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UNFPA

UNITED NATIONS POPULATION FUND

Draft country programme document for Uzbekistan

Proposed UNFPA assistance: \$4 million: \$2.7 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	1.8	1.3	3.1
Population and development strategies	0.6	-	0.6
Programme coordination and assistance	0.3	-	0.3
Total	2.7	1.3	4.0

I. Situation analysis

1. Uzbekistan is the most populous country in Central Asia. It has a population of 25.6 million and a natural population growth rate of about 1.5 per cent. At the current growth rate, the population will double in 40 years.

2. More than 56 per cent of the population is 24 years old or younger. About 37 per cent of the population lives in urban areas. There is wide variation in population density among regions, with very low levels in arid and semi-arid areas. There are also stark regional disparities in income distribution and in the utilization of basic social services, including reproductive health services. There is a lack of reliable data on poverty, employment, education, health and other population-related issues.

3. The economic situation reveals a significant poverty level, with 27.5 per cent of the population living below the poverty line. Underemployment and hidden unemployment are significant. The health status of the population has faced many challenges over the last decade.

4. One of the causes of the decline in health is limited access to and quality of health services, especially at the primary health-care level. The maternal mortality ratio rose during the last decade, though it recently stabilized at 31 deaths per 100,000 live births. This is relatively high in view of government support to maternal and child health, wide coverage for antenatal care and almost universal hospital-based deliveries.

5. The quality of antenatal and perinatal care, and problems with emergency obstetric care at all levels of health system are a major challenge. More than 60 per cent of women of reproductive age are anaemic, with sizeable differences among regions.

6. The reproductive health of adolescents has not been sufficiently addressed. There are no youth-friendly services for young people. As a result, adolescents tend to avoid government clinics, and information about their health status is limited.

7. Although the official rate of induced abortion has declined, many women and members of the medical community in Uzbekistan still view abortion as a method of family planning. The contraceptive prevalence rate among married women is 66.8 per cent, although the range of available contraceptives is limited. Intrauterine devices (IUDs) are the most frequently used method. It is estimated that there are approximately 5,400 women living with cervical cancer. An improved reproductive health screening and prevention programme could save a large number of lives.

8. The Government has identified reproductive health as a priority. A series of policies have been adopted, including a resolution on additional measures to strengthen the health of women and youth and various decrees by the Cabinet of Ministers. Access to high-quality reproductive health services and the provision of information, education and communication (IEC) are key strategies of the Government.

9. There are 1,760 registered HIV-positive persons, although the actual number may be as much as 10 times higher. Most of the cases can be attributed to intravenous drug use, though cases resulting from sexual transmission are growing. The Government recently approved a national strategic plan on HIV/AIDS. A government proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, focusing on HIV prevention, was also approved for \$24.5 million.

10. Gaps between women and men persist in employment, higher education and representation in government. Sixty-three per cent of the unemployed are women. In 2002,

women held only 13.7 per cent of senior government posts. Although there is no data on gender violence or on the trafficking of women and girls, there is growing concern about these issues among the public and the international community.

II. Past cooperation and lessons learned

11. The previous UNFPA programme of assistance (2000-2004) was approved for \$7.5 million: \$6 million from regular resources and \$1.5 million from other resources. It was not possible to mobilize the \$1.5 million required from other resources. Moreover, funds from regular resources were reduced during the programme cycle, resulting in only \$3 million in actual expenditures. However, the programme received over \$1.5 million in contraceptives, made possible through contributions from the Governments of Canada, the Netherlands and the United Kingdom.

12. The previous country programme enhanced the national capacity of health service providers by supporting training programmes in family planning and by training national reproductive health resource persons. It also strengthened the contraceptive logistics system by providing training on forecasting contraceptive needs and logistics management.

13. The previous programme contributed to increased awareness of reproductive health and reproductive rights among young people through the radio, television and print media. UNFPA also provided technical support to the national statistics committee to prepare for the planned census. Advocacy training provided for non-governmental organizations (NGOs), government officials and community leaders created a cadre of specialists able to advocate reproductive health issues at local and national levels.

14. Lessons learned include the need for: (a) improved collection, analysis and dissemination of demographic and health data; (b) improved

access to and quality of reproductive health services at the primary health-care level; (c) the active involvement of civil society; (d) improved programme indicators; and (e) better coordination of programme interventions.

III. Proposed programme

15. The proposed UNFPA country programme (2005-2009) has been harmonized with the programmes of the United Nations Children's Fund (UNICEF) and UNDP. The Government participated actively in the programme preparation process and approved the common country assessment and the United Nations Development Framework (UNDAF).

16. The UNFPA programme, which was developed using a rights-based approach, takes into account national development policies, the goals and objectives of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5), and the Millennium Development Goals (MDGs). The programme also considered the outcome of a national conference that identified priority issues in reproductive health and population.

17. The goal of the UNFPA country programme is to contribute to the improvement of the quality of life in Uzbekistan by supporting the following three UNDAF outcomes: (a) strengthened national and local-level capacity to develop, implement and monitor strategies to improve living standards and reduce poverty; (b) by 2009, improve equitable access to quality primary health-care services in selected areas; and (c) strengthened government and civil society capacity and partnership for more effective governance.

18. The country programme has two components: population and development strategies, and reproductive health. Interventions related to advocacy, gender equity and gender equality are crosscutting issues that are addressed throughout the programme.

19. Advocacy, population and development, data collection, and reproductive health commodity security activities will be implemented nationally. Reproductive health activities will focus on four provinces: Andijan, Djizzak, Khorezm and Namangan, which were selected on the basis of their population and reproductive health indicators. The population of these provinces is 6.7 million, or 26 per cent of the country's population. The programme will contribute to the achievement of five joint country programme outcomes endorsed by the United Nations country team.

Population and development strategies component

20. The first outcome of the population and development strategies component is as follows: sustainable human development policies to improve livelihoods and access to social services by the poor are developed and their implementation is monitored in accordance with the MDGs. Two outputs will contribute to this outcome.

21. Output 1: Increased awareness among policy makers and senior-level officials of the linkages between population, development, gender and poverty, and their integration into national development and poverty reduction strategies. The programme will support the development of an advocacy strategy on reproductive health and gender equality. This will be followed by advocacy campaigns that promote the inclusion of population and development issues in the national poverty reduction strategy. The level of knowledge and support among policy makers on population and development linkages will be assessed regularly.

22. Output 2: Improved national capacity in demography and statistics, including data collection and research, and analysis of the linkages between population, the environment, development and poverty. To achieve this

output, the programme will develop a curriculum on population, development, poverty, the environment and gender issues, and will introduce it in selected national academic institutions. Technical assistance will be provided for research. The programme will also support training for demographers, statisticians and other social scientists in data collection, analysis and dissemination.

23. The second outcome within the population and development strategies component is the creation of an enabling environment that will allow members of civil society to participate actively in development processes. One programme output will contribute to this outcome.

24. Output 1: Strengthened capacity of civil society and youth to participate in decision-making and in monitoring national policies relevant to sexual and reproductive health and gender equality. The programme will train NGOs that deal with gender and reproductive health on advocacy and management skills. A number of young people will receive advocacy training. The programme will also establish an advocacy network that promotes reproductive health and gender equality.

Reproductive health component

25. The first outcome under the reproductive health component is an improved national policy environment to achieve better health. One output will contribute to this outcome.

26. Output 1: Increased knowledge of policy makers, decision makers, religious leaders and community leaders on the principles of the ICPD Programme of Action and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This output will be attained through awareness-creation and advocacy activities that seek to include reproductive health as part of the high school curriculum and passage of the law on reproductive rights.

27. The second outcome within the reproductive health component is as follows: the quality of services for maternal and child health, communicable diseases, nutrition, young people and reproductive health in selected areas is improved. One output is linked to this outcome.

28. Output 1: Strengthened technical, managerial and research capacity of the Ministry of Health and selected NGOs to provide high-quality reproductive health services. Assistance will cover: (a) training in reproductive health for service providers, focusing on quality of care; (b) review and revision of clinical protocols and guidelines on reproductive health, in line with the ICPD Programme of Action; (c) technical support to improve the contraceptive logistics system; (d) supply of key reproductive health commodities; and (e) support for youth-friendly services.

29. The third outcome under the reproductive health component is the increased utilization of primary health-care services and improved health behaviour among men, women and young people in selected areas. One output will contribute to achieving this outcome.

30. Output 1: Increased awareness and access to information on sexual and reproductive health among men, women and young people, especially on HIV/AIDS, sexually transmitted infections (STIs), unwanted pregnancies and gender-based violence. To attain this output, the programme will undertake the following: (a) behaviour change communication activities in reproductive health and sexuality, including the prevention of HIV/AIDS, STIs, unwanted pregnancies, cervical cancer and gender-based violence; and (b) an IEC campaign to promote the use of condoms among men, women and young people who engage in high-risk sexual behaviour.

IV. Programme management, monitoring and evaluation

31. The Government and the UNFPA country office in Uzbekistan will manage the programme. It will be implemented in close collaboration with other United Nations agencies within the context of the UNDAF. The programme will employ results-based management and will emphasize continuous monitoring. Annual programme reviews and a final programme evaluation will be organized according to the UNDAF work plan.

32. The secretariat responsible for family, maternal and child issues, under the Cabinet of Ministers, will coordinate the component related to maternal and child health and adolescent reproductive health. The Ministry of Health will coordinate other health-related components of the programme.

33. The country coordination mechanism on HIV/AIDS, also under the Cabinet of Ministers, will coordinate HIV/AIDS-related activities. The United Nations Theme Group on HIV/AIDS will assist in coordinating donor assistance related to HIV/AIDS. UNFPA will work closely with the national statistics committee, the Ministry of Higher Education and the Ministry of the Economy in coordinating the population and development strategies component.

34. The UNFPA country office in Uzbekistan consists of a Representative (who also serves as the Country Director for Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan), a Deputy Representative, an Assistant Representative, national programme staff and administrative support staff. Programme funds will be earmarked for three national programme posts and two administrative support posts within the framework of the approved country office typology. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR UZBEKISTAN

National priority: eradicate extreme poverty and hunger by improving the living standards of the people of Uzbekistan by reducing the proportion of the population that consumes less than 2,100 calories a day from 27.5% in 2002 to 17% in 2015				
UNDAF outcome: strengthened national and local-level capacity to develop, implement and monitor strategies to improve living standards and reduce poverty				
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>Outcome: Sustainable human development policies to improve livelihoods and access to social services by the poor are developed and their implementation is monitored in accordance with the MDGs</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Number of national policies and strategies on poverty reduction and development that integrate population factors into social policy planning and implementation 	<p>Output 1: Increased awareness among policy makers and senior-level officials of the linkages between population, development, gender and poverty, and their integration into national development and poverty reduction strategies.</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of policy makers who understand population, development and poverty issues at the national level <p>Output 2: Improved national capacity in demography and statistics, including data collection and research, and analysis of the linkages between population, the environment, development and poverty</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of institutions with modern methods of data collection, analysis and dissemination for development • Number of research studies undertaken on gender, environment and development 	<ul style="list-style-type: none"> • Ministry of Health, Ministry of the Economy, Ministry of Public Education, Ministry of Higher Education, national women's committee, national statistics committee, national environmental protection agency • Universities and research institutions (for awareness-creation) • NGOs and civil society (to promote community mobilization) • Ministry of the Economy, Ministry of Health, Ministry of Higher Education, national women's committee, national statistics committee, national environmental protection agency • Universities, research institutions and NGOs undertake activities that strengthen national capacity) 	<p>Regular resources: \$0.3 million</p> <p>Regular resources: \$0.2 million</p>
National priority: spare no effort to promote democracy and strengthen the rule of law as well as respect for all internationally recognized human rights and fundamental freedoms, including the right to development				
UNDAF outcome: strengthened government and civil society capacity and partnership for more effective governance				
Population and development strategies	<p>Outcome: (Creation of) an enabling environment for civil society to participate actively in development processes</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • An advocacy network of civil society and youth that promotes reproductive health and gender equality is established and functioning 	<p>Output 1: Strengthened capacity of civil society and youth to participate in decision-making and in monitoring national policies relevant to sexual and reproductive health and gender equality</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of NGOs involved in reproductive health and gender issues that have been trained in managerial and advocacy skills • Number of young people trained in advocacy skills for reproductive health and gender equality 	<ul style="list-style-type: none"> ▪ NGOs and civil society (for capacity-building) ▪ Young people (as advocates) 	<p>Regular resources: \$0.1 million</p>

National priority or goal: (a) reduce child mortality; (b) improve maternal health; and (c) combat HIV/AIDS, malaria and other diseases by reducing infant mortality by 50% by 2015; by decreasing maternal mortality by 50% by 2015; by halting and reversing the rising trend in the HIV/AIDS prevalence rate by 2015 UNDAF outcome: by 2009, improve equitable access to quality primary health-care services in selected areas				
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> Improved national policy environment for better health</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of key policy makers, decision makers, community leaders and religious leaders who support the implementation of programmes in line with ICPD and CEDAW <p><u>Outcome:</u> Quality of services for maternal and child health, communicable diseases, nutrition, young people and reproductive health in selected areas is improved</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of service points providing youth friendly reproductive health services Decreased proportion of IUD users in overall contraceptive prevalence Number of cervical cancer screenings performed in accordance with improved standards 	<p><u>Output 1:</u> Increased knowledge of policy makers, decision makers, religious leaders and community leaders on the principles of the ICPD Programme of Action and CEDAW</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Number of policy makers, decision makers, religious leaders and community leaders in programme provinces who understand the principles of ICPD and CEDAW <p><u>Output 1:</u> Strengthened technical, managerial and research capacity of the Ministry of Health and selected NGOs to provide high-quality reproductive health services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of technical procedures and protocols reviewed and revised in accordance with ICPD Percentage of service providers with updated technical skills Percentage of reproductive health managers trained in managerial skills Volume of reproductive health research 	<ul style="list-style-type: none"> Ministry of Health, Ministry of Public Education, national women's committee, youth organizations, parliamentarians, community leaders and other development partners (for advocacy) NGOs and civil society, including the Uzbek association for reproductive health (for community mobilization) Ministry of Health (to train, provide supplies, and review and revise procedures and guidelines) NGOs (to provide reproductive health services for difficult-to-reach populations) 	<p>Regular resources: \$ 0.1 million</p> <p>Regular resources: \$1 million</p> <p>Other resources: \$0.3 million</p>
	<p><u>Outcome:</u> Increased utilization of primary health-care services and improved health behaviour among men, women and young people in selected areas</p> <p><u>Outcome indicators:</u> (UNFPA programme provinces)</p> <ul style="list-style-type: none"> Percentage of people of reproductive age seeking contraceptive services Condom use at last high-risk sex 	<p><u>Output 1:</u> Increased awareness and access to information on sexual and reproductive health among men, women and young people, especially on HIV/AIDS, STIs, unwanted pregnancies and gender-based violence</p> <p><u>Output indicators:</u> (UNFPA programme provinces)</p> <ul style="list-style-type: none"> Percentage of men, women and young people able to specify at least three methods of contraception Proportion of the population aged 15-24 with comprehensive knowledge of HIV/AIDS Percentage of women with high-risk behaviour aware of safer sex 	<ul style="list-style-type: none"> Ministry of Health and selected NGOs (IEC activities) NGOs and civil society (to mobilize communities for improved knowledge and behaviour change, particularly for difficult-to-reach populations) 	<p>Regular resources: \$0.7 million</p> <p>Other resources \$1.0 million</p> <p>Programme coordination and assistance: \$0.3 million</p>