



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
12 April 2004

Original: English

Annual session 2004

14 to 23 June 2004, Geneva

Item 15 of the provisional agenda

UNFPA

UNITED NATIONS POPULATION FUND

Draft country programme document for Azerbaijan

Proposed UNFPA assistance:	\$3.5 million: \$2.1 million from regular resources and \$1.4 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2005-2009)
Cycle of assistance:	Second
Category per decision 2000/19:	Country with economy in transition
Proposed assistance by core programme area (in millions of \$):	

	Regular resources	Other	Total
Reproductive health	1.3	1.0	2.3
Population and development strategies	0.5	0.4	0.9
Programme coordination and assistance	0.3	-	0.3
Total	2.1	1.4	3.5

I. Situation analysis

1. The disruption of ties with the former Soviet Union led to economic decline and institutional instability in Azerbaijan. The situation was exacerbated by the Daglik-Karabakh conflict and by the displacement of 800,000 people. Currently, internally displaced persons account for 10 per cent of the total population.

2. Macroeconomic stabilization programmes launched in the mid-1990s resulted in economic growth. This growth was largely driven by the recovery in the oil sector, which enabled the Government to curb inflation, lower the budget deficit and mitigate social tensions. Per capita gross domestic product (GDP) increased to \$715 in 2002. Despite these developments, it is estimated that half of the population lives in poverty; an additional 17 per cent lives in extreme poverty.

3. The national programme on poverty reduction and economic development calls for increased opportunities for income generation, the development of infrastructure and improvements in social programmes, including access to high-quality health care and education. However, government efforts to support the social sector have been hampered by pressing economic development needs. The Government has also had to channel resources to meet the needs of displaced persons. As a result, the health sector is currently receiving less than 1 per cent of GDP.

4. There has been a rapid change to smaller families over the past few decades, resulting in a sharp fertility decline and negative population growth, estimated at 0.8 per cent in 2002. Nevertheless, the total population increased slightly over the past decade, from 8 million in 1990 to 8.2 million in 2003. This increase occurred despite considerable external migration.

5. Approximately 275,000 people migrated in 1999. With young people migrating and

fertility declining, the ageing of the population is clearly under way. Elderly persons accounted for 9.5 per cent of the population in 2001; at the same time, the percentage of children below the age of 15 declined.

6. Reproductive health indicators are conflicting. According to the 1988 multiple indicators cluster survey, maternal and infant mortality rates are notably higher than those reported by official statistics. The survey indicates that the maternal mortality ratio is 37.6 deaths per 100,000 live births (as opposed to 23.8 deaths, according to official statistics), and that the infant mortality rate is 72.0 deaths per 1,000 live births (as opposed to 12.5 deaths, according to official statistics).

7. There are regional and urban-rural disparities in levels of infant, child and maternal mortality as a consequence of inequalities in access to prenatal care and safe-delivery services. Years of under financing have led to the deterioration of the physical infrastructure, particularly in rural areas. The knowledge and skills of service providers must also be updated.

8. In less than a decade, the contraceptive prevalence rate (CPR) for modern methods increased from 0.2 to 13.3 per cent. In some regions covered by pilot health programmes, however, the CPR is as high as 20 per cent. Natural methods, especially withdrawal, are the most popular methods of fertility regulation. Abortion is declining, though there are still an estimated 300 abortions per 1,000 live births among women aged 25-29. The abortions often lead to serious complications, including infertility and reproductive tract infections.

9. The incidence of sexually transmitted infections (STIs) and HIV/AIDS is on the rise. Intravenous drug use is the most common mode of HIV transmission, followed by sexual contact and mother-to-child transmission. The early onset of sexual activity, the growth in the commercial sex industry, gender-based

violence, and trafficking in women and young girls are causes for concern.

10. The common country assessment (CCA) indicates that, despite the recent economic recovery and progress made in structural-adjustment reforms, there is still a need for external assistance if the Millennium Development Goals (MDGs) are to be achieved. The United Nations Development Assistance Framework (UNDAF) outlines the roles of the United Nations country team in supporting national poverty-alleviation strategies and in addressing the needs of the social and health sectors.

II. Past cooperation and lessons learned

11. UNFPA assistance to Azerbaijan began in 1994 on a project basis and focused on meeting emergency reproductive health and population needs. The first country programme, approved in the amount of \$5.5 million, aimed to strengthen national capacity in the reproductive health and population sectors.

12. In the area of reproductive and sexual health, UNFPA helped to establish a network of 22 reproductive health centres by providing medical equipment, contraceptives and training. The Government covered staff salaries and operational costs. This network is being expanded as part of the ongoing health-sector reform. Cost-recovery schemes, with greater participation by municipal and regional authorities, have been initiated. The programme trained more than 1,000 reproductive health service providers and revised protocols for the provision of essential services. Other achievements include: (a) developing the reproductive health law; (b) strengthening health services for internally displaced people; and (c) nationwide coverage of the family life education programme (grades 9-11).

13. In the area of population and development strategies, the programme supported national institutions in analysing and disseminating the results of the first post-independence census. The programme also provided training to staff

from the Ministry of Labour and the national statistical committee on the linkages between population and development and on specific demographic techniques. Several libraries and training centres were opened. The programme also supported the National Academy of Sciences in carrying out research on the sociocultural aspects of gender.

14. Progress was made in the following areas: (a) collecting demographic and socio-economic data; (b) establishing a legal framework for addressing gender inequalities; and (c) formulating and initiating the implementation of the national reproductive health strategy. The limited capacity of national institutions and an insufficient number of specialists prevented the programme from achieving more in the area of reproductive rights and in developing a comprehensive population and development policy.

15. Assistance provided under the first country programme was, however, instrumental in ensuring that population and reproductive health concerns were reflected in national development plans and in national poverty-eradication programmes. Population, gender and reproductive health priorities are also reflected in the CCA and the UNDAF. Major achievements include institutional capacity-building; improved national technical capacity; and improved coordination and cooperation with national institutions. However, the scale of these achievements has been limited by the shortage of funding.

16. One lesson learned is the need to strengthen the provision of reproductive health services at the primary health-care level. There is a large unmet need for services, which will require: (a) broadening coverage and access to services; (b) expanding specialized training for service providers; (c) establishing a functional logistics management information system; (d) improving awareness of reproductive health services; and (e) incorporating sociocultural factors into programming. A continuing priority is the need to strengthen the national capacity to formulate population and development policies.

III. Proposed programme

17. The proposed country programme was developed within the UNDAF framework through an intensive consultative process involving government institutions, United Nations agencies, civil society organizations and donors. Programme priorities are based on the needs identified in the CCA and have two areas of focus: (a) reproductive health; and (b) population and development strategies.

Reproductive health component

18. The first country programme outcome within the reproductive health component is increased utilization of high-quality, comprehensive reproductive health services and improved access to information for women, men and young people. Three outputs will contribute to this outcome.

19. Output 1: Strengthened managerial and technical capacity of reproductive health service providers, especially those at the primary health-care level. This capacity will be developed according to the national reproductive health strategy. Efforts will include: (a) developing and upgrading standard protocols on reproductive health, including maternal health, laboratory diagnosis and treatment of STIs, and family planning; and (b) expanding technical and management training programmes to cover selected managers as well as 1,500 service providers, such as gynaecologists and midwives.

20. Output 2: Improved quality and availability of reproductive health services and commodities, by strengthening the health logistics management information system. To achieve this output, the following activities will be carried out: (a) equipping new reproductive health centres established by the Ministry of Health and other partners; (b) providing equipment to existing reproductive health centres to expand the range of services; (c) strengthening services for young people, displaced persons and the poor living in remote

areas; (d) developing and operationalizing a needs forecast and procurement plan for reproductive health commodities; and (e) strengthening the logistics management information system.

21. Output 3: Increased knowledge and skills of women, men and young people to adopt responsible and healthy sexual and reproductive behaviour. This output will be achieved by: (a) developing and expanding in-school and out-of-school training and educational programmes for young people, including military recruits, that focus on gender, male involvement and the prevention of HIV/AIDS and other STIs; (b) supporting the establishment of a youth resource centre in the Ministry of Education; (c) disseminating informational materials through the mass media and non-governmental organizations (NGOs); and (d) expanding the community-based activities of certified community health workers.

22. The second country programme outcome is an improved sociocultural and policy environment for reproductive rights and gender. One output will contribute to achieving this outcome.

23. Output 1: Strengthened technical capacity of national experts, decision makers, influential persons, NGOs, civil society organizations and the mass media to formulate, implement and support reproductive health and reproductive rights legislation. To achieve this output, UNFPA will provide support for: (a) the development of an advocacy strategy; (b) a government intersectoral team advocating reproductive health and rights, legislation and policies; (c) technical assistance to review and develop standard regulations on reproductive health; (d) reproductive health and reproductive rights through mass-media campaigns; (e) round tables and advocacy meetings; and (f) the participation of central and local government officials and members of the mass media in international communication and awareness campaigns.

Population and development strategies component

24. The third outcome of the proposed country programme is the effective implementation of national and sectoral policies that mainstream population and gender concerns. This outcome will be achieved through two outputs.

25. Output 1: Increased availability of accurate, gender-sensitive information on population, development and the environment. This output will be achieved through: (a) technical assistance, data collection operations, specialized surveys and research studies, emphasizing the generation of data disaggregated by gender, region and socio-economic status; (b) establishing a user-friendly national population databank; (c) supporting measures and activities aimed at aligning the vital registration and health statistics systems with the standards of the European Community and the World Health Organization; and (d) strengthening the institutional and technical capacities of selected national research and development institutions to provide demographic and population data.

26. Output 2: Creating an enabling environment and strengthening the national capacity to mainstream population dimensions in development and environment policies. This output will be achieved by: (a) developing an advocacy action plan; (b) supporting the establishment of a national coordination council on population and development; (c) supporting training and the development of a social mobilization strategy with NGOs, civil society organizations and the mass media; and (d) upgrading institutional capacity to analyse qualitative and quantitative research for population and social policy planning.

IV. Programme management, monitoring and evaluation

27. The proposed programme is consistent with the UNDAF. It will strengthen partnerships among United Nations agencies and enhance government ownership through

national execution. UNFPA execution will be limited to the procurement of reproductive health commodities and medical equipment. To complement government efforts, the programme may provide support to renovate reproductive health facilities, in particular those that serve internally displaced persons.

28. The responsibilities of national executing agencies will be clearly determined at the project-formulation stage. A coordination mechanism and technical steering committees will be established. Based on the principles of results-based management, the monitoring and evaluation plan will include joint monitoring with UNDAF partners and national partners. Annual programme reviews will be organized in accordance with the UNDAF work plan. Programme activities will be periodically evaluated and a final programme evaluation will be carried out in 2009 to assess programme results. Country programme benchmarks will be established at the beginning of the programme as part of each project.

29. The UNFPA country office in Azerbaijan consists of a non-resident Country Director based in Ankara, Turkey; a national programme officer; an administrative and finance associate; and a secretary. Programme funds will be earmarked for one administrative support post, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR AZERBAIJAN

National priorities up to 2009: (a) system of governance ensures an enabling environment for development, poverty reduction and respect for rights and freedoms; and (b) basic needs for health and education are met for all people				
UNDAF outcome: health and nutrition improve, particularly among women, children and vulnerable groups				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased utilization of high-quality, comprehensive reproductive health services and improved access to information for women, men and young people</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Increase in contraceptive prevalence rate for modern methods • Increase in percentage of deliveries attended by skilled attendants • Increase in percentage of pregnant women receiving perinatal care <p><u>Baseline:</u> 2001 reproductive health survey</p>	<p><u>Output 1:</u> Strengthened managerial and technical capacity of reproductive health service providers, especially those at the primary health-care level</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • By 2009, increase in percentage of reproductive health service providers and clinics offering at least three services at the primary level or at least four services at the secondary level <p><u>Output 2:</u> Improved quality and availability of reproductive health services and commodities, by strengthening the logistics management information system</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Increase in number of clinics using the logistics management information system and adhering to quality assurance standards <p><u>Output 3:</u> Increased knowledge and skills of women, men and young people to adopt responsible and healthy sexual and reproductive behaviour</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Increase in percentage of schools using an updated curriculum on family life education by 2009 • Increase in knowledge of sexual and reproductive health issues among targeted programme beneficiaries <p><u>Baseline:</u> annual statistics from the Ministry of Health; 2005 Ministry of Education baseline survey; research and survey data</p>	<p>(for outputs 1 and 2)</p> <ul style="list-style-type: none"> • Ministry of Health, regional and local health authorities • United Nations agencies, World Bank, United States Agency for International Development and the European Union • NGOs <p>(for output 3)</p> <ul style="list-style-type: none"> • Ministry of Health, Ministry of Education, Ministry of Youth and Sports • United Nations Children's Fund (UNICEF) • NGOs 	<p>Regular resources: \$1.0 million</p> <p>Other resources: \$0.7 million</p>
UNDAF outcome: Government improves its delivery of services and its protection of rights with the involvement of civil society and in compliance with international commitments				
Reproductive health	<p><u>Outcome:</u> Improved sociocultural and policy environment for reproductive rights and gender</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of laws and regulations on reproductive health, reproductive rights and gender adopted <p><u>Baseline:</u> Ministry of Health rules and regulations</p>	<p><u>Output 1:</u> Strengthened technical capacity of national experts, decision makers, influential persons, NGOs, civil society organizations and the mass media to formulate, implement and support reproductive health and reproductive rights legislation</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Reproductive health policies and laws formulated, and action plans operationalized • Commitment and participation of the mass media, NGOs, community leaders, religious leaders and law enforcement is secured <p><u>Baseline:</u> Reports from the Ministry of Health, UNFPA, NGOs, and other sectors and ministries; policy and legislative documents</p>	<ul style="list-style-type: none"> • Ministry of Health, Ministry of Education, parliament, United Nations theme group on gender • NGOs 	<p>Regular resources: \$0.3 million</p> <p>Other resources: \$0.3 million</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development strategies	<p><u>Outcome:</u> Effective implementation of national and sectoral policies that mainstream population and gender concerns</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of national and sectoral policies integrating population and gender dimensions that are formulated and implemented effectively, with assessments done through annual progress reports • Increase in national budget allocated to health by 2009 <p><u>Baseline:</u> Reports from parliament and the Ministry of Finance</p>	<p><u>Output 1:</u> Increased availability of accurate, gender-sensitive information on population, development and the environment</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Relevant data-collection operations, specialized surveys (censuses, reproductive health surveys and migration surveys), and research completed according to international standards, with emphasis on generating data disaggregated by sex, region and socio-economic status • User-friendly national databank functioning • Increase in the number of users with access to the national databank <p><u>Output 2:</u> Creating an enabling environment and strengthening the national capacity to mainstream population dimensions in development and environment policies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • National coordination council on population and development established • Numbers of sectors integrating reproductive health population into policy planning and implementation <p><u>Baseline:</u> Reports from the national statistical committee; policy and sectoral planning documents</p>	<ul style="list-style-type: none"> • National statistical committee, Ministry of Labour and Social Protection, parliament, national committee for women's issues • UNICEF, World Bank, International Organization for Migration 	<p>Regular resources: \$0.5 million</p> <p>Other resources: \$0.4 million</p> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>