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**Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Afghanistan**

Proposed UNFPA assistance:	\$52 million: \$11 million from regular resources and \$41 million through co-financing modalities and/or other, including regular, resources
Programme period:	Three years (2006-2008)
Cycle of assistance:	Second
Category per decision 2005/13:	A

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

	Regular resources	Other	Total
Reproductive health	7.4	8.0	15.4
Gender	1.5	3.0	4.5
Population and development	1.5	30.0	31.5
Programme coordination and assistance	0.6	-	0.6
Total	11.0	41.0	52.0

## I. Situation analysis

1. Afghanistan is the seventh poorest nation in the world. It has a human poverty index value of 59.3 – one of the highest in the world. Per capita gross domestic product is only \$190. Political and social disparities among ethnic groups have exacerbated the situation and caused insecurity among communities and vulnerable groups. Entrenched sociocultural norms have restricted women's development and opportunities.

2. Two decades of conflict have hampered the delivery of basic services and weakened infrastructure throughout the country. The resulting gaps have been partly filled by non-governmental organizations (NGOs), the United Nations and other international donors. Since 2002, services have improved in large urban areas, due to increased security, greater political stability and the provision of development assistance.

3. Afghanistan has a population of 23.9 million and an annual population growth rate of 2.5 per cent. It is divided into 34 provinces and 398 districts. The total fertility rate is 6.3 children per woman. Fifty-six per cent of the population is under 18 years.

4. Health and social indicators are of great concern. The infant mortality rate is 165 deaths per 1,000 live births, and the maternal mortality ratio is 1,600 deaths per 100,000 live births. The percentage of deliveries attended by skilled birth attendants is 39 per cent in urban areas, but only 8 per cent in rural areas. Antenatal coverage ranges from 8 to 12 per cent, and awareness of contraceptives is only 10.3 per cent. In 2000, the estimated contraceptive prevalence rate was only 2 per cent in the south-eastern region and 8 per cent in the eastern region. The literacy rate is 28.7 per cent, but among women it is only 14.1 per cent. Although the HIV/AIDS prevalence rate is low, factors exist that could fuel an epidemic.

## II. Past cooperation and lessons learned

5. UNFPA assistance to Afghanistan began in the late 1970s, with a focus on population and family planning. From the early 1990s until 2003, the focus was on emergency reproductive health services. The first country programme, initiated in 2004: (a) helped the Government to develop national reproductive health and HIV/AIDS strategies and reproductive health guidelines; (b) built capacity in the Ministries of Public Health and Women's Affairs; (c) supported HIV/AIDS advocacy efforts for religious leaders; (d) improved information and education for commercial sex workers; (e) established an HIV/AIDS voluntary counselling and testing centre; and (f) helped to develop key strategies for adolescent reproductive health.

6. UNFPA is providing extensive assistance to the Central Statistics Office in undertaking a population and housing census. Phase I of the census, the household listing, is due to be completed in late 2005. The programme has made considerable progress in building capacity in the Central Statistics Office in preparation for phase II of the census (the census proper), which will be conducted in 2007.

7. Lessons learned from the previous programme include the following: (a) there is a continued need to provide focused technical assistance to build capacity in reproductive health, gender, and population and development; (b) strengthened government and country-office capacity is needed to manage results-based programmes; (c) increased availability of accurate and reliable data for analysis is vital; (d) greater coordination and joint programming is necessary; (e) emergency reproductive health plans must be prepared to enable the Government to respond to natural disasters; (f) extensive external technical assistance to implement the census is necessary because of limited national capacity; (g) political commitment to key programmes remains uncertain; and (h) the civil service reform process is weak, threatening attempts to develop sustainable government institutions.

### III. Proposed programme

8. The proposed UNFPA country programme reflects the findings of the 2004 common country assessment; the priorities of the United Nations Development Assistance Framework (UNDAF); and the strategies of the UNFPA multi-year funding framework, 2004-2007. It is in conformity with national priorities and builds on experiences from the first country programme. The programme recognizes the reproductive rights of women, men, adolescents and vulnerable populations. It supports the goals and objectives of the International Conference on Population and Development, the Beijing Platform for Action of the Fourth World Conference on Women and the United Nations Millennium Declaration.

9. The programme reflects the strategic direction of UNFPA and takes into account the Fund's comparative advantage and the planned interventions of other development partners. The programme, which is harmonized with the programme cycles of the United Nations country team in Afghanistan, will be results-oriented and will emphasize national capacity-building through South-South collaboration. Activities will focus on a maximum of three geographical areas.

10. The goal of the programme is to contribute to enhancing the quality of life of the people of Afghanistan through improved reproductive health, gender equality and women's empowerment. The programme will contribute to all the UNDAF priority areas.

#### *Reproductive health component*

11. The expected outcomes of the reproductive health component are: (a) the creation of an enabling environment that promotes reproductive health and reproductive rights; (b) increased access to high-quality reproductive health services and information for men, women and adolescents, with a special focus on vulnerable groups; and (c) strengthened demand for reproductive health services, especially among women. These outcomes contribute to

the following UNDAF outcomes: (a) health and education outcomes on policies and services, community awareness and participation, a multisectoral approach to HIV/AIDS, and gender-based violence; (b) livelihood outcomes on opportunities, skills and infrastructure; and (c) environmental and natural resource outcomes on government and community emergency preparedness.

12. Output 1: Strengthened national capacity to develop and implement a human resource development plan for safe motherhood, within the national human resource development plan. This initiative focuses on developing a short- and long-term plan to increase the number of skilled birth attendants, which will also contribute to the reform and reconstruction process at the provincial level. This output, which is critical to reducing maternal mortality, will be achieved in partnership with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and other development partners.

13. Output 2: Increased availability of high-quality reproductive health services and information for women, men and adolescents, with a focus on vulnerable groups in selected geographical areas. This output focuses on building national capacity to deliver high-quality family planning services by improving the skills of service providers, ensuring contraceptive commodity security, and strengthening strategies to reduce maternal and newborn mortality. Key initiatives include: (a) strengthening provincial hospitals; (b) hiring female obstetricians and gynaecologists as United Nations Volunteers, to be posted in district and provincial hospitals; and (c) developing models to increase the availability of skilled birth attendants at specific geographical locations. Birth preparedness plans and integrated district planning will be introduced as part of initiative (c). These activities will be closely linked to output 5 of the reproductive health component (see paragraph 16) and to output 2 of the gender component (see paragraph 20).

14. Output 3: Strengthened reproductive health information and services for young people within the context of the national adolescent health strategy. Activities will focus on reproductive health, HIV/AIDS, gender, life-skills education and the development of information packages. In selected geographical areas, the programme will develop models to: (a) strengthen the focus on out-of-school young people; (b) increase emphasis on developing peer educators; and (c) establish counselling services. To support these initiatives, the programme will build the capacity of national NGOs. Other initiatives include strengthening reproductive health, HIV/AIDS and gender education in schools in collaboration with UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

15. Output 4: Improved information and services to prevent HIV/AIDS. The key initiative will consist of advocacy and information to prevent HIV/AIDS, especially among young people. The programme will continue a number of ongoing activities, including: advocacy efforts for religious leaders; preventive measures for commercial sex workers; and maintaining the quality of services of the voluntary counselling and testing centre. The programme will seek to create models that can be replicated elsewhere in the country.

16. Output 5: Increased availability of information on reproductive health issues and reproductive rights for women and men. Evidence-based information is the cornerstone of this output. Key initiatives include: (a) strengthening national capacity to implement the national information, education and communication/behaviour change communication (BCC) strategy; (b) strengthening the capacity of NGOs to develop and implement BCC packages; and (c) strengthening the communication skills of health service providers, particularly community-based workers. The programme will also develop BCC strategies that address men. This output is closely linked to output 2 under the gender component (see paragraph 20).

17. Output 6: Strengthened national capacity for emergency preparedness to address reproductive health and gender concerns in natural disasters and post-emergency situations. This output aims to ensure that reproductive health and gender concerns are integrated into government disaster-management plans. Initiatives addressed under the output include the prepositioning of emergency reproductive health equipment and supplies, developing protocols and sensitizing authorities.

#### *Gender component*

18. The expected outcome of the gender component is: improved institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity. This outcome contributes to the outcomes described under the reproductive health component as well as the UNDAF outcomes under the national priority area on governance, rule of law and human rights.

19. Output 1: Strengthened institutional capacity of the Ministry of Women's Affairs to integrate gender concerns into population and reproductive health policies and programmes. There are three initiatives under this output. The first seeks to ensure that gender rights and sociocultural issues are incorporated into population and reproductive health policies and programmes. This initiative is an integral part of the strategic plan of the Ministry of Women's Affairs, which seeks to influence national policies developed by other ministries. The United Nations Development Fund for Women (UNIFEM) and UNDP also support the strategic plan. The second initiative seeks to build base capacity in management and operations, in order to increase capacity in the areas of gender auditing and resource mobilization. The third initiative will establish an information and media team to support the Ministry of Women's Affairs in advocacy and policy formulation, including gender mainstreaming. The fourth initiative will provide support to Kabul University to promote an enabling environment for women and girls to realize their potential as professionals.

20. Output 2: Improved national capacity to mainstream gender and human rights into health service delivery. The output will develop a comprehensive national strategy to address violence against women. Essential elements include: (a) creating an enabling environment through evidence-based advocacy and policy dialogue; and (b) establishing a comprehensive unit in a hospital to manage victims of violence, with referral linkages to women police and the judiciary. Other initiatives include reviewing and revising existing material from NGOs, the Ministry of Women's Affairs and the Ministry of Public Health to ensure the incorporation of gender, reproductive rights and the sociocultural aspects of reproductive health.

#### *Population and development component*

21. The outcome of the population and development component is: improved availability and utilization of population data disaggregated by gender, age and geographical area. This contributes to the UNDAF outcome under governance for an improved data and information management system for Millennium Development Goal reporting.

22. Output 1: Completed enumeration and data processing for the first national population and housing census. UNFPA will play a leading role in planning, financing and overseeing the national census, carried out by the Central Statistics Office, in close collaboration with specialized technical and logistical institutions. By the end of the census, UNFPA expects to have significantly strengthened the technical, managerial and organizational capability of the Central Statistics Office to provide accurate and reliable data and statistics for national reconstruction and planning.

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

23. The Ministry of Foreign Affairs will coordinate the proposed programme, with components implemented by the Ministry of Public Health, the Ministry of Women's Affairs, the

Central Statistics Office in the Ministry of Economy and provincial government counterparts.

24. The country programme will be implemented, monitored and evaluated within the context of the UNDAF. A baseline study of the output indicators will be undertaken in early 2006. Programme implementation will be monitored and evaluated in accordance with established United Nations Development Group and UNFPA guidelines and procedures, through field visits, midterm and annual programme and project review meetings, studies, and the use of qualitative and quantitative indicators.

25. The UNFPA country office consists of a representative, a deputy representative and national staff. Financial provisions will be made to recruit national programme and professional staff as necessary. The UNFPA Country Technical Services Team in Kathmandu, Nepal, will provide technical backstopping and capacity development.

## RESULTS AND RESOURCES FRAMEWORK FOR AFGHANISTAN

<p><b>National priority:</b> to reduce high levels of mortality and morbidity, especially among women and children, through the development of an equitable, effective and efficient basic package of health services that addresses priority health and nutrition problems and by developing the capacity to deliver the necessary services</p> <p><b>UNDAF outcomes:</b> (a) government capacity at all levels strengthened to formulate and implement appropriate policies and increase delivery of quality services, especially to areas of lowest coverage, incorporating community inputs; (b) by 2008, community awareness of and participation in decision-making processes and service delivery are increased; and (c) by 2008, a multisectoral approach to HIV/AIDS, sexually transmitted infections and other communicable diseases functions within the Government and civil society, including community-based organizations, religious leaders and the media</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome 1:</b> The creation of an enabling environment that promotes reproductive health and reproductive rights</p> <p><b>Outcome indicator:</b> Human resource development plan for safe motherhood incorporated into the national human resource development plan</p> <p><b>Outcome 2:</b> Increased access to high-quality reproductive health services and information for men, women and adolescents, with a special focus on vulnerable groups</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence</li> <li>• Proportion of births attended by skilled attendants</li> <li>• Proportion of young people (10-19 years) aware of reproductive health issues</li> <li>• Proportion of 15- to 24-year-olds aware of how to prevent HIV/AIDS</li> </ul> <p><b>Outcome 3:</b> Strengthened demand for reproductive health services, especially among women</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of women aware of services for family planning and complications of pregnancy</li> <li>• Proportion of men aware of key issues on family planning and safe motherhood</li> </ul>	<p><b>Output 1:</b> Strengthened national capacity to develop and implement a human resource development plan for safe motherhood, within the national human resource development plan</p> <p><b>Output indicator:</b> Human resource development plan for safe motherhood developed</p> <p><b>Output 2:</b> Increased availability of high-quality reproductive health services and information for women, men and adolescents, with a focus on vulnerable groups in selected geographical areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Increased percentage of facilities providing high-quality services for at least three family planning methods (based on prescribed criteria for quality)</li> <li>• Increased percentage of facilities providing high-quality emergency obstetric care services (based on prescribed criteria for quality) in selected geographical areas</li> <li>• Number of families of pregnant women with birth preparedness plans</li> <li>• Functional, computerized and up-to-date database on contraceptive stocks</li> </ul> <p><b>Output 3:</b> Strengthened reproductive health information and services for young people within the context of the national adolescent health strategy</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Life-skills education incorporated into the adolescent health strategy</li> <li>• Models for strengthening reproductive health and HIV/AIDS information and services for out-of-school young people created</li> </ul> <p><b>Output 4:</b> Improved information and services to prevent HIV/AIDS</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of religious leaders expressing support for HIV/AIDS prevention efforts</li> <li>• Evidence-based preventive interventions for increasing awareness among sex workers about HIV/AIDS prevention available</li> </ul> <p><b>Output 5:</b> Increased availability of information on reproductive health issues and reproductive rights for women and men</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Evidence-based BCC materials on reproductive health produced</li> <li>• Number of media spots on reproductive health and gender produced</li> <li>• Proportion of NGOs creating demand for reproductive health services among women increased</li> </ul> <p><b>Output 6:</b> Strengthened national capacity for emergency preparedness to address reproductive health and gender concerns in natural disasters and post-emergency situations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Plan for national preparedness that addresses reproductive health and gender issues developed</li> <li>• Protocols and training materials developed</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Public Health</li> <li>• WHO; UNICEF</li> <li>• Management Sciences for Health/Rural Expansion of Afghanistan's Community-Based Healthcare (MSH/REACH)</li> <li>• Ministry of Public Health</li> <li>• UNICEF; WHO</li> <li>• MSH/REACH</li> <li>• NGOs</li> <li>• Ministries of Public Health, Women's Affairs, and Education</li> <li>• NGOs</li> <li>• European Commission</li> <li>• Ministries of Public Health and Education</li> <li>• UNICEF; UNESCO</li> <li>• Ministry of Public Health</li> <li>• NGOs</li> <li>• UNICEF</li> <li>• MSH/REACH</li> <li>• Ministries of Public Health and Women's Affairs</li> <li>• WHO, UNDP</li> <li>• NGOs</li> </ul>	\$15.4 million (\$7.4 million in regular resources and \$8 million in other resources)

<p><b>National priorities:</b> (a) continued development of a system of governance based on the rule of law and the promotion and protection of the human rights of the Afghan people in order to reinforce national unity, as laid down in the Afghan constitution. The Government is committed to strengthening the institutional and organizational mechanisms that will translate these rights into practice (Berlin Declaration); (b) to strengthen the rule of law and implement measures that enhance of confidence of Afghans in their Government; and (c) to create a modern and effective civil service with gender equity in government offices (Afghanistan Development Forum)</p> <p><b>UNDAF outcomes:</b> By 2008, the Government is able to comply with its obligations agreed to under international conventions, and to ratify other non-ratified conventions</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender	<p><u>Outcome:</u> Improved institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Strategic plan of the Ministry of Women's Affairs to integrate gender concerns into development planning processes, policies and programmes</li> <li>Civil society partners actively promote gender equality, women's and girls' empowerment and reproductive rights</li> </ul>	<p><u>Output 1:</u> Strengthened institutional capacity of the Ministry of Women's Affairs to integrate gender concerns into population and reproductive health policies and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Centre for information management and media established</li> <li>Number of media activities on advocacy to incorporate gender, human rights and sociocultural issues addressed in reproductive health programmes</li> <li>Skills of Ministry of Women's Affairs staff increased in operations and management</li> <li>Number of pilot initiatives on gender mainstreaming initiated</li> </ul> <p><u>Output 2:</u> Improved national capacity to mainstream gender and human rights into health service delivery</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>National multisectoral strategy to address violence against women developed</li> <li>Violence-against-women issues incorporated into the training curriculum for health service providers</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Women's Affairs;</li> <li>Ministry of Public Health</li> <li>NGOs</li> <li>WHO; UNIFEM;</li> <li>UNDP; UNICEF</li> <li>MSH/REACH</li> <li>Japanese International Cooperation Agency</li> <li>Afghan Human Rights Commission</li> </ul>	<p>\$4.5 million (\$1.5 million in regular resources and \$3 million in other resources)</p>
<p><b>UNDAF outcome:</b> By 2008, an effective, more accountable and more representative public administration is established at the national and subnational levels, with improved delivery of services in an equitable, efficient and effective manner</p>				
Population and development	<p><u>Outcome:</u> Improved availability and utilization of population data disaggregated by gender, age and geographical area</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Data disaggregated by sex, age and geographical area available</li> </ul>	<p><u>Output 1:</u> Completed enumeration and data processing for the first national population and housing census</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Preliminary data of the population and housing census available</li> <li>Staff of the Central Statistics Office skilled in a range of technical areas as well as in conducting and managing large surveys</li> <li>Technical, organizational, logistical and financial management capacity of the Central Statistics Office developed</li> </ul>	<ul style="list-style-type: none"> <li>Central Statistics Office (Ministry of Economy)</li> <li>United Nations Office for Project Services</li> <li>Technical Institute</li> <li>Bilateral donors</li> </ul>	<p>\$31.5 million (\$1.5 million in regular resources and \$30 million in other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.6 million from regular resources</p>

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