



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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Final country programme document for Azerbaijan

Proposed indicative UNFPA assistance: \$6 million: \$3.5 million from regular resources and \$2.5 million through co-financing modalities, and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: Third

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	1.4	1.2	2.6
Population and development	1.0	0.7	1.7
Gender equality	0.8	0.6	1.4
Programme coordination and assistance	0.3	-	0.3
Total	3.5	2.5	6.0

I. Situation analysis

1. Azerbaijan became an independent republic after the dissolution of the Soviet Union in 1991. The country has a population of 8.9 million and a per capita income of \$4,178. Although it is a middle-income country, 13.2 per cent of the population lives below the poverty line.

2. 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 23.6 per cent in 2005 to 13.2 per cent in 2009.

3. 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. The population increased from 8.2 million in 2005 to 8.9 million in 2009, despite external migration trends (120,000 persons in 2009).

4. 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, maternal and infant mortality rates are higher than those reported by official sources. The maternal mortality ratio was 79 deaths per 100,000 live births (as opposed to 26.3 deaths per 100,000 live births), and the infant mortality rate was 43 deaths per 1,000 live births (as opposed to 11.4 deaths per 1,000 live births). Nearly half of maternal deaths are related to abortion. In 2008, the total abortion rate was 9.7 abortions per 1,000

women. 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.

5. 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.

6. 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.

7. 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 subnational level, especially on reproductive health and gender-related indicators.

8. The 2008 state programme on poverty reduction and sustainable development 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.

II. Past cooperation and lessons learned

9. 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 housing and population census and the 2006 demographic and health survey. It also helped to integrate a sexual and reproductive health component into the formal health education curriculum for schools.

10. 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.

11. 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.

12. Lessons learned during the previous country programme point to the need to: (a) continue building capacity at the national level while focusing on the subnational 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.

13. 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.

III. Proposed programme

14. The proposed programme is the third UNFPA country programme. It is based on the United Nations Development Assistance Framework (UNDAF) and is in line with the UNFPA strategic plan, 2008-2013. It builds on lessons learned from the previous country programme as well as on consultations with partners. The programme contributes to all three outcomes of the UNDAF, 2011-2015: (a) economic development; (b) social development; and (c) effective governance.

Reproductive health and rights component

15. This component has two outcomes: (a) the national health system ensures improved, equitable and high-quality services, particularly for vulnerable groups, in line with international standards; and (b) by 2015, civil society, the media and vulnerable groups enjoy an increased role in policy formulation and implementation processes. Three outputs will contribute to achieving these outcomes. The outputs below contribute to reproductive health and rights outcomes 3, 5 and 1, respectively, of the UNFPA strategic plan (DP/FPA/2007/17).

16. Output 1: Access to high-quality reproductive health and youth-friendly services and commodities is improved. This will be achieved by: (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.

17. 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. Activities include: (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.

18. 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. Activities include: (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.

Population and development component

19. This component has two outcomes: (a) 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 (b) efficiency, accountability and transparency within the public administration are enhanced through the capacity

development of government entities, using gender-sensitive approaches. Two outputs will contribute to achieving these outcomes. The outputs below contribute to population and development outcomes 3 and 4, respectively, of the UNFPA strategic plan.

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. Activities include: (a) enhancing the national capacity to produce, analyse, 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. Output 2: An enabling environment is created and national capacity enhanced to strengthen public administration in mainstreaming population and gender dimensions. Activities include: (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.

Gender equality component

22. This component has two outcomes: (a) the Government and civil society provide social protection services for vulnerable groups; and (b) 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. Three outputs will contribute to achieving these outcomes. The outputs below contribute to

gender equality outcomes 4, 3 and 1, respectively, of the UNFPA strategic plan.

23. 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. Activities include: (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.

24. Output 2: The national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems, is strengthened. This will be achieved by: (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.

25. 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. This will be achieved by: (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.

IV. Programme management, monitoring and evaluation

26. National implementation will remain the preferred modality for the new country programme. UNFPA will continue to provide support to government entities that are implementing projects. UNFPA will seek to expand its donor base with resource mobilization efforts focusing on regional programmes and collaboration with the private sector. In order to harmonize United Nations assistance with national systems, UNFPA is implementing the harmonized approach to cash transfers.

27. UNFPA will use various monitoring tools to track progress in achieving project goals and objectives. At the programme level, UNFPA will conduct outcome evaluations to ensure that they contribute to national development objectives. It will also help to develop national ownership and capacity in monitoring progress in reducing poverty and achieving the Millennium Development Goals.

28. UNFPA and the Government will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan, the UNDAF, the national development strategy through 2015, and national plans to achieve the Millennium Development Goals. The Government and partner organizations will conduct joint monitoring exercises, reviews and evaluations using participatory methods that involve local partners.

29. The UNFPA country office in Azerbaijan includes a non-resident UNFPA country director based in Turkey, an assistant representative, a programme analyst and administrative support staff. UNFPA will earmark programme funds for two national programme posts and two administrative support posts, within the framework of the approved country office typology. UNFPA may recruit national project personnel to strengthen programme implementation. The UNFPA Regional Office for Eastern Europe and Central Asia will provide technical and programme support.

RESULTS AND RESOURCES FRAMEWORK FOR AZERBAIJAN

<p>National priorities: (a) improving the quality of and ensuring equal access to affordable basic health and education services; and (b) continuing the process of institutional reform and improving good governance</p> <p>UNDAF outcomes: (a) by 2015, vulnerable groups enjoy increased social inclusion and improved and equal access to high-quality health, education and social protection services; and (b) 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</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: The national health system ensures improved, equitable and high-quality services, particularly for vulnerable groups, in line with international standards</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ● Percentage of women of reproductive age utilizing antenatal care. Baseline: 77 per cent ● Contraceptive prevalence rate Baseline: 51 per cent (any method, 2006) <p>Outcome: By 2015, civil society, the media and vulnerable groups enjoy an increased role in policy formulation and implementation processes</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ● Annual qualitative assessment of advocacy skills of NGOs and media outlets. Baseline: not applicable 	<p>Output 1: Access to high-quality reproductive health and youth-friendly services and commodities is improved</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● International protocols regarding high-quality perinatal and youth care are adopted. Baseline: protocols not yet adopted (2009) ● Percentage of all service delivery points offering antenatal and post-natal services in compliance with international standards. Baseline: not yet adopted (2009) <p>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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Percentage of women aged 15-49 referred to primary health care clinics for reproductive health and counselling services increased. Baseline: not yet adopted (2010) ● Percentage of secondary schools with family life education incorporated into school curricula Baseline: 35 per cent (2009) <p>Output 3: Policies and legislation on reproductive health and rights are formulated or revised with the participation of NGOs, decision makers, and national experts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● National policies and legislation formulated or revised to better support full enjoyment of reproductive health and rights. Baseline: national reproductive health strategy 2008-2015, draft law on reproductive health 	<p>Ministries of: Education; Health; Justice; and Youth and Sports</p> <p>National parliament; State Committee on Family, Women and Children's Affairs</p> <p>Local NGOs; mass media</p>	<p>\$2.6 million (\$1.4 million from regular resources and \$1.2 million from other resources)</p>
<p>National priorities: (a) increasing income-generating opportunities and decreasing the number of citizens living in poverty; (b) continuing the process of institutional reform and improving good governance; and (c) promoting and protecting gender equality</p> <p>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; and (b) 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</p>				
Population and development	<p>Outcome: 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</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ● Employment rate by sex and region Baseline: not yet adopted 	<p>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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Number of user-friendly statistical publications, books and reports that are published and disseminated. Baseline: previous editions of <i>Men and Women in Azerbaijan</i> published by the State Statistical Committee annually since 1999 ● Increased number of users accessing national databank. Baseline: not yet adopted ● Number of newly calculated indicators incorporated into the national statistic system. Baseline: 12 indicators for 2009 	<p>Local NGOs; mass media; Ministry of Health; Ministry of Labour and Social Protection of the Population; National Academy of Sciences; national parliament; National Training Centre for Population and Demography; Scientific Research Institute for Labour and Social Issues; State Statistical Committee</p>	<p>\$1.7 million (\$1 million from regular resources and \$0.7 million from other resources)</p>

	<p>Outcome: Efficiency, accountability and transparency within the public administration are enhanced through capacity development of government entities, using gender-sensitive approaches</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ● Percentage of women in civil service disaggregated by level Baseline: 18 per cent for administrative posts; 10 per cent for supplementary posts (2007) 	<p>Output 2: An enabling environment is created and national capacity enhanced to strengthen public administration in mainstreaming population and gender dimensions</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Existing policies and programmes are extended and/or revised to better address national population concerns. Baseline: state programme on demography and population development (2003-2008) ● Number of in-depth analyses and studies carried out on emerging population-related issues 		
<p>National priority: promoting and protecting gender equality</p> <p>UNDAF outcomes: (a) by 2015, vulnerable groups enjoy increased social inclusion and improved and equal access to high-quality health, education and social protection services;</p> <p>and (b) 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</p>				
Gender equality	<p>Outcome: The Government and civil society provide social protection services for vulnerable groups</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ● Percentage of 15- to 49-year-old men who agree that a husband is justified in hitting or beating his wife for specific reasons. Baseline: 57 per cent (2006 demographic and health survey) <p>Outcome: 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</p>	<p>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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Number of training-for-trainers sessions conducted and number of trainers trained to conduct public awareness and educational seminars and workshops. Baseline: 50 (2009) ● Number of awareness-raising and educational campaigns conducted at the grass-roots and decision-making levels. Baseline: two per year (2009) <p>Output 2: The national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems, is strengthened</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Guidelines and modules for the operationalization of victim-rehabilitation centres are developed and approved. Baseline: not yet developed (2009) ● Network of five rehabilitation centres for female victims of violence is established and operationalized in the regions and in Baku. Baseline: 0 (2009) <p>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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● National strategy on combating gender-based violence developed in line with the recommendations of the Convention on the Elimination of the Elimination of All Forms of Discrimination against Women is approved, advocated and implemented ● Law on domestic violence is approved by the national parliament and with amendments to major national legislative acts. Baseline: draft law 	<p>Ministries of: Health; Internal Affairs; and Justice</p> <p>National parliament; Office of the Ombudsman; State Committee on Family, Women and Children's Affairs; State Statistical Committee</p> <p>Local and international NGOs; mass media; research institutions</p>	<p>\$1.4 million (\$0.8 million from regular resources and \$0.6 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>