

Country Programme Action Plan

2010-2015

for the

Programme of Cooperation

between

The Government of the Republic of Uzbekistan

and

The United Nations Population Fund



List of Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavioural Change Communication
CCA	Common Country Assessment
CLMIS	Contraceptive Logistics Management Information Service
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
EECA RO	UNFPA Regional Office for Eastern Europe and Central Asia
FP	Family Planning
GoU	Government of Uzbekistan
GTZ	German Technical Cooperation Agency
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development
ICPD PoA	ICPD Programme of Action
IEC	Information, Education, and Communication
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MOH	Ministry of Health
MTSP	UNFPA Mid-Term Strategic Plan 2008-2011
NGO	Non-Governmental Organization
PCM	Programme Component Manager
PRSP	Poverty Reduction Strategy Plan
RH	Reproductive Health
STIs	Sexually Transmitted Infections
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization
WIS	Welfare Improvement Strategy 2008-2010

Table of Contents

	Page
List of Acronyms	1
Framework	3
Part I. Basis of Relationship	3
Part II. Situation Analysis	3
Part III. Past Cooperation and Lessons Learned	4
Part IV. Proposed Programme	5
Part V. Partnership Strategy	15
Part VI. Programme Management	16
Part VII. Monitoring and Evaluation	17
Part VIII. Commitments of UNFPA	18
Part IX. Commitments of the Government of Uzbekistan	19
Part X. Other Provisions	20

Framework

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

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

Building upon the experience gained and progress made during the implementation of the previous Programme of Assistance (2005-2009);

Entering into a new period of cooperation as described in the United Nations Development Assistance Framework for the Republic of Uzbekistan 2010-2015 and UNFPA Country Programme Document for the Republic of Uzbekistan 2010-2015;

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

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

Part I. Basis of Relationship

The relationship between the Government of Uzbekistan (GoU) and the United Nations Population Fund (UNFPA) is governed by the Standard Basic Assistance Agreement (SBAA) signed by the Government and the United Nations Development Programme (UNDP) on 10th June 1993, which, mutatis mutandis, was also accepted as a basis of cooperation between the Government of Uzbekistan and the United Nations Population Fund. This was achieved by way of Exchange of Letters between UNFPA and the Government of Uzbekistan dated 7 April 2005.

Part II. Situation Analysis

2. Uzbekistan is the country with the biggest population in Central Asia. According to the recent estimates its population exceeds 27 million. For the last two decades the country's population growth has slowed considerably, from almost 2% in the 1990s to 1.3% in the period 2000-2007. The country faced significant decline in fertility with the total fertility rate decreasing from 4.6 in the beginning of the 1990s to the current 2.6. At the same time, some increase in natality and population natural growth up to 1.6 % was observed in 2007-2009.
3. Uzbekistan's per capita gross domestic product has nearly doubled in recent years from US\$465 in 2004 to US\$832 in 2007. In the recent years the country faces external labor migration. Potential decrease in external labor migration as the result of global economic crisis may affect livelihood of some part of population. Despite strenuous governmental efforts to curb human trafficking, especially targeting women, it remains a serious problem.
4. The country experiences serious environmental challenges stemming from the continuing consequences of the Aral Sea environmental disaster. The country along with the whole of Central Asia faces potential water shortages that are increasingly affecting significant portion of the population.
5. Although the government has identified reproductive and maternal health as a priority, the country still faces many challenges in attaining high status of health in this area. Barriers to full access and insufficient quality of care, especially at the primary health care level, remain among the most serious obstacles. Between 2004 and 2007 the officially reported maternal mortality ratio decreased from 32 to 20,4. Nevertheless maternal mortality

remains considerably higher than it should be, especially taking into account the level of government's support, wide coverage for antenatal care and almost universal hospital-based deliveries. In July 2009 the President has signed the National Programme on Improving the System for Reproductive and Maternal Care in the country, which addresses strengthening health care system and increasing access of population to the services and information

6. The population is predominantly young, with children younger than age 15 comprising about 40% of the population and youth under the age 24 accounting for nearly two-thirds. At the same time the sexual and reproductive health needs of adolescents still remains inadequately addressed. Although in the recent years the government adopted regulations promoting youth-friendly health services, they are not widely available and accessible.
7. In the recent decades the government achieved significant improvement in availability and access to family planning services. Contraceptive prevalence rate rose from 13% in 1993 to 63% in 2006 (MICS2006). At the same time the range of available contraceptives remains limited. Intrauterine devices are the most frequently used method with about 80% share among all methods in use. The country is still heavily reliant on donor supply of contraceptives with less than 20% covered by the government.
8. The country faces a growing HIV/AIDS epidemic, which is still in a concentrated phase according to UNAIDS classification. Most of the cases can be attributed to intravenous drug use, though cases resulting from sexual transmission are growing. Currently the government is implementing the national strategic plan on HIV/AIDS for 2007-2011.

Part III. Past Cooperation and Lessons Learned

9. The previous UNFPA programme of assistance (2005-2009) was approved for \$4 million: \$2.7 million from regular resources and \$1.3 million from other resources. Due to the difficult donor environment it was not possible to mobilize the \$1.3 million required from other resources.
10. In the area of reproductive and maternal health the previous country programme made significant input into strengthening the capacity of the health system to provide quality reproductive and maternal care. It focused on improving the quality of services at the primary care level through training of health care providers, developing policies and guidelines, and providing essential equipment. The programme significantly contributed to building up a viable system for emergency obstetric care. It also strengthened the contraceptive logistics system.
11. The previous programme contributed to increasing the knowledge of young people on sexual and reproductive health and HIV/AIDS prevention through peer-to-peer education and mass-media. Significant support was provided to improving in-school life-skills based education. UNFPA also contributed to building national technical capacity to collect, analyse and use population information for developing socio-economic policies and strategies.
12. The lessons learned include need for: (a) increasing national technical capacity for planning, implementing, coordinating and monitoring programme implementation; (b) improving skills of national partners to integrate population and development in national plans, policies and programmes; and (c) improving coordination of programme interventions between different government bodies, international and bi-lateral donors and UN agencies. An important lesson learned is that there is a significant need for reliable data on poverty, employment, health and other population-related issues and more active engagement with civil society organizations.

Part IV. Proposed Programme

Linkage with National Development Plans, Processes and UNDAF

13. The UNFPA programme takes into account national development policies, the goals and objectives of the International Conference on Population and Development and its reviews, the Millennium Development Goals and UNFPA Mid-term Strategic Plan 2008-2011. It reflects national development goals set in the Welfare Improvement Strategy Paper 2008-2010. The programme will mainstream the humanitarian concerns and security risks, including the impact of the global economic crisis and environmental concerns into its programming. It will emphasize partnership, coordination and joint programming.
14. The UNFPA country programme 2010-2015 has been harmonized with the programmes of the United Nations Children's Fund and UNDP. The government participated actively in the programme preparation process and the United Nations Development Framework.
15. The goal of the UNFPA country programme is to contribute to improving the quality of life in Uzbekistan by supporting the following UNDAF outcomes: (a) Economic well-being of vulnerable groups is improved; (b) Enhanced access to and utilization of quality essential social services; (c) Effectiveness, inclusiveness and accountability of governance at the central and local levels enhanced.
16. The country programme has three components: 1) Population and Development, 2) Reproductive Health and Rights, and 3) Ensuring full implementation of women and men's rights, opportunities and responsibilities. In the area of population and development the programme will focus on building national capacity to incorporate population issues in national development frameworks. Increasing access to quality reproductive and maternal health services and promoting reproductive rights will be the focus of the reproductive health and rights component of the programme. In the area of gender equality the programme will concentrate on improving national mechanisms to implement CEDAW and women's empowerment. Interventions related to young people and HIV prevention, marginalized and excluded populations, emergency preparedness and humanitarian crisis response for such natural calamities as earthquake are cross-cutting issues that are addressed throughout the programme.

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

Population and Development Component

17. Under the Population and Development (P&D) component UNFPA will work to achieve the following ***Output: Strengthened national capacity to collect, analyze and use disaggregated population data for developing and monitoring national development programmes.*** This output will contribute to the **Country Programme Outcome** of *Enhanced capacity of the central and local authorities to develop and implement economic and social security policies* which in turn will contribute to **UNDAF Outcome** related to the economic wellbeing of the people of Uzbekistan. The output is also linked to outcome 1.3 of UNFPA's Strategic Plan 2008-2011. In order to achieve this output and contribute to programme and UNDAF outcomes, the programme will employ the strategies outlined below:
18. Capacity development of national institutions to collect, analyze and use disaggregated population data. Towards this end UNFPA will work closely with the State Statistical Committee, the Ministry of Economy, and the Ministry of Labour and Population Social Protection to strengthen national capacity in demography and population statistics. In close consultation with these governmental agencies UNFPA will support a series of training and capacity development activities for improving knowledge and skills of relevant staff working in the areas of demography and population statistics. The training courses will be organized in the

basic and advanced demographic techniques, demographic theories and policies, data collection and analyses methods. UNFPA will support training programmes through providing financial support, technical expertise and other related materials (books, software, etc.). The programme will aim at covering at least 80% of relevant professionals of these agencies with training on population issues and demographic techniques relevant to their core functions.

19. The programme will support participation of professionals in national and international workshops, trainings, seminars, and familiarization visits within and outside the country related to capacity development. Membership of national institutions in professional societies and participation in international professional events will be promoted and supported by the programme. Support will be also provided for subscription to technical periodicals and accessing on-line sources of technical information.
20. Strengthening national efforts for monitoring achievement of MDG targets: The Ministry of Economy, Ministry of Health, Ministry of Labor and Population Social Protection, and State Committee on Statistics and UNDP will be the principal partners for strengthening national capacity in the use of disaggregated population data for formulating and monitoring national development frameworks, policies and programmes. UNFPA will work with UNDP and UNICEF and other UN agencies in supporting the efforts of the Government on monitoring achievement of MDG targets through the availability of disaggregated data and assisting in development of key indicators in areas related to maternal and reproductive health and women's empowerment, HIV/AIDS prevention. UNFPA will provide technical assistance for data collection and analysis for the development and use of these indicators.
21. In this context UNFPA will actively provide its input to National Human Development Reports (NHDR) and strategic papers such Welfare Improvement Strategy. In addition the programme will prepare policy briefs for the Government accumulating world experience and practices in these areas.
22. Ensuring availability of data through large-scale surveys and research studies for evidence based planning and decision making. The Institute for Macroeconomic Forecasting and Institute for Social Studies will be major UNFPA partners in developing national capacity on population surveys and research. Working with these institutions and other national research centres, UNFPA will provide technical and financial support to the surveys and studies reflecting national priorities and needs in population related data. UNFPA will support conducting the next Multiple Indicator Cluster Surveys (MICS) in 2010 and 2014 and other large scale national-level surveys for collection, analysis and dissemination of the data. Technical support will be provided in survey design, development of tools, and analysis.
23. Other small scale researches also will become an essential part of the current country programme. UNFPA in consultation with the Government will identify relevant topics and provide technical and financial support to research around areas such as migration, equal relationships between women and men, young people's health, maternal mortality and other reproductive health issues. UNFPA will work with relevant national agencies, in particular with the Institute for Macroeconomic Forecasting, the Ministry of Labor and Population Social Protection, and State Statistical Committee in developing long-term and short-term population projections to be used for socio-economic development.
24. Strengthening national cadre capacity in demography and population statistics. UNFPA will continue working on strengthening demography training and research in the national higher education institutions. It will be working with the Demography Department of the National University on further upgrading and introducing curriculum for post-graduate training leading to Master's Degree in Demography developed during the previous programme cycle. UNFPA will provide technical assistance to other national educational institutions teaching demography and population courses. In close coordination with the Government UNFPA will

support the limited number of professionals employed by the relevant governmental organizations to pursue Master's Degree in demography and population studies from recognized international training institutions. Throughout the programme cycle UNFPA will support long-term training courses and fellowships in recognized international training and research centres for professionals working in relevant national institutions.

25. To provide technical support for the implementation of PDS component UNFPA will seek to mobilize technical expertise from reputed international institutions, which may include the UN Statistical Division, European Statistical Division, INED, NIDI, and other recognized centres. In cooperation with UNFPA ECA Regional Office and Almaty Sub-Regional Office UNFPA will make use of independent technical expertise.

Reproductive health and rights component

26. Reproductive health and rights component of the programme will contribute to two UNDAF outcomes. The first **Outcome** is: *Increased access to and utilization of quality health care using the continuum of care and primary health care approach.* Three outputs will contribute to this outcome and to the UNFPA Strategic Plan 2008-2011 outcomes 2.1; 2.2; 2.3. Working on improving reproductive and maternal health in areas affected by ongoing environmental disaster of the Aral Sea, especially in Karakalpakstan, Khorezm and the areas of Navoi province will be priority for reproductive health and right component.
27. ***Output 1: Strengthened technical and institutional capacity of national health care system to develop and implement comprehensive reproductive health strategies and provide an integrated package of essential reproductive health services.*** To achieve this output UNFPA will work on improvement and integration of essential package of reproductive health services in the state strategies and programmes. The following strategies will be used for the achievement of the output:
28. *Advocacy for the integration of an essential package of maternal and reproductive health services into the state programmes:* The programme will be working with parliamentarians and national partners to ensure further integration of maternal and reproductive health concerns into all aspects of national social policies and strategies. Achievement of reproductive health commodity security (RHCS) and strengthening integrated national response to HIV/AIDS epidemics will also be a priority. It will conduct advocacy at all levels, including mass-media campaigns, providing international expertise and acquainting policy-makers with international best practices in this area.
29. UNFPA will conduct advocacy for promotion and protection of reproductive rights of individuals and communities, including in emergency situations. The Ministry of Health's research institutions, such as National Centres of Obstetrics and Gynaecology, Paediatrics, Dermatovenerology and others will be working with UNFPA on research on selected reproductive and maternal health topics, including STIs, Human Papilloma Virus and cervical cancer, anaemia etc. to provide data for developing national plans and strategies.
30. *Developing, upgrading and operationalizing clinical protocols and guidelines that conform to modern standards and practices:* The Mother and Child Healthcare Department of the Ministry of Health(MOH's MCH Department), the National Reproductive Health Centre, National Perinatal Centre, National Centres of Obstetrics and Gynaecology, Paediatrics, Dermatovenerology, Adolescent Reproductive Health Centre and WHO will be UNFPA key partners in development and revision of clinical guidelines and protocols, including guidelines on essential and emergency obstetrics care, antenatal care, clinical management of cervical cancer and adolescent reproductive health. UNFPA will closely collaborate with the existing programmes and projects funded by multi- and bi-lateral donors, including World

Bank, GTZ, Asian Development Bank etc. UNFPA will provide technical and financial support and will work to link the national centres with recognized international centres of excellence in specific areas to make up-to-date expertise available for developing and upgrading national protocols and guidelines.

31. Capacity development will be a key strategy for the realization of this output and the programme will focus on the following specific areas. Enhancing the existing system of pre- and post- diploma education in the area of reproductive health with focus on primary health care and quality of care: UNFPA will capitalize on the achievements of the previous programme cycle in strengthening education on reproductive and maternal health for primary health care physicians and mid-level health care providers. To this end UNFPA will continue working with the Tashkent Institute for Advanced Medical Education (TIAME) and the National Centre for Post-Diploma Education for Nurses as well as the training centres at the provincial level. At the beginning of the programme cycle UNFPA will support reviewing by the TIAME the training course for primary health care physicians developed during the previous programme cycle. It will also help to evaluate results of the training programmes and develop a comprehensive plan for improvement with the overall goal of covering all primary health care physicians with training by the end of the current programme cycle in 2015. The programme will work to further strengthen capacity of national training centres for post-diploma medical education to deliver an integrated package of training programmes on reproductive health and essential obstetric care for primary health care physicians. As the result of these interventions, at least 80% of primary health care physicians will receive training on reproductive and maternal health issues by the end of the programme in 2015.
32. The programme will be working on further strengthening pre- and in-service training on reproductive health for primary health care nurses. The respective training course developed in 2009 will be piloted and support for its adoption will be provided. As soon as the programme is endorsed by the MOH, UNFPA will be supporting its nationwide implementation. The programme will aim on complete introduction of the course into the curricula of nursing colleges by 2012 and will aim at covering with this training at least of 80% of nurses working in primary health care facilities by the end of the programme cycle.
33. Strengthening national capacity to address Sexually Transmitted Disease (STI/HIV) prevention and integrate STI/HIV service within primary health care: Working with National Centre to Combat HIV/AIDS Epidemic (hereafter National AIDS Centre), UNFPA will contribute to the national efforts on ensuring universal access to HIV prevention, treatment and care. UNFPA will be supporting community based activities with focus on vulnerable groups (young people, sex workers, migrants, and military system). In this regard, UNFPA will be closely cooperating with MOH's MCH Department, National Centre of Dermatovenereology on development of the programme on integration of STI diagnosis and prevention into PHC services.
34. Strengthening national capacity on prevention of mother-to-child transmission of HIV. UNFPA will be working on enhancing health system capacity to integrate HIV prevention within the reproductive health and antenatal care services. In doing this it will be closely cooperate with WHO and UNICEF. The programme will also work to improve the quality of voluntary counselling and treatment (VCT) and making prevention of mother-to-child transmission of HIV/AIDS (PMTCT) available for every HIV infected pregnant women. Achieving complete coverage of all pregnant women infected with counselling and PMTCT by 2012 will be the target for the programme.
35. Improving national capacity to address screening and treatment of cancers of reproductive system, including cervical and breast cancers: In close cooperation with the MOH and WHO, UNFPA will provide support in designing new national system for cervical cancer

prevention, screening and treatment. Using UNFPA assistance the MOH will initiate a demonstrative project to pilot the new system and develop approaches for its scaling up at national level. As soon as the demonstrative project receives positive recognition of the Government, UNFPA will support rolling up the system at the national level. Working on new system for cervical cancer prevention, screening and treatment UNFPA will closely cooperate with WHO on strengthening technical capacity of the health care system to adopt and implement modern technologies in this area.

36. UNFPA will support developing national programme on screening and treatment of breast cancer. It will work with the MOH and national NGO Women's Assembly on developing a viable system for early detection and treatment of this disease. It will contribute to the efforts of Women's Assembly and other national partners on increasing awareness of women on breast cancers and improving national capacity to provide quality care to the patients and social and psychological support to the survivors. The programme will strive to involve other national institutions, international and bi-lateral donors in strengthening national system for prevention and treatment of the cancers of reproductive system
37. Upgrading primary health care facilities through supply of equipment to improve maternal and reproductive health: Throughout the programme cycle UNFPA will be advocating for achieving national self-sustainable supply and continued upgrading of essential equipment for reproductive and maternal health services. At the same time, since the self-sustainable supply requires a certain time to achieve, UNFPA will be deciding on case-by-case basis on supplying some limited amount of essential equipment to support UNFPA-led programme interventions.
38. Output 2: Improved quality of emergency and essential obstetric and perinatal care in selected provinces of the country. This output will be attained through (a) increasing the skills of health-care workers in providing high-quality emergency obstetric care; (b) establishing a sound referral system; (c) improving the system for collecting data on maternal morbidity and mortality; and (d) increasing awareness of critical obstetric conditions, with a particular focus on male involvement. UNFPA will coordinate its activities on improving maternal with existing and planned projects on maternal care implemented by international and bilateral donors for nationwide introduction of a package of effective perinatal care services and efficient referral system. The programme will seek to increase the capacity of the health-care system to provide maternal care in emergency situations.
39. Increasing the skills of health-care workers in providing high-quality obstetric and antenatal care: UNFPA will be working on improving emergency obstetric care (EMOC) with the MOH, UNICEF and other national and international players in this area. Working closely with WHO, UNICEF and GTZ, UNFPA will lead the process of expansion of the training on antenatal care (ANC) for primary health care physicians nationwide. Taking into consideration that in 2009-2010 UNICEF has implemented nationwide project on maternal health that covered with the training on effective perinatal care (EPC) module practically all ob/gyns working in maternity hospitals, UNFPA will help the MOH to assess the situation of antenatal care/ essential obstetric care. The results of the assessment will be used for further improving antenatal care services. In close cooperation with WHO, UNICEF and GTZ, UNFPA will expand in service trainings for primary healthcare specialists at the national level.
40. UNFPA will focus on improvement of capacity of health care facilities to provide quality maternal health care services through introduction of continued quality improvement (CQI) mechanisms, introduction of effective perinatal care technologies, providing support to enhancing technical capacity of health facilities and improving skills of service providers.

Technical guidelines on infection control and STI/HIV prevention for the ANC service will be adapted in cooperation with WHO, UNICEF and other agencies. The programme will continue closely cooperate with WHO and the MOH on expansion of near miss case review methodology. It will advocate for introduction of maternal mortality audit and will support its implementation.

41. Supporting establishing a sound referral system for complicated cases: The programme will continue working with the MOH on further enhancing a model for efficient referral system for emergency obstetric care whose development has been started in Andijan province during previous programme cycle. Support will be provided for evaluation of the model, its upgrading and expanding nationwide. UNFPA will be providing technical expertise and limited financial support for making the system operational and rolling it out nationwide.
42. Improving the system for collecting data on maternal morbidity and mortality: UNFPA will provide support to the MOH and National Institute for Health and Medical Statistics in upgrading the system for collecting data on maternal morbidity and mortality. UNFPA will provide technical expertise, training for relevant staff and limited support on essential equipment and computer software needed for upgrading the system up to the international standards. The programme will be also working on establishing links with internationally recognized centres of excellence in this area and transfer of knowledge.
43. Increasing awareness of critical obstetric conditions, with a particular focus on male involvement: Women's Committee and the Ministry of Health will be principal UNFPA partners in developing nationwide programme on increasing awareness of and involvement in reproductive and maternal health issues with special focus on male involvement. UNFPA will support developing a training programme, preparing a pool of trainers and conducting education and communication programme. Existing makhalla structures will be utilized for expanding communication and training activities in this area.
44. Output 3: Increased capacity of health care system to ensure contraceptive commodity security and provide quality services for creating healthy family. Achieving complete contraceptive commodity security by the end of the programme cycle will be the primary target for the programme. UNFPA will closely work with the MOH and other national partners on advocacy for achieving RHCS and the expanding the range of the contraceptives in the national essential drug list. The following strategies will be employed to achieve this output:
45. Introducing effective and sustainable new contraceptive logistics management information system: Working with National Reproductive Health Centre and its provincial branches, the Ministry of Health's Centre for Drug Policy and Mother and Child Health Care Department, UNFPA will provide further technical and financial support for building up modern contraceptive logistic management information system (CLMIS) to make it fully operational and sustainable at the national level by 2011. It will invest in further strengthening the network of provincial reproductive health centres as the main bodies for introduction and maintaining new CLMIS. Special emphasis will be given to increasing capacity of the centres on collecting and analysing data and forecasting local and national demand for contraceptives.
46. Improving capacity of health care providers in rendering quality services on creating healthy family: UNFPA will strengthen knowledge and skills of health care providers in rendering quality counselling and services in the area of creating healthy family to ensure greater access to a range of modern contraceptives, including among the most vulnerable groups of population. In this context the module on family planning in the training course for primary health care physicians and nurses will be further strengthened and expanded.

Support will be provided to the MOH on further upgrading relevant topics in undergraduate training of physicians and nurses.

47. Increasing access of population to information on quality services on creating healthy family: Special emphasis will be given to increasing population awareness of quality services on creating healthy family, informed choice of contraceptive methods and respect for reproductive rights. To this end, UNFPA will support the MOH, Women's Committee, national mass-media and non-governmental organization in conducting information and communication activities targeting both general population and health care providers.
48. The second **Outcome** of the reproductive health component is as follows: Increased access to and utilization of HIV/STI prevention, treatment, care and support services. The following **Output** will contribute to this outcome and to the UNFPA Strategic Plan 2008-2011 outcome 2.5. Strengthened capacity of national institutions to provide quality gender-sensitive life-skills based education, information, and youth friendly services on sexual and reproductive health and HIV/AIDS prevention. To attain this output, the programme will support national efforts on strengthening life-skills based courses on adolescent reproductive health for secondary schools, colleges, lyceums and universities. The programme will work with the Ministry of Public Education, the Ministry of Higher Education, other national governmental and non-governmental institutions, UN sister agencies and other organizations on increasing access and improving quality of information for youth through formal education. It will provide support for increasing national capacity to conduct behaviour change communication, including developing information and education materials and conducting communication activities among young people. The following strategies described below will be used.
49. Increasing access of the youth to information on reproductive health through formal education: The Ministry of Public Education and the Ministry of Higher Education along with UNESCO and other UN agencies will be UNFPA partners in further upgrading and teaching of the RH-related curriculum for schools, colleges, lyceums and universities. UNFPA will assist in continuous upgrading secondary school curriculum on RH and provide assistance in building up capacities for teaching this course in secondary schools, colleges, lyceums and universities. In particular, further support will be provided to the efforts of the Ministry of Public Education to train all teachers of the course "Basics of the Healthy Generation and Healthy Family" on new approaches and techniques. The programme will contribute to the efforts of the Ministry of Public Education to institutionalize training and retraining of the teachers of this course through establishing the units responsible for teaching the course in all of 14 national institutes for retraining of teachers. The programme will aim at covering all teachers of the course with comprehensive training by the end of year 2012.
50. Improving access of the youth to information of reproductive health through informal education: UNFPA will continue supporting national efforts on developing informal education for youth on reproductive health issues and HIV/AIDS prevention. Working with national youth NGO Kelajak Ovozi, Kamolot national youth organization and other national youth NGOs and makhalla structures, UNFPA will provide assistance for increasing access and improving quality of information on reproductive health and HIV/AIDS prevention among youth. The programme will closely cooperate with the international Y-PEER network and provide support to integrate the national Y-PEER networks into the country programme for HIV prevention and youth development. UNFPA with other partners will ensure youth participation and youth leadership in the programme activities related to young people.
51. Through cooperation with the Women's Committee UNFPA will continue its efforts started during the previous programme cycle in reaching out to young military servicemen and

policemen with education on reproductive health and HIV/AIDS prevention. Support will be provided for expanding pool of trainers among servicemen, developing and producing information and education materials.

52. Increasing availability and access to youth-friendly reproductive health services: The MOH's Adolescent Reproductive Health Centre will work with UNFPA to review situation of adolescent reproductive health (ARH) services in the country. With UNFPA support, the centre will upgrade manuals and guidelines on ARH in accordance with WHO standards and ICPD principles and will work on establishing youth friendly reproductive health services. It will work on adopting and training the course on adolescent reproductive health for health care providers developed by WHO and UNFPA. UNFPA will also coordinate these activities with the work UNICEF and other partners are doing in this area.

Ensuring full implementation of women and men's rights, opportunities and responsibilities (Gender Equality component)

53. The following Outcome is to be achieved under the gender equality component: Increased harmonisation of national legislation and practices with the UN treaties, standards and norms. The following Output will contribute to achieving this outcome and UNFPA strategic plan 2008-2011 outcome 3.4.: **National mechanisms to implement CEDAW strengthened through increased awareness of policy and decision makers, improved policies, protection systems, and legal enforcement.** To achieve this output the programme will partner with national governmental and non-governmental institutions involved in promotion of equal partnership relationships between women and men and ensuring that women and men treat each other with dignity and respect. It will partner with UN (particularly, UNDP, UNICEF and UNIFEM) and other agencies in supporting the Government on addressing CEDAW in different aspects of public life. The programme will focus on prevention of human trafficking, fighting discrimination, ensuring economic empowerment, promoting healthy lifestyle and ensuring reproductive health and rights. The programme will use the strategies outlined below to achieve this output.
54. Developing institutional capacity for full implementation of women and men's rights at the policy level: UNFPA will join efforts with UNDP, UNICEF and other UN and bilateral donor agencies in supporting national efforts to mainstream gender at the policy level. The programme will focus on increasing capacity of the Ministry of Health, Ministry of Labour and Population Social Protection, Ministry of Public Education, Ministry of Higher and Secondary Special Education, Ministry of Economy, Kamolot National Public Youth movement as well as Women's Committee through a series of training and capacity development activities to incorporate and consider the issues of full implementation of women and men's rights issues at policy making and planning and development programmes and projects.
55. UNFPA will also ensure that professionals at various levels are educated on addressing the issues of full realization of women and men's rights in dealing with emergencies and humanitarian crises.
56. In addition capacity for advocating women's empowerment issues will be strengthened through conducting roundtables, forums, conferences and providing training and organizing study tours for mid-level staff on various aspects of CEDAW.
57. Women's empowerment through education and awareness of rights including reproductive rights: UNFPA will join efforts with UNDP in working with the Ministry of Labour and Social Protection in ensuring improved reproductive health services and information for the beneficiaries and communities targeted under the Ministry of Labour and UNDP intervention. Working in close collaboration with these partners UNFPA will focus on

providing reproductive health information and services to women participating in the UNDP/Ministry of Labour programme in selected provinces. Through this particular intervention, UNFPA will promote reproductive health of women and men and ensure their reproductive rights are respected and protected by the employer. This will be achieved through capacity building activities, development of information materials, conducting public forums and development of a comprehensive monitoring system to assess progress.

58. Working through the Women's Committee's network of centres for social and legal support of women created by Women's Committee with UNFPA's support and in cooperation with UNIFEM the programme will contribute to the national efforts on economic empowerment of women with focus on rural women. UNFPA and UNIFEM will support the efforts of Women's Committee of Uzbekistan on enhancing economic and social status of rural women in Uzbekistan through: a) mobilizing efforts of rural communities in addressing economic and social challenges and increase in living standards of rural women; b) enhancing capacities of the centres in providing consultative and information assistance to rural women, ensuring access to economic and financial resources. UNFPA will also contribute through providing psycho-social support, legal advice and information/counseling on reproductive health and rights to women and their families.
59. UNFPA will join the UNDP funded project Enhancing Living Standards in Karakalpakstan within the framework of area based development initiative to improve women's access to reproductive and maternal health information and services through the mechanisms existing in Karakalpakstan. UNFPA will support the Women's Committee's centre for social and legal support for women in Karakalpakstan and the health centres set up under the UNDP project with additional information materials, training and technical expertise to strengthen the reproductive health information and counselling.
60. Working with the provincial branches of the Ministry of Health and Women's Committee the programme will conduct community awareness and sensitization on the issue of male involvement in all spheres of life, i.e. equal opportunities and responsibility sharing in public and family life (including making joint decision on the number of children and birth-spacing, bearing household duties, shared parenting, educating girls and ensuring harmonious relationships in the family). Boys and men will be the target of such sensitization efforts. UNFPA will educate partners/spouses and male in-laws on gender equality concepts and importance of equal relationships in family life.
61. Within the education and awareness building activities, the programme will work with the Ministry of Public Education and the Ministry of Higher Education UNDP and UNICEF on incorporating the issues of equal partnership relationships between women and men in the national secondary, secondary special and higher education systems through sensitization in schools and universities.
62. UNFPA will cooperate with the national NGOs Uzbek Association of Reproductive Health (UARH) and Women's Assembly to sensitize women on reproductive and equality issues in all provinces of the country where UARH and Women's Assembly are represented. UNFPA will support training activities, development of necessary information materials and strengthening technical capacity of these NGOs at central and local levels to improve the quality of counselling on reproductive health and equal partnership relationships.
63. Ensuring harmonious relationships in the family; UNFPA will work on capacity development of relevant ministries, law enforcement personnel and other relevant professionals on ensuring harmonious relationships in the family. UNFPA will work closely with the Ministry of Health and Women's Committee at central and provincial levels to educate law enforcement personnel on ensuring harmonious relationships in the family. The programme will cooperate with the Ministry of Labor and Social Protection, Ministry of Interior and

Ministry of Justice, National Centre for Human Rights and non-governmental organizations (Makhalla Foundation and NANNOUz) on strengthening the system for protection and support.

64. Supporting national efforts on combating human trafficking: Particular interventions on human trafficking prevention and providing support to women – victims of trafficking will be implemented in cooperation with the Ministry of Labour and Social Protection in the framework of the centres for social adaptation of victims of human trafficking. The intervention will constitute of training of human trafficking prevention and counselors, development of information materials and conducting broad media campaigns. Women’s Committee and provincial centres for social and legal support for women will be UNFPA partners in addressing gender aspects of human trafficking and protection and rehabilitation of the victims. Women’s Committee, national and provincial centres for social and legal support for women will be supported in conducting communication and advocacy efforts with special emphasis on young women and male participation.

Communication support to the programme implementation

65. At the beginning of the programme cycle UNFPA will work closely with its partners to develop a comprehensive long-term communication strategy to support the programme and will adhere to this unified and integrated strategic document through the programme life cycle. UNFPA will work with state TV stations and radio channels as well as non-state mass-media represented by National Association of Electronic Mass-media (hereafter NAESMI). The support will be provided for improving technical knowledge and skills of journalists and for developing media products addressing, reproductive and maternal health issues and HIV/AIDS.
66. The programme will be supported by intensive behaviour change communications targeted at raising awareness of relevant target audiences on the issues of reproductive health, HIV prevention, gender equality promotion and highlighting other population and development concerns, To strengthen its media outreach component, UNFPA will partner with NAESMI in building local media representatives’ capacity in developing quality information products on relevant subjects, implementing large-scale media and advocacy campaigns and building steady demand for healthy life-style for all. These interventions will be made based on consultation with key national and international partners in each relevant area. UNFPA will also work with UNESCO on production and broadcast of Radio Soap Operas intended for rural and urban population.

Capacity Development

67. The proposed programme focuses on strengthening the existing national capacity through the four UNFPA strategies outline in MTSP 2008-2011.
68. Building and using a knowledge base. UNFPA will support national capacity to design and implement evidence-based policies and programmes addressing local needs on reproductive and maternal health, population and development linkages. It will enable national partners to generate and use knowledge relevant to the goals set in the national development plans. Working with national partners, UNFPA will promote capacity for identifying lessons learned, utilizing evidence from pilot projects and formulating strategies for scaling-up new effective models and approaches. Strengthening knowledge transfer especially from the countries sharing the common past and similar cultural and social-economic background will complement efforts at the national level.
69. Supporting advocacy and policy dialogue. UNFPA will continue working on increasing awareness on population and reproductive health issues among policy and decision-makers. Through communication and advocacy efforts the programme will foster an

environment conducive to integrating reproductive rights and population issues into relevant national policies and programmes. Innovative and replicable models based on international experiences will be adapted to local situation, piloted and scaled up through dialogue with policy and decision-makers. It will also work on building the capacity of Government, civil society and other partners to advocate for ICPD agenda.

70. Building and strengthening partnerships. UNFPA will build national capacity for multisectoral partnerships on population issues among Government, parliamentarians, research institutions and universities, civil society organizations, donors, the media and the private sector. The programme will work on strengthening linkages between national institutions and international bodies working in the area of reproductive health, population and development. UNFPA will make available for national partners technical resources and expertise from both sub-regional and regional levels.
71. Developing systems for improved performance. UNFPA will work on strengthening the national capacity to develop and manage reproductive and maternal health care services with a focus on primary health care and continuous quality improvement. It will contribute to strengthening reproductive health commodities systems for improved quality, coverage and effectiveness. UNFPA will also build the institutional capacity to develop, motivate and retain skilled human resources capable to effectively work on reproductive health and population.

Part V. Partnership Strategy

72. UNFPA will involve a wide range of governmental agencies, including education and research institutions, non-governmental organizations, UN agencies, and multi and bilateral international organizations in the implementation of the programme for 2010-2015. It will build strategic alliances with key national development partners and international donors present in the country to better address ICPD agenda in the national development plans and strategies.
73. For the implementation of the programme's Population and Development component, UNFPA will cooperate with the State Statistical Committee, Ministry of Labor and Social Protection, Ministry of Economy, Ministry of Health, National Institute for Macroeconomic Forecasting, National Institute for Social Studies, as well as other relevant governmental bodies, education and research centres. It will also work in close cooperation with UNDP, UNICEF and other UN agencies and bilateral donors on building national capacity to collect and analyse gender disaggregated data needed for monitoring achievements of national MDGs and goals set in other national development strategies and plans.
74. The Ministry of Health (MOH) will be the leading UNFPA partner in implementation of the reproductive health component of the programme. It will also assume the role of reproductive health programme component manager. In line with a multi-sectoral approach to reproductive health UNFPA will also work with the National Women's Committee, Ministries of Public and Higher Education, youth NGO Kelajak Ovozi, Kamolot national youth movement, Uzbek Association of Reproductive Health, NGO Women's Assembly, NGO The Centre for Support of Civic Initiative, WHO, UNICEF and UNESCO and selected national NGOs working on reproductive health issues.
75. For the component on achieving full implementation of women and men's rights, opportunities and responsibilities, UNFPA will partner with national governmental and non-governmental institutions including Women's Committee of Uzbekistan, Ministry of Labour and Social Protection, Ministry of Public Education, Ministry of Higher and Secondary Special Education and Ministry of Economy, Uzbek Association of Reproductive Health, NGO Women's Assembly and NANOUz. UNFPA will closely cooperate with UNDP,

UNICEF, UNIFEM and other UN and bi-lateral agencies in realization of this component of the programme.

76. The programme will pursue joining efforts with other UN partners within the framework of UNDAF as a major partnership strategy. It will work with the relevant UN agencies to develop joint programmes/programming in the areas where coordinating efforts can bring maximum results in achieving national development goals. The potential areas for joint programme include improving quality of maternal health care, increasing national statistical capacity, improving in-school education on reproductive health, increasing access of population to quality information on maternal and reproductive health and empowerment of women.
77. To facilitate successful implementation of the programme, UNFPA will mobilize technical support from recognized technical institutions, including NIDI, Vienna Institute of Demography, WHO Euro, JHPIEGO, Columbia University and other major international research and education centres. Services of international experts will be sought in cooperation with UNFPA EECA RO and Almaty Sub-Regional Office.

Part VI. Programme Management

78. The Government and the UNFPA country office in Uzbekistan will have the primary responsibility for management of the programme. The Cabinet of Ministers will assume the role of Government Coordinating Authority. The programme will be implemented in close collaboration with other United Nations agencies within the context of the UNDAF. It will use results-based management and emphasize continuous monitoring. Annual programme reviews and a final programme evaluation will be organized according to the UNDAF work plan.
79. The Ministry of Health will coordinate reproductive health component of the programme, acting as programme component manager (PCM) for this component. With regard to the population and development strategies component, the Ministry of Economics will serve as PCM. Women's Committee of Uzbekistan will be coordinating activities under the component on achieving full implementation of women and men's rights, opportunities and responsibilities.
80. UNFPA will work with the Country Coordination Mechanism (CCM) on HIV/AIDS under the Cabinet of Ministers to coordinate HIV/AIDS-related activities. The United Nations Theme Group on HIV/AIDS will assist in coordinating donor assistance related to HIV/AIDS.
81. The UNFPA country office in Uzbekistan consists of a representative, an assistant representative, national programme staff and administrative support staff. The UNFPA Regional Office for Eastern Europe and Central Asia (EECA RO) as well as the UNFPA sub-regional office in Almaty will provide programme and technical support.
82. To support program implementation, additional technical and managerial human resources will be recruited against programme funds. Provisions for short and medium term national expertise will be made to accomplish a variety of technical tasks specified in annual work plans.
83. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWP will be made by UNFPA using the following modalities:
 1. Cash transferred directly to the Implementing Partner:
 - a. Prior to the start of activities (direct cash transfer), or

- b. After activities have been completed (reimbursement);
 - 2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
 - 3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.
84. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.
85. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.
86. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Part VII. Monitoring and Evaluation

87. The UNDAF Monitoring and Evaluation Framework will serve as the reference document for tracking programme's progress towards achieving the Millennium Development Goals. Monitoring and evaluation of the programme will be undertaken in accordance with UNDAF/UNFPA procedures and guidelines and will be based on the principles of result-based management. Wherever possible, monitoring and evaluation of the programme will be built on existing mechanism and procedures within the UNCT and the country.
88. In order to establish baseline indicators, baseline surveys will be conducted at the beginning of the programme cycle in close cooperation with national partners. The programme monitoring will strive to utilize as much as possible routinely collected data generated by government agencies and national management information systems. As much as possible, the programme monitoring should rely on data collected by national statistics institutions. Midline surveys along with analysis of routinely collected data will be used to track progress in achievement of the programme goals.
89. At the same time, since availability of reliable data is crucial to assess programme performance and outcomes, special surveys will be conducted periodically. End-line surveys will be conducted at the end of the programme cycle for all output indicators in order to assess achievements. The programme implementation will benefit from recommendations of the previous programme evaluation, which have been incorporated into the design of the current programme. Periodic evaluations will feed-back into implementation process and allow for its improvement. All new pilot initiatives and demonstrative projects will be evaluated separately prior to further expansion. It will be the responsibility of the UNFPA office to identify appropriate sources of national and international expertise.
90. To ensure consistent monitoring and evaluation of programme activities, UNFPA will designate programme personnel to ensure daily follow-up on these issues. Budget provisions will be made to support baseline data collection, monitor progress of implementation, and evaluate results achieved.
91. In addition the country office will prepare at the start of the new programme cycle, the CPAP Planning and Tracking Tool (with annual and six-year indicators and baseline

values) to facilitate monitoring and ensure that the programme is on track. The CPAP Planning and Tracking Tool and CPAP M&E Calendar will be used to ensure consistency of follow-up. Regular audits of components implemented by programme partners will be scheduled on an annual basis. Country Office Annual Report (COAR) will synthesize programme progress and monitoring indicators at various levels and will highlight annual implementation process.

92. The implementing partners, coordinating with the respective programme component managers (PCMs) and UNFPA staff will ensure regular field visits to the programme sites. A Monitoring Field Visit Plan primarily for country office staff will be prepared in consultation with implementing partners at the start of the year. The UNFPA country office will conduct field visits to programme sites several times a year with an emphasis on quarterly field visit. At least once a year each implementing partner will complete a Work Plan Monitoring Tool and submit it either to the PCM of the respective component as well as to the UNFPA country office. UNFPA, working with component PCMs and implementing partners will prepare an Annual Standard Progress Reports (SPR) for each programme component. In the last quarter of each year the Cabinet of Ministers as a Government Coordinating Authority will jointly conduct review meetings involving the UNFPA country office, PCMs and implementing partners for all CPAP outputs. At the end of each year the UNDAF Annual Review will be conducted in accordance to procedures laid down in the UN guidelines.
93. Mid-term evaluation of the programme will be done in 2012. The overall programme evaluation will be performed at the end of the programme cycle in the second half of 2015.
94. Implementing partners will cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:
 - a) Periodic on-site reviews and spot checks of their financial records related to UNFPA funds by UNFPA or its representatives,
 - b) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
 - c) Special or scheduled audits. UNFPA, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.
95. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII. Commitments of UNFPA

96. UNFPA's commitment, approved by Executive Board, in support of the Uzbekistan Country Programme Action Plan for the period of 1 January 2010 - 31 December 2015 is equal to US\$7.8 million from Regular Sources (RR), subject to the availability of funds. UNFPA has been also authorized by the Executive Board to seek additional funding (Other Resources) amounting to US\$1.1 million to support the implementation of the CPAP. Total financial resources approved by the Executive Board for the UNFPA Uzbekistan CPAP 2010-2015 amounts to US\$8.9 million.

97. The availability of other resources will be subject to donor interest in supporting Uzbekistan and their awareness of important issues related to population and development, reproductive health and gender in the country. UNFPA Uzbekistan will advocate with the donor community to secure these financial means. Country programme resource mobilization plan will be prepared in early 2010. This plan will serve as main reference document for activities related to mobilization of additional financial resources.
98. UNFPA's regular and other resources are exclusive of funding received in response to emergency appeals. The release of UNFPA funds will be performed in accordance with guidelines and financial procedures as provided by UNFPA. The funds will be used to finance capacity building of the national partners including various types of training, procurement of relevant equipment, provision of services, advocacy, and policy formulation and implementation. The funds will be also used for national research in population and development and reproductive health.
99. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within the term agreed with the Implementing Partner.
100. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within the term agreed with Implementing Partner.
101. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.
102. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

Part IX. Commitments of the Government of Uzbekistan

103. The Government of Uzbekistan will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement of 10th June 1993 which, *mutatis mutandis*, was also accepted as a basis of cooperation between the Government of the Republic of Uzbekistan and UNFPA, the United Nations Population Fund through exchange of letters between UNFPA and the Government of the Republic Uzbekistan dated 7 April 2005. In line with this Agreement, the Government will accord to the United Nations Population Fund and its staff and to other persons, facilities and services as are accorded to staff and consultants of various funds, programmes and specialized agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the United Nations Population Fund's property, funds and assets and to its staff and consultants. The Government will also make in-kind contributions, as necessary, such as personnel or facilities, in order to facilitate the implementation of the programme. The Government will support the United Nations Population Fund in its efforts to raise funds required to meet the additional financial needs of the country programme. The Government will also organize periodic programme review and planning meetings, and where appropriate, facilitate the participation of donors, the civil society and NGOs
104. In line with harmonized UN financial procedures a standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure.

The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

105. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards. Cash transferred to Implementing Partners shall be spent for the purpose of activities as agreed in the AWP only. Reports on the full utilization of all received cash shall be submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures is not consistent with international standards, the UNFPA regulations, policies and procedures will apply.
106. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:
 - a) all financial records which establish the transactional record of the cash transfers provided by UNFPA;
 - b) all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
107. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:
 - a) Receive and review the audit report issued by the auditors.
 - b) Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
 - c) Undertake timely actions to address the accepted audit recommendations.
 - d) Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.
108. In order to ensure timely and effective implementation of the country programme, as much as possible, the Government will ease and speed up the procedures for AWP approval, cash transfer to implementing partners, implementing the activities and producing publications agreed within AWP and approved by the relevant state bodies, As soon as the AWP is agreed and approved, it will not be a subject for any other review and all efforts will be undertaken for its timely and full implementation. The Government and UNFPA will not be subject for revision by any special committee(s) or commission(s) and the Government will ensure direct transfer of funds to the relevant ministry/agency for implementing the activities agreed in the framework of the AWP.

Part X. Other Provisions

109. This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plan and previously signed project documents, and become effective upon signature, but will be understood to cover programme activities to be implemented during the period of 1 January 2010 until 31 December 2015.
110. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review or compelling circumstances.
111. Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Work Plans, any supplies, equipment or vehicles furnished (and to

which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

112. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Uzbekistan is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day 12 February 2010 in Tashkent, Uzbekistan.

For the Government of the Republic
of Uzbekistan:

For UNFPA, the United Nations Population
Fund:

Signed _____

Signature

Signed _____

Signature

Aripov A.N.
Deputy Prime Minister
Head of Complex on the issues of
Education, Health, Social protection,
Communications and Information Technologies

Nuzhat Ehsan
UNFPA Representative