



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

Distr.: General  
9 July 2009

Original: English

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Kazakhstan**

Proposed indicative UNFPA assistance: \$7.7 million: \$5.9 million from regular resources and \$1.8 million through co-financing modalities and/or other, including regular, resources

Programme period: Six years (2010-2015)

Cycle of assistance: Third

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	3.2	1.0	4.2
Population and development	1.6	0.6	2.2
Gender equality	0.4	0.2	0.6
Programme coordination and assistance	0.7	-	0.7
Total	5.9	1.8	7.7

## I. Situation analysis

1. Kazakhstan, with an area of 2.7 million square kilometres, is the ninth-largest country in the world. The population is 15.8 million (2008), down from 16.2 million in 1989. High oil prices have contributed to economic growth. Gross national income increased approximately 9 per cent per year over the past five years, reaching \$5,060 per capita in 2007. Although living standards have improved, income and social disparities exist. Forty per cent of the population lives below or slightly above the poverty threshold, especially in rural areas. Dependency on the export of raw materials makes the economy vulnerable to the global economic crisis and puts the population at risk of increased poverty. Other challenges include the consequences of nuclear tests and the desertification of vast territories of the country.

2. The recent economic boom coincided with a rise in fertility. In 2008, the crude birth rate was 22.9 births per 1,000, compared to 14.9 in 2000. In 2008, life expectancy at birth was 72.4 years for women and 61.9 years for men. The gap in life expectancy is attributed to high death rates among young and middle-aged men, primarily due to cardiovascular diseases, accidents and cancer. The immigration of labourers, mostly from neighbouring Central Asian countries, presents challenges, since many migrant labourers may lose their means of subsistence in times of economic crisis.

3. Despite universal antenatal care and high levels of birth attendance by doctors or midwives, the maternal mortality ratio is estimated at between 46 and 70 deaths per 100,000 live births. Factors contributing to maternal mortality include obstetric haemorrhage, gestational toxemia and complications from abortions.

4. The unmet need for contraceptives is high, and abortion is widespread. In 2008, there were 30.3 registered abortions per 1,000 women aged 15-49, compared to 34.0 in 1999. One in four registered pregnancies ends in abortion. The poor access of adolescents to contraceptives and to youth-friendly services contributes to the incidence of pregnancy

and abortion among young people. In 2007, there were 22 births per 1,000 girls aged 16-18.

5. Sexually transmitted infections are widespread, and the level of HIV infection is increasing. In 2006, national sentinel surveillance results showed an HIV prevalence rate of 0.05 per cent among pregnant women. The syphilis prevalence rate in a randomized sample of pregnant women was 3.3 per cent. In 2008, women accounted for 26 per cent of those living with HIV, which has increased mother-to-child transmission of the virus.

6. High levels of risky behaviour, including unprotected sex and sexual violence, are of concern. Knowledge about HIV is low. In 2008, only one in four young people aged 15-24 were able to correctly name methods of HIV transmission and reject misconceptions about such transmission. The social acceptability of gender inequalities contributes to the prevalence of domestic violence. According to the 2006 multiple indicator cluster survey, in some regions of the country, up to 40 per cent of women believe that a husband has the right to use corporal punishment on his wife.

## II. Past cooperation and lessons learned

7. The second country programme (2005-2009) sought to improve the reproductive health of the population and to address the linkages between population, sustainable development and poverty. The programme focused on HIV/AIDS youth concerns and gender-based violence. It had a significant impact on population strategies. Support to the 2009 census helped to improve the national capacity to ensure that census methodologies were compliant with international standards. The programme supported the development of a database on, and the analysis of, emerging population issues, such as mortality, family status, ageing and migration. It also increased the skills and knowledge of civil servants and legislators on population and development issues.

8. The programme increased the use of high-quality reproductive health services by: (a) implementing

international standards on perinatal care and evidence-based clinical protocols; (b) improving the monitoring of maternal mortality; (c) implementing reproductive health commodity security; and (d) establishing youth-friendly services to increase the access of young women and men to sexual and reproductive health services and to encourage them to practice safer sexual and reproductive health behaviour. Evidence-based projects that were piloted in the Southern Kazakhstan region may now be replicated nationwide.

9. Lessons learned included the need for: (a) a greater focus on national leadership and ownership in introducing internationally recognized standards and approaches; (b) improved programme monitoring and evaluation; (c) a greater national-level focus on developing a legal environment conducive to modern methods and approaches in reproductive health; and (d) better defined support in data collection, especially data related to emerging population issues.

10. With the emergence of Kazakhstan as a middle-income country, the need for UNFPA financial contributions has lessened. Unless the global economic crisis calls for increased external help to Kazakhstan, future UNFPA assistance should focus more on policy and advocacy in order to shift more national resources towards population development, reproductive health, and gender programmes, including allocations to civil society organizations.

### **III. Proposed programme**

11. UNFPA and the Government developed the third country programme in cooperation with the United Nations country team, civil society, academia and the international community. It is integrated into the United Nations Development Assistance Framework (UNDAF) and contributes to its two outcomes: (a) by 2015, the population of Kazakhstan and vulnerable groups in particular will enjoy improved social, economic and health status; and (b) by 2015, national institutions at all levels and civil society are more capable of, and accountable for, ensuring the rights and needs of the population, particularly vulnerable groups. The programme is based on the recommendations of the 2008 Executive Board field visit to Kazakhstan, which recommended

a focus on: (a) advocacy; (b) awareness-raising; (c) expanding national and international best practices; (d) strengthening national capacity; and (e) promoting national ownership and leadership in the three UNFPA core programme areas. The programme will mainstream responses to existing global challenges into its implementation strategies.

12. The programme is aligned with the UNFPA strategic plan, 2008-2011, and the provisions of the Millennium Declaration and other relevant international instruments. The programme will contribute to government priorities outlined in national development plans, including Strategy 2030 and the long-term programme of health-care development to 2020, emphasizing universal access to sexual and reproductive health. The programme focuses on: (a) policy advocacy; (b) the dissemination of strategic information; (c) technical assistance and the strengthening of technical and institutional capacity in population and development; (d) reproductive health and rights; and (e) gender equality. Support to emergency preparedness through technical assistance, coordination and resource mobilization has been mainstreamed in the programme. In particular, the programme will support data collection and analysis, reproductive health commodity security and the prevention of gender-based violence in emergencies.

13. The resource mobilization strategy calls for soliciting donor funds and sharing programme costs with the Government. The programme will seek to increase government allocations for development, including for: (a) a statistical database on vulnerable groups; (b) universal access to high-quality maternal health services; and (c) family planning and the prevention of HIV and sexually transmitted infections among young people.

#### *Reproductive health and rights component*

14. The first outcome of this component is: women and young people, especially those in rural areas and from high-risk groups, have improved access to health-care services. Two outputs will contribute to achieving this outcome as well as reproductive health and rights outcomes 2 and 3, respectively, of the UNFPA strategic plan 2008-2011 (DP/FPA/2007/17).

15. Output 1: Maternal health strategies are approved and action plans are developed and implemented. UNFPA will seek to strengthen health systems for maternal health services by disseminating strategic information and training decision makers and health professionals to programme, implement, monitor and evaluate programme interventions. Support to the Ministry of Health, local departments of health, and institutions for maternal and child health will focus on: (a) providing access to high-quality maternal health services, including in emergencies; (b) strengthening reproductive health services in primary health-care units, including services to prevent unwanted pregnancies, sexually transmitted infections and HIV and AIDS; (c) updating evidence-based clinical protocols for perinatal care and the management of obstetric conditions and reproductive health diseases; and (d) developing a modern maternal mortality monitoring system. The programme will expand best practices for maternal health from the previous programme. It will also improve curricula in medical schools and train academic staff.

16. 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 achieved by strengthening the capacity of health institutions, professional associations, civil society organizations and service providers to deliver high-quality family planning, with an emphasis on vulnerable groups, including migrants and disabled persons. The programme will support training for communities and health-care institutions to improve the availability of and demand for high-quality family planning and reproductive health services, based on best practices, with a focus on counselling. It will strengthen the capacity of the Government to deal with the procurement of reproductive health commodities and provide client-oriented reproductive health services. The programme will improve policies and practices in order to: (a) provide family planning services; (b) ensure reproductive health commodity security; (c) integrate family planning services into primary health care; and (d) strengthen partnerships with communities.

17. The second outcome of this component is: 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. Two outputs will contribute to achieving this outcome as well as reproductive health and rights outcomes 4 and 5, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

18. Output 3: Women and young people have improved access to high-quality sexual and reproductive health and services to prevent HIV and AIDS. The programme will provide technical support and training to the Ministry of Health, its institutions and civil society organizations to: (a) incorporate the reproductive rights of young people in national policies; (b) improve the access of women and young people, especially girls, to HIV prevention services, including in emergencies; (c) update HIV policies, emphasizing the needs of women and girls; (d) integrate HIV and AIDS and sexual and reproductive health policies and practices; and (e) improve the monitoring of, access to and utilization of services for young people on sexual and reproductive health, HIV and sexually transmitted infections.

19. Output 4: Women and young people are equipped with high-quality information to prevent and reduce the risk of unwanted pregnancies and HIV transmission. This output will be achieved by providing technical support for gender-sensitive life skills education for young people on sexual and reproductive health, including HIV and AIDS, and for extra-curricular education on empowerment and leadership. In particular, UNFPA will support social activism among youth to address sexual and reproductive health issues and to: (a) provide advanced training for young people in peer education; (b) promote the collaboration of young people with youth-oriented mass media and celebrities; (c) develop and maintain websites in the official language of the country; (d) provide training to maintain partnerships with authorities and health professionals; and (e) provide training to mobilize resources for youth programmes.

### *Population and development component*

20. The outcome of this component is: vulnerable groups, especially women, migrants, refugees, young people, the elderly and people with disabilities, have improved access to goods, services and social safety nets. Two outputs will contribute to achieving this outcome as well as population and development outcomes 3 and 4, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

21. Output 1: Policymakers employ evidence-based data to develop policies on gender equality, young people, sexual and reproductive health, and HIV and AIDS. This output will be achieved by providing technical support to the national agency for statistics and improving the capacity of national professionals to produce indicators and to collect, analyse and disseminate population data. The programme will: (a) support multiple indicator cluster surveys to comply with the Programme of Action of the International Conference on Population and Development; (b) help improve the quality of statistical databases; and (c) assist in developing and maintaining national registers on vulnerable groups.

22. 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. This output will be achieved by: (a) advocating health services for vulnerable population groups; (b) supporting parliamentarians, the national commission on women and the family demographic policy and related ministries and civil society organizations to strengthen capacity in data collection, planning and knowledge management. The programme will disseminate strategic information, support participatory assessments of emerging population issues, and reflect the results of assessments in national development policies.

### *Gender equality component*

23. The outcome of this component is: national institutions have improved capacity to protect human rights and ensure access to justice for women. One output will contribute to achieving this outcome as well as gender equality outcome 4 of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

24. Output 1: The action plan of the gender equality strategy reaches a greater number of women and is fully implemented. UNFPA will provide technical support to the national commission on women and family demographic policy to implement the action plan on gender-based violence, emphasizing reproductive rights and sexual and reproductive health. The programme will provide technical assistance and will train decision makers to: (a) develop policies to prevent and mitigate the consequences of gender-based violence, including in emergencies; (b) integrate a course on preventing gender-based violence into the undergraduate and postgraduate training of health-service providers; and (c) improve gender-based violence monitoring systems. The programme will also help to improve the access of the population to the Government on gender-related issues, through better use of information and communication technology.

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

25. UNFPA and the Government will implement the programme within the framework of the UNDAF, through national execution, and in close collaboration with United Nations organizations and other development partners, including the European Union. UNFPA and the Government will undertake joint reviews, joint monitoring and evidence-based evaluations. A midterm review and final evaluation of the programme will take place in 2012 and 2015, respectively.

26. The country office in Kazakhstan consists of a country director based in Almaty, an assistant representative and two support staff, as per the approved country office typology. UNFPA will earmark programme funds for two national programme staff and one support staff to strengthen implementation of the programme. The Eastern Europe and Central Asia Regional Office in Bratislava, Slovakia and the subregional office in Almaty will provide programme and technical support.

**RESULTS AND RESOURCES FRAMEWORK FOR KAZAKHSTAN**

<p><b>National priority:</b> (a) economic and social well-being for all; and (b) the establishment of an effective and up-to-date corps of civil servants and national institutions</p> <p><b>UNDAF outcomes:</b> by 2015: (a) the population of Kazakhstan, and vulnerable groups in particular, will enjoy improved social, economic and health status; and (b) government institutions at all levels and civil society are capable of and accountable for ensuring the rights and needs of the population, particularly vulnerable groups</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health and rights	<p><u>Outcome:</u> Women and young people, especially those in rural areas and from high-risk groups, have improved access to health-care services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>● Percentage of rural and urban population covered by high-quality maternal and child health services Target: 25 per cent against the baseline</li> <li>● Percentage of sexually active women aged 15-49 using modern contraceptive methods. Baseline: 49 per cent; Target: 75 per cent</li> </ul> <p><u>Outcome:</u> 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</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>● Births by girls aged 16-18. Baseline: 22 per 1,000; Target: 15 per 1,000</li> </ul>	<p><u>Output 1:</u> Maternal health strategies are approved and action plans are developed and implemented</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>● Percentage of health-care institutions implementing effective perinatal technologies. Target: In line with the long-term programme of health-care development in Kazakhstan up to 2020</li> </ul> <p><u>Output 2:</u> 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</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>● Number of trained health-care providers. Target: at least three persons in each health-care institution</li> <li>● Training programme is incorporated into the curricula of all tertiary and secondary medical schools. Target: programme incorporated</li> </ul> <p><u>Output 3:</u> Women and young people have improved access to high-quality sexual and reproductive health and services to prevent HIV and AIDS</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>● Percentage of services certified as youth-friendly. Baseline: 0; Target 75</li> </ul> <p><u>Output 4:</u> Women and young people are equipped with high-quality information to prevent and reduce the risk of unwanted pregnancies and HIV transmission</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>● Percentage of young people aged 15-24 who are aware of sexual and reproductive health and HIV prevention issues. Baseline: 19 per cent; Target: 50 per cent</li> <li>● Percentage of regions of the country involved in youth peer network. Baseline: 12, Target: 75</li> </ul>	<p>Ministry of Health</p> <p>Academic institutions; civil society organizations</p> <p>United Nations Children’s Fund (UNICEF); World Health Organization (WHO)</p> <p>Ministry of Health</p> <p>Academic institutions; civil society organizations</p> <p>UNICEF; WHO</p>	<p>\$4.2 million (\$3.2 million from regular resources and \$1.0 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Vulnerable groups, especially women, migrants, refugees, young people, the elderly, and people with disabilities, have improved access to goods, services and social safety nets</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>● Percentage of the population aged 60 and above who report having good access to medical and social services Baseline: 60 per cent; Target: 75 per cent</li> <li>● Percentage of migrants who report having good access to education, medical and social services Target: 25 per cent increase against the baseline</li> <li>● Conformity of status of disabled persons with international standards and rules on equalizing opportunities for persons with disabilities (United Nations General Assembly resolution 48/96) Baseline: no conformity; Target: status is aligned with the requirements of the Convention on the Rights of Persons with Disabilities</li> </ul>	<p><u>Output 1:</u> Policymakers employ evidence-based data to develop policies on gender equality, young people, sexual and reproductive health, and HIV and AIDS</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>● Number of social policy documents that accurately reflect population issues. Target: five</li> </ul> <p><u>Output 2:</u> Social-sector stakeholders are better able to plan, implement and monitor social and health services for the elderly, migrants and people with disabilities</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>● Number of comprehensive analytical studies on emerging population issues. Target: three</li> </ul>	<p>Agency for Statistics; Ministry of Labour and Social Protection; National commission on women's affairs and family demographic policy</p> <p>Academic and research institutions; civil society organizations</p> <p>International Organization for Migration; UNICEF; WHO</p>	<p>\$2.2 million (\$1.6 million from regular resources and \$0.6 million from other resources)</p>
Gender equality	<p><u>Outcome:</u> National institutions have improved capacity to protect human rights and ensure access to justice for women</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>● Number of legal acts and normative instruments adjusted in line with international standards Target: normative instruments ratified; laws developed and passed</li> </ul>	<p><u>Output 1:</u> The action plan of the gender equality strategy reaches a greater number of women and is fully implemented</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>● Gender equality law and domestic violence law are adopted. Baseline: not adopted; Target: adopted</li> </ul>	<p>National commission on women's affairs and family demographic policy</p> <p>Parliamentarians</p> <p>United Nations Development Fund for Women</p>	<p>\$0.6 million (\$0.4 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.7 million from regular resources</p>