

## Format for the Country Programme Performance Summary

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### A. Country Information

Country name: Azerbaijan

Category per decision 2013/31:

Current programme period: 2016-2020

Cycle of assistance:  
**FOURTH**

### B. Country Programme Outputs Achievement *(please complete for all your CP outputs)*

**Output 1: Strengthened legal and policy frameworks to deliver integrated sexual and reproductive health services, with focus on adolescents, youth and vulnerable groups**

| Indicators  | Baseline | Target | End-line data |
|---|----------|--------|---------------|
| Number of advocacy events with state and non-state actors to improve the institutional framework for the newly adopted protocols for family planning services | 0        | 120    | 23            |

|  |           |            |           |
|--|-----------|------------|-----------|
| New national comprehensive sexuality education curriculum aligned with international standards is developed with UNFPA support | <i>No</i> | <i>Yes</i> | <i>No</i> |
|--|-----------|------------|-----------|

|  |                   |                   |   |
|--|-------------------|-------------------|---|
| <p>% of regions that have capacity to implement MISIP at the onset of crisis</p> | <p><i>15%</i></p> | <p><i>40%</i></p> | <p><i>28% (evaluator left a comment: likely to achieve)</i></p> |
|--|-------------------|-------------------|---|

**Key Achievements**

UNFPA has supported the MOH to develop three cycles of National SRH Strategy (2001-2006, 2008-2015 with extension until 2018). A request was received from the Ministry to develop the next cycle of the National SRH Strategy (2019-2025). The work of UNFPA focused on the identification of local needs and based on demand-supply technologies for the provision of RH services. A situation analysis provided with the assistance of UNFPA reflects the mechanisms on how to reach the most vulnerable groups of people with the high-quality SRH services. UNFPA has also contributed to development of the SRH Strategy 2020-2025 which is pending approval. UNFPA has supported development of guidelines, protocols and tools for SRH, as well as produced new models and methodologies on SRH that are adjusted to local conditions, particularly in the field of family planning. UNFPA has also supported capacity building of institutions in different dimensions of SRH: clinical aspects of maternal and newborn health, family planning, cervical cancer screening, near-miss approach, adolescents' health, MISIP, GBV and SRH, reproductive health commodities security, and LMIS. UNFPA has contributed to introduction of MISIP by supporting development of national guidelines and introduction of MISIP in selected districts. MISIP trainings were conducted during 2016-18 in 15 regions and covered 162 participants from MOH, MIA and MES. The adaptation of the Virtual Contraceptive Consultation VIC package for Azerbaijan took place in 2018, with the support of UNFPA. This online tool aims to improve knowledge of medical doctors and other healthcare providers, as well as State Medical University students and residents on FP issues.

**Output 2: Strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights.**

| <b>Indicators</b>  | <b>Baseline</b> | <b>Target</b> | <b>End-line data</b> |
|--|-----------------|---------------|----------------------|
| Number of surveys on gender based violence and harmful practices is conducted with advocacy/technical support from UNFPA and results disseminated for policy making on gender equality and sexual and reproductive health and rights | <i>8</i>        | <i>13</i>     | <i>14</i>            |
| Advocacy events with state and non-state actors for institutionalization of the protocols and standards that integrate gender-based violence prevention, protection and response   | <i>No</i>       | <i>Yes</i>    | <i>Yes</i>           |
| A functional tracking and reporting system for monitoring implementation of recommendations and obligations on sexual and reproductive health and rights issued by the human rights treaty bodies is in place                        | <i>No</i>       | <i>Yes</i>    | <i>No</i>            |

## **Key Achievements**

UNFPA's efforts to produce reliable and accessible evidence and data were successful: the national online inter-agency GBV database was developed and is fully operational under the auspices of the SCFWCA. In addition to this, six new reports are being used to inform policy-making on GE, GBV and RR. Furthermore, given lack of research and data on gender issues and gaps in understanding GBV, UNFPA provided support for the following research initiatives: International Men and Gender Equality Survey (IMAGES), nationally-representative survey on GBV prevalence rates and women's coping strategies, the first draft for a qualitative study on economic costs of GBV, a Gender Assessment aimed to examine the factors influencing women's participation in the private sector economy, a needs assessment survey to identify the major patterns of gaps faced during service delivery by the NGOs that have received accreditation to provide support services to GBV survivors, an in-depth analysis of the legal and policy framework on GBV in Azerbaijan. At policy-level, UNFPA is highly commended for its advocacy efforts and support for the development of draft national action plans on gender equality and GBV that also consider the needs of vulnerable women (including rural women, women with disabilities, internally-displaced women and women refugees). UNFPA successfully led a multi-sectoral effort to develop GBV ESPs and SoPs for health, justice, police and social service sectors to complement the existing mechanism for effective GBV prevention and response. UNFPA has built institutional capacities as regards GBV (e.g., health professionals, social workers, NGOs), though more systematic intervention strategies are necessary for improved multi-sectoral response capacities. UNFPA supported a series of capacity-building activities for GBV prevention/response, including for 18 health care professionals on strengthening health system response to GBV; for the service staff of 11 Family Support Centres and 2 NGOs for improved identification and support to the GBV victims; for 43 representatives of government and NGO representatives to improve their skills and knowledge for using the GBV database; and for 11 local GBV monitoring groups. On the demand-side, UNFPA-supported campaigns have improved awareness regarding GBV and available protection mechanisms; though more institutionalised approach responsive inter alia to the needs of vulnerable groups is needed. This included 16 Days of Activism against GBV Campaigns held annually through a series of interrelated activities involved high-level decision makers, sportsmen, youth, community members, media representatives, young people etc. UNFPA also supported information sessions for males and community members in different regions of Azerbaijan for about 2000 men and women in Lenkoran, Abbsheron, Aran, Guba-Khachmaz, Sheki-Zaqatala and Ganja-Qazakh. UNFPA has successfully supported the government, NGOs and UN country team members to monitor and report on the implementation of UPR and CEDAW recommendations on GE and SRHR. The Country Office contributed to the VI Periodic State Report to the CEDAW Committee; and it led the elaboration of a joint UN country team submission to the UPR Secretariat. UNFPA has initiated inter-ministerial discussions on the ratification of the Istanbul Convention. Efforts are ongoing to promote the creation of a national mechanism for reporting on the implementation of human rights recommendations including SRHR.

### **Output 3: Strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its inter-linkages with sexual and reproductive health and rights.**

| <b>Indicators</b>  | <b>Baseline</b> | <b>Target</b> | <b>End-line data</b> |
|--|-----------------|---------------|----------------------|
| Number of qualitative and quantitative reports and surveys on population dynamics and its inter-linkages with sexual and reproductive health and rights developed with advocacy/technical support from UNFPA with particular focus on the vulnerable populations | 17              | 27            | 28                   |
| Number of new age and sex-disaggregated indicators are incorporated into the publicly accessible national statistical databank to guide the development of policies on population dynamics   | 257             | 307           | 318                  |

|   |            |            |            |
|---|------------|------------|------------|
| Number of advocacy events for strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data | <i>100</i> | <i>200</i> | <i>105</i> |
|---|------------|------------|------------|

### Key Achievements

UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan in cooperation with the State Statistical Committee. UNFPA has helped modernize population data collection and lay the foundation for better data analysis and dissemination through continued cooperation with SSC, and provision of expert support for development and integration of 60 new indicators disaggregated by sex, age and region in the national statistical databank. UNFPA supported a series of capacity-building activities targeting the SSC staff, including the introduction of the Statistical Analysis System (SAS) application with a special focus on natural population movements and migration, a study visit to the pilot population census, and UNSD/UNECE workshops on population and housing censuses. All in all, 105 advocacy events (meetings, conferences, workshops) for a strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data were conducted with national partners (CPD target: 100). In addition to supporting the process of improving availability of national disaggregated data, according to interviewees, UNFPA played an important role in generating knowledge through in-depth analysis, research and evidence on PD for informed policy and decision making by supporting 13 major research initiatives, all of which have provided or are expected to provide detailed and reliable data and information: International Men and Gender Equality Survey (IMAGES), five annual statistical yearbooks “Women and Men in Azerbaijan”, the National Transfer Accounts (NTA) for Azerbaijan, population projections by economic regions of Azerbaijan until 2050, a gender assessment of legislation and social policies that contribute to reinforcing son preference in Azerbaijan, a sample household statistical survey on early marriages and out of wedlock birth cases in Azerbaijan, Azerbaijan Country Profile as part of the UNFPA Global Programme to Prevent Son Preference and the Undervaluing of Girls: Improving the Sex Ratio at Birth in Select Countries in Asia and the Caucasus, two draft policy papers on reproductive health and family planning with particular emphasis on the role of religion (Islam). UNFPA was also a major driving force behind the draft State Programme on Population Development and Demography, the draft National Action Plan on GBSS, and a demography section of the Employment Strategy of the Republic of Azerbaijan. UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of the girl child. To reduce GBSS, UNFPA has led extensive national and sub-national-level awareness-raising campaigns using a variety of communication channels, and with a particular focus on reaching young males and faith-based groups. Feedback on UNFPA’s efforts to change attitudes and behaviours is positive; the recent decrease in SRB may also be attributed to UNFPA. More than 1,000 people benefited from information sessions for young males conducted in the regions of Azerbaijan and in Baku-Absheron in the framework of a project funded by the Embassy of the Kingdom of the Netherlands. UNFPA’s strategy on partnership with FBOs aimed to reach the most conservative and marginalized groups of population who are more prone to practice sex-selective abortions due to patriarchal views and their social-economic situation. Around 2,000 people attended the training/information sessions for faith-based groups. UNFPA has interacted with young people through SRHR awareness-raising campaigns and in consultation processes. A National Advocacy Campaign ‘The Role of Youth in Promoting SDGs in Azerbaijan’ was held alongside information sessions held in the regions and targeting 100 youth on SDGs 3, 4 and 5.

| <b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b> | <b>Start value</b> | <b>Year</b> | <b>End value</b> | <b>Year</b> | <b>Comments</b> |
|--|--------------------|-------------|------------------|-------------|-----------------|
|--|--------------------|-------------|------------------|-------------|-----------------|

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

| <b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b> |       |      |     |      |  |
|---|-------|------|-----|------|--|
| Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list   |       |      |     |      |  |
| Contraceptive prevalence rate (total)   | 13.9% | 2016 | 25% | 2020 |  |
| Proportion of demand for contraception satisfied (total)  |       |      |     |      |  |
| Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months   |       |      |     |      |  |
| Percentage in which at least 80% of live births in the country are attended by skilled health personnel   |       |      |     |      |  |
| Protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence   | no    | 2016 | yes | 2020 |  |
| Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)  |       |      |     |      |  |
| Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?  |       |      |     |      |  |

### **Summary of National Progress**

Azerbaijan has achieved notable progress in some areas of SRH, including a decrease in the maternal mortality ratio from 43.0 per 100,000 live births in 2010 to 14.6 in 2018. Nevertheless, the maternal mortality ratio is still high and women from rural and remote areas have poor access to healthcare including reproductive healthcare. Births attended by skilled personnel have also increased since 2006, rising from 88.6% to 99.8% in 2016. Neonatal deaths have seen a considerable decrease, from an overall number of 3,575 registered deaths in 2006 to 1,983 in 2017. However, an effective legal and policy framework on SRHR is only beginning to take shape and there is a pressing need to enhance institutional capacities for collecting, processing, analyzing and utilizing data on PD and gender equality (GE) and their inter-linkages with SRHR. The total fertility rate of the population is slightly below the replacement level at 1.9 children per woman (2017). While the use of any method of contraception increased between 2006 and 2011 to 54.9%, the use of modern contraceptives remained at a low level - i.e., 13.9% (2011). The number of IUDs users during 2016, 2017 (20,7 and 19,2 thousand correspondingly) declined in compare with two previous years 2014, 2015 (23,5 and 22,4 thousand correspondingly). The number of hormonal contraceptive users during 2016, 2017 (16,8 and 17,8 thousand correspondingly) declined in compare with two previous years 2014, 2015 (22,5 and 22,4 thousand correspondingly). The rate of induced abortions in Azerbaijan is 40.9% (2011), which is one of the highest indicators in the region. Information on family planning (FP) methods is not consistently provided to the women before or after they recourse to abortions. The number of induced abortions during 2016, 2017 (34,6 and 37,6 thousand correspondingly) increased in compare with two previous years 2014, 2015 (27,2 and 27,5 thousand correspondingly).

Family life education is incorporated into school curricula, but not yet comprehensive sexuality education (CSE) that is aligned with international standards. This and low participation of adolescents and youth in decision-making processes regarding SRHR limit their prospects for a safe, healthy and successful transition to adulthood. The adolescent fertility rate increased to a high 52.6 per 1,000 adolescent girls aged 15-19 (2016) as opposed to 40.0 in 2012.

Azerbaijan is among countries with low HIV prevalence rate among adults aged 15 to 49 - i.e., 0.1% in 2017. HIV prevalence among young men and women aged 15-24 is less than 0.1%; however, comprehensive knowledge about HIV prevention was only 18% among female youth. Prevalence among female sex workers and men who have sex with men is 2.3% and 2.2% respectively (2016).

### **UNFPA's Contributions**

In the area of SRH, for many years, UNFPA has played a lead support role in the process of elaborating SRH Strategies and a RH Law, led by the Ministry of Health. Its support has been steady and purposeful, and has included a focus on IDPs, young people, and people with disabilities. However, because of sensitivities around family planning, planned improvements and alignments with international standards have met with strong political opposition. UNFPA has contributed to the introduction of new guidelines, protocols and tools in the health sector and their implementation. In terms of institutional capacities, Azerbaijan is well equipped to reduce maternal and child mortality and to prevent cervical cancer. The Ministry of Education is overcoming its reluctance to address SRHR of adolescents and youth, and young people are becoming more aware of SRHR issues. However, access barriers still exist. The MISP has been introduced, but not yet integrated into a national multi-sectoral response system.

### **Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

|  |     |      |      |      |  |
|--|-----|------|------|------|--|
| Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?             |     |      |      |      |  |
| Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle | 10% | 2016 | 100% | 2020 |  |
| Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances                              |     |      |      |      |  |

## **Summary of National Progress**

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Positive signs of improvements regarding the human rights, gender equality and women empowerment situation in the country emerged after Azerbaijan regained its independence (1991), and following its accession to various international and regional intergovernmental organizations such as the United Nations (1992) and the Council of Europe (2001). Of note are the UN interagency statement, Programme of Action of the International Conference on Population and Development (ICPD), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol on individual complaints and inquiry procedures, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC), among other relevant international agreements). Eight of the nine core international human rights treaties were ratified. For the last decade, the national legislation has also seen major developments to tackle gender inequality and gender-based discrimination and violence in all spheres of life.

The National Parliament has enacted a major law “On the guarantees of Gender (men and women) Equality” (2006) with a focus on preventing gender-based discrimination and its negative consequences. According to the Law on the Amendments to the Family Code of Azerbaijan Republic (2011), the necessary changes have been introduced to the Family Code on equalization of the minimum marriage age for men and women (18 for both). The Law on Prevention of Domestic Violence (2010) establishes and regulates measures aimed at prevention of violence, legal redress, as well as elimination of reasons for domestic violence. The National Development Concept “Azerbaijan 2020: Look into the Future” identifies gender equality as one of the priority areas for action.

Although the legal guarantees for the promotion of human rights of the women are in place there are a series of discrepancies between the legal measures to protect and promote women’s rights and their implementation. The lack of effective implementation mechanism on gender-based violence and discrimination leaves hundreds of women vulnerable to abuse. Tolerance towards gender-based violence and harmful practices are still widely accepted and condoned by the population, especially the men. Azerbaijan traditionally has had high levels of early first marriages, derived from the paternalistic model of the family and male-dominated society. Most recent research on gender attitudes has confirmed that the rigid notions of gender and gender inequality are still pervasive and men are more likely than women to report negative attitudes towards the issues concerning GE and women’s rights.

### **UNFPA’s Contributions**

In the area of GEWE, UNFPA’s efforts to produce reliable and accessible evidence and data were successful: the national online inter-agency GBV database was developed and is fully operational under the auspices of the SCFWCA. In addition to this, six new reports are being used to inform policy-making on GE, GBV and RR. At policy-level, UNFPA is highly commended for its advocacy efforts and support for the development of draft national action plans on gender equality and GBV that also consider the needs of vulnerable women (including rural women, women with disabilities, internally-displaced women and women refugees). In 2016, UNFPA led a multi-sectoral effort to develop GBV ESPs and SoPs to complement the existing mechanism for effective GBV prevention and response. UNFPA has built institutional capacities as regards GBV (e.g., health professionals, social workers, NGOs), though more systematic intervention strategies are necessary for improved multi-sectoral response capacities. On the demand-side, UNFPA-supported campaigns have improved awareness regarding GBV and available protection mechanisms; though more institutionalised approach responsive inter alia to the needs of vulnerable groups is needed. UNFPA has successfully supported the government, NGOs and UN country team members to monitor and report on the implementation of UPR and CEDAW recommendations on GE and SRHR. The Country Office contributed to the VI Periodic State Report to the CEDAW Committee; and it contributed to a joint UN country team submission to the UPR Secretariat. UNFPA has initiated inter-ministerial discussions on the ratification of the Istanbul Convention. Efforts are ongoing to promote the creation of a national mechanism for reporting on the implementation of human rights recommendations including SRHR.

| <b>Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</b> |   |      |   |      |  |
|--|---|------|---|------|--|
| Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?   |   |      |   |      |  |
| Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?  |   |      |   |      |  |
| Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?   |   |      |   |      |  |
| New national development plans that address population dynamics by accounting for population trends and projections in setting development targets   | 1 | 2016 | 2 | 2020 |  |

### **Summary of National Progress**

Following the adoption of the Cairo Programme of Action in 1994, Azerbaijan began implementing a number of comprehensive population development measures. The Cairo Conference provided a new impetus to policy-makers to seek solutions to the population and development challenges in the country. Azerbaijan has continued to pursue a comprehensive approach to mainstreaming population issues into national development policies and strategies. The national policy on demography and population development is outlined in the “Concept of Demographic Development of the Republic of Azerbaijan” in order to improve the demographic situation and shape modern policy. In accordance with the Concept of Demographic Development, the “State Programme on Population Development and Demography of the Republic of Azerbaijan” was developed and implemented. The Programme aims to achieve an optimal level of population reproduction, to ensure a decline in the mortality rate and a rise in life expectancy, to improve maternal and child health, to create a favourable socio-economic environment for families and to identify ways of managing migration processes. It is important to note that as a mid-term development strategy in the field of demography and population, the State Programme is being implemented in close co-ordination with other socio-economic development programmes in Azerbaijan. One of the priorities of Azerbaijan’s population development policies is to ensure a healthier and longer life for Azerbaijani citizens. With an increase in life expectancy and anticipated population ageing, special attention is given to the problems of elderly people, in particular social security, improvement of the people’s well-being, and the provision of social and other vital needs in old age.

Over the last decade, Azerbaijan has made demonstrable progress in obtaining a reliable data through censuses, demographic and thematic surveys and administrative registers, such as birth and death recording systems. Nevertheless, there is a pressing need for continued enhancement of national institutional capacity to address the gaps in collection, processing, analysis and utilization of the data on population dynamics and its inter-linkages with sexual and reproductive health and rights.

### **UNFPA’s Contributions**

In the area of PD, UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan in cooperation with the State Statistical Committee. In particular, UNFPA has contributed to the expansion of the national population databank by 37 new indicators disaggregated by sex, age and region. UNFPA has successfully strengthened the technical skills of the State Statistical Committee to generate, analyse and use disaggregated population data. Generating knowledge through in-depth analysis, research and evidence for informed policy and decision-making was of the major areas of UNFPA’s intervention, which has generated a wealth of new knowledge. Building on strong political will to address population-related issues, UNFPA has effectively contributed to the development of national policies and programmes on population dynamics and its interlinkages with SRHR. UNFPA was a major driving force behind the draft State Programme on Population Development and Demography, the draft National Action Plan on GBSS, and a demography section of the Employment Strategy of the Republic of Azerbaijan. UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of a girl child. To reduce GBSS, UNFPA has led extensive national and sub-national-level awareness-raising campaigns using a variety of communication channels, and with a particular focus on reaching young males and faith-based groups. Feedback on UNFPA’s efforts to change attitudes and behaviours is positive; the recent decrease in SRB may also be attributed to UNFPA. UNFPA has interacted with young people through SRHR awareness-raising campaigns and in consultation processes.

### **D. Country Programme Resources**

| <b>SP Outcome</b><br>Choose only those relevant to your CP   | <b>Regular Resource (Planned and Final Expenditure)</b> |  | <b>Others (Planned and Final Expenditure)</b> |            | <b>Total (Planned and Final Expenditure)</b> |  |
|--|---|--|---|------------|--|--|
|  |   |  |   |            |  |  |
| Increased availability and use of integrated sexual and reproductive health services   | 1.2   |  | 0.6   | 0.02       | 1.8  |  |
| Advanced gender equality, women's and girls' empowerment, and reproductive rights  | 0.5   |  | 0.5   | 0,9        | 1.0  |  |
| Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics | 0.6   |  | 0.4   | 0,6        | 1.0  |  |
| Programme coordination and assistance  | 0.3   |  | -   | -          | 0.3  |  |
| <b>Total</b>   | <b>2.6</b>  |  | <b>1.5</b>                                    | <b>1.4</b> | <b>4.1</b>                                   |  |