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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Kyrgyzstan

Proposed indicative UNFPA assistance: \$5.3 million: \$4.1 million from regular resources and \$1.2 million through co-financing modalities and/or other, including regular resources

Programme period: Five years (2012-2016)

Cycle of assistance: Third

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	2.0	0.6	2.6
Population and development	0.9	0.3	1.2
Gender equality	0.9	0.3	1.2
Programme coordination and assistance	0.3	-	0.3
Total	4.1	1.2	5.3



I. Situation analysis

1. Kyrgyzstan gained independence in 1991. Years of economic transition brought economic decline, unemployment and a deterioration in living standards. Nevertheless, the overall poverty level decreased from 64 per cent to 31.7 per cent between 2000 and 2008. Although the official unemployment rate in 2008 was 11.8 per cent, the actual rate is believed to be much higher. Characterized by increasing disparities, Kyrgyzstan is one of the poorest countries among the former Soviet republics.

2. Significant political changes have occurred since independence. Two popular uprisings followed by government turnovers took place in 2005 and 2010. In June 2010, an inter-ethnic conflict resulted in human and property losses. The new Government is actively promoting peace and reconciliation.

3. According to the 2009 census, the total population of the country is 5.3 million. Over 50 per cent of the population is under 25 years of age.

4. Poverty and a lack of job opportunities have resulted in high emigration, mostly among younger persons. In 2008, remittances from labour migrants made up an estimated 29 per cent of the gross domestic product.

5. Despite considerable improvements in sexual and reproductive health and the success of the ongoing health-care reform, the country has one of the highest maternal mortality ratios in the region. Maternal mortality increased from 61 deaths per 100,000 live births in 2005 to 72.5 deaths per 100,000 live births 2009. This increase, however, is partly attributable to improvements in data collection.

6. Challenges include the lack of a functioning referral system, poor health infrastructure, insufficient monitoring of clinical protocols and a lack of incentives for health-care professionals. Abortion continues to be used as a fertility regulation method. The total abortion rate in 2009

was 9.6 abortions per 1,000 women. Poor sexual and reproductive health mirrors socio-economic and gender inequalities. Youth-friendly information and services are lacking.

7. Modern contraceptive prevalence is low, and the country lacks a reliable system to ensure sustainable reproductive health commodity security. UNFPA and international donors provide a large share of contraceptives nationally. The total fertility rate increased to 2.9 children per woman in 2009, from 2.5 children per woman in 2005.

8. Injecting drug use is the primary means of HIV transmission. However, the percentage of cases of sexual transmission increased from 3 per cent in 2001 to 25 per cent in 2009. The number of HIV-infected women has almost tripled in five years. Forty per cent of people living with HIV are between 15 and 29 years old. Young people are also more at risk of acquiring other sexually transmitted infections.

9. The policy and legislative framework for the promotion of gender equality is relatively well developed, and the country has ratified the major international conventions and policy documents on the rights of women. The implementation of laws and policies is a challenge, due to a lack of resources, weak national capacity and resurgence in patriarchal values in communities and among decision makers.

10. The Government introduced an electoral quota system in 2007. Twenty-three per cent of members of parliament are women. The development and implementation of a new national action plan on gender equality is a government priority.

11. Although precise data on gender-based violence is lacking, domestic violence, early marriage and bride-kidnapping are known to be pervasive. Prevention and response systems are weak, and service providers are poorly equipped to address and refer cases of violence. The general population, and in particular women, generally lacks information on existing laws and on rights.

Even when such information is available, the social environment does not enable women to exercise their rights.

12. The Government recognizes the importance of population data for decision-making and policy development, including for the development of the country development strategy. However, the national capacity for analysing data and conducting research on population and development issues is weak, due to frequent staff turnovers and a brain drain in academia and among civil servants.

13. The country is prone to natural disasters, which affect about 70,000 people annually. The impact of the 2008 compound crisis (water, energy and food security) was strong and highlighted the vulnerability of the country.

II. Past cooperation and lessons learned

14. The second country programme was extended until 2011 to harmonize it with the new country development strategy. The programme supported: (a) the development of reproductive health guidelines and training; (b) the establishment of youth-friendly health services; (c) the provision of contraceptives and medical equipment; (d) national capacity development in data collection, analysis and dissemination, including sex-disaggregated data; (e) improved coherence of inter-agency demographic and medical data; (f) technical assistance and resource mobilization for the 2009 population and housing census; (g) advocacy for integrating population analysis in development policies; and (h) the response to gender-based violence through an improved policy framework on gender equality.

15. Strong partnerships with the Government, Parliament, academia, civil society, faith-based organizations and United Nations organizations have been central to the implementation of the programme. UNFPA led the implementation of a joint programme to address violence against women and participated in a joint programme on maternal and child health. Partnerships need to be continuously strengthened and expanded.

16. Other lessons learned during the previous country programme point to the need to: (a) strengthen emergency preparedness and response in all programme components; (b) focus on capacity-building and quality assurance rather than on service delivery support; (c) ensure strong linkages across programme components; (d) strengthen national capacity to use and analyse data for policy development and decision-making; (e) expand existing partnerships with faith-based organizations on reproductive health to address gender inequalities and gender-based violence; and (d) focus more prominently on youth and advocate a multisectoral approach to address their needs and rights.

III. Proposed programme

17. The proposed programme is the third UNFPA country programme for Kyrgyzstan. It is aligned with the UNFPA strategic plan, 2008-2013, (DP/FPA/2007/17), and is based on the United Nations Development Assistance Framework (UNDAF), 2012-2016, and on national priorities. It builds on lessons learned from the previous country programme as well as on consultations with partners. UNFPA and the Government will implement the programme, which includes three components: (a) reproductive health and rights; (b) population and developments; and (c) gender equality.

Reproductive health and rights component

18. The reproductive health and rights component has one outcome: improved access to and utilization of high-quality reproductive health and HIV information and services for women and men, particularly the most vulnerable. Four outputs contribute to this outcome and to the five reproductive health and rights outcomes of the UNFPA strategic plan.

19. Output 1: The managerial and technical capacity of the national health-care system is strengthened in order to integrate reproductive health services into the health-care system, especially at the primary health-care level.

Activities include: (a) supporting health-care reform and implementation of the national strategy on reproductive health; (b) building the capacity of health service providers and community-based health councils to promote safe motherhood and screening for cervical cancer; and (c) revising and testing clinical protocols and other evidence-based policies and practices to promote safe motherhood.

20. Output 2: Increased access to and utilization of high-quality family planning services and reproductive health commodities. Activities include: (a) promoting advocacy, policy dialogue and technical support to ensure the availability of reproductive health commodities for the most vulnerable groups; (b) strengthening the capacity of health personnel to provide reproductive health counselling and services; (c) strengthening reproductive health commodity security coordination among national partners and key donors; and (d) creating demand for services and commodities through behaviour change communication.

21. Output 3: Increased availability and utilization of an integrated package of sexual and reproductive health services in emergency settings. Activities include: (a) building the capacity of the Ministry of Health and other key stakeholders to respond to emergency situations; and (b) integrating reproductive health and gender issues into national emergency preparedness efforts.

22. Output 4: Strengthened capacity of youth organizations, civil society, health providers and local government to provide youth-friendly, gender-sensitive information and services on sexual and reproductive health and HIV. Activities include: (a) building the capacity of providers to deliver high-quality integrated sexual reproductive health and HIV services to young people; and (b) integrating reproductive health and HIV prevention education into the curricula of vocational schools to complement the efforts of other partners engaged in introducing such curricula into secondary schools.

Population and development component

23. The population and development component has one outcome: improved national capacity for social policymaking based on reliable data. Two outputs contribute to this outcome and to population and development outcomes 1 and 3, respectively, of the UNFPA strategic plan.

24. Output 1: Population factors are taken into account by the Government for socio-economic planning, policy formulation and the implementation of national development priorities. Activities include: (a) building the capacity of parliamentarians and the Government in the area of population dynamics and the inter-linkages with socio-economic development; (b) supporting the elaboration of the country development strategy; (c) carrying out advocacy efforts on emerging population issues and their impact on development at national and regional levels; and (d) strengthening evidence-based policy dialogues with policymakers.

25. Output 2: Improved availability of disaggregated population data for evidence-based advocacy and policy formulation. Activities include: (a) support for analysing and disseminating the 2009 census data; (b) building the capacity of national institutions to analyse data analysis and conduct research on population issues; (c) building capacity in the area of population projections; (d) supporting the inclusion of demography courses in the curricula of selected universities; and (e) strengthening population-related data collection.

Gender equality component

26. The gender equality component has one outcome: national mechanisms and capacity are strengthened to prevent and respond to gender-based violence, including domestic and sexual violence. Two outputs will contribute to this outcome and to gender equality outcome 4 of the UNFPA strategic plan.

27. Output 1: Strengthened national policies and capacity to respond to gender-based violence.

Activities include: (a) developing and monitoring the gender-based violence component in the new national action plan on gender equality; (b) supporting the development of an effective referral mechanism for gender-based violence survivors and capacity development of service providers; (c) improving the integration of responses to gender-based violence within the health system; and (d) supporting capacity-building and coordination to improve the national system of data collection on gender-based violence.

28. Output 2: Increased public awareness of and knowledge on gender-based violence, gender equality and women's rights.

Activities include: (a) carrying out awareness-raising campaigns aimed at effecting behaviour change in local communities; (b) developing communication materials, especially ones targeted at youth and religious communities; (c) developing partnerships with youth groups and faith-based organizations to prevent gender-based violence; and (d) incorporating gender-based violence issues, including domestic violence, in peer-education programs.

IV. Programme management, monitoring and evaluation

29. The Ministry of Health, the Ministry of Labour, Employment and Migration, the Ministry of the Interior and the National Statistical Committee will serve as the main government implementing partners in the programme, which will be nationally implemented. UNFPA will also work with other government institutions, city and local administrations, faith-based organizations, non-governmental organizations (NGOs), and the media.

30. The programme will include a monitoring and evaluation plan aligned with the UNFPA strategic plan, the United Nations Development Framework, 2012-16, and national priorities. UNFPA will use various monitoring tools to track progress. The country office, the Government and partner

organizations will undertake joint participatory reviews and will monitor and evaluate programme implementation. UNFPA and the Government will conduct annual programme reviews, a final evaluation of outcomes and, if required, thematic evaluations at the conclusion of the programme.

31. The country office in Kyrgyzstan will maintain its existing organizational structure throughout the implementation of the new programme, and will not establish any new programme posts. UNFPA may recruit national project personnel to strengthen programme implementation. The country office will obtain technical and programmatic support from the UNFPA regional office for Eastern Europe and Central Asia and the subregional office in Almaty, Kazakhstan.

RESULTS AND RESOURCES FRAMEWORK FOR KYRGYZSTAN

National priority: improve the health status of the population through the establishment of an effective, integrated health-service delivery system UNDAF outcome: by 2016, more poor and vulnerable populations in rural and urban areas benefit from improved social protection, as evidenced by an increase in food security; equitable access to and use of high-quality, sustainable maternal and child health and reproductive health services; adequate nutrition levels; equitable access to inclusive, high-quality education throughout the life cycle; access to and use of high-quality services for sexually transmitted infections, HIV, tuberculosis and malaria; and access to high-quality, integrated and non-discriminatory social protection services and benefits				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> Improved access to and utilization of high-quality reproductive health and HIV information and services for women and men, particularly the most vulnerable</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Percentage of service delivery points offering at least three modern methods of contraception Baseline: 38 per cent; Target: 55 per cent • Percentage of youth with comprehensive, accurate knowledge on HIV Baseline: 84 per cent; Target: 95 per cent 	<p><u>Output 1:</u> The managerial and technical capacity of the national health-care system is strengthened in order to integrate reproductive health services into the health-care system, especially at the primary health-care level</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of reproductive health-care providers trained to screen for cervical cancer Baseline: 0; Target: 50 urban and 150 rural areas • Number of new reproductive health guidelines and protocols developed and implemented Baseline: 0; Target: 15 <p><u>Output 2:</u> Increased access to and utilization of high-quality family planning services and reproductive health commodities</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • The forecasting system for reproductive health commodities is available and operational at UNFPA sites Baseline: 1; Target: 7 <p><u>Output 3:</u> Increased availability and utilization of an integrated package of sexual and reproductive health services in emergency settings</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of trained health-care providers who used the package during the previous year or during the most recent emergency situation Baseline: 0; Target: 100 <p><u>Output 4:</u> Strengthened capacity of youth organizations, civil society, health providers and local government to deliver youth-friendly, gender-sensitive information and services on sexual and reproductive health and HIV</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of service delivery points offering integrated sexual and reproductive health and HIV services Baseline: 3 (1 in urban areas, 2 in rural areas); Target: 20 (8 in urban areas, 12 in rural areas) • Number of vocational schools integrating comprehensive sexual and reproductive health education into their curricula Baseline: 10 (in an urban area—Bishkek); Target: 118 (in urban and rural areas) 	<p>Ministry of Health; Ministry of Youth Affairs; State Agency on Vocational Training and Education; Republican Centre for Health Promotion</p> <p>NGOs</p> <p>German Technical Cooperation Agency; United Nations organizations; United States Agency for International Development</p>	\$2.6 million (\$2 million from regular resources and \$0.6 million from other resources)

<p>National priority: building the capacity of the Parliament and government officials in the area of policy development UNDAF outcome: by 2016, national and local authorities apply the rule of law and civic engagement principles to provide services with the active participation of civil society</p>				
Population and development	<p>Outcome: Improved national capacity for social policymaking based on reliable data</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Number of new or revised policies, strategies and programmes developed (during programme period) using population analysis <p>Baseline: 0; Target: 3</p>	<p>Output 1: Population factors are taken into account by the Government for socio-economic planning, policy formulation and the implementation of national development priorities</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of advocacy events promoting the inclusion of population and development concerns in sectoral and social development plans <p>Baseline: 0; Target: 2 per year</p> <ul style="list-style-type: none"> • Number of new policy papers based on population trends <p>Baseline: 0; Target: 3</p> <p>Output 2: Improved availability of disaggregated population data for evidence-based advocacy and policy formulation</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Census data edited, disseminated and analysed <p>Baseline: partially available; Target: fully available for policy and public use</p>	Government; National Statistics Committee; Parliament; sectoral ministries United Nations organizations NGOs	\$1.2 million (\$0.9 million from regular resources and \$0.3 million from other resources)
<p>National priority: strengthening national institutional capacity to achieve gender equality UNDAF outcome: by 2016, more poor and vulnerable populations in rural and urban areas benefit from improved social protection, as evidenced by an increase in food security; equitable access to and use of high-quality, sustainable maternal and child health and reproductive health services; adequate nutrition levels; equitable access to inclusive, high-quality education throughout the life cycle; access to and use of high-quality services for sexually transmitted infections, HIV, tuberculosis and malaria; and access to high-quality, integrated and non-discriminatory social protection services and benefits</p>				
Gender equality	<p>Outcome: National mechanisms and capacity are strengthened to prevent and respond to gender-based violence, including domestic and sexual violence</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • By-laws on domestic violence adopted and implemented by line ministries and agencies <p>Baseline: 0; Target: 3</p> <ul style="list-style-type: none"> • Gender-based violence prevention and response mechanism included in the national action plan on gender <p>Baseline: not included; Target: included</p>	<p>Output 1: Strengthened national policies and capacity to respond to gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Standards for services on gender-based violence developed, tested and approved <p>Baseline: no standards; Target: standards for services are developed, tested, approved and in use by relevant service providers</p> <ul style="list-style-type: none"> • National indicators on domestic violence are developed and included in yearly statistical book <p>Baseline: not developed; Target: developed and included in statistical book</p> <p>Output 2: Increased public awareness of and knowledge on gender-based violence, gender equality and women's rights</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of new training participants who report significantly increased knowledge on gender-based violence <p>Baseline: 0; Target: 80 per cent</p> <ul style="list-style-type: none"> • Percentage of new official partners in the '16 days campaign' against gender-based violence <p>Baseline: 7 per cent; Target: 12 per cent</p>	Government institutions; Ministry of Labour, Employment and Migration; national committee on gender, family and children's issues; Parliament; Religious Board of Muslims of Kyrgyzstan NGOs United Nations organizations	\$1.2 million (\$0.9 million from regular resources and \$0.3 million from other resources) <hr/> Total for programme coordination and assistance: \$0.3 million from regular resources