

## Country Programme Performance Summary

<b>A. Country Information</b>		
<b>Country name: Kazakhstan</b>		
<p>The Fourth Country Programme of UNFPA Kazakhstan (2016-2020) was designed and implemented to achieve results in line with several key frameworks, including: the UNFPA Strategic Plan 2014-2017 (realigned to the UNFPA Strategic Plan 2018-2021), the United Nations Partnership Framework for Development (UNPFD) for Kazakhstan for 2016-2020 linked to the Sustainable Development Goals and Agenda 2030, the ICPD Programme of Action beyond 2014 and the Kazakhstan 2025 Strategy. Monitoring and Evaluation activities for the 3rd and the 4th country programmes were conducted in line with the country programme monitoring and evaluation (M&amp;E) plan. The Country Programme Evaluation was conducted for the two programme cycles, the previous of 2010-2015 and the current one of 2016-2020.</p>		
<b>Category per decision 2013/31: Pink</b>	<b>Current programme period: Jan. 2016 - Dec. 2020</b>	<b>Cycle of assistance: Fourth</b>

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>			
<b>Output 1. Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, with particular focus on the most vulnerable and key populations.</b>			
Indicators	Baseline	Target	End-line data
Percentage of health service providers at primary health care and hospital levels practicing the newly adopted clinical protocols and standards.	<i>0</i>	<i>60%</i>	<i>60%</i>
Contraceptives included in the list of basic benefit package for vulnerable and key populations.	<i>None</i>	<i>Yes</i>	<i>No</i>
Number of key facilities in all 16 regions of Kazakhstan use in their routine work the Near-miss cases review approach of confidential audit “Beyond the numbers”.	<i>11</i>	<i>32</i>	<i>32</i>

### **Key Achievements**

Maternal health continues to be a key priority for the healthcare system in Kazakhstan, with most of the SRH activities classified under the umbrella of ‘maternity health’. UNFPA has been actively involved and made significant strides towards ensuring universal access to sexual and reproductive health and rights. Technical support was provided to develop a methodology, tools and guidelines on the Confidential Enquiry of Maternal Deaths (CEMD) and to analyse results, draw lessons learned and support implementation of relevant recommendations. To ensure sustainability and increase the efficiency of the CEMD and the Near-Miss Case Review (NMCR), the Ministry of Health issued an Order (Prikaz) appointing the Republican Centre for Healthcare System Development (RCHD) as the new coordination body. These new auditing tools are being used in most perinatal centers of the different regions of the country, with the RCHD continuing to provide training and technical support.

UNFPA contributed to the development of three national strategic documents approved by the government: the Concept of Family and Gender Policy in Kazakhstan until 2030, the Kazakhstan Family Planning National Framework Program 2017-2021 and the Operational action plan to reduce maternal mortality in the Republic of Kazakhstan. UNFPA adopted a

comprehensive approach to improve adolescent- and youth-friendly reproductive health services, focusing not only on programmatic activities of Youth Health Centers but also on measures to make them sustainable. This was considered as a best practice of advocacy efforts in the Country programme evaluation and one that should be replicated.

While contraceptives have not been included into the Basic Benefit Package, there are renewed advocacy opportunities to include contraceptives in the list of drugs as part of the Social and Health Insurance system (SHIS) which was recently introduced by the Government and which should be fully operational from 2021. UNFPA provided significant support in developing standards of quality FP services, increasing demand for modern contraceptives and for supporting the government in proper planning and procurement of contraceptives at national and sub-national levels.

**Output 2. Strengthened national laws, policies and programmes that include adolescent and youth and their human rights and needs.**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
UNESCO standards on comprehensive sexuality education are integrated into national standard curricula	<i>No</i>	<i>Yes</i>	<i>No</i>
Percentage of regions of Kazakhstan with Y-peer presence.	<i>25%</i>	<i>60%</i>	<i>68%</i>
Existing legislation is revised to decrease age from 18 to 16 in receiving sexual and reproductive health services without parental consent	<i>None</i>	<i>Yes</i>	<i>Yes</i>

**Key Achievements**

Comprehensive sexuality education has not yet been integrated into national standard school curricula. UNFPA continued its advocacy efforts backed by evidence on the benefits of CSE through piloting sexuality education in selected colleges along with conducting research in different regions of Kazakhstan, which showed a lack of basic knowledge on sexuality issues among adolescents and youth. The results of the research and the positive results of the pilot in terms of demonstrated benefits of sexuality education were used by UNFPA to advocate for the introduction of sexuality education in schools. The Ministry of Education with support from UNFPA has started piloting sexuality education in several schools, starting from grade 9 and included for the first time an important reference to introduce projects on reproductive health in schools in the State Education Programme 2020-2025. In addition, there were efforts to engage with teachers and parents and to develop messages tailored to different audiences (general population, policy and decision makers, education authorities).

UNFPA also continued to support and expand the Y-PEER network, with volunteers actively involved in different activities. There is a need to consider a long-term strategy and a clear approach on how youth centers can operate without local administration support and develop a sense of ownership among target groups as a place that youth will be interested to attend and share information received with peers. This will be a strong component of the next Country programme.

The age whereby adolescents can access health services, including for reproductive health services without parental consent was decreased from 18 to 16 years of age and reflected into the new Health Code on the Health of the Population and Healthcare System which is currently under public discussion for final approval by the end of 2020. The dissemination of the survey results conducted by UNFPA on the sexual behaviors of adolescents, coupled with the high level of teenage pregnancies and some concerns around the mental health of adolescents as well as continued advocacy by UNFPA on the importance of decreasing the age of consent were important factors that contributed to this achievement.

**Output 3. Strengthened national policies and institutional mechanisms to promote gender equality, to prevent gender based violence and harmful practices.**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
New long-term national policy document on gender equality that integrates UPR recommendations and obligations related to sexual and reproductive rights, prevention of gender based violence and early marriages.	<i>No</i>	<i>Developed and approved</i>	<i>Developed and approved</i>

Regional UNFPA guidelines are integrated into the national health system response to gender-based violence	<i>None</i>	<i>Yes</i>	<i>Yes</i>
Number of civil society and faith based organizations that have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence), sexual and reproductive health and reproductive rights	<i>4</i>	<i>10</i>	<i>10</i>

### **Key Achievements**

The Government approved the “Concept of Family and Gender policy in the Republic of Kazakhstan” for the period 2017 to 2030 as a key national policy document on gender equality that integrates important provisions and obligations related to sexual and reproductive health rights, prevention of gender based violence and early marriages. Following approval, the Concept was translated into a series of Plans of Action with several ministries. UNFPA provided technical support throughout the development process.

UNFPA supported the Government in adapting standard operating procedures (SOPs) for health service providers which are based on the Global Essential Services Package as part of a Multi-Sectoral Response to Gender-based violence (GBV). These were subsequently incorporated into a new Clinical protocol on GBV which was approved by the Commission on quality of medical services under the Ministry of Health in 2020 with support from UNFPA. Additional SOPs for other key sectors were also adapted and are being used to promote a multi-sectoral system of response to gender-based violence and supporting family values.

UNFPA continued to actively engage and support a number of Faith-based and Civil society organizations such as Sunni Islam, Orthodox Christianity, the Family Planning Association (KMPA), the Association of business women of South Kazakhstan Region, League of women of creative initiative, Sana-Sezim, Association of women with disabilities "Shyrak", "Aman-saulyk», "Dom mamy" and the Eurasian Centre for Public Management to work on men and boys engagement, gender equality, prevention of gender based violence and programmes on reproductive health and reproductive rights. A manual with different modules for husbands and fathers was developed and is being used to raise awareness and enlist men as champions in sharing responsibilities within the household. Several podcasts and videos involving celebrities and influencers were also disseminated. The work with religious leaders of Sunni Islam and Orthodox Christianity consisted in advocacy and dissemination of knowledge on maternal health, women’s and girls’ SRH, prevention of GBV, early and forced marriages and is being used for their followers and congregation through dissemination of information materials and Friday sermons. Educational courses with key topics such as maternal health, family planning, role of men in the family, responsible parenthood, prevention of GBV and more are being finalized for introduction into curricula of the theological institutions by the end of 2020.

### **Output 4. Strengthened national data systems and increased availability and accessibility of evidence-based analysis on population dynamics and their links to sustainable development for formulation rights-based policies..**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
2016: Multiple indicator cluster survey is completed, data are available and accessible.	<i>No</i>	<i>Yes</i>	<i>Yes</i>
2020: Population and housing census is completed, data are available and accessible	<i>None</i>	<i>Yes</i>	<i>No</i>
National integrated system of population registers is in place which provides inter-alia information on vulnerable population groups	<i>None</i>	<i>Yes</i>	<i>Yes</i>
National family and demographic policy document that integrates population projections, reproductive health and rights, gender equality is developed	<i>None</i>	<i>Developed and approved</i>	<i>Yes</i>

### **Key Achievements**

Throughout the duration of the Country Programme UNFPA continued to support a number of surveys and mechanisms aimed at increasing availability and accessibility of evidence-based analysis, with an aim to support the formulation of rights-based policies with a focus on vulnerable groups. UNFPA provided support to the 2015 Multiple Indicator Cluster Survey (MICS) which generated a wealth of indicators useful for planning of development programmes and monitoring of the Sustainable Development Goals (SDGs). The MICS was completed in 2016 and relevant data made available and accessible for further analysis. UNFPA also supported Kazakhstan in the preparatory phases for the Population and Housing Census including the Pilot in October 2018 and in implementing the first wave of the Generation and Gender survey.

The Census was postponed from 2019 to 2020 and is now planned for October 2020 hence the results won't be available before 2021. Given that the questionnaire should be completed online by a large majority of respondents, a further postponement in light of the current COVID-19 pandemic is not foreseen at this point. However, the Government will review the situation as we get closer to the date. The preparatory work is on-going.

The country has a number of statistical registers in place within the e-government system which support the formulation of targeted policies in support of the most vulnerable. These include the population register, the register of people with disabilities, of pregnant women and women of reproductive age as well as a health register

The Concept of Family and Gender policy in the Republic of Kazakhstan till 2030 was developed and approved through a Government Decree in December 2016. During 2019 UNFPA developed a comprehensive Population Situation Analysis that will support the possible formulation of a demographic policy in future.

<b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	95%	2016	95%	2020	
Contraceptive prevalence rate (total)	55.7%	2015	-	-	The last MICS was conducted in 2015.
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	97.6%	2015	-	-	The last MICS in Kazakhstan was conducted in 2015
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1	2015	2	2020	National Guideline and Clinical Protocol on FP and modern contraceptives

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	40.6%	2015	-	-	2015 Kazakhstan MICS.
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### **Summary of National Progress**

The Republic of Kazakhstan has made significant progress in reducing infant, child and maternal mortality. The independent auditing of maternal mortality has been institutionalized (through Beyond the numbers: Confidential Enquiry of Maternal Audit and Near miss case review) and the Republican Centre for Healthcare Development appointed as the responsible institution to conduct such audits on a regular basis. Other milestones include provisions to strengthen Family Planning services as part of the National Road Map on Quality Health Services, the commitment by the MOH to standardize Youth Friendly Health Services to ensure their availability for adolescents and young people as well as the revision of the Code on Health of the Population and the Healthcare System (the Health Code), which is due for implementation from 2021. In October 2018 Kazakhstan hosted the Primary Healthcare Conference as part of Universal Health Coverage, which resulted in the Astana Declaration as a follow-up to the first ever Declaration on Primary Health Care in Almaty, in 1978.

### **UNFPA's Contributions.**

UNFPA continues to provide technical support to the MOH to support quality maternal health including the reduction of preventable maternal mortality cases. A number of analytical reports served to highlight the situation and identify areas requiring further attention, such as the 3rd round of CMD Report for 2016-2018, the Situation Analysis of Maternal and Reproductive Health, the Analysis of efficiency and effectiveness of Perinatal Care Regionalization and the Situation Analysis on Healthcare-associated Infection Prevention and Control in Maternities. UNFPA also supported the development of the National Strategic Framework on Family Planning and an Action Plan up to 2021. As part of the implementation of the action plan which stands at 65%, UNFPA provided technical support to develop a training package for primary health providers, to adopt a distance learning platform (VIC) for Family planning, to develop an excel calculator to estimate needs for contraceptives, as well as planning and costing. UNFPA also conducted a survey on the knowledge, attitudes, practices and behaviour of family planning and developed a related FP communication strategy. A Budget Impact Analysis on the benefit of providing free-of-charge contraceptives for different population groups was used for advocacy and policy dialogue in order to include contraceptives into the Basic Benefit Package and to ensure access of the most vulnerable groups to contraceptives. UNFPA provided technical support to develop the methodological and regulatory basis for quality youth-focused friendly health services and financial sustainability of the YFS centres. The new Health Code includes a whole Chapter dedicated to Adolescent and Youth Health and an Article to ensure access to health services, including to reproductive health services, without parental consent starting from the age of 16 (instead of 18).

### **Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	26.7%	2015	-	-	2015 MICS report
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No	2015	Yes	2020	The new Health Code

### **Summary of National Progress**

The State Programme on Education Development for 2020-2025 clearly stated for the first time the need to introduce 'projects' aimed at protecting the reproductive health and safe behavior of young people and adolescents in secondary and vocational schools. With the new Health Code in effect from 2021 adolescents from the age of 16 will be able to access reproductive health services without parental consent, with the exception of abortion services which require parental consent below the age of 18.

### **UNFPA's Contribution**

The recognition by the Ministry of Education of the importance to include sexuality education in the school curriculum is the result of several years of advocacy by UNFPA including through the implementation of a pilot project in selected schools over a number of years. UNFPA developed a life-skills based education course with strong sexuality education components (referred to as "valeology") and piloted in a number of vocational schools in different regions of the country. Teachers from selected colleges were trained and a number of classes were held with students, with their knowledge tested before and after completion of the course. The decision to conduct the pilot was also based on the results of a nationwide research which had been conducted by UNFPA on sexual behavior, knowledge, attitudes and access to SRH services and education among adolescents 15-19 and which had revealed significant gaps. Such research was first conducted in 2011 and repeated in 2018.

The research on the sexual behaviors of adolescents as well as the pre and post test of the valeology pilot project clearly demonstrated the importance of addressing the lack of knowledge and the need to change behaviour of adolescents in matters related to their sexual behaviour as well as the effectiveness of the course. The results were used as evidence with the Ministry of Education and Sciences, other government institutions, members of Parliament, Presidential Administration, Mass Media and the general public. All these efforts contributed to the understanding of the need to ensure access to youth friendly health services as well as to disseminate reproductive health information in school, which resulted in the inclusion of the State Education Programme and the reduction of the age of consent in the new Health Code from 18 to 16 years of age. As a result of these efforts, UNFPA started partnering with the National Academy of Education and the Nazarbayev Intellectual Schools to further expand the pilot and integrate key elements of sexuality education into existing school subjects starting from grade 9 (16 years of age) and gradually to lower grades down to grade 5 (12 years of age). These constitute initial steps to integrate sexuality education into the national school curriculum.

### **Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	Yes	2016	Yes	2020	The 2020-2023 Action plan on implementation of the Concept of Family and Gender Policy until 2030 (under the approval of the Government)
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	14.2%	2015	-	-	The last MICS conducted in 2015. The next MICS in 2021.

### **Summary of National Progress**

Kazakhstan is highly committed to preventing and responding to gender-based violence and has put a series of measures in place. The "Concept of Family and Gender Policy till 2030" was approved by Government's Decree 384 on 6 December 2016, which includes the establishment of a system of multi-sectoral response to gender-based violence (MSR to GBV) and the implementation of a national Program called "Kazakhstan without Violence in the Family". Kazakhstan is also the only country in the region to have conducted a nationwide prevalence study on GBV in 2015 using a methodology and a questionnaire which allow cross-country comparison in line with international standards and intends to repeat the survey in 2021 to assess the progress made in combating violence against women..

In a recent address to the nation, the President announced changes in the legislation on Gender-based violence promising tougher punishment towards the perpetrators and improved measures to protect survivors. During the Nairobi Summit in 2019 Kazakhstan reconfirmed this commitment and the intention to ratify the Istanbul Convention on Violence against women.

### **UNFPA's Contributions**

In partnership with Parliament, Government, Civil society and Faith-Based Organizations and several UN Agencies, UNFPA actively participated in the development of a new National document - The Concept of Family and Gender Policy till 2030 which reflects key elements of the ICPD Agenda, as well recommendations and obligations on sexual and reproductive health and reproductive rights from the Universal Periodic Reviews and CEDAW including on prevention of GBV and early/forced marriages. UNFPA provided technical support to the government in the development of a multi-sectoral, coordinated responses to GBV. Within the framework of implementation of the National Programme “Kazakhstan without Violence in a Family” UNFPA supported the establishment of a MSR to GBV as a pilot in the South of the country.

Standard Operating Procedures (SOPs) for frontline services, such as health, psychosocial and police sectors based on the Global Essential Services Package (ESPs) of MSR to GBV were adapted to the reality of Kazakhstan through UNFPA’s support and presented to the government and related ministries. Over 300 local officials were trained on the principles of the multi-sectoral approach and in the application of Standard Operating Procedures for the health, psycho-social and police sectors and CSOs in the pilot region. The government recently announced its intention to replicate the pilot to other regions and eventually scale it up to the national level.

UNFPA conducted a desk-review and in-depth interviews and an assessment of the needs of people with disabilities subjected to GBV and supported integration of specific measures to address the needs of persons with disabilities into the Standard Operating Procedures for health, psychosocial and police sectors.

A follow-up assessment of People with disabilities was carried out following the Covid-19 outbreak and shared the findings widely to highlight the special needs of PwD. It also invested in a series of video clips and other materials specifically targeted and adapted to people with disability which were broadcast through several TV channels.

UNFPA established a solid collaboration with the two main religious communities in the country over the years - Sunni Islam and Orthodox Christianity - through building their capacities, knowledge and understanding and producing several material on issues related to maternal and reproductive health, family planning, prevention of GBV, responsible parenthood, early/forced marriages..

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2009	Not yet	2020	Census planned to be conducted in October 2020.
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2015	No	2020	The next MICS was postponed for 2021
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	-	Yes	2019	CP evaluation report (2016-2019)

**Summary of National Progress**

Kazakhstan incorporated the vast majority of SDG targets into national and sectoral plans and strategies in Kazakhstan.

The 2015 Multiple indicator cluster survey (MICS) was completed in 2016 by making MICS data available and accessible for further analysis. The national survey on VAW was conducted in 2015-2016, data collected, processed, analyzed and used for formulation of development programmes.

UNFPA was involved in several studies to generate data and inform relevant policies and programmes. It provided technical support to the study on prevalence of violence against women conducted by the Statistics Committee, and to the first ever “Generations and Gender Survey (GGS)”. The GGS was supported by the Nederland’s Interdisciplinary Demographic Institute (NIDI) technologies, software and tablets. The findings of the GGS data analysis were presented to key national authorities in February 2020 to consider them in the implementation of the Action Plan of Family and Gender policy. The 2019 Population and Housing Census of Kazakhstan was postponed and will now be conducted in October, 2020. The Census methodology conforms to international standards and UN recommendations.

### **UNFPA's Contributions**

UNFPA contributed to SDGs nationalization process in Kazakhstan as well as in the preparation and conduct of the 2005, 2010 and 2015 MICSS with UNICEF and of the dissemination of its results. UNFPA also provided technical support to the first national survey on VAW as well as to the first wave of the national GGS, including analysis and dissemination of the results.

UNFPA provided technical and financial support to the government in the development of a comprehensive national Population Situation Analysis (PSA) in order to provide an integrated assessment of the population situation in the country as well as links on population dynamics and trends with social and economic development, and providing the evidence data to further develop a national Demographic Policy.

UNFPA was also actively involved in supporting the preparation of the 2019 population and housing census, later postponed to 2020 to ensure adherence with international standards and UN recommendations. UNFPA provided updates to the Committee on Statistics on the latest Census standards and technologies, developed instructive video training materials for on-line response to the census questionnaires and translated the methodological instructions, guidelines and questionnaires in English to ensure inclusion of English speaking people residing in Kazakhstan.

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b> <b>Choose only those relevant to your CP</b>	<b>Regular Resources (Planned and Final Expenditure)</b>		<b>Other Resources (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
Increased availability and use of integrated sexual and reproductive health services	1 000 000	772 679	200 000	711 212	1 200 000	1 483 891
Youth policies and programmes, and increased availability of comprehensive sexuality education	450 000	494 390	400 000	260 329	850 000	754 719
Advanced gender equality, women's and girls' empowerment, and reproductive rights	350 000	249 573	300 000	265 732	650 000	515 305
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	450 000	522 865	200 000	66 882	650 000	589 747
Programme coordination and assistance	400 000	295 676	-	-	400 000	295 676
<b>Total</b>	<b>2 650 000</b>	<b>2 335 183</b>	<b>1 100 000</b>	<b>1 304 155</b>	<b>3 750 000</b>	<b>3 639 338</b>

The amounts under the column final expenditures represent a combination of actual expenditures up to 30 April 2020 and estimated expenditures from May until December 2020 based on signed agreements for co-financing resources.