

**Country Programme Action Plan**

**2011-2015**

**for the**

**Programme of Cooperation**

**between**

**The Government of the Republic of Azerbaijan**

**and**

**The United Nations Population Fund**

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## List of Acronyms

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AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavioural Change Communication
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
EC	European Commission
EDL	Essential Drug List
EECA RO	UNFPA Regional Office for Eastern Europe and Central Asia
EPC	Effective Perinatal Care
FP	Family Planning
GoA	Government of Azerbaijan
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HRBA	Human Rights Based Approach
ICPD PoA	ICPD Programme of Action
ICPD	International Conference on Population and Development
IDP/Rs	Internally Displaced Persons and Refugees
IEC	Information, Education, and Communication
LMIS	Logistics Management Information System
MARPs	Most at Risk Populations
MDGs	Millennium Development Goals
MLSP	Ministry of Labor and Social Protection of Population
MoF	Ministry of Finance
MoH	Ministry of Health
MoYS	Ministry of Youth and Sports
MTSP	UNFPA Mid-Term Strategic Plan 2008-2011
NGO	Non-Governmental Organization
NRHO	National Office on Reproductive Health and Family Planning
PHRC	Ministry of Health Public Health and Reforms Center
PRSP	Poverty Reduction Strategy Plan
RH	Reproductive Health
RHIYC	Reproductive Health Initiative for Youth in the South Caucasus
SCFWCA	State Committee on Family, Women and Children's Affairs
SPPRS	State Programme on Poverty Reduction and Sustainable Development
SSC	State Statistic Committee
STIs	Sexually Transmitted Infections
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization

## Table of Contents

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	<b>Page</b>
List of Acronyms	1
Framework	3
Part I. Basis of Relationship	3
Part II. Situation Analysis	3
Part III. Past Cooperation and Lessons Learned	4
Part IV. Proposed Programme	5
Part V. Partnership Strategy	19
Part VI. Programme Management	20
Part VII. Monitoring and Evaluation	21
Part VIII. Commitments of UNFPA	22
Part IX. Commitments of the Government of Azerbaijan	22
Part X. Other Provisions	24

## **Framework**

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The Government of Azerbaijan and the United Nations Population Fund (UNFPA) in Azerbaijan are in mutual agreement to the content of this Country Programme Action Plan (CPAP) document and on their respective roles and responsibilities in the implementation of the country programme.

**Furthering** their mutual agreement and cooperation for the fulfilment of ICPD 1994 Programme of Action; Beijing Declaration and Platform of Action (1995); Millennium Declaration (2000);

**Building** upon the experience gained and progress made during the implementation of the previous Programme of Assistance (2005-2010);

**Entering** into a new period of cooperation as described in the United Nations Development Assistance Framework for the Republic of Azerbaijan 2011-2015 and UNFPA Country Programme Document for the Republic of Azerbaijan 2011-2015;

**Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

The Government of the Republic of Azerbaijan and the United Nations Population Fund have agreed as follows:

### **Part I. Basis of Relationship**

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The relationship between the Government of Azerbaijan (GoA) and the United Nations Population Fund (UNFPA) is governed by the Standard Basic Assistance Agreement (SBAA) signed by the Government and the United Nations Development Programme (UNDP), which, mutatis mutandis, was also accepted as a basis of cooperation between the Government of Azerbaijan and the United Nations Population Fund. This was achieved by way of Exchange of Letters between UNFPA and the Government of Azerbaijan.

### **Part II. Situation Analysis**

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2. Azerbaijan became an independent republic after the dissolution of the Soviet Union in 1991. The country has a population of 9 million and a per capita income of \$3,157. Although it is a middle-income country, 10.9 per cent of the population lives below the poverty line (at the beginning of 2010).
3. The economy is heavily dependent on industry. Petroleum and petroleum products play a leading role in the industrial sector, and their export generates a positive trade balance. The economic growth is largely propelled by the exploitation of the country's oil and gas reserves. This has allowed major investments in infrastructure and has contributed to a decline in poverty rates, from 29.3 per cent in 2005 to 10.9 per cent late in 2009.
4. High levels of economic growth in recent years contributed to improved social indicators. However, the economic growth has had a limited impact on improving income-generating opportunities for those not employed in the oil sector. Although significant resources are devoted to improving social infrastructure, there is a need for institutional reforms and capacity development to ensure long-term improvements in service delivery.
5. During the post-independence years, conflicting trends have been observed for some reproductive health indicators. The contraceptive prevalence rate for modern methods increased from 13.3 per cent in 2005 to 18.5 per cent in 2009. However, 49 per cent of women do not use any contraception. According to the 2006 Demographic and Health Survey, infant mortality rates are higher than those reported by official sources (43 as opposed to 11.3 deaths per 1,000 live births). According to the 2000 Azerbaijan Multiple Indicator Cluster Survey, the maternal mortality ratio was estimated for 1988 as 79 deaths per 100,000 live births (as opposed to 26.3 deaths per 100,000 live births from official sources reported in 2008).. In 2008, the number of abortions was 9.7 per 1,000 women of

ages 15-49. Almost half (49 percent of pregnancies) end in an induced abortion (AzDHS). Most of these abortions occurred among women between the ages of 20 and 34. Abortion continues to be used as a fertility regulation method and is a serious health concern.

6. HIV/AIDS prevalence is increasing. As of December 2009, there were 2,034 officially registered HIV cases. However, the Joint United Nations Programme on HIV/AIDS estimated the number of cases to be 10 times higher. Limited condom use (2.2 per cent) and the increasing use of intravenous drugs are contributing to an expansion of the epidemic.
7. Gender disparities are of concern. Customary laws and traditional practices often deny women and girls their rights to inheritance and decision-making. Women's participation in public life is limited. Contributing factors to gender-based violence include gender stereotypes, women's economic dependence on men, cultural norms, weak legislation to protect women's human rights, and the lack of preventive measures or a referral system for victims of violence. The 2006 Demographic and Health Survey indicated that 13.3 per cent of women experienced physical violence at least once in their lives.
8. Disparities between official and alternative survey data constrain the ability of the Government and other stakeholders to plan and implement development programmes. Although data disaggregated by sex and age are updated and available at the national level, there is still a need for reliable data at the sub national level, especially on reproductive health and gender-related indicators.
9. The 2008 State Programme on Poverty Reduction and Sustainable Development (SPPRSD) calls for increased opportunities for income generation, the development of infrastructure, and improvements in social programmes, including high-quality health care and education. The overall goals identified by the State Programme are compatible with the Millennium Development Goals. The programme establishes priority policies and directions that the Government can use to achieve these goals.

### **Part III. Past Cooperation and Lessons Learned**

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10. The second country programme, 2005-2010, introduced family planning information and services and promoted the use of population data to support government policies on social issues. It also helped build the capacity of national institutions to address population and reproductive health issues. UNFPA provided technical and financial assistance for the 2009 National Population Census and the 2006 Demographic and Health Survey. It also helped the process of integration of sexual and reproductive health component into the formal health education curriculum for schools.
11. The results achieved during the second country programme included: (a) developing the National Reproductive Health Strategy, 2008-2015; (b) drafting national laws on reproductive health and domestic violence; (c) developing a National Action Plan on Family and Women's Issues; (d) helping to implement the recommendations of the Convention on the Elimination of All Forms of Discrimination against Women; (e) supporting the 2009 National Population Census, 2009 Sample Survey on Migration, and 2006 Labour Force Survey; and (f) developing a gender-disaggregated databank in the public sector.
12. The programme introduced: (a) new approaches and tools to improve the quality of reproductive health services; (b) adolescent health centres providing youth-friendly information, counselling, and clinical and referral services; (c) behaviour change

communication interventions targeting vulnerable groups; and (d) a national execution modality to manage component projects.

13. Lessons learned during the previous country programme point to the need to: (a) continue building capacity at the national level while focusing on the sub national level, where there is a lack of access to services; (b) involve religious leaders and men to accelerate behaviour change; (c) address the needs of young people for education, life skills, empowerment and youth-friendly reproductive health services; (d) assess the capacity of implementing partners for national execution, to ensure the high quality of programme implementation; (e) continue cooperation with United Nations organizations through joint initiatives and leadership in the Gender Theme Group; and (f) extend resource mobilization activities for regional initiatives and collaboration with the private sector.
14. The new country programme must be flexible enough to adapt to the rapidly changing development context of Azerbaijan. There is also a need to improve results-based management, including reporting, monitoring and evaluation.

#### **Part IV. Proposed Programme**

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##### **Linkage with National Development Plans, Processes and UNDAF**

15. The UNFPA programme takes into account national development policies, the goals and objectives of the International Conference on Population and Development and its reviews, the Millennium Development Goals and UNFPA Mid-term Strategic Plan 2008-2011. The programme will mainstream the humanitarian concerns and security risks, including the impact of the global economic crisis and environmental concerns into its programming. It will emphasize partnership, coordination and joint programming.
16. The UNFPA Country Programme 2011-2015 has been harmonized with the programmes of the United Nations Children's Fund and UNDP. The government participated actively in the programme preparation process and the United Nations Development Assistance Framework.
17. The goal of the UNFPA country programme is to contribute to improving the quality of life in Azerbaijan by supporting the following UNDAF outcomes: (a) by 2015, non-oil development policies result in better economic status, decent work opportunities and a healthier environment in all regions and across all social groups; (b) by 2015, vulnerable groups enjoy increased social inclusion and improved and equal access to high-quality health, education and social protection services; (c) by 2015, the Government strengthens the system of governance with the involvement of civil society and in compliance with international commitments, with an emphasis on vulnerable groups.
18. The country programme has three components: 1) Population and Development, 2) Reproductive Health and Rights, and 3) Gender Equality and Empowerment of Women. In the area of population and development the programme will focus on building national capacity to incorporate population issues in national development frameworks. Increasing access to quality reproductive and maternal health services and promoting reproductive rights will be the focus of the reproductive health and rights component of the programme. In the area of gender equality the programme will concentrate on improving national mechanisms to implement CEDAW and women's empowerment. Interventions related to young people and HIV prevention, marginalized populations, emergency preparedness and humanitarian response are cross-cutting issues that are addressed throughout the programme.

##### **Description of country programme and linkage with the MTSP 2008-2011**

###### ***Population and Development Component***

19. The following outputs of the Population and Development (P&D) component of UNFPA Country Programme will work to contribute respectively to the **Country Programme Outcomes** of *national strategies, policies and capacity to address regional and gender disparities in decent work opportunities are strengthened, with a focus on increasing the ability of vulnerable groups to manage and mitigate risks; and efficiency, accountability and transparency within the public administration are enhanced through the capacity development of government entities, using gender-sensitive approaches*, which in turn will contribute to **UNDAF Outcomes** related to the economic development and promoting good governance in Azerbaijan. The outputs are also linked to outcomes 3 and 4 respectively of UNFPA's Strategic Plan 2008-2011. In order to achieve these outputs and contribute to programme and UNDAF outcomes, the programme will employ the strategies outlined below.
20. **Output 1: The availability and use of population data, disaggregated by sex and age, are improved as a basis for formulating, implementing and monitoring national policies and programmes.** To achieve this output UNFPA will be utilizing the following strategies: (a) enhancing the national capacity to produce, analyze, use and disseminate population data disaggregated by sex, age, region and socio-economic status for evidence-based policies; (b) supporting the revision and expansion of the population and development indicator databank to increase the number of gender-related indicators; and (c) supporting research and studies in priority demographic areas.
21. *Enhancing the national capacity to produce, analyze, use and disseminate population data disaggregated by sex, age, region and socio-economic status for evidence-based policies.* UNFPA will continue deepening and expanding partnership and collaboration with the State Statistical Committee to further strengthen and improve the capacity of this leading national data-collection institution in acquisition, processing, analysis and dissemination of vital demographic and population data. A special emphasis will be placed on training programs and capacity development activities, both locally and abroad, aimed at improving knowledge and skills of relevant staff working in the field of demography and population statistics. The topics of the training courses to be organized with the support of UNFPA will be identified in joint consultation with the national counterparts and based on issues of relevance, emerging priorities, and urgency both for the Government and the scope of UNFPA program. UNFPA will support training programs through providing financial support, technical expertise and other related materials (books, software, etc.). Special emphasis will be given to making population estimates and projections which could form a basis to better policy planning and program development.
22. Continuous attention and support will be accorded to expanding participation of principal specialists and professionals active in the field of population and demography in international seminars, workshops, training, meetings and familiarization visits to boost international exchange of expertise and knowledge between UNFPA's government counterparts in the country and their respective international counterparts. Membership of national institutions in professional societies and participation in international professional events will be promoted and supported by the program. Support will be also provided for subscription to technical periodicals and accessing on-line sources of technical information.
23. Throughout the programme cycle UNFPA will consider rendering relevant equipment, soft-wares to its main national counterparts that is in line with and to insure the feasibility of program implementation.
24. *Supporting the revision and expansion of the population and development indicator databank to increase the number of gender-related indicators.* UNFPA will continue supporting the Government in enhancing the population database through further improving the availability of disaggregated data and facilitating the revision and expansion of key population and

demographic indicators. The data collected is to be crucial for evidence based planning and decision making and for measuring progress toward achievement of the MDGs.

25. Supporting research and studies in priority demographic areas. UNFPA will continue supporting the State Statistical Committee, relevant national institutions and research centres by providing expertise, technical and financial support to the surveys, researches and studies reflecting national priorities and needs in population related issues. UNFPA will support conducting the next Demographic and Health Survey (DHS) in 2012 and other large scale national surveys going in line with the existing/developing state programs/policy documents (e.g., State Program on Improving of Official Statistics, State Program on Demography and Population Development, etc). Technical support will be provided in survey design, development of tools, and analysis. UNFPA will work with relevant national agencies, in particular with the State Statistical Committee and the Ministry of Labour and Social Protection of Population in developing long-term and short-term population projections to be used for socio-economic development.
26. Output 2: An enabling environment is created and national capacity enhanced to strengthen public administration in mainstreaming population and gender dimensions. This output will be attained through (a) implementing the national demographic policy and its action plan; (b) providing technical assistance in extending and/or revising population programmes and policies to better address population concerns; (c) strengthening national capacity and institutional mechanisms to implement, analyse and utilize qualitative and quantitative research for population policy planning; (d) advocating the inclusion of population and gender concerns in operational plans; and (e) supporting studies and research on demographic trends.
27. Implementation of the national demographic policy and its action plan. UNFPA will continue working with and supporting the Ministry of Labour and Social Protection of Population, the unique governmental body directly involved into the planning, development and monitoring of population-related programs and policies in the country, to facilitate the execution of the relevant national priorities in demography.
28. To address the pressing shortage of qualified national cadres in the field of demography and population development, one of the main national priorities, consistent measures would be taken to institute, in the academic organizations of Azerbaijan, demographic courses/training program to train future experts in the subject field. MLSPP and the Ministry of Education will be supported in this regard.
29. In close coordination with the Government UNFPA will support the limited number of professionals employed by the relevant governmental organizations to pursue courses in demography and population studies from recognized international training institutions. Throughout the programme cycle UNFPA will support long-term training courses and fellowships in recognized international training and research centres for professionals working in relevant national institutions.
30. The programme will continue rendering relevant support to the Training and Research Centre in Population and Demography (TRCPD), established under the MLSPP as part of the ongoing programme of cooperation of the Government of Azerbaijan and UNFPA to address the issues related to the development of population and demographic policies in the country. The development of a training Center was further identified as part of the envisaged priorities and goals of the 2003-2005 State Programme on Poverty Reduction and Economic Development (SPPRD), and State Programme on Demography and Population Development approved by the Government of Azerbaijan. The bilateral agreements reached between the Center and the Economic Faculty of the Moscow State University named after Lomonosov, as well as with the Hacettepe University, Institute of Population Studies, on mutual cooperation and partnership are considered an asset inherited from the previous program.



31. Provision of technical assistance in extending and/or revising population programmes and policies to better address population concerns. Through the provision of expertise and technical assistance, UNFPA will be closely collaborating with and supporting the MLSPP and the relevant stakeholders in drafting of the 2nd cycle of the State Programme on Population Development and Demography based on the experience, achievements and lessons learned during the implementation of the 1st cycle. As soon as the programme is endorsed by the Government, UNFPA will be supporting its implementation with technical and financial assistance.
32. Where applicable, UNFPA will seek an opportunity to link national institutions with recognized international institutions of academic excellence to make up-to-date expertise available for quality and efficient implementation of national priorities in the area of population and demography.
33. Strengthening national capacity and institutional mechanisms to implement, analyze and utilize qualitative and quantitative research for population policy planning. UNFPA will continue deepening and expanding partnership and collaboration with the MLSPP, National Academy of Sciences, line government and research institutions to further strengthen and improve the national capacity to implement, analyze and utilize qualitative and quantitative research in population and demography. A special emphasis will be placed on training programs and capacity development activities, both locally and abroad, aimed at improving knowledge and skills of relevant staff working in the field of demography and population statistics. The topics of the training courses to be organized with the support of UNFPA will be identified in joint consultation with the national counterparts and based on issues of relevance, emerging priorities, and urgency both for the Government and the scope of UNFPA program. UNFPA will support training programs through providing financial support, technical expertise and other related materials (books, software, etc.).
34. Continuous attention and support will be accorded to expanding participation of principal specialists and professionals active in the field of population and demography in international seminars, workshops, training, meetings and familiarization visits to boost international exchange of expertise and knowledge between UNFPA's government counterparts in the country and their respective international counterparts. Membership of national institutions in professional societies and participation in international professional events will be promoted and supported by the program. Support will be also provided for subscription to technical periodicals and accessing on-line sources of technical information.
35. The Program will continuously contribute to the activities aimed at raising critical awareness and drawing public attention on broad range of population issues among wide public circles of Azerbaijan at national and regional level. The programme will prioritize mainstreaming population and gender concerns in national operational plans.
36. Supporting studies and research on demographic trends. UNFPA will continue supporting the government counterparts, relevant national institutions and research centres by providing expertise, technical and financial support to the researches and studies reflecting national priorities and needs in population related issues.
37. Small scale researches that can yield comprehensive information targeted for specific purposes also will become an essential part of the current country programme. UNFPA in consultation with the Government will identify relevant topics and provide technical and financial support to research with special focus on linkages between population, gender and reproductive health; population projections; ageing, migration, etc.
38. To provide technical support for the implementation of PDS component UNFPA will seek to mobilize technical expertise from reputed international institutions, which may include the

UN Statistical Division, European Statistical Division, UNECE, Hacettepe University, Institute of Population Studies, Moscow State University named after Lomonosov, INED, NIDI, and other recognized centres. In cooperation with UNFPA EECA Regional Office and Almaty Sub-Regional Office UNFPA will make use of independent technical expertise.

### ***Reproductive Health and Rights Component***

39. Reproductive health and rights component of the programme will contribute to two **Country Programme Outcomes**: *the national health system ensures improved, equitable and high-quality services, particularly for vulnerable groups, in line with international standards; and by 2015, civil society, the media and vulnerable groups enjoy an increased role in policy formulation and implementation processes,* which in turn contribute to effective improvement of social and governance sectors highlighted under respective UNDAF Outcomes. Three outputs will contribute to these outcomes and to the UNFPA Strategic Plan 2008-2011 outcomes 3, 5 and 1 respectively.
40. **Output 1: Access to high-quality reproductive health and youth-friendly services and commodities is improved.** The following strategies will be employed for the achievement of these outputs: (a) expanding the network of service delivery points offering antenatal, maternal and youth-friendly care, in compliance with international standards; (b) improving reproductive health commodity security by promoting the social marketing of condoms for vulnerable populations, and including reproductive health commodities on the essential drug list; and (c) introducing antenatal and delivery health protocols to the national health service package at primary and secondary levels.
41. *Expanding the network of service delivery points offering antenatal, maternal and youth-friendly care, in compliance with international standards.* The programme is designed to assist the ongoing reforms in primary health care and will continue to work in close collaboration with the Ministry of Health, National Office on Reproductive Health and Family Planning (hereafter National Reproductive Health Office, NRHO) and the Public Health and Reforms Center (PHRC). The network of 28 Reproductive Health and Family Planning Centers (RH/FPC) successfully introduced and operationalized during the last two Country Programme cycles is seen as a big opportunity and challenge to be adequately integrated into the new architecture and operational hierarchy of the post-reformation national health system of Azerbaijan. Particular attention will be put on the newly established, during the joint youth RH initiative of UNFPA with the EC – RHIYC project, youth friendly medical centers. The recent advancement in the policy environment on adolescent health expressed in the MoH order no. 36 of 26 May 2010 “About the activities aimed at the improvement of adolescent health” has been an asset to consider the incorporation of this network coordinated by the host clinic in Baku, BUTA Youth-friendly Clinical Center, into the health system, in addition to the existing children polyclinics, which are the only state-recognized outpatient facilities targeting adolescents. Both types of centers are prioritized to be used as the focal points to satisfy the emerging need in establishing sound national referral system for victims of gender based violence.
42. Strengthening effectiveness of service environment and building national capacities of health care managers and providers is seen as a major contributor to achieving sustainability of the Third CP outputs and this strategic objective in particular. For that UNFPA is planning to expand capacity building targets in the provision of FP beyond ob/gyns and midwives to the newly introduced family physicians (about 3,000 since January 2010), GPs, and mid-level personnel (nurses). For youth counselling, it is planned to pay particular attention to pediatricians, psychologists, as well as andrologists and urologists, whose capacities will be built following successful experience from the national adaptation of the WHO

Orientation Programme on Adolescent Health for Health-care Providers. As envisaged in the National RH Strategy document and in close cooperation with the MoH, PHRC and WHO, UNFPA will provide support in designing new national system for cervical cancer prevention, screening and treatment. UNFPA will be working on enhancing health system capacity to integrate gender sensitivity and human rights based approach (HRBA) into the national programs.

43. Throughout the programme cycle UNFPA will be advocating for achieving national self-sustainable supply and continued upgrading of essential equipment for reproductive and maternal health services. At the same time, since the self-sustainable supply requires a certain time to achieve, UNFPA will be deciding on case-by-case basis on supplying some limited amount of essential equipment to support UNFPA-led programme interventions.
44. Improving reproductive health commodity security by promoting the social marketing of condoms for vulnerable populations, and including reproductive health commodities on the essential drug list. The programme will capitalize on the experience and lessons obtained from the implementation and operationalization of the Logistics Management Information System (LMIS), which represented critical component of supply chain management of main FP commodities and managed to achieve particularly visible results until after 2006 when UNFPA CP covered the provision of free contraceptive supplies. It is planned to support the decentralization efforts envisaged within the ongoing national health system and primary health care reforms and extensively use the achievements of LMIS in FP to expand it to the level of MoH overall system of effective procurement planning, forecasting, and distribution management. As soon as the programme is endorsed by the MoH, UNFPA foresees the temporary provision of free-of-charge commodities for Most at Risk Populations (MARPs) in need, including but not limited to IDP/Rs and those living below the poverty line, and will provide technical and institutional expertise *for the Center of Innovation and Supply, Health Informatization Center and PHRC as well as the NRHO of the MoH* to operationalize the System.
45. Condom social marketing is continuously seen as an advocacy tool for generating proper public demand for effective contraception, especially among the young people and families with the limited ability to pay, with the aim to disseminate accurate information and encourage safer sexual practices. NRHO, Ministry of Youth and Sports, and local NGO Development and Empowerment of Youth (DEY) will be supported in this regard. In the third programme cycle it is envisaged to extend the advocacy efforts by reaching out MARPs mostly in need for subsidized or free provision of contraceptives to satisfy their unmet needs in FP commodities. To achieve that, the Third CP will continue, jointly with WHO, to advocate for the inclusion of contraceptive supplies into the national Essential Drug List (EDL). It is planned to build on the experience from neighbourhood Turkey, as part of the South-South Cooperation initiative, through forecasting health care funding to cover population needs in essential contraception, cost-effectiveness analysis as compared to public estimated expenditure for abortions, which still are predominantly sought by population as fertility regulation method, along with the treatment of complications, including infertility. The data obtained from the cost-effectiveness analysis and budgeting projections exercise will create an enabling environment for building the capacities of MoH health managers in realizing the inherent demand in contraceptives the value of which is largely underestimated by the budget owners and holders. International expertise and the involvement of Ministry of Finance as the responsible state body for allocating health budgets is seen as an opportunity for the successful addressing the task in question.
46. Introducing antenatal and delivery health protocols to the national health service package at primary and secondary levels. UNFPA will further the achievements observed during the previous programme cycle from the assistance in development of the standard evidence-

based clinical practice guidelines and protocols and strengthening the in-service skills of RH workers through wider application of the concepts of Effective Perinatal Care (EPC). The Ministry of Health, the National Reproductive Health Office, Public Health and Reforms Center, *National Perinatal Centre*, National Institute of Obstetrics and Gynaecology, Paediatrics, UNICEF and WHO will be UNFPA key partners in development and revision of clinical guidelines and protocols, including guidelines on antenatal, as well as essential and emergency obstetric care.

47. To improve the accessibility and effectiveness of maternity care the implementation of evidence-based antenatal and maternity guidelines and protocols is considered a priority for expected decline in maternal morbidity and mortality indices. Observed developments in policy environment and arrangements of the government in strengthening referral system between primary and secondary level health care facilities (Guidelines on consultative and transportation service for pregnant and in-labour women and newborns), ongoing improvements in rural infrastructure and expected development and operationalization of e-health cards of women of reproductive age and medical registers for antenatal care, will contribute positively to that aim through proper diagnosing and timely management of threatening obstetric conditions. UNFPA will closely collaborate with the UN system organizations, existing programmes and projects funded by multi- and bi-lateral donors, including World Bank, USAID, Rastropovich-Vishnevskaya Foundation, etc., to assist the government in formulation and developing national mechanisms for implementation and monitoring of existing and yet to be developed clinical protocols. As soon as the programme is endorsed by the MOH, UNFPA will be supporting its nationwide implementation with technical and financial assistance and linking the national institutions with recognized international centres of excellence in specific areas to make up-to-date expertise available for developing, upgrading and implementation of national protocols and guidelines.
48. **Output 2: Women, men and young people have increased access to high-quality information and skills conducive to responsible and healthy sexual and reproductive health behaviour.** To achieve this output UNFPA programme will utilize the following strategies: (a) strengthening the provision of primary reproductive health referrals for women and young people; (b) operationalizing youth-friendly medical and information centres; (c) strengthening the out-of-school peer education curriculum; (d) incorporating family life education into the curriculum of secondary schools; and (e) increasing awareness of men about sexual and reproductive health.
49. **Strengthening the provision of primary reproductive health referrals for women and young people.** In addition to strengthening quality service provision and access to affordable commodities, UNFPA will employ communication strategies aimed at raising critical understanding, increasing knowledge, adopting attitudes, and learning skills ultimately supportive to altering risky behaviours of women and young people in need. To analyse gaps underlying poor health seeking behaviours and obtain baselines conducive for monitoring and evaluation of communication and skills-learning interventions used to address those gaps, UNFPA, jointly with its national counterparts (MoH, NRHO, PHRC, SCFWCA), facilitated the conduction of the needs assessment in the field, the 2010 Reproductive Health Behaviour Survey. Capitalizing on the expected provisions of this study exercise, and the existing results of the 2009 Adolescent RH Survey conducted by UNFPA jointly with the MoH and MoYS and the 2011-2016 National Conception on Health Communication in Azerbaijan prepared by PHRC jointly with Abt Associates, UNFPA is planning to support formulation of the National RH Communication Strategy. As a result, evidence-based IEC materials with tailored messages developed by national expert team will be extensively used in UNFPA programming to advocate RH to different target audience using a variety of communication channels, primarily focusing on MARPs and far-to-reach communities. Where applicable,

UNFPA will seek the opportunity to link national institutions with recognized international institutions of academic excellence.

50. Operationalizing youth-friendly medical and information centres. To raise critical awareness of young people on risky sexual and reproductive health behaviours and improve their applying to formal health services, UNFPA, during its Second CP and mainly in the frames of EC and UNFPA co-funded RHIYC initiative, with the support of MoH, NRHO and SCFWCA, successfully commenced medical and information centers for young people. To sustain these achievements, UNFPA is planning to assist the government in the development of guidelines for operationalization of the youth friendly clinics in changing health care environment, establishing networking between youth centers and clinics and their interrelation with regular medical facilities. In addition to that, UNFPA will continuously support demand-generating practices by (a) assisting the existing peer-led youth communication networks (UNFPA Youth Advisory Panel, partnering youth NGOs) and platforms (websites, forums); and (b) ensure the participation of trained young educators during the WHO/UNFPA Orientation Programme sessions for health care providers aimed at building their youth friendly counseling skills.
51. Strengthening the out-of-school peer education curriculum. In spite of good presence of out-of-school education initiatives there have been no adopted standards for peer education in the country. For that, UNFPA will continue supporting national efforts on developing informal education for youth on reproductive health issues and HIV/AIDS prevention. As part of those efforts, during the Second CP UNFPA has gained an agreement with the MoYS on the establishment of the Azerbaijan Peer Education Network (AzPEN) aimed at the promotion of healthy life style and sexual-moral upbringing concepts for young people and even initiated the development of culturally and gender sensitive national peer education training materials based on Y-PEER modality. In the frames of AzPEN and jointly with other national counterparts active in youth education and health issues (MoE, MoH, SCFWCA), youth NGOs and national Y-PEER community, the Third CP envisages the development and adoption of national standards for peer education, creation of unified national peer education curriculum, providing trainings, maintaining quality assurance and supporting national recognition of peer-led initiatives in the country. The programme will provide consistent steps for the inclusion of principles of the promotion of healthy life style and sexual-moral upbringing of youth into the state programme of the MoYS and the inclusion of its principles into the youth summer camps methodology.
52. The programme will closely cooperate with the international Y-PEER network and provide support to integrate the national Y-PEER networks into the country programmes targeting HIV prevention and youth development. UNFPA with other partners will ensure youth participation and youth leadership in the programme activities related to young people.
53. Incorporating family life education into the curriculum of secondary schools. The Ministry of Education along with the UN system (UNESCO, UNICEF, etc.) and bilateral donor agencies will be UNFPA partners in increasing access of youth to information on reproductive health through formal education. The programme will capitalize on the achievements of the Second CP and will assist in continuous upgrading secondary school curriculum on RH and provide assistance in building up capacities for teaching this course in secondary schools, colleges, lyceums and universities. In particular, support will be provided to adapt the existing course named “Basics on Reproductive Health” aimed at 9-11th grade secondary students to contemporary requirements to represent a quality gender-sensitive life-skills based tool to be further taught in all types of secondary and undergraduate education facilities. Particular attention will be paid to teachers-in-training from pedagogical and psychological faculties.

The programme will seek the opportunity to ensure the participation of parents in the education process for which special training materials will be prepared.

54. Increasing awareness of men about sexual and reproductive health. Ministry of Health, NRHO, PHRC and SCFWCA will be principal UNFPA partners in developing nationwide programme on increasing awareness and better involvement of men in reproductive and maternal health issues, including sharing responsibilities in family planning and recognition of critical obstetric conditions. Based on the results from the 2010 national multi-stakeholder sample Survey on Reproductive Behaviours, which was conducted by UNFPA in the frames of the Second CP, UNFPA is planning to design and support developing a training programme, preparing a pool of trainers and conducting education and communication programme with special focus on male involvement. Existing structures of the Committee in the regions are considered an asset for expanding communication and training activities in this area.
55. Output 3: Policies and legislation on reproductive health and rights are formulated or revised with the participation of non-governmental organizations (NGOs), decision makers, and national experts. The two-pronged strategy approach will set the ground for the achievement of this Output: (a) formulating or revising national policies and legislation on reproductive health and rights by enacting a Reproductive Health Law and taking into account the achievements and lessons learned from the National Reproductive Health Strategy; and (b) strengthening the capacity of civil society, the media, experts and decision makers to create an enabling environment for the reproductive health and rights of women, men and young people, including vulnerable groups.
56. Formulating or revising national policies and legislation on reproductive health and rights by enacting a reproductive health law and taking into account the achievements and lessons learned from the National Reproductive Health Strategy. UNFPA will continue supporting national policy and legislative framework conducive for full enjoyment of population of their reproductive health and rights. To this end, assistance will be provided to parliamentarians and expert community aimed at the final enactment of the National RH Law following minor adjustments and improvements suggested during the last hearing in Milli Mejlis (National Assembly). Collaboration with the MoH, NRHO, SCFWCA, other line ministries as well as long-standing partnership of UNFPA with the Standing Commission on Social Policy and European Parliamentary Forum are seen as an asset for this task.
57. The programme will continuously work to ensure further integration of maternal and reproductive health concerns into all aspects of national social policies and strategies. Technical assistance will be rendered to national experts from NRHO for adjustments to National Action Plan and Mid-Term Review of the 2008-2015 National RH Strategy, the second policy document prioritizing national SRH in accordance with WHO standards and ICPD principles. Achievement of reproductive health commodity security (RHCS) and strengthening integrated national response to HIV/AIDS epidemics will also be a priority. It will conduct advocacy at all levels, providing international expertise and, where applicable, acquainting policy-makers with international best practices in this area.
58. Strengthening the capacity of civil society, the media, experts and decision makers to create an enabling environment for the reproductive health and rights of women, men and young people, including vulnerable groups. The Programme envisages the elaboration of RH Communication Strategy for 2011 to guide extensive advocacy with public sector, the media and influentials aimed at better protection of sexual and reproductive rights of the population and improved national ownership of UNFPA programmatic achievements in the country. It is planned to continuously support the work of raising critical awareness of the population, key decision makers and civil society at large through mobilization and advocacy work of NGOs and CSOs in the majority of regions, including those mainly opposing or underestimating the

value of the enactment of the RH Law. The programme will prioritize mainstreaming gender sensitivity and human rights based approach (HRBA) in national SRH policies and strategies, paying particular attention to vulnerable communities.

### ***Gender Equality Component***

59. The following **Country Programme Outcomes** are to be achieved under the Gender Equality Component: *the Government and civil society provide social protection services for vulnerable groups*; and *access to and the response of legal institutions are improved, along with legal assistance, particularly for vulnerable groups, in compliance with international commitments and norms on human rights*. The following three outputs will contribute to achieving these outcomes and UNFPA Strategic Plan 2008-2011 outcomes 4, 3 and 1 respectively.
60. ***Output 1: Increased understanding and improved knowledge of the public on gender-based violence, related national legislation and human rights instruments, through education and awareness campaigns to combat all forms of gender discrimination***. The following strategies will be employed for the achievement of these output: (a) comprehensive advocacy and education campaigns on the decision-making and policy levels on eliminating gender stereotypes and eradicating violence against women and harmful practices and traditions; (b) education campaigns for men, to involve them in combating violence against women; (c) training programmes for the media on human rights and national legislation, with a focus on international human rights treaties; and (d) a joint initiative with UNDP on access to employment for women in selected rural areas, focusing on the economic and psychological aspects of gender-based violence.
61. ***Comprehensive advocacy and education campaigns on the decision-making and policy levels on eliminating gender stereotypes and eradicating violence against women and harmful practices and traditions***. Awareness –raising and educational interventions within Third CP will be based on the achievements of the previous programme cycle, particularly with the focus on newly adopted Law on Domestic Violence (October 2010) and Law on Gender Equality (2007) – both are the result of UNFPA expert support to the SCFWCA. In this regard, building and maintaining relationships with the governmental bodies, establishing coalitions and working groups with the representatives of all agencies involved in order to monitor the implementation of the newly adopted Law on Domestic Violence as well as raising awareness on the gender-based violence and the related national legislative bills among the representatives of respective state and non-governmental agencies, among the population in general will be the main area of programmatic activities. Evidence-based advocacy approach will be formulated taking into consideration of the findings of UNFPA National Survey on VAW conducted within the framework of the Regional GBV Project, using the advocacy means such as policy advocacy forums; conducting mass rallies and town-hall meetings in capital as well as in the regions; educational projects among youth including debates and development of target group tailored publications; awareness raising activities among social gatekeepers, parents, teachers, civil society, law- enforcement actors, gender focal points of line ministries, parliamentarian and other decision makers.
62. ***Education campaigns for men, to involve them in combating violence against women***. The Program will be build on previous CP successes and experience of the UNFPA-AZE CO on introduction of the separate component on male involvement as part of the overall strategy to end GBV in the country. The Group of male trainers have been fully capacitated on the topic of GBV and gender issues through Training of Trainers programmes “Men talking to men to end GBV” with involvement of international

expertise. Male trainers on GBV will be the core group to conduct awareness raising campaigns targeting male population of the country via covering more people through the information sessions cascade training to broader male population. The special focus will be given to youth groups through organizing of youth debates tournaments on GBV and other young people events to expand the male involvement movement; TV/radio campaigns, web-promotion, ‘White Ribbon Campaigns’, publication of educational materials, organizing youth summer schools. In addition to advocacy component, the expected results over the next several years may be also as follows: creation of White Ribbon resource units as part of Reproductive Health Centers and GBV Referral Centers in the regions and establishment of strong partnership among other CP components on male involvement.

63. Training programmes for the media on human rights and national legislation, with a focus on international human rights treaties. Taking into account that Media plays an enormous role in shaping the perceptions around women and their respective roles in a society it is obvious that transformation of negative stereotypes around women as well as perceptions on gender based violence would not be possible unless there is an active media involvement. With this purpose series of outreach activities aimed at national and local media will be held. The activities should aim at raising awareness of media representatives on the women’s rights discourse as well as Azerbaijan’s commitments on Human Rights Treaties, including CEDAW, SCR 1325 and SCR 1820. Special attention should be paid to the national mechanism on implementation of Law on Domestic Violence and other national legal acts, policies and programmes. In addition, regular monitoring of GBV coverage in media will be conducted and the findings should be discussed with the respective state institutions and media agencies. UNFPA will closely collaborate with the UN system organizations, existing programs and projects funded by multi-and bi-lateral donors, NGOs, INGOs and media institutions in this regard.
64. Joint initiative with UNDP on access to employment for women in selected rural areas, focusing on the economic and psychological aspects of gender-based violence. The project is driven by the need to design and implement awareness-raising campaigns targeting women, including rural women, in order to raise their knowledge of their rights under the Convention and its Optional Protocol and thus enhance their capacities to claim their rights; address deep-rooted patriarchal attitudes subordinating women and the strong stereotypes regarding their roles and responsibilities in the family and society, which constitutes a significant impediment to the implementation of the Convention and are a root cause of women’s disadvantaged position in political life, the labour market, education and other areas; the need for significant improvement in women’s and girls’ access to training in non-traditional fields to increase correlation between women’s education levels and skills sets and economic opportunities in flourishing areas of the economy; the need to address the persistence of both vertical and horizontal gender segregation within the labour market, the high unemployment rate of women and the concentration of women in lower-paying sectors, such as health care and education and the informal sector; the fact that the current measures are insufficient to enable women to reconcile their family and professional responsibilities; and the need to enhance the participation of rural women in decision-making and income-generating activities through training.
65. Therefore the project aims to support national efforts for gender equality and the empowerment of women, paying particular attention to improving access to employment for women in rural areas. It is proposed to implement this project as a joint programme of UNDP and UNFPA and possibly other partners, with cost-sharing of the Government of Azerbaijan - the State Committee for Family, Women and Children Affairs. While UNDP’s



component will mainly aim to improve women's access to employment and their employability by supporting already existing job-creation mechanisms and by developing scalable pilot projects in rural areas, UNFPA will direct its interventions mainly on domestic violence issues with specific focus on economic violence and existing national legal protection mechanisms. These core interventions will be supported by a second strategic intervention to promote the image of working women and reinforce values of equity and equality through the diffusion of gender-awareness information and training. This will help the society in general and women in particular to be aware of women's socio-economic rights. The joint programme is planned to be implemented between 2012 and 2014 after final approval by the SCFWCA and possible allocation of co-sharing funding from governmental sources.

66. **Output 2: The national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems, is strengthened.** The two-pronged strategy approach will set the ground for the achievement of this Output: (a) operationalizing the network of rehabilitative services for female victims of violence, with the adoption of guidelines for family counselling centres; and (b) strengthening the referral system by building the capacity of government bodies and non-governmental organizations.
67. **Operationalizing the network of rehabilitative services for female victims of violence, with the adoption of guidelines for family counselling centres.** The programme will capitalize on the experience and achievements of the previous CP that envisaged development of the Guidelines on operationalization of centers for women--victims of domestic violence. The Guidelines provides detailed description of the services that should be provided for the women victims of violence and their children and will be further discussed with line ministries, reviewed by the SCFWCA and adjusted in the light of the recent legal development on DV – newly adopted Law (October 2010), and then approved by the Cabinet of Ministers. UNFPA will continue providing expert support to the state in operationalization of the network of Centers for victims of DV, capacity building of related staff, strengthening national referral mechanism to address GBV and building partnership on the way of elimination of VAW and promotion of women's' rights.
68. **Strengthening the referral system by building the capacity of government bodies and non-governmental organizations.** Lack of strong referral mechanism of women-victim of domestic violence is immense challenge in the country accepted both the state and indicted under the CEDAW Committee Observational Comments of 2009. First step to strengthen the national capacity have been taken within the Second CP however the main achievement in this regard was adoption of the Law on Domestic Violence which will open the avenue to establish national machinery to address VAW. In this regard UNFPA's expert support will be of a crucial importance and will be formulated in two main directions. The first area of interventions will be focused on development of training package on health response to GBV through provision of international expertise on development of GBV Treatment Protocols and application of existing piloting models of services to GBV victims within national health system and identification of appropriate entry points. Overall, UNFPA's intervention will contribute enhancing health system capacity to integrate GBV sensitivity and human-rights based approach and will substantively support Reproductive Health Component in this regard to ensure synchronized coherent approach. The second dimension to satisfy the emerging need in establishing sound national referral system for victims of GBV will be on strengthening the capacity of law-enforcement bodies and legal actors which is described under Output 3.

69. *Output 3: The enabling environment (including policies and laws) is improved to promote and protect the rights of women and girls, and to combat violence against women.* The programme will use the following strategies outlined to achieve this output: (a) supporting the Government in revising national legislation in accordance with the Convention on the Elimination of All Forms of Discrimination against Women; (b) supporting the operationalization of the law on domestic violence, the national strategy for combating violence against women, and other policy documents; and (c) building the capacity of law enforcement bodies on national legislation and human rights instruments.
70. *Supporting the Government in revising national legislation in accordance with the Convention on the Elimination of All Forms of Discrimination against Women.* Throughout the programme cycle UNFPA will be advocating for bringing the national legislation into compliance with international human rights instruments and continue providing expert support to the government to address the CEDAW Committee's Concluding Comments. Attention to be given to strengthening capacity of policy makers, parliamentarians and other decision makers on Human Rights Treaties and Azerbaijan's commitments in this regard. Technical assistance will be rendered to the state on development V State CEDAW Report with the provision of international expertise upon government's request.
71. *Supporting the operationalization of the law on domestic violence, the national strategy for combating violence against women, and other policy documents.* UNFPA will further the achievements observed during the previous programme cycle from the assistance in developments of the National Gender-based Violence Strategy document that presents the strategic framework identifying international developments on GBV, key priorities including the legislation and service provision, improvement of multi-agency cooperation, necessity of comprehensive training and education in the field of VAW, as well as the detailed description of the services that should be provided for the women victims of violence and their children has already been developed. Within the next Programme Cycle the Strategy should be further brought into compliance in the light of the recent legal developments on domestic violence, further elaborated by the working group with the representatives of all involved state and non-governmental actors and approved by the state as the platform form implementation of the law on Domestic Violence.
72. Further UNFPA will continue supporting national policy and legislative framework conducive for full enjoyment of women and girls of their rights living in dignity and free of violence environment. To this end, assistance will be provided to parliamentarians and expert community aimed at the final enactment of the Family Code following adjustments and improvements suggested under CEDAW Concluding Comments. The programme will continuously work to ensure further integration of gender concerns into all aspects of national social policies and strategies. Technical assistance will be rendered to the state with the provision of international expertise upon government's request.
73. *Building the capacity of law enforcement bodies on national legislation and human rights instruments.* Taking into account the crucial role of law enforcement bodies in addressing violence against women related issues, the criminal system's ability to prevent and provide effective response to GBV should be strengthened through the series of trainings and information sessions conducted to the law enforcement personnel and judiciary as well as lobbying for the creation of specific women police units at each police department. UNFPA will continue to provide support to the state in this regard, including development of specific Guidelines and Manuals in accordance with the Law on Domestic Violence, development, piloting, adoption an integration of VAW incident report forms and comprehensive training programmes for police, judges and prosecutors. UNFPA's interventions will be based on existing regional achievements and experiences from

neighbouring countries, and long-standing partnership of UNFPA with the SCFWCA and line state bodies (Ministry of Interiors, Police Academy) and International Organizations (OSCE, Council of Europe) are seen as an asset for this task.

### ***Communication support to the programme implementation***

74. At the beginning of the programme cycle UNFPA will work closely with its partners to develop a comprehensive long-term communication strategy to support the programme and will adhere to this unified and integrated strategic document through the programme life cycle. UNFPA will work with state TV stations and radio channels as well as non-state mass-media. The support will be provided for improving technical knowledge and skills of journalists and for developing media products addressing, reproductive and maternal health issues and HIV/AIDS.
75. The programme will be supported by intensive behaviour change communications targeted at raising awareness of relevant target audiences on the issues of reproductive health, HIV prevention, gender equality promotion and highlighting other population and development concerns,

### **Capacity Development**

76. The proposed programme focuses on strengthening the existing national capacity through the four UNFPA strategies outline in MTSP 2008-2011.
77. Building and using a knowledge base. UNFPA will support national capacity to design and implement evidence-based policies and programmes addressing local needs on reproductive and maternal health, population and development linkages. It will enable national partners to generate and use knowledge relevant to the goals set in the national development plans. Working with national partners, UNFPA will promote capacity for identifying lessons learned, utilizing evidence from pilot projects and formulating strategies for scaling-up new effective models and approaches. Strengthening knowledge transfer especially from the countries sharing the common past and similar cultural and social-economic background will complement efforts at the national level.
78. Supporting advocacy and policy dialogue. UNFPA will continue working on increasing awareness on population and reproductive health issues among policy and decision-makers. Through communication and advocacy efforts the programme will foster an environment conducive to integrating reproductive rights and population issues into relevant national policies and programmes. Innovative and replicable models based on international experiences will be adapted to local situation, piloted and scaled up through dialogue with policy and decision-makers. It will also work on building the capacity of Government, civil society and other partners to advocate for ICPD agenda.
79. Building and strengthening partnerships. UNFPA will build national capacity for multisectoral partnerships on population issues among Government, parliamentarians, research institutions and universities, civil society organizations, donors, the media and the private sector. The programme will work on strengthening linkages between national institutions and international bodies working in the area or reproductive health, population and development. UNFPA will make available for national partners technical resources and expertise from both cluster and regional levels.
80. Developing systems for improved performance. UNFPA will work on strengthening the national capacity to develop and manage reproductive and maternal health care services

with a focus on primary health care and continuous quality improvement. It will contribute to strengthening reproductive health commodities systems for improved quality, coverage and effectiveness. UNFPA will also build the institutional capacity to develop, motivate and retain skilled human resources capable to effectively work on reproductive health and population.

## **Part V. Partnership Strategy**

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81. UNFPA will involve a wide range of governmental agencies, including education and research institutions, non-governmental organizations, UN agencies, and multi and bilateral international organizations in the implementation of the programme for 2011-2015. It will build strategic alliances with key national development partners and international donors present in the country to better address ICPD agenda in the national development plans and strategies.
82. For the implementation of the programme's Population and Development component, UNFPA will cooperate with the State Statistical Committee and the Ministry of Labor and Social Protection of Population, as well as other relevant governmental bodies, education and research centres. It will also work in close cooperation with UNDP, UNICEF and other UN agencies and bilateral donors on building national capacity to collect and analyse gender disaggregated data needed for monitoring achievements of national MDGs and goals set in other national development strategies and plans.
83. The Ministry of Health (MOH) will be the leading UNFPA partner in implementation of the reproductive health component of the programme. In line with a multi-sectoral approach to reproductive health UNFPA will also work with the National Reproductive Health Office, Ministry of Youth and Sports, Public Health and Reforms Center, State Committee on Family, Women and Children's Affairs, youth NGO Development and Empowerment of Youth Public Union, WHO, UNICEF, other UN system and donor agencies, and selected international and national NGOs working in the field of reproductive health.
84. For the component on gender equality, UNFPA will partner with the State Committee on Family, Women and Children's Affairs as well as with other relevant national governmental structures - line ministries, Cabinet of Ministers, National Parliament and other state bodies. UNFPA will closely collaborate with the UN system organizations; existing programs and projects funded by multi- and bilateral donors; international organizations and international NGOs; media, research and educational institutions as well as youth and women's groups.
85. The programme will pursue joining efforts with other UN partners within the framework of UNDAF as a major partnership strategy. It will work with the relevant UN agencies to develop joint programmes/programming in the areas where coordinating efforts can bring maximum results in achieving national development goals. The potential areas for joint programme include improving quality of maternal health care, increasing national statistical capacity, improving in-school education on reproductive health, increasing access of population to quality information on maternal and reproductive health and empowerment of women.
86. To facilitate successful implementation of the programme, UNFPA will mobilize technical support from recognized technical institutions, Vienna Institute of Demography, WHO Euro and other major international research and education centres. Services of international

experts will be sought in cooperation with UNFPA EECA RO and the Cluster Office in Ankara, Turkey.

## **Part VI. Programme Management**

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87. The Government and the UNFPA country office in Azerbaijan will have the primary responsibility for management of the programme. The programme will be implemented in close collaboration with other United Nations agencies within the context of the UNDAF. It will use results-based management and emphasize continuous monitoring. A final programme evaluation will be organized according to the UNDAF work plan.
88. The Ministry of Health will coordinate reproductive health component of the programme. With regard to the population and development strategies component, the Ministry of Labor and Social Protection of Population and the State Statistical Committee will serve as the programme component managers. The State Committee on Family, Women and Children's Affairs of Azerbaijan will be coordinating activities under the component on gender equality.
89. The United Nations Theme Group on HIV/AIDS will assist in coordinating donor assistance related to HIV/AIDS.
90. The UNFPA country office in Azerbaijan consists of a non-resident representative, an assistant representative, national programme staff and administrative support staff. The UNFPA Regional Office for Eastern Europe and Central Asia (EECA RO) will provide programme and technical support.
91. To support program implementation, additional technical and managerial human resources will be recruited against programme funds. Provisions for short and medium term national expertise will be made to accomplish a variety of technical tasks specified in annual work plans.
92. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWP will be made by UNFPA using the following modalities:
  1. Cash transferred directly to the Implementing Partner:
    - a. Prior to the start of activities (direct cash transfer)
  2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
  3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.
93. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.
94. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.
95. Cash transfer modalities and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

## **Part VII. Monitoring and Evaluation**

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96. The UNDAF Monitoring and Evaluation Framework will serve as the reference document for tracking programme's progress towards achieving the Millennium Development Goals. Monitoring and evaluation of the programme will be undertaken in accordance with UNDAF/UNFPA procedures and guidelines and will be based on the principles of result-based management. Wherever possible, monitoring and evaluation of the programme will be built on existing mechanism and procedures within the UNCT and the country.
97. In order to establish baseline indicators, baseline surveys will be conducted at the beginning of the programme cycle in close cooperation with national partners. As much as possible, the programme monitoring should rely on data collected by national statistics institutions. Midline surveys along with analysis of routinely collected data will be used to track progress in achievement of the programme goals.
98. At the same time, since availability of reliable data is crucial to assess programme performance and outcomes, special surveys will be conducted periodically. End-line surveys will be conducted at the end of the programme cycle for all output indicators in order to assess achievements. The programme implementation will benefit from recommendations of the previous programme evaluation, which have been incorporated into the design of the current programme. All new pilot initiatives and demonstrative projects will be evaluated separately prior to further expansion. It will be the responsibility of the UNFPA office to identify appropriate sources of national and international expertise.
99. Budget provisions will be made to support baseline data collection, monitor progress of implementation, and evaluate results achieved.
100. In addition the country office will prepare at the start of the new programme cycle, the CPAP Planning and Tracking Tool (with annual and five-year indicators and baseline values) to facilitate monitoring and ensure that the programme is on track. The CPAP Planning and Tracking Tool and CPAP M&E Calendar will be used to ensure consistency of follow-up. Regular audits of components implemented by programme partners will be scheduled on an annual basis. Country Office Annual Report (COAR) will synthesize programme progress and monitoring indicators at various levels and will highlight annual implementation process.
101. The implementing partners, coordinating with the respective programme component managers and UNFPA staff will ensure regular field visits to the programme sites. A Monitoring Field Visit Plan primarily for country office staff will be prepared in consultation with implementing partners at the start of the year. The UNFPA country office will conduct field visits to programme sites several times a year with an emphasis on quarterly field visit. UNFPA, working with component managers and implementing partners will prepare an Annual Standard Progress Reports (SPR) for each programme component. At the end of each year the UNDAF Annual Review will be conducted in accordance to procedures laid down in the UN guidelines.
102. Mid-term evaluation of the programme will be done in 2013. The overall programme evaluation will be performed at the end of the programme cycle in the second half of 2015.
103. Implementing partners will cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:
  - a) Periodic on-site reviews and spot checks of their financial records related to UNFPA funds by UNFPA or its representatives,

- b) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
- c) Special or scheduled audits.

104. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

#### **Part VIII. Commitments of UNFPA**

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105. UNFPA's commitment, approved by Executive Board, in support of the Azerbaijan Country Programme Action Plan for the period of 1 January 2011 - 31 December 2015 is equal to US\$ 3.5 million from Regular Sources (RR), subject to the availability of funds. UNFPA has been also authorized by the Executive Board to seek additional funding (Other Resources) amounting to US\$ 2.5 million to support the implementation of the CPAP. Total financial resources approved by the Executive Board for the UNFPA Azerbaijan CPAP 2011-2015 amounts to US\$ 6.0 million.
106. The availability of other resources will be subject to donor interest in supporting Azerbaijan and their awareness of important issues related to population and development, reproductive health and gender in the country. UNFPA Azerbaijan will advocate with the donor community to secure these financial means. Country programme resource mobilization plan will be prepared in early 2011. This plan will serve as main reference document for activities related to mobilization of additional financial resources.
107. UNFPA's regular and other resources are exclusive of funding received in response to emergency appeals. The release of UNFPA funds will be performed in accordance with guidelines and financial procedures as provided by UNFPA. The funds will be used to finance capacity building of the national partners including various types of training, procurement of relevant equipment, provision of services, advocacy, and policy formulation and implementation. The funds will be also used for national research in population and development and reproductive health.
108. In case of direct cash transfer, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within the term agreed with the Implementing Partner.
109. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within the term agreed with Implementing Partner.
110. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.
111. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

#### **Part IX. Commitments of the Government of Azerbaijan**

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112. The Government of Azerbaijan will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement, which, mutatis mutandis, was also accepted as a basis of cooperation between the Government of the Republic of Azerbaijan and UNFPA, the United Nations Population Fund through exchange of letters between UNFPA and the Government of the Republic Azerbaijan. In line with this Agreement, the

Government will accord to the United Nations Population Fund and its staff and to other persons, facilities and services as are accorded to staff and consultants of various funds, programmes and specialized agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the United Nations Population Fund's property, funds and assets and to its staff and consultants. The Government will also make in-kind contributions, as necessary, such as personnel or facilities, in order to facilitate the implementation of the programme. The Government will support the United Nations Population Fund in its efforts to raise funds required to meet the additional financial needs of the country programme. The Government will also organize periodic programme review and planning meetings, and where appropriate, facilitate the participation of donors, the civil society and NGOs.

113. In line with harmonized UN financial procedures a standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.
114. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards. Cash transferred to Implementing Partners shall be spent for the purpose of activities as agreed in the AWP's only. Reports on the full utilization of all received cash shall be submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures is not consistent with international standards, the UNFPA regulations, policies and procedures will apply.
115. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:
  - a) all financial records which establish the transactional record of the cash transfers provided by UNFPA;
  - b) all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
116. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:
  - a) Receive and review the audit report issued by the auditors.
  - b) Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
  - c) Undertake timely actions to address the accepted audit recommendations.
  - d) Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.
117. In order to ensure timely and effective implementation of the country programme, as much as possible, the Government will ease and speed up the procedures for AWP approval, cash transfer to implementing partners, implementing the activities and producing publications agreed within AWP's and approved by the relevant state bodies, As soon as the AWP is agreed and approved, it will not be a subject for any other review and all efforts will be undertaken for its timely and full



implementation. The Government and UNFPA will not be subject for revision by any special committee(s) or commission(s) and the Government will ensure direct transfer of funds to the relevant ministry/agency for implementing the activities agreed in the framework of the AWP.

#### **Part X. Other Provisions**

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118. This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plan and previously signed project documents, and become effective upon signature, but will be understood to cover programme activities to be implemented during the period of 1 January 2011 until 31 December 2015.
119. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review or compelling circumstances.
120. Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Work Plans, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.
121. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Azerbaijan is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day ... 2010 in Baku, Azerbaijan.

For the Government of the Republic  
of Azerbaijan:

For UNFPA, the United Nations Population  
Fund:

**Signed** \_\_\_\_\_  
Signature

**Signed** \_\_\_\_\_  
Signature