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**UNFPA**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Kazakhstan**

Proposed UNFPA assistance: \$3.8 million: \$2.5 million from regular resources and \$1.3 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	1.5	0.9	2.4
Population and development strategies	0.7	0.4	1.1
Programme coordination and assistance	0.3	-	0.3
<b>Total</b>	<b>2.5</b>	<b>1.3</b>	<b>3.8</b>

## I. Situation analysis

1. Kazakhstan has a large territory of 2.7 million square kilometres, making it the ninth largest country in the world. The population is 14.86 million; population density is only 5 persons per square kilometre. The demographic situation in Kazakhstan is of concern to the Government because the population has declined by 12.4 per cent since independence. This is primarily due to emigration, reduced fertility and increased mortality, particularly among men.

2. In the 1990s, the economic turmoil of the transition to a market economy caused excessive emigration that totalled over 1.7 million. The crude birth rate has steadily declined from 21.0 per 1,000 in 1992 to 15.2 per 1,000 in 2002. The total fertility rate, which varies widely across regions, averages 1.9, below replacement level.

3. The crude death rate has increased from 8 per 1,000 in 1992 to 10 per 1,000 in 2002. In 2002, life expectancy at birth was 70.9 years for women and only 60.2 years for men. The gap in life expectancy between males and females is attributed to rising death rates among young and middle-aged men, primarily due to accidents and unhealthy practices such as smoking, alcohol and drug abuse.

4. Some of the negative population trends, such as excessive out-migration of the labour force, have now ceased. Since 1999, Kazakhstan has begun to reap the benefits of its reforms, especially the development of its oil reserves. The increase in oil output and stable oil prices have transformed the country's finances and allowed a sharp increase in budgetary resources for public-sector programmes.

5. At the same time, the Government is struggling to address issues such as unemployment, low income and poor access to and quality of public services. The physical infrastructure has deteriorated, caused by years of under-financing, particularly in rural areas. As a result, poverty levels in rural areas are almost twice as those in urban areas – 38 per cent versus 20.4 per cent. Gender-based violence and trafficking in women and girls are growing concerns.

6. The maternal mortality ratio, at 51.8 deaths per 100,000 live births, remains relatively high, despite almost universal antenatal care coverage (94 per cent) and a high percentage of deliveries

attended by health professionals (98 per cent). The high rate of complications during pregnancy and delivery (60 per cent) indicates poor quality of services at the primary health-care and referral levels, and is a major cause of maternal mortality. Other causes include insufficient management of obstetrical emergencies, abortions, and the poor health and nutritional status of women.

7. Abortion remains a serious concern. According to the Ministry of Health, the number of abortions per 100 births was 52.9 in 2002, with adolescents between the ages of 15 and 19 accounting for 5.6 per cent of the total. Absolute figures are also high. Out of 124,523 registered abortions in 2002, about 7,000 were among girls under age 17. Of these girls, 53.8 per cent were in their second pregnancies. The underreporting of abortions and their complications impedes the analysis of abortion-related maternal mortality. Due to the availability and use of modern contraceptives, the incidence of abortion has declined considerably compared to the early to mid-1990s, and continues to decline steadily.

8. Although the Government supports family planning, the use of modern contraceptive methods remains relatively low (35.8 per cent). Even though contraceptives are on the list of essential drugs, the Government does not procure contraceptives through the national budget.

9. Iron-deficiency anaemia is one of the leading problems contributing to maternal and infant mortality. In 2002, the average rate of anaemia among pregnant women was about 61 per cent, while in some regions, such as South Kazakhstan, reported levels exceeded 80 per cent. Environmental degradation, particularly in the Aral Sea basin and in Semipalatinsk, has led to deterioration in the health status of the population of those areas.

10. Despite a low HIV/AIDS prevalence rate, the pace of the epidemic is one of the fastest in Central Asia. There are currently 3,257 HIV-positive registered cases in the country. According to the Joint United Nations Programme on HIV/AIDS, the actual number of cases may be 8 to 10 times higher.

11. HIV/AIDS in Kazakhstan has spread mainly through intravenous drug use. The sexual transmission of HIV/AIDS increased by 5.6 per cent in 2002. The relatively high prevalence of sexually transmitted infections (STIs), such as

syphilis and gonorrhoea, poses not only a serious obstacle for reproductive health, but also contributes to the spread of HIV/AIDS.

12. Although adolescent sexual and reproductive health is one of the main concerns of the Government, awareness among youth is low, due to the lack of youth-friendly information and services and the absence of reproductive health issues in the formal school curriculum. A recent study showed that 17 per cent of men and 33 per cent of women aged 15-19 years did not know of methods to prevent HIV infection.

13. The 2002 report of Kazakhstan on the Millennium Development Goals (MDGs) pointed out that the country is unlikely to meet several of the MDGs by 2015, particularly those related to child mortality, maternal health, HIV/AIDS and environmental sustainability. The main reasons are poor access to health services, particularly for women and children at the primary health-care level and in rural areas; the focus on curative and palliative care instead of prevention; insufficient knowledge and skills of health professionals; inadequate resources for social programmes; and low awareness of health issues.

## II. Past cooperation and lessons learned

14. UNFPA began its first programme of assistance to Kazakhstan in 1992. The programme supplied contraceptives and basic medical equipment and provided training for service providers in family planning. From 1995 to 1999, UNFPA provided assistance under a subregional programme for Central Asia. The aim of the programme was to reduce abortion, expand the contraceptive mix and promote informed choice through information, education and communication.

15. The first comprehensive UNFPA country programme for Kazakhstan covered the period 2000-2004, and emphasized national capacity-building. This included the adoption of clinical protocols on reproductive health, based on international standards; building the capacity of national institutions; knowledge sharing and the development of evidence-based reproductive health-care standards; quality assurance; and the adoption of cost-effective methods for client care.

16. Adopting a community-based distribution system of reproductive health information and services has proven to be a successful tool for social

mobilization and has enabled reproductive health and family planning issues to be addressed at the grass-roots level. The programme also used the national execution modality, which helped to build national capacity and ownership.

17. In the area of population and development strategies, the programme was successful in supporting policy formulation and in providing technical expertise in demography, statistics and research. Research studies on the linkages between population, environment, gender, reproductive health and sustainable development were instrumental in policy formulation and in decision-making. However, Kazakhstan requires more support to build qualified human resources to meet requirements in these areas.

18. Programme implementation also highlighted the need for appropriate indicators, which were not readily available. It is therefore important to factor appropriate monitoring and evaluation tools into future programmes and to make provisions for baseline and other surveys.

## III. Proposed programme

19. The proposed country programme was developed using a participatory approach that involved national stakeholders, the United Nations system and development partners. Its focal areas and strategies are based on the common country assessment for Kazakhstan. The programme is also integrated into the United Nations Development Assistance Framework (UNDAF) for Kazakhstan.

20. The programme is consistent with the principles and goals of the Programme of Action of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5), the MDGs and national development strategies. The programme will focus on specific interventions in areas where UNFPA has the greatest comparative advantage, to ensure greater efficiency and synergy with other development partners.

21. Most interventions will be undertaken at the national level, including advocacy campaigns, providing policy advice, strengthening national institutions, and supporting data collection and research. Specific reproductive health interventions will be directed to South Kazakhstan, which constitutes 15 per cent of the country's population. South Kazakhstan also has the lowest social

indicators and the greatest number of underprivileged people. Furthermore, the programme will build on and consolidate the achievements of previous programmes.

22. Human rights and gender will be addressed throughout the programme as crosscutting issues. The programme will direct special attention to HIV/AIDS and youth concerns. Advocacy will be a crosscutting strategy.

23. The programme will consist of two components: population and development strategies, and reproductive health. There are three country programme outcomes to which the programme will contribute. The first, under the population and development strategies component, will seek to address the interactions between population, sustainable development and poverty, including the impact of HIV/AIDS, and to ensure inclusion of these issues in development plans and programmes. The second and third country programme outcomes, which fall within the reproductive health component, will seek to ensure that all couples, individuals and communities enjoy good reproductive health, including family planning and sexual health.

#### *Population and development strategies component*

24. The population and development strategies component will contribute to the first country programme outcome: to ensure that population and development issues are mainstreamed in all development plans and programmes. There are three country programme outputs that will contribute to this outcome.

25. The first output – enhanced institutional capacities in formulating and implementing an explicit national population policy as a part of the national development agenda – will be achieved by: (a) supporting the establishment of an inter-ministerial working group to formulate a national population policy; (b) supporting the formulation of the national population policy and its implementation; and (c) supporting the preparation of population and sectoral projections for better planning at national and local levels.

26. The second output – strengthened national capacity for data collection and analysis in population and development, including conducting research for policy decisions – will be achieved by: (a) helping to institutionalize population and

development in the university curriculum; (b) supporting the establishment of a national gender, population and development database; (c) supporting the establishment of a training and research programme on population and development; (d) developing a research agenda and conducting research; (e) advocating the utilization of population data in policy decision-making; and (f) providing technical support to the 2009 census.

27. The third output – increased skills and knowledge of civil servants and legislators on population and development issues, including reproductive rights, gender, youth, HIV/AIDS and other related issues – will be achieved by: (a) supporting the incorporation of a population and development curriculum into civil service training; and (b) advocating population and development concerns among legislators and the mass media.

#### *Reproductive health component*

28. The second country programme outcome, within the reproductive health component, aims to ensure increased utilization of high-quality reproductive health services. Two country programme outputs will contribute to achieving this outcome.

29. The first output under the reproductive health component – improved quality of reproductive health services in accordance with international standards – will be achieved by: (a) supporting the Ministry of Health in strengthening its capacity to formulate reproductive health policies and develop legislation and protocols based on international standards and best practices, and to monitor and evaluate the effective implementation of these policies; (b) supporting the involvement of the national association of obstetricians and gynaecologists in monitoring maternal deaths; (c) supporting the introduction of reproductive health quality standards, including evidence-based protocols, into the curriculum of medical schools and the in-service training programmes of service providers; (d) conducting operational research on the quality, accessibility and affordability of reproductive health services; and (e) supporting the integration of reproductive health into ongoing health sector reforms.

30. The second output – improved management capacity in reproductive health – will be implemented by: (a) supporting the training of reproductive health managers in quality of care and

in the reproductive health management information system; (b) supporting the introduction of reproductive health management modules in pre-service and in-service training curricula; and (c) providing assistance in developing reproductive health educational materials.

31. The third country programme outcome will contribute to raising public awareness and effecting behaviour change for safe sexual and reproductive health practices in communities and among young people and vulnerable groups. It will emphasize the prevention of HIV/AIDS, STIs, breast and cervical cancer, and unwanted pregnancies. One output will contribute to achieving this outcome.

32. This output – increased utilization of behaviour change communication (BCC) for safe sexual and reproductive health practices at national and local levels – will be achieved by: (a) supporting the revision and implementation of the BCC plan of action for safe sexual and reproductive health practices in selected areas; and (b) conducting public awareness and advocacy campaigns on safe sexual and reproductive behaviour among targeted communities and groups.

#### **IV. Programme management, monitoring and evaluation**

33. The programme will be implemented in close cooperation with other United Nations agencies and development partners in the context of the UNDAF, using national execution modalities. The Government and the UNFPA country office, together with implementing partners, will manage and coordinate the programme. The UNFPA country office will be responsible for ensuring the smooth implementation of the programme. An annual programme review will assess progress in achieving the ICPD goals and the MDGs. A final evaluation of the programme will take place in 2009.

34. The UNFPA country office in Kazakhstan consists of a non-resident Country Director based in Tashkent, Uzbekistan; an Assistant Representative; a finance and administrative associate; and a secretary. Programme funds will be earmarked for one national programme post, a programme associate post and a driver, within the framework of the approved country office typology. The UNFPA Country Technical Services Team in Bratislava, Slovakia, and the Technical Support Division at UNFPA headquarters will provide technical assistance.

## RESULTS AND RESOURCES FRAMEWORK FOR KAZAKHSTAN

<b>National priority: an independent, prosperous and politically stable Kazakhstan with inherent national unity, social justice and economic and social well-being of the entire population</b>				
<b>UNDAF outcome: human security and sustainable development enhanced</b>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Role of partners</b>	<b>Indicative resources by programme component</b>
Population and development strategies	<p><u>Outcome 1:</u> To ensure that population and development issues are mainstreamed in all development plans and programmes</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Number of ministerial development plans incorporating population concerns</li> </ul> <p><u>Baselines:</u> Demographic and health survey, national statistics, Ministry of Health reports and national development plans</p>	<p><u>Output 1:</u> Enhanced institutional capacities in formulating and implementing an explicit national population policy as part of the national development agenda</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>National population policy formulated in accordance with ICPD principles, with a special emphasis on gender and youth</li> <li>Action plan developed and operationalized</li> </ul> <p><u>Output 2:</u> Strengthened national capacity for data collection and analysis in population and development, including conducting research for policy decisions</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of population-related research activities and thematic studies (with results disaggregated by gender and age), undertaken, published and disseminated</li> <li>Number of national data collection institutions complying with international standards and definitions on data collection and analysis</li> </ul> <p><u>Output 3:</u> Increased skills and knowledge of civil servants and legislators on population and development issues, including reproductive rights, gender, youth, HIV/AIDS and other related issues</p> <ul style="list-style-type: none"> <li>Percentage of trained civil servants and range of sectors using basic population and development concepts in planning and programming</li> </ul>	UNDP, International Organization for Migration, research and data collection institutions	<p>Regular resources: \$0.7 million</p> <p>Other resources: \$0.4 million</p>

UNDAF outcome: improved access to quality health care				
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 2:</u> Ensure increased utilization of high-quality reproductive health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Unmet needs for family planning services reduced by 50%</li> <li>• Contraceptive prevalence rate increased by 30%</li> <li>• Use of reproductive health services at the primary health-care level increased by 50%</li> </ul> <p><u>Baselines:</u> Demographic and health survey, national statistics, Ministry of Health reports, and research and surveillance data</p>	<p><u>Output 1:</u> Improved quality of reproductive health services in accordance with international standards</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of clinical protocols and new ICPD-compatible clinical protocols available and used at service delivery points</li> <li>• Number of service delivery points offering at least three reproductive health services (family planning; prevention of STIs and HIV/AIDS; and maternal and child health services)</li> <li>• Number of clients satisfied with the quality of reproductive health services</li> <li>• Number of service delivery points using clinical management protocols</li> </ul> <p><u>Output 2:</u> Improved management capacity in reproductive health</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Standard requirements for reproductive health are integrated and applied in pre-service medical education</li> <li>• Number of service delivery points using the logistics management information system</li> <li>• Logistics management information system reviewed and used for policy planning</li> </ul>	<p>Ministry of Health, UNICEF, and WHO</p> <p>Global Fund to Fight AIDS, Tuberculosis and Malaria; Ministry of Health; UNICEF; donor and multilateral institutions; national and international non-governmental organizations (NGOs)</p>	<p>Regular resources: \$1.1 million</p> <p>Other resources: \$0.6 million</p>
Reproductive health	<p><u>Outcome 3:</u> Contribute to raising public awareness and effecting behaviour change for safe sexual and reproductive health practices in communities and among young people and vulnerable groups, emphasizing the prevention of HIV/AIDS, STIs, breast and cervical cancer, and unwanted pregnancies</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence rate increased by 30% among unmarried women</li> <li>• Use of condoms among unmarried men increased by 30%</li> <li>• Decline of 50% in induced abortion rate among adolescents</li> <li>• Demand for regular breast examinations and pap smears increased by 50%</li> </ul> <p><u>Baseline:</u> see above</p>	<p><u>Output 1:</u> Increased utilization of BCC for safe sexual and reproductive health practices at national and local levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of schools offering the revised sexuality education curriculum</li> <li>• Number of NGOs advocating safe sexual and reproductive health behaviour</li> <li>• Number of articles and programmes in the mass media focusing on safe sexual and reproductive health behaviour, including the prevention and/or early diagnosis of breast and cervical cancer</li> </ul>	<p>Global Fund to Fight AIDS, Tuberculosis and Malaria; UNICEF; donor and multilateral institutions; national and international NGOs</p>	<p>Regular resources: \$0.4 million</p> <p>Other resources: \$0.3 million</p> <p>Programme coordination and assistance: \$0.3 million</p>