

**Country programme action plan
between the Government of the Republic of Kazakhstan
and the United Nations Population Fund
2010-2015**

The framework

The Government of the Republic of Kazakhstan, hereinafter referred to as “the Government”, and the United Nations Population Fund, hereinafter referred to as “UNFPA”, being in mutual agreement to the content of this Country Programme Action Plan (hereinafter referred – CPAP) and their responsibilities in the implementation of the Country Programme (hereinafter referred – CP);

furthering their mutual agreement and cooperation for the realization of the Plan of Action of International Conference on Population and Development (hereinafter referred ICPD), Millennium Development Goals (hereinafter referred MDG), 1966 International Pact about Economic, Social and Cultural Rights, 1979 Convention on Eradication of All Forms of Discrimination against Women, 1989 Convention on the Rights of the Child, 2006 Convention on the Rights of Disabled Persons and other international commitments;

building upon the experience gained and progress made during the implementation of the previous country Programme as described in the Country Programme Document for Kazakhstan for 2010-2015 DP/FPA/CPD/Kaz/3;

entering into a new period of cooperation;

declaring that these responsibilities shall be fulfilled in a spirit of friendly cooperation.

Have agreed on the following:

1. Basis of relationships

This Country Programme Action Plan (hereinafter referred – CPAP) is governed by the immunities and privileges laid out in the Standard Basic Assistance Agreement (hereinafter referred – SBAA) signed by the Government and the United Nations Development Programme (hereinafter referred – UNDP) on 4 October 1994.

For the purposes of furthering its mission and carrying out the work of UNFPA in Kazakhstan, the CPAP shall be the instrument described in the SBAA as the “Project Document”, with all the rights, duties, responsibilities and privileges incumbent upon the respective parties with regard to this instrument.

The CPAP is based upon the UNFPA Country Programme for Kazakhstan: 2010-2015 DP/FPA/CPD/Kaz/3, which was endorsed by the Government of the Republic of Kazakhstan and approved by the Executive Board of the United Nations Development Programme and UNFPA on 9 July 2009. The Country Programme Document in turn was based on the programme areas outlined in the United Nations Development Assistance Framework (hereinafter referred – UNDAF) for the Republic of Kazakhstan for 2010-2015.

2. Situation Analysis

Being one of the most dynamically developing countries in the Eastern Europe and Central Asia Kazakhstan is the ninth largest country in the world (2.7 million of sq.km) and the 61st by the population size (16.0 million people, 2009). After overcoming the systemic crisis resulted from the Soviet Union collapse Kazakhstan joined the middle income countries. Within five years before the crisis an average annual increase of the country's Gross National Income (hereinafter referred GNI) exceeded 9% mainly due to the development of the mining industry and firm oil and metal prices. According to the World Bank, in 2008 GNI per capita by the purchasing-power parity in Kazakhstan closely reached the average world level making up USD 9,690.

Country implements Complex Development Strategy "Kazakhstan-2030" proposed by the Head of the State with the following priorities: fast economic growth, population health and wellbeing including protection of the most vulnerable groups of population. Due to the growth of population's income conditioned by economic advance Kazakhstan was able to achieve the first MDG by 2004: twofold reduction of poverty level according to income versa 1999. However in 2006 the share of population with income below the food basket made up 2.7%, below the minimum subsistence level – 18.2%, below the double minimum subsistence level (i.e. population vulnerable to changing economic situation) - about 40%. Severe damage to the country's economy caused by the world's financial crisis resulted in decline of the gross domestic product in Kazakhstan by 2.4% within the first six months of 2009. Vulnerable population faced the challenges of significant living standards decline, including in relation to the national currency – Tenge – devaluation and growing prices for food and medicines.

Heavy economical growth observed in Kazakhstan up to 2008 coincided with the birth growth. In 2009 the number of births per 1,000 of population made up 22.5 versa 14.57 in 1999. Cumulative birth rate in 2008 made up 2.68 per 1 woman against 1.80 in 1999. Mortality rate remains high so far. In 2008 it made up 9.0 per 1,000 with slight decline comparing to 2005 (10.4) but still exceeding the 1989 rate (7.6). The high mortality rate is mainly attributed to abnormally high mortality of able-bodied population, at that, the number of males dying in this group is three

times as many as females. Life expectancy at birth in 2008 was 67.1 years (61.9 for men and 72.4 for women), at the mean, being below the average world's rate, and significantly, by 10-15 year less than in the Western Europe, USA, Japan and other countries with high and very high income. The principle deaths causes are: cardiovascular diseases, accidents, poisonings and traumas and malignant neoplasms.

Past years the number of births in Kazakhstan substantially exceeded the number of deaths with the proportion made up 2.3 and 2.5 in 2008 and 2009, respectively. Net rate of population reproduction defining the degree of female generation replacement by their daughters at long-term retained birth and death rates at 1.26 in 2008 (urban population – 1.23, rural – 1.31) witnessing on-going expanded population reproduction and change of the depopulation trend observed in 90s of last century, mainly due to the birth rate decline. The overall rate of demographic load, i.e. ratio of disabled (under 15 and over 60 years of age) and able-bodied (15-60 years) population in 2008 made up 50.3 vs 100, which is comparable to the average world indicators. Abovementioned data prove the focus of demographic development in Kazakhstan on the population quality and reduction of able-bodied population mortality. Further assistance is required in improving the demographic data quality as well as support to the governmental and nongovernmental sector in using these data for the development strategies design.

In 1998-2005, the out-migration resulted from the collapse of the Soviet Union was replaced by the growing positive balance of external migration with neighboring countries and first of all with Uzbekistan, Kyrgyzstan, Turkmenistan and Tajikistan including migration resulted from ethnic Kazakhs (Oralmans) repatriation. In total in 1991-2007 over 650 thousand Oralmans arrived to Kazakhstan from other countries. In 2009 immigration and emigration rates in Kazakhstan made up 2.7 and 2.2 per 1000, respectively. In addition, considerable in-flow of labor migrants to Kazakhstan was observed recently. According to the World Bank in 2008 Kazakhstan was the ninth country in the world receiving migrants. Until recently growing inflow of foreign manpower was considered as one of the leading trends in the labor-market.

The majority of labor migrants illegally arrived from the neighboring countries with considerably lower wages than in Kazakhstan. Illegal migrants cross the border owning neither the official work permit nor residence permit. They are generally employed in the construction, service provision, agriculture as well as informal sector with no social guarantees secured by employer. At the second half of 2006 the government of Kazakhstan made efforts to legalize illegal labor migrants. As a result about 140 thousand people (1.8% of economically active population of Kazakhstan) were authorized to stay in the country. Currently, due to the collapse of the construction market following crisis many labor migrants lost their jobs; at that, they are not able to come back to their native countries, where the economic situation is much worse.

The level of internal migration in Kazakhstan is quite high tending to grow (in 1999 migration intensity made up 15.6; in 2009 – 22.8 per 1000 of population)

generally subject to urbanization. The negative migration balance is observed all over the rural areas. Internal migrants mainly arrive into two cities: Astana and Almaty offering better employment opportunities. At that, they often work quite long in informal sector without official residence registration.

Migration phenomenon in Kazakhstan becomes more significant concern. Support is required to country's efforts aimed to improve the efficiency of response to out and in-migration. There is a need to establish the sufficient knowledge code, obtain data required for poverty reduction among migrants, implement gender equality policy, ensure access to reproductive health services and commodities, prevent HIV transmission with focus on the vulnerable groups of migrants as well as to assist in capacity building of Kazakhstan in integration the international and internal migration issues into development strategies.

Ageing is an important feature of Kazakhstani population. In 2009 demographic load rate by the people over 60 made up 140 per 1,000 people. The proportion of people aged 65 and over increased in 2009 up to 7.2% versa 6.7% in 1999. Thus, country's population stepped over the ageing threshold, at this, population ageing tends to increase. Ratio of females and males aged 65 and over made up 1.9:1 in 1999-2008, meaning that the majority of aged women in Kazakhstan remain single and socially vulnerable widows. The high rate of aged and old people in the population structure of Kazakhstan is attributed to many factors including excessive emigration of younger population and birth decrease in 90s of past century as well as disproportionately growing mortality in 25-39 age group since mid-90s.

Along with growing mortality due to diseases, traumas and accidents the disability of able-bodied population also grew. In 2007 the level of initial disability made up 27.7 cases per 10,000 people. Total number of disabled people receiving state social allowances in Kazakhstan made up 429.2 thousand in 2007.

Population ageing and growing number of disabled population may have serious effects on all areas of social life including sustainable development and equality. This was taken into consideration when designing implementation activities for the Strategic Plan for development of the Republic of Kazakhstan till 2020, approved by the Decree of President of the Republic of Kazakhstan from February 1 2010, № 922. With the purpose of successful Programme implementation the country requires assistance in obtaining and regular update of information pool related to aged and disabled people.

Among internal and external policy lines in frames of Strategic Plan for development of the Republic of Kazakhstan till 2020 the Head of the State emphasized the quality improvement of health services and development of hi-tech healthcare system. Having low population density (5.9 people per 1 sq. km) Kazakhstan requires additional efforts to increase access of population to quality health services in general and reproductive health in particular. In fact, all women in Kazakhstan are fully covered with prenatal care by health staff (in 2007 99.9%); trained health staff attends practically every delivery. However, maternal mortality

in the country is higher than in other middle income countries, mainly, due to the lack of adequate urgent obstetric care. About half of all maternal deaths are attributed to hemorrhages also because of abortions. Meanwhile, deaths caused by hemorrhages could be prevented subject to appropriate care. So far about 1/3 of maternal deaths are caused by gestational toxemia as well as by extragenital diseases aggravating during the pregnancy or newly reported. Maternal deaths following mentioned conditions are also avoidable subject to appropriate diagnostics and treatment.

According to the official reporting data the maternal mortality rate in Kazakhstan made up 31.2 per 100,000 of newborns in 2008, which is half of 1999 rate (65.3). However in the dynamics since 1999 this rate has already decreased in 2004 to 36.9 with further increase by 2007 up to 46.8 per 100,000 live births; thus it is prematurely speaking about the clear trend to reduction of this rate. Further assistance is required to the country in implementation of justified managerial and clinical technologies ensuring maternal mortality reduction.

Recent data about unmet needs in contraception in Kazakhstan was obtained from 1999 Demography and Health Survey. Percent of fertile sexually active women who would not want to become pregnant, at this, neither they nor their partners used any contraception, made up 8.7. According to the Multi Indicator Cluster Survey, in 2006 50.7% of married or living with partners women between the ages 15 to 49 years old used any contraception method, of them 96% selected modern methods. However abortion remains one of the major family planning methods. In 2008, according to official data 28.1 medical abortions were reported per 1,000 women of 15-49 years of age (1999 – 34.0), i.e. 1 of 4 pregnancies ended up with induced abortions. According to official data in 5 of 16 administrative-territorial units of the country, in particular, in Akmolinskaya, Western-Kazakhstan, East-Kazakhstan, Northern-Kazakhstan, Kostanaiskaya oblasts and Astana city about half of pregnancies ended up with abortion. The number of abortions in high income countries and in many middle income countries with legalized abortions is in many times less than in Kazakhstan. The high abortion rate witnesses the low access to reproductive health services and commodities. There is still a need to provide assistance in raising awareness among women and in quality improvement of family planning services in order to achieve both MDG-5 objectives: reduction of maternal mortality by $\frac{3}{4}$ and ensuring universal access to reproductive health services and commodities.

In Kazakhstan in 2008 birth rate at the age of 15-19 years made up 31.1 per 1,000 of girls and young women. This rate did not tend to vary significantly all over the country within last 10 years. Adolescent pregnancy rate in Kazakhstan still exceeds the same rate in the majority of Western Europe countries by 30-100%. Moreover, birth rate in the urban area tended to increase in the age group of 15-19 years. Meanwhile, findings of 2006 Multi Indicator Cluster Survey witness that over 2/3 of sexually active adolescents aged from 15 to 19 did not use contraceptives. By the results of interviews initiated by the National Healthy

Lifestyles Center among the young people about their sexual and reproductive health needs in 2008 less than half respondents were aware of reliable oral contraceptives protecting against unwanted pregnancy and available over-the-counter. While the half of young people have the first coitus before the age of 17, the mean age of first marriage for men is 27 years and for women 24 years (2009) both in urban and rural areas creating approximately 10-year period of unwanted pregnancy and STIs risk for the young people having extramarital sexual life.

STIs are widely spread in the country. According to the findings of sentinel surveillance covering all large cities in Kazakhstan, in 2007 syphilis was diagnosed in 2.3% of pregnant women. HIV spread among pregnant women identified by total screening was not high in 2008 making up 0.07%. However since 2005 this indicator tends to grow by 0.01% annually. Growing number of HIV-positive pregnant women potentially increases the frequency of mother-to-child transmission. In general, over ¼ of HIV-positive population are women, while since 2004 the number of firstly reported HIV cases increases in general by 1/3 every consequent year comparing to previous year.

Risky sexual behavior among young people and their low awareness about prevention of unwanted pregnancy and sexually transmitted infections including HIV is still a concern for Kazakhstan. In 2008 the Republican AIDS Center conducted the nation-wide survey that found only 1 out of 8 respondents able to name the ways of HIV transmission and deny misconceptions in this area. The abovementioned facts witness the need of assistance aimed at Programmes on prevention of unwanted pregnancy, HIV and other STIs. At this, integration of Programmes on prevention of unwanted pregnancy and HIV transmission shall be further advocated with the purpose of effective use of substantial donor's funds released for support of HIV prevention among youth in Kazakhstan.

Kazakhstan has not faced the challenge of gender inequality elimination at all education levels in frames of MDG-3 achievement – gender equality encouragement – as this issue was settled down a few decades ago. Universal secondary education is compulsory both for males and females. Share of women in the total number of higher school students in Kazakhstan makes up 58%. The law guarantees equal rights for women and men. Irrespective of this fact women in Kazakhstan still remain more socially vulnerable than man by virtue of dominating traditional gender stereotypes making the woman dependent. In many rural areas women often are not able to plan the number of children facing the pressure of social environment considering married woman, who never gave birth to a baby, as infertile and defective. Social acceptability of gender inequality causes considerable spread of family violence against women. According to findings of Multi Indicator Cluster Survey in some regions of the country up to 40% of women thought men have right to impose a corporal punishment to a wife. Thus, there is a need for further assistance in achieving gender equality including rights for freedom from

degrading treatment and for physical inviolability. Observation of these rights is related to implementation of reproductive and social-economic rights.

3. Past cooperation and lessons learned

UNFPA initiated its activity in Kazakhstan in 1992. In 1995-1999 assistance to the country was provided under the Regional Programme for Central Asia. UNFPA assisted in development of curricular on family planning, purchase of contraceptives, training of service providers, publishing of informational materials. UNFPA implemented its activities mainly in Kyzylorda and South-Kazakhstan Oblasts. In addition, UNFPA along with UN Statistics Department assisted in conduction of the first in independent Kazakhstan census in 1999, holding necessary consultations, arranging trainings and providing help in data processing.

The first UNFPA CP implemented in Kazakhstan in 2000-2004 ensured strengthening of national potential in policy design on reproductive health and improved access to appropriate information and services. Pilot regions included South Kazakhstan, Karaganda, Akmola (currently Astana) and Eastern Kazakhstan, mainly Semipalatinsky region. Nation-wide assistance was provided to data collection, processing and analysis as well as development of recommendation on these data use for social development planning.

The second UNFPA CP (2005-2009) focused on improvement of reproductive health of the people of Kazakhstan with disclosure of interlinks between the population, sustainable development and poverty in order to increase efficiency of the governmental policy on improvement of population wellbeing. Special attention was given to counteraction HIV and violence against women. Programme activities were implemented nation-wide and in the pilot region – South-Kazakhstan Oblast.

The second CP provided technical assistance to 2009 population census; supported data collection and development of analytical reports on burning population issues including total mortality, family status, ageing and migration; promoted introduction of international standards of perinatal care, evidence-based clinical protocols on management of pregnancy and delivery complications; assisted in improvement of maternal mortality monitoring with use of confidential audit of maternal mortality and near miss cases; initiated introduction of logistics management information system on contraceptives helped to establish youth movement “Y-peers” dealing with sexual and reproductive health education, prevention of unwanted pregnancy and STIs transmission including HIV; assisted in health staff training and quality improvement of reproductive health services for youth. Programme impact was mainly stipulated by the project piloting in South-Kazakhstan Oblast with replication to inhabitant settlements of former Semipalatinsk nuclear testing area. In the report of UNFPA and UNDP Executive Board mission to Kazakhstan in 2008 the considerable reduction of maternal

mortality in South Kazakhstan Oblast within past 5 years was attributed to implementation of UNFPA Programme.

Within 2005-2009 over 100 workshops on burning issues of reproductive health, population and development and gender equality were conducted under support of CP with training over 2,000 state servants, parliamentarians, health professionals, teachers, journalists, non-governmental sector representatives. 45 conferences and meetings were arranged for discussion of measures aimed at ensuring compliance of current legislation and law-enforcement practice with UN tools. Recommendations developed during these activities were taken into consideration during design of the number of legislative and regulatory documents.

Major lessons learnt from the overall Programme implementation are:

The emphasis during Programme fulfillment shall be placed on leadership of central and local governments and, ultimately, assuming full ownership of acknowledged international standards and approaches introduction. In this case they start working as proved by successfully introduced confidential maternal mortality audit and training conducted on improvement of reproductive health services for youth;

Staff training under support of UNFPA succeeds if stable national institutions are involved and training is integrated into their daily activities. It is important to synchronize activities on development of technical capacities with activities on development of institutional capacities, which was proved by the positive experience gained after modern perinatal technologies introduction in Semipalatinsk region, where the chair of local medical university took responsibility for training of students and re-training of physicians accordingly. At this, the university participated in programme implementation since its onset;

Providing assistance to the national programme development focus shall be given to monitoring and evaluation with further orientation of national partners to it. Number of programmes and plans of actions developed with participation of UNFPA did not have frames of measured indicators that hampered tracing the situation change and assessment of link between changes occurred and programme fulfillment. Efforts were taken to overcome this drawback during technical assistance provided to development of national concept of demography policy in 2009;

Greater emphasis shall be shifted to the country programme accommodation at the national level. The experience gained after introduction of the new standards of perinatal technologies in the fields proves that lack of support towards introduced approaches from centrally-issued regulatory documents, or if they conflict with current jobs descriptions of attending and administrative health staff, the approaches do not work at all or work insufficiently;

Along with furthering assistance in improving of statistical observation methods and data processing, efforts shall be made to disclose actual population issues and first of all, in relation to vulnerable and marginalized population that would ensure data required for harmonious development of all population groups;

If appropriate, related programme activities shall be planned and implemented in cooperation with other UN organizations and partners, thus increasing cost-effectiveness of these activities with comprehensive assistance outcomes. Good samples of 2005-2009 CP implementation included trainings on perinatal technologies arranged jointly with UNICEF;

As a middle income country, Kazakhstan does not need significant financial assistance from UNFPA. UNFPA assistance programmes in Kazakhstan shall be focused on strategy development, advocacy of advanced approaches in order to increase the allocation of national resources to addressing reproductive health, population and development, gender equality issues, including funding to nongovernmental sector. Experience proves that interventions are stable if costs are shared between national organizations and UNFPA. E.g. in 2009 Ministry of Healthcare covered 1/3 expenses of UNFPA Annual Work plan activities aimed at increase of technical capacities in the area of introduction of confidential maternal mortality audit in health facilities, development of communication skills in interviewing women and improvement of dolescents' reproductive health. At this, UNFPA role is first of all in mobilization of international expertise.

4. Proposed Programme

This Country Programme Action Plan (CPAP) for Kazakhstan builds upon the Country Programme Document (CPD) for Kazakhstan DP/FPA/Kaz 3 approved by Executive Board of UNFPA and UNDP on 9 July 2009. CPAP has been developed in accordance with 2010-2015 UNDAF via consultations with governmental organizations, nongovernmental sector, UN agencies and donor organizations. CPAP is consistent with UNFPA Strategic Plan for 2008–2011 (DP/FPA2007/17): Accelerating Progress and National Ownership of the ICPD Programme of Action. CPAP is aimed at providing assistance in achieving MDGs. It provides support in fulfillment of strategies and development programmes of the country including long-term Strategy Kazakhstan-2030, Strategic Plan for development of the Republic of Kazakhstan till 2020, and Health Development Strategy of Kazakhstan with focus on universal access to sexual and reproductive health services.

Programme implementation will be based on the principles of human rights observation, including reproductive rights, i.e. rights of women, men and couples to decide on the number of children, time to have children and birth spaces as well as right for protection of sexual and reproductive health, family, motherhood and fatherhood and rights for personal dignity. Programme implementation rests on the 1948 Universal Declaration of Human Rights, 1966 International Covenant on Economic, Social and Cultural Rights, 1979 Convention on the Elimination of all Forms of Discrimination against Women, 1990 Convention on the Rights of the

Child, 2006 Convention on the Rights of Persons with Disabilities and other UN instruments ratified by Kazakhstan.

Programme is based on the recommendations of UNFPA Executive Board mission to Kazakhstan in 2008 that propose to shift programme focus to raising awareness, expanded introduction of the national and international best practices, improvement of national potential and promotion of national leadership and ownership of programme outcomes. Strategy of programme interventions fulfillment includes responses to current global challenges.

Implementation of the new UNFPA programme will contribute to achievement of two 2010-2015 UNDAF goals: (1) by 2015, the population of Kazakhstan and vulnerable groups in particular will enjoy improved social, economic and health status and (2) by 2015, the population of Kazakhstan and vulnerable groups in particular will enjoy improved social, economic and health status. Outcomes of UNFPA CP will contribute into joint programme outcomes of the United Nations at the country level. Links between joint programme outcomes, outputs of UNFPA and UNFPA Strategic Plan for 2008-2011 are illustrated in the below table:

Outputs of UNFPA Country Programme for 2010-2015	Joint country outcome of UNDAF for 2010-2015	UNFPA Strategic Plan for 2008-2011
1. Maternal health strategies are approved and action plans are developed and implemented	1. Women and young people, especially those in rural areas and from high-risk groups, have improved access to health-care services.	Focus area 2: Reproductive health and rights, outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications
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.		Focus area 2: Reproductive health and rights, outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention
1. Women and young people have improved	2. Universal access to high-	Focus area 2: Reproductive health and rights, outcome 4:

access to high-quality sexual and reproductive health and services to prevent HIV and AIDS.	quality sexual and reproductive health services and services to prevent HIV and sexually transmitted infections is	Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased
2. Women and young people are equipped with high-quality information to prevent and reduce the risk of unwanted pregnancies and HIV transmission	ensured for everyone in need, with a focus on vulnerable population groups	Focus area 2: Reproductive health and rights, outcome 5: Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development.
1. Policymakers employ evidence-based data to develop policies on gender equality, young people, sexual and reproductive health, and HIV and AIDS	3. Vulnerable groups, especially women, migrants, refugees, young people, the elderly and people with disabilities, have improved access	Priority area 1: Population and development, outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.
2. Social-sector stakeholders are better able to plan, implement and monitor social and health services for the elderly, migrants and people with disabilities	to goods, services and social safety nets	Priority area 1: Population and development, outcome 4: Emerging population issues -- especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment -- incorporated in global, regional and national development agendas
1. The action plan of the	4. National	Priority area 3: Gender

gender equality strategy reaches a greater number of women and is fully implemented	institutions have improved capacity to protect human rights and ensure access to justice for women	equality, outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations
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When being implemented, 2010-2015 CPAP will prioritize advocacy strategy, distribution of strategic information, providing technical assistance and improvement of technical and institutional capacities in three areas, which include population and development, reproductive rights and reproductive health and gender quality. The programme complex includes assistance in preparedness and responses to emergencies through ensuring technical support and resource mobilization. The assistance will include data collection and analysis, reproductive health commodities supply and gender-based violence prevention. Programme components include reproductive health and reproductive rights, population and development and gender equality.

Reproductive health and reproductive rights

This component incorporates two closely related common outcomes of country programme to be obtained by joint efforts of UN country team. Outcome 1: women and young people, especially those in rural areas and from high-risk groups, have improved access to health-care services. Outcome 2: universal access to high-quality sexual and reproductive health services and services to prevent HIV and sexually transmitted infections is ensured for everyone in need, with a focus on vulnerable population groups. Country programme will focus on obtaining of four outputs related to ensuring (1) save motherhood, (2) high-quality family planning services, access, in particular, of young women and girls to (3) services and goods and (4) information and communication in the area of sexual and reproductive health and prevention of HIV and STI transmission.

Appropriate country programme outputs shall be obtained through the assistance provided to the central executive health authorities and reproductive health centers they established as well as to the local health administration and civil society organizations including Kazakhstan Association on Sexual and Reproductive Health and Kazakhstan Association of Family Physicians. At this, the experience of pilot interventions made in frames of 2005-2009 UNFPA CP in

South-Kazakhstan oblast will be replicated nation-wide. Following the Resolution of 63rd session of the UN General Assembly “International Cooperation and Coordination for the human and ecological rehabilitation and economic development of the Semipalatinsk region of Kazakhstan” of 2009, CP will provide assistance to development sustainability of the region – the previous nuclear test area via introduction of modern perinatal care, family planning and reproductive health services standards.

Outcome 1, output 1: Maternal health strategies are approved and action plans are developed and implemented.

Kazakhstan has wide net of obstetrical facilities and significant potential of trained obstetricians. Almost all deliveries in the country are attended by trained health staff. The activities of obstetric facilities are regulated by legislation; regular monitoring and assessment is provided by Ministry of Healthcare and local health authorities. At the same time, considerable reserves are available for increasing system’s efficiency and effectiveness with further decline of maternal mortality as well as frequency and severity of complications of pregnancy and delivery. These reserves also include: improvement of perinatal care regionalization and update of clinical protocols on management of pregnancies and deliveries and their complications on the basis of evidence-based practices, improvement of monitoring system for providing assistance to pregnant women, women in childbirth and immediately after birth with the purpose to take update measures on correction of systematic drawbacks.

UNFPA will provide support in strengthening of healthcare systems in the area of mothers’ health via dissemination of strategic information and training of government officials and health staff to plan, implement, monitor and evaluate appropriate projects. Using WHO technical guidelines UNFPA will also support update of clinical protocols with purpose to introduce modern standards at all levels of mother care. Trainings, round table meetings, consultative meetings will involve government officials, deputies of central and local representative bodies, healthcare coordinators, academic staff, practicing physicians and midwives as well as nongovernmental sector.

Principal activities will include:

technical assistance to development of policies aimed at ensuring universal access to mother health services including in emergencies;

training of healthcare coordinators and primary health care staff on effective mother healthcare technologies at primary health care level with involvement of international expertise;

further assistance in formation of mother healthcare strategies at the level of primary healthcare including prevention of unwanted pregnancies and HIV/STIs transmission;

support to improvement of perinatal care regionalization;

support to consultation meetings with involvement of international expertise in order to introduce evidence-based updates to the national protocols on management of pregnancy, deliveries and their complications;

providing assistance in review and update of treatment protocols on the basis of evidence-based medicine and development of clinical guidelines for perinatal care, management of obstetric conditions and genital diseases;

training of health care coordinators and health staff on the modern audit of maternal mortality and near miss cases;

support to review of monitoring and evaluation system based on specific mother health protection indicators;

technical assistance in improving quality control of services in comply with international standards;

technical support in update of curricula for doctors, university and college students;

technical assistance in data collection and analysis for monitoring and evaluation of perinatal care, preparation and dissemination of technical reports.

Outcome 1, 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.

This output will be obtained by means of technical assistance and improved capacities of healthcare organizations including in the primary health care as well as academic sector, professional physician's associations and civil society organizations with main focus on access to family planning services for vulnerable groups including migrants and disabled people.

Unstable demand for family planning attributing to high abortion rate is of major concern. In this regard the programme will support awareness campaigns and formation of social accommodation services in the area of reproductive health and family planning. Additional support will be provided to training of healthcare coordinators on the resource planning taking into consideration population needs in reproductive health commodities and strategy development on universal access to family planning services. Interaction between health facilities and civil sector in provision of family planning services shall be improved taking into consideration structures, staff capacities and country's legislation related to storage and distribution of medicines including contraceptives.

Principle activities will include:

assistance in training of healthcare coordinators, health staff, and nongovernmental sector on formation of demand for family planning services among population;

assistance in training on management and regular supply of reproductive health commodities;

assistance in integration of family planning services into the primary healthcare network;

assistance in improving capacities of reproductive health and family planning services on social accommodation of patients;

support in introduction of training on development of communication skills in reproductive health and family planning services;

assistance to mass media in training on presentation of reproductive rights and family planning issues;

support in training of religious confessions on reproductive rights and family planning;

assistance in publishing of informational and educational materials on voluntary family planning;

technical assistance to the Ministry of Healthcare and nongovernmental sector in data collection and analysis for monitoring and quality assessment of family planning programmes and development of recommendations on their improvement;

support to forums of professional organizations, civil society and politicians in ensuring universal access to reproductive health and family planning;

assistance in integration of reproductive rights observation into wider social and mother health protection programmes including protection of young people rights.

Outcome 2, output 1: Women and young people have improved access to high-quality sexual and reproductive health and services to prevent HIV and AIDS.

Recent years in addition to antenatal clinics, family out-patient clinics, dermatovenerologic dispensaries, AIDS Centers and other organizations providing reproductive health services in Kazakhstan, youth health centers and youth-friendly clinics were established. However, the situation analysis revealed unsettled issues in access of young people to sexual and reproductive health services attributing to growing number of births among adolescent and high adolescent maternal mortality.

Coverage of young people with sexual and reproductive health services remains low. According to the results of interview arranged among young people in 2008 in frames of UNFPA Programme for 2005-2009 the problem is that service environment is not consistent with expectations of target group representatives as well as quite insufficient number of services, low knowledge and inadequate communication skills of the staff.

One of the major services required for the young women, in particular, among vulnerable groups, is HIV voluntary counseling and testing with the purpose to settle issue of pregnancy and in this case to give birth to a baby without HIV. In spite of the fact that obstetric care providers in Kazakhstan request HIV testing for all pregnant women at their first antenatal visit, vulnerable women not necessary use this opportunity. In this regard, pregnancy diagnostics services shall be integrated into activities of clinics friendly to population vulnerable to HIV transmission; staff skills in counseling women on prevention of HIV mother-to-child transmission shall be further developed.

This output will be obtained in close collaboration with UNICEF and WHO Programme contains the following principle activities:

- development of strategies on improvement of access of women and young people, in particular, young women and girls, to sexual and reproductive health and HIV prevention services including in emergencies;

- trainings for healthcare coordinators, health staff, nongovernmental organizations and young people on integration of youth reproductive rights into the national strategies;

- technical assistance in improving work of youth-friendly clinics;

- training workshops and establishment of guidelines on integration of adolescent reproductive health issues into activities of youth friendly clinics;

- assistance in monitoring and evaluation of youth-friendly clinics;

- establishment of strategies on counteracting HIV spread with focus on needs of girls and women including groups vulnerable to sexual HIV transmission with special focus on sex workers;

- analysis and development of strategies on integration of HIV/AIDS and sexual and reproductive health services with focus on vulnerable young women and girls and prevention of mother-to-child transmission;

- training of healthcare coordinators and staff of clinics friendly to vulnerable groups on consulting about mother-to-child transmission;

- technical assistance to reproductive health services and nongovernmental sector in collection and analysis of data related to access of HIV-positive pregnant women to antiretroviral therapy and their adherence to it;

- improved monitoring of strategies on ensuring access to services and service delivery in the area of sexual and reproductive health, sexually-transmitted infections and HIV/AIDS;

- prophylaxis and prevention HIV/AIDS among women in female penal colonies.

Outcome 2, output 2: Women and young people are equipped with high-quality information to prevent and reduce the risk of unwanted pregnancies and HIV transmission.

UNFPA will contribute into this output via technical assistance provided to central and regional healthcare and education authorities as well as civil society in gender-sensitive training of young people on life skills in sexual and reproductive health including HIV transmission. In addition, focus will be made on extracurricular training of youth on taking responsibility and leadership. Special attention will be given to partnership with nongovernmental sector in this issue. As a result of UNFPA programmes implementation in Kazakhstan and in frames of youth wing of “South-Kazakhstan branch of Business Women Association of Kazakhstan”, the pool of trained young people was established with the purpose to train other young people on sexual and reproductive health issues using “Peer to Peer” method. This organization is a part of international network of youth movement “Y-peers” supported by UNFPA. However the sustainability of this

initiative shall be guaranteed. For these purposes young people must get more empowerment, and “Peer to Peer” training must be further expanded to ensure considerable coverage of young people with training, improvement of youth knowledge and skills and support of safe behavioral choice. Serious concern is lack of high-quality web-resources in Kazakh language that would propose reliable and comprehensive information to the young people taking into account specific features of youth sub-culture.

To obtain the abovementioned output the programme will provide support to:
 training for the staff of health and nongovernmental organizations on raising awareness of population on reproductive health issues, STIs prevention and treatment, HIV transmission prevention with special focus on vulnerable groups of women and young people;

dialogue with politicians and youth on sexual and reproductive health issues;
 dialogue with young people implementing “Peer to Peer” training and government and health professionals and youth mass media and celebrities;

development of strategies and standards for informal training of youth on sexual and reproductive health issues, STIs and HIV transmission prevention on the basis of life skills formation;

advanced trainings for youth leaders on teaching sexual and reproductive health issues, STIs/HIV transmission prevention using “Peer to Peer” approach;

trainings for youth on formation of leadership, resource mobilization, communication skills development;

involvement of youth and professional consultants into establishment of updated digital libraries of information and education materials on sexual and reproductive health, STIs and HIV/AIDS for youth, rural residents having no stable access to Internet with focus on Kazakh language materials;

involvement of youth and professionals into establishment of web-resources on sexual and reproductive health, first of all, in Kazakh language;

monitoring and evaluation of effectiveness of youth training strategies in the area of sexual and reproductive health.

Population and development

The third outcome of UNFPA CP will be obtained in the frames of this output fulfillment and will become the part of the general outcome of UN programme activities in Kazakhstan: vulnerable groups, especially women, migrants, refugees, young people, the elderly and people with disabilities, have improved access to goods, services and social safety nets.

Outcome 3, output 1: Policymakers employ evidence-based data to develop policies on gender equality, young people, sexual and reproductive health, and HIV and AIDS.

The report of UNFPA Executive Board mission to Kazakhstan of 2008 emphasizes considerable country's achievements in the area of statistics and improved competence of the national institutions in data processing and utilization. However gaps still exist in this area. Central and regional statistics authorities in Kazakhstan form and implement state statistics policy, develop and fulfill programmes on statistics improvement in the country and also receive statistical reports from the agencies. However reliability and sufficiency of statistical indicators in the area of demography and reproductive health is still poor. In particular, assistance is required in development of appropriate monitoring indicators for ensuring universal access to reproductive health commodities and services by 2015 set by world leaders for MDR-5 achievement. In frames of strategic priorities MDG3+ adapted for Kazakhstan it is necessary to develop indicators and obtain data on violence against women, ensuring rights for sexual and reproductive health and ensuring equal opportunities.

The programme will support activities based on the outputs of 2009 population census including gender data analysis, analysis and review of demographic indicators quality, provide international expertise in this field. Programme will support conduction of Multi Indicator Cluster Survey that measures progress in ICPD Action Plan implementation. At this, special focus will be made on enrichment of the national statistics with essential but currently missing data on reproductive rights, reproductive health, family planning and gender equality. The programme will support institutionalization of demography surveys. At present, the country misses demographic center that would coordinate development of indicators, data collection and analysis, researches and broadcasting in the area of population and keep the organizational memory about mobilization of skills, knowledge and abilities when settling different population problems.

Key activities in obtaining of the output will have the following:

- further support to increase of technical capacities of central and regional statistics authorities of the Republic of Kazakhstan including introduction of population mapping for demography surveys;

- support to analytical surveys conducted with use of population census data;

- assistance in improving the capacities of parliamentarians, government officials and nongovernmental sector at national and regional levels in utilization of demography statistics data, first of all related to sexual and reproductive health, gender equality, youth and HIV/AIDS;

- assistance in development of required new population indicators in the frames of current and long-term issues settlement; introduction of updated methods for data collection and processing;

- participation in Multi Indicator Cluster Survey;

- assistance in establishment of regularly actualized registers of socially vulnerable groups with the purpose of their official registration and using data for targeted assistance;

assistance in structuring and systematization population and development data;

provision of strategic information and best practices samples related to the activities of demography surveys centers.

Outcome 3, 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

2008 UNFPA Executive Board mission to Kazakhstan recommended focusing the major efforts of UNFPA's country programme on specific areas of data collection and analysis in relation to the new demography problems, in particular, migration. Programme will support improvement of knowledge code about migration, data collection, capacity development and advocacy of the policy supporting national efforts on more effective response to external and internal migration including ethnic and labor migration. Programme will support data collection and establishment of database on migration, urbanization, disability with the purpose to assist in poverty reduction, ensuring social equity, human rights observance including reproductive rights and rights for protection of sexual and reproductive health covering the aspect of HIV/AIDS and ensuring gender equality guarantees. The Programme will provide support to data collection, analysis and development of ageing-related policy in light of Madrid International Plan of Action on Ageing, 2002.

To obtain this output the abovementioned emerging population issues will be advocated with drawing of wide public attention to the issue. The advocacy will be combined with technical assistance and training partners with the purpose to improve their knowledge and skills to implement activities in mentioned directions. Beneficiaries of assistance will be parliamentarians, deputies of regional representative bodies, and members of the National Commission for Women Affairs and Family-Demographical policy under the President of the Republic of Kazakhstan and appropriate regional commissions, staff of labor, social protection and health authorities' bodies, other public administration bodies, religious confession figures and civil society. Technical assistance will be provided to obtaining data required for management of strategic complex risks in the area of development and adaptation to long-term environmental changes due to migration, urbanization, disability and population ageing problems.

Key activities for obtaining of this output will be the following:

introduction of the world's experience in obtaining and utilization the data on correspondent emerging population issues to the partners trough training workshops with the involvement of international experts;

technical support to the government, government organizations and civil sector in establishment of appropriate instruments and indicators, surveys arrangement, data improvement and processing, analysis and dissemination of information about major driving forces and trends of migration, urbanization, disability and population ageing;

assistance in unification of database on migration and urbanization;
 training of journalists on emerging population issues and on how to reflect them in mass media;
 technical support in drafting national strategies taking into account population issues;
 assistance in monitoring of population strategies implementation, in particular, in the area of gender equality and demography and migration policy by providing technical expertise.

Gender equality

Overall country's outcome of this component that will be obtained by joint efforts of UN team and fourth CPAP outcome: national institutions have improved capacity to protect human rights and ensure access to justice for women. Current Constitution of Kazakhstan guarantees equal rights for men and women, and legislation protects rights of women including reproductive rights prosecuting persons found guilty in violence against person. However this legislation is not used in full due to low capacities of national institutions including of healthcare as well as low awareness of rightholders. Women's rights protection is broadly covered in the Gender Equality Strategy for 2006-2016 endorsed by the President of the Republic of Kazakhstan and Action Plan on implementation of the strategy, which is coordinated by the National Commission for Women Affairs and Family-Demographical Policy. The Commission acts as an advisory body under the Head of the State developing measures on improvement of the status of women, protection of family interests and ensuring proper environment for women's participation in political, social, economic and cultural life of the country.

Outcome 4, output 1: The action plan of the gender equality strategy reaches a greater number of women and is fully implemented Programme will provide technical assistance to the National Commission for Women Affairs and Family-Demographical Policy in implementation of the action plan in the area of gender-based violence, with special focus on reproductive rights and sexual and reproductive health.

Key programme activities will include:

assistance in dialogue of law-enforcement, healthcare, social protection, education bodies and civil society on formation of multi-sectoral response to the gender-based violence;

trainings and technical assistance to government officials in improving national and regional strategies on prevention and mitigation of gender-based violence consequences including in emergencies;

technical assistance in integration of course on gender-based violence counteraction into pregraduation and postgraduation training of health service providers;

technical support to improvement of gender-based violence monitoring system;

technical support to law-enforcement bodies and social protection authorities in advocating e-government use by the population in general and women, in particular, with the purpose to counteract gender-based violence and protect reproductive rights of victims of violence.

5. Partnership Strategy

Fulfilling its Country Programme UNFPA will partner with other members of UN country team as well as UN organization not represented in the country (UN Economic Commission for Europe, UNECE) in the spirit of UN reform and in frames of joint efforts applied to achieve significant results in assisting country to implement ICPD Programme of Actions. UNFPA will partner with the following agencies in the area of reproductive health and reproductive rights UNICEF, UNDP, WHO and ILO; in the area of population and development – UNDP, UNICEF, ILO and UNECE, in the area of gender equality – UNDP, UNIFEM and UNECE. In addition, in order to increase coverage with UNFPA-supported activities and ensure synergy with activities of other international and foreign agencies represented in Kazakhstan UNFPA office in Kazakhstan will maintain close relations with the World Bank, IOM, Red Cross and Red Crescent Federation, OSCE, USAID, CDC and other partners.

National institutions of close cooperation with UNFPA include following state bodies: Prime-Minister's office, Majilis of the Parliament of the Republic of Kazakhstan, central foreign affairs authority body, central internal affairs authority body, healthcare, education, labor and social protection of population, emergency situations, economic development and trade, justice, statistics authorities bodies; regional representative and executive authority bodies; advisory body –National Commission for Women Affairs and Family-Demographical Policy under the President of the Republic of Kazakhstan; health methodical centers for public health, mother and child health, reproductive health of women and men, sexually transmitted infections, HIV/AIDS, healthy life-styles; education methodical centers; methodical centers for strategic researches; academic sector, first of all, medical, economical, legal ones; civil society organizations, mass media and others.

Multilateral partners

UNFPA implements its country programme on the basis of partnership principles within 2010-2015 UNDAF context, in cooperation with other UN agencies. The accomplishment of UNFPA's programme in the area of reproductive health and family planning is based on WHO technical guidelines and expertise.

Programme activities aimed at increasing access of young people to sexual and reproductive health services and commodities, raising their awareness on unwanted pregnancies and prevention of HIV and other STIs transmission will be implemented in close cooperation with UNICEF and WHO. Activities on prevention of HIV transmission will be implemented under support of UNAIDS with the appropriate division of labour among co-sponsors. Assistance in implementation of the National Gender Equality Strategy will be provided in close cooperation with UNIFEM and UNDP; crucial population issues will be addressed along with other UN agencies interested in obtaining data and working with targeted groups of population. In order to avoid duplication of activities and inexpedient resource use UNFPA will coordinate its support in priority areas with support in the same areas provided by other multilateral or bilateral partners.

State institutions

Partnership with governmental institutions and their leadership are of great importance in achieving MDGs as well as integration of the strategies on ensuring reproductive rights and reproductive health, gender equality and other population issues into national development strategies, ensuring sustainability of policy and practices advocated by UNFPA.

Traditionally major UNFPA's partners at central level in Kazakhstan are represented by central health and statistics authorities and National Commission for Women Affairs and Family-Demographical Policy, which Secretariat currently became the sector of the Internal Policy Department of the Administration of the President. 2010-2015 Country Programme that to the great extent is aimed to the population ageing, disabled people, awareness of young people about sexual and reproductive health will reinforce the partnership with other central bodies of public administration and first of all with labor, social protection of population and education bodies. At the same time the partnership with methodical centers and academic sector drafting regulations and methodical documents in the priority programme areas with the greatest number of the most authoritative national specialists, whose opinion significantly influences governmental strategies, will be strengthened. Partnership with the members of the Parliament of Kazakhstan including in the frames of the Asian Forum of Parliamentarians on Population and Development will be furthered. Focus will be placed on lawmaking related to fulfillment of commitments on reproductive health, gender equality and population and development following from international conventions, ICPD Plan of Actions, Millennium Declaration and other documents.

Civil society

Special attention during programme implementation will be given to the partnership with nongovernmental sector undertaking the major number of programme activities and advocating them among professionals, vulnerable groups and general population. UNFPA will partner with branches of foreign nongovernmental organizations registered in Kazakhstan, in particular, PSI, Kazakhstani Association on Sexual and Reproductive Health (IPPF member), republican public associations including Association of Physicians and Pharmacists of Kazakhstan, Association of Family Physicians of Kazakhstan, Business Women Association of Kazakhstan, Republican Women's Council, local public associations and independent national consultants. With the purpose to form public opinion on sensitive reproductive health, gender and population issues cooperation with mass media will be established.

International institutions

UNFPA will actively cooperate with the number of international and foreign institutions including UN International Institute on Ageing (Malta), – European training group on adolescent health and its protection (EuTEACH) at Lausanne University (Switzerland), Geospace International Company (SAR), as well as with independent international consultants, staff of leading centers, such as: John Hopkins University, Moscow State University, Charles University etc.

6. Programme management

CPAP implementation will be harmonized with UNDAF for 2010-2015 at the national level. UNFPA office staff will get instructions on realization of results-oriented cost-effective approaches. Staff will have the opportunity to participate in short-term training on programmatic issues within their terms of reference and under UNFPA training policy.

UNFPA will participate in UN thematic groups on UNDAF outcomes on achievement of economic and social wellbeing for all and on ensuring effective governance as well as in multiple-aspect thematic groups on gender and HIV/AIDS and be guided by mutually agreed recommendations related to CP implementation.

Current activities will be performed in frames of annual work plans developed by UNFPA in cooperation with partners and in accordance with strategies and outputs indicated in CPAP. UNFPA and implementing partners sign the annual work plans. Results of work plans implementation will be reviewed annually during the joint meetings. Annual work plans will be developed taking into consideration interrelation between different programme components implemented as a whole.

The remittances for implementing partners are based on the Annual work plans agreed with executive partners and UNFPA.

Remittances for activities indicated in the Annual work plan may be done by the UN agency as follows:

Money transfer directly to the bank account of Executive Partner:

- a. before activities onset (direct money transfer) or
- b. after activity is completed (reimbursement);

direct payment to suppliers and third parties under liability of executive partner is done on the basis of signed payment order from authorized person of Executive Partner;

direct payment to suppliers or third parties under liability of UN agency to support activities agreed with Executive Partner.

Remittances for activities indicated in the Annual work plan may be done by UN agency as follows:

Money transfer to the national institution for further transfer to Executive Partner:

- a. before activity onset (direct money transfer)
- b. after activity is completed (reimbursement)

direct payment to suppliers and third parties under liability of Executive Partner is done on the basis of signed payment order from authorized person of Executive Partner;

direct payment to suppliers or third parties under liability of UN agency for support of activities agreed with Executive Partner.

Direct money transfer is requested and done for the period of programme implementation, which shall not exceed three months. Earlier approved expenses are reimbursed on quarterly basis or after activities are completed. UNFPA shall not reimburse expenses of Executive Partner exceeding amount approved in the annual work plan.

After completion of any activity left funds shall be re-programmed following mutual agreement between Executive Partner and UNFPA or shall be returned.

Way of money transfer, amounts as well as the scope and frequency of activities under guarantees may depend on the results of review of possible state financial management, in case with state governmental executive partner, and also on the outcomes of assessment of possible financial management of the partner not being a UN executive partner¹. Qualified consultant, for instance, accessible accountant company selected by UNFPA may provide such assessment with participation of executive partner.

Ways of money transfer, amounts of payments, scope and frequency of guaranteed activities may be reviewed during programme implementation based on the results of expenses monitoring, reporting and audit.

¹ For the purposes of this article UN includes international financial institutions

UNFPA Country Office consists of Country Director with director of UNFPA Sub-regional Office for Central Asian countries now located in Almaty, currently in charge; UNFPA Assistant Representative and two auxiliary staff under approved country office typology. In addition, UNFPA allocates funds for two national programme staff and one auxiliary staff with the purpose to strengthen the programme implementation. Technical support to the programme will be provided by UNFPA Regional Office for Eastern Europe and Central Asia as well as UNFPA Sub-regional Office for Central Asian countries.

7. Monitoring and evaluation

Programme monitoring and evaluation will be done in accordance with CPAP results matrix and on the basis of the joint monitoring and evaluation plan. Government and UNFPA will be responsible for regular follow-up of key elements of programme implementation including financial input, types of activities, outputs and programme outcomes. Measurements of some results will require conduction of survey being a part of current CP.

Executive programme partners shall present written progress reports with indication of results and challenges they faced. In addition, during programme implementation UNFPA staff will have field visits with the purpose to obtain firsthand information. Key instrument for detection of consistency with the state programmes and current CPAP will be annual partner's meetings on critical review of programme activities. At each of these meetings UNFPA will present short reports about done activities.

In addition, the external evaluation of programme impact will be done twice during programme implementation. Mid-term evaluation will be done in B 2012 to see advantages and disadvantages of programme implementation and, first of all, how programme implementation helped to achieve progress in priority areas and what the results indicators reflect. In addition the following shall be identified (a) compliance of programme interventions and national development priorities, (b) cost-efficiency of programme activities, (c) efficiency of UN agencies coordination at the country level in achieving common results. Mid-term programme evaluation will contribute into updates of plans and implementation approaches. Programme monitoring and evaluation will be closely related to the national monitoring and evaluation process.

Final programme assessment will take place in 2015 in cooperation with UN partner agencies.

8. UNFPA Commitments

The UNFPA Executive Board approved funding of the programme in amount of USD 5.9 million for the period of 6 years from UNFPA Regular Resources; an additional amount of USD approximately 1.8 million shall be mobilized from other sources. Specific allocations for different programme activities shall be given in details during implementation of the annual work plans. Distribution of funds by years will depend on funds availability. UNFPA funds will be placed by three priority directions as follows:

reproductive health and reproductive rights: regular resources USD 3.2 million, other resources to be mobilized from other sources, USD 1 million;

population and development: regular resources USD 1.6 million, resources to be mobilized from other sources USD 0.6 million;

gender equality: regular resources USD 0.4 million, resources to be mobilized from other sources – USD 0.3 million;

programme coordination and assistance in its implementation: USD 0.7 million from regular resources.

During the annual meetings on critical review of programme activities UNFPA and Government in addition to other issues will discuss the funds delivery rate. Funds may be transferred to other programmatic areas, if necessary, condition to underutilization of allocated funds.

UNFPA retains the right to demand repayment or return of any equipment if used for the purposes other than stipulated in the current Action Plan and Annual Work Plans. In this case UNFPA along with concerned authorities of public administration shall sign act about improper use of goods supplied by UNFPA and this document will become the basis for redistribution of mentioned goods in accordance with current Country Programme Action Plan.

In case of direct money transfer or expenses reimbursement UNFPA shall inform the executive partner about funds approved by UNFPA and transfer funds to the executive partner within five bank days.

Subject to direct payment to the suppliers or third parties under liabilities of executive partners on the basis of payment order signed by authorized person of executive partner or payment to the supplier or third person under liability of UNFPA in support of activities agreed with executive partners UNFPA makes payment within five bank days.

UNFPA bears no direct liabilities on agreements between the executive partners and third parties. If more than one UN agency makes money transfer to the same executive partner, programme monitoring, financial monitoring and audit will be conducted together or in coordination with these UN agencies.

UNFPA shall inform all participating partners about any changes related to programme fulfillment.

9. Government commitments

CP for 2010-2015 will support implementation of state programmes of Kazakhstan. The Government will honor its commitments in accordance with the provisions of SBAA as of October 4, 1994. In line with this agreement the Government will accord to UNFPA and its officials and to other persons performing services on behalf of UNFPA such facilities and services as are accorded to officials and consultants of the various agencies, programmes, funds and specialized agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations to UNFPA's property, funds and assets and to its officials on the list of officials of the United Nations under the Section 17 of Article V of Convention.

As a contribution to the programme the Government will provide support to UNFPA on mobilization of additional resources from international donors with the purpose to adjust the CP funding. In addition, the Government will try to contribute both in-kind and in cash to ensure the successful Implementation of this CPAP.

Each partner from the governmental organization receiving UNFPA's support shall duly settle bank accounts, records, accountant and inventory registers and other documents reflecting supply of equipment and materials, receipt and utilization of funds in relation to CP fulfillment. Authorized focal points from UNFPA shall have access to all documentation relating to purchase and dissemination of any property received in the frames of the programme and to the financial documents relating to programme expenses.

The Government commits itself to arrange meetings for joint review of CP implementation and planning. In addition, the Government will assist in periodic field visits to the project sites by UNFPA staff and consultants for monitoring, meeting beneficiaries and evaluation of activities promotion. The Government shall provide timely information to UNFPA about change of national legislation that may affect cooperation during programme implementation.

Standard reporting form Fund Approved and Confirmed Expenses (FACE) reflecting activities of the annual work plan shall be used by executive partner for request of funds or for ensuring agreement that UNFPA will reimburse expenses or directly pay planned expenses. Executive partners will use FACE to report on utilization of received funds. Executive Partner shall authorize a focal point for presenting bank account requisites, requests and confirmations about utilization of funds. FACE shall be approved by authorized official of executive partner.

Transferred funds shall be used by executive partners only for activities agreed in the Annual Work Plans.

Funds received by the Government and the national NGO who are executive partners shall be utilized in accordance with established national rules, principles and order that shall meet international standards, in particular, ensure utilization of funds under provision of agreed Annual Work Plan and guarantee submission of the reports about full utilization of all received funds to UNFPA within six months after receiving funds. In case is any national rules, principles and orders do not

meet the international standards the rules, principles and order of UN agency shall apply.

In case is funds received by international NGOs and intergovernmental executive partners these funds shall be used in accordance with international standards, in particular, guaranteeing their utilization in accordance with the Annual Work Plan, and reports about full utilization of received funds shall be submitted to UNFPA within six months after fund receipt.

In order to ease routine and social audits each executive partner receiving UNFPA funds shall provide timely access for the UN agency or its representative to:

- all financial reports reflecting all remittances of UNFPA funds;
- all relevant documentation and staff involved into internal control of executive partner's remittance structure.

The outcomes of each audit shall be communicated to the executive partner and UNFPA. Each executive partner in addition:

- receives and reviews audit report;
- timely informs UNFPA who transferred funds about accepting or denying auditors' recommendations;
- takes timely measures in relation to accepted auditor's recommendations;
- submits quarterly reports to UN agency about measures taken to fulfill the recommendation.

10. Other Provisions

This CPAP supersedes any previously signed CPAP between the Government of Kazakhstan and UNFPA and may be modified by mutual consent of both parties on the recommendations of the joint strategic meeting.

Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government is a party to CPAP.

11. General Provisions

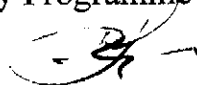
This Plan is provisionally applied from the day of its signature in the part that does not contradict to the legislation of the Republic of Kazakhstan and shall enter into force when the Government has notified UNFPA in writing of the completion of its necessary internal procedures for entry into force.

Done at the city of Astana « ___ » _____, 2010 in duplicate, each in the Kazakh, Russian and English languages, and all texts are equally authentic. In case of occurrence of disagreements in interpretation of the present CPAP, Parties will address to the text in Russian.

Annotation: Acronyms

CDC	Centers for Diseases Control [and Prevention]
CP	Country Programme
CPAP	Country Programme Action Plan
EEC	European Economic Commission
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ILO	International Labor Organization
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goals
MM	Mass media
NGO	Nongovernmental organization
OSCE	Organization for Security and Cooperation in Europe
PSI	Population Service International
SBAA	Standard Basic Assistance Agreement;
STIs	Sexually Transmitted Infections;
UN DDC	United Nations Department on Drugs and Crimes
UN DPI	United Nations of Public Information
UNAIDS	Joint United Nations Programmeme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities; renamed to the United Nations Population Fund with retaining the same abbreviation for the organization;
UNICEF	United Nations International Children's Emergency Fund; renamed to the United Nations Children's Fund with retaining the same abbreviation for the organization
UNIFEM	Fonds des Nations Unies pour la Femme (UniFem - United [foundation] for women) – United Nations Development Fund for Women
UNO	United Nations Organization
USAID	United States Agency for International Development

In witness hereof the undersigned, being duly authorized, have signed this Country Programme Action Plan.



**For the Government of the
Republic of Kazakhstan**



**For the United Nations
Population Fund**