



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Final country programme document for Afghanistan**

Proposed indicative UNFPA assistance: \$38.8 million: \$20.8 million from regular resources and \$18 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2010-2013)

Cycle of assistance: Third

Category per decision: 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	13.0	8.0	21.0
Population and development	3.0	8.0	11.0
Gender equality	4.0	2.0	6.0
Programme coordination and assistance	0.8	-	0.8
Total	20.8	18.0	38.8

## I. Situation analysis

1. Decades of conflict have contributed to the classification of Afghanistan as a least developed country. Although per capita gross domestic product increased from \$206 in 2002 to \$415 in 2007, 42 per cent of the population still lives below the poverty line. Afghanistan faces challenges related to ensuring security and stability, rebuilding development infrastructure, creating systems for good governance, strengthening the rule of law and promoting active citizenship. In addition, Afghanistan is prone to natural disasters, including earthquakes, floods, landslides, avalanches and droughts. These challenges have consequences for programme design and delivery.

2. The Central Statistics Office estimated the 2007 population at 24.5 million. The population is composed of various ethnic groups and nomads, who require especially tailored approaches to service delivery. Eighty per cent of the population lives in rural areas, and 68 per cent of the population is under 25. The youthful population structure is expected to continue for some time, due to the high total fertility rate (6.8 children per woman). Among 15- to 24-year-old males and females, literacy is 50 per cent and 18 per cent, respectively. Secondary school enrolment is 23 per cent for males and only 7 per cent for females. Fourteen per cent of girls marry before the age of 15. Ten per cent of girls are pregnant before the age of 15. The contraceptive prevalence rate is 16 per cent.

3. The high maternal mortality ratio (1,600 deaths per 100,000 live births) is mainly due to the limited access to maternal health services and early pregnancies. Only 19 per cent of births occur with skilled attendants. Policies and strategies for health services exist, but implementation remains a challenge. The HIV prevalence rate is low, which provides an

opportunity for prevention efforts, especially those targeting young people.

4. Gender disparities are widespread. Customary laws and traditional practices often deny women and girls rights related to education, inheritance and decision-making. Women's participation in public life remains low. Gender-based violence is common, although data regarding the prevalence and type of violence is scarce. In 2008, the Government adopted the National Action Plan for the Women of Afghanistan.

5. The lack of data constrains the ability of the Government and other stakeholders to plan and implement development programmes and projects. The first population and housing census, rescheduled from 2008, is expected to provide crucial data.

## II. Past cooperation and lessons learned

6. UNFPA assistance to Afghanistan began in 1976. UNFPA and the Government extended the previous country programme (2006-2008) until 2009 to align it with the Afghanistan National Development Strategy, which the Government adopted in June 2008.

7. The previous country programme helped to: (a) create a national reproductive health and family planning strategy that increased access by underserved populations to reproductive health services by providing mobile health units in remote areas of Bamiyan, Daikundi, Badakhshan and Faryab provinces; (b) provide community midwifery training; (c) integrate obstetric fistula into national reproductive health strategies and to establish facilities in Kabul and Badakhshan for fistula treatment; (d) build the capacity of reproductive health and family planning service providers at the district level through training centres; (e) implement the HIV strategic plan; (f) develop a reproductive health commodities security action plan; (g) build strategic alliances with

religious and political leaders as well as the media to address gender-based violence; and (h) strengthen the capacity of the Central Statistics Office to conduct surveys and the population census.

8. Lessons learned during the previous country programme point to the need to: (a) continue building capacity at the national level while focusing on the subnational level, where the lack of access to services is most pressing; (b) involve religious leaders, tribal elders and men to accelerate behaviour change; (c) continue support for high-quality reproductive health care through mobile health units; (d) prioritize addressing the need of young people for education, life skills, empowerment and youth-friendly reproductive health services; (e) use livelihood approaches as an entry-point to address economic and sociocultural barriers faced by women and by people who are socially excluded; (f) provide for contingency planning to respond to emergencies and humanitarian crises; (g) assess the capacity of implementing agencies for national execution to ensure the quality of programme implementation; and (h) conduct a baseline study at the onset of the programme cycle.

### III. Proposed programme

9. The proposed programme is based on national priorities as reflected in the Afghanistan National Development Strategy, which reflects the Millennium Development Goals. It will contribute to the achievement of all three United Nations Development Assistance Framework (UNDAF) priority areas: (a) governance, peace and stability; (b) sustainable livelihoods; and (c) basic social services.

10. Using a human rights-based, gender-sensitive and culturally sensitive approach, the programme seeks to build the capacity of rights holders and duty bearers to improve the quality of life of the people of Afghanistan.

11. UNFPA will provide national policy advice, drawing on lessons learned during the previous country programme, and will direct interventions at community and district levels. The programme will target at least four provinces, namely Badakhshan, Bamiyan, Daikundi and Faryab. UNFPA and the Government will select targeted provinces according to criteria developed by the Government and the United Nations country team. These criteria include: (a) a high incidence of poverty due to factors such as the presence of large underserved populations; (b) high rates of maternal and infant mortality; (c) large internal migrant populations; (d) the presence of ethnic minority populations; (e) the openness of local communities to change; (f) continuity with the previous programme; (g) local government support; (h) level of stability and security; and (i) opportunities for joint programming with other United Nations organizations.

12. To reach underserved populations, UNFPA and the Government will adopt the following strategies: (a) a geographical focus on key provinces to demonstrate simple, effective and cost-efficient service-delivery models for replication in other provinces; (b) evidence-based advocacy to develop policies, laws and systems that recognize reproductive rights and address gender disparities; (c) a focus on developing capacity at the community and district levels; (d) efforts to promote demand for and the utilization of services by women, youth, internally displaced persons, returnees, deportees, nomads and other marginalized population groups; (e) partnerships with and for women and youth; (f) community capacity-building for emergency preparedness and response; and (g) efforts to promote South-South cooperation.

13. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

*Reproductive health and rights component*

14. This component has two outcomes, to be achieved by 2013: (a) utilization of high-quality reproductive health information and maternal health and family planning services is increased in selected provinces; and (b) young women and men adopt healthy lifestyles. UNFPA will integrate interventions on reproductive health and the prevention of HIV and sexually transmitted infections throughout the two outcomes.

15. Output 1: Increased availability of and demand for high-quality family planning services in target provinces. To achieve this output, the programme will: (a) support the implementation of the national reproductive health strategy; (b) enhance the skills of service providers to provide family planning counselling and services; (c) promote birth-spacing through education and behaviour change interventions; and (d) support the implementation of the national plan for reproductive health commodity security.

16. Output 2: Strengthened capacity of service providers at health facilities within target provinces to provide antenatal and post-natal care, basic and comprehensive emergency obstetric care and fistula treatment. The programme will: (a) link populations to reproductive health services provided by mobile health units; (b) build the capacity of health service providers to provide reproductive health services, including basic and comprehensive emergency obstetric care, and to manage obstetric fistula; (c) strengthen the referral system from the community to district levels; (d) strengthen capacity at the district level and the capacity of provincial health departments to manage maternal health programmes; (e) build models for community-led health service planning; and (f) support community mobilization and behaviour change communication to increase demand for skilled birth attendance.

17. Output 3: Increased availability of reproductive health information and life-skills education at the community level, focusing on girls and boys both in and out of school, in the most underserved districts of the target provinces. The programme will: (a) work with the Ministry of Education and the Ministry of Haj and Religious Affairs to ensure that reproductive health information, including HIV prevention, is integrated into the secondary school and *madrassa* curricula; (b) incorporate reproductive health into livelihoods curricula and training materials; (c) support the training of teachers in reproductive health; (d) mobilize, train and support peer educators to sensitize young people about the benefits of adopting healthy behaviours; (e) strengthen the capacity of the Ministry of Public Health to integrate adolescent sexual and reproductive health into health service delivery; and (f) develop and disseminate gender-sensitive and culturally sensitive behaviour change communication materials targeting community leaders and parents.

*Population and development component*

18. There are two country programme outcomes under this component: by 2013, (a) increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation and monitoring in support of the Afghanistan National Development Strategy, at national and subnational levels; and (b) the development, planning and allocation of available resources prioritizes the needs of young people.

19. Output 1: Improved availability and use of national and local data, disaggregated by sex and age, to formulate, implement and monitor policies and programmes. The programme will support the capacity of the Government to: (a) monitor the Millennium Development Goals and the Afghanistan National Development Strategy, assessing changes in key population-related issues; (b) provide technical support to

plan and conduct a population census and to disseminate and utilize its results; (c) improve the understanding of policymakers and decision makers at national and local levels regarding the importance of incorporating population dynamics, reproductive rights and gender into national policies and plans; and (d) strengthen subnational capacities to analyse and use socio-demographic information.

20. Output 2: Strengthened capacity of institutions and stakeholders, at national and community levels, to advocate, formulate, implement, monitor and evaluate policies and programmes related to young people and gender issues. This will be achieved by strengthening the capacity of the Ministries of Public Health, Education and Youth, among others, to address the needs of young people and women, using participatory approaches.

#### *Gender equality component*

21. The outcome of this component is: by 2013, an environment conducive to empowering women and eliminating gender-based violence is created in target provinces. There are two outputs within this component.

22. Output 1: Increased participation of women in decision-making that relates to healthy families and livelihoods, at household and community levels. Activities will include: (a) sensitizing communities on the role of women in building livelihoods; (b) encouraging women's participation in managing local financing schemes; and (c) empowering women to be represented and to participate in community health councils (*shuras*).

23. Output 2: Enhanced capacity of target communities to identify opportunities for women's involvement in family and community life, and to prevent, respond to and monitor gender-based violence. The programme will: (a) sensitize and train male

change agents, including religious leaders and community elders, to advocate the benefits to family and community of women's empowerment; (b) design life-skills curricula aimed at vulnerable women and girls; (c) support women's health councils and train community volunteers and health workers to provide trauma counselling, rape response, skills training and legal counselling; (d) support grass-roots initiatives aimed at preventing gender-based violence; and (e) build the legal knowledge of customary law court officers at the community level and help build a referral system to the formal justice system.

#### **IV. Programme management, monitoring and evaluation**

24. Government agencies, non-governmental organizations and civil society will implement the country programme, under the aegis of the Ministry of Foreign Affairs and the Ministry of Economy. The country office will promote and support the national execution modality, where appropriate. UNFPA and the Government will establish a steering committee consisting of institutions and organizations to oversee programme implementation.

25. The UNFPA country office will develop a resource mobilization strategy to support the country programme, along with a contingency plan for alternative approaches to programme delivery, due to precarious security situations.

26. The UNFPA country office consists of a representative, a deputy representative, an assistant representative, an international operations manager, and programme and administrative staff. The UNFPA regional and subregional offices in Asia and the Pacific, along with relevant headquarters offices, will provide technical, programme and humanitarian assistance.

## RESULTS AND RESOURCES FRAMEWORK FOR AFGHANISTAN

<b>National priority:</b> (a) sustainable livelihoods (agriculture, food security and income opportunities); and (b) basic social services (education, health, water and sanitation) <b>UNDAF outcomes:</b> (a) Afghans, particularly those who are underserved, have greater and more equitable access to high-quality basic services; (b) more Afghans pursue educational opportunities and healthy lifestyles; and (c) opportunities for decent work and income are improved and diversified, especially for vulnerable groups				
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><b>Outcome:</b> By 2013, utilization of high-quality reproductive health information and maternal health and family planning services is increased in selected underserved provinces</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of births assisted by skilled personnel</li> <li>• Modern contraceptive prevalence rate</li> </ul> <p><b>Outcome:</b> By 2013, young women and men adopt healthy lifestyles</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of communities where livelihood skills and strategies learned are pursued</li> <li>• Marriage age of girls increased in target communities</li> </ul>	<p><b>Output 1:</b> Increased availability of and demand for high-quality family planning services in target provinces</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of facilities in target provinces providing at least three modern methods of contraception</li> <li>• Percentage of women and men of reproductive age (15-49 years) aware of at least three modern contraceptive methods</li> <li>• Percentage of provincial health directorates trained in the application of Channel commodity management software</li> </ul> <p><b>Output 2:</b> Strengthened capacity of service providers at health facilities within target provinces to provide antenatal and post-natal care, basic and comprehensive emergency obstetric care and fistula treatment</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of households with pregnant women who consult with midwives who are within a two-hour travel range</li> <li>• Number of women who received successful fistula repair</li> <li>• Number of communities and state district offices trained to effectively respond to disasters during the first week after a disaster</li> </ul> <p><b>Output 3:</b> Increased availability of reproductive health information and life-skills education at the community level, focusing on girls and boys both in and out of school, in the most underserved districts of the target provinces</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Reproductive health, including the prevention of HIV and AIDS and sexually transmitted infections, is integrated into formal and non-formal education</li> <li>• Number of communities where local schools help build life skills</li> <li>• Percentage of communities with a trained and active peer educator promoting reproductive health knowledge</li> <li>• Number of teachers sensitized to and supportive of healthy family issues</li> </ul>	<p>Ministries of: Education; Haj and Religious Affairs; Public Health and provincial health directorates; Border and Tribal Affairs; and Youth Affairs</p> <p>Food and Agriculture Organization of the United Nations (FAO); United Nations Children's Fund (UNICEF); United Nations Educational, Scientific and Cultural Organization; World Health Organization (WHO)</p> <p>Community-based organizations; non-governmental organizations</p>	\$21 million (\$13 million from regular resources and \$8 million from other resources)

<b>National priority:</b> good governance, peace and stability <b>UNDAF outcome:</b> government capacity to deliver services to the poor and vulnerable is enhanced				
Population and development	<p><b>Outcome:</b> By 2013, increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation and monitoring in support of the Afghanistan National Development Strategy, at national and subnational levels</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Census results published, analysed and disseminated</li> <li>Disaggregated data utilized for policy formulation and for planning, implementing, monitoring and evaluating population and development programmes and projects</li> </ul> <p><b>Outcome:</b> By 2013, the development, planning and allocation of available resources prioritizes the needs of young people</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of available resources targeted at addressing the rights and concerns of young people</li> </ul>	<p><b>Output 1:</b> Improved availability and use of national and local data, disaggregated by sex and age, to formulate, implement and monitor policies and programmes</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of policies formulated based on disaggregated data</li> <li>Number of planners, policymakers and decision makers at national and subnational levels with the knowledge and capacity to use data for planning, policymaking and decision-making</li> <li>Census data collected, tabulated and made accessible</li> </ul> <p><b>Output 2:</b> <u>Strengthened capacity of institutions and stakeholders, at national and community levels, to advocate, formulate, implement, monitor and evaluate policies and programmes related to young people and gender issues.</u></p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of institutions at national and subnational levels that advocate, formulate, implement, monitor and evaluate policies and programmes that address the rights and concerns of young people and/or women</li> </ul>	<p>Central Statistics Office; Kabul University (Economics faculty, Statistics Department)</p> <p>Ministries of: Economy; Education; Finance; and Youth</p>	<p>\$11 million (\$3 million from regular resources and \$8 million from other resources)</p>
Gender equality	<p><b>Outcome:</b> By 2013, an environment conducive to empowering women and eliminating gender-based violence is created in target provinces</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Number of communities where women determine aspects of community affairs</li> <li>Number of communities where institutions arbitrate women's rights fairly</li> <li>Number of communities with a monitoring mechanism to prevent and address gender-based violence</li> </ul>	<p><b>Output 1:</b> Increased participation of women in decision-making that relates to healthy families and livelihoods, at household and community levels</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of communities with women-led financing schemes and health councils (<i>shuras</i>)</li> </ul> <p><b>Output 2:</b> Enhanced capacity of target communities in one district of each target province to identify opportunities for women's involvement in family and community life, and to prevent, respond to and monitor gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of influential males who are against gender-based violence and who advocate women's empowerment</li> <li>Number of community groups established to engage men and boys in efforts to prevent violence</li> <li>Number of centres that treat victims of gender-based violence and provide psychosocial support and legal counselling</li> <li>Number of customary law institutions sensitized to the rights accorded to women under the Koran and customary law</li> <li>Number of health workers providing services related to gender-based violence</li> </ul>	<p>Ministries of: Justice; Haj and Religious Affairs; Public Health; and Women's Affairs</p> <p>Afghan Independent Human Rights Commission; FAO; United Nations Development Fund for Women; UNDP; UNICEF; WHO; Non-governmental organizations</p>	<p>\$6 million (\$4 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p>