



Economic and Social Council

Distr.: Limited
8 July 2013

Original: English

For discussion

United Nations Children's Fund

Executive Board

Second regular session 2013

3-6 September 2013

Item 5 (d) of the provisional agenda**

Summary of midterm reviews of country programmes

Central and Eastern Europe and the Commonwealth of Independent States region

Summary

This regional summary of midterm reviews of country programmes conducted in 2012 and early 2013 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

* Second reissue for technical reasons (4 September 2013).

** [E/ICEF/2013/19](#).



Introduction

1. Four countries in the region of Central and Eastern Europe and the Commonwealth of Independent States conducted midterm reviews (MTRs) of their country programmes of cooperation in 2012 and early 2013: Armenia, Bosnia and Herzegovina, Tajikistan and Turkmenistan. Nine more MTRs are in progress and will be presented next year.

2. The four programmes of cooperation with Governments well represent the variety of UNICEF work in supporting social sector reforms to enhance equity for children in varying socioeconomic and subregional contexts. Three of the countries are on track to achieve most of the Millennium Development Goals, while Tajikistan is struggling to meet several of the targets. However, to different degrees, all four countries, despite their growing average national incomes, continue to record social and economic disparities and significant equity gaps. Far too many children — often girls, and sometimes boys — are still being left behind and excluded, their marginalization hidden by national and regional averages. The hardest to reach and most excluded children in the region are children with disabilities; children from ethnic minorities, especially Roma children from Southeastern Europe; rural children; children from disadvantaged urban communities; children of migrant workers; and marginalized and stigmatized adolescents.

3. Within the emerging social protection agenda that is being pursued by governments in the region, accompanying the reform of the child care system remains a key priority for UNICEF. An estimated 1.2 million children¹ are growing up in formal care, half of them in residential care. Of these children, almost 200,000 have disabilities² and 30,000 are in infant homes.³

4. Despite significant achievements in education, 2.5 million children remain out of school, one third of them children with disabilities. In addition, 3.6 million of the estimated 5.1 million children with disabilities are not registered and thus have little hope of accessing formal schooling or other social services.

5. This is the only region in the world with rising HIV infections. Marginalized young people are particularly vulnerable, as they face significant barriers to prevention, care and treatment. Young women now account for over 40 per cent of new HIV infections.

6. National capacity and willingness to advance the child rights agenda are both growing. However, Governments recognize that more support is needed to meet higher standards in social inclusion and gender equality, in line with the international frameworks of the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of Persons with Disabilities, which continue to inform and guide UNICEF work in the region.

7. To address the growing demand for support to meet international standards of best practice and help to address persistent inequities, UNICEF is deploying the following strategies and complementary approaches: providing policy advice and technical expertise of the highest calibre; contributing to the design of effective and

¹ In the 17 countries for which data are available.

² In the 16 countries for which data are available.

³ In the 15 countries for which data are available.

innovative services for children; costing policy models and national programmes to ensure the best value for money and sustainability of results for children; conducting evaluations to draw out lessons and documenting good practices that can be shared in the region and beyond; and strengthening national capacities and systems to monitor realization of child rights.

8. UNICEF work in the region is increasingly focusing on 10 priority results that align closely with the 7 impact results outlined in the draft UNICEF strategic plan, 2014-2017 ([E/ICEF/2013/16](#)). The 10 priorities build on the results of the country programmes of cooperation, through which systemic changes have achieved, or are expected to achieve, sustainable impact-level results for children, including reduced equity gaps.

9. Enhancing equity in social protection and monitoring realization of child rights require increasing the availability of reliable, disaggregated and comparable data so that countries can track trends in disparities, including in gender. This is urgent, as the Governments are keen to measure the effectiveness and efficiency of their investments in quality inclusive services. While more disaggregated data are available, thanks to the multiple indicator cluster surveys, the demographic and health surveys and the TransMONEE database and its network of national statistics offices, this critically important area of work remains highly challenging in the region.

Midterm reviews

Armenia

Introduction

10. The midterm review of the 2010-2015 Government of Armenia-UNICEF country programme of cooperation was convened in mid-2012 by the Ministry of Foreign Affairs. The MTR process drew participation from a wide range of stakeholders, including high-level representatives from government, civil society, international development partners and the United Nations. Technical reviews for each programme area were conducted in December 2012, with the full involvement of line ministries. The MTR was informed by technical reviews and a wide range of data and information from national and international sources, particularly the updated situation analysis on children and women, prepared by UNICEF in 2012. The process culminated with a high-level meeting in April 2013, attended by the ministries of Territorial Administration; Labour and Social Issues; and Health, Education and Sciences; the Head of the National Statistical Service; senior representatives of national and international non-governmental organizations (NGOs), including representatives of Youth Organizations; donors and representatives of United Nations agencies.

Update on the situation of children and women

11. Armenia has achieved remarkable development results over the past decade, but it has been deeply affected since 2008 by the global economic crisis, which has prevented further reductions in poverty rates. The latest Millennium Development Goals progress report showed that the country is on track to achieve Goal 3 (gender equality), Goal 6 (HIV/AIDS, malaria and other diseases) and Goal 7

(environmental sustainability). Due to the economic crisis, the report found Armenia was unlikely to achieve the national targets for Goal 1 (poverty and hunger), Goal 2 (universal primary education), Goal 4 (child mortality) and Goal 5 (maternal health) by 2015.

12. Around 42 per cent of children live in poverty and about 5 per cent in extreme poverty. Two thirds of families of children with disabilities are at the poverty level, while 8 per cent are extremely poor. In response, the Government has eased the eligibility criteria for social benefits and increased budget allocations for the social protection sector. Despite improved targeting, however, only 54 per cent of extremely poor families and 21 per cent of poor families receive family benefits regularly. The 2010 Armenia Demographic and Health Survey found that the nutritional status of children is deteriorating: stunting among children under 5 increased from 18 to 19 per cent between 2005 and 2010.

13. The number of children in state and private residential care institutions (4,660, including 2,649 children in special residential schools)⁴ has stagnated over the past five years. More than 90 per cent of the 1,115 children living in orphanages have at least one parent.⁵ About 40 per cent of children in public and private residential institutions have a disability, and 23 per cent of them seldom leave the premises.

14. According to administrative data, just 25 per cent of eligible children were enrolled in preschool education facilities in 2010. Access to preschool correlates strongly with economic status: enrolment for non-poor households is 46 per cent, while for poor households it is 27 per cent and for extremely poor households it is 19 per cent. Preschool enrolment rate is almost three times higher in urban areas than rural areas. To mitigate this problem, a line was introduced in the State Budget in 2011 to provide one year of funding per preschool student.

15. During the 2011/2012 academic year, enrolment was 92 per cent in grades 1-9 but only 73 per cent in high schools (grades 10-12). Among children with disabilities, 18 per cent do not go to school; this rises to 23 per cent in rural areas. Seventy per cent of children with disabilities in residential institutions do not go to school at all, while only 5 per cent attend mainstream schools.

Progress and key results at midterm

16. A new integrated social services system was put in place with the support of UNICEF and the World Bank. The system expands provision of social services (health, education, social protection and care) through outreach and support to families by strengthening cooperation among entities providing social services and bringing greater attention to inequities in access.

17. Territorial social planning has been institutionalized in Armenia since 2010 with UNICEF support. It provides the framework for collaboration between local authorities and civil society in establishing community-based services for the most vulnerable children and women. Protocols for cooperation among various social services are being developed and will be rolled out in 2013.

18. Thanks to establishment of a continuum of alternative care services, the MTR also recorded some progress on childcare reform. UNICEF continues to support the

⁴ Government of Armenia, Statistical Bulletin: Education in Armenia 2011-2012.

⁵ Armenian Statistical Service, http://armstat.am/file/article/soc_11_28-29.pdf.

Government to model de-institutionalization reform. This includes transformation of residential care institutions and a budget review to make the investment case for reallocating budget to family-based services.

19. The country programme is addressing disparities in access to high-quality and inclusive education, especially for out-of-school children and children with disabilities. Inclusive principles were introduced in the amended Law on Education, which is going through the approval process, and the transformation of specialized schools into resource centres is progressing well. To help identify out-of-school children and dropouts, management information systems will be introduced in schools and synchronized with existing databases.

20. By convening national partners around a robust equity agenda related to child nutrition, UNICEF leveraged resources and support for the national nutrition programme. It focuses on promotion of exclusive breastfeeding, parental education in nutrition practices and acceleration of flour fortification.

Resources used

21. The total approved ceiling for 2010-2012 was \$3,951,000 (\$2,061,000 from regular resources) and the total allocation was \$4,372,325. Country programme expenditures reached \$3,481,690. In total \$1,181,405 was allocated to education, 150 per cent of the ceiling for that period, while child protection and health experienced shortfalls.

Constraints and opportunities affecting progress

22. The reorganization of child protection services hinged on the Integrated Social Services reform to review the roles and responsibilities of regional family, women and child units; local guardianship and trustee commissions; and the accountability of professionals in charge of the protection of vulnerable children. The ministries of Labour and Education are now fully engaged in transforming the residential care system to make it community based and oriented to family care, which will provide new opportunities to ensure social inclusion of vulnerable children.

23. The MTR showed appreciation for the stronger emphasis of the programme of cooperation on partnership, and the greater engagement with civil society, academic institutions, centres of excellence and the private sector. It was also observed in the MTR that the lessons and best practices gained through the country programme have a lot of potential for “horizontal” cross-border cooperation, and that — conversely — UNICEF should continue to link Armenia to other countries facing similar challenges, so as to benefit from their experience.

24. The MTR consultations on territorial social planning identified systemic impediments to institutional cooperation, including gaps in legislation that may limit the responsibility of governmental entities to fulfil established inter-sector protocols of cooperation. Securing financial resources to provide adequate services remains a key challenge for local authorities. The MTR also underscored the need for the Ministry of Education to deepen its vision of inclusive education and increase communication to overcome prejudices affecting children with disabilities and their families.

25. Deteriorating indicators show that infant mortality and malnutrition continue to be serious challenges for children in Armenia, and one of the areas where

inequities are starkest. Delays were experienced in the promulgation of the National Law on Flour Fortification, which however, is now included in the Government meeting agenda, for discussion in August 2013, and the adoption of the International Code of Marketing of Breast-milk Substitutes.

26. While few children are in detention, the system of justice for children would benefit from additional efforts to sustain child-friendly and restorative justice measures and to increase the focus on the best interests of children. Strong interest in justice reform expressed by the European Union and the Council of Europe presents a unique opportunity for UNICEF to engage further in supporting justice for children.

Adjustments made

27. The MTR concluded that the country programme is on track and is contributing to the progressive achievement of the long-term, systemic results identified in the country programme document. No major adjustments to the overall programme design or results formulation were foreseen.

28. Three strategic adjustments were agreed. First, the country programme will reinforce its support to national and regional protection systems to sustain their focus on reaching excluded children. This will include intensifying efforts to assure social inclusion of children at risk of separation from their families. Other aspects of this adjustment are transforming residential care institutions, prohibiting institutionalization of children under 3 years and developing alternative care services. The programme will also support the Government to establish a wholly inclusive education system, reduce regional disparities in access to neonatal and nutrition services, and invigorate strategies to improve adolescents' health and reduce out-of-pocket health costs.

29. Second, the MTR reiterated stakeholders' support for strengthening intersectoral cooperation to enhance programme coherence and effectiveness.

30. Finally, the country programme will extend its support to the ministries of Labour, Education and Health in public finance management to reinforce capacity to engage in Medium-Term Expenditure Framework process, so as to sustain sector reforms.

Bosnia and Herzegovina

Introduction

31. The midterm review of the country programme of cooperation for 2010-2014 in Bosnia and Herzegovina started in January 2012. It involved a joint evaluation, desk reviews, analyses of key programme components and an independent survey of partners' perceptions, as well as consultations with government officials, United Nations agencies, international organizations, NGOs, the media, the private sector and children. The process culminated in February 2013 with a high-level MTR validation meeting.

Update on the situation of children and women

32. Bosnia and Herzegovina is an upper-middle-income country and a potential candidate for membership in the European Union. The country is generally on track

to meet most of the Millennium Development Goals, except for those on extreme poverty (Goal 1), and environmental sustainability (Goal 7). However, a combination of economic crisis and governance issues has slowed the pace of reforms and the reducing of social exclusion. The State of Bosnia and Herzegovina has limited central power, and most government functions are delegated to the Republika Srpska and the Federation of Bosnia and Herzegovina, which has 10 cantonal governments, and District Brcko. Administrative structures remain complex, representing a challenge for the realization of the rights for all children.

33. Poverty remains a significant problem, afflicting 26 per cent of children. Among the most vulnerable in the population are children with disabilities, displaced children, Roma children, unemployed adolescents with few skills and the elderly. Stunting afflicts 9 per cent of children and 20 per cent of Roma children. Attendance in early childhood education increased from 6.4 per cent in 2006 to 13.1 per cent in 2011/2012 in the country as a whole, but only 2 per cent of children from the poorest quintile attend, and just 1.5 per cent of Roma children. Enrolment in primary education is almost universal, yet one in three Roma children is out of school. Despite efforts by the Government, only 5 per cent of the poorest quintile receives some kind of cash assistance from social welfare centres.

34. At the end of 2011, there were 2,316 children in residential care (1,326 boys and 990 girls), 68 per cent of whom were children with disabilities, while 3,275 additional children were cared for in family-type care, for example, in foster or guardian families.

Progress and key results at midterm

35. The country programme effectively supported reform of the social protection system and inclusion of the most disadvantaged children and families. Municipal Commissions for Social Protection and Inclusion of Children were institutionalized and protocols for referral and intersectoral cooperation were adopted. The objective is to ensure collaboration among the education, health and social welfare sectors and encourage joint development and implementation of action plans. Strengthening capacities for programme development and budgeting led to a greater allocation for social protection and inclusion in municipal budgets in 60 per cent of model municipalities. For those previously deprived, access increased to public services such as those for young children and to day-care centres for children with disabilities.

36. The Agency for Statistics demonstrated strong leadership through institutionalized training and dissemination of data, in cooperation with other government institutions. A comprehensive multiple indicator cluster survey (MICS4) was conducted in 2012, and for the first time it included a Roma population survey to highlight equity gaps. Guidelines for identifying socially excluded children were adopted and will represent a basis for annual reporting by line ministries. The programme of cooperation also strengthened a network of NGOs for child rights monitoring and supported the preparation of the State report to the Committee on the Rights of the Child.

37. Together with NGO partners and the media, the programme facilitated the participation of children, adolescents and civil society organizations in raising awareness about child rights and equity gaps facing the most marginalized children. Partnerships with local NGOs have been important for joint programme

implementation. Seven line ministries were involved in communication for development initiatives for children. Studies demonstrated that changes were achieved in people's perceptions on topics such as juvenile justice and in attitudes about inter-culturalism.

38. Significant progress was achieved in Early Childhood Development (ECD) with the adoption of key policies: Improving Early Childhood Development in the Republika Srpska for 2011-2016; Policy for Early Childhood Development in the Federation of Bosnia and Herzegovina; and Framework Policy for Early Childhood Development in Bosnia and Herzegovina. These focus on the most vulnerable children and their families, especially children with disabilities, Roma children and children from rural areas. In the Federation, these policies are being complemented with intersectoral action plans and budgets. In parallel, integrated ECD services were introduced through the health system. An important aim was to promote early detection of developmental delays and disabilities.

39. After a setback due to adverse campaigns against immunization, both Entities increased public investment in immunization and took over procurement of all vaccines increasing immunization rates in the country. Young child nutrition policies were adopted in both entities and anaemia surveys were carried out, with a focus on Roma women and children.

40. The education sector is particularly complex, with responsibilities fragmented among the different levels, especially in the Federation of Bosnia and Herzegovina. Nonetheless, important progress has been achieved on early childhood education, resulting in an initial increase in enrolment from 6.4 per cent in 2006 to 13.1 per cent in 2011/2012. By facilitating co-funded cantonal and municipal government programmes for preschool education, the programme of cooperation contributed to increasing access to preschool in one third of the country's administrative units, despite shrinking public resources. This was complemented by the development of standards on early childhood education.

41. The separation of three educational systems — Bosnian, Croatian and Serbian — and the phenomena of "two schools under one roof" and "mono-ethnic schools" are diminishing opportunities for children of diverse ethnic groups to learn from and interact with each other. It represents a complex challenge. The programme contributed to the development of standards for primary school learning outcomes. This was complemented by promoting peacebuilding and inclusive and intercultural education at the local level. Some 15 per cent of all primary schools participated in inclusive and intercultural education projects. Key competencies were developed for secondary education, resulting in 17 per cent of secondary schools incorporating life-skills training in their curriculum.

42. New juvenile justice laws were adopted in Republika Srpska and Brcko District, and referral systems were strengthened in selected municipalities. A few local authorities have developed action plans for community-based alternatives to detention. The 2012 independent evaluation of justice for children found that significant results had been achieved to develop capacities in a sustainable manner and to promote diversion and alternative measures at the municipal level. In addition to strengthening measures in juvenile justice, municipalities have started to set up a continuum of protection services, with some having established systems to refer children from vulnerable families. The percentage of municipalities referring children through a continuum of services increased from 15 per cent to 23 per cent.

In the Federation, all 10 cantons developed action plans and related budgets to implement the 2006-2016 Federation of Bosnia and Herzegovina strategy on children without parental care to promote family-based care. A call for action to end the placement of children under age 3 in institutions also mobilized alliances around alternative care services.

Resources used

43. The approved budget is \$3,750,000 in regular resources and \$18,146,000 in other resources. Due to successful fund-raising through UNICEF participation in joint United Nations programmes under the MDG Achievement Fund, and with support from the European Union for social protection and inclusion, the ceiling was increased by an additional \$9 million. At midterm (July 2012), the programme had raised about 65 per cent of the newly approved ceiling of \$30,896,000 and spent 83 per cent of available resources.

Constraints and opportunities affecting progress

44. The programme of cooperation experienced some implementation delays due to uncertainties following the 2010 elections. However, all relevant partners agreed to put in place uniform methods of multi-sectoral cooperation at the local level, while the two Entities have worked together to exchange experiences and harness good practices.

45. The MTR found that facilitating cross-sectoral collaboration for high-level monitoring and decision-making on strategic programmes is challenging but feasible, and brings results. Including all levels of governance proved to be vital for the success of the programme, which requires horizontal and vertical linkages. The MTR confirmed the need to gather evidence to make a strong investment case for reallocating government resources across all social sectors; strengthening systematic data collection and analysis; harmonizing legislation; and facilitating access to services for children with disabilities and Roma children, without discrimination.

46. In 2010, UNICEF conducted a gender situation analysis, which found several shortcomings. Since then, mechanisms have been setup for gender equality at all levels of governance, and the adoption of the Gender Equality Law in Bosnia and Herzegovina has improved domestic legislation. However, more needs to be done to achieve gender equality. The implementation of the country programme has been hampered by the fact that gender-sensitive data are limited. However, more gender-disaggregated data have become available in recent years as MICS4 assessed trends among both boys and girls.

Adjustments made

47. The MTR recommended that the programme of cooperation continue to sharpen its focus on achieving results for children with disabilities, Roma children and adolescents. Specifically, social protection needs to be intensified in terms of policy and budgeting for children, harmonization of children's benefits and alignment with international and European Union standards. Special focus will be put on raising awareness on the benefits of family-based care versus institutions and on strengthening capacities of the centres for social welfare.

48. In ECD, the programme will continue to mainstream services through the health sector, in collaboration with the education and social welfare sectors. The aim is to optimize the use of resources and facilitate the establishment of legal frameworks for these services, including services covering parenting education and home visits to reach vulnerable communities. The programme will continue to promote policies and services to increase capacities to detect and address developmental delays and disabilities at an early stage.

49. The MTR encouraged partners to explore possibilities for providing children with at least one year of early childhood education. The programme is gathering additional evidence to cost appropriate programmes. Regarding quality inclusive and intercultural education, the programme will continue to promote institutionalization of capacity development initiatives and support the development of standards for learning outcomes and achievements, complemented by interventions at the local level to promote inclusive and intercultural education.

Tajikistan

Introduction

50. The Government of Tajikistan and UNICEF conducted a midterm review of the 2010-2015 country programme, starting in September 2012. Through technical consultations and sectoral meetings with partners, the MTR reviewed the situation of children and analysed specific determinants that facilitated or impeded progress towards the anticipated results. Youth governmental and non-governmental organizations were involved throughout the process. Recommendations were presented at a strategic meeting in March 2013, led by the Deputy Chair of the Commission on Child Rights and with the participation of deputy ministers of key partner ministries, the Ombudsman, heads of civil society partner organizations, donors and United Nations agencies. The MTR was also informed by the post-2015 consultation process in Tajikistan, in which adolescents and young people took active part.

Update on the situation of children and women

51. The Tajikistan economy grew steadily over the past decade, but the global recession of 2008 proved that the country is vulnerable to external shocks due to its high reliance on remittances, which tend to decline rapidly during economic downturns. An estimated one third of the population lives below the poverty line. The country is also prone to disasters caused by natural hazards as it is located in a mountainous, seismically active zone.

52. While the 2012 Demographic and Health Survey confirmed a reduction in under-five mortality to 43 per 1,000 live births, neonatal mortality is stagnating at 19 per 1,000. The survey showed only marginal improvements in stunting, wasting and underweight since 2009. The 2012 UNICEF-World Bank nutrition situation analysis estimated that malnutrition costs Tajikistan about 1 per cent of gross domestic product annually in economic losses. The number of registered cases of HIV is growing, including among women and children. In the latest 2010 Millennium Development Goals progress assessment, Tajikistan was deemed to be unlikely to meet 6 out of 32 Goal indicator targets, while 13 indicator targets may potentially be met. The most significant challenges are in Goals 1, 3, 5 and 8.

53. Households from the poorest wealth quintile have significantly less access to social services due to low public investment — 3.6 per cent of gross domestic product is spent on education and 1.8 per cent on health. As a result, families face high out-of-pocket expenditure for services. Challenges vary by region: child mortality may be rising in some areas, and there are marked geographical differences in nutritional status, with chronic malnutrition prevalent in rural areas and in Sughd, Khatlon and the Districts of Republican Subordination. Following a large-scale polio outbreak in 2010, the Government organized immunization campaigns with UNICEF support, paying particular attention to geographical areas and population categories with low immunity levels, including the south-western part of the country, where the outbreak was focused and where there was a high concentration of children with low immunity levels — such as those in remote and mountainous locations — among itinerant populations and urban dwellers.

54. The preschool net enrolment rate for children aged 3 to 6 is only 8.9 per cent, as access to preschool is very limited, particularly in rural areas. Most at risk of being out of primary school are girls, children with disabilities, children from poor or single-parent households, working children, children in institutions and children in rural and remote areas. The quality of education, as measured by learning outcomes, needs much improvement, according to the 2011 Early Grades Reading Assessment: 30 per cent of girls and 31 per cent of boys in grade 2 do not meet national standards for reading fluency. By grade 4 this number rises to 45 per cent of girls and 56 per cent of boys.

55. In 2011 Tajikistan had 14,300 children growing up in formal care, and the number has changed little over the past decade. Only one fifth of these children were in family-type care, while 11,200 children were in residential care, including 2,315 children with disabilities and 182 children below the age of 3 years. In 2011, as many as 31 per cent of children convicted of a crime received a custodial sentence. Only a few children were referred to alternative services for diversion, and non-custodial sentencing remains small.

Progress and key results at midterm

56. The programme of cooperation contributed to the swift and decisive response to the 2010 polio outbreak and supported the diphtheria immunization campaign in 2012. This action filled in dangerous immunity gaps, and there have been no polio cases since the outbreak. A review of the expanded programme on immunization provided recommendations on improving immunization planning, vaccination practices and cold chain management to avert future outbreaks.

57. In the wake of the polio outbreak, the Government is now focusing more on the needs of children with disabilities, gradually shifting away from reliance on the more narrow medical definition and searching for innovative solutions. Centres for assessment of disability and rehabilitation services were successfully modelled, and steps are being taken towards scaling-up. The community-based rehabilitation concept was successfully introduced, and the Ministry of Health rolled out services to the districts most affected by the outbreak in close collaboration with development partners.

58. New neonatal care protocols are strengthening the primary health care system. In addition, in programme-priority districts, concerted efforts have been made to build the capacity of health care professionals on these protocols, provide equipment

and improve water and sanitation in maternity hospitals. More attention was also paid to increasing parental awareness on neonatal care, low levels of which had presented a major bottleneck to improved practices. These interventions resulted in better quality of neonatal care in these localities, now benefitting 24,000 newborns and their mothers annually. Infant and young child feeding guidance was distributed by the Ministry of Health to over 80,000 families with newborns. A nutrition situation analysis provided the evidence needed for nationwide introduction of cost-effective interventions and has given momentum to enforcing national legislation on salt iodization.

59. Prevention of mother-to-child transmission of HIV was improved and scaled up to 30 of the country's 58 districts. Assistance with costing brought about major efficiency gains, improving the programme's longer-term affordability. Youth-friendly health services now exist in 21 locations to reach out to adolescents most at risk, and the Government has taken steps to make sure their running costs are fully covered from the Government budget. Their running costs are fully covered by the Government, enabling efforts to reach out to adolescents most at risk. A Government-funded social benefit package was established for children living with HIV.

60. A low-cost, sustainable early learning model was successfully demonstrated and resources were earmarked to scale it up, through a grant from the Global Partnership for Education. Central and local governments and development partners are now replicating the model, while early learning development standards provide system-wide guidance to early childhood education. Ongoing work to introduce a per-capita financing formula for early learning will put the financing of preschool education on a firmer footing and allow acceleration of expansion.

61. A model to promote girls' enrolment and attendance was rolled out to 97 schools in seven priority districts. With some adjustments based on lessons learned, the model is ready to be replicated nationally for all out-of-school children. A Centre for Gender Pedagogics was established to ensure gender mainstreaming in the curriculum and in teaching aids and textbooks. National guidelines were adopted for water, sanitation and hygiene in schools, and the sanitation and hygiene education component in the revised healthy lifestyle programme was improved.

62. A child rights department was established under the Office of the Ombudsman, addressing one of the concluding observations of the Committee on the Rights of the Child in its 2010 Tajikistan review. The programme also supported key staff in the Agency of Statistics in the 12 priority districts to improve data collection on children. A tripartite partnership was established involving the Ministry of Economic Development and Trade, UNICEF and the 12 priority districts to support coordinated local planning processes and mainstreaming of child rights. Better media reporting on issues related to child rights was promoted through introduction of a child rights syllabus in training for journalists.

Resources used

63. The approved 2010-2015 country programme received \$12,012,000 from regular resources, with a ceiling of \$16,000,000 in other resources. In 2010-2012, UNICEF mobilized \$8,483,651 in other resources and \$2,096,232 in emergency funds. The utilization rate exceeds 95 per cent. Fund mobilization exceeded targets for the child survival and development component and the basic education and

gender equality component. Fundraising for child protection was on target, but it proved difficult to mobilize funds for the policy and planning component. The country programme also benefited greatly from global thematic contributions.

Constraints and opportunities affecting progress

64. The MTR found that the programme of cooperation was on track but needed some mid-course adjustments regarding its focus on 12 priority districts and to recalibrate some results in the three components.

65. The MTR reviewed each of the subnational objectives: boosting decentralized service delivery for children in the most disadvantaged districts; demonstrating innovations and providing linkages between national policy development and local service delivery; and building partnerships for mainstreaming children's priorities in development planning and budgeting. The assessment found encouraging improvements regarding the first two objectives, but there was limited progress towards the third. This was attributed to limited staff capacity to monitor the planning and budgeting process simultaneously in 12 districts.

66. Based on a 2011 assessment of water, sanitation and hygiene in schools and discussions with programme partners, the MTR concluded that this initiative was not leading to the level and quality of results expected. It further determined that the investment required for replication would be unsustainable, as the programme had not succeeded in establishing an affordable and sustainable model for WASH infrastructure that would be viable for national adoption.

Adjustments made

67. The review agreed that decentralized service delivery should continue in all 12 districts, as this was a valid approach to pursue equitable results for children, but it recommended additional emphasis in 3 districts to demonstrate the benefits of a child-focused partnership involving planning and budgeting. The results in these districts will be used to test the viability of scaling it up nationwide. The MTR also proposed to terminate the construction of water and sanitation facilities in schools, but to continue work on hygiene education as part of life-skills activities.

68. The MTR agreed to continue initiatives for children with disabilities, adolescents and ECD as cross-cutting priorities. However, it proposed changes in the results structure of the country programme to reduce the number of strategies and results and prioritize efforts to overcome barriers and bottlenecks related to social norms and socio-cultural practices and beliefs. These have been found to hinder accelerated progress on behalf of the most disadvantaged children. Communication for development will take a more prominent role in all programme components.

69. The country programme will also shift its efforts towards producing evidence and analysis that can inform policy options and enable concrete and verifiable gains in priority districts to be translated into system-wide changes in delivering quality services for all children. Social policy work will be intensified across the programme, emphasizing social protection and highlighting children's issues in central and local-level budgeting processes.

Turkmenistan

Introduction

70. The midterm review of the Government of Turkmenistan — UNICEF programme of cooperation started in mid-2012. The process, led by the Ministry of Foreign Affairs, comprised four stages: internal programme reviews, technical reviews with partners, a high level MTR meeting and reporting on the process and recommendations. The MTR was informed by the situation analysis of young children and studies examining the quality of health and education services and the nutritional status of children. The March 2013 high-level MTR meeting, led by the Deputy Minister of Foreign Affairs and the UNICEF Regional Director, was attended by the Ministers of Education, Health, Labour and Social Protection; Deputy Chair of Parliament; Chair of the State Statistics Committee; Director of the National Institute of Democracy and Human Rights; and other key stakeholders.

Update on the situation of children and women

71. Turkmenistan coped well with the economic crisis that swept the region beginning in 2008. Real gross domestic product increased by as much as 14.7 per cent in 2011, enabling the country to reach upper middle income status in 2012.

72. The country is on track to meet some of the Millennium Development Goals 2, 3 and 7. The under-five mortality rate declined from 94 to an estimated 53 per 1,000 live births⁶ between 2000 and 2011, and the target for countrywide immunization coverage is already reached. However, overall child well-being has not kept pace with economic growth, and child health and nutrition indicators compare poorly with other upper-middle-income countries: the infant mortality rate is estimated⁷ to be still at 45 per live 1,000 live births (2011) and maternal mortality⁸ at 67 per 100,000 live births (2010); 14.6 per cent of children are stunted; 44.3 per cent of young children have anaemia; and 50.1 per cent have vitamin A deficiency. Disparities remain in access to basic services, especially by rural-urban status and region. To close these equity gaps, the Government proposed a framework for regional development that foresees differential rates of growth across the country.

73. The Government is party to the Convention on the Rights of Persons with Disabilities, yet children with disabilities are still among the most marginalized children, due to the scarcity of family support and community-based services. According to the MTR, establishing a coordinating government body responsible for disability issues would enable the country to overcome the fact that institutionalization is often the only option for families of children with disabilities. A 2013 UNICEF study, *An analysis of the Situation of Young Children in Turkmenistan*, recommended taking a holistic view of the rights of young children with disabilities, focused on the best interests of the child.

74. The Government has recently committed to ending the placement of children below age 3 in institutions, and this will lead to reforms of the child care system, which still relies heavily on residential care institutions. These institutions include infant homes for children below age 3 and 2 orphanages for children aged 3-16. The

⁶ Levels & Trends in Child Mortality Report 2012. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation.

⁷ Ibid.

⁸ UNICEF, WHO, UNFPA and the World Bank, 2012 Report on Maternal Mortality Trends.

latest international data, from 2006, show an estimated 3,250 children in formal care, all of them in residential care. In 2012 there were 2,568 children with disabilities in boarding schools and 164 children in infant homes.

75. Boosted by a rise of 20.7 per cent in allocation to public health and a 35.4 per cent increase for social welfare, the Government has initiated important reforms in the social sector. These include reopening health facilities in rural areas, introducing child-friendly school standards and establishing a standard of 12 years of basic education.

76. These enhanced policies and budgets will require important changes in public service delivery. These include a more decentralized and outcome-driven management system and stronger institutional capacity in all social sectors, especially in terms of child-sensitive public finance management and greater awareness of child care standards. Both professionals and caregivers need to acquire improved skills and competencies to implement these new standards. Cooperation with nascent civil society organizations will aid efforts to revise national legislation, regulations and programmes so that they comply with the latest international standards and obligations and promote development of child-centred services.

77. It is essential to have up-to-date disaggregated data available. This will help to sustain results achieved and increase the effectiveness of investments in national and subnational systems. Analysis of such data will help to assess barriers and bottlenecks affecting the most disadvantaged children and inform policymaking and planning at all levels.

Progress and key results at midterm

78. The programme of cooperation supported a series of studies to provide evidence of bottlenecks in the health sector and possible options to further reduce infant mortality and morbidity in Turkmenistan. This included a national nutrition survey in 2011, which confirmed high levels of nutritional deficiencies among children and women, prompting development of a national strategy to reduce anaemia and vitamin A deficiency. The 2012 assessment of maternal and neonatal services at primary health care level revealed good quality of care while identifying the need to further strengthen competencies of health providers in antenatal and post-partum care, particularly neonatal care. The national protocol for prevention of mother-to-child transmission of HIV was updated according to World Health Organization guidelines. Significant progress has been made in universal immunization, salt iodization and flour fortification.

79. A survey was conducted in 2012 by the Ministry of Health and Medical Industry and UNICEF regarding ECD and services for young children with developmental difficulties. The findings are being used to finalize the 2013-2017 national programme on mother and newborn health. This will align the programme with international standards and aid in developing a national nutrition programme and a child and adolescent health strategy.

80. Two ECD centres were modelled and referrals systems were set up between health and education services. The Government committed to working on early identification and intervention to prevent developmental challenges in children. Further to this systematic work by the programme of cooperation, Turkmenistan adopted the National Programme on Early Childhood Development and School

Readiness in 2011. It aims to prepare children for school, develop standards, increase parents' knowledge on ECD and create an integrated information system for monitoring the national programme. A monitoring and evaluation framework for the programme has already been developed and capacity-building started for the national, multi-sectoral ECD working group implementing the programme.

81. The national child-friendly school certification package, expected to be adopted in 2013, will serve as an assessment and monitoring tool that will help to advance the inclusion of all children in education. In addition, disaster risk reduction has been incorporated into the formal curriculum of both primary and secondary education, with special focus on the physical security of women and girls in emergency situations.

82. The programme of cooperation took advantage of the momentum created by ratification of the Convention on the Rights of Persons with Disabilities to provide policy options for setting up a system to ensure the well-being of children with disabilities. General measures of implementation and monitoring of the convention were considered. Policies and practices on care solutions for children with disabilities were reviewed, and so was an assessment of the responsibilities of statutory child protection and welfare services.

Resources used

83. In total \$5,280,000 (\$2,359,675 from regular resources) were allocated and spent between 2010 and 2012. Education, with more than \$700,000 in other resources, is beyond the planned benchmark by \$500,000 and there is a considerable shortfall in other resources, particularly in social policy, child protection and health.

Constraints and opportunities affecting progress

84. The programme of cooperation has helped to promote an enabling policy environment for children, but challenges remain in fully translating policies into concrete actions for all children. Key bottlenecks include insufficient availability of reliable data, including gender-disaggregated data and monitoring systems needed for gender-sensitive and equity-based analysis. Addressing capacity gaps in governance and public finance management and insufficient attention to a human resource development strategy in the social sector would lead to more efficient and effective budgeting. The same issue also accounts for the little progress recorded so far in developing a national action plan for children and establishing an effective country-level mechanism for intersectoral coordination in child protection.

85. Opportunities exist to increase public expenditures for children and use public resources for child rights. As a result efforts were made to strengthen the capacities of key stakeholders from Parliament and financial departments of line ministries in gender mainstreaming, strategic planning and results-based management and budgeting. This included providing knowledge on how to optimize policies for the benefit of children and translate them into budgets. The Ministry of Labour and Social Protection may take this as an opportunity to review its universal provision of social protection, to feed into a child- and gender-sensitive social protection system that can contribute to improving social policies.

86. The programme of cooperation is also working with the Government and the nascent civil society sector to ensure that national legislation, regulations and programmes benefit from the latest international standards and obligations.

Adjustments made

87. The MTR provided an opportunity to consider how the programme of cooperation can adapt faster, innovate more, cooperate more closely and respond better to new and changing realities and priorities at national and subnational levels. Building on national priorities, the programme will continue to be based on a three-tier approach of providing technical assistance to improve legislation and policies; building capacities, especially of institutions and public agencies; and strengthening families' abilities to care for their children.

88. The programme will increase its focus on providing tools to accompany and reinforce on-going social sector reforms, generating the knowledge and policy options to inform decision-making to reach disadvantaged children. This will entail participatory work in designing standards and action plans and supporting national monitoring and evaluation systems. It will also require strengthening intersectoral cooperation to integrate health and preschool education services and develop child and family support to protect young children from abuse, neglect and institutionalization.

89. More efforts will also be made to facilitate access to the best international knowledge on and for children, by convening multiple stakeholders and fostering national dialogue about social protection systems for disadvantaged children and families. This will involve strengthening statutory child protection and welfare services and community-level capacities to prevent and address violence, exploitation, abuse and neglect.

90. In light of the country's commitments under the Convention on the Rights of Persons with Disabilities, more attention will be paid to vulnerable children who require additional support to participate in society. A strengthened focus on equity for these children will be pursued by documenting evidence of systemic barriers as well as best practices to inform options on policies and capacity needs of core agencies and institutions. This is expected to result in strengthening of paediatric care and early intervention to prevent disabilities and address physical and cognitive development of young children. The right of all children to grow up and be cared for in family settings will be prioritized.

91. Quality inclusive education at preschool, primary and secondary levels will be promoted based on the child-friendly standards certification recently developed by the Ministry of Education. A gender-sensitive, rights-based approach will be introduced at all levels. Inclusive schooling will be pursued at all levels to offer children with disabilities opportunities for optimal development. Disaster risk reduction will be extended to preschools.

92. The programme will address persistent bottlenecks in data availability, quality, range and use by strengthening institutional capacity in monitoring and evaluation among key stakeholders in health, education and child protection. It will also undertake participatory studies and evaluations and support timely monitoring of national programmes and services for children.

Conclusion

93. There is consensus among partners that, despite good progress in terms of national averages, the countries in the region face disparities, equity gaps and social exclusion. In some cases these are actually growing, due to the impact of the continuing economic and financial crises. The MTRs demonstrated that the value added of country programmes lies in positioning the most vulnerable individuals at the centre of national policies, budgets and programmes. Overcoming bottlenecks and redirecting social sectors towards providing quality services for the most disadvantaged will require working with civil society to improve communication and strengthen capacities to engage in changing social norms. Increasing institutional capacities will also be necessary, especially at subnational level, to meet international standards and enhance systems to guarantee realization of child rights.

94. The four MTRs also confirm the unique contributions of UNICEF. A main contribution is the organization's ability to partner with governments and civil society, linking technical assistance with policy advice. This is aided by documenting lessons learned from the modelling of innovative services. The organization also facilitates cross-sectoral coordination to address the multiple deprivations faced by most vulnerable children. The programmes of cooperation reviewed here show clearly that the renewed emphasis on equity is also helping to shift the focus of monitoring and evaluation work. This work is concentrating more on supporting national assessments of the efficiency and effectiveness of ongoing social sector reforms in bringing about sustainable and equitable results for all children.

95. UNICEF is playing an increasingly important role in fostering broader alliances that can support equitable results for children. This effort relies on evidence to raise the visibility of "invisible" children while also strengthening national data systems. It also relies on establishing partnerships with diverse development actors, including the corporate sector and citizens, to support improving the quality of social services and strengthening institutional capacities. The growing (though still small) number of independent civil society organizations opens new opportunities to mobilize demand for quality inclusive services for children.

96. UNICEF is aiding governmental efforts to address key violations of child rights by focusing on a few priorities that explicitly contribute to closing equity gaps. These efforts include several measures: documenting and evaluating how changes are brought about in a number of countries; lending international expertise in key result areas; and sharing innovations and lessons learned across borders, thus fostering South-South and horizontal cooperation. Demand for UNICEF engagement in the region is shifting towards more systematic facilitation of exchange of knowledge, technology and best practices among countries. This support for horizontal cooperation is becoming an increasingly important role for country offices in the region. The four country programmes of cooperation have generated a body of knowledge about critical barriers to equity. This complements investments in multi-country evaluations to provide evidence on strategies and approaches that can reduce equity gaps.

97. The region is also investing in developing programme experience and policy models in new and emerging results areas. This includes pioneering work in

inclusive education and early learning as well as work with excluded groups, such as children with disabilities, orphaned children and most-at-risk adolescents. Continuation of these efforts will enable governments to enhance ongoing system reforms and apply robust innovations that translate norms, policies and legislation into high-quality and inclusive services for all children.
