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**UNFPA**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Kyrgyzstan**

Proposed UNFPA assistance: \$4.6 million: \$2.1 million from regular resources and \$2.5 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	2.0	3.5
Population and development strategies	0.5	0.5	1.0
Programme coordination and assistance	0.1	-	0.1
<b>Total</b>	<b>2.1</b>	<b>2.5</b>	<b>4.6</b>

## I. Situation analysis

1. Since independence in 1991, Kyrgyzstan has faced several challenges: economic transition, political reform and underdevelopment. Economic decline and hyperinflation resulted in increased poverty. Regional instability and a chain of armed conflicts from 1999-2001 contributed to deepening social and economic problems. Economic growth from 2000-2002 reduced the budget deficit; however, inflation increased and the external debt approached 125 per cent of the gross domestic product.

2. The economy is still on the decline. Per capita income in 2002 was only \$285. Economic and social indicators are troubling, and more resources are needed to support the social sectors.

3. In 2002, the population of Kyrgyzstan reached 5 million, 36 per cent of whom were children and adolescents. Approximately 600,000 people have emigrated. Internal migration has led to drastic population declines in some regions and to the rapid growth of cities in others.

4. In 2002, about half the population lived in poverty; of this group, 13 per cent lived in extreme poverty. The Government reports that poverty alleviation measures reduced poverty levels by 5 per cent in 2001 and by 4.5 per cent in 2002. Poverty continues to affect access to reproductive health services.

5. According to official data, the infant mortality rate decreased from 29.9 deaths per 1,000 live births in 1991 to 21.2 deaths per 1,000 live births in 2002. The maternal mortality ratio decreased by 15 per cent during the same period. These improvements are a result of increased access to family planning services, fertility decline and increased breastfeeding. However, a recent survey by the United Nations Children's Fund (UNICEF) and UNFPA suggests that maternal and infant mortality would be three times higher if international reporting standards were used.

6. The abortion ratio declined from 45.3 per 1,000 live births in 1991 to 19.6 in 2002, due to the introduction of modern contraceptives. The contraceptive prevalence rate for modern methods increased from 26.6 per cent in 1991 to 30.1 per cent in 2002. Fertility rates vary markedly between rural and urban areas and between southern and northern regions.

7. Iodine- and iron-deficiency diseases among women and children rose over the last decade, contributing to higher morbidity and mortality levels. One in two women suffer from anaemia. There is an alarming increase in alcoholism among men and increasingly among women.

8. Kyrgyzstan faces increasing HIV/AIDS prevalence. As of February 2004, 508 HIV cases had been registered, the majority of whom were young drug users. However, estimates from the Joint United Nations Programme on HIV/AIDS are 10 to 15 times higher. The location of Kyrgyzstan on main drug routes aggravates the situation. From 1991-2000, drug dependency increased almost six times; there are approximately 80,000-100,000 current drug users. Unsafe drug injection practices are common, including among commercial sex workers. Condom use is low. Internal migration is contributing to the spread of HIV.

9. Gender imbalances exist in the level of earnings and in representation at decision-making levels. In 2000, women held three fourths of the jobs in Kyrgyzstan, mainly in the service sectors. In 1999, women earned only 72 per cent of the wages of men for similar jobs. This figure dropped to 63 per cent in 2001. Public attitudes and financial difficulties continue to constrain women's participation in political affairs.

10. In 2001, Kyrgyzstan adopted a comprehensive development framework for 2001-2010, which aims to halve poverty levels by 2010. Population and reproductive health concerns are reflected in this framework, in the national poverty reduction strategy paper and in the United Nations Development Assistance

Framework (UNDAF), which aims to reduce poverty by improving social services, ensuring good governance and preventing the spread of HIV.

## II. Past cooperation and lessons learned

11. UNFPA began its assistance to Kyrgyzstan in 1992 by supporting the preparation of the first national census, by delivering reproductive health commodities and by building national capacity. The first country programme (2000-2004) was approved for \$5 million, which included \$3.5 million from regular resources and \$1.5 million from other resources. Only 75 per cent of the approved resources were spent because of reduced annual ceilings. Despite this shortage of resources, the programme was able to implement key activities.

12. UNFPA assistance was critical in increasing access to reproductive health services by building capacity at central and regional levels, developing training programmes, adopting service delivery protocols and providing essential equipment and contraceptives. The programme mobilized community support by providing assistance to the national primary health system, which helped to reduce infant and maternal mortality and which became a part of the national health reform programme.

13. Advocacy efforts were instrumental in creating a positive legal environment in which to adopt the law on reproductive rights; the law guaranteeing gender equality; the law guaranteeing social and legal protection against domestic violence; and a presidential order reserving positions for women in the Government and civil service.

14. The programme supported the implementation of the first population census, including the analysis and dissemination of its data, and the development of national strategies for advocacy, migration and demographic policy formulation. However, further capacity-

building is required to incorporate population data into policies and practices, especially at local government levels. The capacity to analyse the linkages between population, demography and development needs to be further strengthened.

## III. Proposed programme

15. The proposed country programme was developed using a consultative approach, with the participation of Government, United Nations agencies, the World Bank and other international organizations. It contributes to the national priority stipulated in the comprehensive development framework – to halve poverty by 2010. The UNFPA country programme will contribute to three UNDAF outcomes related to access to social services; implementation of reforms for good governance; and addressing the needs of young people and HIV/AIDS.

16. The proposed programme has two components: reproductive health, and population and development strategies. The programme will cover the entire country, while Issyk-Kul province in the north, a pilot area for implementing the national poverty reduction strategy, will receive greater support from UNFPA and other donors.

17. In the reproductive health component, the programme will focus on improving reproductive health services at the primary level, including activities to prevent sexual and mother-to-child HIV transmission. At the primary health-care level, the programme will build capacity in reproductive health service delivery.

18. In the population and development strategies component, the programme will support capacity-building in data collection, analysis, dissemination and utilization at the provincial level and will strengthen national expertise in applied demography. The programme will support research studies and the development of a population policy. Gender and advocacy issues will be addressed throughout the programme.

*Reproductive health component*

19. The proposed programme has three outcomes. The first outcome is to contribute to increased utilization of high-quality reproductive health services and information in meeting the needs of poor and vulnerable persons. This outcome has two outputs.

20. Output 1: Strengthened national capacity to provide high-quality reproductive health information and services, with a focus on poor and vulnerable persons. This output will be achieved by: (a) supporting health-care reform through capacity-building for primary health-care services and community-based health councils; (b) developing and disseminating information and educational materials for positive reproductive and sexual behaviour; (c) testing and revising clinical protocols and other reproductive health policies and practices; and (d) strengthening the capacity of reproductive health specialists to provide high-quality services.

21. Output 2: Improved supply and distribution of reproductive health commodities to poor and vulnerable persons. This will be achieved by: (a) introducing a logistics management information system to better monitor contraceptive management; and (b) strengthening the linkages between ministries and relevant institutions to improve service delivery and supply mechanisms.

22. The second outcome is as follows: young people and vulnerable groups adopt safer behaviour to reduce their vulnerability to HIV/AIDS. One output will contribute to this outcome.

23. Output 1: Implementation of national policies to prevent mother-to-child and sexual transmission of HIV/AIDS, including sex education and support to youth-friendly centres. This output will be achieved by: (a) supporting civil society organizations in preventing HIV and in organizing peer education for behaviour change;

(b) providing technical support to the Government, including the country coordination mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria; and (c) implementing the national policy on preventing mother-to-child transmission of HIV.

*Population and development strategies component*

24. The third country programme outcome is to contribute to increased public awareness of and commitment to population, development and gender issues in national policies and programmes. This outcome has three outputs.

25. Output 1: Improved national support for the ICPD Programme of Action as it relates to the MDG agenda. This output will be achieved by: (a) further incorporating ICPD principles into national policies and practices as they relate to the MDGs; and (b) supporting the Government, civil society organizations and women's organizations in implementing the newly adopted national legislation.

26. Output 2: Improved population data collection and analysis to enable the Government to better implement, monitor and formulate the next phase of the national poverty reduction strategy and the comprehensive development framework. This output will be achieved by: (a) building capacity at selected universities for regular and in-service demographic training; (b) supporting population-related surveys, evaluations, analyses and data utilization; (c) building government capacity in population data analysis and application; and (d) supporting an intercensal population survey.

27. Output 3: Enhanced implementation of national gender policies. This output will be achieved by: (a) supporting the national commission on family, women and gender; non-governmental organizations; and youth organizations in policy formulation, implementation, evaluation and review; and (b) supporting a non-governmental legal facility and

establishing legal counselling facilities in provinces to provide legal advice to women under the new legislation.

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

28. The programme will be implemented in close cooperation with United Nations agencies and other development partners in the context of the UNDAF, using national execution modalities. UNFPA and the Government will organize an annual programme review to assess progress in achieving the ICPD goals and the MDGs and to identify issues of concern. A final evaluation of the programme will be conducted in 2009.

29. The UNFPA country office in Kyrgyzstan consists of a non-resident Country Director based in Tashkent, Uzbekistan; an Assistant Representative; an administrative and finance associate; and a secretary. Programme funds will be earmarked for one national programme officer post and two support posts, 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 KYRGYZSTAN

National priority: to reduce the level of poverty by half by 2010 UNDAF outcome: poor and vulnerable persons have increased and equitable access to social services and benefits in a strengthened, pro-poor policy environment				
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> To contribute to increased utilization of high-quality reproductive health services and information in meeting the needs of poor and vulnerable persons</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Modern contraceptive prevalence rate increased to 50%</li> <li>▪ Percentage increase in Caesarean sections as a proportion of all births</li> </ul>	<p><u>Output 1:</u> Strengthened national capacity to provide high-quality reproductive health information and services with a focus on poor and vulnerable persons</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Increased number of health councils with management plans that include reproductive health and management issues</li> <li>▪ Increase in the percentage of service delivery points providing high-quality reproductive health services in accordance with established protocols</li> </ul> <p><u>Output 2:</u> Improved supply and distribution of reproductive health commodities to poor and vulnerable persons</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Increase in the percentage of poor persons with access to basic family planning services</li> <li>▪ Increase in the percentage of service delivery points offering at least three modern methods of contraception to the poor</li> </ul>	<ul style="list-style-type: none"> <li>▪ World Health Organization; UNICEF; United States Agency for International Development; World Bank</li> <li>▪ Sectoral ministries</li> <li>▪ UNDP; German Development Bank; Population Services International</li> </ul>	<p>Regular resources: \$0.7 million</p> <p>Other resources: \$1 million</p> <p>Regular resources: \$0.6 million</p> <p>Other resources: \$1 million</p>
National priority: attainment of good governance at all administrative levels UNDAF outcome: good governance reforms and practices institutionalized at all levels by Government, civil society organizations and the private sector for poverty reduction, protection of rights and sustainable development				
Population and development strategies	<p><u>Outcome:</u> To contribute to increased public awareness of and commitment to population, development and gender issues in national policies and programmes</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Sex- and age-disaggregated data from national databases</li> </ul>	<p><u>Output 1:</u> Improved national support for the ICPD Programme of Action as it relates to the MDG agenda</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>▪ Increase in number of sectors incorporating population and development issues in policies, planning and implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ National commission on population</li> <li>▪ World Bank; UNDP</li> </ul>	<p>Regular resources: \$0.1 million</p> <p>Other resources: \$0.1 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 (continued)	<p>used to monitor national development plans</p> <ul style="list-style-type: none"> <li>▪ Civil society partnerships actively promote gender equality, women's and girls' empowerment, and reproductive rights</li> </ul>	<p><u>Output 2:</u> Improved population data collection and analysis to enable the Government to better implement, monitor and formulate the next phase of the national poverty reduction strategy and the comprehensive development framework</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Intersectoral mechanisms to review development and sectoral plans in place</li> <li>▪ Increased availability of population data and increased number of national institutions analysing population data for social policy planning</li> </ul> <p><u>Output 3:</u> Enhanced implementation of national gender policies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Increased support to women's issues provided through legal advisory services</li> <li>▪ Increased incorporation of women's and gender issues in national plans and policy documents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ministry of Finance; Ministry of Labour and Social Protection; national statistics committee; national commission on population</li> <li>▪ Swiss Agency for Development and Cooperation; Department for International Development of the United Kingdom</li> <li>▪ UNDP; World Bank</li>   <li>▪ UNDP; United Nations Development Fund for Women; Swiss Agency for Development and Cooperation; other donor agencies</li> <li>▪ Civil society organizations</li> </ul>	<p>Regular resources: \$0.3 million</p> <p>Other resources: \$0.3 million</p> <p>Regular resources: \$0.1 million</p> <p>Other resources: \$0.1 million</p>
<p>National priority: to halt by 2015 and begin to reverse the spread of HIV/AIDS  UNDAF outcome: young people and vulnerable groups reduce their vulnerability to HIV/AIDS by adopting safer behaviour</p>				
Reproductive health (continued)	<p><u>Outcome:</u> Young people and vulnerable groups adopt safer behaviour to reduce their vulnerability to HIV/AIDS</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>▪ Proportion of the population aged 15-24 with a comprehensive knowledge of HIV/AIDS</li> </ul>	<p><u>Output 1:</u> Implementation of national policies to prevent mother-to-child and sexual transmission of HIV/AIDS, including sex education and support to youth-friendly centres</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ National policy to implement, monitor and evaluate HIV/AIDS programmes is in place</li> <li>▪ Increase in percentage of service delivery points offering information, education, counselling and access to services for adolescents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Global Fund to Fight AIDS, Malaria and Tuberculosis</li> <li>▪ World Bank; UNDP; UNICEF; other donor agencies</li> </ul>	<p>Regular resources \$0.2 million</p> <p>Programme coordination and assistance: \$0.1 million from regular resources</p>