United Nations Population Fund

Country programme document for Azerbaijan

Proposed indicative UNFPA assistance: $4.1 million: $2.6 million from regular resources and $1.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)
Cycle of assistance: Fourth
Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of $):

<table>
<thead>
<tr>
<th>Strategic plan outcome areas</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1 Sexual and reproductive health</td>
<td>1.2</td>
<td>0.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Outcome 3 Gender equality and women’s empowerment</td>
<td>0.5</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Outcome 4 Population dynamics</td>
<td>0.6</td>
<td>0.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.3</td>
<td>–</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.6</strong></td>
<td><strong>1.5</strong></td>
<td><strong>4.1</strong></td>
</tr>
</tbody>
</table>
I. Situation analysis

1. The Republic of Azerbaijan extends across 86,600 square kilometres, including the mainland territory and the exclave of Nakhichevan Autonomous Republic. The population of Azerbaijan is 9.5 million, with 53.2 per cent living in urban settlements. The total fertility rate of the population is slightly above the replacement level, at 2.2 children per woman; it is not projected to change significantly until 2050. The proportion of males and females in the population is almost even; however, Azerbaijan has one of the highest skewed sex ratios at birth in the world (116 males per 100 females).

2. Azerbaijan is an upper middle-income country; rich hydrocarbon reserves have contributed to the country’s economic growth. The human development index of Azerbaijan for 2013 was high, at 0.747. Nevertheless, underdeveloped institutional capacity is a barrier to effective transformation of oil wealth into sustainable human development. The Nagorno-Karabakh conflict caused an influx of 700,000 internally displaced people to urban settlements, burdening the country’s economy and its health and social protection systems.

3. Since regaining independence in 1991, the Republic of Azerbaijan has become a State party to many international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women. In addition, national legislation guarantees the right to equality and non-discrimination. The Government is committed to addressing the recommendations of international development platforms such as the Millennium Development Goals and International Conference on Population and Development. Nevertheless, there are still challenges impeding the effective provision of universal access to sexual and reproductive health services to the population.

4. Notable progress has been achieved in some areas of reproductive health, including a decrease in the maternal mortality ratio, from 35.5 per 100,000 live births in 2007 to 14.5 per 100,000 live births in 2013. However, an effective legal and policy framework on sexual and reproductive health rights is lacking. Migrants, refugees, internally displaced people and women from rural and remote areas have poor access to sexual and reproductive health services, including in humanitarian settings. The use of modern contraceptives among married women of reproductive age remained unchanged, at 13.9 per cent, between 2006 and 2011. The rate of induced abortions in Azerbaijan is 41 per cent, one of the highest indicators in the region. The number of people living with HIV/AIDS is relatively low; however, there is no universal access to HIV prevention and treatment, including for the prevention of mother-to-child transmission of HIV.

5. Azerbaijan has a relatively young population structure, with 29 per cent of youth (aged 14-29 years), although the phenomenon of population ageing is becoming more evident. The shortage of data on the vulnerability of adolescents and youth, especially those from marginalized groups, impedes the development of a policy framework to address the sexual and reproductive rights and needs of young people. This is further evident from the high adolescent fertility rate of 42 births per 1,000 women aged 15-19 years (2011). The absence of comprehensive sexuality education programmes and low participation of adolescents and youth in decision-making processes regarding sexual and reproductive health and rights limit their prospects for a safe, healthy and successful transition to adulthood.

6. Gender inequality continues being one of the key challenges to realizing sexual and reproductive health and rights. Azerbaijan ranks low in the Gender Inequality Index (0.340 in 2013). Although legal guarantees are in place for the promotion of the human rights of the women, the lack of effective implementation mechanisms on gender-based violence and discrimination leaves hundreds of women vulnerable to abuse. Gender-based violence and harmful practices are still widely accepted and condoned by the population, especially men. The lack of systematically collected data and analysis on these phenomena hinders the
development of informed policy interventions in line with international human rights principles.

7. Azerbaijan has made demonstrable progress in obtaining reliable socioeconomic and demographic data through decennial censuses, demographic and thematic surveys, and civil and vital registration systems. Nevertheless, there is a pressing need for continued enhancement of national institutional capacity to address the gaps in collection, processing, analysis and utilization of data on population dynamics and its interlinkages with sexual and reproductive health and rights. The limited availability of related information on marginalized groups hampers effective formulation and implementation of informed and rights-based policies. Of utmost importance is the development of a full-fledged national monitoring and evaluation system to support sustainable and inclusive policies on population dynamics and sexual and reproductive health and rights, in line with the International Conference on Population and Development and the post-2015 development agenda.

II. Past cooperation and lessons learned

8. The 2014 independent evaluation revealed that the third country programme was of high relevance for national priorities and related international development frameworks. In addition, the assessment has identified a number of key achievements: (a) significant role in developing legal frameworks and promoting evidence-based policymaking in sexual and reproductive health and rights, population dynamics and gender-based violence and discrimination; (b) institutional capacity-building to operationalize the model centre of support for the women victims of violence; (c) establishment of the Department on Population and Gender Statistics at the State Statistical Committee; (d) valuable technical assistance to implement and monitor the recommendations of the review committee of the Convention on Elimination of All Forms of Discrimination against Women; (e) monitoring of implementation of protocols on perinatal care; and (f) effective leveraging of resources through joint programming, particularly through its leadership of the gender theme group.

9. A series of strategies have been identified to build on the progress achieved, with due attention to the challenges faced during the previous country programme cycle: (a) advocacy for family planning and maternal health; (b) policy dialogue for improved sexual and reproductive health services for the adolescents and youth; (c) promotion of strategic interventions addressing gender and reproductive health priorities, including gender-based violence and discrimination; (e) advocacy for evidence-based policies focusing on adolescents, youth, elderly, migrants and marginalized groups; and (f) policy dialogue for improved national ownership and accountability through joint monitoring of the implementation of national programmes on reproductive health, gender and population development.

III. Proposed programme

10. The proposed fourth country programme will contribute to the priorities of the national development strategy of Azerbaijan: Vision 2020; the United Nations Azerbaijan Partnership Framework, 2016-2020; the UNFPA Strategic Plan, 2014-2017; and the post-2015 development agenda and related sustainable development goals. The programme has three outcomes: (a) sexual and reproductive health; (b) gender equality and women’s empowerment; and (c) population dynamics.

11. The programme has been developed in close partnership with the Government, civil society, United Nations organizations and other key stakeholders to ensure effective, efficient, collaborative and strategic interventions, to be developed and implemented during the next five-year period. To ensure compliance with the UNFPA business model, the focus will be on upstream work, to ensure universal access to sexual and reproductive health and gender equality by achieving a series of interrelated outputs reflecting the major principles underpinning the work of UNFPA.
A. **Outcome 1: Sexual and reproductive health**

12. **Output 1:** Strengthened legal and policy frameworks to deliver integrated sexual and reproductive health services, with a focus on adolescents, youth and vulnerable groups. This will be achieved through policy dialogue, knowledge management and technical assistance as key strategies, with the following interventions: (a) advocacy with state and non-state actors for improved legal and policy frameworks to deliver equitable, gender-responsive and client-oriented sexual and reproductive health services, integrating the rights and needs of adolescents and youth; (b) developing guidelines, protocols and standards for maternal health-care providers for the delivery of high-quality sexual and reproductive health services; (c) supporting the development of teacher-training materials on life skills to promote the integration of age-appropriate comprehensive sexuality education into national education curricula; (d) improved adolescent and youth peer-education programming to promote sexuality education in out-of-school settings; (e) integrating the Minimum Initial Service Package for reproductive health into emergency preparedness plans; and (f) developing monitoring mechanisms for tracking the status of implementation of national legal and policy frameworks on sexual and reproductive health and rights.

B. **Outcome 3: Gender equality and women’s empowerment**

13. **Output 1:** Strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights. This will be achieved through advocacy, knowledge management and technical assistance as key strategies, with the following interventions: (a) supporting the development of national capacity to monitor compliance with international human rights mechanisms on gender equality and reproductive rights; (b) producing reliable and accessible data for evidence-based policies on gender-based violence and discrimination, and their interlinkages with sexual and reproductive health and rights; (c) fostering the development of effective legal and policy frameworks on a national referral mechanism to address gender-based violence; (d) promoting the integration of gender-transformative approaches for advancing gender equality and reproductive rights through strengthened partnerships with civil society and faith-based organizations, as well as active engagement of men and boys.

C. **Outcome 4: Population dynamics**

14. **Output 1:** Strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with sexual and reproductive health and rights. This will be achieved by employing advocacy, knowledge management and technical assistance, with the following interventions: (a) strengthening national institutional capacity for collection, analysis, dissemination and use of publicly available and accessible data disaggregated by sex, age and region, for development of policies on population dynamics; (b) generating knowledge through in-depth analysis of population dynamics, sexual and reproductive health, gender equality, youth, the elderly, internally displaced persons, migrants, rural women and other marginalized groups for evidence- and rights-based policy formulation and implementation; (c) fostering advocacy and policy dialogue for improved understanding of interlinkages between population dynamics, sexual and reproductive health and rights and sustainable development, including in the context of the post-2015 development agenda; and (d) supporting the development of an effective monitoring and evaluation system to support sustainable and inclusive policies on population dynamics, sexual and reproductive health and rights, gender equality, adolescents and youth, and the elderly.

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

15. UNFPA will implement the proposed country programme in coordination with the Ministry of Foreign Affairs, using primarily the direct execution modality to mitigate
possible risks, as recommended in the 2005 macro-assessment by the United Nations country team in Azerbaijan. The detailed workplans will be developed with relevant partners, alongside government cost-sharing, in line with national ownership, and rights-based and results-based programming principles. UNFPA will continue to maintain already established effective partnerships and develop new ones based on their capacity to deliver high-quality programmes in line with the country office partnership plan. UNFPA will collaborate with government entities and civil society to implement its programme on target populations, such as young people, migrants, internally displaced persons, rural women, the elderly and other vulnerable groups.

16. UNFPA will strive towards enhanced programme effectiveness by improving quality assurance, monitoring and evaluation. The country office will undertake joint monitoring and annual programme reviews with the Government and other partner agencies to strengthen national ownership and accountability as well as periodically adjust implementation arrangements, if necessary.

17. The country office will develop a resource mobilization strategy geared towards leveraging resources from other United Nations agencies, international donors and bilateral agencies, the private sector and the Government of Azerbaijan, with due account to the respective UNFPA policies on grants and cost-sharing.

18. The organizational structure of the country office will include a non-resident UNFPA country director, an assistant representative, three programme analysts and three support staff. The country office staff will be funded from UNFPA integrated institutional and programme budgets. The country programme will also utilize the integrated technical and programmatic support from the UNFPA regional office, headquarter units and other sources, including South-South cooperation.
### National priority:
Improvement of legislation and strengthening of institutional potential; development of human capital and provision of an effective social security system; balanced development of regions; development of civil society; ensuring transition to an information society; protection and effective management of cultural heritage

### UNDAF outcome:
Strengthening institutional capacities and effective public and social services

#### Indicator:
Maternal mortality ratio (per 100,000 live births). Baseline: 14.5 Target: 10

<table>
<thead>
<tr>
<th>UNFPA strategic plan outcome</th>
<th>Country programme outputs</th>
<th>Output indicators, baselines and targets</th>
<th>Partners</th>
<th>Indicative resources</th>
</tr>
</thead>
</table>
| **Outcome 1: Sexual and reproductive health**
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 and access
**Outcome indicator(s):**
- Contraceptive prevalence rate (modern)
  Baseline: 13.9%; Target: 25%
- Protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence are adapted and implemented
  Baseline: No; Target: Yes | Output 1: Strengthened legal and policy frameworks to deliver integrated sexual and reproductive health services, with focus on adolescents, youth and vulnerable groups
- Number of advocacy events with state and non-state actors to improve the institutional framework for the newly adopted protocols for family planning services
  Baseline: 0; Target: 120
- New national comprehensive sexuality education curriculum aligned with international standards is developed with UNFPA support
  Baseline: No; Target: Yes
- Percentage of regions that have capacity to implement the Minimum Initial Service Package for reproductive health at the onset of a crisis
  Baseline: 15%; Target: 40% | Ministries of Health; Defence; Emergency; Public Health and Reforms; Youth and Sport; Education; Labour and Social Protection of the Population; National Parliament; State Medical University; State Committee for Family, Women and Children’s Affairs; State Statistical Committee; United Nations agencies, Y-PEER Network; the media; civil society organizations | $1.8 million ($1.2 million from regular resources and $0.6 million from other resources) |

| **Outcome 2: Gender equality and women’s empowerment**
Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth
**Outcome indicator(s):** | Output 1: Strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights
- Number of surveys on gender-based violence and harmful practices is conducted with advocacy or technical support from UNFPA, and results disseminated for policymaking on gender equality and sexual and reproductive health and rights
  Baseline: 8; Target: 13
- Number of advocacy events with state and non-state actors for institutionalization of the protocols and standards that integrate gender-based violence prevention, protection and | State Committee for Family, Women and Children’s Affairs; Ministries of Health; Education; Labour and Social Protection of the Population; Internal Affairs; Justice; State Statistical Committee; | $1.0 million ($0.5 million from regular resources and $0.5 million from other resources) |

*DPFPA/C/PA/AZE/2020*
- Percentage of Universal Periodic Review recommendations on reproductive rights from the previous reporting cycle implemented
  *Baseline: 10%; Target: 100%*

  - Response
    *Baseline: No; Target: Yes*
  - A functional tracking and reporting system for monitoring implementation of recommendations and obligations on sexual and reproductive health and rights issued by the human rights treaty bodies is in place
    *Baseline: No; Target: Yes*

  - National Parliament; United Nations agencies; the media; civil society organizations

**National priority:** Improvement of legislation and strengthening of institutional potential; development of human capital and provision of an effective social security system; balanced development of regions; development of civil society; ensuring transition to an information society; protection and effective management of cultural heritage

**UNDAR outcome:** Strengthening institutional capacities and effective public and social services


| **Outcome 4: Population dynamics** | **Output 1:** Strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with sexual and reproductive health and rights | **Output 2:** Number of qualitative and quantitative reports and surveys on population dynamics and its interlinkages with sexual and reproductive health and rights developed with advocacy or technical support from UNFPA, with particular focus on the vulnerable populations. *Baseline: 17; Target: 27*
|                               | **Outcome indicator(s):** | **Outcome indicator(s):** |
|                               | • National policies and programmes addressing population dynamics and its interlinkages with sexual and reproductive health and rights are in place. *Baseline: 1; Target: 2* | • Number of new age and sex-disaggregated indicators are incorporated into the publicly accessible national statistical databank to guide the development of policies on population dynamics. *Baseline: 257; Target: 307 (2020)*
|                               | • Number of advocacy events for strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data. *Baseline: 100; Target: 200* | • Number of advocacy events for strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data. *Baseline: 100; Target: 200* |

- State Statistical Committee; Ministries of Health; Youth and Sport; Labour and Social Protection of the Population; State Committee for Family, Women and Children’s Affairs; National Parliament; United Nations organizations

- **$1.0 million ($0.6 million from regular resources and $0.4 million from other resources)**

**Total for programme coordination and assistance:** $0.5 million from regular resources