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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATIONS*

Central Asian republics and Kazakhstan

SUMMARY

The present document contains recommendations for funding programmes in the Central Asian region, supported through an area-office management structure. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Kazakhstan	5 000 000	20 000 000	1995-1999
Kyrgyzstan	5 000 000	10 000 000	1995-1999
Tajikistan	6 250 000	20 000 000	1995-1999
Turkmenistan	5 000 000	10 000 000	1995-1999
Uzbekistan	6 250 000	20 000 000	1995-1999
Programme support and operations	5 000 000	-	1995-1999

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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OVERVIEW

1. The present recommendation presents an area-wide view of the situation of children and women in the Central Asian Republics and Kazakhstan; an analysis of country-specific conditions and strategies; and the proposed programmes for each country. The recommendation also includes a statement on programme management.

2. The combined population of the five republics is over 50 million, some 60 per cent of whom live in rural areas. Major ethnic groups include Uzbeks, Tajiks, Kazaks, Kyrgyz and Turkmen; other sizable populations include Russians, Germans, Koreans and Tartars. The groups are spread across borders with, for example, over 1 million Turkmen living in Uzbekistan and 2 million Uzbeks in Kyrgyzstan and Tajikistan. Ethnic tensions are surfacing, causing internal difficulties. Tajikistan has experienced civil war.

3. These republics used to share the social, economic and administrative systems provided throughout the former Soviet Union. They are now fending for themselves in a competitive international economic climate. Their economic situations have worsened over the past three years and their short-term economic outlooks are poor.

4. These countries possess similar social infrastructures. They had strong social programmes, guaranteed full employment and universal education and health care. There was minimal poverty, full literacy and relatively low rates of infectious diseases and infant mortality. Sustaining these achievements and improving social indicators will require support if the best parts of the former system are to be retained at reduced costs. Reforms should include new ways of obtaining essential resources for new systems. Basic health and education services can be improved by well-planned, participative efforts to increase community, family and personal skills related to preventive health, home health care and early childhood stimulation and development.

THE SITUATION OF CHILDREN AND WOMEN

5. Past social achievements, particularly for children, depended on more than extensive services and infrastructure. Children benefited from being part of societies that had almost universal literacy. These societies shared cultural norms that placed a high value on children and gave them "first call" on family resources. There also was a tradition of mutual support among families.

6. Today, health and education infrastructures still extend to the village level and the ratio of doctors and teachers to the population remains high. Public water and sanitation systems were fairly well developed in urban areas and large rural settlements, as was the electricity grid, although these systems have deteriorated to differing degrees in each country.

7. In spite of these assets, managers at all levels today face handicaps in shifting from a centrally planned economy to a more cost-effective system. Many professionals are unsure how to adapt to the restructuring taking place in their fields and to the new methodologies necessary to give rise to greater efficiency and improved cost-effectiveness.

8. Despite current problems, there is great potential for economic and social development in these countries. They lack hard currency, as well as reliable production, distribution and delivery systems. Most have natural resources, but their further development and export is hampered by the lack of access to global markets. Other constraints include political instability, unclear economic policies, geographic isolation and financial complexities. Serious pressures related to the restructuring of social systems have caused each of these

countries, to different degrees, to lose ground in children's health, development and protection. Failure to undertake remedial actions and strengthen reforming systems could have serious repercussions.

9. The status of children in these countries has changed in only four years. Independence brought neither the resources nor models for maintaining social achievements as the process of nation-building began. In at least two countries, Tajikistan and Kyrgyzstan, and probably in rural regions of Uzbekistan and Kazakhstan as well, the current situation of children can be considered an emergency.

10. Services providing health care, compulsory pre-school education, maternity benefits, family allowances and care for children outside families are threatened or have collapsed. Financial and material resources previously provided by the Government of the former Soviet Union are no longer available, and these countries have yet to find ways of compensating for their loss. Resources from national or subnational Governments have not been sufficient. Alternative fees for services have been only partly introduced and few families can afford them.

11. The financial, human and social costs of restructuring are far greater than anticipated. Hyperinflation has made it impossible to sustain comprehensive social security payments and previous levels of social spending, which has affected low-income groups in particular.

12. The breakdown of interregional trade, shortages of raw materials and reductions in consumer demand have forced outright or temporary plant closures, partial work-weeks and wage reductions. The successful conversion of enterprises from military to consumer-oriented production has been limited. These decreases in production have reduced government revenues. Cost-saving measures by enterprises include reductions in social services and benefits to employees, including the closure of pre-schools, clinics and hospitals and the elimination of summer camps for children.

13. Privatization has proceeded at different rates in the five countries, with Kyrgyzstan moving most quickly, followed by Kazakhstan. Turkmenistan, Uzbekistan and Tajikistan have not yet made significant changes, despite privatization policies. Privatization has placed an inordinate burden on single-parent families and older persons, particularly those living in communities related to cooperative farms. As farms have been privatized, their social funds and in-kind benefits have been reduced or eliminated.

14. In the past, only a small proportion of cultivated land was in private plots, which produced a major share of vegetables, meat and milk. However, according to some reports, in the summer of 1994 families were breaking their normal practice of preserving and storing home-grown food for winter and instead were selling produce to meet their immediate needs.

15. The primary health care (PHC) network developed in the 1970s in Central Asia and Kazakhstan, with its extensive multi-tiered system, provided almost total access to health services. However, there was a lack of community participation and little family education on prevention and home care. Because centralized funding was generous, alternative means of generating resources or building cost-effectiveness into health services did not concern the lower levels of the system. The system achieved many PHC goals, but this required massive inputs and an infrastructure that these new economies can no longer afford.

16. Infant mortality rates (IMRs) and maternal mortality rates (MMRs) remained mostly unchanged during the 1980s. Currently, IMR in the five countries ranges from 28 to 47 per 1,000 live births, according to their Ministries of Health,

although United Nations figures are higher. These rates, although low when compared to those of most developing countries, are unexpectedly high, considering the high doctor-patient ratios and the almost universal use of hospitals for childbirth. Since 1992, there have been significant outbreaks of diphtheria, polio and measles among older children. One cause might be that high vaccination coverage during the 1980s failed to achieve effective levels of protection.

17. Immunization rates have dropped in several countries. Shortages of vaccines began in 1992 when convertible currency began to be required for their purchase. Coverage of children under two years of age also is constrained by inappropriate contraindication policies. Re-vaccination policies, which often require that children receive more booster shots than necessary, divert vaccines intended for the primary series. Therefore, there is a need to assess and improve the planning of the expanded programme on immunization (EPI) in each country.

18. Shortages of many essential drugs have become apparent. The situation remains most severe at feldsher (village health post) points and in rural hospitals, causing families to bypass this level and travel to urban hospitals. Yet, the feldsher point, closest to the community, remains the critical foundation for any new emphasis on community health care.

19. Fertility rates differ greatly between urban and rural populations and between ethic groups, with ethnic Russians tending to have the lowest rate. Reported population growth rates range from 2.5 in Tajikistan to a marginally negative rate in Kazakhstan in 1993. MMR ranges from 47 to 119 per 100,000 live births in the five countries, although nearly all births take place in hospitals. Up to 70 per cent of pregnant women are anaemic. Services for pregnant women, such as vitamin supplements and special foods have been reduced or eliminated. Although seven or more prenatal visits were reported by over 90 per cent of pregnant women in 1990, that figure is now lower. Family planning received little official attention until 1993-1994. Abortion rates are high, ranging from 256 per 1,000 live births in Tajikistan to 975 in Kazakshtan. Abortion is a common contraceptive measure. High birth rates and inadequately spaced births are problems among some ethnic subgroups, particularly in rural areas.

20. Acute respiratory infections (ARI) are the main killers of children in all five countries, accounting for over 50 per cent of child morbidity and 40 per cent of mortality. Unsafe water and low institutional and public awareness about sanitation contribute to diarrhoeal diseases, another major cause of infant mortality.

21. Infant and maternal nutrition and micronutrient deficiencies are major problems in all five countries. Formerly, all salt was iodized and vitamin supplementation was provided for ill children, but this is no longer the case. Salt industries in all countries have ceased iodization because of breakdowns of equipment and shortages of chemicals. Families have little knowledge about the effects of iodine deficiency on children's mental development. No comprehensive legislation exists on salt iodization or food fortification, and goitre is endemic in large areas in each country.

22. Infant feeding practices are characterized by greater use of bottle-feeding, in a pattern similar to that of Western Europe three decades ago. Studies show that almost over 80 per cent of women breast-feed from birth, but this percentage decreases significantly thereafter. Breast-feeding is complicated by widespread beliefs that breast milk is contaminated.

23. Growth monitoring of all children is carried out at health facilities, but relies on a complicated system of calculation and child weighing. The need for relevant health and nutrition education is evident. Many families lack the resources required to maintain a healthy diet for their children.

24. Before independence, there was universal education without ethnic and gender discrimination in all five countries. Today, each country has a different commitment to education reform, varying levels of economic resources and different levels of resource allocation for primary education. However, all have insufficient funds for recurrent expenditures. Most of these countries face serious problems in training teachers and are losing qualified teachers. Most primary school teachers live in poverty, except in Turkmenistan, where conditions are slightly better.

25. Pre-schools still operating have reduced the number of their personnel and size of their facilities. Alternative community- and home-based child-care systems in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan have been slow to take hold, are expensive and often lack sufficient trained personnel. Paper and funds for the production and procurement of primary school textbooks and teaching/learning materials are in short supply in all countries.

26. The poor quality of the water underlies many basic health problems in all five countries. Access to drinking water ranges from 76 to 85 per cent in urban areas and from 49 to 51 per cent in rural areas. However, these figures do not take into account agricultural and industrial chemical contamination, systems breakdowns or growing shortages of water treatment chemicals.

27. Previously, women had equal opportunities in the labour market, with a work force that was 51 per cent female and 49 per cent male. In addition, women were responsible for family care and housekeeping. Governments and enterprises now provide fewer crèches and other facilities for working mothers. Working mothers often are forced to leave young children unsupervised during the day. Moreover, because of sluggish economies, many women are being forced out of work. In rural communities, the breakup of the state farm system and changes in agricultural production are jeopardizing women's livelihood.

28. Economic stress and other factors are leading to some family breakups, resulting in single-parent families and rising numbers of abandoned street children in some cities.

PROGRAMME COOPERATION, 1993-1994

29. In 1993, the Executive Board approved a two-year short duration (bridging) programme in the amount of $11,500,000 in general resources and $16,000,000 in supplementary funds for the five countries, as well as support and operations provided through an area-office (E/ICEF/1993/P/L.24). A UNICEF area office for the Central Asian Republics and Kazakhstan was established in Islamabad, Pakistan, in 1993. In 1994, sub-offices were set up in each of the five countries.

30. During 1993-1994, UNICEF collaborated with the five Governments, mainly targeting urgent human needs and focusing on emergencies. Activities were aimed at strengthening capacities of organizations dealing with child health. Internationally accepted public health procedures and new types of community-directed messages aimed at empowering families to provide better care for their children were introduced. Activities were organized at both country and area levels to maximize the cost-effectiveness of technical assistance. Project monitoring was initiated with government ministries and non-governmental organizations (NGOs).

31. Maternal and child health (MCH) activities focused on addressing high rates of pneumonia and diarrhoeal diseases and on strengthening immunization. UNICEF provided all five countries with vaccines, oral rehydration salts (ORS) and drugs for ARI. Training materials produced by the World Health Organization (WHO) were translated and adapted. National capacities in project planning, training, social mobilization and monitoring were strengthened through campaigns against pneumonia in winter and against diarrhoeal diseases in the summer months. WHO programme designs were adapted for integrated national control of diarrhoeal diseases (CDD) and ARI services to meet and sustain the relevant goals for the year 2000.

32. In collaboration with WHO, UNICEF worked to establish the International Coordinating Committee on Immunization. UNICEF supported participation by each Government in international meetings on vaccine supplies and immunization. The area office also instituted a quarterly vaccine monitoring report which provides the donor community with information on stocks and national requirements. Vaccine supplies obtained with supplementary funds provided by the Government of Japan will lead to vaccine self-sufficiency in Kazakhstan, Turkmenistan and Uzbekistan. Funding for vaccines also was obtained for Tajikistan and Kyrgyzstan.

33. Following a serious outbreak of cholera in Afghanistan in 1993, UNICEF supported urgent requests for equipment and supplies in neighbouring Tajikistan and Kyrgyzstan. Emergency stocks of fluids and medicines were established and reference laboratories were resupplied with required equipment and reagents. Specially designed essential drugs and medical supply kits were developed for use at the feldsher (village health post) level and procured for remote areas in Tajikistan, Kazakhstan and Kyrgyzstan that were affected by cholera outbreaks.

34. Educational supplies and bulk paper for textbooks were provided to Kyrgyzstan in 1993 and 1994 and similar supplies were provided to Tajikistan for 100,000 children and 7,500 classrooms. An educational management monitoring system to help ministries guard against erosion in school attendance and basic educational quality will be developed in 1995. Facts for Life was translated into Russian for use in public education efforts related to CDD, ARI and EPI. In Kyrgyzstan and Tajikistan, high protein food was provided for schoolchildren in specific high-risk areas.

35. In collaboration with the Economic Cooperation Organization (ECO), UNICEF supported a series of project planning and advocacy meetings on the goals for children for the decade for these countries. The discussions contributed to the development of national programmes of action (NPAs) for children and of plans to control iodine deficiency disorders (IDD), promote breast-feeding and the Baby-Friendly Hospital Initiative (BFHI) and improve CDD and immunization programmes. Studies and assessments on these topics were initiated in each country, with ECO meetings serving as a basis for follow-up activities and project design. Assessment studies prepared for an international symposium on social policies during economic transition, held in Beijing in July 1994, helped to develop the basic strategy for the present country programme recommendations and for the eventual development of NPAs by these countries.

36. UNICEF assisted Governments, national NGOs and the media to develop new social mobilization channels and innovative messages aimed at motivating and educating families on key child health issues, focusing initially on the control of pneumonia and CDD. Technical assistance and support were provided to all five countries to develop and produce media messages for the summer and winter campaigns. While this effort was successful, substantial advocacy and assistance will be needed to sustain a flow of effective health messages through the mass media and other educational channels.

37. UNICEF maintained close coordination with representatives of the United Nations Development Programme (UNDP) and other United Nations agencies. In Kazakhstan and Uzbekistan, UNICEF participated in the development of a United Nations country strategy and other policy activities and joint exercises. During 1993-1994, UNICEF developed stronger relationships with other international agencies and national NGOs as well as with technical departments of national ministries.

38. Each country ratified the Convention on the Rights of the Child in 1994. Each President signed the Declaration of the World Summit for Children and all five Governments have made a commitment to develop an NPA.

39. The country sub-offices significantly enhanced programme management, monitoring and follow-up on national and regional activities.

RECOMMENDED PROGRAMME COOPERATION, 1995-1999

40. Preparation of the country programmes included use of ongoing situation analyses and resulted in an update of a rapid assessment made in 1992, as well as the design of a database on social development indicators and related qualitative data for the five countries.

41. Extensive consultations on both priority needs and appropriate approaches to them led to the international symposium held in Beijing in July 1994 on "Social Policies During Transition: Child Health, Basic Education and Social Protection." Participants in this four-day symposium, including Deputy Prime Ministers and Ministers of Health, Education and Social Protection, discussed a framework for protecting children during the transition and decided on the strategy of the new programmes of cooperation. This group stressed the need for strategies that cut across countries and requested UNICEF to promote area-wide programmes for protecting children and mothers. UNICEF also was requested to establish mechanisms and structures for joint training, information exchange and social policy discussions. The Deputy Prime Ministers indicated the importance of increasing opportunities for dialogue with the international community and United Nations agencies on matters pertaining to children and women.

42. Following the Beijing symposium, master plans of operations for country programmes and projects were prepared through discussions with government departments, research institutes, NGOs and others at the country level.

Goals

43. In addition to specific national objectives, all five countries share the following common generic, longer-term goals: (a) to ensure that basic services for children and women continue to be accessible, even in times of severe economic crisis or complex emergencies; (b) to achieve and sustain the goals of the World Summit for Children; (c) to ensure that social sector systems are restructured and reformed with innovative, culturally appropriate new policies, strategies and procedures; (d) to assure that all children and mothers are guaranteed basic services, without gender or ethnic discrimination, through delivery systems that are sustainable within frameworks secured by national and international resources; and (e) to empower families to act more constructively towards child health, development and protection by enhancing family knowledge and initiative.

Strategy

44. Strategic principles to guide preparation of the country programmes were developed with government officials, policy makers and NGOs, taking into consideration UNICEF global priorities, the situation of children and women, and

similarities and differences within and between the five countries. According to these principles:

(a) Programme and project priorities will be based on national situations, government priorities, UNICEF global priorities and strategies and available expertise;

(b) Programme monitoring will be sensitive to each country's restructuring and reform processes, which are bringing about rapid change and, in most cases, have yet to achieve sustainable upward trends in child health and development indicators;

(c) Programme implementation will remain highly flexible, as the evolving political situation may result in major changes in the next five years;

(d) Programmes will use UNICEF inputs in a highly selective manner, directed towards specific problems where small levels of assistance will have a major and sustainable impact;

(e) UNICEF-assisted activities will be interrelated within and, where possible and appropriate, between countries in order to maximize their potential;

(f) Except where provided to address acute emergencies, supply assistance will be aimed at strengthening the organizational capacities and credibility of Governments and NGOs and at building more cost-effective systems;

(g) Public empowerment and the empowerment of professionals with new knowledge and approaches is a necessary component for success.

45. In order to maximize the impact of programmes while using relatively small amounts of resources, several activities within and among countries will be implemented in phases. Some activities to develop new approaches and test unfamiliar innovations will begin in one or two countries. Once they have proven to be successful and have been accepted by other Governments, rapid implementation will follow. Activities such as national-level training will have immediate priority and will be supported, where possible, as joint country activities.

46. There will be four main thrusts of the strategy for the five country programmes: (a) advocacy; (b) delivery of basic services; (c) restructuring and reform of systems; and (d) empowering families and professionals.

Advocacy

47. Advocacy activities will have two distinct objectives. The first type will seek to improve national policies and generate stronger resource allocations in sectors affecting children. UNICEF will support efforts to maintain the best and most affordable parts of the former systems responsible for social achievement. These include the extensive networks of rural schools and peripheral health stations with well-trained teachers and medical personnel.

48. The second type will aim at building greater awareness of the problems of these countries and their children within the international community and to obtain increased assistance. UNICEF will assist each Government to present its needs to the international donor community, and, where requested, to help increase assistance to address the needs of children and women.

Delivery of basic services

49. UNICEF will provide assistance to prevent the collapse of basic social services. Critical supply assistance will provide vaccines, essential drugs, textbook production materials and salt iodization equipment. In emergency situations, supplementary food and other essential supplies will be provided. UNICEF also will support improved monitoring systems for "early warnings" and to assure that targeted beneficiaries, including institutions and individuals, receive effective and efficient assistance. A priority will be to develop more cost-effective networks of suppliers and new transportation channels that can provide more timely deliveries.

50. Supply assistance will help to strengthen capacities and build more cost-effective systems. This assistance will help to demonstrate innovative approaches that also generate additional donor and government support for service delivery.

Restructuring and reform of systems

51. Organizational capacities will be strengthened so that as restructuring and reforms proceed, effective, innovative, culturally appropriate and sustainable new policies, strategies and procedures can be employed. UNICEF will support dialogue between national experts and international groups on issues where there are inconsistencies between national and internationally accepted practices. Adjustment with a human face, which will guide UNICEF cooperation, will be a theme during the restructuring of health, education and social protection systems. Health services can be reoriented towards a preventive approach, and feldsher points can be used for the case management of such childhood diseases as pneumonia and acute diarrhoea, all in a cost-effective manner. Other major improvements will include reducing "missed opportunities" for immunization, developing and adopting an essential drugs policy, low-cost water supply and sanitation technologies, and information on improved management for basic education.

52. UNICEF will encourage decentralization of government decision-making in the implementation of MCH policies, resource generation for pre-schools and primary schools and wider participation of NGOs in social mobilization activities.

Empowering families and professionals

53. Empowerment will provide new information and techniques on key aspects of child care to families and provide new technical information to professionals in the areas of health, education and social welfare. Communication activities will seek to sensitize families to their responsibilities for child survival, protection and development and to empower them with the information and skills necessary to carry out these responsibilities. UNICEF will support a range of communication activities, including promotion of Facts for Life. Channels will include the mass media, PHC networks, primary education systems and international and national NGOs. UNICEF will support government efforts to strengthen and expand capacities for communication strategies, promotional messages and community-oriented qualitative research.

A. KAZAKHSTAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	5.6
U5MR (per 1,000 live births)	49
IMR (per 1,000 live births)	42
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy rate (% male/female)	99/96
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$1,540

One-year-olds fully immunized against (1992):

tuberculosis:	93 per cent
diphtheria/pertussis/tetanus:	76 per cent
measles:	91 per cent
poliomyelitis:	69 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

54. Kazakhstan is the most industrialized of the five countries. Economic restructuring is taking a toll on government services, and economic output and real incomes have declined since independence. Per capita gross national product (GNP) is still the highest in the region, but has declined 44 per cent from $2,740 in 1991 to $1,540 in 1993. Forecasts predict a continuous fall until at least 1997. At the same time, the consumer price index rose by about 3 000 per cent between 1991 and 1993. Price inflation and currency depreciation are pulling many families towards poverty and a greater proportion of family income has had to be devoted to food purchases.

55. Social safety nets have been reduced by the contraction of public expenditures combined with economic deterioration. The share of social expenditures in the national budget fell from 45 per cent in 1991 to 25 per cent in 1994.

56. Kazakhstan's social development indicators are higher than those of the four Central Asian republics. Almost 16 per cent of the population lived below the poverty line in 1989. IMR, while still relatively low, has risen from almost 26 per 1,000 live births in 1989 to 28 in 1993. (These figures differ from United Nations data, but in both cases, there is an upward trend.) The main causes of infant death (1993) are ARI (25 per cent); perinatal conditions (25 per cent); diarrhoeal diseases (15 per cent); and congenital abnormalities (10 per cent). The incidence of premature births has increased in the last three years and contributes to 60 per cent of perinatal deaths.

57. Although the country's extensive health care infrastructure used to be accessible to the entire population, the quality of health services has been affected by the economic crisis. Standards and policies for vaccination schedules and contra-indications need to be upgraded to meet WHO recommendations. Iron deficiency anaemia among pregnant women and breast-feeding mothers is estimated to be between 30 and 47 per cent. The provision of supplementary foods and injectable iron as therapy to anaemic pregnant women has been curtailed because of financial constraints.

58. Although breast-feeding is a traditional practice in Kazakhstan, 50 per cent of mothers stop after three months and another 30 per cent after six months. Very few mothers breast-feed their children after nine months of age. Post-birth separation of mothers and babies at maternity hospitals and the delayed initiation of breast-feeding prevent successful breast-feeding.

59. IDD are common in many parts of Kazakhstan despite efforts since the 1960s to control the problem. The two major salt production facilities, which also have provided salt for other Central Asian republics and regions in Russia, have stopped iodizing salt because of chemical shortages and equipment breakdowns.

60. Although literacy is high, the quality and access of education are decreasing. The number of primary schools decreased from 1,885 in 1991 to 1,736 in 1993. The Ministry of Education is preparing classroom and teaching materials corresponding to educational reforms and new national language policies. However, the education sector is encountering numerous financial and practical problems, including severe shortages of books and paper, which threaten the availability of basic education for children.

61. Access to safe water is estimated at 70 per cent for the urban population and 43 per cent for the rural population. Sanitary facilities generally consist of open pit latrines with crude wooden superstructures. Shallow open pits are common, providing ideal conditions for the transmission of enteric infections.

Programme cooperation, 1993-1994

62. UNICEF supported an emergency ARI programme to prevent an increase in pneumonia-related deaths of children under five years of age. UNICEF supported measles vaccination for children younger than two years old and provided vitamin A supplementation for all children with symptoms of ARI. Public education fostered prevention and good home treatment of ARI. ARI mortality in young children dropped during the winter months compared to an earlier period. This programme initiative brought together several government ministries, NGOs, including one known as Bebek, which is chaired by the First Lady, the President's office, the mass media, the Kazak Red Cross and Red Crescent Society and UNICEF. This ARI model was used by other Central Asian republics. As part of a summer CDD campaign in 1994, UNICEF provided 1 million ORS sachets to families. This campaign was supported with media messages aimed at raising public awareness on the early treatment of diarrhoeal diseases.

63. UNICEF assisted the National Nutrition Institute, a WHO collaborating centre in Almaty, with promotion and research on breast-feeding practices and iron deficiency. Haemoglobin sampling of pregnant women was added to a national demographic and health survey in early 1994, which will help to clarify the extent of iron deficiency and anaemia problems in the region. Research projects on dietary patterns and anthropometry supported by UNICEF and WHO have provided useful data on the changing diets of school-age children.

64. UNICEF supported consultancy services to prepare country position papers on IDD and to help develop plans of action for the iodization of salt. UNICEF supported the participation of several government delegates in workshops on IDD, ORS, oral rehydration therapy (ORT), BFHI and breast-feeding. Following these

workshops, action plans were developed to define a nutrition project for Kazakhstan. In collaboration with WHO, UNICEF supported the Ministry of Health in hosting an international seminar to commemorate the fifteenth anniversary of the Alma-Ata Declaration on PHC and to review global progress.

65. UNICEF assistance to the education sector during 1993-1994 included an overall assessment, the provision of educational kits and the service of an education expert to identify problems and important reforms to encourage donor support.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	1997	1998	1999	Total
General resources						
Maternal and child health	513	539	550	497	506	2 605
Nutrition	141	147	152	200	200	840
Education	146	129	108	109	106	598
Water supply and sanitation	100	90	100	104	103	497
Planning and advocacy	100	95	90	90	85	460
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Maternal and child health	2 491	1 684	1 985	2 095	2 218	10 473
Nutrition	459	1 113	840	780	607	3 799
Education	500	553	625	675	725	3 078
Water supply and sanitation	550	650	550	450	450	2 650
Planning and advocacy	-	-	-	-	-	-
Subtotal	4 000	4 000	4 000	4 000	4 000	20 000
Total	5 000	5 000	5 000	5 000	5 000	25 000

Objectives and strategy

66. Universal child immunization is an important overall objective of the country programme. UNICEF will assist the Government to establish guidelines for EPI management and monitoring, vaccination scheduling and contra-indications which also could be used in the other countries. Given the large geographical area and regional variations in Kazakhstan, UNICEF resources will complement those of the Government in specific geographic areas with severe child survival problems. UNICEF also will assist the Government in efforts to decentralize activities in environmentally vulnerable regions of the Aral Sea and in Semipalatinisk by strengthening health, nutrition and water supply services for pregnant women, infants and children. Because Kazakhstan is a major exporter of salt to Kyrgyzstan and Uzbekistan, UNICEF will support the universal iodization of salt, including production, packaging, transportation, distribution and marketing assistance, and there will be a strong linkage with the food processing industry. Nutrition education and media campaigns will raise consumer awareness of the importance of iodized salt.

67. Strengthening service delivery as a strategy will include the use of supplementary funding to provide urgently needed vaccines, medical supplies and paper for textbooks. The country programme also will capitalize on the relatively rapid reform of many health and education policies. UNICEF will assist the Ministry of Health to adopt a more cost-effective infant immunization schedule and a more appropriate list of vaccination contra-indications. These reforms will aim to integrate the delivery of CDD and ARI services with the promotion of breast-feeding and BFHI. UNICEF will support national and subnational strategies for the implementation of these reforms. Experience gained with improving immunization coverage and cost-effectiveness will be shared with the other countries.

68. UNICEF cooperation also will help to strengthen and expand national and regional applied research and advocacy activities of the National Nutrition Institute. National electronic and print media have undertaken innovative methods and approaches for public health and education campaigns. UNICEF will support and encourage these institutions to enhance further their activities. Priorities also includes advocacy for adoption of a national essential drugs policy.

Maternal and child health

69. The country programme aims to achieve and sustain 90 per cent immunization coverage for children under two years of age by the year 2000. UNICEF collaboration will provide sufficient quantities of high-quality vaccines. A vaccine independence initiative is being developed in an effort to achieve national self-sufficiency in producing vaccines for children under two years of age by the end of the decade. A major EPI activity will be to improve the extensive cold chain required for this large country with its dispersed population.

70. A multisectoral approach will be used for activities to prevent ARI and CDD and to integrate national and regional (oblast) implementation in order to reduce mortality. This approach to integrated service delivery takes into account seasonal morbidity rates for these diseases and allows training schedules, use of facilities and management responsibilities to be allocated as appropriate throughout the year. UNICEF will support efforts in specific oblasts to reduce excessive hospitalization of children with diarrhoea and pneumonia. Activities will include training and orientation on treatment protocols and case management, which will follow WHO guidelines. UNICEF also will assist in improving case management through the training of senior and mid-level programme managers from the Ministry of Health. Mass media messages and health education activities will be strengthened further to improve families' abilities to prevent these diseases and to care for children at home.

Nutrition

71. In addition to universal iodization of salt, nutrition activities will aim to eliminate micronutrient malnutrition, improve maternal and child nutrition and reverse poor trends in breast-feeding. UNICEF will continue to support the promotion of improved breast-feeding practices, and new strategies and achievements will be disseminated to the other four countries. Support for BFHI will continue. Through collaboration with the Ministry of Health, the National Nutrition Institute and the International Nutrition Foundation, UNICEF will help Kazakhstan to develop a more sensitive system for monitoring changing food consumption patterns. UNICEF will assist in the formulation of a national policy for eliminating micronutrient malnutrition. The National Nutrition Institute will receive support for applied research to improve its experience in rapid, qualitative methodologies. UNICEF will support the development of effective nutritional messages for families and new policies for the fortification of appropriate foods.

Education

72. UNICEF assistance for basic education will support the mass media, NGOs and the education system in providing materials and teaching skills on early childhood stimulation and development to families and pre-schools. UNICEF assistance will be used to reduce major shortages of paper for the printing of textbooks and other classroom supplies. As poor paper supply is a common problem identified in all five countries, joint country activities will include visits to former suppliers in Siberia and consultations with major donors. UNICEF will provide paper to clusters of primary schools in the most deprived areas. UNICEF will support the reorganization of an educational management and monitoring system for the Ministry of Education. Experience gained will be shared with the other countries which are developing similar systems. Primary education curricula will be reinforced with Facts For Life messages and basic life skills. Associated activities will include school and community initiatives to improve sanitation and hygiene and assure clean drinking water in primary schools.

Water supply and sanitation

73. UNICEF will support efforts to improve drinking water supplies in communities around the Aral Sea. Other activities will focus on technical exchanges with the other four countries and, globally, on water supply, sanitation and quality assurance techniques. UNICEF support will help to introduce the international water supply and sanitation monitoring system. New means of assuring non-polluted food will be explored with families in the Semipalatinsk region, which was affected by radiation contamination from nuclear tests. Support will be provided to selected NGOs working with families in these areas.

Planning and advocacy

74. A project on planning and advocacy will cut across all programme sectors and provide a framework for improving support for children and women by the Government, NGOs and the international community. Working with these groups, UNICEF will help to mobilize and facilitate new and stronger partnerships for children to increase resources and generate alternative channels for service delivery and empowerment. The project will include national NGOs, WHO, UNDP, the United Nations Population Fund (UNFPA), the World Bank, the Asian Development Bank (AsDB), the United States Agency for International Development (USAID) and other donors. Activities will include development of an NPA and advocacy for more generous resource allocations. UNICEF also will support Kazakhstan's preparation for and participation in the Fourth World Conference on Women and activities related to the Convention on the Elimination of All Forms of Discrimination Against Women. Another activity will include developing a national essential drugs policy, which, if successful, will lead to a major new supplementary-funded project on essential drugs.

Cooperation with other partners

75. Collaboration with WHO and other United Nations agencies, USAID and other bilateral agencies and national NGOs is a high priority. UNICEF will continue to work with UNDP on studies and projects related to social sector needs. WHO will continue as a partner in implementation of the MCH project. Collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO) has been built into the planning of activities to reorganize the education management information system and to improve teaching methods for primary schools. UNICEF also will continue to work with Wellstart International on breast-feeding promotion and with the International Nutrition Foundation and the Kazak National Nutrition Institute on capacity-building and applied research. Collaboration with the Kazak Red Cross and Red Crescent Societies

will continue in the area of health education and the development of a community-level approach to health and sanitation near the Aral Sea. The national NGO, Bebek, will remain a partner in health education activities and as an advocate for children and women. New partnerships, particularly on women's issues, will be sought in 1995 to facilitate support for activities leading up to the Fourth World Conference on Women.

B. KYRGYZSTAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	1.8
U5MR (per 1,000 live births)	58
IMR (per 1,000 live births)	48
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female)	98/94
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade five	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$830

One-year-olds fully immunized against (1992):

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	88 per cent
measles:	94 per cent
poliomyelitis:	91 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

76. Kyrgyzstan is a highly vulnerable and poor country. There are many inaccessible and remote valleys and high mountains, and winters are harsh. The northern and southern portions of the country are cut off from each other during winter except by air, and bulk goods moving between the north and south must travel for three days by rail through Uzbekistan and Kazakhstan.

77. Economic collapse has severely affected industrial production and economic growth. Between 1991 and 1992, per capita GNP fell from $1,550 to $830, a drop of almost 50 per cent. Because arable land is limited (7 per cent of total land area), the economy is dependent on imports of wheat, milk, sugar, vegetable oil, coal, oil, gas and petrol. Coal and oil supplies ran out in November 1994, leaving no fuel for municipal or domestic heating in the capital city.

78. The removal of price controls on most items has created sharp price increases and hyperinflation. In 1993, the average real wage fell by 165 per cent compared to the 1990 level. Family allowances, pensions and other monetary benefits have eroded. The World Bank estimates that over 60 per cent of the population live below the poverty line. Unemployment has risen and many rural families are forced to sell food from family gardens, formerly preserved

and stored for winter, to generate income for immediate needs. The country lacks sufficient food stocks and the World Food Programme (WFP) and other agencies are distributing essential foods.

79. Public expenditure on health decreased from 4.1 to 2.8 per cent of the national budget between 1990 and 1993. Health expenditure is sufficient to meet only salaries, food for hospitals and basic drugs. There are no funds for replacement of equipment, operation and maintenance costs and repairs.

80. IMR began increasing in 1992 and reached 32.3 per 1,000 live births in 1993. (This figure is considerably lower than indicated by United Nations sources.) ARI cause 47 per cent of infant deaths (1993), perinatal causes 25 per cent and diarrhoeal diseases 14 per cent. Virtually all children with ARI are being hospitalized. MMR has been stable since 1991, but rose to 88.1 per 100,000 live births during the six months of 1994.

81. Health personnel do not actively encourage exclusive breast-feeding. Anaemia among pregnant women increased from 17 per cent in 1988 to 29 per cent in 1991. The incidence of goitre has reached high levels and iodized salt is not yet available.

82. Pre-school centres are closing or operating erratically because of reduced support from state enterprises and privatized communal farms. In 1992, there were nearly 1,700 kindergartens, but by mid-1994, only 743 remained open. Children from families who cannot afford new education fees are deprived of access, which has placed an extra burden on working mothers.

83. The portion of the national budget for education dropped from 6.6 per cent in 1991 to 3.5 per cent in 1993. The education budget remained unapproved as of October 1994. Teachers receive a nominal, low salary, which is often paid several months late. Many teachers have left the teaching profession. A lack of new books, sufficient heating and paper to print textbooks are serious problems.

Programme cooperation, 1993-1994

84. UNICEF supplied medicines and equipment to combat a 1993 cholera outbreak and also provided support for the control of pneumonia in children. This support included the training of over 2,000 health personnel on UNICEF/WHO case management guidelines, the provision of drugs for ARI and collaboration between NGOs and the Ministry of Health and public education on prevention, home care and warning signs. A 20 per cent reduction in ARI-related infant mortality was reported during the campaign. Vaccines and cold-chain equipment were provided by USAID and the Government of Japan. To address a lack of knowledge on the part of parents about the early use of ORT, UNICEF supported a CDD campaign in 1994. The campaign was launched by the First Lady and included educational programmes on national television and radio throughout the summer. UNICEF also provided 500,000 sachets of ORS and drugs.

85. UNICEF supplied the Ministry of Education with paper for the printing of primary school textbooks. School kits were provided for primary school children which included notebooks, pencils, pens, rulers and erasers. High-protein snacks were distributed to children in selected oblasts.

86. Government delegations attended meetings sponsored by ECO and UNICEF on IDD, BHFI, breast-feeding and ORT. UNICEF consultants helped to produce draft legislation which is being sponsored in the Parliament by the Deputy Prime Minister. In 1994, UNICEF provided the Ministry of Health with health education materials on breast-feeding.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	1997	1998	1999	Total
General resources						
Maternal and child health	513	475	475	425	425	2 313
Nutrition	182	150	150	215	210	907
Water supply and sanitation	45	100	87	142	147	521
Education	160	180	193	138	138	809
Planning and advocacy	100	95	95	80	80	450
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Maternal and child health	900	800	700	700	700	3 800
Nutrition	200	300	300	300	300	1 400
Water supply and sanitation	200	200	400	500	500	1 800
Education	700	700	600	500	500	3 000
Planning and advocacy	-	-	-	-	-	-
Subtotal	2 000	2 000	2 000	2 000	2 000	10 000
Total	3 000	3 000	3 000	3 000	3 000	15 000

Objectives and strategy

87. A major objective of the country programme is to improve national capacities to plan for, coordinate and monitor humanitarian and other assistance provided for children and vulnerable groups. Strengthened monitoring also will provide an early warning system for impending threats. A second objective is for UNICEF assistance to help strengthen MCH, basic education and nutrition services. The programme will pursue these objectives through more cost-effective strategies in the areas of health, nutrition, primary education and water supply and sanitation and by involving the country's growing media to provide new information and teach practical skills to families. UNICEF will work closely with the Government in trying to generate greater resources for child health, nutrition and basic education. This effort will emphasize Kyrgyzstan's positive achievements in moving rapidly towards a market economy and a democratic system.

Maternal and child health

88. UNICEF will concentrate on assuring adequate supplies of vaccines and improving the cost-effectiveness of the current EPI system. The goal is to achieve and sustain over 90 per cent coverage of children under two years old before 1995. Vaccine supplies for the next four years have been assured through support from the Government of Japan and UNICEF. However, achieving vaccine self-sufficiency will require effective government support. Activities also will focus on improving and maintaining the national cold chain, as well as on community and NGO involvement and family education.

89. CDD/ARI activities will aim to reduce infant and child mortality caused by pneumonia and diarrhoea. Throughout the health system, UNICEF will support programme development, planning and training in treatment protocols and case management procedures, conforming with WHO guidelines. As in other countries, UNICEF support will encourage integration of national CDD and ARI services to ensure more efficient use of resources for training, planning and management. Mass media messages and greater initiatives from health professionals will help to improve families' knowledge of how to prevent CDD and ARI and care for children with these illnesses at home. The programme will be flexible enough to allow special winter projects for controlling pneumonia, which will integrate supplies and planning for pneumonia control with such additional support as temporary insulation for maternities and fuel for remote primary schools.

Nutrition

90. UNICEF will support multisectoral efforts to eliminate micronutrient malnutrition, improve maternal and child nutrition and reverse declining trends in breast-feeding. Because of acute food shortages and widespread poverty, UNICEF will support the rapid development of techniques to monitor changing family consumption patterns, focusing on children and mothers, and of a system to help the Government interact with international donor agencies. Growth monitoring charts will be an important component of this system. UNICEF also will support a national network for eliminating micronutrient malnutrition, including IDD, anaemia and vitamin A deficiency. This will bring together the Ministries of Health, Education and Agriculture, as well as private and state food processors, distributors, the mass media and other partners. UNICEF will support activities for improving nutrition policies, training teachers and health professionals on nutritional education for families, and disseminating nutrition messages through the mass media. UNICEF will continue to expand its support for the promotion of breast-feeding and BFHI.

Water supply and sanitation

91. UNICEF assistance for water supply and sanitation will be modest, supporting technical exchanges on innovative low-cost techniques for rural water supply and sanitation and quality assurance, based on the results of more intensive cooperation in Tajikistan and Turkmenistan. UNICEF support will help governmental organizations to open new communication channels and to obtain relevant technical information and research literature, both from the other countries and from international organizations and private enterprise. Activities will include support for national and regional workshops and seminars aimed at improving planning for rural water supply and sanitation. Trials will demonstrate pit latrine models from other countries.

Education

92. UNICEF support will combine assistance for service delivery with advocacy for capacity-building. UNICEF will provide paper for textbooks and supplies for textbooks and classrooms. UNICEF will continue efforts to assure that teachers and pupils from rural primary schools benefit from supplemental food aid provided by other international and bilateral agencies and NGOs. Other activities will focus on the introduction of an education management and monitoring system, as well as on the dissemination of basic life education to families through primary schools.

Planning and advocacy

93. A multisectoral planning and advocacy initiative will address national issues related to children's and women's rights. UNICEF will advocate greater national resource allocations for social sectors and the use of international assistance to strengthen social safety nets. Development of an NPA, a priority

in 1995, will help to identify gaps in the social safety net and ways to strengthen basic services. Other activities will strengthen capacities for social communication through training mass media professionals in integrating social messages into popular programmes. UNICEF will advocate ratification of the Convention on the Elimination of All Forms of Discrimination Against Women.

94. Because of the increasing need for coordination of information among donors, NGOs and national institutions, the country programme will help to improve mechanisms for collecting, sharing and disseminating information on humanitarian and technical assistance in the social sectors. UNICEF will help a national NGO to develop this project.

95. Monitoring and evaluation activities will cover all programmes. Activities will range from cluster surveys to national reviews on child immunization, CDD and ARI. Individuals will be trained in methods for rapid qualitative assessments and then conduct studies of family practices and attitudes related to preventive health care for children. These assessments will provide baseline data to evaluate the overall impact of interventions, as well as data to be used for the development of training materials and mass media messages. Annual country programme reviews and assessments will take place, in addition to a mid-term country programme review.

Collaboration with other partners

96. The country programme will be carried out in close collaboration with other United Nations agencies, particularly UNDP, WHO, UNFPA and WFP, as well as with USAID and other bilateral agencies. UNICEF will promote collaboration with such local NGOs as the Kyrgyz Children's Fund, the Red Cross and Red Crescent Society and the Meerim Foundation, which is chaired by the First Lady.

C. TAJIKISTAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	2.8
U5MR (per 1,000 live births)	64
IMR (per 1,000 live births)	83
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female)	99/97
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$470

One-year-olds fully immunized against (1992):

tuberculosis:	69 per cent
diphtheria/pertussis/tetanus:	82 per cent
measles:	97 per cent
poliomyelitis:	74 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

97. The situation in Tajikistan poses considerable threats to the health, development and protection of children because of political and economic turmoil, war, civil strife and natural disasters. During the civil war in 1992-1993, about 50,000 people were killed and 850,000 displaced. The recurring spring floods were unusually severe in 1993 and destroyed 8,000 houses and displaced about 60,000 people. In the first half of 1994, industrial output decreased by 20 per cent. According to World Bank estimates, Tajikistan's per capita GNP of $470 is one of the lowest in the region.

98. Hyperinflation put 80 per cent of the Tajik population below the official poverty line in 1994. The proportion of family income being used for food purchases increased from 49 per cent in 1991 to 70 per cent in 1993. There is almost no investment in and maintenance of health and education facilities. The Government was unable to pay teachers during the first nine months of 1994, and there are acute shortages of paper, books and materials.

99. Tajikistan's largely mountainous terrain prevents easy access to parts of the country during the winter months. Because only 7 per cent of the total land area is suitable for cultivation, the country is a net importer of food.

100. ARI account for 34 per cent of infant deaths, diarrhoea for 21 per cent and perinatal conditions for 17 per cent. About 40 per cent of pregnant women are anaemic, and this figure is increasing. IDD are a serious threat, with a prevalence of about 46 per cent in Dushanbe and 84 per cent in Torzunzada. Babies born in hospitals are separated from their mothers for the first 24 hours after birth and are then breast-fed on a strict schedule. Bottled water or juice are used when a baby demands feeding outside the schedule.

101. Because many teachers have moved to more remunerative jobs, there is an acute shortage of teachers, particularly of the English and Tajik languages, literature and mathematics. Owing to economic hardship, most primary schools have had to stop providing free lunches. Many schools lack fuel for heating and have to close during the winter. An increasing number of children are not attending school because they do not have sufficiently warm clothes and shoes. Poor water, hygiene and sanitation in schools expose children to respiratory and other infections.

102. Poor maintenance and civil strife have incapacitated much of the water supply system. Pumps have been stolen or destroyed, pipes broken, overhead water storage tanks punctured and electrical installations stolen or damaged. In 1991, 51 per cent of people in rural areas and 97 per cent in urban areas had access to piped water. The Government lacks spare parts and replacement pumps. Local water authorities do not coordinate with health authorities, and repair and maintenance activities have ceased. There is a lack of trained maintenance personnel. In many rural areas, people drink polluted water directly from irrigation canals. Water-borne diseases are increasing and cause about one third of infant deaths. There was a cholera outbreak in 1993, and hepatitis is common. Much of the ground water is contaminated by pesticides, herbicides and fertilizers. Sanitation is poor, many private and institutional latrines are not maintained or cleaned, and most lack any facility for basic hygiene or hand-washing.

Programme cooperation, 1993-1994

103. In 1993, the first delivery of UNICEF emergency assistance to Tajikistan included the provision of vitamin A supplements, as well as BP-5, a protein-enriched food, and K-mix, a therapeutic feeding mixture for infants. These supplies were distributed mainly through hospitals. UNICEF also provided vaccines, serum and medicines to combat a severe diphtheria outbreak, in

addition to medicines and other supplies for returning refugees. UNICEF provided 2 million sachets of ORS and supported a feasibility study for the local production of ORS.

104. The winter project model developed in Kyrgyzstan was used to assist the Ministries of Health and Education in Tajikistan during the 1993-1994 winter emergency. UNICEF provided technical assistance and supplies to prevent pneumonia among children. Primary school children were provided with basic education kits. Blankets also were provided nationwide to families with young children.

105. Using funds provided by USAID, UNICEF provided all vaccines needed for 1994; a donation from the Government of Japan will continue this support through 1996. As a result of UNICEF advocacy for a vaccination schedule which corresponds with WHO guidelines, the Ministry of Health revised the national vaccination schedule for implementation in 1994.

106. UNICEF and WHO arranged seminars on ARI, CDD and EPI. UNICEF sponsored an IDD workshop for the five countries and supported the participation of a three-member delegation to an ECO/UNICEF workshop on BFHI.

107. UNICEF collaborated with the Government and NGOs on national communication campaigns for CDD and the control of ARI. Social mobilization activities were carried out with the media, high-ranking government officials and NGOs.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	1997	1998	1999	Total
General resources						
Emergency preparedness	130	130	45	45	45	395
Maternal and child health	402	403	455	455	455	2 170
Nutrition	95	95	100	100	100	490
Education	303	302	315	315	315	1 550
Water and sanitation	225	225	235	235	235	1 155
Planning and advocacy	95	95	100	100	100	490
Subtotal	1 250	1 250	1 250	1 250	1 250	6 250
Supplementary funding						
Emergency preparedness	-	-	-	-	-	-
Maternal and child health	1 000	900	760	705	692	4 057
Nutrition	800	800	750	700	700	3 750
Education	1 400	1 500	1 640	1 695	1 708	7 943
Water and sanitation	800	800	850	900	900	4 250
Planning and advocacy	-	-	-	-	-	-
Subtotal	4 000	4 000	4 000	4 000	4 000	20 000
Total	5 250	5 250	5 250	5 250	5 250	26 250

Objectives and strategy

108. One objective of the country programme is to sustain preparedness for emergency activities, especially to meet the needs of vulnerable groups. UNICEF will support government efforts to sustain the existing system of health and education services. UNICEF also will support decentralized management of services at oblast and rayon (district) levels, as well as self-help schemes organized by communities and public institutions to rehabilitate basic infrastructure and services damaged or halted by the war and civil disturbances. Subject to improvement of the nationwide security situation, a longer-term objective is to reform and restructure health and education services with innovative, culturally appropriate policies.

Emergency preparedness

109. The emergency preparedness component will build mechanisms and procedures for stockpiling and the rapid distribution of emergency supplies and equipment to communities, health facilities and primary schools. These emergency supplies, which will include essential drugs, medical kits, blankets, plastic sheeting and cooking utensils, will be stocked in Termez, Uzbekistan. Communities and families will be taught better knowledge and skills to enable them to assume primary responsibility for early childhood development (ECD) and preventive health care measures.

Maternal and child health

110. A systematic, decentralized management approach will be used to strengthen MCH services, especially immunization coverage, CDD and the treatment of ARI. Modern management techniques and methods will be introduced. As part of the immunization programme, missed opportunities will be reduced through new regulations regarding contra-indications and improved organization of geographical zones. Improved storage, transport and handling of vaccines will be promoted through the provision of cold-chain supplies and equipment, training and improved cold-chain management.

111. CDD and ARI programmes will be reinforced further at oblast, rayon and feldsher levels by promotion, training in case management and public education materials. UNICEF will support these activities in collaboration with the Ministry of Health and other national and subnational institutions. Cooperation will be strengthened between UNICEF, WHO, USAID, local and international NGOs and other United Nations and bilateral institutions.

Nutrition

112. The nutrition programme will include the provision of some supplementary food assistance to children and pregnant women. Activities related to IDD will include support for reactivating salt iodization, public education on the need for iodized salt and improved packaging and marketing of iodized salt. To promote breast-feeding, UNICEF will support the training of health workers in "baby-friendly" practices in maternity hospitals and also educate mothers through the health network and mass media. Iron supplements will be provided to pregnant women to combat iron deficiency anaemia. As a longer-term strategy is developed, family gardens and a comprehensive nutrition education programme will be promoted.

Water supply and sanitation

113. UNICEF will intensify its support for water supply and sanitation services. Repairing systems in war-affected zones will be a priority, particularly for institutions serving children. Government agencies will be helped to use more cost-effective methods of providing potable water and

improved sanitation. A national campaign promoting the use of clean, well-maintained latrines at institutions and in homes will start in 1995. UNICEF will provide technical and supply assistance to local communities, NGOs and public institutions for such self-help, low-cost technologies as sand filtration systems, hand-pumps and community-based maintenance services.

Education

114. UNICEF will support the sustainability of the education system, assuring that neither gender nor ethnic discrimination affects children's access to schools. A major aim is to supply paper for printing essential primary school textbooks and education kits. As in the other countries, UNICEF will help to establish a management and monitoring system for primary schools. UNICEF will support the development and implementation of peace education and conflict resolution activities to help children develop mutual respect for all groups and nation-building efforts. UNICEF will provide Facts for Life training and health information activities in schools.

Planning and advocacy

115. Planning and advocacy will aim to bring new resources both from within the country and from the international community to assist children and women. As soon as the country situation permits, an NPA will be developed. Another set of activities will aim to improve Government capacity to disseminate health messages based on such materials as Facts for Life. Advocacy activities will focus on improving the conditions of the many families now headed by women, as a result of the civil war. Assistance will be provided to support groups and local self-help activities. UNICEF will continue to advocate the creation of a revolving fund for essential drugs.

Cooperation with other partners

116. The country programme will be carried out in collaboration with other United Nations agencies, including the United Nations Department of Humanitarian Affairs, UNFPA, WFP and WHO, bilateral agencies, including USAID, and several international and national NGOs.

D. TURKMENISTAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	1.7
U5MR (per 1,000 live births)	89
IMR (per 1,000 live births)	71
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female)	99/97
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$1,230

One-year-olds fully immunized against (1992):

tuberculosis:	98 per cent
diphtheria/pertussis/tetanus:	99 per cent
measles:	98 per cent
poliomyelitis:	99 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

117. Long-term economic development in Turkmenistan will be supported by the country's substantial gas and oil reserves. Turkmenistan, like other Central Asian countries except Kazakhstan, is highly dependent on food imports. Per capita GNP has decreased by almost 25 per cent, from $1,700 in 1990 to $1,230 in 1992. In September 1994, the cost of the minimum consumption basket for families was more than twice as high as the minimum wage. However, the Government subsidizes essential goods, and there are price controls on basic foods and some other goods. Water, gas and electricity are free. Government efforts to reduce the budget deficit have started to have adverse effects on the health and education sectors. In education, there are shortages of paper, textbooks and other materials.

118. The Ministry of Health reports IMR as 46 per 1,000 live births (with a higher figure provided by the United Nations) and MMR as 114 per 100,000 live births. These statistics are the highest among the Central Asian republics, with the exception of Tajikistan. There are wide subregional variations in these levels, with Dashkowuz oblast having the highest IMR (53 per 1,000 live births) and Balkan oblast the highest MMR (184 per 100,000 live births). ARI cause 43 per cent of infant deaths, followed by diarrhoeal diseases (25 per cent) and perinatal causes (18 per cent). Immunization programmes face shortages of vaccines because the Ministry of Health lacks hard currency to procure vaccines on the international market. The vaccine shortage was aggravated further by paediatricians who used the former vaccination schedule, which included vaccinating children up to 16 years of age with frequent booster doses. Thus, shortages and ineffective handling of vaccines led to a drop in coverage.

119. About 7 per cent of infants are malnourished and around 10 per cent are anaemic. A UNICEF assessment of infant death records suggests that nearly 65 per cent of infants who died were malnourished and that most died between 6 and 12 months of age. The Ministry of Health recognizes that nutritional surveillance and monitoring need to be improved.

120. Some women also are nourished inadequately and 48 per cent of pregnant and nursing mothers are anaemic. The prevalence of low-birth-weight babies is 5 per cent. Exclusive breast-feeding has declined from 75 per cent in 1984 to 49 per cent in 1991.

121. Recent observations and data collected from different oblasts indicate that goitre prevalence varies between 35 to 94 per 100,000 people. In one regional study, 64 per cent of children had goitre and 23 per cent had significant enlargement of the thyroid. Analysis of food intake revealed iodine consumption that was two to four times lower than recommended levels.

122. Turkmenistan is endowed with considerable water resources from rivers and canals, with 76 per cent of urban and 53 per cent of rural populations having access to adequate and potable water through pipes or wells. While 7 per cent of the rural population receive water by tankers, which are a source of contamination, 30 per cent of the rural population still use unprotected water sources. Only 2 per cent of rural and 45 per cent of urban populations have access to a sanitation facility.

123. It is difficult to retain qualified teachers because many are leaving for more lucrative positions. At the end of 1994, there were 1,600 vacant teaching posts in the educational system. Lack of repair and maintenance threatens the continued operation of many schools. A failure to undertake essential repairs and to replace worn-out equipment could precipitate a crisis in the near future.

Programme cooperation, 1993-1994

124. Child immunization and CDD have been a primary focus of UNICEF collaboration with the Government. UNICEF supplied vaccines, 2 million sachets of ORS, antibiotics and other essential drugs. UNICEF also is assisting the Government to apply international standards and definitions for health indicators and social statistics. As a result, the Ministry of Health implemented a revised national vaccination schedule in January 1994. Donors have agreed to support the country's efforts to attain self-reliance in the procurement of vaccines for children under the age of two years. In 1994, UNICEF and the Government of Japan collaborated with the Government in guaranteeing the country a full supply of the needed vaccines. The Government has made a commitment to meet its own vaccine requirements by 1999.

125. UNICEF supported a 1994 CDD summer campaign by organizing management training workshops for health officials at central and oblast levels. Treatment charts were reproduced for health personnel and illustrated leaflets in the Turkmen language were distributed to mothers. UNICEF and WHO also have supported the training of health officials and personnel in ARI case management. Regional training introduced proper case management and necessary policy changes regarding drug procurement and use, together with supporting training materials and treatment charts. UNICEF also procured essential drugs required for winter campaign activities in 1994.

126. UNICEF supported the Government in preparation of a country position paper on IDD. As a follow-up to the UNICEF/ECO meeting on IDD in June 1994, the Government has prepared a proposal for a national programme for universal salt iodization and elimination of IDD. UNICEF also established contacts with medical training and research institutes, and with specialists trained by Wellstart International and with other organizations to promote BFHI.

127. UNICEF provided the services of a water supply and sanitation expert to the Government to assess the country's needs; the results of which have facilitated the preparation of a project on clean household water supply and sanitation.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	1997	1998	1999	Total
General resources						
Maternal and child health	375	330	415	410	345	1 875
Nutrition	150	200	130	95	175	750
Education	175	200	175	175	150	875
Water supply and sanitation	200	185	175	230	210	1 000
Planning and advocacy	100	85	105	90	120	500
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Maternal and child health	500	600	850	895	905	3 750
Nutrition	200	325	350	400	365	1 640
Education	500	450	435	355	370	2 110
Water supply and sanitation	800	625	365	350	360	2 500
Planning and advocacy	-	-	-	-	-	-
Subtotal	2 000	2 000	2 000	2 000	2 000	10 000
Total	3 000	3 000	3 000	3 000	3 000	15 000

Objectives and strategy

128. A major aim of the country programme is to provide institutional support to the Ministries of Health, Education and Social Protection and other appropriate government organizations to improve the delivery of basic services. This cooperation also will try to establish major service coverage in water supply and sanitation, particularly in rural areas. Standards will be established for providing clean drinking water to households. Another aim is to improve the nutritional status of children and women through a widespread and multisectoral education programme, supported by a mass media initiative. UNICEF will support and promote standards for the production of iodized salt, and promote the export of iodine to neighbouring countries for use throughout the region.

Maternal and child health

129. EPI activities will focus on reform of vaccination policies and activities to reduce missed opportunities for vaccinating infants and to eliminate use of false contra-indications. Further training in cold-chain management and safe transport and handling of vaccines will be extended to oblast and rayon levels, including the feldsher points.

130. CDD and ARI activities will seek to reduce deaths from diarrhoea and pneumonia in children under five years of age. WHO treatment protocols and case management procedures for these diseases will be adapted and disseminated throughout the health system. A national strategy will be developed for educating mothers and families on methods for home-based prevention and care. Advocacy, planning and training activities required to integrate ARI and CDD into a single national service will be undertaken beginning in 1996, benefiting from similar efforts which began in Kazakhstan in 1994-1995. UNICEF will provide essential drugs for pneumonia and ORS. UNICEF also will support the Ministry of Health in producing information for medical and paramedical personnel, as well as training for these personnel.

Nutrition

131. A major aim is to eliminate micronutrient deficiencies, improve child and maternal nutrition and promote longer and exclusive breast-feeding. Improving the system of growth monitoring should increase the awareness of mothers and families about their children's nutritional needs. Systematic screening of pregnant women and the elimination of iron deficiency through dietary supplements and adequate nutrition education will be promoted.

132. The promotion of breast-feeding and BFHI will involve national and international NGOs, mass media and other international organizations and donors. Activities will focus on policy, advocacy, staff training, health education, the mass media and monitoring and evaluation.

133. A comprehensive national plan for the elimination of IDD and universal salt iodization will be developed and implemented by the National Nutrition Council. UNICEF will promote export of the country's substantial supply of iodine to neighbouring countries which need iodine for the production of iodized salt.

Education

134. The basic education project will promote sustainability of universal compulsory education. UNICEF will provide paper for textbooks and school supplies. ECD skills of families will be enhanced through the mass media, non-formal education channels and NGOs. UNICEF will assist the Ministry of Education to reorganize and strengthen the monitoring of primary education.

Water supply and sanitation

135. Water supply and sanitation activities will contribute to achieving universal access by the year 2000. A basic strategy is to strengthen monitoring of water quality and to improve knowledge of families and communities on basic personal hygiene, proper sanitation and use and maintenance of clean water sources. UNICEF will support assessment of capacity, equipment and technologies for water quality testing and monitoring, and expose government personnel to new and modern technologies. Support will be provided for the initial development of a water and sanitation monitoring system at national and oblast levels, including linkage of country data to the global WHO/UNICEF network on water supply and sanitation. Locations most adversely affected by agricultural pollution in the delta of the Amu Darya will receive priority for improved technologies and enhanced management techniques.

136. UNICEF assistance for planning and advocacy will help to mobilize national resources for social services for women and children, and strengthen child-related policies to prevent larger gaps in national social safety nets. A related priority will be to improve national and sectoral planning for social programmes through formulation of an NPA. A system will be initiated to monitor national progress towards the NPA goals. Activities to accelerate national action on child rights and women's issues also will be supported.

Collaboration with other partners

137. UNICEF will work closely with USAID and WHO on MCH; UNESCO will provide guidance on monitoring of education system; and WHO and UNDP will provide technical guidance on water supply and sanitation. UNICEF will draw upon its global experiences in ECD and low-cost water supply and sanitation technologies.

E. UZBEKISTAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	9.6
U5MR (per 1,000 live births)	66
IMR (per 1,000 live births)	54
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1989)	98/96
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$960

One-year-olds fully immunized against:

tuberculosis:	89 per cent
diphtheria/pertussis/tetanus:	58 per cent
measles:	91 per cent
poliomyelitis:	51 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

138. Uzbekistan has substantial reserves of oil, natural gas, coal and hydroelectric power as well as major gold deposits, and should be able to weather the current economic crisis. However, GNP has been falling in the 1990s.

139. High cotton production, inefficient water and energy use and resulting environmental problems have made Uzbekistan highly dependent on food imports, especially wheat, milk, sugar and vegetable oil. The rate of inflation for retail prices was 1,100 per cent in 1993.

140. Family allowances have been reduced substantially because of inflation. Allowances were abolished for extended families and single mothers heading poor families. In the absence of an alternative safety-net mechanism, families with children are at serious risk.

141. The Aral Sea, once the fourth largest lake in the world, has been reduced in surface area by 30 per cent because of depleted water flow from the Amu Darya river. The livelihood of fishing communities has been destroyed and, in

addition, the environmental tragedy of the Aral Sea poses serious health problems for children and pregnant women. Wind-blown salt and pollutants from the dried-up lake bed are responsible for an increase in respiratory illnesses. Agro-chemical and other pollution from cotton production have degraded water quality. Traces of nitrates are appearing in mothers' breast-milk. There have been outbreaks of typhoid, dysentery and cases of birth defects. The area's IMR is the highest of any country of the former Soviet Union.

142. The Ministry of Health reports IMR as 32 per 1,000 live births, with the United Nations reporting a higher figure. ARI cause 49 per cent of all infant deaths, perinatal conditions are responsible for 23 per cent and diarrhoeal diseases for 11 per cent. Since 1992, incidences of diphtheria, polio and measles have begun to increase. Although most women start breast-feeding at birth or shortly thereafter, breast-feeding in hospitals follows a tight three-hour schedule and six-hour rest period during the night. Breast-feeding declines sharply after three months to 53 per cent and to 28 per cent after six months. Approximately 60 per cent of pregnant women are anaemic. IDD affect almost 50 per cent of children under 14 years of age. No data are available on vitamin A deficiency.

143. As in other countries in the region, Uzbekistan faces a critical shortage of paper for textbook production. The Ministry of Education and municipal governments lack funds to maintain and equip schools and kindergartens. These problems are exacerbated because of a rapidly increasing population.

144. Access to safe drinking water is 82 per cent in urban areas, but in the rural areas access is only 50 per cent. Some water is said to be salinated. Cotton production, fertilizer and insecticides contaminate drinking water. Only 5 per cent of rural and 46 per cent of urban residents have access to a sewerage system. Lack of sanitation facilities, coupled with problems in hygiene practices, result in a high incidence of diarrhoeal diseases. Acute shortages of soap and detergent prevent acceptable levels of personal hygiene.

Programme cooperation, 1992-1994

145. In 1992, UNICEF supplied vaccines on an emergency basis as humanitarian aid. UNICEF also assisted the Government in promoting a national CDD campaign and supplied 1 million ORS sachets and antibiotics. UNICEF also assisted with print media campaigns and funded the production of television and radio spots and other mass media messages. The Ministry of Health promoted a polio eradication campaign with the support of UNICEF, WHO, USAID and the United States Centers for Disease Control and Prevention. The Government of the United States contributed $800,000 for the procurement and delivery of polio vaccine.

146. UNICEF assisted the Ministry of Health to address problems related to cold-chain infrastructure, decentralized EPI management, monitoring, data collection and evaluation. UNICEF participated in this planning exercise in cooperation with WHO and USAID.

147. In the area of breast-feeding promotion, UNICEF cooperated closely with medical and research institutes, as well as with medical and paramedical personnel trained by Wellstart International and others. UNICEF and Crosslink International, an NGO, were in close contact about a study on anaemia in the Karakalpakistan region.

148. The Government is preparing a national programme for universal iodization of salt. UNICEF sponsored an Uzbek delegation's attendance at the ECO/UNICEF meeting on IDD. UNICEF also provided experts to carry out a situation analysis on problems related to iodine deficiency and various aspects of salt iodization, packaging and marketing.

149. UNICEF assisted the Ministry of Education in monitoring and sustaining of high coverage in basic education. Expanding cooperation in primary education included introducing Facts for Life messages into school curricula.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	1997	1998	1999	Total
General resources						
Maternal and child health	600	600	600	600	600	3 000
Nutrition	150	150	150	150	150	750
Education	290	290	290	290	290	1 450
Water supply and sanitation	130	130	130	130	130	650
Planning and advocacy	80	80	80	80	80	400
Subtotal	1 250	1 250	1 250	1 250	1 250	6 250
Supplementary funding						
Maternal and child health	2 000	1 900	1 900	1 600	1 600	9 000
Nutrition	400	200	200	200	200	1 200
Education	1 000	1 000	1 000	1 000	1 000	5 000
Water supply and sanitation	600	900	900	1 200	1 200	4 800
Planning and advocacy	-	-	-	-	-	-
Subtotal	4 000	4 000	4 000	4 000	4 000	20 000
Total	5 250	5 250	5 250	5 250	5 250	26 250

Objectives and strategy

150. The country programme emphasizes improvements in MCH, nutrition, basic education and water supply and sanitation, in addition to a series of planning and advocacy activities. UNICEF will collaborate with the Government, national and international NGOs and other United Nations agencies on advocacy activities related to managing services for children and women. Government initiatives, especially at oblast and rayon levels, will equip basic service workers with modern management techniques. UNICEF resources will complement those of the Government and other donors. Empowering mothers and families with updated information on MCH also will be a strategy to reduce under-five and maternal mortality and to strengthen ECD.

Maternal and child health

151. EPI activities will aim to increase immunization coverage to 90 per cent of children under two years of age by 1995. A key capacity-building strategy is a vaccine independence initiative utilizing funds from the Government of Japan and UNICEF, through which Uzbekistan should become self-sufficient in vaccines for the primary series within the next 10 years. UNICEF assistance will help to develop the national cold chain and to improve management and surveillance so that supply systems and disease control measures can be strengthened. UNICEF also will support activities on health communication and community involvement.

152. CDD and ARI initiatives will receive joint support from WHO and UNICEF. A national programme to address those diseases will use WHO guidelines. Other activities will include training and health education as well as supply of ORS and drugs to treat pneumonia in children. UNICEF will assist the Ministry of Health to establish joint ARI/CDD training centres for high- and mid-level health professionals.

Nutrition

153. UNICEF will focus on the reintroduction of salt iodization, leading to universal access to iodized salt to prevent IDD. Activities to increase breast-feeding will include the introduction of BFHI training to improve the guidance given to mothers by health professionals and through health education in the mass media. Initially, supplementation will be used to reduce iron deficiency, followed by health education and nutrition training. UNICEF also will support the Ministry of Health to improve the design and use of growth charts, to simplify growth monitoring methods and to encourage greater participation by mothers.

Education

154. UNICEF will provide urgently needed paper and other classroom supplies for primary schools. UNICEF will assist the Ministry of Education in identifying schools needing supply assistance in selected areas in the region of the Aral Sea. UNICEF also will help to improve the Ministry's educational management and monitoring system. The introduction into primary schools of basic life skills and activities, such as those in Facts for Life, will receive UNICEF assistance. An associated activity will be the promotion of rural sanitation and hygiene in primary schools.

Water supply and sanitation

155. UNICEF will support technical exchanges between Tajikistan and Turkmenistan on water supply and sanitation technologies and quality assurance techniques. The programme will stress improved latrine technologies and hand-pumps for rural areas. Greater coordination among the numerous Government organizations responsible for rural water supply and sanitation will be possible through the introduction of an international monitoring system, for which UNICEF will provide technical assistance. UNICEF also will support joint activities between Uzbekistan, Kazakhstan and Turkmenistan on water supply and sanitation problems of rural communities around the Aral Sea.

Planning and advocacy

156. Planning and advocacy activities will aim to build a broad societal partnership for the country's children. Development of an NPA will be supported in 1995 in order to monitor progress towards the goals for the year 2000 and to build a framework for advocacy. WHO, UNDP, UNFPA, the World Bank, AsDB, USAID and other donors will be consulted. Another activity is advocacy for the mobilization and allocation of both national and international resources for children. UNICEF will support Uzbekistan's preparation for and participation in the Fourth World Conference on Women, as well as activities related to the Convention on the Elimination of All Forms of Discrimination Against Women.

157. There will be monitoring and evaluation activities for each programme and project as well as for the country programme as a whole. Cluster surveys on child immunization and other services will help to measure progress towards national objectives. A review of the new national CDD/ARI programmes will identify weak points, measure impact and provide guidance for improvements. UNICEF will support the training of Uzbekistan researchers, jointly with personnel from the other four countries, in rapid assessment procedures. A

parallel aim will be to strengthen capacity for studies of family practices and attitudes in preventive child health and care practices. UNICEF also will support annual programme reviews and a mid-term review.

Collaboration with other partners

158. The country programme will be implemented in close collaboration with other United Nations agencies, particularly UNDP, WHO and bilateral agencies and NGOs. Wherever possible, UNICEF will strengthen cooperation with such local NGOs as the Children's Fund, the Red Cross and Red Crescent Society, the Women's Union, the Fund for Healthy Generations and others.

PROGRAMME MANAGEMENT

159. Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan share a legacy of similar administrative structures and systems for social protection, health, education, statistical systems and media. Professional knowledge and research standards draw on the same information and policy base. The five countries also share similar epidemiological patterns, nutrition problems and constraints to basic education, drinking water and sanitation. However these new republics are restructuring their economy at different paces and with different levels of resources.

160. In line with requests made by Deputy Prime Ministers of the five countries at the Beijing symposium, UNICEF will employ an area management approach to support cross-country activities and experience exchanges. This management approach should result in the cost-effective use of limited UNICEF resources. The area management structure takes into account the strong similarities as well as the differences among these countries. Each country programme has country-specific activities which are balanced and bolstered by cross-country and area-wide research, training, materials development and advocacy activities. With an area management structure, the needs of each country programme will be respected while each will benefit from cross-country management support.

161. The five country programmes will be administered by a UNICEF area representative. Resident project officers and national staff in each of the country sub-offices, together with specialists and technical staff from the area office, will provide support for administration, technical cooperation and monitoring in each country and for joint activities.

162. In each country, relevant ministries will manage programmes and projects. Overall coordination of the country programmes will be the responsibility of the Deputy Prime Ministers in charge of the relevant sectors.

163. Annual Government UNICEF country programme meetings will analyse achievements and constraints and share experiences. A mid-term review will be conducted in 1997 and an end-cycle review for the five country programmes will be held in 1998. These exercises will provide a way to adjust country programme activities, should this be necessary during the course of implementation.
