Country Programme Action Plan
2004 – 2007
for the
Programme of Cooperation
Between
The Transitional Islamic Government of Afghanistan
and the
United Nations Population Fund

TRANSITIONAL ISLAMIC GOVERNMENT OF AFGHANISTAN

UNITED NATIONS POPULATION FUND

Index

Acronyms & Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIHRC	Afghan Independent Human Rights Commission
AWP	Annual Work Plan
BCC	Behavioral Change Communication
BEmOC	Basic Emergency Obstetric Care
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CCA	Common Country Assessment
CEmOC	Comprehensive Emergency Obstetric Care
CG	Consultative Group
CHC	Comprehensive Health Center
CO	Country Office
COO	Chief of Operations
CPAP	Country Programme Action Plan
CPCC	Country Programme Coordination Commitee
CSO	Central Statistics Office
CST	Country Technical Services Team
DFID	Department for International Development (UK)
EC	European Commission
EmOC	Emergency Obstetric Care
ERP	Enterprise Resource Planning
FP	Family Planning
GAG	Gender Advisory Group
GDP	Gross Domestic Product
ICPD	International Conference on Population Development
HMIS	Health Management Information System
HP	Health post
MCH	Mother and Child Health
MDG	Millennium Development Goal
MOH	Ministry of Health
MOWA	Ministry of Women Affairs
NDF	National Development Framework
NGO	Non Governmental Organization
RH	Reproductive Health
SCA	Swedish Committee for Afghanistan
STI	Sexually Transmitted Infection
UNAMA	United Nations Assistance Mission in Afghanistan
UNDAF	United Nations Development Assistance Framework
UNDP	United Nation Development Program
UNFIP	United Nations Fund for International Partnerships
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organization

The Framework
The Transitional Islamic Government of Afghanistan, 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 the Country Programme Action Plan (CPAP) and to the outlined responsibilities in the implementation of the Country Programme; and

Furthering their mutual agreement and cooperation for the fulfillment of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, other related conferences, and the Millennium Development Goals (MDG);

Building upon the experience gained in providing humanitarian assistance and **based** on the recently approved Country Programme Document, are:

Entering into a new period of cooperation;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Part I. Basis of Relationship

The program described herein has been agreed jointly by the Government and UNFPA. This Country Programme Action Plan, consists of 10 parts wherein the general policies, priorities, objectives, strategies, management responsibilities and commitments of the Government and UNFPA are described, and two Annexes. UNFPA will enter into a formal agreement with the Government in the near future as to its operations in Afghanistan.

Part II. Situation analysis

Twenty years of conflict and social upheaval compounded by 5 years of drought have had a severe impact on the lives of the people of Afghanistan, with women being most affected. Prior to December 2001, Afghanistan lacked a legitimate, internationally recognized government with which international aid organizations could coordinate their activities. After the fall of the Taliban, the Bonn Agreement in December 2001 led to the establishment of the Afghan Interim Authority (AIA). At the International Conference on Reconstruction Assistance to Afghanistan, held in Tokyo in January 2002, donors pledged $4.5 billion over 2.5 years. The AIA governed the country until an Emergency Loya Jirga was held in June 2002 to decide on a broad-based transitional authority. Since the Tokyo conference, the coordination of donor assistance to Afghanistan has moved steadily toward a process designed and driven by the Government, culminating in the presentation of a National Development Framework (NDF) to donors in April 2002. The National Development Budget (NDB), is a means whereby all international funding institutions can channel their assistance and converts the NDF strategy into an investment programme. At the Constitutional Loya Jirga in December 2003 the new Constitution for the country was approved which explicitly guarantees that men and women have equal rights and duties before the law.

The GDP per capita is estimated at $ 167 in 2002 at current prices. From all indications the macroeconomic picture is improving. [1] Limited employment opportunities have kept labour force participation low, in general. For women, cultural barriers and the Taliban imposed ban on working women have severely limited their participation in the labour market. Although women are now

[1] Asian Development Bank Country Strategy and Program Update (2003 –2005). Afghanistan.

represented in the government (2 of around 40 ministers are women), their participation in economic activities is still very low overall.

Very little information is available regarding the basic characteristics of the Afghan population and socio-economic data. The only previous population census in the country was conducted in 1979 and not completed. The household listing work for that Census had been conducted over a 4- year period up to 1978 and that too was not 100 percent. As a consequence, there currently exists a very limited population database upon which to formulate development policies and programmes. The size, structure and distribution of the population are not known and these uncertainties have hampered policy formulation and the integration of population with development planning.

The Afghan Central Statistics Office (CSO) estimates the total population at 21.8 million and the growth rate at 1.92 percent per annum in 2002.[2] Under the Bonn Agreement, the United Nations was charged with conducting the Census. Phase 1 of the Census, namely the Household Listing, started in October 2002 under the direction of the Afghan Central Statistical Office and with the financial and technical assistance of UNFPA. The Household Listing will enable the collection and elaboration of reliable population data and affect positively the designing of development policies and strategies by the Government and its partners. There is very little gender-disaggregated data available in the country.

Life expectancy at birth in Afghanistan is low - 44 years for females and 45 years for males. The fertility rate is high at 6.9 children per women. [3] The adolescent fertility rate is estimated at 151. Currently about 50 per cent of the population seems to be below 15 years of age. Afghanistan's high fertility rates coupled with a young population structure means that demographic momentum alone will ensure a high population growth rate for at least the next two decades.

According to the 2003 MICS reports 90 percent of married women less than 49 years of age are not using any form of contraception by.[3] At least 3 family planning methods are available in 29 percent of current basic health facilities[4].

Maternal mortality is among the highest in the world at 1,600 per 100,000 live birth and as high at 6,500 per 100,000 live births in some provinces, like Badakhshan[5], where the highest maternal mortality ratio ever recorded was registered. Almost half the deaths among Afghan women in reproductive ages are from complications of pregnancy and childbirth. A majority of deliveries take place within the home and only 14.3 percent of births are attended by a trained attendant.[3] About 87 percent of the maternal deaths are preventable. The factors contributing to the high maternal deaths are: high fertility as a result of poor education and poor access to contraception; poor nutrition and inadequate antenatal and postnatal care; lack of access to emergency obstetric care; early marriage and childbearing; the difficult terrain in most part of the country which makes access to health facilities difficult and cultural barriers which impede women to address public hospitals and clinics . The Ministry of Health's (MoH) current policy[6] lays emphasis on provision of good quality care to mothers including essential obstetric care and child spacing. However, there is at present limited capacity to design and implement effective reproductive health service delivery programmes as well as institutionalized training in RH.

[2] Afghanistan Statistical Yearbook 2003.
[3] Multiple Indicator Cluster Survey. 2003
[4] Afghanistan Health Resource Assessment Survey 2002
[5] Maternal Mortality in Afghanistan: Magnitude, Causes, Risk factors and Preventability. UNICEF/CDC 2March 2002, The survey was conducted in four provinces in Afghanistan. The survey found MMR at 1,600 per 100,000 live births – one of the highest levels reported globally. Important differences between urban and rural areas were noted: Kabul MMR was 400; Lagham was 800; Kandahar was 2,200 and Badakshan was 6,500 – the highest ever reported globally.
[6] Ministry of Health, Mission Statement, Values, Principles.

The infant mortality rate is estimated at 165 deaths per 1000 births and the under –5 mortality rate of 257 per 1000 live births are in each category among the highest in the world. [3]

Though only a few HIV positive cases have been detected in Afghanistan, risk factors such as injecting drug use, lack of blood safety practices, low status of women, displacement and refugee settings exist.

The geographical coverage of the existing health service is limited. War and earthquakes have damaged one-third of health facilities. Currently non-governmental organizations (NGOs) are the major basic health service providers in the country. The Ministry owns approximately 39percent of total health facilities and NGOs own 44 percent. However, a number of Government facilities are relying on non- Ministry of Health support, including NGOs and UN organizations.[7] The availability of basic reproductive health (RH) services is only 17 percent. Nearly 40 percent of the basic health facilities have no female health workers.

The education system has been badly affected by years of conflict. By the end of the 1990s, Afghanistan's education indicators ranked among the world's lowest with the highest gender gap and wide rural/urban and geographic disparities. Adult male and female literacy are 35 percent and 7 percent respectively. [3] In year 2000, gross enrolment ratio at primary school level was estimated at 38 percent for boys and only 3 percent for girls.[8] The UNICEF-supported Back-to-School campaign in 2002 brought back over 2.0 million children to the education system. Of this number, girls accounted for only 30 percent. Only 28 percent of teachers are female. There are considerable geographic variations such as the absence of female teachers in Uruzgan province and only 2 percent of attendance being girls in contrast to 45 percent girls in Kabul City and 65 percent of teachers are female.

A history of discriminatory policies against women, coupled with exclusive dependency on male-members of the family, has seriously impeded the advancement of Afghan women. The March 2002 Afghanistan ECOSOC report[9] on violence against women discussed instances of rape, sexual assault, forced prostitution and forced marriage. Women head more than 5 percent of households.[3] The National Development Framework[10], which sets out the vision and priorities of the Islamic Transition State of Afghanistan, includes special attention to girls and women and addresses the high rate of maternal mortality. It recognizes the need to enhance opportunities of women and improve cooperation between men and women. Another positive step is that Afghanistan acceded to the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) on 5th March 2003 without reservations.

Part III. Past Cooperation and Lessons Learned

UNFPA has provided assistance to Afghanistan since the late 1970s, in the areas of population and RH/family planning. From December 1997 UNFPA supported projects both inside the country and for Afghan refugees in Pakistan and Iran through NGOs, focusing on emergency obstetric care; provision of RH kits and supplies; basic training of health workers and information, education and communication on RH issues.

Post September 2001, assistance was provided by UNFPA in three areas (i) Reproductive health (ii) Women's Issues/gender (iii) Population Census. The Reproductive health efforts focused on the rehabilitation of 3 maternity hospitals in Kabul; provision of RH kits and life saving drugs; supporting

[7] Afghanistan Reproductive Health Resources Assessment, Results Summary, January 20, 2003. Prepared for UNFPA by health and Development Service (HANDS)
[8] UNESCO, EFA report
[9] Discrimination against women and girls in Afghanistan. Economic and Social Council. 4-15 March 2002.
[10] National Development Framework Draft, April 2002

RH service delivery in underserved areas, using mass media to promote behavioral change, and capacity building and training through NGO partners. Support was provided to the RH Communications Center at MOH and to the Reproductive Health Resources Assessment Survey. The support to Ministry of Women's Affairs included rehabilitation of the Ministry's Vocational Training Center, income generation projects, Women's Rights Unit of the Human Rights Commission and rehabilitation of the Ministry's Offices. A key strategy has been to strengthen the capacity of ministries by placing technical experts in line Ministries.

The UNFPA programme in 2003 has shifted from providing humanitarian assistance to a development mode with the development of the first country programme for 2004-2007. The country programme was based on national priorities identified in the National Development Framework, the Health Ministry's Mission and Policy Statement as well as gaps and priorities identified in the Afghanistan Health Resources Assessment and other surveys.

UNFPA in collaboration with line ministries and other partners has increased awareness of RH issues and its relationship to poverty reduction. As the lead agency for RH it is part of four working groups as part of the RH Task Force established by MOH. *The National RH Strategy, the Family Planning Guidelines*, the *HIV strategy* and the *Contraceptive Logistic Guidelines* have all been developed with UNFPA assistance. UNFPA has assisted the Ministry in drafting a proposal for submission to the Global Fund for HIV/AIDS, focusing on vulnerable populations, information/education on HIV/AIDS including young people and safe blood, with special emphasis on awareness creation and also assisted in the development of the HIV/AIDS Strategic Plan for 2003 – 2007.

UNFPA is providing assistance for the Afghanistan Census of Population and Housing. The Afghanistan Central Statistics Office (CSO) has been undertaking the household listing phase of the Census. However, the security situation in some parts of the country has slowed the fieldwork and it is now expected that the work will be completed in May or June 2004. UNFPA has made a considerable contribution to enhancing the capacity of the CSO in a large number of aspects throughout the year including training in English language, computer courses, the provision of internet and networking facilities, training for staff including study tours abroad for senior officials. Proposals have now been prepared for a) the implementation of the II Phase of the Census, b) the rehabilitation of one building and the construction of 2 others to provide for a Census Data Processing Center and Conference/Training facility, and c) for a Census specific training to the staff of the CSO.

Lessons learnt

(i) Though providing humanitarian assistance to the people of Afghanistan was of paramount importance in the short term, there was also the need to move swiftly to providing more focused development assistance in order to rebuild the country. However, support to service delivery will need to continue during the new country programme.
(ii) The lack of reliable disaggregated data is a serious impediment and support for collection of relevant data and analysis is vital.
(iii) Need for coordination among major partners to avoid duplication and to ensure synergy;
(iv) Strengthen program management/monitoring capacity;
(v) Need for advocacy with policy makers and planners that attainment of reproductive health and reproductive rights are fundamental for development, for fighting poverty and for meeting the MDG targets.
(vi) A trained personnel being at a premium in Afghanistan and in order to extend services to remote areas it is necessary for development agencies to provide incentives. Such monetary support is on the proviso that the government creates such a post in order to ensure continuity.
(vii) Given the unstable security situation prevailing in many parts of the country UNFPA needs to develop and operationalize an emergency preparedness plan and build emergency preparedness and response capacity within the Government and other partners.

Part IV. Proposed Programme

The Country Programme Action Plan (CPAP), in the absence of a United Nations Development Assistance Framework (UNDAF) in Afghanistan is based on the national priorities in the National Development Framework (NDF), the Health Ministry's Mission and Policy Statement and the National Health and Nutrition Public Investment Programme. The CPAP builds on the Country Programme Document for Afghanistan (DP/FPA/CPO/AFG/1) approved by the Executive Board of the United Nations Development Fund and the United Nations Population Fund.

One of the three pillars of the National Development Framework[11] is "*to create the conditions for people to live secure lives and lay the foundations for formulation of sustainable human capital*." The goal of the UNFPA country programme is to contribute to the national goal of enhancing the quality of life of the people of Afghanistan through improvements in reproductive health and the status of women. The CPAP will contribute to the making progress towards several of the Millennium Development Goals. Eradication of poverty entails addressing fundamental issues of equity and equality. Discrimination against women and girls is the most pervasive and persistent form of inequality. Gender equality and women's empowerment are essential to achieving reproductive health and sustainable development. Moreover, achieving gender equality and women's empowerment is a MDG, an important recognition that achieving this goal is a fundamental step in alleviating poverty and improving the quality of life. Furthermore, the CPAP will also contribute to the goals related to maternal and child health and HIV/AIDS prevention.

The CPAP is based on the principle of realization of human rights, including reproductive rights - the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. Reproductive health, population and gender equality within a rights-based framework are linked and play a key role in human development, sustained economic growth and sustainable development.

UNFPA's comparative advantage

1. Its mandate to work on issues such as reproductive health and rights, empowerment of women, girls' education, adolescent reproductive health and campaigns to combat violence against women. It also supports data collection, analysis and research to help countries achieve sustainable development.
2. Being recognized within the country as the lead agency for carrying forward the ICPD agenda.
3. Being a member of the UN Development Group and therefore its ability to ensure reproductive health and gender issues are given visibility as development issue and to ensure they are addressed in partnership with others.
4. Its close relationship with NGOs
5. Availability of the Country Technical Services Teams (CST) in Kathmandu to provide technical support and develop capacity at the country level.
6. Its ability to support the Government in the implementation and monitoring of ratified conventions such as the Convention on the Elimination of all Forms of Discrimination Against Women and promoting the ratification of other crucial conventions.

In relation to the issues identified in the Situational Analysis (Part II) and UNFPA's comparative advantage the CPAP responds to the priorities set out in the NDF which stresses the importance of increasing access to basic social services and thus building human capital as a key strategy for poverty

[11] The NDF consists of three pillars of development: (i) humanitarian assistance and human social capital, (ii) physical infrastructure and natural resources, and (iii) private sector development. Restoring security and reestablishing law and order, administrative and financial reform, and gender are crosscutting priorities. The NDF was based, among others, on the comprehensive needs assessments (CNAs) of Afghanistan's transport, education, natural resource management and environment sectors carried out by external aid agencies and the Government.

reduction. The CPAP supports the national priorities for better obstetric care in order to reduce the unacceptably high maternal and infant mortality, education and gender equity and equality.

The following strategies will be adopted to implement the CPAP.

1. Advocacy will be conducted with policy makers, religious dignitaries and other influential persons to raise awareness on reproductive health and rights and women's rights and that the fulfillment of these rights would contribute to poverty reduction. Moreover, advocacy will be conducted with relevant line ministries in order to lever more resources for critical interventions such as reduction of maternal mortality.
2. The strategy to engage in policy dialogue will draw increased attention to the promotion of reproductive health and rights though national policies and legislation. The lessons learned by UNFPA from focusing on two marginalized provinces - Bamyan and Badakshan - will be utilized for policy dialogue.
3. Building national capacity is integral to all activities. Capacity building of institutions to develop systems, policies and plans and the skills of service providers at national, provincial and district levels to improve the quality and efficiency of basic social services will be carried out.
4. Evidence based communication through different channels is of paramount importance in order for women, men and adolescents to make informed choices in relation to their reproductive health and create demand for services.
5. Develop strong partnership with other UN agencies, International Financial Institutions and NGOs.

Geographical focus of the CPAP
Firstly, the CPAP will address some critical interventions such as advocacy, policy dialogue and capacity building of key institutions such as the Family Planning Unit of the Women and Reproductive Health Department, the HIV Unit of the Health Care and Promotion Department of the Ministry of Health and the Ministry of Women's Affairs at the national level.

Secondly, given the long years of conflict and the breakdown of basic social services, two extremely deprived provinces - Badakshan and Bamyan- have been selected for support in consultation with the Government. The indicators in these two provinces are among the worst in Afghanistan. Badakshan for instance, has a MMR of 6,500 per 100,000 live births, the highest in the world. Both provinces are very remote, have very little infrastructure left after years of man made and natural disasters and lack sufficient human resources such as female health workers. In Bamyan there are only 2 female doctors. In 2003 UNFPA commenced two projects in Badakshan. The first supports the provincial hospital and 4 district clinics to provide Maternal Care, Emergency Obstetric Care and family planning. The second project aims at including RH issues both in the formal and informal education through the engagement of schools as well as the women center and other civil society organizations. These two projects aim to address the key issues within UNFPA's mandate in an integrated manner so as to ensure synergy. Similar activities will be carried out in Bamyan province. Security is less of an issue in these provinces compared to others in the country and was also one of the criterion for their selection. Because of the dearth of services throughout the country, the Ministry of Health has requested that UNFPA support NGOs to provide RH services in a few other provinces as well.

Outcomes of the CPAP

The expected outcome of the country programme are as follows.
1. to have contributed to increased utilization of quality RH information and services.

2. to strengthen the capacity of the Government to formulate population policies and programmes through increased availability of population data

3. to contribute to the improvement of the status of Afghan women

In order to achieve the first outcome - to have contributed to increased utilization of quality RH information and services – the following outputs need to be achieved.

Output 1: Increased availability of high quality reproductive health services and information in the provinces of Bamyan and Badakshan.

Output 2: Increased awareness and behaviour change for reproductive health.

Output 3. Strengthened capacity for the management of reproductive health programmes.

Output 1.1 Increased availability of high quality reproductive health services and information in Bamyan and Badakshan.

The aim is to improve maternal and newborn health through increased coverage and quality of reproductive health services. Increased availability of quality RH services will be achieved through an integrated mix of the following key strategies.

Enhanced capacity at district level to support delivery of quality RH services
The objective is to increase provincial and district capacity to increase access to quality RH services, with an emphasis on hard to reach communities. Provincial and district capacities will be enhanced to plan, monitor and coordinate reproductive health programmes; train and supervise health workers, and work with NGOs and National Solidarity Committees. This will also contribute to provincial and district level ownership of the planning process.

(a) Human resource development
Training centers in each of the two provinces will be supported. These centers will train personnel in family planning, safe motherhood including newborn care with RTI and HIV/AIDs integrated as relevant. Trainers at these centers will be trained who will in turn provide competency based training to staff in health centers (HC), basic health posts (BHP), comprehensive health centers (CHC) and district and provincial hospitals.

(b) Infrastructure development
Based on a baseline survey to be conducted in the two districts selected facilities upto CHC level will be renovated and equipment and consumable supplies provided to them. Selected CHCs will be renovated and equipped and staff trained to provide BEmOC.

(c) Health system development Provincial and district level personnel will be trained in logistics and in the health management information system (HMIS). In addition, the capacity of supervisors to provide supportive supervision will be enhanced.

Service delivery : Since accessibility to safe motherhood and family services is limited in remote areas of the two provinces, the program seeks to reach out to communities by delivering at the door-step quality services for ante- and post-natal care including child spacing and the early referral of complicated pregnancies. Support will be provided for the Provincial Directorates of Health to establish linkages with Provincial Women's Development centers and NGOs. Moreover, a high level of emergency preparedness will be maintained in order to respond rapidly to any complex emergencies or natural calamities.

Increased opportunities for the participation of communities. Local health authorities and civil society will be involved in planning and implementation. Efforts will be made to maximize community participation in planning managing and monitoring the reproductive health services. Establish revolving funds for transportation, referral etc will enable women to improve their access to EmOC as well as other emergency health care and give them a final say in decisions regarding their

own health. This strategy will include actions to improve communication, interaction and linkages between communities and service providers.

Strengthened partnerships with NGOs for delivery of services
Selected NGOs will be contracted to provide training and non-clinical family planning services and basic maternity services in remote locations through mobile clinics.

Increase the knowledge base
Operations research will be carried out to ascertain the feasibility of delivery of an integrated comprehensive package of RH services in a selected district.[12]

Advocacy will be carried out to promote reproductive health and rights among provincial and district level policy makes, religious and community leaders. By this means it is envisaged that National Solidarity Committees will allocate sufficient resources for reproductive health services.

Output 1.2. Increased awareness and behavioral change for reproductive health
The mere availability of reproductive health services will not be adequate to achieve improvements in reproductive health outcomes. It is also necessary to address behavior change in order to minimize risk taking behavior and practices within communities.

The following strategies will be carried out to achieve the output.

Increase the knowledge base
Formative research on RH issues including STI/HIV/AIDS in selected populations including adolescents will be carried out. There will be a special focus on the provinces of Bamiyan and Badakshan, which will provide deeper insights into the influences on behavior, and communication channels, which are likely to be effective.

A pilot project on adolescent health will be conducted in a selected province. If successful, the experiences gained will be utilized to scale up activities.

Strengthen national capacity for advocacy and behavioral change interventions
The capacity of the Health Education Unit and the Child and Adolescent Health Department of the Ministry of Health will be developed for planning and implementation of integrated actions in order to change risk behaviors and promote reproductive health at national and sub national levels.

The Health Education Unit will be involved throughout in the conduct of the formative research and will be a means to develop their capacity to conduct such research.

Advocacy
Based on the formative research, appropriate advocacy messages will be developed for target audiences such as policy makers and religious dignitaries. The finding of the formative research will enable UNFPA and the Government to advocate strongly with national, provincial and district policy makers and donors to increase financial resources for RH services. Advocacy will also be carried out with religious leader on HIV/AIDS in order to enlist their support for prevention activities.

Increase awareness of RH issues among communities in Bamiyan and Badakshan
Existing information materials will be reviewed, adapted and /or new ones developed based on the formative research. Awareness raising will be carried out on RH issues including STI/HIV/AIDS, birth preparedness among women, men and adolescents. These activities will be carried out by

[12] Comprehensive RH services pilot to include integration of RTI/STIs, HIV/AIDS awareness and gender based violence.

selected NGOs and through the Provincial Women's Development Centers. Interpersonal communication skills of service providers will be enhanced.

Output 1.3 Strengthened capacity for the management of reproductive health programme.
This output aims to develop and strengthen the Ministry of Public Health's capacity to develop systems, policies and plans at national, provincial and district levels in order to improve the quality, coverage and sustainability of reproductive health programmes. Capacity development is a core intervention to enhance sustainability of RH programmes. To advocate for and develop policies and planning and monitoring mechanisms for reproductive health and rights it is crucial to develop the capacity of the Ministry of Health.

Capacity development of the Ministry of Public Health will be support through placement of national experts for the Family Planning Unit and the HIV Unit in the Ministry of Health. Equipment and supplies will be provided to make these units functional. In addition, to enhance the professional growth and improved technical skills of managers at central, provincial and district level training, exchange visits and workshops will be supported. Quality, coverage and sustainability are expected to improve through training management staff. The capacity of the Ministry of Health for providing RH services in response to a man made or natural emergency will be enhanced.

The rehabilitation of the Khair Khana Hospital in Kabul was supported by UNFPA. Currently. Afghanistan does not have a National Family Planning Center. This institution will be considered to for development as a national training center for family planning, after having strengthened the management and manpower of the hospital through appropriate training .

Information systems In order to ensure RH commodity security a contraceptive logistics management information system will be supported together with other partners. Such a system is an important tool for effective planning and monitoring of contraceptive security.

Advocacy As the lead agency for reproductive health, UNFPA will assist the Ministry of Health to coordinate with all stakeholders the implementation of the Reproductive Health Strategy and RH Commodity Security. UNFPA on its part will also advocate strongly for making reproductive health services readily accessible in Afghanistan.

Outcome 2. To strengthen the capacity of the Government to formulate population policies and programmes through increased availability of population data.

Output 2. 1: Conducting census enumeration and utilizing census data for development planning and policy formulation.

The output aims to have developed capability in the country in producing a continuous series of reliable and timely demographic data through population censuses and surveys as well as in the processing, analysis, evaluation and dissemination of population data required for policy formulation, development planning and administration.

The following strategies will be adopted to conduct the census in Afghanistan

Completion of the household listing phase of the census
This will entail the finalization of all household listing fieldwork and conducting the required analysis.

Conduct of the Afghanistan census of Population and Housing
This will entail the following -

- By April 2005 to have designed, tested and printed all Census Questionnaire;
- By May 2005 to have completed all preparatory work required for Census enumeration;

- By July 2005 to have completed Census enumeration;
- By August 2005 to have monitored and evaluated the Census against defined criteria and completed the post enumeration survey;
- By December 2005 to have produced provisional population estimates from the enumeration records;
- By December 2006 to have completed processing of the Census;
- By June 2007 to have produced a range of Census products to meet the needs of users; and
- By June 2007 to have developed an enduring capacity in the CSO to conduct Censuses and surveys.

Engendering the Census

Engendering the census means ensuring that the data from the census fully captures gender differences among the population and that the conduct of the census features a balanced participation by both males and females.

Engendering data of Afghanistan Census

Perhaps more than in other countries, there is a dire need for statistics in Afghanistan that truly reflect the situation of women vis a vis that of men. Such statistics should permit the analysis of the nature and extent of discrimination against women and provide the basis for making policies that allow women to exercise their human rights and enable them to realize their potential as partners of men in the country's development. The forthcoming census of population offers a unique opportunity for collecting comprehensive data on the gender situation in the country to serve that purpose.

A number of activities are required to engender the census data. The census questionnaire will be carefully designed to include and phrase questions that are highly gender and culture sensitive. (It is not enough to simply include sex as one of the census questions). A census technical committee, consisting of national demographers, statisticians, women's groups, policy makers, and gender experts from NGOs and UN organizations, will be formed to develop the questionnaire (and instruction guides for administering it) and ensure its gender-sensitivity. Before it is finalized, the questionnaire will be subjected to a series of field pre-tests to ensure its validity as an instrument for collecting gender-sensitive data.

Officials of the census organization as well as all provincial census staff will undergo training that will help them understand gender issues in the context of Afghanistan and sensitize them to their role in the collection and dissemination of accurate data on gender. A similar training will also be organized for all census enumerators, field supervisors and data processors in addition to the usual training they undergo to prepare them for their respective tasks. In addition, selected officials will be provided an opportunity to undertake a study tour to other countries to learn experiences on engendering the census.

The census publicity campaign will be designed not only to raise awareness among the general public about the conduct of the census and the importance of their cooperation and support, but also to deliver appropriate messages on the need for them to provide accurate information about each and every member of their family, regardless of sex. Extra care will be taken not to repeat the experience in other countries wherein females were underreported in the census.

Data collected from the census will be tabulated with sex-disaggregation in all instances that such disaggregation applies. Gender analysis of the census data will be carried out and disseminated such that the findings feed into policies and programmes. A training on gender analysis will be provided to selected national experts for this purpose.

Engendering the Conduct of the Census

The conduct of the census requires employment of a large workforce. In a male-dominated society like Afghanistan, the census provides an opportunity for women to be employed outside their homes, albeit on a temporary basis and of short duration. Hence, during the Census proper, efforts will be made to attract female enumerators and field supervisors and to recruit them on a priority basis. Education requirements for qualifying as such will not be as stringent as those for males to allow for the history of female discrimination in education in the country. Moreover, the conditions for their employment will be arranged in ways that do not needlessly expose them to sexual harassments or to any other forms of gender-based violence.

Equal opportunity will be given to qualified females in the hiring of office workers to process the results of the census, such as manual processors, data entry operators, and computer programmers.

Outcome 3. To contribute to the improvement of the status of Afghan women
Output 3.1. Creating an enabling environment to enhance women's opportunities

The following strategies will be employed to create an enabling environment to enhance women's opportunities.

Advocacy for women's rights
Given the low status of women in Afghanistan strong advocacy is required to ensure their rights. Support to the Afghan Independent Human Rights Commission will be provide to monitor the status of women.

Enhanced capacity of the Ministry of Women's Affairs (MOWA) to promote RH of women.
In order to advocate for women's reproductive health and rights the capacity of the Ministry of Women's Affairs needs to be enhanced for policy development, planning and monitoring. At the national level the Ministry will be supported with financial and technical staff and office equipment. Support will also be provided for mainstreaming gender into development planning, in addition to support for engendering the census in collaboration with UNIFEM and other partners..

Provincial Women's Development Centers (PWDC)
The provision of literacy and skills training as well as RH information and services through PWDCs will be piloted in selected provinces. Training to the staff of PWDCs in the provinces of Kandahar, Laghman, Parwan, Badakshan and Bamyan in the management of women's development programmes including orientation on RH issues will be supported. For this purpose a module on RH and rights for use in the PWDCs will be developed, pre-tested and finalized in 2004.

Build the capacity of partner NGOs to communicate information on RH issues and reproductive right.
In order to enhance the status of women in Afghanistan it is crucial to work with NGOs to raise awareness among communities of women's rights and reproductive health and rights. For this purpose NGOs will also receive training on the use of the module developed for the PWDC..

Increased opportunities for the participation and development of women
Selected schools in Bamiyan and Badakshan will be renovated and in order to encourage girls enrollment and retention a limited number of scholarships will be provided. A range of non-formal literacy programmes will be conducted at community level and will serve as an entry point for RH messages.

Part V. Partnership Strategy

To ensure comparative advantage and optimization in impact, UNFPA will link with key partners in order to utilize different areas of expertise.

Within the Government, successful programme implementation will depend on the coordinated action of the Ministries of Health, Women's Affairs, Rural Rehabilitation and Development, Education. At the provincial level, UNFPA cooperation will be coordinated through the Provincial Directorates of partner ministries. Other important national partners include the Central Statistics Office (CSO). UNFPA will also continue to work with other partners of the Consultative Group on Health and Nutrition set up by the Ministry of Health. UNFPA is also a member of the Gender Advisory Group.

Within the UN system, UNFPA will aim to improve synergy and partnerships with other United Nations agencies and development partners, including the WHO, UNICEF, UNIFEM, Asian Development Bank and USAID (REACH project) through the RH Task Force and other fora. These partnerships will focus on the areas of RH training, safe motherhood initiatives and promoting gender equity and equality. UNFPA will also establish partnerships with NGOs, in order to reach local communities and vulnerable and under-served groups. UNFPA will work closely with its partners in UNAMA, in order to strengthen the partnership between agencies, as well as to better coordinate with the Government and donors. The UNDG in Afghanistan is in the process of developing the CCA, UNDAF. UNFPA will actively support the development of such frameworks.

Cooperation with a wide range of NGOs and bilateral partners will continue and be further strengthened under the CPAP. Key NGO partners will be Ibn Sina, SHOWADA, Swedish Committee for Afghanistan, AIL and others. UNFPA will also strengthen its partnership with the Afghan Independent Human Rights Commission. Key partnerships will be further strengthened with international institutions such as Management Sciences for Health.

Part VI. Programme Management

Responsibility for programme execution rests with the Government structures, UN agencies and NGOs. The criteria for selecting implementing agencies will be based on their sound management systems including financial management, institutional and technical capacities, past experience in implementing related activities, comparative advantage and potential to contribute to the country programme outcomes and outputs. Implementers will be expected to carry out activities within the set guidelines and to put in place mechanisms to monitor and report on results of activities. Implementing agencies will report to UNFPA and the Government. UNFPA execution will be limited to procuring contraceptives, subcontracting and initiating South-South collaboration for technical assistance.

A Country Programme Coordination Committee (CPCC) will be nominated under the chairmanship of the ministry of Planning. The CPCC will facilitate coordination between the various government, NGOs donors and UN partners involved in the implementation of the country programme. The committee will meet at least quarterly a) to review annual workplans and progress reports with the implementation of the programme components; b) to discuss planned activities for the next quarter; c) ensure agreement on recommended annual and midcourse changes and adjustments to the structure and orientation of the country programme. The Country Office will function as the secretariat for the Committees.

Annual Work Plans (AWP) will be prepared in November / December each year, following the Annual CPAP Review, and approved by programme counterparts by January of each year. These plans will be reviewed in June/July each year and AWPs will be adjusted according to implementation experience and the identification of opportunities and constraints.

The UNFPA Country Office in Kabul will be responsible for the overall management of the Country Programme. The Chief of Operations heads the Office and has a deputy both of whom are international staff. The office typology allows for 2 NPO from core funds, and 4 NPOs under programme posts, with support staff. UNFPA Headquarters and the UNFPA Country Support Team (CST) in Kathmandu (Nepal) will provide technical backstopping.

International and national consultants, National professional project personnel (NPPPs) will be recruited to provide specific technical assistance.

Part VII. Monitoring and Evaluation

Monitoring and evaluation activities provide information to track actual performance against what was planned or expected and to identify potential problems and success. Both monitoring and evaluation form the scientific basis for adjustments of an on going programme; to identify lessons and be accountable to donors and stakeholders.

The indicators in the results and resources framework will be used for tracking results. The outcome indicators will be measured through existing systems and routine surveys of the Government and in some cases through special surveys.

Baselines surveys will be conducted in Bamyan and Badakshan provinces. The results and resources framework contains the outputs and the corresponding indicators. Tracking these indicators will provide information about progress in achieving the outputs, which in turn contribute to the accomplishment of the outcomes. Monitoring and data collection will be continuous and systematic.

Field visits will be carried out together with Government Counterparts to a) identify technical and/or operational strengths and weaknesses, b) identify technical issues for backstopping missions, c) decide with the executing/implementing agency on corrective actions as necessary and, d) share experience with other projects in the Country Programme e) avoid duplication with activities of other agencies in the same area. The findings of the field visit reports, should feed into the Annual CPAP Reviews.

Annual CPAP Reviews will be conducted to assess progress towards realization of the outputs of the CPAP. These meetings will a) review planned and accomplished activities; b) coordination among partners, c) allow all partners to present their implementation progress of the previous year and the coming year's annual work plan and budget and, d) make joint decisions on issues of implementation, co-ordination, and coherence in the conduct of activities. The findings of field visit reports, as well as any evaluations conducted during the preceding year should feed into the Annual CPAP Reviews.

Evaluation activities will include programme reviews and thematic evaluations with emphasis on the areas of maternal health and Provincial Women’s Development Centers as a model for improving the RH status of women. Information regarding best practices and lessons learned will be accessible nationwide.

Formative and operational research
Formative research will be carried out in order to be able to develop BCC messages for specific target audiences. Operational research in delivery of an integrated package of RH services in a single district and provision of adolescent health information and services in a selected district will be carried out.

Part VIII. Commitments of UNFPA

The UNFPA Executive Board has approved US$ 7,000,000 from UNFPA Regular Resources (RR), subject to the availability of funds, for the period 1 January 2004 to 31 December 2007 in support of the CPAP. The Board has authorized UNFPA to seek additional funding to support the

implementation of the CPAP, referred therein as Other resources, to an amount equivalent to US$ 17,500,000 for the census. The availability of these funds will be subject to donor awareness of, and interest in, the proposed programme. Resource mobilization efforts will be intensified, building on the positive experience UNFPA had following the launch of an international appeal for funding to support the emergency operation in the country in 2001. UNFPA will therefore advocate to the donor community, both in Afghanistan and internationally, to obtain such financial support. Therefore, the country programme approved by the UNFPA Executive Board, totals US$ 24,500,000.

The above funding commitments are exclusive of funding received in response to emergency appeals which may be launched by the Government over the programme period. Such funds, however, with the agreement of the Government , may be utilized to support unfunded portions of the Country Programme.

UNFPA support for the development and implementation of activities included within this Country Programme Action Plan include supplies and equipment, procurement services on behalf of the government, transport, technical staff and support, funds for advocacy, research and studies, consultancies, programme development and management, improvement of facilities, monitoring and evaluation, information and programme communication, orientation and training activities. UNFPA shall appoint programme staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities. Part of UNFPA support may be provided to non-governmental and civil society organisations as agreed within the framework of the individual AWPs.

Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the Country Programme will be reviewed and further detailed through the preparation of the AWPs. UNFPA funds are distributed by calendar year and in accordance with this Country Programme Action Plan and subject to availability of funds. During the review meetings, respective Government ministries indicated in the AWP will examine with UNFPA the rate of implementation for each programme. Subject to the review meetings conclusions, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that are expected to achieve faster rates of execution

UNFPA may support a limited number of Government posts, subject to agreement between the Government and UNFPA. Support for these posts will be for a prescribed period and contingent on the understanding that the Government will create these posts within its cadre and take up the posts eventually.

UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the AWPs. Therefore, in consultation with concerned government ministries, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP or AWP, for the purpose of reprogramming those commodities within the framework of the CPAP. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

Part IX. Commitments of the Government

The 2004-2007 Country Programme will be implemented in conformity with the policies of the Government of Afghanistan and the Standard Basic Assistance Agreement and Letter of Agreement. The Government, through the Ministry of Foreign Affairs and the collaborating sectoral ministries, is responsible for providing UNFPA with information regarding its policies and any changes occurring during the programme period.

The Government through its line Ministries will support where possible all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring, necessary for the progamme, except as provided by UNFPA, other United Nations or international agencies, NGOs.

Annual Work Plans will be prepared each year jointly by the Government and UNFPA, taking into consideration the status of implementation of programme activities and identified constraints and opportunities. These plans shall be reviewed jointly at Government-UNFPA meeting and shall form the basis for determining the allocation of Government and UNFPA funds for specific activities within the framework of the CPAP.

Each of the UNFPA-assisted Ministries, provincial departments and district institutions shall maintain proper accounts, records and documentation in respect of funds, supplies, equipment and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documentation concerning the distribution of supplies, equipment and other materials and the disbursement of funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of co-operation.

The Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA to the Government. The accounting procedures for supplies and equipment will conform to the general accounting procedures of the Government, which will provide such information as required by UNFPA.

No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNFPA under this Country Programme Action Plan. UNFPA shall also be exempted from Value Added Tax (VAT) or any other forms of local taxation in respect of local procurement of supplies or services procured in support of UNFPA assisted programmes. Government will be responsible to pay all import duties required for all project supplies and equipment imported for use by UNFPA supported programmes and projects.

The timing of transfer of supplies and equipment procured by UNFPA for the Government will be done in agreement between the two parties. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed Government Receipt. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the AWP and this CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

With respect to the use of program funds, UNFPA and the heads of respective Government ministries as indicated in the AWP, will sign separate letters of understanding and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The Government shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/ assistance in accordance with Government regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the ICSC circulars.

In order to have timely information on the movement and use of equipment, supplies and cash grants in implementing the programme of cooperation a system of administrative reporting and monitoring shall be instituted.

Each of the Government institutions concerned – through its respective technical personnel at federal, provincial and district levels – shall provide periodic status reports to UNFPA on UNFPA-assisted programmes. Key indicators of physical and financial progress shall be developed for each activity, showing the targeted and achieved objectives in each period. The Government and UNFPA shall mutually agree on the *proforma* to be used and the frequency of reporting.

An evaluation of the impact of programmes on its beneficiaries including adolescents and women will be undertaken by the Government or designated institutions, at periodic intervals. The reports of these evaluations will be made available to UNFPA and will help guide further development of the co-operation between the Government and UNFPA.

The Government shall facilitate and co-operate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and officials for the purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.

The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the Government shall ensure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP, and will co-operate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the programme by endorsing UNFPA's efforts to raise funds for the programme from the private sector both internationally and in Afghanistan by permitting contributions from individuals, corporations and foundations in Afghanistan to support the programme for children and women which will be tax exempt.

The Government will authorize the publication through various national and international media of the results of the Programme of Cooperation and experiences derived there from.

Part X. Other Provisions

This Country Programme Action Plan and its annexes shall supersede any previously signed County Programme Action Plan or Master Plan of Operations and become effective upon signature, but will be understood to cover programme activities to be implemented during the period 1 January 2004 through 31 December 2007.

The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review or compelling circumstances.

Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Workplan, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of

the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Afghanistan is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this County Programme Action Plan on this (day and date of actual signing) in Kabul, Afghanistan.

For the Government of Afghanistan	**For the United Nations Population Fund**
_____	_____
	Maria Pia Dradi **Chief of Operations**
Date:	**Date:**

Conceptual Framework of the CPAP

NDF Pillar 1 : To create the conditions for people to live securely and to lay the foundation for the formation of sustainable human capital

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UNFPA Goal: To contribute to the national goal of enhancing the quality of life of the people of Afghanistan through improvements in reproductive health and the status of women

Outcome 1 to have contributed to increased utilization of quality RH information and services programmes

Outcome 2: To strengthen the capacity of the Government to formulate population policies and programmes through increased availability of population data

Outcome 3: To contribute to the improvement of the status of Afghan women

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Output 1.1 Increased availability of high quality reproductive health services and information in Bamiyan and Badakshan

Strategies

Enhanced capacity at district level to support delivery of quality RH services
(a) Human resource development, establish training centers in the 2 provinces
(b) Infrastructure development
(c)Health system development - logistics, HMIS

Increased opportunity for the participation of communities

Strengthen partnerships with NGOs for service delivery

Operations research

Advocacy

Output 1.2: Increased awareness and behavior change for reproductive health.

Strengthen national capacity for advocacy and behavioral change interventions – e.g conduct of formative research

Evidence based advocacy

Increased awareness of RH issues among communities in Bamiyan and Badakshan

Output 1.3: Strengthened capacity for the management of reproductive health programmes.

Strengthen the capacity of the Family Planning Unit and the HIV Unit in the Ministry of Health.

In partnership develop a contraceptive logistics management system

Develop a National Training Centre for Family Planning

Strengthened information system

Advocacy

Output 2:1 Conducting census enumeration and utilizing census data for development planning and policy formulation

Completion of the household listing phase of the census

Conduct of the Afghanistan census of Population and Housing

Output 2:2 Creating an enabling environment to enhance women's opportunities

Capacity building of the Ministry of Women's Affairs and provincial Women's Development Centers to promote RH status of women

Advocacy for women's rights

Annex 2: CPAP RESULTS AND RESOURCES FRAMEWORK

Expected UNDAF outcome #1: There is no UNDAF in Afghanistan. The UNFPA CPA contributes to one of the pillars of the National Development Framework – To create the conditions for people to live securely and to lay the foundation for the formation of human capital.								
UNDG agency programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative Resources by programme component (per year, US$ mions)**				
				2004	**2005**	**2006**	**2007**	**Total**
Reproductive Health	**1. To have contributed to increased utilization of quality information and reproductive health services** • CPR increased • Decreased unmet need for contraception • % of population who know about contraception increased • Method mix increased	**Output 1.1** **Increased availability of quality reproductive health services and information in selected districts in Bamiyan and Badakshan**	• Proportion of deliveries assisted by skilled attendants increased from baseline level • Number of women receiving basic and comprehensive EOC increased • % of health facilities providing three methods of FP increased • % of clients receiving counseling on FP methods increased • Proportion of married couples using condoms increased	*Regular Resources*				
				0.77	0.70	0.62	0.66	2.75
				Other Resources				
		Output 1. 2.	• Increased % of men and women	*Regular Resources*				

		Increased awareness and behaviour change for reproductive health	aware of 5 danger signs in pregnancy* • Increased proportion of couples of reproductive age aware of at least one FP method • % increase of community/religious leaders expressing support for RH/FP activities	0.0	0.2	0.2	0.1	0.5
				Other Resources				
		<u>Output 1.3.</u> **Strengthened capacity for the management of reproductive health programmes**	• % of reproductive health staff of the Ministry of Health skilled in planning and monitoring reproductive programmes at national and provincial levels increased • % of health facilities having adequate supplies of condoms increased	*Regular Resources*				
				0.5	0.1	0.1	0.05	0.75
				Other Resources				
Population and Development Strategies	**2. To strengthen the capacity of the Government to formulate population policies and programmes through increased availability of population data**	**<u>Output 2.1</u>** **Conducting census enumeration and utilizing census data for development planning and policy formulation**	• Sex-disaggregated census data available and disseminated • % of sectoral planners able to formulate population related policies using hard data	*Regular Resources*				
				0.23	0.8	0.66	0.56	2.25
				Other Resources				
				0.4	14.6	1.3	1.2	17.5
	3.To contribute to the improvement of the status of Afghan women	**<u>Output 2.2</u>** **Creating an enabling environment to enhance women's opportunities**	• Number of staff of the Ministry of Women's Affairs able to collect and analyze gender statistics • Number of statements by political and other influential leaders declaring support for women's rights	*Regular Resources*				
				0.2	0.03	0.02	0.00	0.25

* Vaginal Bleeding; Pelvic or Abdominal Pain; Gush of Fluid from Vagina; Swelling of the Hands/Face; Severe Headaches; Blurry Vision

			• % of adult women (15-49 years) in Badakshan and Bamiyan aware of population, reproductive health gender issues • Number of gender sensitive policies and action plans formulated in line with the ICPD POA	*Other Resources*				
Programme Coordination and Assistance (regular resources)				0.10	0.10	0.15	0.15	0.5
GRAND TOTAL				*Regular Resources*				
				1.8	1.93	1.75	1.52	7.0
				Other Resources				
				0.4	14.6	1.3	1.2	17.5