



Government of Ukraine



United Nations Population Fund

COUNTRY PROGRAMME ACTION PLAN

between

the Government of Ukraine and UNFPA

for

2012-2016

Kyiv - Ukraine

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List of Acronyms

AIDS –	Acquired Immune Deficiency Syndrome
ANC –	Antenatal Care
ASRH –	Adolescent Sexual and Reproductive Health
AWP(s) –	Annual Work Plan(s)
BCC –	Behaviour Change Communication
BTN –	Beyond the Numbers
CCA –	Common Country Analysis
CEDAW –	Convention on the Elimination of all Forms of Discrimination against Women
CIS –	Commonwealth of Independent States
CP –	Country Programme
CPAP –	Country Programme Action Plan
FACE –	Funding Authorization and Certificate of Expenditures
FP –	Family Planning
GBV –	Gender-Based Violence
GCA –	Government Coordinating Authority
GEL –	Gender Equality Law
HIV –	Human Immunodeficiency Virus
ICPD –	International Conference on Population and Development
IEC –	Information, Education and Communication
ILO –	International Labour Organization
IP(s) –	Implementing Partner(s)
MCH –	Maternal and Children’s Health
MDGs –	Millennium Development Goals
MESYS –	Ministry of Ukraine for Education, Science, Youth and Sports
MIPAA –	Madrid International Plan of Action on Ageing
MOH –	Ministry of Health
MSP –	Ministry of Social Policy
MTSP –	Medium-Term Strategic Plan
NGO –	Non-Government Organization
PHC –	Primary Health Care
PLHIV –	People Living with HIV
PUD –	People who Use Drugs
EMTCT –	Elimination of Mother-To-Child Transmission (of HIV)
RH –	Reproductive Health
SBAA –	Standard Basic Assistance Agreement
SRH –	Sexual and Reproductive Health
SSSU –	State Statistics Service of Ukraine
STI –	Sexually Transmitted Infection
SW –	Sex Worker
UNAIDS –	Joint United Nations Programme on HIV/AIDS
UNDP –	United Nations Development Programme
UNFPA –	United Nations Population Fund
UNICEF –	United Nations Children’s Fund
UNPF –	Ukraine – United Nations Partnership Framework
WHO –	World Health Organization
YFS –	Youth-Friendly Services

The Framework

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

Furthering their cooperation for the fulfilment of the Programme of Action of the International Conference on Population and Development (1994) and achievement of the Millennium Development Goals, to which the Government of Ukraine and the United Nations Population Fund are committed;

Building upon the experience gained and progress made during the implementation of the previous UNFPA country programme (2006-2011), and based on the Ukraine - United Nations Partnership Framework (2012-2016);

Entering into a new period of cooperation (2012-2016);

Declaring that these responsibilities will be fulfilled in a spirit of close cooperation

have agreed as follows:

Part I. Basis of Relationships

The Standard Basic Assistance Agreement (SBAA) between the Government of Ukraine and the United Nations Development Programme (UNDP), dated 18 June 1993 and the exchange of letters between the Government represented by the Ministry of Foreign Affairs of Ukraine and United Nations Population Fund, dated 22 March 2006, constitute the legal basis for the relationship between the Government of Ukraine and United Nations Population Fund.

Part II. Situation Analysis

2.1. According to the 2011 UNDP Human Development Report, Ukraine ranks 76 out of 187 countries, with a human development index of 0.729, one lower than average for Eastern Europe. Ukraine is a lower-middle-income country with a per capita gross national income of \$6,698 in 2010¹. After gross domestic product (GDP) falling by 14.8 per cent in 2009, the economic growth gradually resumes: in 2010 the actual GDP growth was at 4.2 per cent, the projected 2011 growth is at 5 per cent. Despite the average annual GDP growth rate of 7.5 per cent during 2000-2007 and successes in combating absolute poverty, progress towards achieving the MDGs remains uneven. Over 24 per cent of the population lived in poverty according to the national poverty criterion (2010). Population groups most vulnerable to poverty include rural inhabitants, families with children and older persons.

2.2. In 2010, the Government embarked on an ambitious social and administrative reform programme. Although overall spending on social benefits is high, (accounting for about 25 per cent of the gross domestic product in 2010), only about one quarter of social transfers reach the poor. Increased financing for health care and education has failed to translate into increased access to services or to an improvement in service quality, suggesting an urgent need for reforms to improve the management of these sectors.

Population

2.3. With regard to population and development the overall situation is acknowledged by the Government and national experts as a “demographic crisis”. The current situation is the accumulated impact of a wide range of social, economic, political and ecological factors due to social and economic transition processes over a number of decades. In summary, the following characterise Ukraine’s demographic challenges:

¹ IMF World Economic Outlook 2011 (<http://www.imf.org/external/index.htm>).

- Below replacement birth rate
- High mortality (especially among men in the working age)
- Poor health (including reproductive and child health)
- Low longevity with gender disparities in life expectancy at birth
- Population ageing
- Significant external and internal labour migration
- High relative poverty and income stratification
- Widening gap in development and living standards between rural and urban areas
- Increasing prevalence of HIV which may be impacting the demographic profile

2.4. The population of Ukraine decreased from 52.24 million in 1992 to 45.67 million as of 1 September 2011². The country lost 6.57 million people (12.6 per cent), in 18 years. Roughly 80 per cent of this dramatic loss results from depopulation, while 20 per cent is attributed to migration losses. While the average Eastern European population decline rate has been 0.4 per cent for 2005-2010, for Ukraine it was 0.6 per cent³. The total fertility rate in Ukraine was 1.445 in 2010, and has demonstrated an upward trend since year 2001. This notwithstanding, should the current fertility, life expectancy and migration trends persist, by 2050 the population of Ukraine might shrink down to 39.2 million people (according to the medium variant projection), which means a possible loss of nearly 6.5 million people or about 14 per cent of the current population⁴.

2.5. The poor health status of the population, largely due to behavioural and environmental factors, and limited access to high-quality health care, especially in rural areas, constitute a key development challenge. Socio-economic conditions in rural areas are very poor (labour conditions, housing, nutrition, access to health and social infrastructure, communications, transportation to name a few). In only five out of 27 of the country's administrative regions natural population growth has been observed in 2011.

2.6. Average life expectancy at birth was 65.28 years for men and 75.50 years for women in the period 2009-2010 demonstrating a notable increase in the recent 3 years. The mortality rate for men aged 30-59 years is three times higher than the mortality rate for women. Should the existing morbidity and mortality patterns continue, about one third of the people in Ukraine will die before the age of 65. About 55 per cent of such early deaths are preventable⁵.

2.7. Seventy one per cent of Ukrainian families have only one child (compared with 61 per cent in 2000), and many couples opt not to have children for economic reasons. The most prevalent family in Ukraine consists of two persons (35.9 per cent), while families of three have a 30 per cent share⁶.

2.8. Ukraine has a high percentage of older people: 15.7 per cent of the population is aged 65 or older. Two thirds of this elderly population is female. The share of older persons in Ukraine has remained steady for a number of years and is comparable with the European averages. Demographic ageing is occurring more rapidly in the rural areas than in urban settlements due to labour migration of young people. There are also regional differences: the proportion of people over 60 ranges from 15.4 per cent in Zakarpatska region to 26.7 per cent in Chernigivska. One third of rural-residing women are above the age of 60. According to population projections, by 2050 every third resident of Ukraine will be over 60.

² Population data here and below by the [State Statistics Service of Ukraine](#) unless otherwise stated.

³ The State of World Population 2010 – UNFPA.

⁴ Comprehensive Population Projection for Ukraine until 2050 – State Statistics Committee, Institute of Demography and Social Studies, UNFPA, 2006 (updated 2011).

⁵ Mortality in the Working Age – Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine, 2007.

⁶ Family and Family Relationships in Ukraine – Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine, Ukrainian Centre for Social Reforms, UNFPA, 2009.

2.9. According to established estimates, external labour migration over the last few years constituted up to 2.0 to 2.7 million people (mostly to Russia). About ¾ of Ukrainian labour migrants work abroad illegally⁷. The remittances from labour migrants wired to Ukraine steadily increase and valued at \$5.1 billion in 2010⁸. In a condition of shrinking labour force, the Government is considering migration as an important socioeconomic phenomenon and is exploring its development implications, which is evidenced by the recent adoption of the concept of a national migration policy. Ukraine is also a country of significant migration transit, which carries with it challenges related to the rights of transiting migrants.

2.10. Economic hardships, deteriorated social and health care systems are the most important drivers of the severe demographic situation in Ukraine. In 2006 the Government adopted a strategy of demographic development of Ukraine for the period until 2015. While the strategy addresses the main demographic issues and concerns, its implementation has been a challenge. Many of the national socio-demographic policies and programmes tend to be primarily declarative without the accompanying mechanisms, processes, financing and political will necessary for actual implementation.

Reproductive Health

2.11. In recent years, with the exception of HIV infection and rise of infertility, the situation with regard to reproductive health has improved. Coverage of pregnant women with antenatal care by health professionals stands at 98.5 per cent, and skilled attendance at birth is provided in over 99 per cent cases⁹. The prevalence of labour and delivery complications was 33.3 per cent in 2010, reduced from its peak of 69 per cent in 1998.

2.12. This notwithstanding in terms of access to quality reproductive health including maternal health information and services, there is room for improvement. The availability and accessibility of reproductive health and family planning services, including information services and commodities, are still insufficient. Access to services is not universal and with a few exceptions limited to major cities. The right to health of rural populations remains compromised by such access limitations. The people's demand for better reproductive health needs to be further promoted and advocated for.

2.13. The maternal mortality ratio in Ukraine was 23.5 deaths per 100,000 live births in 2010, an increase from 15.2 deaths per 100,000 live births in 2006¹⁰. Ukraine's maternal mortality exceeds the average level of the EU countries. Inadequate quality of maternal health care services accounts for about one fifth of preventable maternal deaths. The main causes of maternal deaths are non-obstetric causes, haemorrhage and obstetric embolism. Cases of maternal deaths are usually investigated in a prosecuting manner without examination of the root causes and factors other than clinical. The infant mortality rate decreased from 9.8 deaths per 1,000 live births in 2006 to 9.1 deaths per 1,000 live births in 2010¹¹.

2.14. Achievements in the area of family planning contributed to a decrease in the abortion rate, from 34.1 abortions per 1,000 women of reproductive age in 2000 to 15.1 in 2010. Nevertheless, Ukraine's abortion rates remain more than twice as high as those of the EU countries. The fact that many women still rely on abortion as a family planning method is likely to be indicative of unmet need and/or ineffective or inappropriate use of modern contraception. The MOH reports that while the number of abortions among 15-17 years old youth is decreasing, it remains high in some regions such as Mykolaivska and Kirovogradska compared to western regions of Ukraine. There is also a problem associated with the lack of safe abortion practices offered by health care providers and/or access to such services especially in rural areas.

⁷ Migration Processes in Ukraine – Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine, IOM, 2007.

⁸ Migration and Remittances Factbook. – World Bank, 2011.

⁹ Ukraine Demographic and Health Survey 2007 – Ukrainian Centre for Social Reforms, State Statistics Committee of Ukraine, Ministry of Health of Ukraine, Macro Intl. Inc., 2008.

¹⁰ Millennium Development Goals: Ukraine. 2010 Progress Monitoring Summary. – Ministry of Economic Development and Trade of Ukraine, 2011.

¹¹ Ditto.

2.15. A number of legislative and strategic documents approved by the Government of Ukraine accords priority to reproductive health. The national programme “Reproductive Health of the Nation” (2006-2015) defines its main objectives as “preserving the reproductive health of the population” and “shaping reproductive health in children and youth”. This programme envisages budgetary support for procurement of RH commodities and designates four vulnerable groups eligible for free contraception namely women with extra-genital pathology, women living with HIV, low income women and youth (18-20 years of age only) . Limited state funding however goes to support the procurement of free contraceptives for women living with HIV and those with extra-genital pathology, while local budgets are expected to allocate their resources to procure commodities for youth and socially disadvantaged women. Programme implementation therefore is often challenged due to lack of consistent funding and institutional support. In addition the programme does not have funds to update training of FP providers, promote modern FP methods, and implement public education activities or support of institutional capacity building. Thus the Government continues to look to external donor support for such activities.

2.16. The contraceptive prevalence rate for hormonal contraception and IUDs, according to official health statistics, was 31.9 per cent in 2010¹². Overall contraceptive prevalence has been at a plateau for the last decade or so. The use of any contraceptive method has changed little in recent years (68 per cent in 1999 to 67 per cent in 2008)¹³. While the use of modern contraceptive methods¹⁴ increased 34 per cent over the same period, from 38 per cent in 1999 to 51 per cent in 2007¹⁵, the use of hormonal contraception is still twelve times lower in Ukraine than in the European Union¹⁶. The sources of modern contraception in Ukraine are pharmacies (49.3 per cent); public sector – mostly women’s consultation centres and hospitals/maternity homes – 27.8 per cent, other – primarily friends/relatives/neighbours – 20.3 per cent, and private sector providers – 1.6 per cent¹⁷. In 2007, only 4 per cent of modern method users received their contraceptive method free of charge (those eligible for free contraceptives according to national regulations)¹⁸.

2.17. In terms of coverage of family planning care, while family planning is part of the official job description of general practitioners and family doctors, a recent survey found that in Kiev only 38 per cent of them provide family planning. Only 30 per cent of district therapists (internists) provide family planning¹⁹. An increase in the number of family medicine doctors, as well as provision of complete family planning training for them (currently the training is inadequate), could improve the extent and quality of family planning in Ukraine dramatically.

2.18. The incidence of sexually transmitted infections (STIs) has held steady for the last five years. The incidence of syphilis is more than 7.5 times higher than the European Union average, and the incidence of gonorrhoea is more than 4.5 times as high. According to estimates, cases of sexually transmitted infections are under-reported in Ukraine. Insufficient and inaccurate reporting of STI, especially of gonorrhoea, is very common for patients treated privately. Due to the availability of over-the-counter treatments, self-medication/treatment is a growing phenomenon.

2.19. Ukraine has the highest HIV adult prevalence rate (1.3 per cent) among countries of Europe and Central Asia. Annual HIV diagnoses have more than doubled since 2001. The HIV epidemic, concentrated among people who use injecting drugs and sex workers (including their sexual partners), mostly affects young people. Sexual transmission is increasing. The mother-to-child HIV transmission rate is 6.2 per cent. Between 2005 and 2009 a large and growing epidemic grew among female sex workers. In 2007 the proportion of HIV cases due to sexual transmission rose above the proportion associated with use of injecting drugs, and sexual transmission continues to increase as HIV bridges out from people using drugs to

¹² Status of Women’s Health in Ukraine in 2010. – Ministry of Health of Ukraine, 2011.

¹³ WHO, 2011.

¹⁴ Modern contraceptives are defined here as female and male sterilization, intrauterine devices, hormonal methods, condoms, and vaginal barrier methods.

¹⁵ Ukraine Demographic and Health Survey 2007 – Ukrainian Centre for Social Reforms, State Statistics Committee of Ukraine, Ministry of Health of Ukraine, Macro Intl. Inc., 2008.

¹⁶ Zhuravliov et al., 2010.

¹⁷ Ukrainian Centre for Social Reforms et al., 2007

¹⁸ Ditto.

¹⁹ Menon, 2010.

their sexual partners (predominantly female), with a concomitant increase in the proportion of women who are infected in Ukraine.

2.20. Only around one half of the Ukrainian young people aged 15-24 years have correct comprehensive knowledge of HIV/AIDS: 44.8 per cent women and 42.8 per cent men. Knowledge and awareness however does not appear to be increasing among the population and has remained at the same levels for several years now. Furthermore, knowledge on HIV infection prevention, reproductive health, substance abuse, including alcohol and tobacco²⁰ does not appear to be transforming into safe behavioural practices.

Gender Equality

2.21. In the last two decades, Ukraine has achieved considerable progress for the promotion of gender equality by establishing the core elements of an appropriate legal and institutional framework. Ukraine has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol, and has endorsed the Beijing Platform of Action adopted at the Fourth World Conference on Women (1995).

2.22. In spite of this progress, due to ineffective implementation of the various legal instruments and the persistence of stereotypical notions regarding the status and roles of men and women, gender equality is far from being a reality in Ukraine. The gender inequality index value of Ukraine was 0.335 in 2010, ranking it 57 of 187 countries²¹. The number of women in the Ukrainian Parliament stands at only 8 per cent. Few women occupy decisions making positions in public and private sectors. On average women's salaries are 78 per cent to that of men.

2.23. While reliable statistics are hard to come by, a sociological research carried out by the EU-UNDP Equal Opportunities and Women's Rights Programme in late 2009-early 2010, estimates that nearly half (44 per cent) of the Ukrainian population suffered from domestic violence in their lives, and 30 per cent were subjected to violence during their childhood. Gender-based discrimination and violence, including domestic violence, are of growing concern and need to be addressed at both policy and community levels.

2.24. The on-going public administration reform poses concrete challenges with regards to the strengthening of a national mechanism on gender equality. Thus, for Ukraine, in order to be able to meet the MDG on gender equality, there is an immediate need to further improve the legal framework on gender equality, to enable the equal participation of men and women in all socio-economic spheres.

Part III. Past Cooperation and Lessons Learned

3.1. The first country programme for Ukraine 2006 to 2011 had a budget of \$3.2 million funded by regular resources. The country office mobilized an additional \$7.7 million from other resources, a significant amount in a middle-income country. Government co-funding of the country programme accounted for \$1.7 million.

3.2. The first UNFPA country programme addressed reproductive health, population and development, and gender equality. Advocacy and policy dialogue, strengthening methodologies and evidence base, and developing partnerships were main strategies engaged by the programme.

3.3. In the area of reproductive health, the first country programme supported: (a) the nationwide integration of reproductive health services, resulting in improved access to services; (b) improved availability of reproductive health services for women and girls living with HIV; (c) the development of institutional systems to prevent HIV infection in the uniformed services; (d) the promotion of healthy lifestyles and safe behaviour among young people and vulnerable populations through information, education and behaviour change communication; and (e) the development of social services for people who use injecting drugs.

²⁰ Safestyling: Living in a Safe Style – UNFPA, 2006.

²¹ Human Development Report 2011. – UNDP.

3.4. Under the population and development programme component, UNFPA supported: (a) the development of the national strategy on demographic development; (b) comprehensive demographic research; (c) the creation of an evidence base on the demographic factors of social changes; (d) the preparation for the 2012 national population census; and (e) national implementation of the International Plan of Action on Ageing at the policy and service-delivery levels.

3.5. In the area of gender equality, the country programme: (a) strengthened the capacity of civil society to prevent gender-based discrimination and violence through training and networking of non-governmental organizations (NGOs) and supporting their small projects; and (b) fostered the involvement of men in promoting gender equality and reproductive health and rights.

3.6. Lessons learned during the first programme cycle, as identified by the end-line programme evaluation, point to the need to: (a) improve positioning the UNFPA agenda with the Government at national and regional levels; (b) strengthen UNFPA interventions in the area of maternal health and family planning; (c) ensure synergistic programmatic and policy support to utilize available resources, with a focus on defined rural areas and populations that are most at risk; and (d) strengthen the strategic linkages between programme components and improve coordination with other United Nations organizations and development partners.

Part IV. Proposed Programme

UNFPA Country Programme in the National Development Context

4.1. The second UNFPA Country Programme (CP) for Ukraine contributes to the achievement of the Ukraine's Millennium Development Goals (MDGs) for reducing poverty, promoting gender equality, improving maternal health and slowing down the spread of HIV and other STIs. The programme will support the implementation of the following on-going national policies and programmes:

- National Programme "Reproductive Health of the Nation" for period until 2015 (approved by the resolution of the Cabinet of Ministers of Ukraine of 27 December 2006 No. 1849);
- National Programme on HIV Infection Prevention, Treatment, Care and Support of People Living with HIV and AIDS (2009-2013);
- Strategy of Demographic Development for period until 2015 (approved by the resolution of the Cabinet of Ministers of Ukraine of 24 June 2006 No. 879).

4.2. The CP is aligned with the Ukraine-UN Partnership Framework (UNPF) for 2012-2016 and fits within the revised global outcomes of UNFPA medium-term Strategic Plan (MTSP) for 2008-2013 as presented in the table below.

CP Output	MTSP Outcome	UNPF Outcome	National Development Priority
Output 1: Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care	Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	Social Development Outcome 1: Improved access to and utilization of high-quality health, education and social services	Goal 5A: Improve maternal health by halving the maternal mortality ratio Goal 6A: Reduce and slow down the spread of HIV/AIDS by decreasing the HIV prevalence rates by 13 per cent

CP Output	MTSP Outcome	UNPF Outcome	National Development Priority
Output 2: Improved quality of maternal health and family planning services in underserved rural areas	Outcome 3: Increased access to and utilization of quality maternal health and family planning services for individuals and couples according to reproductive intentions	Social Development Outcome 1: Improved access to and utilization of high-quality health, education and social services	Goal 5A: Improve maternal health by halving the maternal mortality ratio Goal 6A: Reduce and slow down the spread of HIV/AIDS by decreasing the HIV prevalence rates by 13 per cent
Output 3: Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health	Outcome 3: Increased access to and utilization of quality maternal health and family planning services for individuals and couples according to reproductive intentions	Social Development Outcome 3: More people adopt healthy and safe behaviour	Goal 5A: Improve maternal health by halving the maternal mortality ratio Goal 6A: Reduce and slow down the spread of HIV/AIDS by decreasing the HIV prevalence rates by 13 per cent
Output 4: Strengthened national capacity to address emerging population issues	Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	Social Development Outcome 2: People are aware of their rights and are able to exercise them, thereby reducing their vulnerability	Goal 1B: Decrease the percentage of the population that is poor to 23.9 per cent by reducing the number of children and employed people who are poor Goal 1C: By the year 2015, decrease by 10 times the number of people whose daily consumption is below the actual subsistence minimum
Output 5: Women's empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence	Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	Social Development Outcome 2: People are aware of their rights and are able to exercise them, thereby reducing their vulnerability	Goal 3A: Ensure gender representation at the level of 30 to 70 per cent in representative bodies and high-level executive authorities Goal 3B: halve the gap in incomes between women and men

CP Output	MTSP Outcome	UNPF Outcome	National Development Priority
Output 6: Availability of disaggregated population data for national and sectoral development policymaking, programming and public use	Outcome 7: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality	Social Development Outcome 4: Social development policy making at national and sub-national levels is evidence-based	Goal 1B: Decrease the percentage of the population that is poor to 23.9 per cent by reducing the number of children and employed people who are poor Goal 1C: By the year 2015, decrease by 10 times the number of people whose daily consumption is below the actual subsistence minimum

4.3. The programme results from wide consultations with concerned ministries and state institutions of Ukraine, non-governmental organizations, as well as UN agencies, donor countries and international organizations providing development assistance to Ukraine. It draws on the experience and lessons learned from the previous country programme and recommendations of an end of programme evaluation carried out in 2010. This approach has ensured that all key players, under the leadership of the Government, have a common vision of the country's development perspectives in the areas related to UNFPA's mandate, and that the activities envisaged by the CP will complement efforts of other agencies.

4.4. UNFPA will play a distinctive role in engaging into technical cooperation based on the following comparative advantages:

- Internationally acknowledged mandate and mission to address the population and development challenges;
- Availability of an excellent range of technical resources and expertise, including Ukraine's national experts in family planning, reproductive and maternal health, HIV/STIs, health education and promotion, demography, population and development, social gerontology, gender sciences;
- Fifteen years' experience of design and successful delivery of projects and programmes on family planning and reproductive health, HIV/STI prevention, safe behaviour promotion, population research, improving lives of older people, and combating gender-based discrimination and violence;
- Well-established contacts and politically neutral partner relations with governmental and non-governmental stakeholders (including faith-based organizations) to advance the International Conference on Population and Development (ICPD) agenda;
- Good integration into the UN country activities as a strong supporter of the "Delivering as One" principle.

4.5. UNFPA will reposition itself in Ukraine as a development leader in the area of reproductive health and rights, maternal health, family planning, and prevention of HIV and other STIs. The CP will focus on active Government involvement, ownership and leadership of the programme, will prioritize rural and most-at-risk populations, and will deliver assistance to selected geographical regions, particularly to the underserved rural areas, to maximize impact.

4.6. The CP is expected to deliver six specific outputs over the five-year cycle. Needs of young people and key populations, human rights and gender equality, and fostering effective partnerships will be addressed throughout the programme as crosscutting issues. The CP will promote and facilitate exchange of knowledge and experience on issues of concern between the countries of the Eastern Europe and Central Asia wherever possible.

Output 1: Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care

4.7. In line with the goals and objectives set forth by the national programme “Reproductive Health of the Nation” for period until 2015 (approved by the resolution of the Cabinet of Ministers of Ukraine of 27 December 2006 No. 1849) and the health sector reforms initiated by the President of Ukraine in 2010 (Programme of Economic Reforms for 2010-2014 “Wealthy Society, Competitive Economy, Effective State”), UNFPA will support the Government and the Ministry of Health in the structural reorganization of the health care system to strengthen primary health care services and make quality, accessible and affordable health care services available, particularly in the underserved areas. UNFPA will support the Government in these reforms, through provision of necessary technical assistance and capacity development activities to ensure increased access and utilization of high quality reproductive health, maternal health, family planning, and HIV/STI prevention information and services.

4.8. The programme will support the Ministry of Health to strengthen coordination mechanisms for improved planning, monitoring and evaluation of reproductive health programmes including reproductive health commodity security (RHCS).

4.9. UNFPA will initiate and support an inter-agency Reproductive Health Partner Group to ensure a well-coordinated and coherent approach to promoting reproductive rights and planning and delivering reproductive health programmes in the country. This coordination group will serve as a coordination mechanism and platform for advocacy, policy dialogue, partnership development, information sharing, design and implementation of joint activities, and resource mobilisation. It will also ensure monitoring of the progress made in improving the reproductive health situation in Ukraine with reference to objectives set forth in national policies and programmes. Among key issue to be addressed through the above coordination mechanisms will be improvement of the national system of sexual and reproductive health statistics, recommendations for a well-defined package of SRH and FP services for the various tiers of the health system and strengthening RHCS and comprehensive condom programming (CCP). The group will also serve as platform for the coordination and partnership in support of the formulation of a new national reproductive health programme beyond 2015.

4.10. In order to ensure high quality sexual and reproductive health and family planning services UNFPA will support the review and revision of existing national standards and protocols of care, development of new protocols ensure these are evidence based and in line with international standards. UNFPA will support the MOH in defining a comprehensive package of SRH and FP services for the various tiers of the health system. In addition, UNFPA will work to develop national capacities to regularly review and update the RH standards and protocols of care to ensure their compliance with international standards.

4.11. UNFPA will work with the MOH, the Parliament of Ukraine and other relevant stakeholders including the academia, NGOs, civil society sectors and development partners to strengthen the coordination and regulatory framework for sexual and reproductive health and family planning.

Output 2: Improved quality of maternal health and family planning services in underserved rural areas

4.12. Although significant progress has been achieved in Ukraine to reduce the maternal mortality ratio, there are still incidents of maternal deaths that could have been prevented. To address this, punitive measures and investigations need to be gradually replaced with audit methodologies that enable health care practitioners and planners to identify and address missed opportunities and/or remedial clinical, health system or community based factors to avoid such deaths. UNFPA in collaboration with WHO will support the MOH to adapt and implement two complementary “Beyond the Numbers” (BTN) maternal mortality and morbidity case reviews methodologies, namely *Confidential Enquiries into Maternal Deaths* – systematic multi-disciplinary anonymous investigation of all maternal deaths occurring at national level to identify the numbers, causes and avoidable or remediable factors associated with them, and *Near-Miss Case Review* – identification and assessment of cases in which pregnant women survive severe obstetric complications. International technical expertise and capacity development of regional and national level health care

managers and practitioners will be provided to support full-scale implementation of the BTN methodology, including development and adoption of the necessary legal framework. The operationalization of the BTN approach will facilitate evidence-based recommendations for improving maternal care in the country, improve existing clinical guidelines (protocols), eliminate harmful practices, and provide solid evidence for comprehensive reform of maternal and perinatal health care service delivery, including regionalization of care.

4.13. In line with its mandate and in support of the national reproductive health programme's aim of making high quality reproductive health, family planning and youth friendly services available in at least 90% of outpatient polyclinics, pediatric healthcare facilities and underserved rural areas, UNFPA will support the MOH to strengthen primary health care (PHC) and roll out a network of general practitioners and family doctors with updated skills and training in sexual and reproductive health services. UNFPA will support the MOH and work with the regional (oblast) health departments of 3-4 target regions to develop effective models of high quality SRH and family planning services. UNFPA in collaboration with WHO, USAID and other development partners will support the in-service trainings of PHC practitioners in the selected regions, including nurses and midwives. A training curriculum will be developed and rolled out on youth friendly approaches, including access to family planning, condoms, HIV/STI testing, counselling and treatment in non-judgmental and confidential settings. An in-service training programme for youth-friendly services (YFS) will be rolled out. UNFPA will also support the development of guidelines for PHC practitioners in rural areas on youth-friendly family planning counselling. Review and update of pre-service curriculum for nurses and midwives on family planning using youth friendly approaches for FP counselling will be undertaken, which will ensure long-term sustainability and institutionalization at the national level. Strengthening demand for family planning and promotion of safe sexual behaviour among youth and key populations will be undertaken through complementary efforts in the education sector and at the community level.

4.14. The national AIDS programme for 2009-2013 is committed to elimination of mother-to-child transmission (EMTCT) of HIV. UNFPA jointly with UNICEF and UNAIDS will provide technical expertise to conduct an assessment of the quality of reproductive health and family planning counselling at EMTCT settings. Based on findings of the assessment UNFPA in selected regions will support capacity development of EMTCT service providers for providing SRH/FP counselling. A key focus will be on ensuring rights-based delivery of SRH care including for PLHIV and key populations – access to prevention services, FP and SRH choices including the right to safe delivery and child care.

Output 3: Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health

4.15. UNFPA will work with Ministry of Education, Science, Youth and Sports, MOH and other relevant stakeholders to strengthen sexual and reproductive health education, including HIV awareness education in secondary and vocational training schools. The programme will support the development and implementation of effective tools and approaches including interactive classroom-based trainings and extracurricular activities. Existing effective modules of peer-to-peer education, as well as institutional and human resource capacities, will be updated/improved with the most recent recommendations and best practices of UNFPA, UNESCO, WHO and other UN agencies on sexual and reproductive health education. These activities will contribute to a new "Grow Healthy" course for adolescents of 14-18 years of age in which RH, FP and HIV/STI education are integrated into a broader healthy lifestyles concept. School-based activities will be also complemented through community-based health promotion initiatives and outreach through local and social media. The programme will also support the design and implementation of information, education and communication (IEC) activities on health issues that promote healthy lifestyle, family planning, and reproductive health, safe motherhood and prevention of cancers for the general population.

4.16. In accordance with the UNAIDS division of labour and reduction of sexual transmission of HIV, UNFPA will spearhead interventions to reduce sexual transmission by reaching out to most at risk groups such as youth and sex workers. UNFPA will support the empowerment of these groups through advocacy (including advocacy for legal reform), IEC/BCC for condom use among key populations, and integrated HIV

and RH services. Interventions will include the development of targeted informational kits and short public announcements on HIV prevention “on the road”, empowering sex workers through awareness and knowledge and the integration of HIV and RH services. UNFPA will also strengthen the capacity of the National Truck Drivers Training and Counselling Centre through the development of a course on HIV prevention to be included into the training curriculum of the Centre.

4.17. UNFPA will continue to strengthen the linkages and integration of HIV and SRH to develop/expand user friendly and comprehensive SRH/HIV/STI services. This will be achieved through further developing the capacities of health and social services (AIDS centres, STI clinics, youth-friendly clinics, centres of social services for youth, harm reduction services, FP/ANC/MCH/ASRH and PHC) with a focus on improving SRH-HIV links at policy, system and integrated service delivery levels (particularly in the context of the health system reform). Effective mechanisms, approaches and techniques in provision of user-friendly, comprehensive, one-stop-shop SRH/HIV/STI services tailored specifically to address the needs of sex workers and people using drugs will be addressed.

Output 4: Strengthened national capacity to address emerging population issues

4.18. As the current national Strategy of Demographic Development expires in 2015, UNFPA will deliver technical assistance to the Government for the elaboration of a new mid-term population development strategy for Ukraine to start in 2016, to be grounded on the analysis of population dynamics in 2010-2015. UNFPA will continue advocacy and political dialogue with the Government to ensure the population and development linkages are considered and integrated in the national and sectoral development policies, programmes and plans. The CP will also provide assistance to the Government in preparing a national analytical report on the implementation on the ICPD Programme of Action dedicated to the 20 anniversary of ICPD in 2014. Advocacy activities will include individual negotiations with key stakeholders, thematic press conferences, commemorations of the World Population Day and other UN Days, presentations of the State of the World Population Reports, ensuring the participation of Ukraine’s representative in the international population and development events, as well as leveraging donor resources where possible to support the implementation of the CP.

4.19. In line with UNFPA’s focus on addressing population dynamics, the issue of population aging is one of the key emerging issues that need to be addressed in the country. UNFPA will further assist the Government in the development and implementation of the national policy on population ageing in accordance with the Madrid International Plan of Action on Ageing (MIPAA) and United Nations Principles for Older Persons. A national action plan on ageing, developed by the Government with technical assistance from UNFPA, will reflect the national priorities to be addressed in the mid-term perspective with regard to population aging, and will make an effort integrating the on-going administrative reforms into national measures on adapting the society to changing population age structures and improving the quality of life in older age. UNFPA will provide technical and financial resources to support the policy level activities, e.g. policy analysis, review and improvement of respective legislation, implementation monitoring and evaluation, international cooperation, in order to facilitate the implementation of the national action plan on ageing. Along with that, the CP will support capacity development of national policy and decision makers in population ageing related policies and programmes exposing them to the world’s best experiences and practices. UNFPA will also facilitate the preparation of the official progress report by the Government on the implementation of the MIPAA due in 2017. The ageing related activities in Ukraine will be aligned with the UNFPA regional programme.

4.20. The CP will support the national capacity building, especially in the regions and rural areas of Ukraine, to implement the national action plan on ageing through local programmes and projects targeted at improving the quality of life in older age and enabling older persons to lead active and healthy lives. This support will be channelled not only through the governmental organizations providing services to older persons, but also through NGOs and community-based organizations of older persons (e.g. local level veterans’ organizations). These programmes will promote the UN Principles for Older Persons and help older people enjoy their rights as plenipotentiary and respected members of the society.

Output 5: Women's empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence

4.21. Gender equality and empowerment of women have been accorded priority under the recently launched reforms in Ukraine. The responsibility for gender has now been transferred to the Ministry of Social Policy (MSP), which bodes well for the mainstreaming of gender equality in all national policies, plans and programmes.

4.22. A key thrust of the UNFPA CP will be to address structural and economic barriers to equality and empowerment through the promotion and enforcement of gender equality in laws, practices, policies and value systems to improve women's capacities, opportunities and decision making power. As mentioned earlier, in spite of some notable progress gender equality is still far from being a reality in Ukraine. UNFPA supported programme activities will range from sensitizing policy makers, parliamentarians, media on gender issues, the development and implementation and enforcement of laws and legislation that protect the rights of women and girls, to community level interventions that aim to eliminate gender-based violence (GBV). The programme is closely aligned with the national gender policy and national gender action plan.

4.23. UNFPA will work at the policy/legislative and community levels. At the policy level UNFPA will support the MSP to coordinate and mainstream gender equality in key national plans, policies and programmes. Institutional strengthening of the MSP in terms of re-establishment of the national machinery under the Ministry and developing capacity for gender mainstreaming will be an undertaking of the programme. Activities will include among others training and capacity development on how to mainstream a gender perspective and analyses into relevant policies, programmes and activities. Major national and sectoral policies, programmes and legislation will be reviewed to ensure gender perspectives are integrated.

4.24. The existence of gender inequality in the Ukrainian labour market is widely documented²². In collaboration with the ILO support will be provided to the MSP to reconcile women's work and career aspirations with their family responsibilities. UNFPA will provide technical expertise for ensuring gender equality is adequately reflected in major pieces of legislation such as the Labour Law and also advocate for coherence between various pieces of legislation on matters of gender equality and non-discrimination.

4.25. UNFPA will provide support to strengthen the evidence base on gender-based discrimination in both domestic and public spheres. Towards this end, UNFPA will support selective research to strengthen advocacy efforts for policy measures as such as the feminine face of ageing in Ukraine, the gender wage gap to mention a few areas.

4.26. In the area of gender-based violence (GBV) UNFPA support will be provided to the updating/strengthening of existing legislation and development of new legislation (as appropriate). The enforcement and operationalization of legislation will also be a priority. At the community level in selected regions (oblasts) UNFPA will continue to raise awareness on GBV and on human rights. Strategies such as male involvement and socialization of boys on gender equality issues through complementary interventions with the Ministry of Education will also be undertaken. There is a continued need for awareness raising on discrimination and measures to ensure gender equality and non-discrimination. This concerns in particular a much needed public debate on the possible unintended consequences of protective measures and the need to strike a balance between protection and employability.

4.27. In addition, UNFPA will support activities aimed at addressing entrenched ideas about gender roles such as training of media practitioners on gender sensitive portrayal of women in advertising and mass media; the training of journalists will be undertaken with the aim of establishing standards for media reporting and to increase the understanding of journalists on issues related to HIV/AIDS, gender and reproductive health.

²² Ukraine National MDG Report 2010; Ukraine Human Development Report 2011.

Output 6: Availability of disaggregated population data for national and sectoral development policymaking, programming and public use

4.28. Population censuses are the main source of comprehensive socio-demographic data. The State Statistics Service of Ukraine (StatService), the lead governmental agency responsible for planning and implementation of the national population censuses, will carry out a 2010 round of national population census in 2012, with census data dissemination planned until 2015 (order of the Cabinet of Ministers of Ukraine of 28 July 2010 No. 1565-p). The UNFPA CP for 2012-2016 will continue supporting the StatService in the planning and implementation of the census, as well as in the census results communication and dissemination, in accordance with the international standards and recommendations. More specifically, UNFPA will support professional training of the StatService personnel, including local staff, in various aspects of census planning and management, provide technical expert reviews of census documentation with resulting recommendations for improvement, provide assistance in census equipment and services procurement where required and feasible, develop national capacity in census data processing, analysis and quality assurance through study tours and expert missions, as well as assist in the information support of the census, including census data communication. UNFPA will focus its efforts on ensuring the quality of census data and, equally importantly, on the use of this data for evidence-based policy making and programming at all levels.

4.29. UNFPA may collaborate with leading research and development institutions of Ukraine in the area of population and development. Development and maintenance of systems that substantively expand and enhance the utilization of population data for social and demographic policy will be supported.

4.30. UNFPA may also continue supporting thematic research into key and emerging population-related processes and trends of Ukraine (e.g. internal and external migration, urbanization, demographic ageing with focus on women, young and older people) to supply scientific data evidence for the national population policy development. All thematic research reports will provide evidence-based policy recommendations addressing the existing development gaps, and will be publicly presented. Specific areas of research will be identified in consultations with the Government and academic community based on the developments of the demographic situation in Ukraine.

Capacity Development

4.31. The UNFPA CP, with the leadership of the Government will strengthen existing and develop new national capacities. Selection of programme implementation approaches and modalities will be primarily informed by the existing needs and capacity assessments under each output of the programme, in consultations with the concerned national partners, at both central and regional levels in the selected regions.

4.32. In the course of the programme, UNFPA will promote knowledge transfers and building various knowledge bases: as professional training, skills development, methodological support, exposure to international experiences, development and implementation of information systems for better data management, supporting research activities etc. UNFPA will encourage Ukraine to participate in the global and regional programmes as key instruments in the identification, production and dissemination of replicable experiences and proven models that can advance the ICPD agenda worldwide.

4.33. The CP capacity development interventions will include supporting national institutions in adequate human resources planning, training and operating performance assessment systems that are crucial to enhancing efficiency and accountability, strengthening results-oriented management and decision-making systems, increasing the use of information for planning and management.

4.34. UNFPA will support and promote national initiatives such as reform of the health sector to strengthen PHC, RH and FP services, ensuring reproductive health commodity security, strengthening the institutional framework for gender equality to mention a few areas. UNFPA will also work with national partners to plan for ultimate sustainability of programmes and services covered by the CP to ensure the continuation and consolidation of successful interventions after the completion of external support.

Part V. Partnership Strategy

5.1. The Country Programme is based one hundred per cent on achieving the results of the 2012-2016 Ukraine - UN Partnership Framework. The main government partners are the State Statistics Service, Ministry of Health, Ministry of Social Policy, Ministry of Education, Youth and Sports and State Service for Counteracting HIV/AIDS and Other Socially Hazardous Infections. These partners will be responsible for CP implementation as governmental lead agencies and implementing partners. They will be responsible for the field implementation of activities, CP progress monitoring, reporting and follow-up. The coordinating and monitoring role of each of the above-mentioned lead ministries/state services will play a critical role in ensuring the success of the programme.

5.2. At the regional level UNFPA will establish strong partnership with directorates for health, education, social protection of the Regional State Administrations, and also with regional family planning and reproductive health centres to name a few.

5.3. With regard to UN agencies, the main partners are WHO, ILO, UNICEF, UNDP, UNESCO and UNAIDS. The achievement of results will depend on complementary and well-coordinated activities with the above-mentioned UN agencies. For example, for maternal health UNFPA will support the adaptation and implementation of WHO's "Beyond the Numbers" approach. UNFPA will complement the work of UNICEF in the area of EMTCT by strengthening the implementation of the family planning component of EMTCT services. ILO and UNDP will be partners in the area of gender equality. Reaching out to communities with RH information and services using mechanisms and processes established under the UNDP supported Community Based Assistance programme is also envisaged. UNFPA will participate actively in the UNAIDS Joint Team and will be a convening agency for reducing sexual transmission.

5.4. Bilateral partners will include USAID, Sida, and the European Commission. Bilateral partners could be involved into the CP implementation as external evaluators, advisory and expert bodies, as well as co-financing partners.

5.5. UNFPA will work with academic and research institutions such as the Ukrainian Institute of Social Research and Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine. These partners will provide expertise and technical resources for scientific and research activities.

5.6. Finally, UNFPA will forge new partnerships with NGOs, community-based and faith-based organizations, particularly for social mobilization for ushering in behaviour change. Partnerships with NGOs and communities will also play a key role in interventions to empower women. NGOs based in the regions with the necessary outreach and staff will play a critical role in ensuring the success of the programme. Cooperation with the private sector institutions will also be an important strategy for the implementation of the programme.

Part VI. Programme Management

6.1. The UNFPA CP will be nationally owned and executed. The Ministry of Economic Development and Trade of Ukraine will provide overall coordination of the programme and act as the Government Coordinating Authority for the entire programme. The Head of the Government of Ukraine, his/her deputy or a representative of the Government Coordinating Authority will sign the CPAP, together with the UNFPA Representative or his/her designated representative.

6.2. Each thematic direction within the CP will be coordinated by a central level executive authority with overall programmatic, coordinative and legislative responsibility for the implementation of the specific activities to produce the expected programme outputs. Therefore, the Ministry of Health will be the lead ministry for delivering outputs 1, 2 and 3. The Ministry of Social Policy will be the lead ministry for producing outputs 4 and 5. The State Statistics Service will be the lead agency for delivering output 6. The key responsibility of the lead agencies will be to ensure coordination between different partners working for the attainment of the same output, as well as coordination between several interrelated outputs. In this

context, responsibilities of the lead agency will include organizing annual programme reviews, preparing annual progress reports and ensuring that the outcome of programme reviews are channelled into the annual UNPF review process.

6.3. A Memorandum of Understanding will be signed with each lead agency that will outline the specific obligations with regard to programme implementation.

6.4. Government partners are expected to assign staff with the requisite technical skills as focal points to work with UNFPA for the effective implementation of the programme.

6.5. In line with harmonized programming procedures, an Annual Work Plan (AWP) will be prepared for each output at the beginning of the year by UNFPA and concerned national partners. In order to ensure coordination between UN partners and the attainment of UNPF results the AWP will be prepared in close collaboration with UN agencies.

6.6. In view of the regional focus of the programme, the country office will work closely with the relevant directorates of Regional State Administrations. For each region, officials from the relevant directorates will be designated to work with UNFPA staff in planning, monitoring and the implementation of the AWP activities. The lead ministry for each output will ensure that the planned annual outputs will materialize through the following coordinating activities:

- A planning meeting at the start of the year to finalize the Annual Work Plan and budget for each country programme output. This planning meeting will take into account the recommendations (if any) from the previous year's annual review;
- A mid-year review to assess progress and to resolve bottlenecks will be organized by the lead agency for each output;
- An annual programme review and report to assess achievements and implementation constraints which will be channelled into the annual UNPF review.

6.7. The programme will use a results-based management approach. Annual programme reviews and the final programme evaluation will be organized in accordance with the UNPF schedules.

6.8. The UNFPA country office in Ukraine consists of a UNFPA representative, an assistant representative, an administration/finance associate, and an executive assistant. The programme will earmark funds for two national officer posts and two support staff to strengthen programme implementation. UNFPA may also recruit national project personnel to strengthen programme implementation. UNFPA will obtain technical assistance from national and international consultants. The UNFPA regional office for Eastern Europe and Central Asia will also provide technical and programme support.

Implementing Partners

6.9. Under each output of the programme, UNFPA will work with the implementing partners (IPs) that will be responsible for managing the UNFPA and other inputs and for achieving the programme outputs. The IPs will be identified in consultations between the Government of Ukraine and UNFPA.

6.2. Key responsibilities of each IP include the following:

- Communicating to concerned parties the official activation of the AWP;
- Cooperating and coordinating with all personnel implementing activities under programme output as well as with other IPs working towards the achievement of the same output of the CP, with the governmental line agency, and UNFPA;
- Establishing and operating arrangements for financial management and accountability, including preparing requests for advances, expenditure reports and requests for direct payments;
- Obtaining signatures of the contractors, if applicable, on the specific services to be performed and on the procurement of commodities;
- Fostering monitoring and evaluating activities and outputs listed in the AWP through field-monitoring visits, participation in annual review meeting, preparation of the AWP monitoring tool,

contributions to the Standard Progress Report (SPR) and participation in programme evaluation, as well as other monitoring and evaluation responsibilities;

- Ensuring, in the case of government- and NGO-implemented AWP(s), that audits are conducted in accordance with UNFPA requirements, unless otherwise specified in the Letter of Understanding signed with UNFPA;
- Conducting annual and final inventories of equipment procured under the AWP(s); and
- Ensuring closure of the AWP(s) (when all operational activity of the final AWP(s) has been completed).

6.3. The IPs jointly with UNFPA and governmental lead agencies, will participate in formulation of AWP(s) at the beginning of each year of the programme, based on the results of the previous year's AWP(s) implementation, as well as based on the recommendations of the annual programme review meetings.

6.4. UNFPA, through consultations with governmental lead agencies, may be selected as an implementing partner for certain AWP(s) where there is lacking implementation capacity of national IPs.

Cash Transfers

6.5. All cash transfers from UNFPA to an IP are based on the AWP(s) agreed between the IP and UNFPA. Cash transfers for activities detailed in AWP(s) can 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), or
 - b) After activities have been completed (reimbursement);
2. Direct payment by UNFPA to vendors or third parties according to AWP(s) for obligations incurred by the IPs on the basis of requests signed by the designated official of the IP;
3. Direct payments by UNFPA to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with IPs.

6.6. 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 IP over and above the authorized amounts.

6.7. Following the completion of any planned activity, any balance of funds shall be reprogrammed by mutual agreement between the IP and UNFPA, or refunded.

6.8. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government IP, and of an assessment of the financial management capacity of the non-UN IP. A qualified consultant, such as a public accounting firm, selected by UNFPA, may conduct such an assessment, in which the IP shall participate.

6.9. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of the programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Resource Mobilization

6.10. The UNFPA country office in Ukraine will leverage its fund-raising efforts. The resource mobilization strategy will be formulated and will become an integral part of the CP.

6.11. In order to achieve the results planned for the UNFPA CP for 2012-2016, UNFPA jointly with other UN agencies and the UN Resident Coordinator will work in close coordination with the Government of Ukraine, civil society and donors. UNFPA has committed to mobilizing the resources required in order to achieve specific outputs. The Government of Ukraine, depending on its financial capacity, will support

activities for the implementation of this UNFPA CP through statutory funding from the state budget at national and local levels, where appropriate.

Part VII. Monitoring and Evaluation

7.1. The country programme will be monitored on the basis of outcome indicators mentioned in the Ukraine - UN Partnership Framework Monitoring Plan as well as output indicators reflected in the CPAP Results and Resources Framework (RRF). The CPAP Monitoring and Evaluation Plan consisting of the CPAP Planning and Tracking Tool and the Monitoring and Evaluation Calendar will be used to monitor and track results.

7.2. In addition to the above, on the basis of the CPAP RRF, the country office will develop a simple monitoring database to track programme progress and achievement of results. The regional focus of the programme is expected to considerably improve the monitoring and evaluation of the programme. Surveys will be carried out in the early part of 2012 to establish baseline values for several output progress indicators as well as targets to be achieved by 2016. The country office will conduct quarterly field monitoring visits to all UNFPA supported interventions. The monitoring activities will be reflected and budgeted in the Annual Work Plans.

7.3. An annual review of the UNPF will also be organized by the Ministry of Economy and Trade for assessing the programme's contribution to the UNPF results. The major outcomes of the UNFPA country programme will be evaluated during years four and five of the country programme.

7.4. Implementing partners agree to 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, IPs agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies, will establish an annual audit plan, giving priority to audits of IP with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

7.5. To facilitate assurance activities, IPs and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

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

Part VIII. Commitments of UNFPA

8.1. UNFPA will commit to the CP USD 5 million over 5 years from the regular resources, subject to availability of funds. UNFPA is also committed to mobilizing an additional USD 1.5 million both from its regular and external resources, subject to donor interest and in line with the CP resource mobilization plan. The regular and other resource funds are exclusive of funding received in response to emergency appeals.

8.2. In the framework of the CP, UNFPA will provide the following types of support:

- Technical assistance and expertise in all areas related to the programme, using the resources of local and external consultants and experts; as well as the resources of the UNFPA regional and global programmes;
- Support for recruitment of project personnel in accordance with the AWP;
- Support to procurement of goods and services for the programme needs, as requested by the IPs;
- Administrative, operational, and technical support by the UNFPA country office in Ukraine to the IPs as regards the implementation of the UNFPA assistance to Ukraine.

8.3. In case of direct cash transfer or reimbursement, UNFPA shall notify the IP of the amount approved by UNFPA and shall disburse funds to the IP in two weeks.

8.4. In case of direct payment to vendors or third parties for obligations incurred by the IPs on the basis of requests signed by the designated official of the IP; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with IPs, UNFPA shall proceed with the payment as prescribed by the UNFPA policies and procedures depending on the type of procurement.

8.5. UNFPA shall not have any direct liability under the contractual arrangements concluded between the IP and a third party vendor.

8.6. Where more than one UN agency provides cash to the same IP, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

Part IX. Commitments of the Government

9.1. The Government will honour its commitments in accordance with the Convention on Privileges and Immunities of the United Nations, Convention on Privileges and Immunities of the Specialized Agencies, the Agreement between the United Nations and the Government of Ukraine relating to the establishment of a United Nations interim office in Ukraine of 6 October 1992, and the Agreement between the Government of Ukraine and the United Nations Development Programme of 18 June 1993.

9.2. The Government will facilitate the implementation of the programme through cooperation of its officials and technical personnel with staff of UNFPA and by carrying out activities which do not require allocation of separate state budget funding, and in particular by providing materials and venues for programme events, usage of its own equipment for the achievement of the programme objectives, and assigning responsible individuals who will be engaged in the programme implementation. The Government may provide financial contributions to the programme based on contribution agreements that will be entered into between the Government and UNFPA.

9.3. The Government Coordinating Authority and governmental lead agencies will organize annual country programme planning and review meetings, and the UN-Ukraine Partnership Framework annual review meetings. The governmental lead agencies will supervise and coordinate the activities under their respective outputs and will contribute to preparation of reports, AWP as appropriate, ensuring participation of donors, NGOs, and other stakeholders in these processes.

9.4. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the AWP, will be used by IPs to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The IPs will use the FACE to report on the utilization of cash received. The IP 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 IP.

9.5. Cash transferred to IPs should be spent for the purpose of activities as agreed in the AWPs only.

9.6. Cash received by the Government and national NGO IPs shall be used in accordance with established national laws, regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national laws, regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

9.7. In the case of international NGO and inter-governmental organization IPs, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in

