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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Belarus**

Proposed indicative UNFPA assistance: \$3.7 million: \$2.3 million from regular resources and \$1.4 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: First

Category per decision 2007/42: C

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

	Regular resources	Other	Total
Population and development	1.2	0.3	1.5
Gender equality	0.1	0.9	1.0
Reproductive health and rights	0.7	0.2	0.9
Programme coordination and assistance	0.3	-	0.3
Total	2.3	1.4	3.7



## **I. Situation analysis**

1. Belarus became an independent country in 1991. A developed industrial sector and a highly educated and skilled labour force compensated for the shortage of natural resources. The population shared the benefits of economic growth, and poverty rates declined substantially. However, despite reducing the poverty rate from 46.7 per cent in 1999 to 6.1 per cent in 2008, Belarus still has number of population groups that remain vulnerable to poverty. These include families with three or more children, single-parent households, workers with a low level of education, and disabled people.

2. The population of Belarus was approximately 9.7 million in 2009. The present demographic situation was caused by the sharp decrease in fertility that followed World War II, the Chernobyl disaster, and the economic crisis of the 1990s. For the last 10 years, the rate of natural population growth has been negative. In 2008, the rate was -2.7 per 1,000 people. In 2009, the total fertility rate was 1.4 children per woman, and the birth rate was 11.2 live births per 1,000 people.

3. Rapidly raising morbidity rates and the spread of chronic diseases have resulted in low life expectancy at birth. In 2008, life expectancy was 64.7 years for men and 76.5 years for women. The mortality rate among men of working age is 4.2 times higher than that of women in this age group.

4. The maternal mortality ratio declined from 21 deaths per 100,000 live births in 2000 to three deaths per 100,000 live births in 2008. Nevertheless, there has been a deterioration in women's health and maternal health. The maternal morbidity level is 74 per 100 pregnant women.

5. Improved family planning services contributed to a reduction in the abortion rate from 1,301 abortions per 1,000 live births in

2000 to 390 abortions per 1,000 live births in 2009. However, there are no reliable data on the contraceptive prevalence rate among women, especially for modern methods. The Ministry of Health is willing to expand access to modern contraceptives within the public sector on a free-of-charge basis, especially for vulnerable groups, such as young people and low-income women.

6. Young people aged 15 to 24 constitute the most vulnerable group in the area of sexual and reproductive health. Young women aged 15 to 24 account for 33.3 per cent of all abortions. Youth accounted for 43 per cent of all registered HIV cases in 2008. Despite an increasing level of knowledge on sexual and reproductive health, especially on HIV/AIDS prevention, behavioural changes are slow to occur. The demand for reproductive health services, including counselling, is low. According to a 2008 sociological survey, 43.5 per cent of respondents knew of the existence of youth-friendly services, but only 6.4 per cent of them took advantage of such services.

7. The Government acknowledges the importance and urgency of population issues. In 2002, the Government implemented a law on demographic security through a national programme.

8. The use of disaggregated population data for the development of socio-economic policies and programmes is inadequate. In addition, there is a need to build the capacity of institutions and human resources to conduct research in accordance with international standards.

9. Belarus is one of the few countries in the region providing free medical services. However, modern approaches to health-care administration, funding, and evidence-based methods are at an early stage. The Government has not yet developed a national strategy on reproductive health.

10. The gender-related development index of UNDP ranked Belarus 52 among 182 countries in 2008. Gender gaps persist in employment and income. Domestic violence is the main gender-related issue. Although domestic violence is widespread, there is no institutional framework to protect women against such violence.

## **II. Past cooperation and lessons learned**

11. UNFPA assistance to Belarus began in 1994. Since then, UNFPA has provided over \$3.7 million in regular resources through stand-alone projects and contraceptive supplies. The principal programme areas were: (a) improving the quality of reproductive health services, especially for young people; (b) promoting safe sexual and reproductive health behaviour among adolescents; and (c) improving the quality of demographic data.

12. UNFPA helped to build the capacity of service providers to deliver medical and psychological services for youth; introduced a youth reproductive health counselling curriculum in medical universities and colleges; and initiated a joint project with the United Nations Children's Fund (UNICEF) to incorporate peer education in school curricula. These projects resulted in: increased knowledge of sexual and reproductive health among surveyed youth; improved communication between youth and health-service providers; an increased number of visits related to sexual and reproductive health services; and an increased contraceptive prevalence rate.

13. UNFPA provided support for the 1999 and 2009 censuses. It assisted in developing the technical capacity of the National Statistical Committee to collect, process and analyse census data in accordance with international standards.

14. Lessons learned during the implementation of UNFPA projects in Belarus indicate the need for: (a) a systematic approach to programming and to allocating funds to support national priorities and programmes; (b) a shift in focus from pilot initiatives and projects to more strategic and

policy-oriented programming; (c) the introduction of innovative ways to mobilize resources to support the implementation of projects in high-priority, thematic areas; (d) increased technical support in the area of population and development, including assistance to high-quality population data collection, analysis and distribution for policymaking; (e) building the technical capacity of policymakers and scientists to use population data for developing, implementing and monitoring demographic, social and population policies; (f) addressing gender issues through joint programming with other United Nations organizations and donors, with a focus on preventing domestic violence; and (g) strengthening HIV/AIDS prevention efforts and their integration into reproductive health services.

## **III. Proposed programme**

15. The proposed programme is the first UNFPA country programme for Belarus. It is aligned with: (a) the social and economic development plan of Belarus, 2005-2015; (b) the national strategy for sustainable social and economic development for the period up to 2020; (c) the UNFPA strategic plan, 2008-2013; and (d) the United Nations Development Assistance Framework (UNDAF).

16. UNFPA and the Government will implement the programme, taking into account the existing political and economic context. The country programme contributes to three of the five UNDAF outcomes: (a) sustainability of social and economic development; (b) protection from risks detrimental to health; and (c) effectiveness of the governance system. The outcomes and outputs of the UNFPA country programme are linked to the UNDAF. The Government and UNFPA will implement the programme in the three UNFPA focus areas: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

*Population and development component*

17. This component has one outcome: national and subnational social and population policies and programmes are based on comprehensive data. Two outputs supporting this outcome contribute to the UNDAF outcome on sustaining social and economic development that improves living standards, and to population and development outcomes 3 and 4, respectively, of the UNFPA strategic plan, 2008-2013 (DP/FPA/2007/17).

18. Output 1: Population-related disaggregated data and population projections are available for national and sectoral policy formulation and implementation. Activities include: (a) advocating an enabling legislative environment and building technical capacity to produce population projections; (b) supporting the analysis and dissemination of census data; and (c) improving demographic calculations, taking into account the 2009 census results.

19. Output 2: Increased capacity of policymakers to develop social and population policies using comprehensive population data and projections. Activities include: (a) supporting the Government in monitoring and evaluating implementation of the national programme for demographic security, by establishing a monitoring and evaluation system; (b) improving the knowledge and skills of national policymakers in the areas of population dynamics, social and population policies, the linkages between poverty and population, and the use of population data for policy formulation; and (c) improving education in demography.

*Gender equality component*

20. The gender component has one outcome: prevention and protection systems are established to reduce gender-based violence, including domestic violence. The outputs below contribute to the UNDAF outcome on enhancing the effectiveness of national governance, and gender equality outcome 4 of the UNFPA strategic plan, 2008-2013.

21. Output 1: Strengthened legal and organizational mechanisms to prevent domestic violence and support the victims of such violence. This output will be achieved by: (a) establishing and supporting multisectoral mechanisms to prevent and address domestic violence at the regional level; (b) training stakeholders (police, social workers, medical professionals, non-governmental organizations and faith-based organizations) to address domestic violence; (c) establishing reporting mechanisms and an integrated information system on domestic violence; and (d) providing technical expertise on developing a law on domestic violence.

22. Output 2: Enhanced public knowledge and awareness of gender-based violence. Activities include: (a) supporting information campaigns on domestic violence for men, women and young people; and (b) incorporating gender-based violence issues, including domestic violence, into school curricula and peer-education programmes.

*Reproductive health and rights component*

23. This component has one outcome: the reproductive health needs of the population are addressed in national and sectoral policies and programmes. The outputs below contribute to the UNDAF outcome on protecting people, especially vulnerable groups, from risks detrimental to their health, and reproductive health and rights outcomes 1 and 5, respectively, of the UNFPA strategic plan, 2008-2013.

24. Output 1: High-quality data and information on the reproductive health status of the population and on reproductive health services are available and accessible to policymakers. Activities include: (a) providing technical assistance in and training health administrators on reproductive health costing, and using the results of such costing to budget reproductive health services; (b) establishing a system of indicators on the quality and accessibility of reproductive health services, their integration into health statistics and

Ministry of Health regulations; and (c) establishing a monitoring and evaluation system on the reproductive health of the population (by group), and developing the capacity of health administrators to apply this system and use the results for decision-making.

**25. Output 2: Improved capacity of national and regional health system policymakers to develop evidence-based systems, programmes and protocols that address reproductive health.**

Activities include: (a) analysing the provision of reproductive health services and related legislation; (b) establishing mechanisms and standards to develop evidence-based reproductive health policies, programmes and protocols; (c) training health policymakers on evidence-based reproductive health policies and on programme development, monitoring and evaluation; and (d) providing technical support to develop, implement and monitor a reproductive health strategy.

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

26. The Ministry of Foreign Affairs, the Ministry of Health, the Ministry of Labour and Social Protection, the Ministry of Interior, and the National Statistical Committee will serve as the main government implementing partners of the country programme, which will be nationally implemented. UNFPA will also work with other government institutions, local administrations, faith-based organizations, non-governmental organizations, and the media.

27. UNFPA and the Government will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan, the UNDAF and with key national frameworks. Programme implementation will be based on the results-based management approach and will emphasize continuous monitoring. UNFPA will, with the participation of the Government, organize annual programme reviews, a 2013 evaluation of outcomes and, if required, a thematic evaluation at the conclusion of the programme cycle.

28. The Government and the United Nations country team validated the UNDAF and country programme baseline data. UNFPA and the Government will use the results of the 2009 census to update this data. The programme will also use data on vital and service statistics as well as data from surveys and research.

29. UNFPA will seek additional resources from multilateral and bilateral donors, and will engage in joint programming with other United Nations organizations.

30. The UNFPA country office in Belarus consists of a non-resident UNFPA country director based in Moscow, Russia, an assistant representative, a programme associate, and a financial/administrative associate, as per the approved country office typology. Previously, UNFPA projects in Belarus were funded entirely from programme funds. However, with the development of a country programme, and subject to the availability of funds, UNFPA will recruit national project personnel to strengthen programme implementation. UNFPA will obtain additional technical assistance from national and international consultants. The UNFPA regional office for Eastern Europe and Central Asia will also provide technical and programme assistance.

## RESULTS AND RESOURCES FRAMEWORK FOR BELARUS

<b>National priority:</b> ensuring sustainable economic development and improving living standards to bring them closer to the living standards of more economically developed European countries <b>UNDAF outcome:</b> sustained social and economic development that improves living standards is supported				
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	<u>Outcome:</u> National and subnational social and population policies and programmes are based on comprehensive data <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>Number of national social and population sectoral policies and programmes that contain analysis of demographic data and projections</li> </ul> Baseline: 1; Target: 4	<u>Output 1:</u> Population-related disaggregated data and population projections are available for social policy formulation and implementation <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Disaggregated population data are available through the Internet and statistical population bulletins</li> </ul> Baseline: no data reflecting natural population growth and migration are available through the Internet or bulletins Target: data are available through the Internet and bulletins that reflect disaggregated population data and ratios <ul style="list-style-type: none"> <li>Population projections are produced and distributed among users</li> </ul> Baseline: In 2011, three scenarios on sex-disaggregated and age-disaggregated projections on population Target: In 2015, annual projections on the age and sex structure of the population, dependency ratios, age-specific ratios, and projections on births and deaths <u>Output 2:</u> Increased capacity of policymakers to develop social and population policies using comprehensive population data and projections <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Number of policymakers involved in developing, monitoring and evaluating the national programme on demographic security who are trained in the area of population and development</li> </ul> Baseline: 0 per cent; Target: 50 per cent <ul style="list-style-type: none"> <li>Number of higher, postgraduate and vocational educational institutions that incorporate training programmes on population and development into their curricula</li> </ul> Baseline: 0; Target: 2	National Statistical Committee; Ministries of: Economy; Education; Labour and Social Protection  Bilateral and multilateral donors  Academia  UNDP; UNICEF	\$1.5 million (\$1.2 million from regular resources and \$0.3 million from other resources)
<b>National priorities:</b> safeguarding, for citizens, the rights and liberties enshrined in the Constitution and in laws, and specified by international obligations <b>UNDAF outcome:</b> the effectiveness of the national governance system is enhanced				
Gender equality	<u>Outcome:</u> Prevention and protection systems are established to reduce gender-based violence, including domestic violence	<u>Output 1:</u> Strengthened legal and organizational mechanisms to prevent domestic violence and support the victims of such violence <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Number of districts where mechanisms of interagency coordination on domestic violence are institutionalized</li> </ul> Baseline: 0; Target: 3	Local administrations; Ministries of: Health; Information; Interior; Labour and Social Protection	\$1 million (\$0.1 million regular resources and \$0.9 million from other resources)

	<u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>• Law on domestic violence is adopted</li> <li>• Domestic violence policies and programmes are developed and costed</li> </ul> Baseline: 0; Target: 1	<ul style="list-style-type: none"> <li>• Number of professionals (by type) and community activists trained to prevent domestic violence</li> </ul> Baseline: 0; Target: 120  <u>Output 2:</u> Enhanced public knowledge and awareness of gender-based violence <u>Output indicators:</u> <ul style="list-style-type: none"> <li>• Percentage of young people and women surveyed who can identify domestic violence</li> <li>• Percentage of young people and women surveyed who know about existing protection facilities</li> </ul> Baseline: to be calculated from the survey; Target: increased by 20 per cent	Bilateral and multilateral donors; United Nations organizations  Academia; faith-based organizations; non-governmental organizations; the private sector	
<b>National priority:</b> promoting healthy behavioural patterns and lifestyles by decreasing morbidity, trauma and disability <b>UNDAF outcome:</b> people, especially vulnerable groups, are better protected from risks detrimental to their health				
Reproductive health and rights	<u>Outcome:</u> The reproductive health needs of the population are addressed in national and sectoral policies and programmes <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>• Number of national policies and programmes that address reproductive health</li> </ul> Baseline: 3; Target: 5	<u>Output 1:</u> High-quality data and information on the reproductive health status of the population and on reproductive health services are available and accessible to policymakers <u>Output indicators:</u> <ul style="list-style-type: none"> <li>• Information on reproductive health costing is available</li> </ul> Baseline: reproductive health costing not yet available Target: costing of family planning, abortions, prenatal care is available <ul style="list-style-type: none"> <li>• Data on the quality and accessibility of reproductive health services are available and regularly updated</li> </ul> Baseline: no surveillance system; Target: surveillance system is developed and data are regularly updated  <u>Output 2:</u> Improved capacity of national and regional health system policymakers to develop evidence-based systems, programmes and protocols that address reproductive health <u>Output indicators:</u> <ul style="list-style-type: none"> <li>• Percentage of national and regional health system policymakers trained in evidence-based reproductive health programming, monitoring and evaluation</li> </ul> Baseline: 0 per cent; Target: 30 per cent <ul style="list-style-type: none"> <li>• Evidence-based comprehensive protocol on adolescent reproductive health is developed by the Ministry of Health</li> </ul> Baseline: 0; Target: 1	Local health administrations; Ministry of Health; Ministry of Interior (Committee on Execution of Punishments); National Statistical Committee  Bilateral and multilateral donors; United Nations organizations  Academia; faith-based organizations; non-governmental organizations; the private sector	\$0.9 million (\$0.7 million from regular resources and \$0.2 million from other resources)  Total for programme coordination and assistance: \$0.3 million from regular resources