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### United Nations Children's Fund

Executive Board

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Item 5 (a) of the provisional agenda\*

### Country programme document

#### Kazakhstan

#### *Summary*

The country programme document (CPD) for Kazakhstan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$4,300,000 from regular resources, subject to the availability of funds, and \$15,200,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2021 to 2025.

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\*E/ICEF/2020/17.

*Note:* The present document was processed in its entirety by UNICEF.



## Programme rationale

1. Kazakhstan, an upper-middle-income country, is the ninth largest in the world by land area, and has a population of 18.4 million, including almost 6 million children.<sup>1</sup> Under the strategy Kazakhstan 2050: Towards a Modern Society for All and the Strategic Development Plan until 2025, the country aims to become one of the world's 30 most developed countries by 2050. The Government works to promote stability in the region through strengthened cross-border cooperation, which, in addition to official development assistance, includes knowledge exchange and sharing of best practices in the economic and social sectors.

2. The common country analysis<sup>2</sup> found that slower economic growth since the peak of 2000–2007 is expected to lead to fiscal constraints that will put pressure on public expenditure. An important factor in the country's favour is its prospect for a demographic dividend. With the share of the population under the of age 15 years peaking in the next few years and the dependency ratio at 53.6 per cent in 2017, there is a short window of opportunity to accelerate economic growth before the ageing of the population drives the dependency ratio up again. In March 2020, the coronavirus disease 2019 (COVID-19) pandemic reached Kazakhstan. Its direct and indirect impacts will affect children significantly, likely deepening inequality. In addition, a sharp fall in the price of oil and depreciation of the local currency caused economic hardship for many families. These developments highlight the need to ensure continued service delivery for all and the further strengthening of social safety nets.

3. Kazakhstan has made measurable progress in advancing the rights of children, for example through the establishment of juvenile courts and the Commissioners for Human Rights and for Child Rights. The Government has committed to expanding their capacities in line with the Principles relating to the status of national institutions for the promotion and protection of human rights ('Paris Principles'). The recent universal periodic review<sup>3</sup> resulted in 64 recommendations, including specific references to children, all of which were accepted by the Government except one in relation to the ratification of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

4. Kazakhstan ranks 72nd of 153 countries on the 2020 World Economic Forum Global Gender Gap Index. It was the first Central Asian country to establish a national entity to promote gender equality, the National Commission for Women, Family and Demographic Policy, but persistent gender imbalances remain, including wage gaps, high levels of violence against women and girls and traditional patriarchal norms.

5. Migration is a significant factor for the country's political, economic and sociodemographic development. It is a country of both transit and destination and, to a lesser extent, a source country for migrants. In 2017, children under 18 years of age comprised 15.7 per cent of migrants arriving in Kazakhstan, and 26.8 per cent of migrants departing Kazakhstan.

6. The country's progress is reflected in traditional indicators of the situation of children. Child and maternal mortality have been reduced substantially, children receive an average of 15 years of education, and children and adolescents have benefited from the overall reduction of poverty, the expansion of social protection policies and improvements in the juvenile justice system. However, children of poor

<sup>1</sup> 2014–2018 Demographic Yearbook of the Committee of Statistics of the Ministry of National Economy of the Republic of Kazakhstan.

<sup>2</sup> United Nations Common Country Analysis for the Cooperation Framework and the 2030 Agenda, Kazakhstan, September 2019.

<sup>3</sup> A/HRC/43/10 and Add.1.

families, those in rural areas, children with disabilities, children in institutions and migrant children are among those at risk of being left behind.<sup>4</sup>

7. Between 1990 and 2016, the under-five mortality rate decreased from 52 to 11 deaths per 1,000 live births and the neonatal mortality rate from 22 to 6 deaths per 1,000 live births. The introduction of live-birth criteria in Kazakhstan in 2008 has resulted in improved survival of premature infants, but has also increased the likelihood of infection, developmental delays and disabilities due to preterm births. Caregivers lack sufficient knowledge and skills to provide essential care for their young children, particularly premature babies, at home. Other bottlenecks include the uneven quality of services, low capacity of health-care providers and inadequate funding due to the high cost of neonatal care.

8. Developmental delays among children aged 0 to 5 years are not identified at an early stage and these children do not receive adequate services. In 2018, the number of children under 6 years of age with disabilities due to health conditions exceeded 46,000. Since 2015, this category has increased by 6,000 children annually as more children are diagnosed. The bottlenecks include low parental awareness and stigma; lack of specialists and inadequate knowledge and skills among service providers; low use of standardized tools for early detection; and lack of early intervention services.

9. Immunization rates are high, with coverage of 99 per cent for three doses of combined diphtheria-tetanus-pertussis vaccine. Despite reported high coverage rates for vaccination against measles (98 per cent for two doses), Kazakhstan registered 13,326 cases in 2019, predominantly among unvaccinated children. Bottlenecks include vaccine hesitancy among some parents; lack of interpersonal communication skills among medical workers; and the quality of data, as indicated by the high figures for coverage with the measles-containing vaccine despite the high number of reported cases.

10. Only 38 per cent of infants are exclusively breastfed for six months. The International Code of Marketing of Breast-milk Substitutes is not sufficiently incorporated in national legislation. In 2017, 146,655 children aged 0 to 14 years and 16,500 adolescents aged 15 to 17 years were diagnosed with anaemia. Almost 20 per cent of children aged 6 to 9 years suffer from overweight or obesity, mostly as a result of unhealthy eating habits and insufficient physical activity. The bottlenecks are aggressive marketing of breast milk substitutes and products saturated with fat and sugar; lack of family-friendly and gender-sensitive employment policies; inadequate flour fortification and salt iodization; and parents' lack of awareness of complementary feeding, healthy diets and the importance of physical activity.

11. In spite of progress in decreasing adolescent suicide rates through a comprehensive programme for adolescent mental health promotion and suicide prevention developed with UNICEF support, self-harm remains one of the leading causes of adolescent and youth mortality in the country. With a suicide rate among 15- to 19-year-olds of 11.3 per 100,000 population, Kazakhstan ranks well above the regional average of 8.3. Children in rural areas are at greater risk of suicidal behaviour, with a reported 7 in 10 suicide cases registered in rural areas in 2015. Risk-taking behaviours, violence, mental health problems and childhood trauma are the main causes of self-harm among teenagers. Some of the bottlenecks are stigma; lack of youth-friendly mental health services and skilled specialists; and lack of awareness among adolescents of mental health issues and where to seek help.

12. Injury is a leading cause of death and hospitalization of children, more so for boys than girls due to risky behaviour. According to the national statistics office, in a seven-month period in 2019, 319 children died from unintentional injuries. The

<sup>4</sup> As documented in A Situation Analysis of Children in Kazakhstan, September 2019.

Ministry of Healthcare reported 36,227 child injuries in the first nine months of 2019. The bottlenecks include inadequate safety standards, lack of knowledge among parents and children on injury prevention measures and lack of investments in injury prevention.

13. Climate change, urban air pollution and environmental degradation threaten children's health and well-being. With the world's fourth most carbon-intense economy, Kazakhstan faces contamination of water sources and air pollution caused by unregulated agricultural and industrial activities, and energy poverty related to excessive use of low-quality fuels and the lack of clean energy. More than 75 per cent of the country's territory is exposed to a range of natural hazards. On an annual basis there are 3,000 to 4,000 emergencies resulting in more than 3,000 injuries and several dozen fatalities and estimated losses of \$50 million.

14. Kazakhstan has made significant efforts to improve early childhood education, including major policy reforms to expand access through public-private partnerships, and increased public spending. The number of kindergartens increased from 3,313 in 2013 to 6,159 in 2018. However, there are inequities in coverage between rural and urban areas and income-based inequities. There is a need for improved quality monitoring mechanisms for public and private preschools, aligned to international standards. Other bottlenecks include parents' lack of knowledge about child development monitoring, and a lack of disaggregated data on children's enrolment in preschool, including barriers.

15. Stigma and dominant social norms inhibit inclusion of children with disabilities in society. Inclusive education is one of the Government's priorities, with some progress made in ensuring accessible infrastructure. The number of children with disabilities attending school increased from 69,111 in 2013 to 83,041 in 2017, but the majority of these children continue to be educated in separate "correctional" schools or through home-learning schemes rather than in mainstream schools. Their access to education remains a challenge in part because psychological-medical-pedagogical consultations (PMPCs) generally focus on a medical approach, which results in their recommending that children with disabilities do not attend schools.

16. Primary and secondary school students do not have equitable access to quality education. While 76.7 per cent of public schools are rural, they are attended by only 48 per cent of pupils. As the enrolment rates are low and the costs of running these schools are high, it is difficult to secure quality education by providing well-trained teachers and modern equipment.

17. Student learning outcomes in Kazakhstan, as measured by the Programme for International Student Assessment (PISA), remain below the average for members of the Organisation for Economic Co-operation and Development. There is a need for national counterparts to learn how to translate the PISA results into meaningful findings for decision-making.

18. Some vulnerable groups of children are at higher risk of dropping out. These include children in migrant families, children with disabilities, children living in vulnerable families and children without parental care. About 90 per cent of school dropouts come from poor and disadvantaged families.

19. Adolescents in Kazakhstan do not acquire a full range of skills that can help them to become productive and engaged citizens, find decent jobs in the future, participate and have a voice in society. There is a lack of coordination between the public and private sectors, and no shared understanding of requisite life and citizenship skills.

20. Children are disproportionately affected by monetary poverty: 7 per cent of children currently live below the national poverty line compared to 4.3 per cent of the general population. Children of families in rural areas, of families with many children, of single-headed households, and of parents who have low levels of education, have a disability or are unemployed, face increased risks of poverty. In 2018, only 1.3 per cent of households with one child had incomes below the subsistence minimum compared to 19.6 per cent of households with four and more children. In 2018, 4.3 per cent of children living in urban areas had incomes below the subsistence minimum compared to 10.3 per cent in rural areas. Children in low-income families who face multiple vulnerabilities, including parental neglect, are at higher risk of being placed in residential care. The impact of the COVID-19 pandemic on child poverty needs careful analysis.

21. Kazakhstan has a comprehensive set of social protection policies but the effectiveness of social protection programmes and services remains a concern. Although 46 per cent of the population resides in rural areas and has higher poverty rates, only about a quarter of rural households receive social assistance transfers, compared to over 40 per cent in the large cities of Almaty and Nur-Sultan. Although eligible for social assistance, some low-income households, especially in rural areas, do not apply for benefits. This is in part because of the relatively complex and costly process of applying for assistance, especially for rural residents who must travel to the district centre. Other bottlenecks include ineffective coverage and underdeveloped preventive and professional special social services for the most vulnerable children and families. The impact of COVID-19 on household welfare shows the need to strengthen the shock-responsiveness of the social protection system.

22. In 2017, 53,793 children were living in various types of residential institutions. Another 19,321 children were cared for in kinship and foster care. The rate of children living in residential care is 961.7 per 100,000 child population, the highest in the Europe and Central Asia region. Particularly acute is the issue of social orphanhood, when biological parent(s) are alive but are not engaged in raising and taking care of their child; there were 16,218 social orphans in 2017.

23. A punitive approach to vulnerable families prevails among child protection actors, resulting in limiting or deprivation of parental rights (2,874 cases in 2018). The system lacks the resources and capacity to deliver services necessary to support families to keep children at home and often resorts to institutionalization to protect them.

24. Current deinstitutionalization efforts lack a long-term strategic vision that is shared by relevant stakeholders. The weak gatekeeping system allows for high rates of institutionalization of young children, children from vulnerable households or children with disabilities due to the absence of individual care planning, supervision and an underdeveloped social service workforce to support the functions of the guardianship authority. There are no family support or reintegration services, and no regular case management and review to help children leave institutional care.

25. A common vision for social work is still lacking, as functions are divided between the health, education and social welfare sectors. This is mainly due to inefficient coordination, varying levels of professional capacity and lack of an agreed framework for how social work responsibilities and referrals are organized across sectors. There is a dire lack of social service workers with gatekeeping functions, who are able to provide family support services and family-based alternative care for children. Social work as a profession is steadily developing but its status is vulnerable. There is a lack of protection mechanisms for social workers who work in risky environments. Case management as a social work function is not legally regulated

and specialists lack the knowledge and skills for effective support to children and families and to challenge discriminatory attitudes, beliefs and norms.

26. Violence against children is commonplace: 52.7 per cent of children aged 1 to 14 years were subjected to at least one form of psychological or physical punishment by the adult members of the household;<sup>5</sup> 66.2 per cent of children in schools were exposed to violence and discrimination in schools;<sup>6</sup> 41.1 per cent of children in institutions of education for children with deviant behaviour, 35.1 per cent of children in orphanages and 51.2 per cent of children in institutions for children with disabilities experience violence by staff;<sup>7</sup> and more than 30 per cent of crimes against children are sexual violence.<sup>8</sup>

27. Despite improvements in the legislative framework, violence against children is attributable to social acceptance of violence in families. Among 4,207 children surveyed, as many as 66.2 per cent were exposed to school violence and discrimination.<sup>9</sup> The identification and reporting of child abuse and neglect are weak and there is lack of family support mechanisms for identified cases, due to fragmented child protection functions across sectors and low capacities of specialists.

28. The proposed country programme will address these priority issues through three cross-sectoral outcomes: (a) Every child grows up healthy, well nourished and safely; (b) Every child is educated, skilled and resilient; and (c) Every child has an equitable chance in life and is protected.

29. An important lesson arising from piloting universal progressive home visiting is the need for further investments in strengthening the capacities of service providers, including health personnel, and in clarifying the vision of social work in general and the social workforce in particular. This lesson applies across the three programmatic outcomes with regard to the Ministries of Healthcare, of Education and Science, and of Labor and Social Protection. Essentially, what is needed is a vision for social work as a profession, professionalization of the workforce and a clear system of referral and case management.

30. The lack of accurate and disaggregated quantitative data is an obstacle to the in-depth analysis of programmatic impact. Specific consideration should be paid as early as possible to the quality and disaggregation of data, including but not limited to gender, to ensure clear baselines and the analysis of the programme's impact on different groups.

## Programme priorities and partnerships

31. The overall vision of the country programme is that all boys and girls, from early childhood to adolescence, including the most vulnerable, grow up healthy and resilient, have the skills and knowledge to prepare them for adult life as citizens in twenty-first century Kazakhstan, and are protected from violence, abuse, neglect and abject poverty. The programme is aligned to the Kazakhstan 2050 strategy and to the strategic priorities of the United Nations Sustainable Development Cooperation

<sup>5</sup> The Statistics Committee of the MNE RK, UNICEF and the United Nations Population Fund, *2015 Kazakhstan Multiple Indicator Cluster Survey, Final Report*, Astana, Kazakhstan (2016).

<sup>6</sup> *Assessment of violence against children in schools in Kazakhstan*, Astana Kazakhstan (2013).

<sup>7</sup> *Violence Against Children in State-Run Residential Institutions in Kazakhstan: An Assessment* (2011).

<sup>8</sup> *Data of the Committee for Legal Statistics and Special Records of the General Prosecutor's Office* (2018).

<sup>9</sup> *Violence Against Children in State-Run Residential Institutions in Kazakhstan: An Assessment*. Astana Kazakhstan. 2013.

Framework (UNSDCF) for human development and equal participation and for effective institutions, human rights and gender equality.

32. Leveraging the comparative advantage of UNICEF as a source of technical expertise in line with international standards and an advocate for children's rights, each outcome will contribute to strengthening government systems through the development of a professional workforce, whether health workers, teachers or social workers, and further strengthening of service delivery systems. These efforts, including advocacy, technical support, capacity development, innovations and partnership-building, will be complemented by communication for behavioural and social change to address the social norms that help to perpetuate practices that deny children their rights, and increased investment in evidence generation. The programme will be implemented primarily at the national level with some interventions in vulnerable areas, e.g., for children affected by migration in Almaty, Nur-Sultan and Shymkent. The programme is based on the assumption that the Government will continue to support, politically and financially, the implementation of sectoral reforms that will contribute to the realization of children's rights.

33. Gender-responsive programming is a cross-cutting priority across all three outcome areas, with particular emphasis on gender-responsive parenting, addressing gender bias in social norms, and empowerment of adolescent girls through skills development.

34. Risk-informed programming will ensure that prevailing threats and hazards are anticipated. The programme will focus on building children's resilience and on establishing an intersectoral approach to disaster risk reduction, ensuring continued service delivery and special measures for the most vulnerable in emergencies such as pandemics.

35. Building on the country's leadership in cross-border cooperation, each outcome will continue to emphasize knowledge and experience exchange beyond borders. In support of the Government's Digital Kazakhstan strategy, UNICEF will continue to collaborate with businesses, start-ups, universities and young people on digital innovations to benefit children.

36. Every outcome includes specific interventions to unlock the potential of the private sector in Kazakhstan in addressing the challenges faced by children. The aim is to strategically position UNICEF as a thought leader for business engagement in the best interest of children and to explore shared-value partnerships that generate economic returns for businesses, produce value for society and support the mission of UNICEF in Kazakhstan.

37. UNICEF is an important voice to advocate for children's rights. To win the support of decision makers and the wider public, UNICEF will employ an integrated approach encompassing communications, advocacy, partnership-building and programmatic engagement.

38. UNICEF will implement the common chapter of the strategic plans 2018–2021 of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), for example with UNFPA on adolescent health and well-being, with UN-Women on violence against children and with UNDP on climate change.

### **Every child grows up healthy, well-nourished and safely**

39. The long-term vision of change is that by 2025, children and adolescents grow up healthy, thrive and build their resilience by benefiting from increased access to quality health and nutrition services and a safe and clean environment.

40. UNICEF will provide policy support in the area of quality maternal, newborn and child health care, with particular emphasis on the perinatal period and early intervention, and increase parental capacities on developmental delays. It will provide technical support to strengthen immunization by capacitating health workers to address parents' vaccine hesitancy. National protocols for management of children and adolescents with mental health needs will be updated in line with evidence-based recommendations. The programme will support the Government in reviewing the health sector budget and advocate for improving the quality and quantity of public expenditures on health.

41. The programme will support the Government in addressing the double burden of malnutrition through development of evidence-based strategies on overweight and obesity, including breastfeeding, and micronutrient supplementation. UNICEF will advocate for adoption and enforcement of the International Code of Marketing of Breast-milk Substitutes, and with the private sector to incorporate child-friendly business principles in supporting breastfeeding mothers, parental leave, flour fortification, salt iodization and limiting the marketing of unhealthy food to children. UNICEF will collaborate with the World Health Organization (WHO) in reviewing school-feeding and physical education programmes.

42. UNICEF will support the generation of evidence on the quality of air and water in relation to children's health, and advocate for child-focused policies in the environment, water management and health sectors. It will support an analysis of the trends and costs of child injuries. The programme will advocate cross-border experience-sharing to address climate change and environmental protection. It will provide technical support for multisectoral emergency preparedness and safety/disaster risk reduction standards in facilities for children and facilitate strengthening the capacities of relevant sectors on risk-informed programming.

#### **Every child is educated, skilled and resilient**

43. The long-term vision of change is that by 2025, more children and adolescents, particularly the most vulnerable, are equipped with skills and knowledge to be healthy, resilient and ready for adult life.

44. UNICEF will support the development and review of quality assurance criteria/self-assessment guidelines for public and private preschools, and of early care and intervention services. With WHO, it will advocate for the development of technical standards for identification of children with disabilities in line with the International Classification of Functioning, Disability and Health (ICF). The programme will support the development of gender-responsive parenting programmes and advocate for the development of training modules for PMPC members on the child-centred, human rights-based approach and social model of disability.

45. UNICEF will support the development of policy recommendations for child-centred learning, prevention of dropouts, bridging the digital divide, and inclusive education, including updating the Education Management Information System to inform decision-making and monitor inclusion, distance-learning, and reviewing sector-based public financing for education. It will support an assessment of small schools' viability and development of recommendations to improve practices on independent student assessments and alignment to international standards.

46. The programme will support the development of a policy on life and citizenship skills, with proposals for a set of core skills, delivery channels and actions for the education, health and youth policy sectors. It will establish linkages with the private sector regarding the skills required for employment, including digital skills, and support horizontal cooperation to share knowledge, best practices and lessons learned.



### **Every child has an equitable chance in life and is protected**

47. The long-term vision of change is that by 2025, girls and boys, especially the most vulnerable, are protected from all forms of violence, abuse, neglect and abject poverty, and benefit from integrated social protection and welfare services.

48. UNICEF will undertake policy advocacy to build a national dialogue on child poverty and support the development of multidimensional poverty measures, generating evidence for a child poverty analysis, and adjustment of disability identification tools, in line with the ICF, to serve as the basis for an integrated family-friendly, child- and disability-sensitive social protection strategy, programmes and services. The programme will advocate for increasing financing for child and family benefits; improving routine monitoring of poverty and inequalities and strengthening data systems; revising national legislation and by-laws on social work; and for development of the social service workforce, including mechanisms for supervision and quality assurance of social workers and strengthening the role of the Association of Social Workers in implementing professional and ethical standards.

49. UNICEF will support child-care reform, including a nationwide shared vision for deinstitutionalization and strengthened capacities to manage family support and alternative care services for children, including those affected by migration; revision of relevant national legislation; review of budgetary allocations; and measures to improve oversight and monitoring by government and independent institutions.

50. UNICEF will support strengthened mechanisms for identification, referral and follow-up of cases of violence against children; enhancing state-run highly specialized services for child victims of crimes; and improving collection, generation and use of statistical and administrative data on child protection with a focus on violence against children. Communication for behavioural and social norms change interventions will target the public to condemn and report on violence against children, including gender-based violence and discrimination, to increase knowledge of non-violent discipline, and to prevent bullying and discrimination among children and from caregivers. UNICEF will support the development of programmes for strengthening parenting skills through the health and education systems.

### **Programme effectiveness**

51. Programme effectiveness will ensure efficient programme management and coordination. It will comprise programme coordination; external relations; planning, monitoring and evaluation; and communications, advocacy and partnerships, including with businesses. Through this outcome, the country programme will meet quality programming standards in planning and achieving results for children, and forge positive partnerships at all levels.

52. UNICEF will continue to invest in the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources. The management of the harmonized approach to cash transfers will be strengthened to mitigate risks associated with programme implementation.

## Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Every child grows up healthy, well-nourished and safely	1 200	4 000	5 200
Every child is educated, skilled and resilient	1 500	4 500	6 000
Every child has an equitable chance in life and is protected	1 100	5 500	6 600
Programme effectiveness	500	1 200	1 700
<b>Total</b>	<b>4 300</b>	<b>15 200</b>	<b>19 500</b>

## Programme and risk management

53. The Ministry of Foreign Affairs oversees coordination with the United Nations system. The Vice Foreign Minister and the United Nations Resident Coordinator co-chair the UNSDCF Steering Committee, under which results groups will be established, to be chaired by heads of United Nations agencies. The Deputy Prime Minister chairs the Sustainable Development Goals Implementation Coordination Board, which includes inter-agency working groups.

54. The Government's ongoing commitment to reform of the health, education, social protection and child protection sectors offers an important opportunity for UNICEF to support systemic change in favour of the most vulnerable children and families. The major risk is that fiscal constraints may delay or derail reform efforts. Through fiscal and budgetary analysis, UNICEF will advocate with the Government to allocate resources to priority areas. It will also explore resource mobilization opportunities with current and emerging donors, international financial institutions and the private sector.

55. Kazakhstan is highly prone to droughts, earthquakes, floods, mudflows and landslides. In light of the risks, including natural disasters and epidemics, UNICEF will work closely with the Government and United Nations partners to strengthen early warning and disaster risk management systems.

56. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

## Monitoring and evaluation

57. Kazakhstan has a robust national statistics system for monitoring progress for children. UNICEF supports the national statistics office to collect, generate and disseminate data on the situation of children. The office produces an annual yearbook on children and maintains a webpage on child-related data, including for the Sustainable Development Goals, and contributes to the TransMonEE database. There is an intersectoral working group on children's data. A child well-being monitoring system currently under development aims to collect administrative, statistical and

subjective data. A multiple indicator cluster survey is expected to be conducted in the second year of the programme cycle.

58. The country office will promote the use of key standard performance indicators to monitor the progress of all programme component results. UNICEF will monitor results through annual reviews with the Government and implementing partners to assess progress, identify key strategic, programmatic, operational and financial risks and define appropriate mitigation measures, which in turn will inform annual workplanning. Progress towards planned results will be monitored on the basis of the CPD results and resources framework and annual workplans.

59. UNICEF will work with partners to strengthen national monitoring and evaluation capacity by institutionalizing results-based management, real-time monitoring and greater use of evaluation results. The integrated monitoring and evaluation plan will chart a course for the monitoring of progress towards results. Evaluations will include an evaluation of the country programme and evaluations of inclusive education and deinstitutionalization.

## Annex

## Results and resources framework

## Kazakhstan – UNICEF country programme of cooperation, 2021–2025

**Convention on the Rights of the Child: Articles 1–42**

**National priorities: Sustainable Development Goals 1–6, 8, 10–11, 13, 15–17; Kazakhstan 2050: Towards a Modern Society for All**

**United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:**

By 2025:

1.1 Effective, inclusive and accountable institutions ensure equal access for all people living in Kazakhstan, especially the most vulnerable, to quality and gender-sensitive social services according to the principle of leaving no one behind;

1.2. All people in Kazakhstan especially the most vulnerable are empowered with knowledge and skills to equally contribute to sustainable development of the country;

2.1. All people in Kazakhstan are protected and enjoy full realization of human rights and gender equality and a life free from discrimination, violence and threats, and equally participate in decision making.

**Outcome indicators measuring change that reflect UNICEF contribution:** Relevant outcome indicators are marked below with an asterisk (\*).

**Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5**

UNICEF outcomes (by 2025)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2025)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
1. Children and adolescents benefit from increased utilization of equitable, quality health and nutrition services, and	Children under 1 year receiving measles-containing vaccine at national level B: 99% (2018) T: 99%	World Health Organization/ UNICEF Joint Reporting Form	1.1 Policies, standards and service packages are in place to ensure quality and up-to-date, family-centred maternal, newborn, child and adolescent	Ministry of Healthcare; other line ministries  Centre for Emergencies and	1 200	4 000	5 200

<i>UNICEF outcomes (by 2025)</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs (by 2025)</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
have practices that promote their health, well-being, safety and green living.	Proportion of children under 5 who are developmentally on track* B: 85.5% (2015) T: 96%	Multiple indicator cluster survey (MICS)	care, with a focus on disparity reduction.  1.2 The health, food and education systems have enhanced strategies, legislation, programmes and capacity to address the double burden of malnutrition (obesity and micronutrient deficiencies) across the life cycle, with a specific focus on disparity reduction.	Disaster Risk Reduction;  Local government authorities;  United Nations country team (UNCT)			
	Percentage of children aged 8 to 9 years who are overweight* B: 19.1% (2015–2016), T: 14%	Childhood Obesity Surveillance Initiative					
	Suicide rate for adolescents aged 15 to 19 years* B: 11.3 per 100,000 population (Males: 14.1; Females: 8.4) (2016) T: 7.1 (Males: 9.0; Females: 5.0)	TransMonEE database	1.3: Evidence-based policies and plans are implemented to ensure a safe and clean environment, and children, adolescents and parents have the knowledge and skills to protect their environment and be safe and prepared for disaster response.				
2. All children and adolescents, especially the most marginalized, benefit from inclusive, quality education that responds to twenty-first century needs, and have the skills to be healthy, resilient and ready for adult life.	Government expenditure on education as a percentage of the gross domestic product B: 2.82% (2017) T: 3.7%	United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS)	2.1 There is enhanced institutional capacity within the education system to deliver quality, inclusive, child-centred preschool education, and parents have the skills to monitor their children's development.	Ministry of Education and Science, other line ministries  Local government authorities  Nazarbayev University  World Bank  UNCT	1 500	4 500	6 000
	Number of children of primary and secondary school age out of school B: 13,169 (2018) T: 11,500	UIS	2.2 There is enhanced institutional capacity within the education system to deliver quality, inclusive,				

UNICEF outcomes (by 2025)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2025)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of children aged 36 to 59 months attending an early childhood education programme* B: 55.3% (2015) T: 95% (2025)	MICS	learner-centred primary and secondary education.  2.3 Children and adolescents, especially girls, are equipped with a set of skills contributing to resilience, leadership, participation and employability.	Non-governmental organizations			
3. Girls and boys, especially the most vulnerable, are protected from all forms of violence, abuse, neglect and abject poverty and increasingly utilize quality, integrated social protection services, and parents and caregivers change their attitudes and behaviours on violence against children.	Number of children covered by social protection system (family and child benefits)* B: 1,019,049 (2019) T: 1,120,000	Administrative data	3.1 Improved effectiveness of social protection programmes and social services to respond to multidimensional poverty and needs of children and their families in difficult life situations.	Ministries of Education and Science, of Labor and Social Protection, of Health and Commissioners for Human and for Child Rights; Local government authorities  UNCT  World Bank	1 100	5 500	6 600
	Number of children 0 to 17 years living in residential care* B: 53,793 (2017) T: 43,500	TransMonEE database	3.2 The capacities of central and local authorities to plan, regulate, resource and oversee child protection prevention and response services are increased for addressing institutionalization and violence against children.				
	Percentage of children aged 1 to 14 years who experienced psychological aggression or physical punishment during the last month* B: 52.7% (Boys: 55.2%; Girls: 49.9%) (2015) T: 47.7% (Boys: 50%; Girls 45%)	MICS	3.3 Parents, caregivers and children are equipped with increased knowledge on violence against children and positive parenting and with skills to respond to violence, neglect, abuse and discrimination.				
4. The country programme is efficiently designed, coordinated, managed and supported to meet quality programming	Percentage of planned Evidence Information System Integration (EISI) activities completed B: 90% (2019) T: 95% (annually)	EISI portal	4.1 Programme coordination  4.2 External relations and communication		500	1 200	1 700

<i>UNICEF outcomes (by 2025)</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs (by 2025)</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
standards in achieving results for children	Percentage of nationalized Sustainable Development Goal child-related indicators that have disaggregated data (where relevant) available to report (Goal 17.18.1)  B: 60% T: 80%	Programme reports	4.3 Planning, monitoring and reporting  4.4 Advocacy, public alliances and private sector partnerships				
<b>Total resources</b>					<b>4 300</b>	<b>15 200</b>	<b>19 500</b>