2.7 times with enrollment growth from 18.6% to 50.5%).

The specific focus of this strategy is ensuring a high quality of pre-school education through the application of the following measures:

• Formulation of state standards of preparation to school and ensuring observation of those standards through a licensing system;
• Introduction of innovative methods developing basic skills and satisfying the needs and interests of children;
• Increasing the professional skills of teachers through improving the system of training, retraining and qualification enhancement;
• Improving the standards and supervision of foodstuffs provided to pre-school facilities as well as the quality of medical aid in these facilities.

7.3. Primary and secondary education

Within the primary education system the key objective is to increase the quality of teaching and progress of students and ensure complete school enrollment and graduation by all students.

As a follow up to the Programme on School Education Development for 2007-2009, old premises will be replaced by 185 new schools catering for 68,000 students; capital reconstruction will be fulfilled in 1,639 schools catering for 563,000 students, capital repair will be conducted in 2,371 schools. 4,800 schools will gain computers and 56,300 textbooks will be distributed.

In addition to investing in school infrastructure, efforts will be made to ensure good teaching staff, particularly in rural areas. Teachers’ Qualification Improvement Institutions (TQIIs) will launch the Programme “Child friendly schools”. Methodologists and school inspectors will be retrained to provide a higher quality
of practical support and consultancy to teachers and ensuring feedback to TQIIs.

More attention will be paid to curricula for disabled children in order to create relevant conditions and equipment, improving the quality of the curricula focused on maximizing the life opportunities of children. Particular focus will be on the integration of disabled children in ordinary schools.

In order to ensure the effective use of resources, increase the quality of education and ensure social equality, school financing will be made on per capita basis. An information system of education management will be applied to ensure the proper allocation of funds and timely and reliable decision-making. A school management information system will be applied for monitoring children’s progress and undertaking relevant corrective measures. Specific measures have already been undertaken and these will be further implemented to support children from poor families, i.e. raising the upper limit of support through the public provision of text-books, meals and clothes. Text-books will be also rented (at 30% of their cost) thus ensuring their availability.

7.4. Vocational education

General compulsory vocational education for the 10th-12th grade will be further introduced (in accordance with the National Programme on Personnel Training for 1997-2009 which sets the main strategic direction to develop a qualified labor force able to compete in international markets). The strategic priority is ensuring the full introduction and total enrollment in the new system of vocational education by 2009.

In 2007-2009 651 new vocational colleges and academic lyceums will be built for 380,000 students thus ensuring access for almost 100% of 9-grade graduates to vocational education. Aggregate expenditures on these objectives totals the equivalent of USD 1078.8 million, of which USD 1031.4 million will be provided by the state budget and USD 47.4 million will be attracted through credits of IFIs and foreign banks to be repaid later out of state funds. The key objective of the new strategy is achieving a return on investments through the effective administration of state expenditures for education.

64,000 teachers will be prepared to work in this system. It is critical to establish a team of qualified teachers and tutors to ensure the high quality of vocational education. Based on the improved normative-legal base a system of training and attestation of teachers will be launched as well as the accreditation of education institutions.

In this regard agreed principles on the further development of vocational education will be formulated to cover the following:

- Ensuring full enrollment of school graduates into vocational education;
- Increasing the quality of education;
- Competitiveness of vocational college graduates in labor markets.

Moreover in order to ensure broader access of school graduates to vocational education the issue of establishing branches of vocational colleges within functioning schools (mainly in mountain and remote areas) is considered which will allow for the selection and access of students to various professions and decrease the expenses of households on transport and other costs associated with obtaining a vocational education.
In order to ensure general access to and completion of this comprehensive education, specific measures on evening education will be undertaken to expand the enrollment to vocational education of those 9th grade graduates left outside the system. In order to avoid a gender imbalance in vocational education special courses promoting women’s employment in the labor market will focus on expanding the participation of women in small business and individual labor activities.

7.5. Healthcare

An important mechanism for achieving the objectives set in the area of healthcare will be the further implementation of ongoing health reforms in the country. The key tools in the mid-term will be the following:

- Strengthening and increasing the quality of health services in primary health facilities, formulation of a minimal set of free health services at the level of primary medical-sanitary and in-patient aid;
- Increasing the qualifications of medical staff in accordance with international standards and the introduction of certification and a licensing system;
- Revision and renewal of the curricula of medical institutions and colleges to provide the necessary knowledge and skills;
- Proceed with rationalizing the health infrastructure aimed at optimizing the number of hospital beds and special medical aid facilities in favor of the network of primary medical and sanitary care;
- Further improvement of the policy of procurement of medicines. The minimal package of health services should also include vitally important medicines;
- Improving the financing of healthcare through the accumulation and administration of funds at the regional level, a combination of per capita financing and financing based on completed treatment cases both at the level of primary medical-sanitary care and in-patient treatment accordingly;
- Introducing financing schemes through medical insurance.

In order to strengthen the primary medical-sanitary care aspect of the healthcare system, in 2007-2010 it is expected to build and equip 400 regional healthcare facilities (RHF) with a capacity of 150,000 visits per shift. All RHFs will be affiliated with the central district hospitals thus increasing support and quality control over the quality of the health services provided.

The basic package of health services at the level of primary medical-sanitary care (PMSC) is to ensure minimal needs in medical care including the medicine provision for the most vulnerable groups.

Financing PMSC should be based both on the number of recipients on the territory assigned and indices related to facility performance. Performance related pay encourages medical staff to follow medical care standards and make cost savings.

7.6. Child health

The government will undertake a set of measures on strengthening child health and decreasing infant and child mortality in order to achieve MDG-4. In order to achieve positive outcomes the system of continuous medical care at all stages starting from birth
and up to 5 years old and beyond will be launched.

Extra aid including foreign credits will be needed for the re-equipment of child health facilities.

In order to ensure continuous medical care two packages of medical services will be developed for children. The first one at the level of in-patient treatment will focus on the survival of newborns and will be implemented through strengthening neonatal resuscitation and basic medical care for newborns. By 2010 all obstetrics facilities are to be certified as child friendly health facilities. The application of the international standard Live-birth definition is critically important for ensuring the quality of medical care and is a component of the basic package of survival at the early stages of life.

Another package of high quality services will aim at ensuring the survival of children under 5 years old to be introduced at the level PMSC. This package includes interventions based on integrated prophylaxis and mitigation of the most common child diseases.

Child nutrition and proper upbringing play an important role in achieving positive outcomes in healthcare performance and child development. Therefore PMSC packages will include work with families and local communities on advocating proper nutrition and child care.

### 7.7. Reproductive and maternal health

Measures aimed at the reduction of maternal mortality include the strengthening and modernization of health facilities at all levels especially urgent obstetric care and increasing the qualification of medical staff in line with ongoing health reforms.

It is necessary to ensure the continuous observation of women starting from the early prenatal period up to delivery. Specific attention will be paid to the quality of medical aid during delivery. It is important to revise the existing clinical manuals and proceedings to minimize the unjustified use of medicine but to keep monitoring the mother and baby during the prenatal period. It is important to proceed with the development of the system of sanctioning further treatment when there are complications in the pregnancy. Often anemia causes severe complications such as bleeding.

It is also necessary to solve the problems of malnutrition during pregnancy, to promote contraception methods, greater intervals between deliveries and the preparation of women for pregnancy and delivery.

### 7.8. Nutrition

Tackling inadequate nutrition is a government priority. The government intends to formulate an integrated nutrition policy joining all relevant measures into one comprehensive national strategy.

The promotion of breast feeding for the first 6 months and the proper nutrition of small children is to be widened to cover the whole country in order to ensure a “good start in life” for all children. It should become a priority in order to speed up the process of development and saving infants from an inadequate nutrition cycle.
Achieving universal salt iodination through adopting legislation and strengthening the quality of monitoring of produced and imported salt by 2007 will be critical in eliminating iodine deficits.

Anemia cases have been reduced due to programmes on flour fortification. However further activities are necessary to include iron-bearing supplements into the PMSC package as well as adoption of the law on compulsory flour fortification with iron and other important microelements such as folic acid and zinc.

The provision of vitamin A, which is important in the fight against child and maternal diseases and mortality, should become an essential part of the PMSC medical service package. As an option vitamin A can be provided as part of the immunization schedule.

7.9. Prevention and fight against infectious diseases

Immunization, especially from infectious diseases, is at high level in the country. This has contributed to falling sickness rates. The immediate objective is to maintain the almost 100% coverage of vaccination of children. The hygiene and epidemiological services should focus on fighting HIV/AIDS, tuberculosis and viral hepatitis. These priorities comply with the nationalized MDG-6. In three major directions specific measures will be formulated to fight HIV/AIDS, particularly:

- Preventive measures amongst high-risk groups;
- Ensuring broader access to medical care for infected persons including provision of antiretroviral therapy;
- Creating supporting conditions to protect the rights of people living with HIV/AIDS.

7.10. Provision of housing

Uzbekistan has a young and increasing population living mostly in rural areas. If population growth will continue at the same rate as the last 5 years then on average more than 60,000 new families will appear each year. New families will create demand for separate housing in addition to the already existing nearly 180,000 families awaiting land for the construction of houses and over 85,000 families on the waiting list for apartments.

The current rate of construction of new housing (54,000 units per year) will not meet this demand.

In response the government has a medium-term policy to increase supply which entails:

- Development of a primary market of mortgage lending through the provision of short-term low security bank credits at market interest rates for the repair and exchange of one private apartment for another, and the development of the technical capacities of banks to assess retail credit, market risk management and operations and system development.
- Development of a property market through legal assignment of the right for legal estate under housing construction, increasing proposals for using city land for housing, and ensuring access for households with below average incomes.
- Revision of national standards and programmes on financing city planning,
land management and zoning to ensure a sufficient supply of inexpensive housing.

- Maintaining inflation at between 5-8% to make long-term financing more attractive and accessible.
- Provision of support to young families through firm based mortgage tax-relief (up to 10% of the taxable base on firms’ contributions to cover mortgage or house purchase payments of employees from young families.)

7.11. Access to public utilities

The WIS includes the following targets for expanding access of the population to public utilities, increasing their quality and improving measurement of the utilities consumed:

- During 2006-2009 1,312 settlements will be supplied with centralized water pipes in accordance with the approved programmes;
- During 2006-2009 861,800 kilometers of worn water pipes will be repaired (replaced);
- During 2007-2009 2,399 worn boilers in social infrastructure facilities (schools, hospitals, etc) will be replaced with modern energy saving boilers (including 961 at the expense of the state budget, the rest at the expense of local budgets). The total amount of required investment is more than the equivalent of USD 15 million;
- During 2007-2009 7,713 worn out boilers in social infrastructure facilities (schools, hospitals, etc) will be replaced with gravity circulation domestic boilers. The total amount of capital investments will be the equivalent of USD 9.5 million.

- During 2006-2009 515 kilometers of worn heating networks will be reconstructed;
- During 2009 individual houses and blocks of flats will be fully equipped with cold water meters (total need in 2006-2009 is 979,500 and 602,000 units respectively).

7.12. Optimization of public expenditure

The transition to new approaches and tools of social budgeting is due to the following factors:

- Transition to a policy of long-term sustainable development based on an increasingly qualitative type of economic growth. Speeding up the transition to innovative economic development brings new demands on the development of the young generation and, accordingly, new tools of social budgeting. They must be oriented not on the process but on the final outcome.
- Effective implementation of current sectoral reforms and programmes is dependent on greater independence for local government in its search for economic, technological and infrastructure growth, as well as the launch of new regional initiatives including those addressing children’s issues. However this is difficult to realize within the framework of current mechanisms of social budgeting when the scope for choices in planning and implementing local budgets is limited and there are no institutional incentives for local initiatives on increasing the efficiency of budget expenditures.
- Need to increase the quality of social services. This is only possible when there is greater competition between government
and non-government providers of social services. This leads to an increase in the number of players and institutions involved in the budgeting process, and in turn this calls for changes in the administration, accountability and monitoring mechanisms. As a whole this assumes a revision of the traditional approach based on pre-determined expenditures and its replacement with an approach based on selecting the best way of providing high quality services.

- Opportunity to expand programmes with a specific focus on children due to a greater emphasis on non-government sources of financing. Child wellbeing is a proper area for the expansion of initiatives based on non-government sources of financing. This will not only reduce the burden on the state budget but also harmonize the goals of all counterparts, reduce transaction costs, and improve the coordination of donor efforts. New tools should be introduced in accordance with the principles stated in the Paris Declaration on Aid Harmonization.

The aforementioned recommendations are the main and principal measures essential for ensuring child wellbeing in the country in the nearest future. Given the complexity and diversity of child wellbeing processes their execution will require the mobilization of the efforts of the whole of society and all agencies engaged in child wellbeing issues.
In order to achieve the goals and objective on increasing child wellbeing set by the government it is suggested that a National comprehensive mid-term strategy be formulated and implemented. The strategy will be based on the following regulations, directions and target orientations stated in the:

- Recommendations of UN Committees on the Rights of the Child and Elimination of Discrimination against Women;
- Millennium Development Goals;
- “World fit for Children” Document;
- State and target programs adopted in the republic;
- «Uzbekistan-UNICEF» Cooperation Program;
- United Nations Development Assistance Framework (UNDAF);
- Final Review of Program Cycle (FRPC) of the Country Program’s Plan of action, Welfare Improvement Strategy of Uzbekistan (WIS) and other documents.

These sources highlight some very important principles:

**Firstly**, measures targeting child poverty should be considered as closely connected with the well-being of mothers and families. That means that a child’s health depends on such factors as the mother’s health and psychological conditions in the family, and the quality of the child’s life depends on such conditions as living conditions, level of income and access of the family to social services.

**Secondly**, the level of some aspects of children poverty depends on the completeness and quality of solutions to issues such as ensuring mother and child rights; providing normal conditions for family life; mother and child health protection including women of fertile age, antenatal security of the embryo, new born children and all age groups - children, teenagers and youth; access to education and training (preschool, school, out-of-school, vocational); improvement of the family’s financial situation which depends on the protection of able-bodied members of a family, the parents, and their income level.

**Thirdly**, to resolve the complex and changing problem of children poverty, the state, non-governmental and public organizations are needed to participate widely and cooperate with each other, including private-public partnership mechanisms;

**Fourthly**, to improve the position of children, and to develop initiatives at lower levels of government it is necessary to develop and more actively use democratic governing principles, involving in these processes the self-government bodies of citizens, makhallya and families;

**Fifthly**, it is necessary to broaden international cooperation, attract the potential and resources of foreign institutes, donors and sponsors in order to resolve the problem of child poverty.
The ideological basis of this Strategy includes drawing on all state strategies, priorities and target directions regarding the improvement of child well-being and the creation of mechanisms for coordinated work and interaction between the state, non-governmental and public structures at all levels for achieving the program aims. All measures must be aimed at resolving concrete problems and achieving concrete results.

The main goals of the Strategy are the following:

8.1. Strategic goal 1. Creating an enabling environment for increasing access to and the quality of public and commercial services for children

The first objective of the strategy is to create an enabling environment for the formulation and implementation of programmes on improving child wellbeing (service provision) as well as macroeconomic, sectoral and regional programmes mainstreaming child issues. In this regard it is expected to formulate and implement measures along the following lines:

- Integration of child wellbeing issues into a common country development strategy (including separate social programmes as well as macroeconomic and regional development strategies);
- Definition of a set of guaranteed social services for children (including the formulation and adoption of clear standards) and institutions responsible for their implementation;
- Creating an enabling environment for public and non-government institutions to provide children with services set by the government.

Moreover in order to ensure the proper distribution of authorities and greater cooperation among institutions it is suggested to divide each direction into three levels:

- Policy making level;
- Policy implementation level;
- Monitoring and evaluation of policy implementation.

Objective 1.1. Integrating child wellbeing issues into comprehensive development strategies

One of the major bottlenecks in the current policy is the detachment of child wellbeing issues from the common national development strategy. As a result those programmes already adopted on raising a comprehensively developed youth do not comply with current socio-economic policy (for instance the lack of clear standards of education at different levels and labor market requirements).

Separate government programmes on child wellbeing (measures on health improvement or social protection) aim at mitigating the consequences of other macroeconomic and sectoral programmes. More timely consideration of children’s interests would have meant a reduction of costs such that limited funds could have been channeled into other areas.

Objective 1.2. Definition of clear standards of guaranteed social services and institutions

Standards serve as administrative tool of the government (as one of the main providers of social services) to
determine the quality and increase the competitiveness of services rendered. A unified system of social standards should be formulated to lay the ground for creating an enabling environment for increasing access to and the quality of services. The system of standards is to satisfy the needs of all sections of the population strata, but primarily the most vulnerable.

In this regard it is necessary to conduct a thorough analysis of the list of those services provided to the population that are guaranteed by the Constitution and laws of the republic. It is also necessary to formulate a set of life quality social standards able to define the minimal level of free public services in such areas as healthcare and nutrition, education and social protection.

This can be achieved through the following:

- Definition of standards of guaranteed social services;
- Integration of the standards of guaranteed social services with sectoral strategies;
- Creating an appropriate institutional base for monitoring and evaluation.

Objective 1.3. Creating an enabling environment for developing service markets

Increasing the efficiency of social protection and social services depends to a great degree on the human resource capacities at the institutions providing these services to families and children. It is obvious that a timely improvement in the qualification and professional retraining of employees working at public institutions providing social services to population is vitally important.

The development of a competitive environment will ensure a balancing of the interests of consumers and providers of social goods and services. In order to ensure the quality and accessibility of social services for families and children it is necessary to create conditions for the development of a competitive environment and various forms of private-public partnership. This is due to the fact that the development of markets for social services increases the quality of services and reduces production costs.

Public and private information resources on the condition of social services markets play an important role in creating normal conditions for the functioning of competitive markets.

8.2. Strategic goal 2: Increasing the potential of households to consider the needs and interests of children

The second goal of the Strategy is increasing the potential of households to take into greater consideration the child’s interests in everyday life and use available resources more effectively.

This goal can be achieved by means of the following objectives:

- Forming in the family and society a deeper understanding of the concept of child wellbeing;
- Redistribution of incomes inside households in the interests of children;
- To expand opportunities for children’s participation in social life and creating an environment in which the voice of every child will be heard.
The achievement of these objectives requires that the government carry out a number of actions at the institutional and societal level as well as at the level of households. Comprehensive impact at all these levels will contribute to creating an enabling environment for children and ensuring its sustainability in the long-term.

Objective 2.1. Forming in the family and society a deeper understanding of the concept of child wellbeing

Achievement of this objective is possible if the following is carried out:

- Form an understanding of child wellbeing issues among civil servants, workers in the social sector, law enforcement bodies, social organizations and the private sector;
- Creation of an effective system of social control institutions supervising the observance of child rights and interests;
- Increasing the priority of child wellbeing in the family and community.

Objective 2.2. Redistribution of incomes inside households in the interests of children

The efficiency of socio-economic policy depends to a great extent on how integrated the concept of the child’s harmonious and comprehensive development is at the level of households and local communities. The government will also undertake measures towards creating conditions when households will have additional resources to utilize in favor of children.

This objective will be achieved through the following:

- Increasing the targeting of social protection programs, thereby increasing the average amount per recipient. This will make government aid more noticeable and used by households for children only;
- Creating at the level of local communities, and particularly families, an enabling environment for every child regardless of gender and age, and equal opportunities to claim their legal rights and interests, particularly for high quality healthcare, education and social protection.
- Expanding opportunities for productive employment, in particular for women and mothers, and income generation to enhance the welfare and potential of households and, accordingly, opportunities to improve child wellbeing.

Objective 2.3. To expand opportunities for children’s participation in social life and creating an environment in which the voice of every child will be heard

In order to achieve this objective the strategy will focus on the following:

- Ensuring the appropriate functioning of institutions monitoring and controlling the observance of children’s rights and interests.
- Increasing the role and participation of NGOs in the elaboration and realization of the policy regarding children and the social and economic policy as a whole.
- Increasing the interests of parents in the comprehensive development of their children.

This stage aims at creating an enabling environment not only for child development that is comprehensive but also sustainable and endowed with institutions capable of self-development.
8.3. Strategic goal 3. Creation of conditions ensuring the social inclusion of vulnerable children

The third goal is creating an environment for the inclusion of vulnerable children into normal social life.

In order to achieve this goal the following objectives are to be pursued:

Detection and registration of vulnerable children

Full coverage of vulnerable groups with measures of social protection and facilitating their access to social services

Objective 3.1. Detection and registration of vulnerable children

To achieve the objective it is vital to have clear and reliable information on the number of vulnerable children, grouping them by specific vulnerability factors/criteria, creating full picture of socially vulnerable children.

In this regard the detection and registration of groups of vulnerable children will be conducted by means of the following:

Effective institutions able to detect socially vulnerable and at-risk groups and regularly register them.

Increasing capacity for situation analysis and policy advice.

Increasing the awareness of vulnerable households/children about the services and measures available to them.

Objective 3.2. Full coverage of vulnerable groups with measures of social protection and facilitating their access to social services

Critical to improving the performance of institutions responsible for implementing social policy and social protection measures is the introduction of new forms and methods of social protection for ensuring child rights and interests. First of all attention will be paid to decentralization and expanding the independence of local government social protection institutions so that social packages could be developed based on the features of each separate region and each vulnerable group.

In order to enhance the efficiency of the mechanisms of social service delivery and social protection a set of measures will be adopted to develop a network of social organizations, increasing their capacities to provide social services. First of all this entails the establishment and promotion of a network of specialized NGOs which will be assigned the functions on delivering social services once their capacities have been strengthened.

At the level of poor households and vulnerable children (first of all children left without parental care, street children and disabled children) the key objective is to ensure targeted use of social services and social support measures. Most important is to create conditions for the inclusion of vulnerable persons as a result of government and non-government forms of social support.
9. MONITORING

The monitoring of child well-being is realized in the Republic within the National Plan of Action on improving child well-being. Monitoring and assessment is carried out at national and local levels, including:

- monitoring of the realization of the Program’s directions as a whole;
- monitoring and assessment of reached results (indicators);
- assessment of the efficiency of the policy.

The monitoring of program directions is carried out at the regional level by separate ministries and departments and quarterly summarized by National technical group under the Department on issues of education, public health and social protection of the Cabinet of Ministries. Simultaneously, the branch ministries conduct independent monitoring of some of the Program’s actions and Government decisions aimed at improving child well-being and report quarterly on their fulfillment to the Department on issues of education, public health and social protection of the Cabinet of Ministries.

Each responsible ministry, department, and also khokimiyats have developed their own action plans on Program realization at the branch and local levels. The corresponding ministries and departments are responsible for the realization of Program components at the national level. Local governmental bodies realize the Program at the local level. The general coordination is carried out by the Department on issues of education, public health and social protection of the Cabinet of Ministries of the Republic of Uzbekistan.

Realization of the NPA is carried out with close cooperation of the ministries departments, and also local self-governmental bodies and other institutes of civil society.

The National technical group under the Department on issues of education, public health and social protection of the Cabinet of Ministries has also realized:

- coordination of the monitoring process and assessment at interdepartmental and regional levels;
- regular monitoring of various auxiliary and basic indicators, aggregation of data throughout the country;
- assessment of progress in achieving the goals and commenting to the parties participating in Program realization;
- providing consistency, quality and compatibility of monitoring data and mechanisms applied by the parties participating in Program realization;
- rendering of assistance in increasing the parties’ potential for participating in Program realization;
- monitoring of progress in achievement of Program goals and objectives;
- review and analysis of the current situation on children well-being.
Monitoring of realization in the ministries will be carried out by special groups consisting of employees of the corresponding divisions of the ministries and departments.

Coordination of the monitoring process and assessment at the local level is to be carried out by working groups under the regional and district khokimiyats. The participation of the local community in this process will be ensured through the attraction of representatives of local authorities, public organizations, NGO, etc.

The special monitoring indicators of child well-being achievement are designed for systematic monitoring and assessment of the NPA goals. These indicators provide regular (on 33 specially developed indicators) analysis of work regarding child interests ensuring that problems are identified, actions are elaborated and implemented, and discussion of the achievements and dissemination of positive experiences will take place amongst makhallyas, districts and regions at local, district, regional and national levels (Annex 1).

The basic NPA indicators are included in the Welfare Improvement Strategy of Uzbekistan for 2008-2010 and correspond to the Millennium Development Goals.

Monitoring of the child well-being indicators is carried out annually at the national level and quarterly at the local level.

In accordance with the results of the monitoring and assessment of the efficiency of policy on child well-being, there is an increasing need to make adjustments. Program indicators, in the process of their achievement, can be corrected and specified to increase the efficiency of the policy.

The main information source for monitoring is state and departmental statistics, and also research data of households and social surveys of the population made by independent sociological centers and organizations.

To express quantitatively trends in child well-being improvement practical indicators were chosen with appropriate units of measure (absolute, relative, average, etc.).

The major accent is on research into the non-monetary and monetary indicators, which have a direct or indirect relation to the well-being of children, women and the family; that serve as a foundation for human development, i.e. that characterize the levels of realization of the possibilities for the satisfaction of key human needs for a long and healthy life, and access to the education sources necessary for a worthy life.

Strategy realization mechanisms entail:

- ensuring legal standards that providing for their realization;
- adequate financing of the prescribed measures;
- a program-target approach of the primary goals' realization both at the national and regional levels;
- widening civil society participation in fulfilling these main directions on the basis of its intellectual and financial contribution to improving the position of children and the direct participation of volunteers;
- introduction of an institute of the authorized representative on children rights;
- information and personnel providing of planned measures;
• development of a system of educating parents and children on issues of child rights’ protection, the education of children, various aspects of their vital activity, and the availability of timely help;

• coordination and control over the consecutive goals’ achievement.

The key direction of activity in the near future is providing the legislative base for policy regarding children, systematization of the legislation, revision of declarative and contradictory standards, transition to direct actions with financial and organizational mechanisms, reduction of departmental statutory acts, and improvement of the legislation according to international legal documents.

In this new stage of national reform, an analysis of all proposed bills should be made with a view to their influence on the children.

The Strategy is financed from the state budget of the Republic of Uzbekistan, local budgets, along with sponsors and donor support.

The Strategy should be realized in close alignment with overall social and economic reform. The scope and means of implementation of the planned actions should take into account the developing economic situation and the financial possibilities of budgets of all levels and business entities.

An increase in the resources allocated for the realization of these main directions would ensure:

• an increase in the funds of budgets of all levels for the financing of social payments for children, realization of target programs of social support to the family and children, health protection, education, culture, physical training and vacation;

• increase of standards in state expenditure on the care and education of children in preschool centers, schools, social service centers for both family and children, various types of boarding schools and other children’s institutions;

• mobilization of additional financial resources for addressing critical issues through improving legislative standards that encourage investment into the social sphere, the support of charities and fuller use of financial and economic regulators;

• more efficient use of funds allocated for the improvement of children’s situation, the strengthening of partnership relations and control over the targeted use of funds by families, public organizations, parties and the mass media.

The program-target approach to strategic long-term issues of child wellbeing has a proven record of efficiency. In this regard, the achievement of higher Strategy goals should be resolved on a program-target basis both at the national and regional levels.

Strategy realization calls on the mobilizing of all societal forces to raise resources, provide security and well-being of the children, and reach adult age with good health. Efforts at the state level should be supplemented by the activity of public associations that is provided by the:

• strengthening of coordination of the activity of public authorities and public associations and increasing the efficiency of their interactions;
• attraction on a competitive basis of public associations to realize state and local programs on children;

• support of public association initiatives in providing normal conditions for children’s life and activity;

• providing assistance, distribution of experience and holding joint conferences and seminars with public associations.

The strategy’s realization requires a concurrent improvement in the information exchange of various bodies and institutions in their activity with children and their parents. A special place should be given to informing journalists and others in the media who highlight issues of children and their rights. A training program for specialists working with children should include the studying the Convention on the Rights of the Child, other international acts and Russian legislation in the sphere of child rights protection.
The Government of Uzbekistan implements a number of policies directly or indirectly focusing on improving child wellbeing:

- Employment programmes are being implemented, indeed the one of the objectives of the WIS is strengthening the link between economic growth and increasing productive employment and poverty reduction. The key WIS objective is to reduce poverty to 20% in 2010, down from 25.8% in 2005. Specific attention will be paid to rural development where the poverty rate is not being significantly reduced (it remains nearly 30%).

- A system of social protection has been established. Pensions, allowances and other payments play an important role in supporting vulnerable population groups including poor families with children. Some allowances are provided directly for children. By 2010 the government intends to increase the targeted nature and level of social protection of the poor including young families. This includes a systematization of the present allowances and privileges, increasing the amount of payments, monetization of some part of the existing allowances, and the introduction of new types of allowances and targeted forms of social support.

- Further formulation and implementation of programmes on healthcare, education, nutrition, supply of potable water and sanitation, child vaccination, etc. aimed at increasing accessibility to and the quality of social services for the population as a whole and particularly for children. According to the WIS by 2010 it is expected to have expanded the accessibility and increased the quality of basic social services.

- The State budget finances special institutions for children left without parental care and children with disabilities. In order to fund measures on strengthening the social protection of disabled children by 2010 it is expected to allocate funds from central and local budgets as well as attracting donor funds and the fulfillment of specific programmes with the support of international charity funds and organizations.

- Yet these policies are formulated and implemented without consideration of the child poverty profile, which is neither identified yet nor formulated officially thus negatively affecting (i) the coherence of policy measures implemented by the government, (ii) full coverage of vulnerable groups with schemes of social support, (iii) efficiency of efforts in reducing overall poverty and child poverty in particular.

The analysis has identified the following bottlenecks which hinder (i) consideration, at the stage of formulation of macroeconomic policies, of the interests of the poor as a whole and particularly children - one of the most vulnerable groups of the population, (ii) costs of macroeconomic policy could be supplemented with target compensatory measures including those within the framework of the social protection system.
Lack of preliminary assessment of the impact made by decisions taken on child wellbeing. The priorities of social and economic policy, projects and financial planning within the framework of the state budget are often made based on assumptions. As a result most programmes and strategies are formulated based on supply rather than demand and thus barely consider the present and future needs of society as a whole and also separate groups; possible costs are not always considered. First of all this results from a lack of the necessary information and data for a situation analysis that would allow for more accurate policy tools and more targeted interventions with more predictable outcomes.

- Lack of institutional and human resource capacities at government agencies both at the central and local levels. The lack of the necessary skills of situation analysis and policy formulation, resource and project management result in low levels of efficiency of local governments particularly their ability to lobby with higher authorities for region-specific policy measures. As a result during the formulation of the state programmes, including those covering child rights, specific regional problems are not taken into account at all or are not considered sufficiently. It is necessary to create conditions for enhancing the institutional and human resource capacities of public sector such that it can adequately respond to the challenges brought about by more and more complicated social and economic processes.

- Insufficient flexibility of government agencies particularly local ones during policy formulation and implementation. Local governments have insufficient authority to localize the national programmes to specific regional conditions. After official approval all activities within the state programmes are considered to be compulsory for all government agencies with only minor rights to make any amendments. Given that the state budget is approved just for a one year period the financing of most strategies and programmes is not sustainable and policy priorities can be revised annually. This means that local governments ask business for financial support and in some cases apply administrative pressure on entrepreneurs to mobilize funds for financing social programmes. It is necessary to undertake public administration and civil service reform to specify and optimize the distribution of authorities and duties between vertical and horizontal bodies thus creating the basis for greater decentralization in the future. It is also important to improve the public finance system and strengthen the capacities of the key ministries and departments in (i) expanding frameworks to forecast revenues and expenditures of the state budget, (ii) linking allocated funds with the achievement of specific outcomes within the framework of ongoing and formulated programmes and strategies.

- Consequences for formulation, implementation and monitoring of social policy. The efficiency of the decisions taken on social policy is decreased because of problems and bottlenecks in decision-taking mechanisms. These factors have already been considered within a Formative Evaluation of the UNICEF Supported Local Capacity Building Project in Uzbekistan.

- Policy formulation stage: lack of bottom up signals and inadequate policy measures. The main weakness is a lack of effective mechanisms providing for the delivery of reliable information on poor households from lower levels. As a result...
at the stage of policy formulation it is impossible to programme clear outcomes, which affects the selection of priorities and distribution of financial resources.

- Policy implementation. The most critical problems at this stage are the following: (i) insufficient and untimely financial activities; (ii) civil servants at local governments have insufficient skills in situation analysis, policy formulation and resource management; (iii) lack of a clear distribution of authorities and duties amongst counterparts. All the above factors cause a low level of efficiency of local governments’ performance in lobbying for region specific proposals and measures to improve the protection of maternity and childhood and for the integration of those measures within national programmes.

- Monitoring and evaluation. Public administration bodies at the regional as well as the central level do not have continuous monitoring systems to track the process of programme implementation. Evaluation activities are spontaneous and occur normally just before quarterly reports are due to the central public administration bodies.
1 Calculated by the purchasing-power parity.

2 On average 60% to value added.

3 Fuel and energy complex, metallurgy, chemical and petrochemical industries, machine building, construction materials.

4 In 1961 the annual flow in Tajikistan constituted 57.1 cubic kilometers, in 1990 it was 53.6 cubic kilometers. Average subsidence constitutes makes up 0.11 cubic kilometers each year. The greatest fall was in the Zaravshan basin, and the Vaksh, Pyandj and Kyzylsu rivers which lost 7% of their flow. In forecasts are correct that the world average annual temperature will increase by 1.9 degrees during the upcoming decade, as a result of glacier melting, the flow in those rivers will decrease by 7-8%. River filling will change as well as the hydrological regime. By 2050 the flood crest is expected to change by 25-30 days, and up to 50 days for glacial rivers. The flood crest will be in January. In this case the current systems of water utilization will have to be revised substantially.

5 Living standards assessment, WB, 2003

6 In 2007 Uzbekistan moved to mid-term budgeting. However this process will take some time whereas annual planning will remain the basic practice for a relatively long time.

7 Local governments not always get adequate financing to fulfill national programmes.
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<td></td>
<td>Women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>men</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of divorces</td>
<td>per 1,000 people</td>
</tr>
<tr>
<td>3</td>
<td>Centralized water supply</td>
<td>% of the population</td>
</tr>
<tr>
<td>4</td>
<td>Supply of natural gas (for heating and cooking)</td>
<td>% of the population</td>
</tr>
<tr>
<td>5</td>
<td>Number of women at fertile age with extragenital diseases</td>
<td>per 1,000 of women at fertile age</td>
</tr>
<tr>
<td>6</td>
<td>Number of pregnant women with anemia</td>
<td>% of pregnant women</td>
</tr>
<tr>
<td>7</td>
<td>Coverage of women at fertile age with contraceptive means</td>
<td>% of women at fertile age</td>
</tr>
<tr>
<td>8</td>
<td>Tuberculosis sickness rate: total</td>
<td>people</td>
</tr>
<tr>
<td></td>
<td>Including children under 14 years old</td>
<td>per 100,000 people</td>
</tr>
<tr>
<td>9</td>
<td>Birth rate</td>
<td>per 1,000 people</td>
</tr>
<tr>
<td>10</td>
<td>Newborns with anomalies:</td>
<td>% of live-borns</td>
</tr>
<tr>
<td></td>
<td>weight less than 2.5 kilograms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>congenital anomalies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sick or got sick while weight less than 1,000 grams</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Breast feeding:</td>
<td>% of children at the relevant age</td>
</tr>
<tr>
<td></td>
<td>till 3 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>till 6 months</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Immunization of children under 1 year old:</td>
<td>% of children under 1 year old</td>
</tr>
<tr>
<td></td>
<td>diphtheria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>measles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>poliomyelitis</td>
<td></td>
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<tr>
<td></td>
<td>BCG</td>
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</tr>
<tr>
<td>13</td>
<td>Sickness rate of children under 1</td>
<td>per 1,000 of children under 1</td>
</tr>
<tr>
<td>14</td>
<td>Sickness rate of children under 5 (first time identified diagnosis):</td>
<td>per 100,000 children (0-5 years old)</td>
</tr>
<tr>
<td></td>
<td>acute respiratory diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>enteric infections</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Total sickness rate of children under 14</td>
<td>per 1,000 children (0-14 years old)</td>
</tr>
<tr>
<td>16</td>
<td>Maternal mortality</td>
<td>people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>per 100,000 live-borns</td>
</tr>
<tr>
<td>17</td>
<td>Infant mortality (children under 1)</td>
<td>people</td>
</tr>
<tr>
<td></td>
<td>Including neonatal mortality (0-27 days)</td>
<td>Per 1,000 live-borns</td>
</tr>
<tr>
<td>18</td>
<td>Mortality rate of children under 5</td>
<td>people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per 1,000 live-borns</td>
</tr>
<tr>
<td>19</td>
<td>Number of children under 5 with physical development lags</td>
<td>per 1,000 children (0-5 years old)</td>
</tr>
<tr>
<td>20</td>
<td>Number of children under 5 with neuropsychic development lags</td>
<td>per 1,000 children (0-5 years old)</td>
</tr>
<tr>
<td>№</td>
<td>Aspects and indices</td>
<td>Units</td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>21</td>
<td>Number of children aged 7-14 with impairment of hearing and sight</td>
<td>% to children aged 7-14 years old</td>
</tr>
<tr>
<td>22</td>
<td>Number of disabled children</td>
<td>thousand people</td>
</tr>
<tr>
<td>23</td>
<td>Number of children at orphanages</td>
<td>per 100,000 children (0-3 years old)</td>
</tr>
<tr>
<td>24</td>
<td>Number of children under 7 under adoption, wardship and guardianship</td>
<td>people</td>
</tr>
<tr>
<td>25</td>
<td>Number of children at boarding schools</td>
<td>per 100,000 children (0-17 years old)</td>
</tr>
<tr>
<td>26</td>
<td>Number of crimes committed by children under 18 or with their complicity</td>
<td>per 100,000 people aged 14-17 years old</td>
</tr>
<tr>
<td>27</td>
<td>HIV/AIDS sickness rate</td>
<td>people</td>
</tr>
<tr>
<td>28</td>
<td>Sexually transmitted diseases among teenagers aged 15-17:</td>
<td>people</td>
</tr>
<tr>
<td></td>
<td>syphilis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>gonorrhoea</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of teenagers (15-17 years old) with chronic alcoholism and drug addiction</td>
<td>per 100,000 teenagers aged 15-17</td>
</tr>
<tr>
<td>30</td>
<td>Number of children attending pre-school facilities</td>
<td>% of children at relevant age</td>
</tr>
<tr>
<td>31</td>
<td>Number of students aged 7-25 years old</td>
<td>% of population aged 7-25</td>
</tr>
<tr>
<td>32</td>
<td>Employment level (ratio of the employed to the number of population at able-bodied age)</td>
<td>%</td>
</tr>
<tr>
<td>33</td>
<td>Relatively available cash income per capita</td>
<td>% of average national level</td>
</tr>
</tbody>
</table>