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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Belarus

Proposed indicative UNFPA assistance: \$5.52 million: \$1.52 million from regular resources and \$4 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Third

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	0.68	1.0	1.68
Outcome 3	Gender equality and women's empowerment	0.35	1.7	2.05
Outcome 4	Population dynamics	0.37	1.3	1.67
Programme coordination and assistance		0.12	-	0.12
Total		1.52	4	5.52



I. Programme rationale

1. Belarus enters the third decade of the 21st century as an upper-middle-income country. Between 1995 and 2019, the country's Human Development Index value increased by 24.5 per cent and it ranked 50th among 189 countries and territories worldwide. The country has substantially reduced poverty and retained a low degree of income inequality, with a relatively high degree of gender equality, ranking 28 in the global gender gap index ranking and 27 based on the gender inequality index.
2. According to preliminary data of the 2019 census, the country's population decreased from 9.5 million to 9.4 million in the last ten years. By 2025, the number of people over 65 years will exceed the number of children (under the age of 15 years). Lack of needs-tailored services for older people in the context of population ageing increases the vulnerability of this group, especially during emergency and humanitarian situations.
3. Population ageing and outmigration of young people are the two key challenges for sustainable development that may negatively impact socio-economic development of the country, impose a financial burden on the State budget, increase pressure on social protection systems and result in not achieving Sustainable Development Goals 1, 3 and 10.
4. The share of people living in cities peaked at 77.5 per cent in 2019 while the rural population decreased by over 30 per cent over the past 20 years, mostly due to the low birth rate and intensive internal migration from villages to cities. The total fertility rate is 1.4 children per woman, which is below the replacement level. Reversing population decline is one of the major government priorities. According to the draft National Strategy on Sustainable Development, the Government seeks to raise fertility to 1.7 by 2035.
5. In Belarus, women live ten years longer than men on average, which is one of the largest gaps in life expectancy between men and women in the world. It is caused primarily by unhealthy lifestyles and poor health-seeking behaviour among men.
6. Belarus achieved successful results in reducing maternal mortality and providing almost universal coverage with antenatal care. From 2000 to 2019, the maternal mortality ratio was reduced significantly (from 22 per 100,000 live births to 1 per 100,000 live births). Due to strong political will, the country made significant financial investments into high-quality maternal health services, including referrals, making them fully accessible.
7. According to the Multiple Indicator Cluster Survey (MICS) 2019, 66 per cent of all women (aged 15-49 years) satisfied their need for modern contraception. Lower use of modern contraception is observed among poor women (59 per cent), and women living in rural areas (63 per cent). Low awareness of women and lower access to family planning counselling in rural areas (compared to urban areas) as well as limited accessibility of contraceptives may be factors contributing to these disparities.
8. Cervical cancer remains a critical reproductive health issue due to high morbidity and mortality rates. The official data shows that more than 300 women die every year from cervical cancer. Lack of organized screening and low awareness of women about prevention and treatment of cervical cancer raises a risk of increased incidence rate and death from this disease.
9. In Belarus, young people do not have access to school-based mandatory comprehensive sexuality education. Recently, optional lessons were offered by schools for youth (aged 15-17 years). Lack of comprehensive sexuality education leads to unhealthy lifestyles and unsafe behaviours among youth. Data from the 2019 MICS shows that only half of the boys and girls aged 15-19 years had proper knowledge about HIV transmission. And 46 per cent of the girls and 58 per cent of the boys aged 15-19 years had ever used alcohol. Unhealthy lifestyles among youth negatively affect their health outcomes in adulthood and increases risk of early mortality. Adolescents with disabilities are one of the most vulnerable groups in society, facing limited access to health and educational services and limited engagement in their communities.
10. In Belarus, patriarchal attitudes and gender stereotypes about the roles of women and men in society and the family are still prevalent. According to the Generation and Gender Survey,

acceptable distribution of gender roles in the society gives only 6 per cent to women's leadership role in policymaking, leaving 55 per cent to male leadership and 39 per cent for gender equal leadership. On average, women spend twice more time than men on household and caring for dependents while 77.4 per cent of men and 74.8 per cent of women believe that women cope better with taking care of young children than men. Notably, only 1 per cent of parental leave is taken by men annually. At the same time, women constitute over 57.7 per cent of those in higher education and represent 49.6 per cent of the active economic population. Women are more prominent in the humanities and social fields, which have less paid jobs, compared to men who dominate the job market with higher pay, such as technology, economics, management and construction. Consequently, women in Belarus experience a wage gap of up to 25 per cent compared to men.

11. The existing stereotypes and social norms contribute to the spread of violence against women, with the highest risks faced by older women and women with disabilities. According to the results of the 2018 survey on violence against women, 52.4 per cent of women have experienced any type of violence at least once in their lifetime and 33 per cent experienced physical and sexual violence in their lifetime. Violence against women has a harmful impact on reproductive health and may inhibit women's choices of when and how many children to have.

12. The United Nation Sustainable Development Cooperation Framework (UNSDCF) identified four strategic priorities areas: (a) green transition for inclusive and sustainable growth; (b) adolescents and youth; (c) digital transformation and social innovation; and (d) gender equitable society. The strategic priorities are based on SDG accelerators recognized by the United Nations mainstreaming, acceleration and policy support (MAPS) mission and support the priorities specified in the SDG implementation roadmap. The country programme is fully aligned with the UNSDCF and directly contributes to two outcomes: on adolescents and youth, and on gender equality. UNFPA will build on its comparative advantages of being a leader in promoting gender equality and preventing gender-based violence, integrating demographic intelligence in policymaking, bringing innovations and partnerships with the private sector to address the needs of vulnerable populations, including young people, older persons, rural residents and persons with disabilities.

13. The proposed country programme is aligned with the UNSDCF outcomes and will contribute to achieving the 2030 Agenda in partnership with the United Nations agencies. For maximum impact, UNFPA will collaborate with UNDP, UNICEF, UN-Women, United Nations High Commissioner for Refugees (UNHCR), World Health Organisation (WHO) and the International Organisation for Migration (IOM) to mainstream gender equality and targeting those left behind for achieving transformative results. Joining efforts with UN--Women, UNFPA will contribute to advancing gender equality and women empowerment in all regions of the country by working on behaviour change around the roles and opportunities of men and women, men's involvement into child caregiving and equally sharing domestic work. Together with the Office of the United Nations Resident Coordinator, UNFPA will chair the United Nations Thematic Group on Gender and coordinate joint United Nations efforts for gender equality in the country.

14. The country programme will be built on the results of the previous programme cycle, which brought significant change in the healthcare approach to sexual and reproductive health (SRH) services, including alignment of national guidelines and protocols with international standards, introduction of new curricula and methodologies and recognizing the SRH needs of people with disabilities, leading to the adaptation of relevant standards. The previous programme established an intersectoral partnership dialogue, bringing together State institutions, civil society and the private sector, to collaborate in ending domestic violence and developing a multisectoral model of a comprehensive response to domestic violence. The demographic data system was strengthened by building national capacities in demographic data management and the introduction of high-quality databases for relevant demographic data disaggregated by gender, age and geographical area.

15. In the response to the COVID-19 pandemic, UNFPA has joined efforts with other United Nations agencies in Belarus and national partners to protect and address the needs of older persons, pregnant women, women in maternity hospitals and women healthcare and social

workers. Within the United Nations Crisis Management Team, UNFPA is co--chairing task forces on health and on vulnerable groups to identify immediate and long-term needs and to find joint solutions. The COVID-19 crisis is expected to have disproportionate social and economic adverse effect on the most vulnerable groups and will accentuate existing gender disparities; this will be monitored and addressed as part of the proposed country programme.

16. The programme takes into account strategic recommendations of the evaluation of the previous country programme: (a) assess vulnerability of groups and people who are left behind; (b) advocate, allocate resources and use innovative approaches to advance family planning and end gender-based violence, focusing on youth and the elderly, applying gender-sensitive approaches towards the health of men and women; (c) strengthen focus on regional development and remote areas of the country.

II. Programme priorities and partnerships

17. The country programme vision for the Decade of Action toward 2030 is that all members of society, especially those further behind, have equal rights to enjoy a healthy life, free of discrimination and violence, live with dignity and have opportunities for achieving their full potential. In 2021-2025, UNFPA will direct its efforts towards the removal of societal barriers that limit the enjoyment of equal rights and choices between men and women, with a focus on youth, the older population, and persons with disabilities, as accelerators and catalysers for the achievement of the 2030 Agenda. The country programme will build on successful strategies for the reduction of maternal mortality to advance this transformative result in other countries through horizontal and triangular cooperation, and will further capitalize on the thriving private sector to foster partnerships and innovation to fast track the Decade of Action and the achievement of the UNSDCF strategic priorities.

18. The programme will leverage and scale up interventions in the regions to empower local actors and communities to advocate for social change and justice for all, with a strong commitment to the three UNFPA transformative results: ending preventable maternal mortality; ending unmet need for family planning; ending gender-based violence and harmful practices. Based on the government success in significantly reducing preventable maternal deaths, UNFPA will promote the country experience, across the region and globally, to help other countries to achieve this result.

19. The proposed programme is aligned to the priorities of the draft National Strategy on Sustainable Development 2035, the draft National Strategy on Ageing with Dignity, the national programmes and plans on health care, demographic security, social protection and employment, and gender equality. The programme will contribute to the achievement of the Sustainable Development Goals 1, 3, 4, 5, 8, 10, 16 and 17, within the framework of the UNSDCF, with the overarching goal of assisting the country to face its demographic challenges, through data collection, analysis and forecast, and to achieve gender equality.

20. The programme will support Belarus in reaching the national targets prioritized in the course of the national consultations and voiced at the Nairobi Summit: (a) mainstream a gender approach, including gender analysis and the principles of gender budgeting, for the development of the key national development programmes; (b) develop and put into practice gender-sensitive, family-friendly corporate employment policies enabling both women and men to efficiently combine their professional lives with child-rearing and family duties; (c) implement the national strategy on ageing, ensuring equal rights for women and men over the age of 60 to participate in the socio-economic life; (d) remove the barriers and guarantee free access for women and men with disabilities to gender-sensitive reproductive and sexual health services and related education facilities. The programme will prioritize gender-sensitive approaches and policy dialogue to improve access to family planning and family-friendly policies, make use of innovations and private-sector partnerships to address the needs of the most left behind.

21. It will also focus on ensuring the rights of vulnerable people: youth; persons with disabilities; people living in rural areas; and the elderly, especially women and foster a conducive

environment for active participation of communities in the regions to promote social change and dialogue, enhancing service providers' accountability for the services provided.

22. The new programme was developed in close consultation with the Government and representatives of various stakeholders (young people; persons with disabilities; older persons) and women organizations to ensure national ownership of the programme, its alignment with national priorities and sustainability of the results.

23. UNFPA will implement the programme through advocacy and policy dialogue, evidence-based policy advice, knowledge management, capacity building, and partnerships, including South-South and triangular cooperation in sexual and reproductive health, gender equality, demographic intelligence and population policies, and ageing.

24. By engaging stakeholders in high-level upstream dialogue, programme implementation, and monitoring and evaluation, UNFPA will leverage and strengthen partnerships and synergies with the Government, Parliament, academia, the private sector, civil society, and volunteer groups (such as the Y-Peer network) to create more opportunities for changing behaviours and transform the lives of women, youth and older persons.

25. The country programme was created together with key stakeholders and representatives of vulnerable groups, and its design is guided by the principles of leaving no one behind, human rights, gender equality, accountability and transparency.

26. The programme will support the Government in strengthening emergency preparedness in the areas of sexual and reproductive health and gender-based violence. UNFPA will assist the Government and partners with demographic risk assessment for humanitarian preparedness and response.

27. . The country programme will be taking into account the situation with the COVID-19 pandemic and address its consequences for Belarus, specifically focusing on the most vulnerable. Planned interventions will be adjusted to ensure continuity of sexual and reproductive health and reproductive rights and gender-based violence services and address the needs of women and girls, older populations and persons with disabilities. Use of innovative digital technologies, existing and new partnerships with the Government, donors, civil society and private sector will contribute to comprehensive national response to the pandemic.

28. To fulfil the high-level commitment, the country programme will focus on: (a) strengthening legal frameworks to advance gender equality and protect women, including those with disabilities and the elderly, from any form of violence; (b) strengthening knowledge management and exchange systems in reproductive health and data collection and analysis; (c) developing innovative tools and mechanisms for addressing the needs of those left behind; (d) creating sustainable partnerships and stakeholder coalitions for practically addressing sexual and reproductive health and gender equality issues of the elderly, youth, and people living in rural areas; and (e) developing communication strategies and mechanisms for making achievements visible and providing a voice to those furthest behind.

A. Sexual and reproductive health

29. *Output 1.1. Strengthened capacities to provide high-quality, integrated information and services for sexual and reproductive health for women and youth, especially among vulnerable groups.*

30. Contributing to UNSDCF outcome 3 on access to inclusive high-quality healthcare services, UNFPA will support the full exercise of their reproductive rights and the utilization of integrated SRH services by all women, especially women with disabilities, rural women, and women living with HIV: (a) convening partnerships between the Government, private companies and the IT sector and advocating for developing national and subnational cervical cancer screening registries to improve screening for the most vulnerable; (b) provide international expertise to introduce a comprehensive cervical cancer training; (c) supporting the Ministry of Health in establishing a centre of excellence on maternal health and promoting South-South collaboration on maternal health; (d) strengthen the capacity of health providers to serve survivors of gender-based violence

through a multisectoral approach; (e) adapting international online training courses for health providers to improve the quality of services, such as family planning, particularly in rural settings; (e) support the Ministry of Health to introduce modern tools for monitoring obstetrics care, including a surveillance and response system, and quality assessment; and (f) bringing innovative solutions for addressing reproductive health issues, including infertility, with a special focus on the reproductive rights of the people with disabilities and the rural population.

31. *Output 1.2. Improved knowledge on healthy lifestyles and life-saving skills among women and youth, especially those with disabilities, the elderly and rural residents (including in Chernobyl-affected areas).*

32. UNFPA interventions will focus on: (a) conducting a causal analysis of unhealthy behaviours among young people through knowledge attitude and behaviour surveys; (b) leading high-level advocacy for promoting healthy lifestyles among all generations; (c) creating a knowledge-sharing platform on healthy lifestyles and life-saving skills, including referrals to health services, prevention of gender-based violence, for civil society organizations working with vulnerable populations; (d) supporting innovative programmes for young people, especially girls; (e) strengthening intergenerational solidarity by piloting resource centres, implementing healthy-life initiatives focused on both young and old people, promoting the development and use of clear information on gender-based violence prevention, health and social care in IT tools and software for the elderly. The output will contribute to an increase of healthier and safer behavioural patterns, including among the most vulnerable groups, in line with UNSCDF outcome 3.

B. Gender equality and women's empowerment

33. *Output 2.1. Increased multisectoral capacity to prevent and address gender-based violence, using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination.*

34. Contributing to outcome 5 of UNSDCF, on policy improvement for realization of rights and improvement of the quality of lives and gender-based violence protection, UNFPA will be providing advocacy and technical support to: (a) create a multi-stakeholders advocacy platform on gender-based and domestic violence, to speak with one voice for revision of legislation on domestic and gender-based violence; (b) support the Ministry of Interior and the Ministry of Labour and Social Protection in establishing a comprehensive system for prevention, protection and support of survivors of domestic violence; (c) strengthen capacities of hotlines and shelters in the regions and introduce user-friendly information materials to protect and support elderly people and persons with disabilities; (d) establish a knowledge hub at the academy of interior to respond to domestic violence at national, regional and local levels and to share the Belarusian model of comprehensive work with male offenders with other countries; (d) organize hackathons for young people to boost creative solutions to address gender stereotypes and social norms, counteract domestic violence and violence against women.

35. *Output 2.2. Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to be protected from any form of violence and discrimination.*

36. UNFPA will provide technical support and advocacy for: (a) implementation of a five-year national action plan for advancing gender equality and women empowerment in Belarus, using gender budgeting principles and gender analysis for programming; (b) integration of a gender-equality course into the national system of continuous education and professional development of government specialists and state officials; (c) establishment of a coalition of civil society organizations from the health, ecology, education, regional development sectors to mainstream gender-equality principles and values in their agenda; (d) support to the Ministry of Labour and Social Protection to promote, among private companies, international best practices of work-and-life balance and gender equality at the workplace; (e) strengthened partnerships with trade unions and business associations to support business companies with development and implementation of strategies to integrate family-friendly policies in the workplace and expand knowledge sharing; (f) support in implementation of the national strategy for ageing with dignity, with a focus on an

anti-ageism communication strategy, advocacy for lifelong education, and civic engagement of the elderly population, especially women. By strengthening the regulatory frameworks for promotion of gender-sensitive, family-friendly policies and mainstreaming of gender-equality values and principles, this output will contribute to UNSDCF outcome 5.

C. Population dynamics

37. *Output 3.2 Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.*

38. UNFPA will provide technical support and advocate for: (a) strengthening skills and knowledge of the National Statistical Committee, the Ministry of Labour and Social Protection and other government institutions, including in the regions, in identifying and analysing demographic trends based on the 2019 census and building population projections; (b) providing international expertise to develop and apply innovative approaches to data collection and strengthening demographic data management at the central, regional and local levels; (c) supporting the Government with demographic risk assessments in emergency and crisis situations. This output will contribute to UNSDCF outcome 5 by strengthening data management systems for targeting all population groups, focusing on the most vulnerable for development responses and addressing their needs based on the principle ‘leaving no one behind’.

III. Programme and risk management

39. Implementation and management of the country programme will be aligned with UNSDCF. Responsibility of the UNSDCF implementation will be with the United Nations country team, under the leadership of the United Nations Resident Coordinator and in close coordination with the Government. The UNSDCF will be implemented through country cooperation frameworks and programmes of the United Nations agencies, as aligned with the UNSDCF priorities and results at the outcome and output levels. Government ministries and institutions, civil society organizations and United Nations agencies will jointly implement the agreed actions for the achievement of the results outlined in this Cooperation Framework.

40. The Ministry of Foreign Affairs will coordinate the UNFPA country programme. UNFPA will work to maintain effective well-established partnerships while pursuing new partners based on their capacity to deliver high-quality programmes in line with the country office partnership plan. UNFPA will collaborate with government institutions, as the main partners in programme implementation, local authorities, civil society organizations, including faith-based organizations, United Nations organizations and the media.

41. UNFPA, the Government and partner organizations continue to be committed to and accountable for delivering the expected results of the programme by conducting joint monitoring, reviews and the final programme evaluation, and will ensure the implementation of audit recommendations.

42. The country office has developed a partnership and resource mobilization strategy geared towards leveraging resources from international and bilateral donors, new donors, the private sector and the Government in order to implement the country programme. UNFPA will proactively participate in joint programmes and projects in the areas of sexual and reproductive health, population and development, gender equality and youth, within the strategic plan common chapter implementation.

43. The country office will consist of a non-resident UNFPA country director based in Ukraine, a head of office, programme, and support staff funded from integrated institutional and programme budgets. Owing to the shift towards advocacy and policy advice, as well as in view of the increasing programme scope, it will be necessary to strengthen the country office with dedicated monitoring and evaluation staff, as well as an operations unit for proper and timely administrative and financial management of the complex resources portfolio managed by the office.

44. The programme will utilize the integrated technical and programmatic support provided by UNFPA at headquarters and regional levels, as well as from cooperation with other country offices.

45. External risk factors that may impact on the programme implementation include: (a) a changing international assistance environment, with limited sources for funding; (b) growing opposition towards sexual and reproductive health and gender equality; (c) humanitarian and crisis situations that neglect reproductive health needs and gender-based violence. UNFPA will address these challenges through innovative approaches for resource mobilization; enhanced partnerships; increased inclusion of vulnerable population in decision-making; strengthened advocacy and communication; establishment of a strong accountability system; leadership on prevention and response to gender-based violence in the country; and demographic policy and risk analysis.

46. 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. Accountability 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.

47. The COVID-19 pandemic crisis and its aftermath will require constant monitoring for related risks and may necessitate adjustments in the implementation of the country programme and the UNSDCF. An additional assumption is that the adverse socioeconomic impact of the coronavirus pandemic does not result in a situation of national emergency, in which case, in conformity with UNSDCF, the country programme will have to adjust its course and content.

IV. Monitoring and evaluation

48. As an integral part of the Cooperation Framework, the programme implementation will be regularly assessed with the Government, the United Nations, development and civil society partners for its contribution to achieve the 2030 Agenda. Reporting will be carried out in accordance with the results and resource framework and follow the specially developed monitoring and evaluation plan for tracking the results achieved.

49. To evaluate the country programme and its contribution to UNSDCF implementation, UNFPA developed a costed evaluation plan identifying timelines, purposes and costs of the evaluation. An external final evaluation will be conducted through an independent consultancy to review the country programme performance during the implementation. The final evaluation will be synchronized with the evaluations of the UNSDCF to avoid duplication. The final evaluation will be used both as an accountability tool and an input to the formulation of the subsequent strategic country programme.

RESULTS AND RESOURCES FRAMEWORK FOR BELARUS (2021-2025)

NATIONAL PRIORITY: Resilient development of families and quality growth of human potential; Productive employment and decent income; Digital transformation and spread of innovations				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, all people, including younger generations and vulnerable groups, enjoy better access to quality healthcare services, inclusive and labour-market-oriented education, improved social protection system, and more restorative approaches to justice				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicator(s): <ul style="list-style-type: none"> Cervical cancer mortality reduced by 25% <i>Baseline</i> 2019: 3,5 per 100,000; <i>Target</i> 2025: 2,9 per 100,000 	Output 1.1: Strengthened capacities to provide high-quality, integrated information and services for sexual and reproductive health for women and youth, especially among vulnerable groups.	<ul style="list-style-type: none"> Number of women included in organized cervical cancer screening programmes <i>Baseline</i>: 0; <i>Target</i>: 80,000 women Percentage of women in rural areas using family planning services in primary health care facilities (provided by GPs and/or midwives) <i>Baseline</i>: 0%; <i>Target</i>: 40% Number of regions providing comprehensive SRH services are fully accessible for people with disabilities with staff trained <i>Baseline</i>: 2; <i>Target</i>: 7 	Ministry of Health, Belarusian Medical University, Belarusian Medical Academy of Post-Graduate Studies, Belarusian medical institutions at the central, Y-Peer network, regional and local levels, regional and local authorities, WHO, UNAIDS, IFIs	1.68 million (\$0.68 million from regular resources and \$1.0 million from other resources)
	Output 1.2: Improved knowledge on healthy lifestyles and life-saving skills among women and youth, especially those with disabilities, the older population and rural residents (including in Chernobyl-affected areas).	<ul style="list-style-type: none"> Proportion of young people utilizing knowledge-sharing platform on healthy lifestyle and life-saving skills <i>Baseline</i>: 0; <i>Target</i> 25% Knowledge attitude and practices survey is conducted among the key populations: <i>Baseline</i>: No; <i>Target</i>: Yes Share of 65+ people involved in regular healthy sports activities: <i>Baseline</i>: 22; <i>Target</i>: 27 	Ministry of Health, Ministry of Education, Ministry of Emergencies, Ministry of Information, Belarusian medical institutions at the central, regional and local levels, regional and local authorities; CSOs, private sector partners; crowdfunding platforms, WHO, UNICEF	
NATIONAL PRIORITY: Resilient development of families and quality growth of human potential; Productive employment and decent income; Developed business environment and resilient and sustainable infrastructure				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, improvements in data collection, gender equality policies, and child and gender budgeting have created conditions for men and women of all ages, including those aged 65 years and older, as well as girls and boys, to better realize their rights and increase the quality of their lives				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender Equality and Women's Empowerment				
UNFPA Strategic Plan Outcome indicator: <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by 	Output 2.1: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination	<ul style="list-style-type: none"> Survey on prevalence of violence against women and girls is conducted, results published <i>Baseline</i>: No; <i>Target</i>: Yes Prevalence rate of physical and psychological violence against women and girls 15 years older <i>Baseline</i>: 33% of women faced physical or sexual violence in her lifetime (results of survey 2018); <i>Target</i>: 23% Percentage of public health and social care facilities providing essential service package for survivors of gender-based violence in all the regions of the country 	Ministry of Labour and Social Protection, Ministry of Interior, National Statistical Committee, General Prosecutor's Office, Ministry of Health, Ministry of Foreign Affairs, Regional and Local authorities, CSOs, UNDP, UNICEF, UN-Women.	\$2.05 million (\$0.35 million from regular resources and \$1.7 million from other resources)

<p>age and place of occurrence: <i>Baseline</i> 2016: 18.9%; <i>Target</i>: 2030: <1% (Eliminated gender-based violence)</p>	<p>Output 2.2: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to be protected from any form of violence and discrimination</p>	<p><i>Baseline</i>: 10%; <i>Target</i>: 60% (with disaggregation by regions)</p> <ul style="list-style-type: none"> • Legislation on prevention of domestic violence revised in accordance with the international standards and adopted <i>Baseline</i> 2020: No; <i>Target</i> 2025: Yes • Gender-sensitive family-friendly model incorporated into the National Plan on Gender Equality for 2021-2025 and used by companies <i>Baseline</i>: No, 2 companies; <i>Target</i>: Yes, 100 companies • Share of 65+ people experiencing positive attitude from general population towards elderly: <i>Baseline</i>: 78; <i>Target</i>: 88 	<p>Ministry of Labour and Social Protection, Ministry of Finance, Belarusian State University, other universities, research institutions, Regional and Local authorities, CSOs, UNDP, IFC, WB</p>	
<p>NATIONAL PRIORITY: Resilient development of families and quality growth of human potential; Productive employment and decent income; Developed business environment and resilient and sustainable infrastructure</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: By 2025, improvements in data collection, gender equality policies, and child and gender budgeting have created conditions for men and women of all ages, including those aged 65 years and older, as well as girls and boys, to better realize their rights and increase the quality of their lives</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics</p>				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> • SDG National indicator 17.18.1.1: The number of global indicators formed to monitor the achievement of the Sustainable Development Goals (units) <i>Baseline</i> 2019: 91 <i>Target</i>: 93 	<p>Output 3.1: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy</p>	<ul style="list-style-type: none"> • Second wave of the Generation and Gender survey is conducted, results published <i>Baseline</i>: No; <i>Target</i>: Yes • National data base on demographic statistics for socio-economic development at the central, regional and local level is upgraded and expanded with new demographic indicators <i>Baseline</i>: No; <i>Target</i>: Yes • Number of social development policies, strategies and action plans considering/integrating low fertility, ageing and gender analysis based on life cycle approach <i>Baseline</i>: 1; <i>Target</i>: 5 	<p>National Statistical Committee, Ministry of Foreign Affairs, Ministry of Labour and Social Protection, Belarusian State University, other universities, research institutions, CSOs, Private Sector, Regional and Local Authorities, UNECE</p>	<p>\$1.67 million (\$0.37 million from regular resources and \$1.3 million from other resources)</p>