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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Georgia

Proposed indicative UNFPA assistance: \$6.5 million: \$3.3 million from regular resources and \$3.2 million through co-financing modalities or other resources

Programme period: Five years (2026-2030)

Cycle of assistance: Fifth

Category: Tier III

Alignment with the UNSDCF Cycle United Nations Sustainable Development
Cooperation Framework, 2026-2030

I. Programme rationale

1. Georgia, an upper-middle-income country, is located in the South Caucasus region. With an ethnically diverse population of 3.7 million (2024), the demographic context is characterized by a smaller family size, an increase in longevity leading to a larger share of the elderly population, combined with relatively low economic participation of women and high levels of outmigration of the working-age population, all of which requires a comprehensive review of the country's economic and social investments to ensure responsive national systems that address societal and national priorities.
2. With the population predominantly residing in urban settlements (60 per cent), there is an urban-rural divide in access to high-quality health services. About 20 per cent of the population is under the age of 15, while 16 per cent is over age 65 (2024), and 3 per cent of the population are officially registered as persons with disabilities. The average desired number of children (2.6, 2024) contrasts with the total fertility rate of 1.7 (2024). Georgia has a high net migration rate (3.9, 2024), with mostly reproductive-age women impacting the migration trends.
3. Georgia ranks 60th globally on the Human Development Index (0.814, 2024). The country has made significant progress in achieving the Sustainable Development Goals (SDGs). However, according to the Common Country Analysis, to transition to high-income status, policies must focus on growth drivers like economic freedom, social mobility, liveable cities and strengthened human capital to foster innovation in light of the demographic changes
4. According to the International Monetary Fund, the economic growth averaged 5.6 per cent from 2003 to 2023. 9.4 per cent of the population is under the absolute poverty line (2024), and the Gini coefficient stands at 0.36 (2023). Remittances from abroad play a crucial role in the economy, accounting for 13.5 per cent of the gross domestic product. Georgia faces high unemployment, with an official unemployment rate of 13.9 per cent in 2024.
5. A conflict-sensitive approach is required in Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia. Women and young people living in these regions face challenges to the full realization of their human rights, including freedom of movement, limited access to basic social and health services, as well as limitations of reproductive health services, which influence maternal morbidity and mortality in Abkhazia, Georgia.
6. Significant progress has been made in addressing maternal mortality, which is a critical public health issue, as numbers still surpass the regional average. Despite reaching 22.4 per 100,000 live births (2023), compared to 30.1 per 100,000 live births in 2020, systemic limitations, including in the quality of antenatal, perinatal, and postnatal care, are exacerbated by regional disparities. Caesarean section rates exceed 40 per cent, with midwifery development facing workforce shortages, low recognition and quality constraints. Challenges include the limited adoption of new, evidence-based practices in maternal healthcare. Additionally, low cervical cancer screening coverage, particularly in rural areas, results in over 40 per cent of diagnoses at advanced stages. While at least four antenatal care visits reached 84.4 per cent coverage in 2023, and eight or more visits returned to pre-pandemic levels (38.5 per cent), the country fell short of its 2023 targets of 95 per cent and 65 per cent, respectively.
7. The ability of women and couples to decide on the number, spacing and timing of having children is challenged due to the limited integration of family planning into primary health care and the 'the incentivised system for doctors. Obstetricians and gynaecologists mainly provide family planning counselling, and contraceptives are only available through pharmacies, with no state funding or insurance coverage. Contraceptive use among women married or in a union declined from 53 per cent in 2010 to 43 per cent in 2024. The unmet need for contraception (20.3 per cent) is high, compared to the European average (approximately 5 per cent). While the total induced abortion rate decreased to 0.46 in 2024, this decline may be influenced by underreporting of abortions. Moreover, almost one-third of women who underwent an abortion reported receiving no pre- or post-abortion family planning counselling, and around 61.7 per cent received contraceptives or prescriptions after their last abortion. Legal and regulatory barriers to abortion access are not aligned with human rights or World Health Organization standards.

8. Georgia has a low overall HIV prevalence (0.4 per cent). However, there are concentrated epidemics among key populations. Despite efforts to increase access to testing, with 65 per cent of patients aged 29-40 years, late diagnosis is a major issue, with 55 per cent of new cases detected at an advanced stage, partly due to widespread stigma and discrimination. Negative attitudes toward people living with HIV contribute to delays in treatment, including 35 per cent of interruptions in antiretroviral therapy.

9. Women and young persons with disabilities, while facing challenges, have the potential for positive change if more attention is given to their unique needs. There are significant opportunities to enhance accessible, high-quality disability-sensitive health and social services, including gender-responsive services that can address gender-based violence (GBV) and sexual and reproductive health and rights (SRHR). As awareness grows, there is a promising path ahead to build the capacity of service providers, reduce stigma and expand access to information about SRHR and GBV, empowering women and creating a lasting impact.

10. While gender-biased social norms continue to be present, progress is being made, as seen in the decrease of child marriage (from 13.9 per cent in 2018 to 6.9 per cent in 2024). While the issue is significant, particularly with the urban-rural divide (2 per cent in urban areas and 19 per cent in rural areas) and educational disparities, there is a clear opportunity to address these gaps. The trend toward normalization of the sex ratio at birth (100/110 in 2024) indicates a shift, although 'son preference' persists, especially among specific ethnic groups. Also, 26.5 per cent of women report intimate partner violence, while women with disabilities are the most vulnerable. Deeply entrenched social norms perpetuate discrimination and violence, including in the digital realm, through technology-facilitated gender-based violence. In Georgia, the unauthorized access to a woman's electronic device by male partners is the most common form of cyber-violence. Over 12 per cent of women aged 15-49 years don't make their own informed decisions regarding sexual relations and reproductive health; most belong to rural, low-income and ethnic minority households.

11. Youth, representing 20 per cent of the population, may face barriers to employment and economic inclusion, limited job opportunities and gaps between education and labour market demands. About 63 per cent feel ignored in public policy, and 24.1 per cent are not in employment, education, or training (27 per cent female; 21 per cent male). Unemployment reaches almost 27 per cent for 20-24-year-olds. Access to youth-friendly healthcare and reproductive health education is limited. Social issues and climate anxiety increase vulnerability, leading to higher levels of risky behaviours and a higher risk of adolescent pregnancies and sexually transmitted infections (STIs).

12. In light of the demographic transition, disaggregated data availability and its effective use to inform policy and budgets need to be strengthened. To ensure the comprehensive and cross-sectoral integration of demographic trends into all relevant policymaking processes, it is essential to strengthen data collection and analysis. With the changing demographic profile, it is essential to adapt social policy systems, services and infrastructure to be responsive to demographic change. In particular, there is a need for policies promoting healthy and active ageing, along with ensuring the rights and protection of older persons.

13. Notable strides have been made in improving SRH services, reducing maternal mortality and addressing social inequality. By implementing evidence-based policies, such as regionalizing perinatal and antenatal care services, UNFPA supports enhanced high-quality care for pregnant women and newborns, benefiting over 30,000 women in underserved regions. The organization supported key health initiatives like updating the National EMTCT Action Plan and advancing cervical cancer screening, while pioneering digital innovations like telemedicine for antenatal care. UNFPA's advocacy for legislative reforms, including promoting parental leave and combating harmful practices like child marriage, have helped to strengthen Georgia's legal frameworks. However, these successes face challenges and require additional investment to sustain the steady progress. To effectively support reproductive health and rights, it is essential to engage with key stakeholders so that legislation creates opportunities for participatory decision-making and protects rights and choices.

14. UNFPA plays a crucial role within the United Nations Sustainable Development Cooperation Framework (UNSDCF) and the United Nations country team (UNCT), leveraging its unique niche in SRHR, demographic resilience, adolescents and youth engagement, HIV/AIDS and population dynamics. The value-added lies in its comprehensive approach to addressing complex development

challenges through a comprehensive demographic lens, highlighting elements of demographic resilience and issues that directly impact marginalized and vulnerable populations. The demographic resilience analysis contributed to the Common Country Analysis (CCA), and the United Nations foresight exercise, which in turn informs the UNSCDF and contributes to national priorities and the SDGs. UNFPA helps identify and address population-centred critical gaps, aligning its interventions with national needs to foster inclusive, sustainable development.

II. Programme priorities and partnerships

15. Building on the fourth programme evaluation and stakeholder consultations, the fifth country programme contributes to three UNSDCF outcomes. UNFPA focuses on policy advocacy and strengthening systems to support national efforts to address demographic change and build societal resilience. Guided by the “leaving no one behind” principle, UNFPA will collaborate with partners to advance the rights of women and girls, young people, engage men and boys, persons with disabilities, older persons and populations at increased risk of HIV infection, and promote equality and inclusion based on data, analysis and foresight.

16. The proposed programme seeks to advance the overarching objective of improving human well-being, capabilities, social cohesion and inclusion of the UNSDCF. It will contribute to key outcomes: (a) improved learning outcomes, healthier lives and reduced vulnerabilities, supported by comprehensive social protection, thereby bridging the rural-urban divide; (b) a more decentralized and inclusive governance system, with stronger human rights protections, gender equality and enhanced social cohesion; (c) people affected by conflict, including internally displaced persons (IDPs), enjoy enhanced engagement, trust and resilience for an enabling environment for peace, across dividing lines. In doing so, the programme will support the realization of SDGs 3, 4, 5, 10, 16 and 17.

17. The country programme has been prepared in close consultation with the Government, civil society and young people, including those representing key populations at increased risk of HIV infection and persons with disabilities, to ensure local ownership. The programme is based on local assessments and analysis of international commitments and is aligned with the priorities of the nationalized SDGs. It responds to the National Strategy for the Protection of Human Rights in Georgia, 2022-2030; the Vision for Developing the Healthcare System in Georgia by 2030; the State Concept on Demographic Security, 2017-2030; National Youth Policy Concept, 2020-2030; and the State Youth Strategy, 2023-2026. The country programme reinforces the implementation of the National Maternal and Newborn Health Strategy, 2017-2030; and the National HIV/AIDS Strategic Plan, 2026-2028.

18. The programme was designed based on evaluative evidence to address human rights, social norms, and public health. It will strengthen health and personal safety education, integrate it into teacher training, and promote open dialogues led by health professionals to challenge harmful gender stereotypes. The programme will advocate for gender-sensitive family policies, including paternity leave, and encourage private-sector support for caregiving norms. It will improve healthcare infrastructure, enhance maternal and reproductive health services, and integrate gender-responsive policies. Additionally, the programme will empower youth participation in policymaking and support persons with disabilities, especially in relation to gender-based violence and sexual and reproductive health rights. Overall, the programme aims to address the emerging demographic challenges of low fertility by supporting families in achieving their fertility aspirations, responding to the needs of an aging population, and creating conditions that promote sustainable growth and well-being.

19. The country programme will create a conducive environment for evidence-based, rights-based policy responses to effectively manage demographic trends. The programme will contribute to reducing maternal mortality by 46 per cent (from 22.4 per 100,000 live births in 2023 to 12 per 100,000 live births) and decreasing of prevalence of harmful practices of child marriage by 20 per cent (from 6.9 to 5.5) by 2030, in line with the SDG target for 2030, and the country’s voluntary ICPD commitment. This will be achieved through a comprehensive approach, including by improving sexual and reproductive health services across the care continuum, strengthening universal health coverage to meet lifelong sexual and reproductive health needs, prioritizing interventions at all levels of the health system, and strengthening a multisectoral institutional approach to harmful practices. Efforts will include capacity building, innovative solutions to raise awareness among marginalized women and

girls and addressing gender-biased social norms by engaging men and boys. Enhanced population data analysis and innovative tools will improve understanding of inequalities and SDG monitoring.

20. The ‘leave no one behind’ principle and the life course approach has been mainstreamed throughout the programme and focuses on addressing the factors of exclusion, such as discrimination and stigma, lack of access to high-quality services and information, and inadequate opportunities for the most marginalized groups in decision-making processes. UNFPA will continue to employ a dual-track approach to its programming, which will enhance the provision of specific, targeted initiatives to reach the furthest left-behind first.

21. UNFPA will support the Government in improving access to high-quality services via advocacy, policy dialogue, knowledge management, capacity development and service delivery in Abkhazia, Georgia. To support effective implementation, efforts will focus on: (a) strengthening legislative, strategic and regulatory frameworks; (b) addressing the urban-rural divide for women and girls; (c) enhancing human resource capacity; (d) promoting multisectoral coordination and partnerships, including South-South and triangular cooperation and knowledge sharing; and (e) expanding the evidence base through research and data analysis. The programme will engage target populations through information and education, using the latest technologies to drive social norm change, and will support new initiatives that enhance the participation of women and youth with disabilities.

22. The country programme will employ innovative education, communication and data visualization tools to increase effectiveness and efficiency of the programmatic results. It will strengthen partnerships with civil society organizations, academia, faith-based organizations, the media, sports, entertainment and fashion industries to increase outreach and impact. UNFPA will enhance established partnerships with the private sector and seek new opportunities to leverage resources for scaling up results. UNFPA will leverage the existing partnerships to enhance gender equality, address gender discriminatory norms and harmful practices, roll out sexuality education in the formal education system, and explore new partnerships.

A. Output 1. Strengthened national capacity for creating inclusive and enabling legislative, policy and accountability frameworks related to SRHR, gender-based violence and harmful practices, informed by demographic change.

23. Under this component, UNFPA will contribute to UNSDCF outcome 3 (by 2030, people in Georgia benefit from a more decentralized and inclusive governance system, with stronger human rights protections, greater gender equality, as well as enhanced social cohesion and an enabling environment for peace), and will accelerate progress towards the three transformative results.

24. Aligned with UNFPA Strategic Plan outputs on (a) data, analysis and foresight, and (b) policy, advocacy and accountability, UNFPA, in close collaboration with other United Nations entities, will strengthen legislative and accountability frameworks, enhance the capacity of the Government to align national laws with international rights standards, drive rights-based policy formulation in response to demographic changes, and generate a body of evidence on population dynamics, with a focus on older people and youth. This approach will foster a policy environment that enables women and girls, particularly the most marginalized, to access integrated, inclusive and affordable services, ensuring their ability to exercise their reproductive rights and be safeguarded from violence, thus reducing the maternal health risks and harmful practices they face.

25. Key interventions are: (a) supporting the development of policy, legislative and regulatory frameworks that (i) respond to the demographic change, (ii) ensure provision of accessible high-quality integrated sexual and reproductive health, and (iii) strengthen accountability frameworks on human rights, gender-sensitive family policies and technology-facilitated gender-based violence; (b) leading policy advocacy for integrating family planning as a core element of the universal health coverage benefit package and for screening and treatment of mental health in pregnant women; (c) building up a body of evidence on population dynamics by supporting in-depth analysis of census and survey data, and advocating for the integration of population dynamics into sector-specific policies, including those related to climate change; (d) supporting policy dialogue for mainstreaming ‘ageing’ into national and subnational policies and plans; and (e) supporting strengthened preparedness to emergencies, including

to natural disasters and public health emergencies, by the development of preparedness and contingency plans.

B. Output 2. Strengthened the capacity of systems and institutions to respond to demographic change by providing accessible and high-quality SRH information and services and addressing gender-based violence and harmful practices for those furthest left behind.

26. Under this component, UNFPA will contribute to UNSDCF outcome 2 (by 2030, people in Georgia enjoy improved learning outcomes, healthier lives, and reduced vulnerabilities supported by comprehensive social protection, thereby bridging the urban-rural divide), outcome 4 (by 2030, people affected by conflict, including IDPs, enjoy enhanced engagement, trust, and resilience for an enabling environment for peace, across dividing lines), and will accelerate progress towards the three transformative results.

27. Aligned with UNFPA Strategic Plan output on quality of care and services, UNFPA, in coordination with other United Nations organizations, will address key structural and behavioural barriers to enhance the quality and accessibility of services. The capacity of service providers, including those in the health, education and youth sectors, and civil society organizations to deliver essential SRH information and services will be enhanced. In parallel, UNFPA will increase partnerships for community empowerment, increasing awareness among men, women and girls for changing gender-biased social norms. This approach will strengthen duty bearers as well as rights holders.

28. Key interventions include: (a) institutionalizing the ‘beyond the numbers’ concept through the introduction of a national obstetric surveillance and response system for near-miss maternal morbidities to avoid preventable causes of maternal mortality; (b) collaborating with medical associations to elaborate/update clinical practice protocols, *inter alia* integrating the needs of women and girls with disabilities; (c) developing professional and educational standards for midwives to support the professionalization of midwifery and a transition from a physician-led care to a collaborative midwifery-obstetrician model; (d) scaling up the delivery of high-quality SRHR care and services, particularly for those furthest left behind, by leveraging innovative and accessible digital platforms and telemedicine tools; (e) delivering essential SRH services in Abkhazia, Georgia, and fostering confidence-building across the dividing lines; (f) promoting the introduction and wider adoption of human papillomavirus (HPV) testing by strengthening the national screening e-registry to facilitate data collection, analysis and reporting; (g) eliminating stigma and discrimination around HIV/AIDS in health care settings through capacity development; (h) supporting a multisectoral institutional response to harmful practices of child marriage and technology-facilitated GBV; (i) spearheading health and personal safety education by investing in the higher education institutions; and (j) assessing existing services for older persons to adapt services to their needs and expand the ‘60 years and above’ clubs network to support healthy, active ageing and meaningful participation in social life.

C. Output 3. Strengthened the capacity of individuals and communities to engage in constructive public discourse on demographic change and to foster positive social norm transformation, with a particular focus on the most marginalized populations..

29. Under this component, UNFPA will contribute to UNSDCF outcome 3 (by 2030, people in Georgia benefit from a more decentralized and inclusive governance system, with stronger human rights protections, greater gender equality, as well as enhanced social cohesion and an enabling environment for peace), and will accelerate progress towards the three transformative results.

30. Aligned with UNFPA Strategic Plan output on social and gender norms, UNFPA, in coordination with other United Nations organizations, will lead issue-based awareness-raising campaigns and build partnerships to advance the International Conference on Population and Development (ICPD) agenda. This aims to strengthen the capacity and agency of the right-holders, especially those furthest left behind, to foster constructive public discourse on demographic change and create demand for the upholding of human rights and equality.

31. Key interventions are: (a) spearheading issue-based awareness raising campaigns on women and girls' bodily autonomy, harmful practices, technology-facilitated GBV, engagement of men and boys in challenging harmful gender norms and fostering equitable relationships, active and healthy ageing, and the rights of people with disabilities, to promote positive social norm transformation; (b) working with academia and the private sector to promote women and girls' agency and well-being; (c) establishing intergenerational relations and creating an inclusive and just environment for healthy and active ageing; (d) supporting community-based youth-led inclusive initiatives and strengthening the capacity of civil society organizations to promote meaningful youth participation; (e) mobilizing partnerships with civil society, the private sector and faith-based organizations to eliminate violence and harmful practices against women and girls; (f) building the capacity of the media to bolster informed public discourse on demographic change.

III. Programme and risk management

32. The country programme aligns with the UNSDCF and will be implemented in close coordination with the United Nations country team (UNCT) and under the leadership of the Government.

33. The Office of the Prime Minister will coordinate the country programme. UNFPA will strengthen existing partnerships and create new ones to deliver high-quality results, based on the integrated resource mobilization and partnership plan. It will work with central and local government institutions, civil society, United Nations organizations, development partners, the private sector and the media to achieve the programme goals, particularly in enshrining the 'leaving no one behind' principle.

34. The programme will be implemented with consideration of accessibility for persons with disabilities, including through an inclusive design. UNFPA will implement the programme by selecting strategic implementing partners based on their comparative advantage. It will utilize capacity assessment and periodic quality assurance measures to ensure effective programme execution.

35. UNFPA will implement the programme through regular monitoring and periodic reviews, geared towards agile programme adaptation. UNFPA will act upon audit recommendations in a comprehensive and timely manner.

36. The country office has formulated a strategy for partnership and resource mobilization and will utilize funding and 'funding to financing' modalities to achieve the programme outcome and outputs. UNFPA will continue its strong collaboration with United Nations agencies and actively engage in joint programmes, focusing on health, population dynamics, gender equality, ageing and youth, contributing collectively to the realization of the 2030 Agenda.

37. To strengthen the investment case for the three transformative results, UNFPA will work to clearly articulate financing gaps and opportunities, demonstrate the economic and social returns of investing in SRH and support the development of actionable strategies to mobilize resources. The programme will advocate for the integration of SRH into national universal health coverage benefit packages and provide technical assistance to the Government in increasing domestic resource allocation through improved budgeting, costing and expenditure tracking. UNFPA will explore opportunities to engage with international financial institutions, to ensure SRH is prioritized in the health system and human capital investments, and foster partnerships with the private sector by supporting scalable service delivery solutions.

38. The country office will comprise a non-resident UNFPA country director, a head of office, and programme and support staff, funded through integrated institutional and programme budgets and non-core resources. Aligning with the new institutional business model and following an assessment of the office's human resources situation, its technical capacity in demographic resilience will be enhanced.

39. The programme will leverage the integrated technical and programmatic support offered by UNFPA headquarters and the regional office, while benefiting from collaboration with other country offices. The proposed country programme is aligned with United Nations reform processes, including UN 2.0, the UN80 initiative, and the quadrennial comprehensive policy review.

40. The programme is closely linked with the UNFPA enterprise risk management (ERM) processes, ensuring a structured approach to risk assessment and response by embedding risk management into all phases of planning and implementation. External risk factors that may impact the programme

implementation include: (a) changing legislative and regulatory frameworks affecting the political and public discourse on elements of the ICPD Programme of Action, including sexual and reproductive health and rights and the rights of women; (b) insufficient systemic capacity to address demographic change; (c) shrinking space for civil society organizations and their inadequate capacity in a changing political and social environment; (d) declining international assistance and development funding due to the contracting financing landscape; (e) the growing number of humanitarian crises competing for limited resources.

41. UNFPA will mitigate these risks by enhancing a broad variety of partnerships, domestic and international, including with the private sector and opinion makers; applying strategic advocacy and communication methods; and providing leadership to navigate and manage demographic change.

42. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

43. UNFPA will use a results-based management approach throughout the programme implementation, ensuring flexibility to adapt to changing conditions. Staff will use adaptive management approaches to implement the programme in manageable phases and will hold regular reviews to evaluate progress, identify challenges and adjust plans through adaptive planning tools. UNFPA will lead planning, quality control and monitoring activities with the implementing partners at regular intervals, applying the ‘leaving no one behind’ lens throughout the process.

44. UNFPA, together with the Administration Office of the Government of Georgia, will conduct annual programme reviews, in collaboration with stakeholders, to monitor progress based on the country programme results framework and the UNFPA strategic plan. In collaboration with the Government and the UNCT, UNFPA will create a framework to monitor and evaluate the implementation of the UNSDCF using UN-Info. Additionally, UNFPA will participate in the UNSDCF steering committee meetings with the Government and the joint programme steering committees with the relevant donors.

45. UNFPA developed a costed evaluation plan to generate evidence for shaping the next programming cycle and its contribution to UNSDCF implementation. UNFPA will conduct a country programme evaluation with key national stakeholders to deliver strategic, evidence-based recommendations for the next programming cycle. Additionally, UNFPA will participate in the UNSDCF evaluation, in cooperation with the UNCT, to support the ‘One UN’ principle.

46. UNFPA will contribute to developing joint workplans and assist in reporting achievements, including by co-chairing the UNSDCF outcome results group, as deemed appropriate by the UNCT.

47. UNFPA will help enhance the ability of national institutions to generate and use high-quality, disaggregated population data via the population census. This will ensure a broader understanding of the demographic factors for adapting macro-policies and frameworks and the effective tracking of national SDG targets and indicators, while highlighting the needs of the most marginalized groups.

48. UNFPA will collaborate with government institutions on the voluntary national reports on progress towards achieving the 2030 Agenda.

RESULTS AND RESOURCES FRAMEWORK FOR GEORGIA (2026-2030)

NATIONAL PRIORITY: I. Strengthening of justice, rule of law principles, institutional democracy and effective application of civil and political rights; III. Reflecting constitutional guarantees of equality in Government policy and implementing them in practice and enjoying human rights and freedoms without discrimination; National Strategy for the Protection of Human Rights, 2022-2030.

UNSDCF OUTCOME: 3. By 2030, people in Georgia benefit from a more decentralized and inclusive governance system, with stronger human rights protections, gender equality, and enhanced social cohesion.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2029, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of 4th cycle Universal Periodic Review recommendations (to be released in 2026) implemented by 2030 <i>Baseline: 0 (2025); Target: 50% (2030)</i> 	<u>Output 1.</u> Strengthened national capacity for creating inclusive and enabling legislative, policy, and accountability frameworks related to SRHR, GBV and harmful practices, informed by demographic change.	<ul style="list-style-type: none"> Number of new or revised national and sectoral policies and regulations that address three transformative results, factoring in demographic resilience <i>Baseline: 0 (2025); Target: 4 (2030)</i> Number of accessible knowledge resources addressing factors of demographic change produced <i>Baseline: 0 (2020); Target: 5 (2030)</i> Annual parliamentary reports of the Public Defender's Office of Georgia assess women and girls' SRHR, including those with disabilities <i>Baseline: No (2025); Target: Yes (2030)</i> Population and housing census data available for evidence-based policymaking, mapping and addressing inequalities and SDG monitoring, with UNFPA support (UNSDCF indicator) <i>Baseline: No (2025); Target: Yes (2030)</i> 	Health and Social Issues Committee of Parliament; the Ministry of Health; the National Centre for Disease Control and Public Health; Emergency Coordination and Urgent Assistance Centre; Ministry of Education; Science and Youth; Human Rights Secretariat under the executive branch of the government; National Security Council; Office of the State Minister for Reconciliation and Civic Equality; public and private healthcare providers; civil society; community-based organizations; academia; medical universities; professional associations; United Nations agencies	\$0.4 million (\$0.2 million from regular resources and \$0.2 million from other resources)

NATIONAL PRIORITY: I. Strengthening of justice, rule of law principles, institutional democracy and effective application of civil and political rights (Objective 1.6.c/d); II - Strengthening the protection of economic and social rights and improving systemic guarantees for this (2.1.b; 2.2.a; 2.4.a/b; 2.11.a/f); III - Reflecting constitutional guarantees of equality in Government policy and implementing them in practice and enjoying human rights and freedoms without discrimination (Objective 3.4.a/f; 3.5. c; 3.6.a) National Strategy for the Protection of Human Rights 2022-2030

UNSDCF OUTCOME: 2 By 2030, people in Georgia enjoy improved learning outcomes, healthier lives and reduced vulnerabilities, supported by comprehensive social protection, thereby bridging the rural-urban divide; 4 By 2030, people affected by conflict, including IDPs, enjoy enhanced engagement, trust, and resilience for an enabling environment for peace, across dividing lines.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2095, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> Maternal mortality ratio 	<u>Output 2.</u> Strengthened the capacity of systems and institutions to	<ul style="list-style-type: none"> Number of women in Abkhazia, Georgia, with improved access to high-quality SRH services delivered by UNFPA <i>Baseline: 0 (2026); Target: 10,000 (2030)</i> 	Ministry of Internally Displaced Persons from the Occupied Territories; Health; Labour and	\$3.1 million (\$1.6 million from regular

<i>Baseline: 22.4 (2023); Target: 12 (2030)</i>	respond to demographic change by providing accessible and high-quality SRH information and services and addressing gender-based violence and harmful practices for those furthest left behind.	<ul style="list-style-type: none"> National mechanism for accreditation of midwife education and midwifery workforce policies institutionalized <i>Baseline: No (2025); Target: Yes (2030)</i> Operational maternal mortality/morbidity surveillance and response system at the national level, supported by UNFPA, exists <i>Baseline: No (2025); Target: Yes (2030)</i> Number of public institutions engaged in the referral system with relevant policies and procedures to address GBV and harmful practices, inclusive of persons with disabilities <i>Baseline: 0 (2025); Target: 5 (2030)</i> Percentage of municipalities that integrate health and active ageing into their local strategies or action plans increased <i>Baseline: 8% (2025); Target: 16% (2030)</i> 	Social Affairs; National Centre for Disease Control and Public Health; State Care Agency; Ministry of Education, Science and Youth; National Centre for Teacher Professional Development; Office of Resource Officers of Educational Institutions; National Centre for Educational Quality Enhancement; Ministry of Internal Affairs; Public Safety Command Centre 112; Prosecutor's Office; Office of the State Minister for Reconciliation and Civic Equality; National Statistics Office; Public Defender's Office; local municipalities; higher education institutions.	resources and \$1.5 million from other resources)
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NATIONAL PRIORITY: I .Strengthening of justice, rule of law principles, institutional democracy and effective application of civil and political rights; II. Strengthening the protection of economic and social rights and improving systemic guarantees for this; III. Reflecting constitutional guarantees of equality in Government policy and implementing them in practice and enjoying human rights and freedoms without discrimination; National Strategy for the Protection of Human Rights, 2022-2030.

UNSDCF OUTCOME: 3: By 2030, people in Georgia benefit from a more decentralized and inclusive governance system, with stronger human rights protections, gender equality, and enhanced social cohesion.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2029, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 88% (2024); Target: 92% (2030)</i> 	<u>Output 3.</u> Strengthened the capacity of individuals and communities to engage in constructive public discourse on demographic change and to foster positive social norm transformation, with a particular focus on the most marginalized populations.	<ul style="list-style-type: none"> Number of people reached through innovative awareness-raising campaigns aiming at social norm transformation, with the focus on 'leaving no one behind' <i>Baseline: 0 (2020); Target: at least 1.5 million (2030)</i> Number of joint initiatives with the private sector to promote the ICPD agenda <i>Baseline: 0 (2020); Target: 5 (2030)</i> Percentage of youth (aged 18-29 years) disagreeing that women's main duties are to their family rather than to professional aspirations <i>Baseline: 59.1% (2024); Target: 70% (2030)</i> Proportion of households reporting equal distribution of unpaid domestic work between women and men <i>Baseline: 22% (2024); Target: 30% (2030)</i> Number of grassroots civil society organizations capacitated to advocate for the ICPD agenda <i>Baseline: 0 (2025); Target: 5 (2030)</i> 	Local non-governmental organizations, including organizations of persons with disabilities, and other grassroots organizations; the media; influencers; young people; Youth Agency; Ministry of Education, Science; and Youth ; National Centre for Teacher Professional Development; Office of Resource Officers of Educational Institutions; Public Defender's Office; local municipalities; higher education institutions; private sector organizations.	\$2.6 million (\$1.1 million from regular resources and \$1.5 million from other resources)

Programme coordination and assistance	\$0.4 million from regular resources.
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