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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Kazakhstan

Proposed indicative UNFPA assistance: \$5.1 million: \$2.2 million from regular resources and \$2.9 million through co-financing modalities or other resources, including regular resources

Programme period: Five years (2021 – 2025)

Cycle of assistance: Fifth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.9	1.2	2.1
Outcome 3	Gender equality and women's empowerment	0.55	1.5	2.05
Outcome 4	Population dynamics	0.42	0.2	0.62
Programme coordination and assistance		0.33	–	0.33
Total		2.2	2.9	5.1



I. Programme rationale

1. The Republic of Kazakhstan, the ninth largest territory in the world, is an upper-middle-income country with an emerging, mainly hydro-carbon driven, market economy. After a sharp drop in 2015 and 2016, the country's economy recovered slowly, and is slowing down again in 2020 also due to the impact of the current pandemic, with the Government already taking measures to mitigate the socioeconomic impact of the related global economic crisis. According to the 2019 Human Development Report, Kazakhstan has a "very high" value of the human development index (0.817), ranking 50th among 189 countries. The 2019 Common Country Analysis indicated that the poverty rates of people living in rural areas is three times higher than in urban areas. The economic uncertainty has an impact on low-income households as job prospects shrink while consumer prices and loan rates rise, and the lack of savings means many have no financial cushion. Women, particularly those from households headed by women with children and elderly women, are among the most vulnerable during economic shocks.

2. The country is sparsely populated and unevenly distributed, with an average density of 6.8 people per square kilometre and a population size of 18.4 million, with approximately 41.8 per cent living in rural areas. Life expectancy is 68.84 years for males, while for females, it is 77.19 years. Average total fertility rate is 2.84. Over the last decade, the population of Kazakhstan increased by 15 per cent, with adolescents and young people aged 10- 24 years making up 20.8 per cent of the total population. The average age of mothers at the birth of their first child in Kazakhstan has increased, from 23.7 years in 2000 to 24.7 in 2018. The number of divorces has been increasing, from 30 per cent of the number of marriages in 2000 to 40 per cent in 2018.

3. In Kazakhstan, the economic, social and environmental challenges are intrinsically interlinked. The country is prone to droughts, earthquakes, river floods, mudflows and landslides. Earthquakes are a risk especially in the south and south-east of the country. Flood hazards, including those originating from melting glaciers, pose a significant and more frequent risk, and have resulted in widespread displacement and secondary impacts such as mudflows and landslides. Currently, over 26 per cent of the population lives in areas prone to mudflows, including the nearly 1.4 million residents of Almaty. Droughts are already a significant challenge in Kazakhstan, where up to 66 per cent of the total land is affected. Water availability in the medium and long term is likely to be the most strongly impacted climate risk, with important repercussions for both domestic and industrial needs. The overall level of emergency preparedness and response of the country is regulated by the Law on Civil Protection, which is aimed at preventing and eliminating natural and manmade emergency situations and their consequences, providing emergency medical and psychosocial assistance to the population in emergencies, forming, storage and use of state material reserves, organization of emergency rescue services. The emergency preparedness and response plans are being developed by sectors (for example, through the emergency committee and the Ministry of Health), and there is no one integrated plan. All the preparedness mainly focused on the resources, with less attention given to organization of services. The readiness of the Ministry of Health to provide sexual and reproductive health and gender-based violence response services need to be strengthened.

4. Kazakhstan made tremendous strides in reducing its maternal mortality ratio (from 60.9 per 100,000 live births in 2000 to 14 per 100,000 live births in 2018). According to the latest estimation, 70 per cent of maternal deaths were considered preventable. Despite significant progress, the number of abortions (one in six pregnancies) and the adolescent birth rate (25 per 1,000 girls aged 15-19 years) are still high, while the contraceptive prevalence rate for modern methods is 55.7 per cent and the unmet need for family planning is 9.8 per cent, in part due to the high cost of contraceptives, the lack of confidentiality as well as gender inequalities and socio-cultural norms. The 2017 budget impact analysis on the introduction of free-of-charge contraceptives to women aged 15-19 years clearly demonstrated its cost-effectiveness with its investment returns by 6-7 fold in cost savings. So far contraceptives have not been included into the basic benefit package especially for vulnerable groups, requiring further advocacy and demand generation for family planning.

5. Kazakhstan has a high estimated rate of infertility (17 per cent), which may be attributed in part to high rates of STIs and probably high prevalence of invasive abortions. Since 2010, new HIV infections have increased by 39 per cent. Sexual transmission of HIV has increased significantly, from 5 per cent in 2000 to 64 per cent in 2019. A survey among adolescents (aged 15-19 years) showed that about 30 per cent were sexually active, with over 40 per cent having had more than one sexual partner and not always using protection. Only about 9 per cent of the adolescents surveyed had a comprehensive knowledge about HIV. This calls for more attention to demand generation for family planning and on changing attitudes and social norms relating to sexual and reproductive health and gender equality.

6. According to a 2016 survey on violence against women, about 17 per cent of women aged 18-75 years experienced physical or sexual violence by an intimate partner. A 2019 assessment of needs among people with disabilities demonstrated a low awareness about their rights and existing services in case of violence – that they are more likely to experience violence and often don't recognize economic and psychological violence as violence.

7. According to the 2019 Population Situation Analysis, over the next 30 years, the age distribution of Kazakhstan's population will continue to change towards an increase of an absolute and relative numbers of older persons; in other words, the population is aging. It will grow particularly quickly in the next ten years, on average 4-5 per cent a year. Given the changing demographics and the increase in the number of aged population along with the associated vulnerabilities, the Government is developing relevant programmes and activities aimed at active aging.

8. The previous country programme supported the Government to: (a) develop and implement the Concept on Family and Gender Policy with a plan of action up to 2030; (b) develop the National Family Planning Framework and a road map up to 2021; (c) collect data on the status of reproductive health and sexual behaviour of adolescents and people with disabilities and advocate for their sexual and reproductive health and rights; (d) collect data on prevalence of gender-based violence; (e) pilot a multisectoral response to gender-based violence; (f) revise and implement national standards of youth-friendly health services; (g) mobilize about \$2.8 million in financial resources, including approximately \$1.37 million of government co-financing. Some of these funds were mobilized for subregional programmes in Central Asia.

9. The final evaluation of the previous country programme recommended to continue supporting interventions whose results can only be achieved over the longer term: (a) assist with the road map implementation of the Strategic Framework on Family Planning; (b) advocate for integration of sexuality education into school curricula; (c) support the implementation of the Concept on Family and Gender Policy until 2030 and address gender-based violence; (d) support the development of a comprehensive population strategy or policy that considers population dynamics including aging.

10. The evaluation included the following recommendations: (a) improve monitoring and evaluation planning and reporting to better recognize and promote achieved results; (b) explore a resource mobilization strategy beyond Kazakhstan, including at the regional level; (c) increase effectiveness of advocacy and policy work based on evidence, provide access to secondary data and better promote and publicize surveys, studies and research conducted by UNFPA; (d) raise the visibility of UNFPA, particularly among potential donors, the private sector and group supporters.

11. The United Nations Sustainable Development Cooperation Framework (UNDAF) identified three thematic areas: (a) human development and equal participation; (b) effective institutions, human rights and gender equality; and (c) inclusive economic growth and environmental sustainability, with six outcomes aimed at accelerating achievement of the Sustainable Development Goals. UNFPA will directly contribute to three of the six outcomes by 2025:

- (a) 1.1. Effective, inclusive and accountable institutions ensure equal access for all people living in Kazakhstan, especially the most vulnerable, to high-quality and gender-sensitive social services, according to the principle of leaving no one behind;
- (b) 1.2. All people in Kazakhstan, especially the most vulnerable, are empowered with knowledge and skills to equally contribute to sustainable development of the country;
- (c) 2.2. State institutions at all levels effectively design and implement gender-sensitive, human rights-based and evidence-based public policies and provide high-quality services in an inclusive, transparent and accountable manner.

12. The Common Country Analysis highlighted the significant national progress made in areas related to poverty reduction, a decrease in maternal mortality, progress towards gender equality and education. It also highlighted that more needs to be done to address women and girls' sexual and reproductive health, prevent and respond to domestic violence, focus on regional disparities and vulnerable groups, including people with disabilities, rural women, adolescents and the elderly. As a trusted and longstanding partner of the Government of Kazakhstan, UNFPA is recognized for the support it has provided over the years and for the expertise it will continue to bring jointly with other United Nations agencies in areas closely linked to three UNFPA transformative results and to a number of interlinked Sustainable Development Goals (SDGs), which were identified in the Cooperation Framework as accelerators to achieve national priorities, namely SDGs 3 and 4 (under thematic area 1); SDGs 5, 16 and 17 (thematic area 2); and SDGs 6, 7, 8, 9, 11 and 14 (thematic area 3).

II. Programme priorities and partnerships

13. The Cooperation Framework joint interventions of the United Nations agencies and strategic partners will be implemented through six outcomes focusing on the social, economic and environmental dimensions of sustainable development, with a number of interlinked SDGs defined as accelerators for the achievement of national priorities of Kazakhstan. UNFPA will contribute to three of these outcomes through provision of technical support to ensure equal access to high-quality social services and empowerment of people with knowledge and skills, especially of adolescents, youth, young women and those most vulnerable, so they may equally contribute to the country's development.

14. The proposed programme aims to accelerate the Decade of Action by being firmly grounded on recognizing and respecting human rights for all women, girls, men and boys. It will be guided by the 2030 Agenda to ensure that all women can freely plan and space pregnancies, no woman dies of preventable maternal complications, and girls can complete school and realize their full potential by avoiding child marriage and unintended pregnancies.

15. The programme is based on the findings of a number of recent surveys and studies conducted with support of UNFPA and in collaboration with the respective ministries. Such findings as well as those from the country programme evaluation were discussed during a number of intensive consultations between UNFPA, the respective ministries and the National Commission on Women, Family and Demographic Policy under the President of Kazakhstan.

16. The programme is committed primarily to the achievement of integrated transformative results: (a) ending unmet need for family planning and; (b) ending gender-based violence and harmful practices. It will also continue to support government efforts in reducing preventable maternal deaths, focusing on sepsis prevention as an emerging cause of maternal death by introducing infection prevention and control.

17. The high-level commitment of the programme is that by the end of 2025, the proportion of women of reproductive age who use modern methods of contraception will have increased by 14 per cent and the incidences of teenage pregnancy decreased by 4 per cent. This commitment is directly linked to the overall sexual and reproductive health status of the population and to their attitude and behaviour towards family planning. The new country programme will adopt a multi-pronged approach to affect changes in the area of family planning through higher level evidence based advocacy and by: generating demand for family planning, collecting, analysing and disseminating evidence on the knowledge and behaviour of young

people with respect to adolescent sexual and reproductive health, including on sexually transmitted infections; advocating for the provision of free-of-charge contraceptives as part of the basic benefit package for the most vulnerable; and ensuring sustainability of the national network of youth-friendly health centres and access to distance health counselling and information, especially for adolescents from rural and remote areas. This, in turn, will contribute to reducing further the maternal mortality ratio, infertility rates as well as the incidence of abortions, new HIV infections and teenage pregnancies.

18. The pathway to addressing the gender and socio-cultural norms will include: addressing misconception related to family planning; bringing evidence of other countries who implemented family-friendly policies, which included access to sexual and reproductive health and involved men and boys as role models and contributors to gender equality. The findings from the 2020 housing and population census, along with a number of analytical surveys, will be used to generate the necessary evidence to inform policies and plans and to mainstream population dynamics into relevant policies and plans, and contribute to the development of specific roadmaps, including on ageing, youth and people with disabilities.

19. The new programme will provide advocacy, policy-level and technical support to the Government to implement the priorities of the Kazakhstan 2025 Strategy, the Concept of Family and Gender Policy, the State Programme on Healthcare Development, 2020-2025, and the State Programme on Education Development, 2020-2025. The country programme also integrates the commitments made at the Nairobi Summit to accelerate the ICPD Programme of Action and the 2030 Agenda, reducing preventable maternal deaths, providing free youth-friendly sexual and reproductive health services, ensuring legal support to prevention and response to gender-based violence.

20. The proposed programme will improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality. The programme has a specific focus on reaching the populations furthest behind: (a) women in rural and remote areas; (b) women and girls subjected to gender-based violence; (c) adolescents and youth (aged 15-24 years); and (d) women and young people with disabilities and at risk of HIV and; (e) the elderly. While the programme will continue to work primarily through advocacy and policy dialogue at the national level, it will also support pilot initiatives at subnational level in order to strengthen local governance mechanisms, targeting those most left behind for possible scaling up at national level.

21. UNFPA will implement the programme in a multisectoral manner, including with government and other partners at national and subnational levels. These include: (a) the National Commission on Women, Family and Demographic Policy s under the President of Kazakhstan, (b) the *Majilis* (Council) and Senate of the Parliament; (c) the ombudsman for human rights in Kazakhstan; (d) the ombudsman for children in Kazakhstan; (e) the Ministry of Health; (f) the Ministry of Education and Science; (g) the Ministry of Information and Social Development; (h) the Ministry of Labour and Social Protection; (i) the Ministry of Interior; (j) the Committee on Statistics of the Ministry of National Economy; (k) local governments (*akimats*); and (l) other government, civil society, professional societies, media, celebrities and development partners. UNFPA will support achievement of these results by promoting South-South and triangular cooperation and applying innovative strategies. While UNFPA will work primarily at national level, it will also continue to focus some of its interventions in specific regions of the country, especially in the southern and western parts.

22. The programme will cover cross-boundary and regional issues that affect the country, such as protection of sexual and reproductive health, gender equality, prevention and response to gender-based violence, prevention of early marriages, youth involvement, population and housing census, and provision of evidence-based data for policy formulation. It will also develop models and initiatives for Central Asian countries, given the commonalities and benefits of cross-regional interventions and the presence of a UNFPA office in Almaty focussed on Central Asian countries.

23. The new programme will have more emphasis on creating a policy environment and related policy implementation to improve the quality of services, strengthen prevention measures and

sustainability of the interventions as well as a focus on changing social norms and beliefs. It will be implemented by applying four key principles: (a) promoting and protecting human rights; (b) prioritizing leaving no one behind; (c) improving accountability, transparency and efficiency; (d) gender mainstreaming.

A. Sexual and reproductive health and rights

24. Output 1. Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind.

25. UNFPA will contribute to achieving UNSDCF outcomes 1.1 and 1.2. With a focus on the most vulnerable, UNFPA will provide advocacy, policy and technical support including as part of humanitarian preparedness and response in: (a) ensuring universal access to sexual and reproductive health services within universal health coverage, with a focus on family planning, contraceptive security, prevention and control of sexually transmitted infections, including HIV, prevention of cervical cancer, including as part of humanitarian preparedness and response; (b) strengthening the quality-assurance system on sexual and reproductive health services through surveillance, auditing, accreditation, regulation of clinical practices, infection prevention and control including as part of humanitarian preparedness and response; (c) establishing self-regulated and sustainable professional association on sexual and reproductive health; (d) strengthening the health education system so that it responds to gender and age needs and sexual and reproductive health and reproductive rights, including as part of national contingency and preparedness plans; (e) ensuring sustainability of the national network of youth-friendly health centres and access to distance health counselling and information, especially for adolescent from rural and remote areas; (f) development and implementation of a comprehensive advocacy and communication strategy on family planning, use of contraceptives and safe behaviour targeted at the general population, adolescents, youth and their parents, those furthest behind, and policymakers and decision-makers; (g) develop and implement a communication strategy to change social norms and behaviour related to sexual and reproductive health.

B. Gender equality and women's empowerment

26. Output 2. Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender based violence and harmful practices.

27. Contributing to the same two Cooperation Framework outcomes (1.1 and 1.2), UNFPA will provide upstream and capacity-building support in: (a) strengthening the health sector response to sexual and gender-based violence, including as part of emergency preparedness and response; (b) integration of standard operating procedures and referral mechanisms within a system of multisectoral response to gender-based violence and reach those furthest behind, including as part of emergency preparedness and response; (c) strengthening governance of a multisectoral coordination mechanism in response to gender-based violence; (d) introduction of age-appropriate sexuality education into national education (secondary and vocational) curricula; (e) strengthening of civil society leadership to change social norms and behaviour related gender equality, gender-based violence and early marriage through youth-led organizations, including the Y-Peer volunteer network, women's organizations, engagement of men and boys, and religious leaders; (f) promotion of innovative channels of communication for adolescents and youth on sexual and reproductive health and gender equality, with a special focus on adolescents and young people with disabilities; (g) supporting youth platforms to give voice to young people and involve them in key discussions with national and subnational authorities. UNFPA will also continue to work with other United Nations agencies in the follow-up to recommendations of human rights instruments such as the Universal Periodic Review and the Convention on the Elimination of All Forms of Discrimination against Women.

C. Population dynamics

28. Output 3. Strengthened systems of data collection and analysis for the formulation of evidence-based national policies and development programmes.

29. Contributing to Cooperation Framework outcome 2.2., UNFPA will provide upstream and technical capacity support to: (a) improve the collection, harmonization and use of comprehensive and quality administrative data on violence against women and girls; (b) strengthen national statistical system capacity to produce evidence-based population data and address data gaps related to the ICPD and SDG indicators – supporting the conduct of national surveys on topics related to violence against women and girls, gender equality and demography; (c) support primary and secondary analysis and wide dissemination of findings of the 2020 population and housing census data and national surveys; (d) producing data and research on UNFPA-prioritized SDG indicators; (e) supporting formulation and implementation of national development programmes, policy documents, road maps and plans of action that integrate demographic dynamics, with a focus on those furthest behind, including people with disabilities and the elderly; (f) strengthening population data disaggregation and use; (g) reinforcing advocacy interventions on contribution of family-planning policies to population and human development; (h) strengthening national capacity on demographic intelligence and producing population projections for formulation and implementation of development programmes and strategies, including as part of emergency preparedness and response. The evidence collected and behavioural change campaign carried out under the different areas of UNFPA support will also inform advocacy briefs and evidence for policy-making and planning at national and subnational levels.

III. Programme and risk management

30. UNFPA will be part of the Cooperation Framework coordination mechanisms led by the Ministry of Foreign Affairs and the United Nations Resident Coordinator. UNFPA will also continue to contribute towards a coordinated achievement of the SDGs through its regular and strong collaboration and coordination within the SDG coordination architecture established under the leadership of the Deputy Prime Minister of the country. 30, UNFPA will continue to strengthen its capacity through the presence of skilled professional personnel, and by drawing on UNFPA regional and global expertise to meet the demands of the programme, both in Nur-Sultan and Almaty, with the latter contributing to the implementation of some subregional initiatives and in exploring additional opportunities for collaboration among Central Asian countries. As new opportunities arise, the office may need to be further strengthened to better respond to the identified country and subregional priorities.

31. UNFPA will prioritize the national implementation modality for implementation of the programme. In accordance with the principles of the harmonized approach for cash transfers, UNFPA will select implementing partners based on their expertise and comparative advantage; conduct capacity assessments, including required quality-assurance activities, to ensure efficient programme implementation.

32. The country office will develop diversified approaches to mobilize additional resources, including South-South and triangular cooperation and joint initiatives with United Nations agencies for implementation of the programme. Considering the achievements made by Kazakhstan in the region in areas related to maternal mortality, gender-based violence and statistics and the role it can play with respect to South-South and triangular cooperation, UNFPA will also explore and support resource mobilization efforts at regional level.

33. UNFPA will maintain strong collaboration with other United Nations agencies in the framework of the UNSDCF, including through joint programmes and the common chapter to ensure a coherent, integrated and effective response in support of national priorities and commitments to contribute to the transformative results and the related SDGs.

34. UNFPA will regularly assess operational risks alongside joint programme criticality assessments with the United Nations. Socio-economic and political risks shall be regularly assessed, and mitigation measures undertaken including reprogramming in response to emerging issues and unforeseen circumstances, also in line with the United Nations Secretary General's report 'Shared Responsibility: Global Solidarity', and support the immediate and medium-term response as defined by the Government. UNFPA has developed a theory of

change capturing the programmatic risks. Addressing harmful social norms through structural changes may go beyond the programme cycle timeline.

35. This country programme document outlines contributions of UNFPA 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 policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

36. UNFPA will participate in the United Nations country team (UNCT) and Government annual reviews with the active participation of stakeholders. UNFPA, jointly with United Nations agencies and other partners, will conduct field monitoring visits to assess how joint policy and system-level interventions are translated into service provision meeting the demand of young people and women. UNFPA and partners shall implement quality-assurance activities to improve accountability and a budgeted results-based management culture. Milestones will be documented to improve programme monitoring. Thematic and country programme evaluations will be conducted as per the country programme evaluation plan, adopting innovative and participative approaches in order to generate evidence, ensure accountability and promote a learning culture.

37. Together with the Government and the UNCT, UNFPA will establish a monitoring and evaluation framework aligned to the Cooperation Framework and participate and contribute to evaluations of the Cooperation Framework and the country programme. Jointly with other United Nations agencies, UNFPA will continue to invest in surveys, collect and analyse data to inform policies and plans and also to monitor results.

38. UNFPA will develop a five-year monitoring and evaluation plan, including programme progress indicators, surveys and studies, milestone activities on publishing results. Nationally-owned sources of data and evidence will be used alongside available international sources to track progress to national commitments towards achieving the transformative results and the related SDGs. It will envisage quarterly programme reviews to assess progress and take appropriate action in case of delays in achieving results. UNFPA will commission an independent evaluation during the fourth year of the programme cycle and support jointly with the UNCT an evaluation of the Cooperation Framework. UNFPA will also invest more resources in data analysis and dissemination of results.

RESULTS AND RESOURCES FRAMEWORK FOR KAZAKHSTAN (2021-2025)

<p>NATIONAL PRIORITY: The Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030: Objective 2. Bridging gaps in the life expectancy between men and women, as well as providing of necessary conditions for their health protection, including family planning. Proposed strategies: (1) Preservation of the reproductive health of men and women, the health of children and youth, the protection of motherhood and childhood will become priorities in the activities of state bodies and non-governmental organizations. (2) Implementation of measures to reduce maternal and infant mortality will continue; (3) The coverage of men and women, including adolescents, with the reproductive health services will increase. (4) Measures will continue to be taken to prevent and reduce the number of abortions.</p> <p>The State Programme of Healthcare Development for 2020-2025: 1. Forming a population culture of a commitment to healthy lifestyle and Public Health System development; 2. Improving the quality of healthcare services and strengthening primary health care; 3. Sustainable health system development through the implementation of a social health insurance system in achieving universal health care service coverage.</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 1.1: By 2025, effective, inclusive and accountable institutions ensure equal access for all people living in Kazakhstan, especially the most vulnerable, to quality and gender sensitive social services according to the principle of leaving no one behind. Outcome 1.2: By 2025, all people in Kazakhstan, especially the most vulnerable are empowered with knowledge and skills to equally contribute to sustainable development of the country.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and Reproductive Health</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>SDG/UNSDCF/UNFPA Strategic Plan Outcome indicators:</p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern method <i>Baseline:</i> 85% (2015); <i>Target:</i> 87% (2025) <p>Adolescent birth rate <i>Baseline:</i> 25 (2018); <i>Target:</i> 20.6 (2025)</p>	<p>Output 1.1: Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind.</p>	<ul style="list-style-type: none"> • Contraceptives included into the Kazakhstan National Pharmaceutical Formulary <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2022) • Proportion of health care professionals trained and certified through distance learning platform on FP and modern contraceptives <i>Baseline:</i> 0% (2020); <i>Target:</i> 30% (2025) • Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services <i>Baseline:</i> 0 (2020); <i>Target:</i> 17 (2025) • The UNFPA SRH and GBV response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness and response plan <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) 	<p>Ministry of Health; Ministry of Information and Social Development; National Commission on Women, Family and Demographic Policy; Human Rights Ombudsman; World Health Organization (WHO); UNICEF; public organizations; mass media; private sector; women and youth associations; professional health associations; local governments.</p>	<p>\$2.1 million (\$0.9 million from regular resources and \$1.2 million from other resources)</p>
<p>NATIONAL PRIORITY: The Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030: 4.1. The strategy of implementation of family policy. Prevention of violence in the family and against children. A system of multi-sectoral response to gender-based violence will be established and implemented through coordinated actions between the health, social protection and law enforcement sectors. A set of measures will be adopted to develop a unified algorithm for operational actions of officials of prevention subjects (health, education and social services organizations) when addressing victims of domestic violence.</p> <p>The State Programme of Education for 2020-2025: the following projects will be implemented in educational institutions Reproductive health and safe behaviour of young people and adolescents; Schools of mothers; Schools of fathers; regional essay contests on the topic 'My future family'.</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA:</p> <p>Outcome 1.1: By 2025, effective, inclusive and accountable institutions ensure equal access for all people living in Kazakhstan, especially the most vulnerable, to quality and</p>				

<p>gender sensitive social services according to the principle of leaving no one behind. Outcome 1.2: By 2025, all people in Kazakhstan, especially the most vulnerable are empowered with knowledge and skills to equally contribute to sustainable development of the country.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and empowerment of women</p>				
<p><u>UNSDCF/ UNFPA Outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of women aged 15-49 year who believe a husband is justified in beating his wife in various circumstances <i>Baseline:</i> 14.2% (2015); <i>Target:</i> 10% (2025) Proportion of women aged 20-24 years who were married before age 18 <i>Baseline:</i> 7.8% (2015); <i>Target:</i> 5% (2025) 	<p>Output 2.1: Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender based violence and harmful practices.</p>	<ul style="list-style-type: none"> Sexuality education is introduced into the national secondary and vocational education system <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) National guidelines and/or protocols are developed based on UNFPA Standard Operating Procedures and Essential Service Package for Multi-Sectoral response to Gender Based Violence <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2024) Percentage of adolescents who have comprehensive knowledge about HIV <i>Baseline:</i> 9.1% (2018); <i>Target:</i> 35% (2025) Reproductive health and Gender-related issues are integrated into the curriculum of Theological institutions <i>Baseline:</i> No (2020); <i>Target:</i> yes (2025) 	<p>Ministry of Health; Ministry of Internal Affairs; Ministry of Labour and Social Protection; Ministry of Science and Education; Ministry of Information and Social Development; National Commission on Women, Family and Demographic Policy; Human Rights Ombudsman; UNESCO; WHO; UNICEF; UN-Women; public organizations; mass media; private sector; women’s and youth associations; local governments; religious leaders of Sunni Islam and Orthodox Christianity</p>	<p>\$2.1 million (\$0.6 million from regular resources and \$1.5 million from other resources)</p>
<p>NATIONAL PRIORITY: The Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030: 4.1. The strategy of implementation of family policy. Based on international standards, a monitoring system will be developed based on the systematic collection, analysis and use of disaggregated data on inequality among the most vulnerable children, adolescents and their families. 4.2. The Strategy on realization of gender policy. The system for collecting and analysing statistical information on violence against women will be improved. Training and continuing education programs aimed at gender equality and gender mainstreaming will be expanded, including data collection and analysis that would be used for policy decisions.</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 2.2 By 2025, state institutions at all levels effectively design and implement gender-sensitive, human rights and evidence-based public policies and provide quality services in an inclusive, transparent and accountable manner.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics</p>				
<p>SDG/UNSDCF/UNFPA Strategic Plan Outcome indicators:</p> <ul style="list-style-type: none"> Guaranteed full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education 	<p>Output 3.1: Strengthened systems of data collection and analysis for the formulation of evidence-based national policies and development programmes on universal access to sexual and reproductive health services, information and education, and gender equality.</p>	<ul style="list-style-type: none"> Number of analytical reports, communication and information materials developed based on 2020 Census data <i>Baseline:</i> 0 (2020); <i>Target:</i> 3 (2025) Number of further analytical reports developed based on the next Multiple Indicator Cluster Survey conducted in 2021-2022 <i>Baseline:</i> 0 (2020); <i>Target:</i> 3 (2025) Road Map and Plan of Action for Active Ageing is developed and put into action by the Government <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) 	<p>Ministry of Health; Ministry of Science and Education; Ministry of Labour and Social Protection; Committee on Statistics of the Ministry of National Economy; National Commission on Women, Family and Demographic Policy under the President of the Republic of Kazakhstan; Parliament of</p>	<p>\$0.62 million (\$0.42 million from regular resources and \$0.2 million from other resources)</p>

<p><i>Baseline: 0.63 (2019); Target: 0.85 (2025)</i></p> <ul style="list-style-type: none"> • Proportion of people counted in the most recent census <p><i>Baseline: 95% (2010) Target 95% (2020)</i></p>		<ul style="list-style-type: none"> • National development plans and policies exist that explicitly integrate demographic dynamics, including changing age structure, population distribution and population projections, with focus on those furthest behind <p><i>Baseline: No; Target: Yes (2025)</i></p>	<p>the Republic of Kazakhstan; Human Rights Ombudsman; UNDP; UNICEF; UN-Women; WHO; public organizations; mass media; private sector; women and young people</p>	
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