



Economic and Social Council

Distr.: Limited
1 April 2010

Original: English

For action

United Nations Children's Fund

Executive Board

Annual session 2010

1-4 June 2010

Item 5 (a) of the provisional agenda*

Draft country programme document**

Azerbaijan

Summary

The draft country programme document (CPD) for Azerbaijan is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$4,585,000 from regular resources, subject to the availability of funds, and \$12,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2011 to 2015.

* E/ICEF/2010/8.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2010.



Basic data[†]

(2008 unless otherwise stated)

Child population (millions, under 18 years)	2.7
U5MR (per 1,000 live births)	36
Underweight (% , moderate and severe, 2006)	8 ^a
Maternal mortality ratio (per 100,000 live births)	26 ^b
Primary school enrolment (% net, male/female, 2006)	74/72
Survival rate to last primary grade (% , 2006)	99
Use of improved drinking water sources (% , 2006)	78
Use of improved sanitation facilities (% , 2006)	80
Adult HIV prevalence rate (% , 2007)	0.2
Child labour (% , children 5-14 years old, 2005)	7 ^c
GNI per capita (US\$)	3 830
One-year-olds immunized with DPT3 (%)	70
One-year-olds immunized against measles (%)	66

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a WHO child growth standard.

^b The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 82 per 100,000 live births. See www.childinfo.org/maternal_mortality.html.

^c Indicates data differ from standard definition.

Summary of the situation of children and women

1. Azerbaijan has recorded impressive economic growth during the last five years. The economy grew annually by 20 per cent in real terms, and central government revenues doubled as a percentage of gross domestic product (GDP). Positive growth was even recorded in 2009, despite the economic crisis, although the growth remains driven mainly by the hydrocarbon sector. The poverty rate had fallen to 13 per cent by 2008, though this average hides inequalities and shortfalls in social protection, health and education.

2. Disparities remain acute. Poverty rates are highest among families with many children and families with young children, and are higher for those outside Baku. The Government plans to bring the eligibility level for assistance up to the amount of the poverty line by 2011 and increase the assistance amount accordingly. (Currently assistance is only provided for households earning up to 75 per cent of the poverty line, even when provided in full.)

3. Due to the very low share of social sector expenditure in GDP, the Government is unable to fulfil all its commitments to children. Health expenditures amount to about 1 per cent of GDP. As a result, salaries for health workers are low, which leads to informal out-of-pocket expenditures by clients of the health system. These payments constitute a big burden for poor families, particularly those with children. The Government is planning to establish a health insurance system.

4. There is clear progress in mortality reduction. According to UNICEF data based on survey results and estimates, the infant mortality rate (IMR) fell from 78 deaths per 1,000 live births in 1990 to 43 in 2004 and to 32 in 2008. According to official statistics, the IMR amounted to 11.4 in 2008. Discrepancies between the infant mortality rates based on official statistics and UNICEF data are explained mainly by the application of the Soviet definition of live birth within the country. Both sources demonstrated the downward tendency of infant mortality rate. The Government has initiated health system reforms, but much remains to be done to increase the quality and accessibility of health services. Home deliveries are higher among women from lower welfare levels and lower educational levels. One in every four children under the age of 5 is stunted. More than a third of children and women are anaemic.

5. The prevalence of HIV/AIDS is less than 0.2 per cent among the adult population and still concentrated among certain high-risk groups, mainly intravenous drug users. A recent surveillance study found that 10 per cent of them had HIV. There is an urgent need to increase the knowledge level about HIV and AIDS among the general population, including young people: only 17 per cent of women and 13 per cent of men have a comprehensive knowledge of HIV prevention; for people aged 15-24 this figure is only around 5 per cent.

6. With massive government investment, the education infrastructure is essentially sound, though the coverage and quality of preschool education remain challenging: enrolment is only 23 per cent, and attendance is even lower, averaging 10 per cent — 8 per cent for boys and 12 per cent for girls. Discrepancies are wide between rural and urban areas. The Ministry of Education is undertaking major reforms, which should raise the quality. It is measured through scores from the Program for International Student Assessment (PISA) and university admission tests; on the latter, more than three fourths of students (78 per cent of girls and 80 per cent of boys) achieved scores below 300 on a scale of 700 in 2009.

7. Children who are internally displaced may face extra challenges due to the poor physical and technical resources available at schools at some centres for internally displaced persons (IDPs), as noted in Azerbaijan's second report to the Committee on the Rights of the Child.

8. Azerbaijan has taken significant steps in child protection reform, linked to a broader social protection system. Attitudes towards institutionalization of children have started to change, and the number of children identified as being in institutions has fallen (from 14,000 in 2008 to 10,000 in 2009). An inter-ministerial team is working urgently to establish the social worker profession and alternative services necessary for de-institutionalization. However, another inter-ministerial issue as yet unresolved is under-registration of births, also identified by the Committee on the Rights of the Child: 6 per cent of children under five have never been registered. A juvenile justice system is being established, but important elements remain to be developed.

9. Approximately 56,000 children (2 per cent) are registered as having a disability. Systems to support children with disabilities (and their families) need improvement, as do general public attitudes towards these children. Only about 6,000 children with disabilities receive education in special schools; 11,000 are educated at home. Azerbaijan ratified the Convention on the Rights of Persons with Disabilities in 2009 and is embarking on pilot projects on inclusive education.

10. Reports to the Committee on the Rights of the Child highlight the issue of children working on the street, mainly in Baku. A survey carried out in 2008 showed that only 35 per cent of these children attended school regularly. All were doing some form of paid work.

11. The increasing number of child marriages is a concern, with one marriage in eight involving a girl under the age of 18. A proposed amendment to the Family Code would increase the marriage age for both women and men to 18 (with fewer exceptions than before permitting marriage one year younger). This sets a good standard, but as many child marriages are already unregistered, the main challenge clearly lies in implementing the law, as well as in changing public attitudes. Child marriage reduces opportunities for girls to continue education and increases health risks, which in turn affects the education and health of future generations.

12. Gender-based violence in the home persists, as identified in the 2009 comments on the country report to the Committee on the Elimination of Discrimination against Women. When asked in the 2006 Demographic and Health Survey if they agree with at least one reason justifying a husband's beating of his wife, 58 per cent of men agreed with at least one, and a surprisingly high 49 per cent of women also agreed. Moreover, three fourths of caretakers report having used psychological or physical punishment to discipline children.

13. The unresolved Nagorno-Karabakh conflict has displaced a huge number of people. About 10 per cent of the population of Azerbaijan are internally displaced and refugees. Unemployment among the internally displaced is widespread, with only a third of this population from this category being employed, and per-capita income is lower. Despite massive investment by the Government, people who are internally displaced have less access to housing than the non-displaced population, with less than half of displaced people living in decent housing. There are still 360 IDP collective centres (dormitories, hostels, sanatoriums, unfinished buildings, et cetera), mainly in big cities, serving a total of 120,000 displaced people. The Government has announced its intention to spend over \$100 million in 2010 on further addressing IDP housing.

14. Azerbaijan, particularly Baku, is prone to earthquakes and other natural disasters. The recently established Ministry of Emergency Situations has been actively promoting awareness among the population regarding disaster preparedness and risk reduction.

15. As highlighted in the concluding observations by the Committee on the Rights of the Child the second periodical State report, more data are needed to support policymaking and decision-making. Also needed are more concerted efforts to boost the participation of women and young people in decision-making, both at family and societal levels. The country submitted its combined third and fourth periodical report in late 2009.

Key results and lessons learned from previous cooperation, 2005-2009

Key results achieved

16. Concerted efforts by the programme of cooperation and key partners, both in support to policy development and communication for development, have achieved

widespread support for child protection reform, with substantial changes taking place in perceptions and attitudes. There is now a consensus on restructuring the child protection system, for which the groundwork has been laid. Integration of child protection components into the local-level social protection system is being piloted. A master plan of transformation of institutions, based on a detailed mapping exercise, has been developed and implementation started. The number of children registered in institutions has fallen significantly, as noted above.

17. Law reform and systems strengthening have enhanced the capability of the State to fulfil its obligations to children and women. A law on juvenile justice has been drafted, and discussions are under way to integrate juvenile justice into broader justice sector reform. The State Committee on Family, Women and Children Affairs was set up in 2006. This central government body regulates and coordinates implementation of State policy on affairs of family, women and children.

18. A combination of support to policy development and considerable investment in technical capacity-building has resulted in the adoption of a national policy on the application of 'active learning' in the education system. UNICEF close collaboration with the World Bank in education reform enabled swift scaling up of earlier pilots to cover the whole country. Active learning was integrated into the design of the new curriculum and has been introduced to all primary schools, reaching approximately 238,000 first and second graders.

19. UNICEF facilitated a broad alliance of social partners for elimination of iodine deficiency disorders, and important progress has been made. An independent national survey of iodine nutrition undertaken in 2007 concluded that median urinary iodine levels of school children and pregnant women were within the optimal range. A new salt plant capable of providing enough iodized salt for the whole country will open in 2010.

20. The significant evidence generated during the country programme helped to inform policymaking and stimulate discussion on significant gaps, such as resource allocation and budgeting for children, child marriages, violence against children, institutionalization of children, child nutrition and mortality, and children with disabilities. The 2006 Demographic and Health Survey was the first national sample survey owned by the Government, so it particularly helped shed light on the long-standing debate about the actual level of childhood mortality. The survey also highlighted disparities and inequalities among various groups in the population.

Lessons learned

21. The work in supporting child protection reform in the country has substantially contributed to the enhancement of the government capacity to restructure the child welfare system. However, as shown in the 2007 evaluation of the child welfare reform project, reform is a complex and long-term process, needing the full engagement of major stakeholders, the support of the community and the shared recognition of the rights of children reached by the welfare services, as specified in the Convention on the Rights of the Child. In the initial stages of the reform, it was difficult to make an impact benefiting children because the structural components of the system, such as community-based alternative services, had not been consolidated. Now that the Government and its partners have identified the importance of having such services in place, the State Programme is able to take steps to ensure correct sequencing in the deinstitutionalization of children.

22. During the previous country programme, the legislation passed was in most cases exemplary, but implementation at the local level has been a major challenge. This calls for functional implementation mechanisms and more attention to local planning and feedback to link any project modelling work at the local level with national policymaking.

The country programme, 2011-2015

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
A. Responsive, child-friendly services	3 250	8 000	11 250
B. Improved attitudes towards fulfilment of child rights	585	4 000	4 585
Cross-sectoral costs	750	500	1 250
Total	4 585	12 500	17 085

Preparation process

23. The country programme was based on the areas identified and prioritized jointly by the Government and UNICEF and discussed with local and international non-governmental organizations (NGOs and international development partners). The process was coordinated with the development of the United Nations Development Assistance Framework (UNDAF), for which UNICEF chaired the Working Group on Social Development and actively participated in the governance working group. The strategy meeting took place earlier than usual, in October 2009.

24. The country programme design was heavily informed by the Situation Analysis of the Children in Azerbaijan, conducted in 2009, the draft third/fourth combined report to the Committee on the Rights of the Child, the Common Country Assessment and the 2009 UNDAF evaluation, as well as reports and studies conducted by key development agencies, NGOs and research institutes.

Programme component results and strategies

25. The country programme will comprise two mutually reinforcing and complementing components, which will contribute to the following results:

(a) By 2015, children benefit from more responsive and child-friendly services, with reduced disparities in outcomes;

(b) By the end of 2015, Azerbaijan advances the fulfilment of key outstanding observations of the Committee on the Rights of the Child (ref. CRC/G/AZE/CO/2).

26. Indicators for the first result include:

(a) infant mortality is reduced by 30 per cent and regional disparities in key child health indicators are reduced;

(b) 50 per cent of children attend schools that meet child-friendly school criteria;

(c) all at-risk children in six pilot districts (8 per cent of children nationally, and increasingly beyond these districts) are identified and offered at least a minimum package of support, with reliance on institutional care reduced to levels of international best practices;

(d) all children in conflict with the law in five pilot districts (6 per cent of children nationally, and increasingly beyond these districts) benefit from adequate diversion services and alternative sentences, and all child victims and witnesses are treated in a child-friendly manner.

27. The second programme component will contribute to increased public support and responsiveness by the state infrastructure to advance the fulfilment of the Convention on the Rights of the Child, by (a) improving the understanding of the rights of children among vulnerable groups; (b) enhancing capacities of families to fulfil their parental responsibilities consistent with the Convention on the Rights of the Child; (c) enabling the consideration of the best interests of the child in legislative and decision-making processes, including programmes, policies, judicial and administrative proceedings; and (d) increasing the meaningful participation of children, civil society and the media in monitoring the Convention on the Rights of the Child and increasing the children's participation in its implementation.

28. The programme strategies include:

(a) Monitoring the situation of children and women through local and international research institutions, which will also produce evidence for advocacy and adjustment of the development approaches;

(b) Strengthening capacity in the practice of supportive supervision and in establishing an effective interface between central ministries and local (district) administrations;

(c) Communication for development;

(d) Influencing public and government attitudes towards socially excluded and vulnerable children and advocacy for increased public spending on social services;

(e) Reduction of disparities through low-cost, high-impact preventive interventions and gender mainstreaming;

(f) Documentation of experience and intercountry exchange to strengthen government knowledge and capacity on service delivery;

(g) Appropriate support being provided to the Government in strengthening cross-sectoral mechanisms for disaster preparedness and response.

Relationship to national priorities and the UNDAF

29. The basis for the UNDAF, and therefore the country programme, is the State Programme for Poverty Reduction and Sustainable Development. Officially adopted in 2008, it sets out clear goals and targets for 2008-2015, aligned with the country's targets for achieving the Millennium Development Goals. The country programme matches five of the nine State Programme goals and targets. The previous country

programme supported the development of the State Programme on the Transfer of Children from State Institutions to Family Environment (De-institutionalization) and Alternative Care (2006-2015).

30. The proposed country programme reinforces the UNDAF outcomes on social development and governance. Due to the small role of the United Nations in Azerbaijan, there are few areas of overlap conducive to joint programming. Exceptions to be explored are HIV/AIDS prevention and maternal/child health.

Relationship to international priorities

31. The proposed country programme supports achievement of the Millennium Development Goals and the goals and targets of the Millennium Declaration. It responds to the international commitments made by the Government of Azerbaijan, including the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of Persons with Disabilities. Azerbaijan has signed and ratified the Convention for the Protection of Human Rights and Fundamental Freedoms, with which the country programme is also aligned. The programme also reflects the priorities of the UNICEF medium-term strategic plan, 2006-2013. The focus on reduction of disparities and reaching the socially excluded and vulnerable will address some recommendations of the Committee on the Rights of the Child.

Programme components

Programme A. Responsive, child-friendly services

32. The country has had very rapid economic growth in recent years, but investment and development in social sectors have not been able to keep pace. The situation analysis shows some technical gaps (especially in newer areas such as social protection) and also systemic issues that need to be addressed. This programme component therefore addresses social and legal issues for children such as equitable access to quality services, strengthening and implementing policy and regulatory frameworks, and making services child friendly and responsive. The programmatic response takes place in the cross-cutting areas of gender equality and the empowerment of women, civil society development, and respect for human rights, as well as sectoral areas.

33. A strong partnership has already been established with Parliament (Milli Mejlis), and it will be reinforced to address recommendations for preparing and improving laws, as well as to strengthen advocacy for proper budgetary allocation in social sectors. Beyond this, the programme will function as a facilitator of civil society capacity, helping to strengthen the capacity of NGOs to measure effectiveness of services and use that evidence to advocate for policy changes and service improvements.

34. Support to knowledge generation will be key for the development and enhancement of the social protection system, which will complement the work of the European Union, World Bank and other United Nations agencies. The programme will support analysis of the impact of poverty reduction efforts on children and monitor trends in disparities by age, region and sex. Major social transfer programmes, such as Targeted Social Assistance, will be measured for their impact on vulnerable families and their children to provide feedback to the

Government for appropriate adjustment. The programme will also support the generation and analysis of high-quality data.

35. Building on analysis undertaken in the current country programme, evidence of cost-effectiveness of interventions and investments in early childhood will lead to effective mechanisms for coordination within and between ministries to follow up on recommendations, especially in nutrition, early stimulation and early childhood education.

36. To support broad-based policymaking and generate knowledge, the country programme will support five districts as demonstration models in how to increase capacity in evidence-based planning, budgeting, supervision and monitoring for district development plans. This will require high-level commitment and involvement of line ministries.

37. To provide evidence to reduce disparities in health and nutrition outcomes, barriers to effective care will be analysed and service quality improved, especially in neonatal, preventive and community care services, including early detection and prevention of disability. Jointly with partners, the programme will support the introduction and implementation of internationally recognized standards for 'live births'. Support will be provided to develop the policy and regulatory framework to introduce and strengthen nutrition services for children and pregnant women, focusing on breastfeeding and promotion of quality complementary feeding as well as anaemia prevention, including through food fortification.

38. Educational outcomes will be improved and disparities reduced through full implementation of the child-friendly school concepts, including quality standards; inclusive education; support to parent-teacher associations to increase effective participation of parents and communities in school management; and the new pre-school curriculum (to be introduced in 2013). Educational challenges of internally displaced children will receive particular attention.

39. The programme will expand establishment of a responsive child protection system, reforming mechanisms by developing policy and legal frameworks at the national level and improving decentralized services by identifying local needs, including those resulting from disability. Support will be given to reform national and local child protection mechanisms and pilot them in six districts; the aim will be to produce lessons to be shared before nationwide scaling-up. The programme will assist in developing a specialized system for children in conflict with the law and for child victims and witnesses of crimes, with particular focus on continuing reform of the juvenile justice system. Technical assistance will be provided to counterparts in developing and implementing laws and by-laws and in setting up and piloting child-friendly justice, law-enforcement and social services, including diversion, alternatives to sentencing and specialized child police units and court rooms in five districts, aimed at subsequent scaling-up.

40. This component will be under the leadership of the Deputy Prime Minister. Partners will include national and international NGOs, the European Union, Organization for Security and Co-operation in Europe (OSCE) and United States Agency for International Development (USAID). Regular resources will be used for staff inputs, basic research and analysis and monitoring. Other resources will be used for piloting, technical advice and experience-sharing.

Programme B. Improved attitudes towards fulfilment of child rights

41. The situation analysis identified the need for a major change of attitude on issues such as the image of children in society, child marriage, violence against children and women, children living with disabilities, children working on the street and other disadvantaged children. It also highlighted an increasing cadre of young people who have few opportunities for constructive engagement in society, including limited societal participation by women. Young people have very little knowledge about HIV and AIDS and are rarely consulted on their views. HIV is concentrated among intravenous drug users and sex workers in specific locations, but a large section of young people are particularly at risk.

42. To address these and other challenges, a key strategy of the country programme will be communication for change and development. Partners will include Parliament, the Government, mass media, other United Nations agencies and civil society/NGOs. The programme will also work with relevant stakeholders to implement a comprehensive sectoral action plan at central and local levels.

43. The programme will focus on equipping and empowering adolescents and young men and women with necessary life skills and supporting the creation of an environment that encourages their active participation and broadens the scope for them to express their views. Encouragement will also be given to the development of values such as peaceful coexistence and to embracing of social and political diversity inclusive of the marginalized and vulnerable, and an understanding of the Convention on the Rights of the Child. The programme will work with central and local authorities and communities, and UNICEF will foster increased dialogue with adolescents and young people. This component will be intensively implemented in 20 districts (some of which will have a high proportion of internally displaced people) to establish good practices for further expansion. Adolescents and young women and men among marginalized and vulnerable groups will be a particular focus for prevention of HIV and for the provision of knowledge and tools contributing to healthy lifestyles and practices.

44. The programme will continue working with the office of the Ombudsman to monitor child rights at national and local levels. It will also continue to expand national capacity for reporting to Parliament on child rights, including advocating for assigning that responsibility to a specific official. To ensure sustainability and national capacity to protect and promote child rights, universities and journalist training institutes will be supported to strengthen child rights reporting, including preparation of syllabi.

45. The programme will support building consensus and awareness of the country's growing vulnerability to natural and human-caused disasters as well as the consequences of climate change. It will work with children, young people and communities to raise awareness about these issues and will support intragovernmental coordination, planning and response for disaster risk reduction.

46. The Cabinet of Ministers; the State Committee on Family, Women and Children Affairs; and concerned Government ministries are the major partners for the "Improve Attitudes to Child's Rights" component, under the leadership of the Deputy Prime Minister. In order to build a solid alliance for children in the country, Parliament, universities, national NGOs, the European Union, OSCE, USAID and international NGOs will be close partners. Regular resources will be assigned for

staff inputs, fundamental research and analysis and monitoring work. Other resources will be needed for large-scale communication efforts, youth outreach and experience-sharing.

Cross-sectoral costs

47. Cross-sectoral costs cover salaries of cross-cutting staff and include travel, training and equipment as well as operational support for country office management and administration.

Major partnerships

48. Partnership is both a strategy and a result of the country programme and is central to the continued work for children in Azerbaijan. UNICEF will work closely with its government partners, under the leadership of the Deputy Prime Minister: the intersectoral State Committee on Family, Women and Children Affairs; Ministries of Health, Education, Labour and Social Protection of the Population, Youth and Sport, Interior, Justice, Emergency Situations, and Finance; and the State Statistical Committee. One innovation will be to establish working relations with county-level government leaders and the relevant office in the President's Administration. UNICEF will continue its close collaboration with the office of the Ombudsman as well as NGOs and academic institutions. UNICEF will also continue to build its good relationship with Parliament.

49. Cooperation will continue with the United Nations Development Programme on governance and data for decision-making; the United Nations Population Fund and the World Health Organization on relevant health issues; the United Nations High Commissioner for Refugees on all issues related to internally displaced people; and the World Bank on education and health sector reforms.

50. Given that Azerbaijan is part of the European Neighbourhood Programme, UNICEF has many areas of collaboration with the European Commission, and this major partnership will be furthered. Other international partners include OSCE and the Council of Europe in matters dealing with justice for children; USAID on inclusive education and health care reform; and international NGOs, principally the International Save the Children Alliance and World Vision International, in matters concerning child protection and children with disabilities. Bilateral donors functioning in Azerbaijan (principally Japan and Norway) will also continue to be close partners.

51. UNICEF will also continue building partnerships with the media and private sector. Efforts will be made to increase private sector interest in child rights and highlight the importance of corporate social responsibility.

52. This programme of cooperation will be monitored as part of UNDAF monitoring, with sectoral (thematic) reviews fed by individual programme reviews at year-end. Evaluations will be undertaken at each major milestone to document successes and challenges, and the reasons for both. A midterm review will be held in 2012, if possible as part of an UNDAF review, to assess progress and adjust priorities as needed. A new country programme of cooperation will be presented to the Executive Board in 2015.

Monitoring, evaluation and programme management

53. The monitoring and evaluation framework of this programme will be coordinated with the plans of other United Nations agencies and the Government. Judicious use of evaluations of progress towards implementation of State programmes will be promoted and necessary capacities developed. UNICEF will work with the Cabinet of Ministers, Ministry of Economic Development, State Statistics Committee and line ministries to monitor the indicators outlined in the State Programmes, particularly in the State Programme for Poverty Reduction and Sustainable Development. This monitoring will be supported by two household surveys (such as multiple indicator cluster surveys) to be conducted at the beginning and end of the country programme. Alongside conventional indicators of human development, attention will be paid to tracking changes in other important indicators such as child poverty, PISA scores, the proportion of children in formal care and the share of children with disabilities in mainstream education. Of particular value will be the disaggregation of data by sex, place of residence, age and social status of children.

54. The Cabinet of Ministers will coordinate the country programme and annual and midterm reviews, while the programme components will be managed by respective government ministries and committees.
