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| A. Country Information | | | |
| Country name: Kazakhstan | | | |
| Category per decision 2007/42: B | Current programme period: 2010-2015 | Cycle of assistance: 3 | |
| B. Country Programme Outputs Achievement | | | |
| Sexual and Reproductive Health | | | |
| Output 1: Maternal health strategies are approved and action plans are developed and implemented. | | | |
| Indicators | Baseline | Target | End-line data |
| Percentage of health-care institutions implementing effective perinatal technologies. | 15% | In line with the long-term programme of health-care development in Kazakhstan up to 2020 | 80% |
| <u>Key Achievements</u> | | | |
| <p>Based on the successful piloting in a number of regions of the Safe Motherhood Strategy, which included the promotion of effective perinatal technologies and the introduction of regionalization of perinatal care, we were able ensure the commitment of the Ministry of Health upscale these to the national level. Since 2011 effective perinatal technologies have been introduced and implemented in all 16 regions of Kazakhstan. The vast majority of health care providers (85%) were trained on effective perinatal care mostly using government funds allocated in the National State Health System Development Programme “Salamatty Kazakhstan”. This was made possible due to joint efforts of UN Agencies (WHO, UNICEF, UNFPA) and USAID where UNFPA’s input were provided in six regions of Kazakhstan -- Almaty, East-Kazakhstan, Kyzylorda, Mangystau, South Kazakhstan and Zhambyl.</p> <p>To ensure quality of perinatal care the following WHO recommended methodologies were introduced and implemented: confidential audit of maternal morbidity and mortality “Beyond the Numbers”, and assessment of quality of care at the maternity level. The implementation of these methodologies in Kazakhstan has been recognized as the most successful among the post-soviet countries.</p> <p>As a result of all joint efforts of the Government and the UN organizations, including UNFPA, the maternal mortality has decreased from 22.7 per 100,000 in 2010 down 11.8 – in 2014. The data on maternal mortality were verified by Maternal Mortality Estimation Inter-Agency Group (WHO, UNICEF, UNFPA, UNDP and World Bank).</p> | | | |
| Output 2: Health-care providers have the capacity to expand the delivery of high-quality family planning and reproductive health services, with a focus on vulnerable groups, including rural populations and the poor | | | |

| Indicators | Baseline | Target | End-line data |
|--|----------|--|--|
| Number of trained health-care providers. | 0 | At least three persons in each health-care institution | 4 national master-trainers, 11 national level trainers and 16 regional level trainers |
| Training programme is incorporated into the curricula of all tertiary and secondary medical schools. | None | Programme incorporated | Incorporated in 5 state medical universities and the Republican medical college of the country |

Key Achievements

Due to the introduction of reforms of the primary health care system in the country (focusing on family physician's approach and results based financing) the focus of the Country Programme shifted from in-service training of health providers to organization of family planning services in new environment. In response to the above the following actions have been taken by the UNFPA country office to come up with approaches on standardization of family planning services and guaranteed contraceptives' supplies: (1) supported surveys on access and quality of family planning and reproductive health services of population, including young people, people with disabilities, etc., (2) contraceptive market segmentation research, (3) piloting of logistics management information system "Channel" on contraceptive supply, (4) supplementary supplies of contraceptives (144,000 male condoms, 20,000 copper T IUDs, 5,000 packs of Posinor, 7,333 packages of Rigevidon, 4,000 female condoms) for vulnerable groups of the poorest regions of Kazakhstan during 2010-2012.

National training package on family planning was updated in accordance to the latest WHO technical recommendations. National Guideline on Family Planning, including postpartum and post abortion clinical protocols were developed and submitted for endorsement to the Ministry of Health. Sixteen regional coordinators were nominated as family planning focal points by the Ministry of Health in each region of Kazakhstan and the key health providers and the above mentioned regional coordinators were trained on modern methods of contraception. In support of the regional training centres on family planning, UNFPA supplied set of mannequins for family planning counselling to all the regional centres of the country.

Core groups of academic staff from the Chairs on Obstetrics and Gynecology of 5 medical universities and the Republican college were trained on the application of updated family planning methods approved by WHO. Teaching curricula of the respective medical education institutions was revised.

Output 3: Women and young people have improved access to high-quality sexual and reproductive health and services to prevent HIV and AIDS

| Indicators | Baseline | Target | End-line data |
|------------|----------|--------|---------------|
|------------|----------|--------|---------------|

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|--|----------|-----------|---|
| Percentage of services certified as youth-friendly. | 0 | 75 | <i>83 (this is not a percentage but the number of functioning clinics that provide youth-friendly services)</i> |
|--|----------|-----------|---|

Key Achievements

Five significant studies on Youth sexual and reproductive health and needs have been conducted: Desk review on justifying a need on decreasing of age of consent for medical interventions from age of 18 to 15/16 (2010), assessment of Reproductive health state of young people (2011), Bride kidnapping (2013), Analytical report on access of right holders to reproductive health with recommendations to improve it to make fully matched with ICPD targets (2011), Linkage between suicides among adolescents and their sexual and reproductive health (2013-2014). Findings of all of the studies have been used as evidence base for advocating for improving sexual and reproductive health services for young people.

More than 100 policy and decision makers (members of Parliament and government representatives) were sensitized on the status of SRH of adolescents, on the need to strengthen legal guarantees to adolescents' access to SRH services and education.

First and second National Youth forums brought together young people and executive body representatives, CSOs and discussed possibilities of decreasing age of consent for adolescents from 18 to 16, during II Youth forum a Letter of Appeal was presented to executive bodies which listed and formulated amendments to the Code of Healthcare, which if approved granted those of 16 and older to sexual and reproductive health services.

Output 4: Women and young people are equipped with high-quality information to prevent and reduce the risk of unwanted pregnancies and HIV transmission

| Indicators | Baseline | Target | End-line data |
|---|-----------------|---------------|--|
| Percentage of young people aged 15-24 who are aware of sexual and reproductive health and HIV prevention issues. | 19% | 50% | <i>48% (National assessment of Reproductive health state of young people (2011))</i> |
| Percentage of regions of the country involved in youth peer network. | 12% | 75% | <i>50% (8 out of 16 regions of Kazakhstan)</i> |

Key Achievements

UNFPA has significantly strengthened the presence of Y-PEER network in Kazakhstan, opening its branches in Almaty, Astana, Oskemen, Semey, Aktau, Kyzylorda, Shiyeli, Beineu and Zhanaozen, covering in total 6 regions

and the cities of Astana and Almaty. Since 2010 more than 300 trainers were prepared to disseminate information on SRHR to young people, 10 national trainers were prepared in Petri center of Bulgaria. Altogether this group has covered around 10,000 young people with information regarding youth SRHR in mentioned regions. To make information spread even more productive 2 web pages were developed and 1 was renovated in 2015, adapting to the latest technologies and design trends. First Y-PEER Oskemen CSO was registered in 2015 to ensure sustainability and relative independence of the network from UNFPA budgets. 7 informational resource centers are available in the country, they serve Y-PEER movement to conduct their trainings, informative sessions and spread mandated information materials. All of resource centers are based on premises of the Governmental entities or local CSO with shared mandate free of charge on partnership basis.

Sexuality Education course was piloted in Eastern Kazakhstan Oblast (in period from 2012 to 2014), that proved itself as effective in terms of elimination of HIV stigma, informing on STIs symptoms, increasing understanding of importance of visiting medical doctors and prevention of adolescent abortions. Around 1000 student were covered by the course, based on their results a study was conducted, that proved positive changes in level of awareness in comparison to those who were not covered by the course. Among outcomes of the pilot are study material (teachers course manual) and course curricula developed based on UNESCO standards to CSE and made available in Russian and Kazakh. The Ministry of Education and Science and Ministry of Social Development and Healthcare were introduced to the tool and results of pilot, a round table on discussion of sexuality education inclusion into school curricula was conducted with invitation of respective executive bodies, members of parliament, national CSOs and independent experts.

CSE was also lobbied by young people themselves in 2013 during II National Youth Forum, where executive bodies' representatives participated and listened to the request of young people to include sexuality education into general school curriculum.

Population and Development

Output 1: Policymakers employ evidence-based data to develop policies on gender equality, young people, sexual and reproductive health, and HIV and AIDS

| Indicators | Baseline | Target | End-line data |
|--|----------|--------|---------------|
| Number of social policy documents that accurately reflect population issues. | 0 | 5 | 5 |

Key Achievements

2009 Population census data analyzed (analytical report on census results developed), disseminated and used for advocacy purposes.

2011 Multiple Indicator Cluster Survey (MICS) conducted; data on SRH, FP, HIV, GBV and early marriage collected and analyzed at national and sub-national levels, the findings were widely disseminated and used for advocacy purposes. The final 2011 MICS report was launched at the Senate (upper Chamber of the Parliament of the Republic of Kazakhstan) with the participation of Government, Parliament, NGOs and international organizations. This was the second MICS conducted in Kazakhstan and because of the strong advocacy efforts of UNICEF and UNFPA and understanding of the Government on importance of the data and for number of indicators it is the only source it was decided that the MICS in Kazakhstan would be conducted regularly, once in five years. The 2011 MICS was co-financed by the Government of Kazakhstan, UNICEF and UNFPA. The next MICS is

planned to be conducted during 2015-2016 and also co-financed with the Government of Kazakhstan. This demonstrates clear commitment of the Government of Kazakhstan to produce evidence based data that are not available from the routine statistics and use of those data for development of social programmes.

Due to numerous advocacy efforts of UNFPA and UN WOMEN in 2014 the Government of Kazakhstan allocated funds from the state budget for conducting of National household survey on domestic violence. The survey will be conducted in 2015. UNFPA provided technical support on development of the methodological tools of the survey.

Both databases, the 2009 population and housing census and the MICS 2011, are available at the website of the Committee on Statistics for public as well for planning social and economic development programming. UNFPA as a main partner of the Committee on Statistics continued providing technical assistance for: strengthening capacity on conduction of census in compliance with international standards and UN recommendations; development of analytical report on the results of census and it's dissemination in Kazakh and English languages; enhancing institutional capacity of the Committee on statistics on development of MICS instruments, survey conduction and dissemination of MICS results in Kazakh and English languages.

In 2013, after numerous advocacy efforts the Government of Kazakhstan established a Department of Social and Demographic Research under the Ministry of National Economy of the Republic of Kazakhstan. Starting from this year UNFPA will be focusing on strengthening the capacity of this department.

Output 2: Social-sector stakeholders are better able to plan, implement and monitor social and health services for the elderly, migrants and people with disabilities

| Indicators | Baseline | Target | End-line data |
|---|----------|--------|---------------|
| Number of comprehensive analytical studies on emerging population issues. | 0 | 3 | 7 |

Key Achievements

SRH status and access to SRH services and information of vulnerable and key population groups (adolescents and youth, people with different types of disabilities, sex workers and PLWHIV, migrants) assessed through national and regional surveys supported by UNFPA. Evidence data collected, analyzed and findings presented to government for formulation of rights based policy addressing the needs of vulnerable populations

About 100 policy and decision makers were sensitized to strengthen legal guarantees of access of adolescents to SRH and FP services and information.

Kazakhstan ratified the Convention of the Rights of Persons with Disabilities (2015). Through Participatory approach with NGOs of people with disabilities (rights holders) UNFPA supported incorporation of access to SRH and family planning services and information into a range of social requests of people with disabilities through addressing the issue to decision makers by collecting and presenting evidence-based data (desk-review, analytical reports on 3 national and 1 regional surveys supported by UNFPA) and brokering dialogue between the government and civil society organizations dealing with needs of people with disabilities at national and regional conferences.

The National Plan of Actions addressing aged population drafted in compliance with ICPD commitments and Madrid International Plan of Action on Aging. UNFPA supported government to address challenges of ageing and incorporate this issue in national development agenda, provided the technical assistance to the National

Commission on Women affairs and Family-demographic policy to develop the National Plan of Action on ageing. The document was discussed and agreed by the high level meeting with national stakeholders.

At the National Commission chaired national meeting attended by MPs, political leaders and representatives of ministries adopted a resolution requesting that government takes appropriate actions in particular:

- fully harmonizes standards of response to HIV and STI with WHO and UNFPA recommendations with the involvement of activists from organizations of sex workers;
- reinforces monitoring of GBV in partnership with key populations.

National capacities of social-sector stakeholders (civil servants at national and regional levels and MPs) strengthened on formulation and implementation of rights-based policies that integrate evidence on population dynamics through supported by UNFPA regional, national and international trainings seminars on Population and Development interlinkages and integration of demographic data in planning and monitoring of development programs.

The partnership with religious leaders and FBOs of the two dominating religious communities is established through developing their capacities and understanding issues related to maternal health, SRH, and GBV. IEC materials on maternal health, SRH, family planning, HIV/AIDS, GBV and early/forced marriages prevention were jointly developed by national SRH, Gender experts and religious leaders for followers of both religious communities. The IEC materials were supported by quotations from each religions and doctrines and were endorsed by the Spiritual Department of Muslims of Kazakhstan and Headquarter of the Russian Orthodox Church for further dissemination among the respective followers.

Gender Equality

Output 1: The action plan of the gender equality strategy reaches a greater number of women and is fully implemented

| Indicators | Baseline | Target | End-line data |
|--|-------------|---------|--|
| Gender equality law and domestic violence law are adopted. | Not adopted | Adopted | The Law on the prevention of domestic violence and Law on guaranteeing equal rights and opportunities for men and women adopted. |

Key Achievements
 National capacity of government and civil society strengthened on issues related to prevention of violence against women, adolescent girls, early and forced marriages and protection of human rights and health system responses to GBV.

With the support of UNFPA, GBV in Kazakhstan was assessed through a Survey “Gender Based Violence prevalence in Kazakhstan and its impact on Sexual and Reproductive Health of GBV victims” that served as an evidence of the non-proper response of healthcare system to GBV and the importance of the healthcare system in identification of GBV victims and further appropriate referral support. The report of the survey was launched through the national workshop with participation of key government stakeholders and the findings of the survey were accepted by the government and agreed to develop health care sector response to gender based violence.

A national clinical protocol on managing and referral of sexual violence victims at the healthcare system was developed by a working group under the Ministry of Health and Social Development and its structural institutions (traumatology department, MCH unit, AIDS Centre, forensic medicine department, PHC department), General Prosecution Office as well CSO representatives. The protocol was submitted to the Republican Centre for Health Care System Development under the Ministry of Health and Social Development for approval.

Religious leaders of Sunni Islam and Orthodox Christianity in Kazakhstan are engaged into the advocacy of prevention of GBV and early/forced marriages. Appropriate sermons messages on GBV and child marriage prevention developed by religious leaders of Sunni Islam and Orthodox Christianity, approved by their heads and conducted in Churches and Mosques of Kazakhstan during the GBV prevention campaign (UNFPA Orange Days, 25 November – 10 December 2014).

SRHR issues incorporated into the Action Plan of the Government of the Republic of Kazakhstan on implementation of recommendations of the Member States of the United Nations within the framework of Universal Periodic Review on the Human Rights for 2015-2018 years.

UNFPA is seen in the country as the agency as the one which strongly stands for rights of women and adolescent girls. Therefore the National Commission of Women Affairs and family-demographic policy under the President of the Republic of Kazakhstan strongly considers UNFPA’s presence in all national events on gender equality issues and relies on UNFPA’s support in development of key political documents in the field of GBV and human rights.

| C. National Progress on Strategic Plan Outcomes | Start value | Year | End value | Year | Comments |
|--|--------------------|---------------|------------------|---------------|--|
| 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 | | | | | |
| 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 | 100% | 2010 | 100% | 2014 | WHO recommend ed life-saving medicines are included into Basic Benefit Package |
| Contraceptive prevalence rate (total) | 50.7% | 2006 | 51% | 2011 | 2006 and 2011 MICS reports |
| Proportion of demand for contraception satisfied (total) | Not available | Not available | Not available | Not available | |

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|---|---------------|---------------|---------------|---------------|--|
| Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months | Not available | Not available | Not available | Not available | There is no stock-out of life-saving medicines that are in BBP. However, contraceptives are not included into BBP and those are provided only against local budgets and for women that have absolute contradiction to pregnancies. |
| Percentage in which at least 80% of live births in the country are attended by skilled health personnel | 99.8% | 2006 | 99.9% | 2011 | 2006 and 2011 MICS reports |
| Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence | 0 | 2010 | 3 | 2014 | |
| 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) | 38.8% | 2011 | Not available | 2014 | National AIDS Centre data. The data for 2014 will be available in the end of 2015. |
| Has the country increased the national budget for sexual and reproductive health by at least 5 per cent | Not available | | Not available | | The existing budgeting system does not allow separating budget for SRH since all the services are spread |

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| | | | | | between different budget lines (salary, equipment, medicines, etc.). However, in overall the health expenditures to mother and child health significantly increased. |
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Summary of National Progress

Improvement of mother and child health and decrease of maternal, child and infant mortality are the priorities of the Government of Kazakhstan that were reflected in the five year Government Health System Development Programme “Salamatty Kazakhstan” for 2010-2015. Thanks to technical assistance and support of UN Agencies and the Government’s additional financial injections the country has made significant progress toward MDG 4 and 5A achievements. The maternal mortality has decreased by five times, from 55 per 100,000 live births in 1990 down to 11.8 – in 2014.

Kazakhstan successfully has been implementing WHO recommended technologies on effective perinatal care, regionalization of perinatal care, confidential enquiry into maternal death at national level, near-miss cases review at all the perinatal centres of 16 regions of the country. Within the Health programme the Ministry of Health established 16 regional in-service training centres on implementation of effective perinatal technologies and one National coordination Center based in Astana. Each has a full time coordinator and funds for conducting continuous training that can invite any international consultant from WHO/UNFPA/UNICEF roster.

The country made significant inputs in provision of equipment, drugs and other supplies with priority attention to maternal and child health institutions.

The next State Health programme for 2016-2020 defines a priority on improvement of quality of primary health care services, including family planning and antenatal care.

UNFPA’s Contributions

UNFPA provided technical and financial support in provision of in-service training courses for health providers of maternities in six regions of Kazakhstan, namely Almaty, East-Kazakhstan, Kyzylorda, Mangystau, South Kazakhstan and Zhambyl Oblasts.

UNFPA assisted in development of progress monitoring mechanism in assessment of perinatal care quality by team of external experts and development of performance and outcome indicators.

UNFPA supported several technical workshops for introduction confidential audit of maternal morbidity and mortality “Beyond the Numbers” and monitoring field visits and annual national workshops on progress implementation.

UNFPA supported improvement quality family planning services through assessment of the country needs (surveys), conduction of market segmentation research, introduction of logistics management information system

“Channel” on contraceptive supply, supplies of contraceptives for vulnerable groups of the poorest regions of Kazakhstan during 2010-2012.

National training package on family planning was updated in accordance to the latest WHO technical recommendations. National Guideline on Family Planning, including postpartum and post abortion clinical protocols were developed and submitted for endorsement to the Ministry of Health. Sixteen regional coordinators were nominated as family planning focal points by the Ministry of Health in each region of Kazakhstan and the key health providers and the above mentioned regional coordinators were trained on modern methods of contraception. In support of the regional training centres on family planning, UNFPA supplied set of mannequins for family planning counselling to all the regional centres of the country.

Core groups of academy staff from all obstetrics and gynecological chair of 5 medical universities and the Republican college were trained on the application of updated family planning methods approved by WHO. Teaching curricula of the respective medical education institutions was revised.

Outcome 2 Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

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|--|---------|------|-------|------|---|
| Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) | 22.41 % | 2006 | 36.2% | 2011 | 2006 and 2011 MICS Reports. |
| Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services | Yes | 2009 | Yes | 2015 | Adolescents can access SRH services with parental and legal guardian consent. |

Summary of National Progress

Youth friendly clinics have been opened all over Kazakhstan totaling in 83 by 2014, able to receive adolescent visitors and consult them on matters of sexual and reproductive health. YFCs are mostly based on premises of Centers for healthy lifestyle development, which in turn form a network of centers of a national scale with central governing body, which issues methodological, informative materials and budgets existence of YFCs.

The government made progress in reducing of STIs prevalence in population, especially among adolescents and young people. Level of Syphilis prevalence among young people aged 15-17 dropped from 16.0 (out of 100 000) in 2008 to 9.7 (out of 100 000) in 2011.

Multiple significant researches of youth and adolescent sexual and reproductive health (including needs in FP and CSE) formed a solid evidence base to advocate for SRHR services and education for mentioned group of population. More than 50 members of parliament and more than 50 government representatives are familiarized to those issues and needs to incorporate them into legislature and developing policies. Government representatives positively appreciate inclusion of young peoples’ opinion to policy shaping and reporting meetings.

National healthcare development program “Salamatty Kazakhstan 2010-2015” states need of inclusion of CSE to general and tertiary schools curriculum. For the purpose a work group was created to advice and assist Ministry of Education and Sciences on preparing a special subject on sexuality education. Department of education of Akimat of Eastern Kazakhstan Oblast supported sexuality education subject pilot in 3 colleges of region with the purpose of testing effectiveness of the course, thus being first government entity appreciating need of course existence and inclusion.

Y-PEER movement of Kazakhstan is now widely known within governmental institutions that deal with healthcare and among CSOs with shared mandate. Trainers of Y-PEER Kazakhstan are asked for training conduction on topics of SRHR, volunteering and leadership for both adolescents and adults.

UNFPA’s Contributions

UNFPA can be considered as a single UN agency promoting sexual and reproductive rights of young people via technical expertise, advocacy and finance. Majority of data collection on state of reproductive health of young people, advocacy meetings and capacity development actions are funded and executed by UNFPA.

Along the way UNFPA managed to find support of and partnered with National center of Healthy lifestyle development, regional Akimats, Ministry of Social Development and Healthcare to improve access of young people to SRHR services and education.

UNFPA improves knowledge of mass media covering issues of adolescent and young people’s SRHR. Due to UNFPA young people received a chance of participating at meetings and consultations where decision over their SRHR are discussed. With Y-PEER educational events UNFPA concentrates on reaching marginalized population groups (orphans, young people with special needs, MSM, PLHIV)

UNFPA was leading a process of lobbying the need of introduction of CSE into general schools and tertiary education units, with development of course curricula and methodological guidelines based on international standards to sexuality education.

Y-PEER network of Kazakhstan has significantly improved its results in covering larger number of population with high quality informative sessions and with specially designed trainings, developed by international consultants.

| <i>Outcome. 3 Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</i> | | | | | |
|---|------|-----------|------|-----------|--|
| Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations | Yes | 2010 | Yes | 2015 | National Strategy on Gender Equality for 2006-2016 |
| Percentage of the accepted Universal Periodical Review (UPR) recommendations on gender equality and reproductive rights from the previous reporting cycle that are implemented | 64% | 2010 | 77% | 2014 | |
| Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances | 10.4 | MICS 2006 | 12.2 | MICS 2011 | The next MICS is planned in 2015 |
| <u>Summary of National Progress</u> | | | | | |

The Law on the prevention of domestic violence and the Law on equal rights and opportunities for men and women were adopted.

The Gender Equality Strategy of the Republic of Kazakhstan 2006-2016 in its Section 5 includes measures to strengthen the reproductive health for women and men. It also clearly states actions needed to increase youth and adolescents' knowledge of their reproductive health, including access to comprehensive sexuality education. The strategic goals include further improvement of legislation in the field of protection of reproductive health; decreasing a morbidity influencing at reproductive health of the population; acceptance of a package of measures on protection of reproductive health of adolescents and youth.

Kazakhstan presented the Report on CEDAW implementation at the 57th CEDAW (Combined third and fourth periodic reports) session on 13-15 February 2014 in Geneva, Switzerland.

In 2015 Government incorporated SRHR issues into the Action Plan of the Government of the Republic of Kazakhstan on implementation of recommendations of the Member States of the United Nations within the framework of Universal Periodic Review on the Human Rights for 2015-2018 years. It is worse to mention that the Government allocated funds dedicated to the Plan of Action for implementation of the UPR recommendations.

The clinical protocol on managing and referral of sexual violence victims at the health care system was developed and submitted to the Republican Centre for Health Care System Development under the Ministry of Health and Social Development for further approval.

The partnership with religious leaders and FBOs of Sunni Islam and Orthodox Christianity in Kazakhstan on SRH and GBV issues was established. Religious leaders were engaged into development of appropriate sermons messages on GBV and child marriage prevention; sermons were held in Churches and Mosques of Kazakhstan during the UNFPA campaign on GBV prevention.

UNFPA's Contributions

In 2013 UNFPA as part of UNCT made significant contribution toward development of the Kazakhstan's Confidential CEDAW report concerning SRH component.

UNFPA provided technical and financial support to the Kazakhstani delegation to present the Report on implementation of CEDAW at the 57th CEDAW (Combined third and fourth periodic reports) session on 13-15 February 2014 in Geneva, Switzerland. A CSO representative of the delegation was supported to participate at the session. A serious events, meetings and workshops were held with participation of the government and non-governmental organizations on ensuring Government's commitments on SRHR issues and those reflection in CEDAW report.

In line with UPR recommendations on GBV prevention UNFPA Kazakhstan ensured availability of evidence base data on GBV prevalence in the country. The results of study were used as justification for the needs of development a clinical protocol on health sector response to sexual violence.

EECARO-initiated case studies-based report dedicated to early marriages in Kazakhstan was developed and the key findings were presented at the national events for policy makers to reinforce access of girls to information, services, social and legal protection and improve response of law enforcement bodies to violations of law related to early marriages.

A partnership with religious leaders and FBOs of Sunni Islam and Orthodox Christianity in Kazakhstan on SRH and GBV issues was established. UNFPA supported religious leaders of Sunni Islam and Orthodox Christianity in

development of appropriate messages for sermons on GBV and child marriage prevention; launching a national campaign highlighting issue of gender-based violence.

UNFPA supported Survey “Gender Based Violence prevalence in Kazakhstan and its impact on Sexual and Reproductive Health of GBV victims”. The findings of the survey were used as an evidence for advocacy on strengthening healthcare response to GBV.

In follow up to the above, UNFPA supported establishing a working group on development of a clinical protocol on managing and referral of victims of sexual violence. The clinical protocol was submitted to the Ministry of Health for approval.

UNFPA supported development of video spots with participation of Kazakhstan sport celebrities to advocate of GBV elimination. The video was aired in East-Kazakhstan region through a local TV company during the Orange Days in 2014.

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

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|--|-----|------|-----|------|------------------------------------|
| 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) | Yes | 2009 | N/A | N/A | The next Census is planned in 2020 |
| 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) | Yes | 2006 | Yes | 2011 | MICS |
| Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth | No | 2010 | No | 2014 | |
| Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets | Yes | 2010 | Yes | 2014 | |

Summary of National Progress

In 2009 the Government conducted the Population and housing census in accordance with international standards and UN recommendations. It was confirmed by independent evaluation of international consultant mobilized by UNFPA. In 2011 analyzed census data were disseminated in Russian, Kazakh and English languages through the technical assistance provided to the Committee. Census database is created and results available for all kind data users through the web site of the Committee on Statistics.

In 2010/11 Government conducted the second Multiple Indicator Cluster Survey in Kazakhstan. In partnership with UNICEF, UNFPA supported the Committee on Statistics in conducting of MICS for obtaining national indicators on reproductive health, FP, HIV and AIDS, sexual behavior, domestic violence and early marriages. The government is committed to conduct MICS every 5 years with related financial allocations from the state budget.

In 2014 Government developed the National Long-Term Plan on the Improvement of Lives of Disabled People and in 2015 Kazakhstan ratified the Convention of the Rights of Persons with Disabilities. UNFPA supported the government in formulating the National Plan by obtaining evidence based data on the status of people with disabilities and incorporating issues of access to SRH and family planning services for disabled people into the

governmental development plan. This was accomplished through collecting and presenting evidence-based data and brokering dialogue between the government and civil society organizations of disabled people.

The Committee on Statistics is committed to conduct in 2015 first ever in Kazakhstan national survey on Domestic Violence with allocated state budget. UNFPA provided the technical assistance to Committee on Statistics in development of methodology and instruments for the survey.

UNFPA's Contributions

UNFPA was providing technical support to the national Agency for Statistics on improving the capacity of national professionals to produce indicators and to collect, analyse and disseminate population data. The programme supported: (a) preparation and conduction the Multiple indicator cluster surveys to comply with the Programme of Action of the International Conference on Population and Development; (b) and improvement the quality of statistical databases.

The national capacity on production, utilization and dissemination of population data was strengthened. National specialists were trained in diverse aspects of population related data production, utilization and dissemination such as: conducting population and housing census, MICS, civil registration and vital statistics systems.

UNFPA supported the Agency on Statistics on census data analysis and dissemination of census results through the technical assistance provided to the Agency on development of analytical report on 2009 census data and it's dissemination in Russian, Kazakh and English languages.

UNFPA supported strengthening technical capacities of the national statistical staff to conduct the 2010/2011 Multiple Indicator Cluster Survey (MICS) and ensured that indicators on unmet needs of family planning, prevalence of abortion, structures of contraceptives consuming, HIV awareness, early marriages and domestic violence estimated.

UNFPA CO conducted the Country Situation Analysis which includes data on population dynamics, Maternal health, SRH of adolescents, young people and vulnerable and key population groups, HIV, Gender equality and GBV issues. The CSA document identified priorities for policies and development programmes. The document was employed by UNCT while working on new Partnership Framework for Development, Kazakhstan, on 2016-2020 (PFD, former UNDAF) formulation.

In 2013 UNFPA supported the national desk review on access to quality SRH and FP services, including RH commodity security, STIs and HIV treatment for population of Kazakhstan in the course of implementation of ICPD PA and national and global discussions within the ICPDB2014 process. The findings of desk review were presented to government and civil society at the Republican consultation meeting. Through this exercise the government representatives were sensitized on the necessity for strengthening legal guarantees of access of vulnerable population groups (disabled people, adolescents, migrants) and key population groups to SRH and family planning services and to increase the related budget allocations.

National Commission for Women Affairs and Family-Demographical Policy under President of Kazakhstan, advisory body to President, has taken a leadership to sustain policy dialogue on the access of key population to highest attainable standards of SRH and protection against GBV in line with international commitments taken by the country

50 policy and decision makers, health and social professionals were sensitized on poor SRH of SWs and PLHW, very high abortions rate, high unmet needs in FP, low level of access to Voluntary Counseling and Testing (VCT)

for HIV and STI treatment, high prevalence of symptoms of STIs, low level of awareness of HIV and STI prevention and family planning, high prevalence of GBV.

During the country programme cycle 2010-2015 UNFPA CO supported assessments and data collection (national and regional quantitative sociological surveys) on emerging population issues, namely, evidence data on SRHR status and access of vulnerable and key population groups (adolescents and young people, people with different disabilities, PLWH and SWs) to quality maternal health, SRH, FP services and information and GBV prevalence. The evidence data and researches were provided to government and Parliament for formulation and implementation of rights-based policies and programmes targeted on vulnerable population groups.

| D. Country Programme resources | | | | | | |
|--|---|-------------|---|-------------|--|-------------|
| SP Outcome (for 2015 onwards only) Choose only those relevant to your CP | Regular Resource (Planned and Final Expenditure) In millions USD | | Others (Planned and Final Expenditure) In millions USD | | Total (Planned and Final Expenditure) In millions USD | |
| Integrated reproductive health services and reproductive rights | 1.19 | 1.17 | 0.63 | 0.61 | 1.82 | 1.78 |
| Adolescents and Youth | 0.79 | 0.74 | 0.39 | 0.32 | 1.18 | 1.06 |
| Gender Equality and Women's Empowerment | 0.18 | 0.15 | 0.01 | 0 | 0.19 | 0.15 |
| Population and Development | 1.34 | 1.05 | 0.18 | 0.05 | 1.52 | 1.10 |
| Total | 3.50 | 3.11 | 1.21 | 0.98 | 4.71 | 4.09 |