When Ms Yakubova had her first child five years ago, she was given many injections without explanation. The young mother said it was painful to give birth lying on a bed and she did not know she could breastfeed her child directly after birth. “This time my family was close by, a relative helped me and I liked using a delivery chair to give birth.”

**Context**

More than 10% (2.8 million) of Uzbeks are children below five years of age. Though steady progress has been made to reduce mortality after the neonatal period, challenges remain to reduce deaths amongst newborn babies. The Uzbek infant mortality rate in 2006 was 57 per 1000 live births whilst the EU average was 5 per 1000.

**Objectives**

- Improve the capacity of health providers and managers.
- Build, renovate and run regional training centres in maternal and child care.
- Amend medical curricula in universities to ensure sustainable success.
- Increase family and community awareness on the availability of better care.

**Impact**

- In 14 months, over 6 000 health providers have been trained and infant mortality rates are falling in key regions.
- 16 regional training centres are already renovated, equipped and running.
- In the Neonatal Pathology Unit of the Samarkand Hospital, the mortality rate has dropped by more than a third.
- The attitudes of caregivers are changing. Whereas previously they were afraid to register babies born with abnormally low weights, they now feel more confident and understand the importance of accurate reporting for better data.

For more information: [http://www.ourkids.uz](http://www.ourkids.uz)
Health care and training

Improvement of mother and child care health services in Uzbekistan

**International standards**

Through this programme to improve mother and child health, the EU and UNICEF are working with the government to help Uzbekistan's hospitals and health workers attain modern international standards in maternal and newborn care.

In the same centre where Ms. Yakubova gave birth, Umida Makhmudova's face shows both the strain of recovering from a caesarean section and the joy of breastfeeding for the first time.

Her newborn daughter is benefiting from direct skin-to-skin contact after birth – a recently introduced practice in Uzbek hospitals.

Ms Makhmudova says she will name her daughter Durzoda, meaning pearl, because she has suffered two miscarriages in the past. Based on the way doctors cared for her and their explanation on how they could manage birth complications, she was confident that her recent pregnancy would go to full term – and it did.

"My doctor from this hospital was advising me even before I became pregnant," says Ms Makhmudova. "She then monitored my progress all the way throughout my pregnancy."