



Country programme evaluation of the United Nations Population Fund (UNFPA) Kazakhstan

5th Country Programme (2021-2025)

EVALUATION REPORT

**September 2024
Kazakhstan**

Kazakhstan Country Map¹



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ACRONYMS and ABBREVIATIONS

| | |
|---------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| AWP(s) | Annual Work Plan(s) |
| BNS | Bureau of National Statistics |
| CAC | Comprehensive abortion care |
| CCA | Common country assessment/analysis |
| CEDAW | the Convention on the Elimination of All Forms of Discrimination against Women |
| CiSPOP | Better Data for Better Policies, a UNFPA programme |
| CO | Country office |
| COAR | Country Office Annual Report |
| CPD | Country programme document |
| CPE | Country programme evaluation |
| CSE | Comprehensive Sexuality Education |
| CSSF | UK Conflict, Stability, and Security Fund |
| CSO/NGO | Civil society organization/Nongovernmental organization |
| DSA | Daily subsistence allowance |
| DV | Domestic violence |
| DUMK | The Spiritual Administration of Kazakhstan's Muslims |
| EECARO | UNFPA Regional Office for Eastern Europe and Central Asia |
| EM | Evaluation Matrix |
| ESP | Essential Service Package |
| EQ | Evaluation question |
| EQA | Evaluation quality assessment |
| EQAA | Evaluation quality assurance and assessment |
| ERG | Evaluation reference group |
| EVAWG | Equality and ending violence against women and girls |
| FP | Family Planning |
| FSC | Family Service Center |
| FV | Field visit |
| GBV | Gender-based violence |
| GEWE | Gender Equality and Women's Empowerment |
| GGGI | Global Gender Gap Index |
| GNI | Gross national income |
| GNSI | The gender social norm index |
| HAI | Healthcare-Associated Infections |
| HIV | Human Immunodeficiency Virus |
| ICPD | International Conference on Population and Development |
| ICT | Information and communication technologies |
| IP(s) | Implementing Partner(s) |
| IPV | Intimate partner violence |
| KazAID | Kazakhstan Agency for International Development |
| KII | Key Informant Interview |
| KP | Key Population |
| LGBTQ | Lesbian, Gay, Bisexual, Transgender, And Queer people |
| LEB | Local executive body |
| LNOB | Leave No One Behind |
| M&E | Monitoring and evaluation |
| MCI | Ministry of Culture and Information |
| MICS | Multiple Indicator Cluster Survey |
| MOH | Ministry of Health |
| MOFA | Ministry of Foreign Affairs |
| MSC | Multisectoral committee |
| MSM | Man having Sex with Man |
| ODA | Official Development Assistance |
| OECD | Organization of Economic Cooperation and Development |
| PAPI | The Personality and Preference Inventory test |
| PCA | Programme coordination and Assistance |
| PHC | Public Health Center |
| P&D | Population and Development |
| PLHIV | People Living with HIV/AIDS |

| | |
|--------|--|
| PwD | Person with Disability |
| SDGs | Sustainable Development Goals |
| SEIA | Socio-Economic Impact Assessment |
| SGBV | Sexual and gender-based violence |
| SOP | Standard Operation Procedure |
| SP | Strategic Plan |
| SPRP | Strategic Preparedness and Response Plan |
| SRH | Sexual and reproductive health |
| SRHR | Sexual and reproductive health and reproductive rights |
| SSPS | Service for Social and Psychological Support |
| STI | Sexually Transmitted Infections |
| SW | Sex workers |
| RR/OR | Regular Resources/Other Resources |
| TL | Team Leader |
| TOC | Theory of Change |
| TOT | Training of Trainers |
| ToR | Terms of reference |
| UBRAF | UNAIDS Unified Budget, Results and Accountability Framework |
| UHC | Universal health coverage |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNCT | United Nations Country Team |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNEG | United Nations Evaluation Group |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNSDCF | United Nations Sustainable Development Cooperation Framework |
| UNW | United Nations Women Fund |
| USD | USA Dollar |
| WHO | World Health Organization |
| VGP | Victimised groups of population |
| YFS | Youth-Friendly Services |
| YHC | Youth Health Center |

Table I. KAZAKHSTAN: Key facts

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| Basic geographical features | |
| Location. Kazakhstan is located in the center of the Eurasian continent at the crossroads of two continents - Europe and Asia. The country has the 9 th largest territory in the world; and ranks second among CIS countries. The total length of the land border of Kazakhstan with other states amounts to 13,394 km, including the border with Russia (7,591 km), China in the east (1,782 km), Kyrgyzstan (1,241 km), Uzbekistan (2,354 km) and Turkmenistan (426 km) in the south ² . | |
| Land mass | 2,724,900 sq. km ³ |
| Political | |
| Type of government: The Republic of Kazakhstan is a unitary state with a presidential form of government ⁴ . | |
| Key political events 1991 – Kazakhstan gained its independence ⁵ 1992 – Kazakhstan joined the United Nations ⁶ . 1993 – First Constitution of independent Kazakhstan ⁷ . 2016 – Kazakhstan elected as a non-permanent member of the UN SC ⁸ . 2019, 2022 – Snap presidential elections were held in Kazakhstan ⁹ . | |
| Economy | |
| GDP per capita 2022 PPP USD | 11,492 ¹⁰ |
| GDP growth rate | 5.1% (2023 ¹¹) |
| Main Economic Sectors. In 2023, real GDP grew by 5.1% largely due to a boost in oil production, fiscal stimulus, and strong consumption. Oil production's 6% increase contributed significantly to this growth. Consumer confidence remained high despite the stagnant incomes and tight monetary policy, as evidenced by retail (7%, real terms), car sales (8%), and new business registration (10%). Capital investment also rose, mainly in non-resource sectors (80%) ¹² . | |
| Unemployment, total (% of the total labor force) (modelled ILO est.) | 4.7 (2023 ¹³) |
| Male/Female/Youth ages 15-24 | 4.1/5.3/3.6 (2023 ¹³) |
| Health expenditure as % of GDP | 3.92 (2021 ¹⁴) |
| Inflation rate, consumer prices (annual %) | 9.5 (2024 ¹⁵) |
| Gini index | 29.2 (2021 ¹³) |
| Demographics | |
| Total population | 20 033 546 Men: 9,783,592 (48.8%) Women: 10 249 954 (51.2%) (2024 ¹⁶) |
| Population growth rate | 3.2 (2022 ¹⁷) |
| Life expectancy at birth, M/F (y) | 70,99 / 79,06 (2023 ¹⁸) |
| Maternal mortality ratio (per 100,000 live births) (link SDG 3.1.1) | Total: Kazakhstan 17.0 (2022 ¹⁹); Astana city 15.0; Almaty city 12.0; Turkistan 5.2. |
| Neonatal mortality rate (per 1,000 live births) (link to SDG 3.2.2) | 4.7 (2022 ²⁰) |
| Under 5 mortality (per 1000 live births) (link to SDG 3.2.1) | Total Kazakhstan: 10.03 (2023 ²¹). |
| Rural / Urban balance (thousand people) | Total Kazakhstan 37.8% / 62.2% (2024 ²²) |
| Human Development Index, rank | 0.802 (65 out of 193 countries) ²³ |
| Literacy rate, adult total (% of people ages 15 and above) | 100% (2020 ²⁴) |
| Gender Inequality Index (GII) | 0.357 (Stat.gov.kz, 2022 ²⁵) 0.177 (UNDP, 2022 ²⁶) |
| Gender Social Norms Index | 93.42% (2022 ²⁷) |
| Youth | |
| Proportion of population aged under 18, % of total number | 34.1 (2023 ²⁸) |
| Male and female primary - and secondary school attendance or completion rates (link to SDG 4.1) | male – 103% and female – 104% male – 92.4% and female – 92% of relevant age group (2022 ¹³) |
| Adolescent birth rate (per 1000 women aged 15-19 years) (link to SDG 3.7.2) | 19.7 (2022 ²⁹) |
| Health and Fertility | |
| Total fertility rate (births per woman) | 3.3 (2021 ¹³) |
| Percentage of women of reproductive age (15-49 years) who are currently using any modern method of contraception | 50.6% (2022 ³⁰) |
| Unmet need for family planning (% of married women ages 15-49) | 15.5% (2018 ³¹) |
| Births attended by skilled health personnel, % (link to SDG 3.1.2) | 99.9 (2019 ³²) |
| HIV | |
| HIV prevalence among women and men (aged 15-49 years) (%) | 0.31 (2022 ³³) /Share of population ages 15+ living with HIV, female 38.5% |

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| | (2021 ³¹) |
| HIV prevalence, 15-24 years M/F (%) | 0.1 / 0.1 (2021 ³⁴) |
| HIV Incidence, age 15-49 (per 1,000 uninfected population ages 15-49) | 0.3 (2021 ³⁵) |
| Number of new HIV infections per 1,000 uninfected population, by sex, by rural/urban population, by age: | Total 0,20 (2022 ³⁶) Male / Female 0,29 / 0,14 Rural/Urban 0,11 / 0,26 |
| 0-14 | 0,01: Boys / Girls – 0,01 / 0,00 |
| 15-24 | 0,12 : Boys / Girls – 0,16 / 0,07 |
| 15-49 | 0,35 |
| 50+ | 0,15 |
| HIV prevalence among sex workers /men who have sex with men /people who inject drugs (%) | 1.3/ 6.9/ 7.2 |
| Needles distributed per person who injects drugs per year | 138 |
| % people who inject drugs receiving opioid substitution therapy (OST) | 0.4 |
| % condom use among workers with most recent client per 1000 uninfected (link to SDG 3.3.1) | 96.5 |
| HIV stigma index | PLWH Stigma Index 2.0 (2022 ³⁷) |
| Harmful practices | |
| Child marriage <18 (link SDG 5.3.1) | 72 grooms, 866 brides (2023 ³⁸) |
| Sexual and gender-based violence (SGBV) (link to SDG 5.2): Lifetime and current (past 12 months) prevalence of intimate partner violence, among ever-partnered women aged 18-75, by type of violence and by time period | (2015 ³⁹) |
| Physical violence (link to SDG 5.2.1): | lifetime – 16.2, current – 4.5 |
| Sexual violence (link to SDG 5.2.2): | lifetime – 3.6, current – 1.0 |
| Physical/sexual violence (link to SDG 5.2.1): | lifetime – 16.5, current – 4.7 |
| Gender-Based Violence (link to SDG 5.2.1) | 61,277 reported cases (2022 ⁴⁰) |
| SDGs country progress⁴¹ | |
| SDG 3 | 8.85% (2023 ⁴²) |
| SDG 4 | 12.13% |
| SDG 5 | 22.62% |
| SDG 16 | 19.88% |
| SDG 17 | 5.25% |

EXECUTIVE SUMMARY

The Country Programme Evaluation (CPE) serves the three main purposes as outlined in the 2024 UNFPA Evaluation Policy: (i) to demonstrate accountability to stakeholders on performance on achieving development results and on invested resources; (ii) to support evidence-based decision-making to inform the development of the next country program; and (iii) to generate learning and share good practices and credible evaluative evidence to support organizational learning. The evaluation covered two thematic areas of the 5th Country Programme (CP) for Kazakhstan: (i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information, and education, especially for those furthest behind; (ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. The current evaluation focused on the country programme contribution to changing discriminatory social norms in Kazakhstan toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence. Seven Evaluation Questions (EQs) were identified in the CPE TOR to address three evaluation criteria stipulated by the OECD DAC, namely relevance, effectiveness, and sustainability. 20 assumptions were formulated by the Evaluation Team for verification through data collection and analysis to answer EQs. This evaluation covered the project activities undertaken from January 2021 until June 2024 with a focus on Almaty city and the Turkestan region where UNFPA implemented interventions. The main audience and primary intended users of the evaluation include (i) The UNFPA Kazakhstan CO; (ii) the Government of Kazakhstan; (iii) implementing partners of the UNFPA Kazakhstan CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them; (v) the United Nations Country Team (UNCT); (vi) the UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO); and (vii) donors.

The evaluation overall approach was theory-driven, integrating human rights and gender equality principles of the United Nations Evaluation Group. The evaluation was based on a participatory design and included quantitative and qualitative data collection methods, namely: i) desk review and analysis of nearly 50 documents; ii) online and offline interviews with 53 key informants, both individual and group; iii) two surveys with 15 implementing partner staff (IPs) and 163 beneficiaries; and iv) 16 site visits and observations to ensure the compilation of well-triangulated data to answer all the evaluation questions. The main limitations related to the specific focus of the evaluation include the different timeframe of the UNFPA Strategic Plan 2022-2025 and the 5th CP for Kazakhstan 2021-2025, the low response rate for the online survey of training participants (16,3%), and the Team Leader inability to travel to Kazakhstan. The evaluation analysed data at the regional and country levels and applied triangulation techniques that included comparing results from different data sources for specific lines of inquiry. The evaluation validated the findings by presenting preliminary findings to country/regional offices, in addition to validating preliminary findings, conclusions, and recommendations with the Evaluation Reference Group.

MAIN FINDINGS

RELEVANCE. The evaluation revealed that the UNFPA's support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning (FP) and the reduction of gender-based violence (GBV) to a great extent. The planned interventions to address discriminatory social norms and accelerate the reduction in the unmet need for family planning and gender-based violence are well-aligned with the outputs and outcomes outlined in the UNFPA Kazakhstan 5th CP (2021-2025). The 5th CP and Result Framework are dynamic and flexible documents. The CO 'social norms' change activities have been comprehensive, addressing multiple facets of the unmet needs and gaps in the UNFPA CP components. To achieve the planned outputs and outcomes, UNFPA has effectively utilized its human and technical resources. However, the challenges such as the need to repeatedly and continually adjust the government's focus due to changes (at least three) in the major strategies of healthcare development (including state program, national project, healthcare development concept, maternal and child health concept, various roadmaps) and a lack of multisectoral collaboration. The regional-level challenges were the consequences of frequent changes in high-level policies, against the background of which the program areas of the UNFPA mandate become less of a priority than other issues. In these conditions, expecting the UNFPA to replace part of the central government for internal communications within state and regional authorities was unrealistic. Moreover, a low or, often, absent awareness and knowledge of legal changes along with the complexity of legal terminology and its varied interpretations, lack of understanding of these important changes for target groups, and no responsibility for ignoring them. Furthermore, the low capacity of public officials at all levels contributes to slow or absent practical implementation of the updated legal and regulatory norms and/or to identifying government priorities. disruptions in institutional memory among senior policymakers have affected policy advocacy and decision-making. Also, state bodies continued work in silos that was resulting in the low pace of the practical implementation of adopted at the national level legislative norms by regional authorities. Moreover, there is also a lack of accountability among regional and local public officials, weak monitoring mechanisms, and discrepancies in understanding the priorities between the national and regional levels have led to gaps in the practical implementation of the established norms.

EFFECTIVENESS. The evaluation revealed that the UNFPA's activities have aimed at changing policy environment and policy implementation through advocacy and capacity building at the levels of various produced outputs that have contributed to a shift in social norms. However, despite this progress, the extent of changes in discriminatory social norms has been limited indicating that more time and measurement tools are needed to assess these changes fully. While there are anecdotal evidence and examples of shifts in social norms recognized by beneficiaries, only two out of eight indicators for the Outputs 1 and 2 and one of the outcome indicators out of four have been fully achieved ahead of its 2025 target. This indicates the potential for meeting the remaining targets and consider continued work for the next programme cycle. UNFPA's policy advocacy and capacity-building efforts have focused on promoting legislative and institutional changes to address discriminatory social norms. While there is an evidence that UNFPA's efforts have contributed to addressing discriminatory social norms to ensure the reduction in the unmet need for family planning and the reduction of gender-based violence, the extent of this contribution is difficult to measure quantitatively. Changes in social norms and attitudes typically require more time to be fully realized and sufficient instruments to be measured. The anecdotal evidence from training participants, community leaders, and stakeholders suggests positive shifts in attitudes and behaviours towards GBV and the gender equality they observed. Also, the list of best practices and success stories was identified. However, a more comprehensive assessment over a longer period is needed to fully understand the impact of these efforts. The other challenges faced by IPs include limited state support, reluctance to address the issues of domestic violence, coordination issues in inter-agency and multi-partnership events; regional disparities; access barriers; cultural norms; limited statistical data on reproductive health and violence against women hampers evidence-based decision-making; sustainability and ownership of FP/GBV initiatives. Also, an external challenge impacting the CO's operations is the limited control over the implementation pace, management practices, and monitoring approaches of other institutions (e.g., delays in the publication of census data). This challenge highlights the need for improved coordination and collaboration with external partners to ensure timely progress toward the remaining output targets.

SUSTAINABILITY. The evaluation showed that the partnerships established with the ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies to a great extent. UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects to a great extent. UNFPA has effectively employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives. The UNFPA prioritized the national implementation modality for the implementation of the 5th CP through the involvement of a wide range of the stakeholders, including government agencies, NGOs, community leaders, healthcare providers, educators, and beneficiaries in consultations, and workgroup meeting about the design and implementation of the capacity-building initiatives. By employing such an approach, UNFPA has fostered a sense of ownership and commitment to sustaining the effects of its interventions beyond the duration of the program and ensured that the interventions are aligned with the national priorities, strategies, and frameworks, and reflect the needs of target populations. Moreover, UNFPA has effectively worked with the implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream the interventions within existing systems, policies, and programs at the national and local levels. The CO staff and experts directly participate in consultative and advisory bodies, which are established at the level of the Parliament and ministries to support FP and GBV efforts. UNFPA comparative advantages, including the mandated expertise, have been effectively utilized in partnerships with the national stakeholders. These strengths have not only enhanced the impact of FP/GBV interventions but have also promoted national ownership and sustainability. The collaborative nature of UNFPA's approach, involving multiple stakeholders, has ensured that interventions are contextually relevant and widely supported. This has contributed to their long-term success and sustainability. However, some challenges concerning shifts in government personnel and the increased segmentation of society and the formation of new population strata were identified.

CONCLUSIONS

STRATEGIC CONCLUSIONS

- I. **CP Theory of Change.** The UNFPA CO interventions are well outlined in the UNFPA Strategic Plan and CPD. The 5th CP 2021-2025 and Result Framework are dynamic and adaptable documents, grounded in the results of the previous evaluations, UNSDCF priority thematic areas and UNFPA strategic transformative results and the country context. The planned interventions related to altering discriminatory social norms related to FP and GBV were adapted to effectively reflect and contribute to the achievement of the 5th CP outputs and outcomes. At the same time, the analysis showed that there are no specific output and outcome indicators that measure changes in social norms as a key factor in reducing the unmet need for FP and GBV needed to ensure a comprehensive evaluation of the impact of social norm changes on these issues.

2. **Legislation/Policy changes and strengthening.** With the support of the UNFPA policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in unmet need for FP and the reduction of GBV were significantly strengthened. The enabling environment for changes was established through the development and introduction of the related legislative and regulatory acts at the national level regarding FP and GBV even when the CO was forced to repeatedly and continually adjust the government's focus. At the same time, the proper implementation faces several challenges. At the national level, a frequent turnover of public authorities distracts the continuity and institutional memory as well as changes (at least three) in the major strategies of healthcare development (including state program, national project, healthcare development concept, maternal and child health concept, various roadmaps) and a lack of multisectoral collaboration. The regional-level challenges can be regarded as one of the consequences of frequent changes in high-level policies, against the background of which the program areas of the UNFPA mandate become less of a priority than other issues. In these conditions, expecting the UNFPA to replace part of the central government for internal communications within state and regional authorities was unrealistic. Moreover, a low or, often, absent awareness and knowledge of legal changes along with the complexity of legal terminology and its varied interpretations, lack of understanding of these important changes for target groups, and no responsibility for ignoring them. Furthermore, the low capacity of public officials at all levels contributes to slow or absent practical implementation of the updated legal and regulatory norms and/or to identifying government priorities. The lack of a higher education system to re-educate civil servants to understand the meaning of the legislation along with a lack of monitoring and evaluation use and availability of tools, and the insufficiency of information raising at the regional level makes it impossible to implement the developed strategic documents effectively when the implementation of such measures depends solely on local partners.
3. **Cultural sensitivity and needs-driven approach.** UNFPA has engaged community leaders, religious figures, and local influencers to ensure that interventions are culturally sensitive and resonate with the needs of target populations. The CO supported the development of interventions and materials that are culturally appropriate and accessible to diverse populations and used culturally relevant messages in a widely understood language and sensitive to population beliefs (e.g. *Islam canons*) with the involvement of a multidisciplinary team of different actors. This approach has been vital in gaining community support and influencing changes in social norms related to FP and GBV in working with groups like people with disability (PWD) and religious citizens, migrants, refugees, communities of MSM and PLHIV. Moreover, in addressing the growing needs for psychological, SRH, GBV support of religious citizens and PWD, migrants and knowledge about religion, and human rights of young people same culturally sensitive need to be used towards changing social norms.
4. **Public awareness and communication.** UNFPA advocacy and policy efforts resulted in updated and/or introduction of legislation and, sometimes, in changing Government position towards certain issues related to FP and GBV. The UNFPA interventions toward changing social norms in family planning and gender-based violence areas were positively acknowledged by both IPs and rights-holders. At the same time, they are convinced that more time is needed for policy advocacy and continuous communication efforts to show results and measure contribution to changes in discriminatory norms to ensure the reduction in the unmet need for family planning and gender-based violence. To achieve policy and capacity changes in social norms related to FP and GBV, there is a high need for reaching out society with promoting and explaining the peculiarities of the CO interventions.
5. **The UNFPA CO visibility/identity in Kazakhstan.** UNFPA's partnerships with ministries, agencies and government at all levels allowed the CP to use its comparative advantage, including thematic expertise, global experience and established credibility in RH and GBV prevention. However, it was noted that the UNFPA comparative advantages were not fully realized yet and there is no clear association with UNFPA work, target groups and/or values. The UNFPA CO visibility has been improved in recent years. However, there is still a low awareness of the population about UNFPA as the leading sexual and reproductive health agency. Lack of public consensus on what a Kazakh family should be like and various views on gender equality, family planning, sexuality education, etc., also create indefinite conditions for the UNFPA to work towards changing social norms related to the reduction of unmet needs in family planning and GBV areas. Moreover, it complicates reaching out to the UNFPA target groups and providing them with important information on why, where and how to seek support and assistance.
6. **Limited capacity of the Youth Health Centers (YHCs) and Family Support Centers (FSCs).** The importance of UNFPA's contribution to strengthening the YHCs and FSCs was clearly noted. The availability of essential resources became possible as of the UNFPA's long-term advocacy efforts with regulatory authorities. This development has enabled a range of insured individuals to receive services at YHCs. Despite these advancements, there are still limitations in the capacity and outreach of YHCs and newly established FSCs. The high demand for services, including psychological support, often exceeds the available resources. Additionally, issues such as the lack of comprehensive sexual education in schools, insufficient training for specialists, high workloads of PHC clinics and schools, and the need for enhanced monitoring and evaluation systems continue to hinder the effectiveness of these interventions. Strengthening the human resources system and policies at FSCs is crucial for building the knowledge and skills of employees and integrating FSC operations with the national and local systems, policies, and programmes.

PROGRAMMATIC CONCLUSIONS

- 7. Evidence-based decisions and monitoring and evaluation.** UNFPA has placed a strong emphasis on using research and data collection to inform its development of national policies and action plans. UNFPA's data-driven approach has significantly contributed to policy development and changing social norms, but there are notable challenges in monitoring progress, managing external dependencies, and adapting to the dynamic social landscape. Addressing these challenges will be crucial for the continued success and sustainability of UNFPA's interventions.
- 8. Strategic shift to targeted interventions in FP and GBV for young people but lack of information on sexuality and gender equality.** The analysis of the UNFPA CPD reveals a strategic shift over the past three years from broad sexual and reproductive health activities to more targeted interventions in FP and GBV. UNFPA remains a unique UN agency providing accurate information on sexuality and gender equality and has supported pilot projects in these areas. However, the challenges persist, including the absence of formal curricula and limited recognition by the Government. Despite the progress, the capacity of initiatives such as Y-PEER, YHC, and YFS remains insufficient to fully address the information and education needs of young people regarding sexual and reproductive health.
- 9. UNFPA Resources (financial, human, technical).** The UNFPA strategic plan underscores the importance of adequate resourcing to implement comprehensive and effective interventions. Analysis of the CO expenditure for three years of the 5th CP implementation showed successful mobilization of funding and good use of human and technical resources. However, the evaluation also highlighted the need for additional support in communication and area-specific management, as well as the recruitment of thematic advocates and volunteers to support the work of UNFPA Honourable Ambassadors and enhance the overall impact of UNFPA interventions and promotion of the UNFPA mandate.
- 10. Interventions' design, timing.** The evaluation showed that the UNFPA activities aimed at changing policy environment and policy implementation through advocacy and capacity building at the national, regional, and local levels by working with key stakeholders have produced certain outputs that resulted in a certain change in social norms. However, despite a causal relationship between the programme outputs and certain observed changes in discriminatory social norms, the achieved so far outputs have contributed to changing discriminatory social norms only to a certain extent and certain factors and challenges were identified as important to be considered for introducing changes in discriminatory social norms. Those changes showed that changes in social norms related to FP and GBV occur when interventions are well designed, focused, targeted, on time, and involve local government, communities and vulnerable groups. In addition, a more comprehensive assessment over a longer period is needed to identify trends, evaluate the effectiveness of interventions, and fully understand the impact of these efforts on affected groups and social norms.
- 11. National implementation modality and partnership with UN institutions.** UNFPA has effectively employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives. The UNFPA prioritized the national implementation modality for the implementation of the 5th CP and placed an important role in partnering with the UN institutions in the mobilization of limited resources and effective use of their expertise. By improving IP capacities, employing participatory and empowerment-based approaches, and the national implementation modality, UNFPA has fostered a sense of ownership and commitment to sustaining the effects of its interventions beyond the duration of the program. Moreover, UNFPA has effectively worked with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programs at the national and local levels. The UNFPA approach in engaging stakeholders proved to be effective and efficient and by increasing the potential and capacity of government and CSO, the CO can delegate some of its activities to the local institutions. Increased roles of those institutions in the advocating of the CP policy and the implementation of the capacity-building interventions will allow the CO to concentrate on more strategic tasks and oversight rather than doing routine activities.

RECOMMENDATIONS

STRATEGIC RECOMMENDATIONS

- 1. Measuring changes in social norms.** The 5th CP includes strategic interventions to shift discriminatory social norms through community engagement, education campaigns, and advocacy. To comprehensively evaluate the impact of these efforts on reducing the unmet need for FP and GBV, it is recommended to introduce output and outcome indicators. These would track both process-related achievements and changes in attitudes, behaviors, and values related to social norms, along with developing a robust methodology for monitoring these indicators.
- 2. Pilot a methodology for changing social norms.** To institutionalize visible changes in discriminatory social norms, it is recommended to study similar experiences from other regions and beyond the region, select two to three highly marginalized groups in FP and GBV-related areas, and focus on one or two key social norms for piloting a comprehensive, methodologically sound approach. This pilot should include monitoring progress, assessing the time and resources required, and identifying the most effective strategies for reaching specific groups. Potential target groups could include women of reproductive age in remote areas, large families, religious communities, migrants, health workers, and educators.

3. **Enhancing UNFPA visibility and alignment with its mandate.** While the UNFPA Country Office has significantly improved its visibility in recent years, there is a need for clearer association with its mandate and role in Kazakhstan. It is proposed to develop a concise identity or message linked to UNFPA's values or target groups, and to promote this message widely among the population through coordinated efforts with government and civil society. Clear, simple, and locally relevant messaging should be used to highlight UNFPA's work and its contributions to Kazakhstan society.
4. **Implementing legal changes.** UNFPA's advocacy, policy efforts, and technical support to the government of Kazakhstan in developing and improving the legislative and regulatory framework for addressing discriminatory social norms have yielded significant results. It is recommended to continue working on necessary legal reforms related to social norms, focusing on accelerating the reduction of unmet needs for family planning and GBV. Greater emphasis should be placed on the implementation of these legal changes, particularly at the regional level, with close monitoring and reporting of the process.

PROGRAMMATIC / OPERATIONAL RECOMMENDATIONS

5. **Disseminate best practices throughout Kazakhstan.** The successful pilot interventions on FP/GBV in Turkestan, MSM in Western Kazakhstan (Atyrau and Mangistau oblasts), and work with Muslim and PWD communities should be shared with other regions. Ongoing mentoring of government and civil society stakeholders from these pilot regions is essential to institutionalize the initiatives and ensure sustained ownership of the UNFPA-supported interventions beyond the program's duration. Additionally, the growing needs of key populations, such as psychological support, referral systems to FSCs, and young people's knowledge of religions, should be addressed.
6. **Strengthening YHCs and Y-PEER network capacity and their ability to provide SRHR information and services.** While UNFPA's support in establishing a legal framework for Youth Health Centers (YHCs) has been invaluable, there remains a need for greater dissemination of SRHR information among young people. Continued UNFPA assistance is crucial to enhance the visibility of YHCs and improve the quality of their services. Additionally, ongoing support for Y-PEER's capacity building and efforts to engage youth in addressing discriminatory social norms related to FP/GBV will be highly beneficial. Comprehensive sexual education and quality reproductive health services are key to promoting demographic resilience.
7. **Strategize the CO communication.** UNFPA should integrate communication activities across all ongoing programs by establishing a dedicated team for communication, partnership building, and resource mobilization. This team should include additional communication experts, UNFPA Thematic Ambassadors, and volunteers from the UNFPA Ambassador School. The UNFPA CO communication activities should be incorporated into and link all UNFPA ongoing programme activities by creating a communication/partnership building/resource mobilization team with the updated responsibilities and expanded human resources with more communication expert(s) and the UNFPA Thematic Ambassadors, volunteers from the UNFPA Ambassador school.
8. **Strengthen Family Support Centers (FSC).** UNFPA's support is needed to enhance the human resource systems and policies of FSCs, improving staff knowledge and skills while aligning FSC operations with national and local systems, policies, and programs.
9. **Stop doing the routing work.** UNFPA should support the capacity-building efforts of both government and civil society implementing partners, enabling them to take on routine interventions that are currently managed by the Country Office.

CHAPTER I: INTRODUCTION

I.1 Purpose and objectives of the country programme evaluation

The UNFPA Country Office in Kazakhstan, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and the UNFPA Evaluation Office, planned to conduct an independent evaluation of the fifth UNFPA Country Programme for Kazakhstan (2021-2025) as part of the Country Office evaluation plan and following the UNFPA Evaluation policy (DP/FPA/2024/1)⁴³. The CPE serves the following three main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) to demonstrate accountability to stakeholders on performance on achieving development results and on invested resources; (ii) to support evidence-based decision-making to inform the development of the next country programme; and (iii) to generate learning and share good practices and credible evaluative evidence to support organizational learning.

The **objectives** of this CPE are I) To provide the UNFPA Kazakhstan CO, national stakeholders, and rights-holders, the UNFPA EECA Regional Office, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Kazakhstan 5th country programme 2021 – 2025; and II) To broaden the evidence base to inform the design of the next programme cycle. The **specific objectives** of this CPE are: i) To provide an independent assessment of the relevance, effectiveness, and sustainability of UNFPA support within the 2021-2025 country programme in changing discriminatory social norms to accelerate the reduction in the unmet need for family planning and in reducing gender-based violence; ii) To provide an assessment of the role played by the UNFPA Kazakhstan CO in the coordination mechanisms of the UNCT and UNFPA contribution toward the achievement of UNSDCF outputs; and iii) To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

I.2 Scope of the evaluation

Geographic Scope. The evaluation covered Almaty city and the Turkestan region where UNFPA implemented the interventions.

Thematic Scope. The evaluation covered the following thematic areas of the 5th CP: (i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information, and education, especially for those furthest behind; (ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. The current evaluation **is focused** on the country programme contribution to the changing discriminatory social norms in Kazakhstan toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence. The CPE TOR identified seven Evaluation questions that form the basis to determine what data needed to be collected. The proposed EQs address three evaluation criteria stipulated by the OECD DAC, namely relevance, effectiveness, and sustainability. The Evaluation Team formulated assumptions presented below for verification for each evaluation question that constitutes the hypothesis tested through data collection and analysis to answer the EQs.

EQ 1 (Relevance): To what extent has the UNFPA supported the strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence?

Assumptions:

- I.1 The UNFPA supports strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence to a great extent.
- I.2 Strengthened policy framework and institutional mechanisms for changing discriminatory social norms contributed to the reduction of the unmet need for family planning and the reduction of gender-based violence.
- I.3 The UNFPA supports strengthening policy framework and institutional mechanisms on changing the discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence and has adopted evidence-based and culturally sensitive approaches that resonate with the experiences and perspectives of the target populations.
- I.4 The UNFPA supports strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence and has engaged in meaningful consultation and collaboration with key stakeholders, including affected communities, civil society organizations, and government agencies, to ensure that its interventions are contextually relevant and responsive to the diverse needs and realities of the target populations.

EQ 2 (Relevance): To what extent do the planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence adequately reflect and contribute to the achievement of outcomes of the UNFPA Strategic Plan and outputs stated in the UNFPA Kazakhstan 5th CP?

Assumptions:

- 2.1 The planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence contribute to the achievement of outputs stated in the UNFPA Kazakhstan 5th CP.
- 2.2 The outputs stated in the UNFPA Kazakhstan 5th CP contribute to the achievement of outcomes of the UNFPA Strategic Plan through the implementation of the planned interventions related to changing discriminatory social norms to accelerate the reduction in the unmet need for family planning and the reduction of gender-based violence.
- 2.3 UNFPA interventions are sufficiently comprehensive, strategic, and well-resourced to contribute to the achievement of the desired outcomes related to reducing the unmet need for family planning and gender-based violence as outlined in the UNFPA Strategic Plan and the UNFPA Kazakhstan 5th CP.

EQ 3 (Effectiveness): To what extent have the intended programme outputs related to family planning and the reduction of gender-based violence been achieved?**Assumptions:**

- 3.1 The UNFPA Country programme has clearly defined measurable outputs related to family planning and the reduction of gender-based violence. There is a shared understanding among stakeholders of what constitutes success for each output, including specific targets, indicators, and milestones to track the progress.
- 3.2 UNFPA has been effective in implementing activities and interventions aimed at achieving the planned outputs related to family planning and gender-based violence reduction. It implies that the programme has successfully mobilized resources, engaged stakeholders, and executed activities according to the established work plans and timelines.
- 3.3 There is an evidence to support the actual achievement of programme outputs related to family planning and the reduction of gender-based violence. It implies that the programme has conducted regular monitoring activities to assess the progress, collect data, and measure performance against the established indicators' targets.

EQ 4 (Effectiveness): To what extent did the outputs contribute to changing discriminatory social norms and what was the degree of results achievement of the country programme contribution to the expected changes/achievements? (e.g. Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated; and Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated)?**Assumptions:**

- 4.1 There is a causal relationship between the programme outputs and observed changes in discriminatory social norms, supported by the evidence from the monitoring data, qualitative assessments, and stakeholder feedback. However, the achieved outputs contribute to changing the discriminatory social norms to a certain extent.
- 4.2 The achievement of the output indicators reflects the effectiveness of the programme interventions, but the degree of achievement of the outcome introduced in 2022 that related to changing discriminatory social norms is difficult to measure as there is not sufficient time to adequately assess the degree to which the contribution to the achievements of outcomes is made. However, the relevant outcome indicators will be considered to check for the progress.

EQ 5 (Effectiveness): To what extent has UNFPA policy advocacy and capacity-building support contributed to changes in discriminatory social norms to ensure the reduction in the unmet need for family planning and the reduction of gender-based violence?**Assumptions:**

- 5.1 UNFPA's policy efforts to advocate for policy reforms, and institutional and legislative changes, have addressed discriminatory social norms leading to a reduction in unmet need for family planning and gender-based violence, however, the extent of contribution is difficult to measure as more time is needed.
- 5.2 UNFPA's capacity-building efforts have led to positive shifts in knowledge, attitudes, behaviours, and practices addressing discriminatory social norms related to family planning and gender-based violence prevention and response, however, more time is needed to observe the extent of these changes.

EQ 6 (Sustainability): To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?**Assumptions:**

- 6.1 UNFPA has employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives, thereby fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme.
- 6.2 UNFPA has worked collaboratively with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels.
- 6.3 UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms to ensure the durability of effects.

EQ 7 (Sustainability): To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Assumptions:

- 7.1 UNFPA has engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with the national priorities, strategies, and frameworks, and reflect the needs of target populations. By promoting national ownership, UNFPA seeks to foster sustainability of its supported interventions in changing the discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence.
- 7.2 UNFPA has made use of its comparative strengths to establish partnerships with ministries, agencies and other representatives of the partner government to a great extent by safeguarding and promoting the national ownership of supported interventions, programmes and policies.
- 7.3 Ministries, agencies and other representatives of the partner government feel/gain/share ownership of the UNFPA supported interventions, programmes and policies.

The Evaluation matrix presented in Annex I unpacked each evaluation question and specified: i) the evaluation criteria the question addresses; ii) the assumption for verification; iii) quantitative and qualitative indicators to verify or refute the assumptions; and iv) the methods and tools for data collection. The collected data is? (there is no verb here) presented by EQs and corresponding assumptions, methods of data collection (document review, key informant interviews (in person or/and group), survey, and site observation).

Temporal Scope. The evaluation covered interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to the period of the evaluation data collection (June 2024).

The current evaluation was conducted in parallel with the country programme evaluations by UNDP and UNICEF, as well as the evaluation of the UNSDCF 2021-2025. UNDP and UNICEF opted for evaluations by clusters, i.e. one evaluation team evaluates 4-5 countries, including Kazakhstan CP. The UNSDCF evaluation is conducted by the UN Resident Coordinator Office. It was agreed that each agency share the draft reports of their respective evaluations with the UNSDCF evaluation consultant for consideration and integration into the UNSDCF evaluation report. It is expected that the agency-specific programme evaluations collaborate closely for comprehensive coordination and complementarity, where possible, as it is assumed that the agency-specific programme evaluation, with its achieved results, contributes to attaining the overall UNSDCF results.

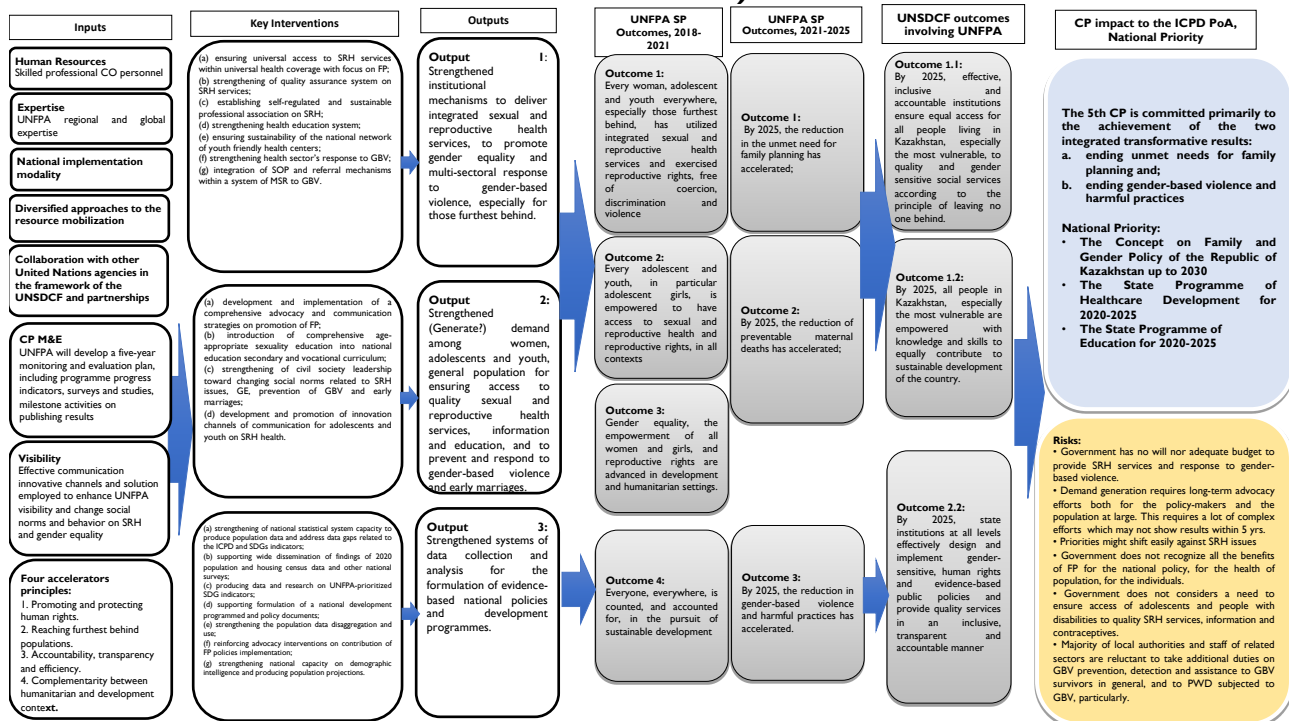
1.3 Evaluation approach

The evaluation overall approach was theory-driven, integrating human rights and gender equality principles of the United Nations Evaluation Group. The evaluation report followed the structure provided in the UNFPA Handbook (UNFPA 2024 Edition). As it was mentioned above, the evaluation has been structured around three out of the five standard OECD-DAC criteria: relevance, effectiveness, and sustainability. The evaluation was based on a participatory design and included quantitative and qualitative data collection methods, namely: i) desk review and analysis; ii) online and offline interviews with key informants, both individual and group; iii) surveys, both stakeholder and beneficiary; and iv) site visits and observations where it was appropriate. A diverse range of stakeholders were identified through a stakeholder mapping exercise to ensure the compilation of well-triangulated data to answer all the evaluation questions. The evaluation analysed the data at the regional and country levels and applied triangulation techniques that included comparing results from different data sources for specific lines of inquiry. The evaluation validated the findings by presenting them preliminary to country/regional offices, in addition to validating preliminary findings, conclusions, and recommendations with the Evaluation Reference Group. The following sub-sections provide in-depth information on the evaluation approach, including contribution analysis and the theory of change, methods for data collection and analysis, stakeholders consulted, and sites visited as well as information on limitations and mitigation measures.

1.3.1 Contribution analysis and theory of change

For the 2021-2025 CP UNFPA Kazakhstan adopted the theory of change of the UNFPA strategic plan 2018-2021. The later strategic plan followed the guidance of the new United Nations Sustainable Development Cooperation Framework (UNSDCF)⁴⁴ and selected option B of the country programme development proposed in the Cooperation Framework document, namely: *“UN development system entities develop an entity-specific country development programme document with Cooperation Framework outcomes copied verbatim.”* Through engagement in the work of the result groups⁴⁵ the following TOC was developed.

Figure 1. The 5th UNFPA CP 2021-2025 Intervention Logic (adopted UNFPA SP 2018-2021 and SP 2022-2025)



The 5th UNFPA CP 2021 will contribute to National Priority.

Outcome 1.1 and 1.2 will contribute to:

- 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*
- The State Programme of Healthcare Development for 2020-2025:

Outcome 2.2 will contribute to the following 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.
- 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'.

This evaluation focuses on the country programme contribution to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence by assessing the programme achievements in its normative work, particularly: (i) Strengthening policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind; (ii) Strengthening national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. Hence the intervention logic, building on the 2021-2025 Results Framework,⁴⁶ was reconstructed to serve the objective of the evaluation (TOR, Figure 1).

1.3.2 Methods for data collection and analysis

The evaluation methodology was based primarily on the standards and guidance described in the recently updated UNFPA Evaluation Handbook⁴⁷ throughout the phases of the evaluation. The evaluation methods rest on a mixed methodology for collecting and combining both quantitative and qualitative data and considering the context in which UNFPA CO Kazakhstan operates. The data collection methods and tools were designed around the assumptions and indicators proposed in the evaluation matrix (Annex 1) and included a diverse range of stakeholders identified through a stakeholder mapping exercise to ensure the compilation of well-triangulated data to answer all the evaluation questions. The evaluators considered ethical considerations⁴⁸ when collecting information and evaluation adhered to

the *UNEG/UNFPA Review Norms and Standards*,⁴⁹ including *UNEG Ethical Guidelines for Review*; *UNEG Standards and Norms for Review in the UN System*, *UNEG Guidance on disability inclusion* and *UNFPA Evaluation Handbook* and guidance on disability-inclusive reviews. In particular, the evaluation was conducted while following four UNEG ethical principles for evaluation: Integrity, Accountability, Respect and Beneficence.). The evaluation was based on a person-centered approach by emphasizing respect, accountability, fairness and transparency. Preceding fieldwork ET reviewed cultural and religious sensitivities existing in Kazakhstan and considered potential harm to participants evaluation can make. While setting the interviews the ET considered respondents availability, place of face-to-face meeting, and possibility and convenience for online interview. Often the interviews were conducted outside of government offices to make public officials feel more free and relaxed. While meeting vulnerable groups like persons with disabilities, ET came to place where there were necessary conditions (like path, space for wheelchairs) and evaluation participants felt comfortable. Every meeting started with acknowledgement that all received information from respondents will be treated as confidential, respondents' privacy and anonymity will be guaranteed and information they shared will not be linked to them as well as their participation in evaluation is voluntary and free and they can stop interview at any moment (ET was prepared where deemed necessary, to obtain statements of informed consent). All names of the key informants were coded by Team Leader personally and the report reflects only code for each person consulted (e.g. KII #100).

Data collection methods and tools

The evaluation was based on a participatory design and a complementary mix of qualitative and quantitative methods and analytical approaches were applied to meet the requirements reflected in the TOR. The data collection methods and tools were designed around the assumptions and indicators proposed in the evaluation matrix (Annex 1) and include:

1. Desk review of documents and other pertinent programme data
2. Online and offline key informant interviews, both individual and group
3. Survey of stakeholders and beneficiaries, and
4. Field visits and observation of stakeholders' sites as appropriate.

Desk review and analysis. prior to fieldwork conducted a review and analysis of the relevant UNFPA documents including government and UNFPA policy and strategy documents, the United Nations - Kazakhstan Partnership Framework, the UNFPA 5th Country Programmes (2021-2025) documents, including the Work Plans, Country Office Annual Reports (COARs), the micro assessment/ spot check/ audit reports, UNDP Human Development Reports for Kazakhstan, the CP financial data, etc. Relevant secondary data and background documents describing activity related to the CP themes, including development context, development challenges, and priorities; relevant national laws, policies, and regulations; relevant academic and periodical publications, other donors' reports; and surveys and evaluation, assessments, and studies in gender equality areas, etc. will be reviewed as well. The **Evaluation matrix** continued to be developed during and after the in-country data collection to help evaluators consolidate in a structured manner all collected information corresponding to each evaluation question. The table also made it easier to identify data gaps in a timely manner, and to collect all outstanding information.

Online and offline key informant interviews (KIIs), both individual and group. Separate semi-structured interview protocols were designed using interview guides for key informants (UNFPA project staff, government and civil society counterparts, donors, other UN agencies, and national and international implementing partners) at the national level and in the Almaty city and Turkestan region where UNFPA implements interventions. The means of interviews conducted included both face-to-face (preferable mode for the two national experts) and by Skype/Zoom (distant mode for TL). Interview logs were kept by each evaluator to share data and recorded it effectively. Where it was possible, group interviews were conducted to collect key information from the key stakeholders, beneficiaries, and partners. All interviewees were assured about the confidentiality of their responses by the evaluation team. The team conducted the Key Informant Interviews (KIIs) with a consistent set of precautions for informed consent and confidentiality to closely adhere to the *UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations* (2008).

Field visits and Site Observations. The two national experts of the Evaluation Team (ET) travelled to Astana (where UNFPA CO and the Government of Kazakhstan are located) and visited the UNFPA interventions' sites in Almaty city and Turkistan region. Where relevant, they were engaged in direct observation of stakeholders' sites to observe interaction and communication among and between various project partners and beneficiaries, and observe an overall appeal (physical location and interior of the office), office organization and functioning. Direct observation was used as a complementary method of getting additional data on the quality of services provided, of identifying how the organization and functionality of the office of project stakeholders and partners, as well as how interactions between office and/or service delivery staff of project stakeholder/partners and implementing partners and beneficiaries can be perceived as transparent, participatory, accessible, and accountable, etc.

Survey. The online survey targeted the UNFPA implementing partner staff and selected training beneficiaries to answer particular questions related to the changing discriminatory social norms toward accelerating the reduction in the unmet

need for family planning and the reduction of gender-based violence. The online survey was envisioned as complementary to KII and field visits (FV) as limited in-country data collection time the ET did not allow to engage with a big number of stakeholders and interview time did not allow asking all questions to get in-depth responses while the survey allows to collect the views and opinions from a wider audience of the UNFPA beneficiaries and get their opinions on the CO activity.

All proposed semi-structured interview protocol and online questionnaires as well as observation criteria were organized around the key evaluation questions and supported with the detailed questionnaires. Each questionnaire (Annex 4) was developed for each specific group of interviewees and included both common questions as well as questions unique to each group (clearly marked), which allowed the team to obtain the full range of opinions regarding specific CP focus area outcome and output but also to ensure that data is comparable across all the respondents' groups.

All data collection tools (e.g. KII protocol, online surveys' questionnaires) were translated to Russian and Kazakh languages. In addition to data collection tool testing, the ET provided explanations to the evaluation participants when asked.

Data analysis

The evaluation used various data analysis methods to develop the findings, conclusions, and recommendations to answer the EQs. The data analysis took place continuously, i.e. during the desk phase, field phase, and synthesis phase. The collected data, where possible and needed, was disaggregated by sex and analyzed with gender dimension in mind. The following mix of methods (used intertwined) guided the analysis:

Document analysis: The above-mentioned documents and more obtained materials during the field mission were analyzed and interpreted by the Evaluation Team to form understanding of contextual issues, management activity, and measures of change. During the document analysis, special attention was paid to cross-cutting issues such as partnership, resource mobilization, and communication.

Theories of change and contribution analysis: During the desk review phase, the team used the reconstructed Theory of Change (ToC), which reflects causal conditions that must be in place to achieve the project's results. Then ET examined the assumptions that underlie the ToC to also guide the focus of the evaluation questions and to test the assumptions and hypotheses during the field phase. Where theories of change are explicit, ET used contribution analysis to examine the causal linkage between the UNFPA actions and the achieved outcomes and to improve the claims of evidence to inform confirmation as much as possible. Where theories of change are implicit or surface during the desk/field phases, interviews and consultation were the main sources of testing them.

Descriptive statistics: Descriptive statistics provide simple summaries about the sample and measures, and form the basis of the quantitative analysis of data to present quantitative descriptions in a manageable form. Descriptive statistics were not used to make conclusions beyond the analyzed data.

Triangulation: The Evaluation Team conducted a thorough analysis of primary and secondary documentation and of the findings from the interviews, group discussions, online surveys, and on-site observations. To address the EQs, the Evaluation Team used more than one type of informants to obtain data and also triangulated the data. The Evaluation Team used the evaluation framework to structure the analysis and findings.

Content analysis: By conducting the content analysis of qualitative data collected from the online surveys specifically, the Evaluation Team sought to identify themes and trends relevant to each EQ and to better understand the meaning and context in which statements were employed. This technique for extracting patterns from the open-ended survey questions was used in this evaluation to identify patterns for reconstructing real situations. Due to the small sample size analysis was done manually.

Process mapping and visualization: If and where applicable, the Evaluation Team visualized processes and/or findings. Mapping also was used in interviews with stakeholders to better understand specific processes or relationships and their value. The mapping and visualization helped to present the background information and findings in a succinct manner and reduce the length of explanatory text in the report.

Evaluators assessed the extent to which the programme results in effects have been already achieved but also looked into the prospects. By conducting retrospective assessments, for the most part, analysing *what* has happened and the reasons *why*, evaluators used prospective assessments as well. It is important for the next programme cycle to take into account lessons learned from the current situation and understand how the existing knowledge base can be used for the development of the new UN-Kazakhstan development partnership framework and the new UNFPA Country Programme for Kazakhstan for 2026-2030 and to accelerate the implementation of the ICPD Programme of Action.

The evaluators used a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data was sought through regular exchanges with the UNFPA programme staff. Counterfactual analysis was to be applied wherever possible to explore the cause-to-effect relationships within the programme being evaluated.

1.3.3 Stakeholder consulted and sites visited

The UNFPA country programme involves/affects a wide range of stakeholders. The evaluation adopted an inclusive approach, involving a broad range of partners and stakeholders. During the preparatory phase, the stakeholder map was developed where both UNFPA direct and indirect partners were identified, including representatives from the government, civil society organizations, academia, and donors. In addition, stakeholders from other UN organizations operating for/in Kazakhstan (like UNDP, UNICEF, UN Women, etc.), other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme were further identified.

The list of stakeholders interviewed is presented in Annex 3.

Samples and sampling

Within the framework of non-experimental design, several types of samples were used depending on the evaluation sub-questions, chosen data collection tools, and available resources. They are as follows:

Sites visited: TOR provided the geographic scope of the CPE covered by the UNFPA where CO implemented its interventions. The following sites were included: Almaty city, Shumkent, and Turkestan region proposed in the geographic scope of the evaluation (CPE TOR, Article 4.3) and Astana where national authorities are located.

Key informants interviewed: Purposeful sampling and convenience sampling were applied. In particular, based on the stakeholder mapping provided by the CO, the Evaluation Team identified seven stakeholder groups, representatives of which were met and interviewed during the field visits. The total number of the identified stakeholders (incl. UNFPA staff and consultants) was 58. The evaluation team interviewed 53 stakeholders, including 36 female and 17 male that were available for the meeting during the field mission. Table 2 presents the planned vs interviewed key informants.

Table 2. Stakeholder planned vs interviewed by group, roles and size

| | Stakeholder group | Role ⁵⁰ | CPD output | Planned size of the group (#) | Interviewed (#) |
|---|---|--------------------|------------|-------------------------------|-----------------|
| 1 | Government (national and regional/local) | IP | 1,2 | 9 (5/4) | 7 (3/4) |
| 2 | NGO (local/international, including, women's right organizations) | IP | 1, 2 | 13 (11/2) | 15(15/0) |
| 3 | Academia | IP, OP | 1 | 9 (3/6) | 7(2/5) |
| 4 | Donor (local/international) | D | 2 | 6 (2/4) | 2 (1/1) |
| 5 | UN institutions | OP | 1, 2 | 6 | 6 |
| 6 | UNFPA staff | | 1, 2, 3 | 9 | 8 |
| 7 | Other | IP, OP | 1, 2, 3 | 6 | 4 |
| 8 | Beneficiaries | | | | 4 |
| | TOTAL | | | 58 | 53 |

Implementing partners (IPs) and beneficiaries participated in the online survey.

Implementing partner staff. All UNFPA IP staff were targeted for the online survey, including 15 personnel (3 male and 12 female) from Astana (6), Almaty city (5) and Turkestan region (4). They represented national and regional/local governments (4), NGOs (7), academia (2), and 2 from other institutions (UNFPA consultant, Centers, etc.). All IP staff responded to the survey ensuring a response rate of 100% (Figure 2).

Beneficiaries (Training participants). 163 respondents (43 male and 120 female) from Astana (10), Almaty city (8), Turkestan region (122) and other regions (23) provided their insights on the UNFPA training activity. They were ensuring a response rate of 16,3%. Beneficiaries associated themselves with the following **UNFPA target groups**⁵¹:

- Women - 61
- Men - 26
- Adolescent/ youth - 27
- Persons with Disability- 17
- Representative of:
 - Government, both national and regional/local - 8
 - State institutions - 90
 - Academy - 1
 - CSO, including Y-PEER - 4
 - Medical universities' and nurses colleges faculty members, - 13
 - School teacher and psychologist - 24
 - Theological institution and/or faith-based organization - 6

| | |
|--------------------------|----|
| • Religious group - | 2 |
| • Male activist group | 4 |
| • Volunteer - | 9 |
| • Mass media | 11 |
| • Other (please specify) | 1 |
| • Social workers | 1 |
| • Policemen, policlinic | 1 |

Figure 3 presents a number of beneficiaries by the UNFPA training/workshop thematic areas⁵².

Figure 2. Number of the respondents/IP staff by training/workshop thematic areas, N=15

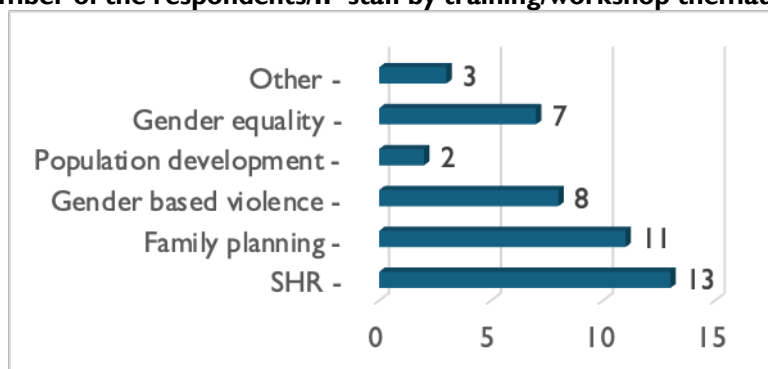
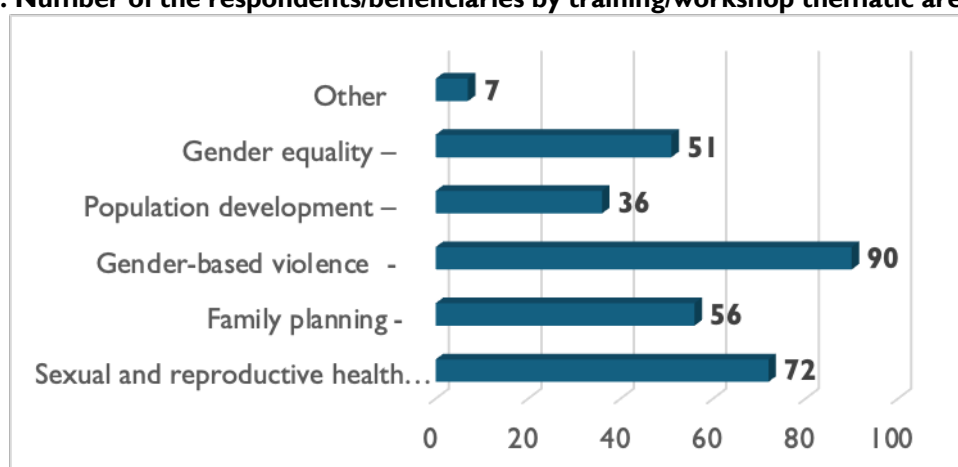


Figure 3. Number of the respondents/beneficiaries by training/workshop thematic areas, N=163



The detailed answers to the online surveys are presented in Annex 5.

1.3.4 Limitations and mitigation measures

As it was noted above the Evaluation Team used information from two primary sources, namely: documents and respondents, by using a selection of methods (document review, online/ offline individual and group interviews, online surveys and on-site visits and observations). The following potential limitations identified during the inception phase have been realised:

- The initial scan of the **documents available** for analysis shows that the key data needed for evaluation exists and is available for analysis. While this may be a useful source of information on programme performance, additional information about definitions and data collection methods employed is required to allow the evaluation team to assess the validity and reliability of the existing data. The preliminary analysis of the validity of data shows that there is a certain threat to the validity of data related to: i) the history effect, i.e. the uncertainty that in areas UNFPA produced the observed outcomes or there may be other possible explanations (e.g. interventions of government and/or other projects/programmes), and ii) the outcome related to changing discriminatory social norms that were introduced only in 2022 and is difficult to measure as there is not sufficient time to adequately assess the degree to which the contribution to the achievements of outcomes is made. During the field missions, these threats were examined by asking the KIs about activities of government and/or other donor-funded projects/programmes and checking relevant outcome indicators for progress to eliminate other possible explanations for the observed outcomes. The results are presented in the Findings chapter.
- **The specific focus of evaluation** on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence rather than on the CP as a whole

may create certain confusions that were mitigated by careful wording of questions and in-depth explanation of the evaluation scope and focus, validation techniques including internal team-based review, discussing preliminary findings with the CO, etc.

- **Timeframe UNFPA SP 2022-2025** influenced to a certain degree the 5th CP for Kazakhstan (2021-2025) that was designed based on the UNFPA SP 2018-2021. To mitigate this influence, alignment of the SP 2022-2025 with the 5th UNFPA CP 2021-2025 Intervention Logic (Figure 3) was done.
- **Online surveys**, while inexpensive and efficient, often struggle to achieve reasonably high response rates. To mitigate this, the evaluation team diligently identified the sample frame (e.g. selected only a limited number of the UNFPA training focused on FP and GBV) and agreed with the CPE manager on how the training participants are invited as well as used reminders to improve the response rate. When the number of responses (163) was quite good, the response rate was still low (16,3%). However, 100% of the UNFPA implementing partners participated in the online survey. The low response rate of training participants has not affected the validity and reliability of the evaluation results as an online survey was one of the four evaluation methods and beneficiaries' opinions and thoughts were voiced and heard by the ET.
- **Team Leader's inability to travel to Kazakhstan.** Even TL conducted the meeting remotely when Internet connection and stakeholder access to the Internet at sites allowed, personal presence was missing. However, TL's previous experience in evaluating the UNFPA CP and travel to different regions as well as careful planning in advance and working with the UNFPA country office and national evaluators helped coordinate in-country work and mitigate the validity and reliability of the evaluation results.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

Kazakhstan is the largest landlocked country, with a population of 20,03 million⁵³ people. Since gaining its independence in 1991, the country has made significant progress in economic and social development, graduating into an upper-middle-income country with a GDP per capita of 11,492 USD in 2022⁵⁴. UNFPA commenced its operations in Kazakhstan in 1992 after the collapse of the Soviet Union. Until 1999, assistance to the country was provided in the framework of the regional programme for Central Asia and essentially as an emergency aid to improve mother health through the delivery of medical equipment and medicines to perinatal centres and maternity hospitals, contraceptives for the population, and training of healthcare personnel. At the time, UNFPA operated primarily in Kyzylorda and South-Kazakhstan Oblasts. Besides, UNFPA, jointly with the UN Statistics Division, assisted Kazakhstan in the first census of the independent Kazakhstan in 1999 by providing necessary technical and advisory support for the preparation and delivery of the census, training of personnel, and data processing.

During the past years, Kazakhstan faced numerous external and internal challenges, including recovering from the COVID-19 pandemic, unprecedented protests in January 2022, and the complex geopolitical situation in the region regarding the Ukraine war, which has brought multifaceted economic, social, and even demographic implications. The January 2022 unrest augmented the need to recalibrate social protection and address risks to development, and vulnerability of different social groups. In Kazakhstan, children and youth comprise 50 percent of the nation and are over-represented among the poor. 19 percent of adults and 22 percent of children live in self-classified poverty.⁵⁵ In 2023, Kazakhstan progressed 3 positions in the World Economic Forum Global Gender Gap Index (compared to 2022); nonetheless, the gender income gap persists.⁵⁶

In 2022, the geopolitical situation combined with the post-COVID-19 challenges pushed the inflationary levels to 20.3 percent — the highest in two decades, disproportionality affecting poor households, as food prices grew considerably. In 2023, the economy of Kazakhstan began rebounding from the adverse impacts of the war in Ukraine and grew at 5.1% with trade (1.9 p.p.) and industry (1.26 p.p.) contributing the most to GDP growth. The imports surged by 20% to \$61.2 billion, mainly due to strong demand for machinery and equipment and increased exports to Russia, whereas the exports decreased by 7% to \$78.7 billion because of a plunge in oil prices. As such, the economy remains heavily reliant on natural resource extraction, and progress towards increasing economic diversity and complexity has been slow.⁵⁷ In general, the challenges above contributed to slowing down the progress toward achieving SDGs in Kazakhstan. According to the Sustainable Development Report 2023, Kazakhstan currently ranks 66th out of 166 countries in the SDG Index, scoring 71.6 out of a possible 100 points: lower than the country's pre-pandemic level (71.9 in 2019). In the Human Development Index, Kazakhstan is among countries with very high human development, ranked 67th globally in the report for 2023/2024.⁵⁸ War in Ukraine, although having no direct impact on the programme, still impacted the economic situation in the country, contributing often to higher inflation, and short- and medium-term devaluation of currencies against the US dollar and euro - therefore bringing effects to the economic situation of households.

Over the past 30 years, Kazakhstan's population has grown by over 3 million people due to a relatively high fertility rate (3.3 per woman⁵⁹). The population of the country is quite young; the median age is 29 years⁶⁰. According to the 2023 national data, the life expectancy at birth was 75.09 years, with the significant difference between men (70.99 years), and women (79.06 years). Underlying these gender differences, mortality patterns are broadly similar. Both males and females are likely to die from cardiovascular diseases, neoplasms and chronic respiratory diseases; while high rates of deaths due to external causes happen more often among males than females. Noncommunicable diseases remain the main cause of mortality and also are drivers of premature mortality (among those aged 30–69 years) in Kazakhstan⁶¹.

Improvements in pregnancy-related care have led to significant reductions in maternal and infant mortality. Since 2000, the maternal mortality rate has steadily declined to 13.7 deaths per 100,000 live births in 2019.

The percentage of women of reproductive age whose demand for family planning is satisfied by modern methods of contraception is 76.1%⁶². Out of the total number of abortions in Kazakhstan in 2022 (71,442), the proportion of spontaneous abortions was 73.1%, medical abortions – 18.8%, and abortions by medical indications 6.5%⁶³. Over five years, the number of abortions in women of fertile age decreased by 9.5%. To ensure access to family planning and reproductive health services at the primary health care level, 445 family planning offices and 16 men's health centers operate throughout the country. To focus on adolescents and youth, there are 166 youth health centers that provide healthcare services and social care in the field of reproductive and mental health.

In view of the ongoing HIV epidemic, Kazakhstan has been expanding access to preventive and curative services, including testing and counselling, information and education work, access to condoms, access to needles and syringes, rapid testing among key groups, and prevention of mother-to-child transmission of HIV. Kazakhstan was the first and, for a long time, the only country in Central Asia to provide citizens with antiretroviral therapy at the expense of the state budget. As of 2023, about 40,000 people in Kazakhstan were living with HIV, and an estimated 81% of them were aware of their

positive status. Of those who knew their status, 79% were on antiretroviral therapy and, of those who were on antiretroviral therapy, 86% had achieved viral suppression⁶⁴

The COVID-19 pandemic laid bare significant economic and social disparities while exacerbating existing vulnerabilities to violence against women and girls. The crisis amplified the fundamental root causes of violence, including economic marginalisation, unemployment, and disparities in access to services, all of which negatively affected the favourable conditions necessary for successful development. As outlined in a report by the Organization for Economic Cooperation and Development (OECD)⁶⁵, the pandemic unveiled deep-seated socioeconomic fragility, with a disproportionately negative impact on women and girls. This impact is evidenced by the surge in unpaid labour and severe disruptions in heavily affected sectors that primarily employ women, often within informal settings. Moreover, the substantial disruptions to trade, constraints on movement, and isolation measures not only spotlighted profound economic and societal inequalities but also contributed to a rise in DV cases.⁶⁶ Furthermore, the persistent presence of harmful social norms related to violence continues to pose a significant challenge in the country. This challenge is exacerbated by socio-economic exclusion, which has the potential to amplify gender-biased social norms.

The Gender Social Norms Index (GNSI)⁶⁷ serves as a robust measure of these biases, encompassing attitudes toward women's roles in political, educational, economic, and physical integrity domains. According to the GNSI data spanning from 2017 to 2022, over 90% of individuals in the region including Kazakhstan exhibited at least one bias against women. Moreover, among the measured dimensions, the most pronounced biases were found within the physical integrity dimension, - a proxy for intimate partner violence (IPV) and reproductive rights where Kazakhstan scored 72.56 %.⁶⁸ It is also worth noting that while certain gender-biased social norms might not be explicitly connected to violence, they can still contribute to violence against women and girls. For example, norms that increase men's social and economic control over women can heighten the risk of intimate partner violence. This was evident in the extension of biases into the economic and political dimensions, where gender-biased social norms lead to unequal access for women, negatively affecting women's activities. Nonetheless, positive trends were observed in narrowing gender-based gaps in resource and opportunity access, as indicated by the Global Gender Gap Index (GGGI)⁶⁹. Since the onset of the programme, women in Kazakhstan made advancements in fundamental rights related to education, health, economic participation, and political empowerment. In 2022, Kazakhstan reduced its gender gap by 0.9 percentage points, achieving a rate of 71.9 % after two years of stagnation, and scored above the global average in the Economic Participation and Opportunity sub-index, and increased representation of women in senior roles.

Throughout the onset of the programme, enhancing social cohesion and women's political participation remains a pivotal political challenge. The 2022 unrest in Kazakhstan provided clear evidence of strained vertical trust and served as a catalyst for substantial reforms, notably the removal of the List of Prohibited Occupations for Women⁷⁰. The country saw the continuation of the ruling Amanat (previously Nur-Otan) party following the 2022 elections. Furthermore, substantive representation in political deliberation is key to creating an environment conducive to policies that uphold the rights and well-being of women. Kazakhstan, implemented affirmative action measures, including a joint 30 % quota for youth and women, and now, also people with disabilities in political roles⁷¹.

Despite considerable efforts in Kazakhstan to address domestic violence (DV), a prevailing reluctance and complexities in legal definitions have hindered the advancement of gender equality and women's empowerment (GEWE) in the country. This is despite explicit commitments by the Government to promote the GEWE agenda through the Generation Equality Forum⁷², including through the proposed Regional Virtual Community of Practice⁷³. The legal landscape varies, with some forms of DV criminalised while others are inadequately addressed, creating protection gaps. Recently, Kazakhstan introduced amendments to the Criminal Code, the Law on the Prevention of Domestic Violence, the Law on Marriage and Family, and other legislation allowing law enforcement officers to intervene without survivor's statements and limiting the number of times that arguing parties can reconcile to one.⁷⁴ The passage of the law coincides with the ongoing high-profile trial of Kuandyk Bishimbayev, Kazakhstan's former economy minister, who is charged with the murder of his wife, Saltanat Nukenova. The trial has drawn national and international attention and ensured a focus on the urgent need to tackle domestic violence with adequate sanctions for abusers and trauma-informed support for survivors.

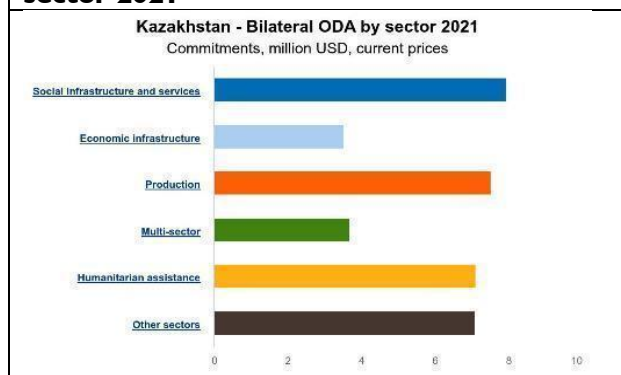
In summary, the amendments to the legislation on DV stipulate the transition from a passive to a proactive approach in registering and proceeding with DV applying the principle of inevitability of punishment for such offences. However, domestic violence (DV) as a distinct form of sexual and gender-based violence (SGBV) is still not recognized by the Criminal Code.⁷⁵ Kazakhstan's Concept of Family and Gender Policy until 2030⁷⁶ and sectoral protocols aim to improve DV handling. The presence of sectoral protocols⁷⁷, however, does not always guarantee seamless coordination across different sectors. Additionally, legislative documents and protocols consistently overlook provisions for victims/survivors with disabilities and other vulnerabilities, revealing a pressing need for a more inclusive approach. As for harmful practices (HP), no systematic solutions exist for the eradication of early marriages including a lack of an effective system of tracing the religious marriages with minors and other types of misconduct in relation to illegal practices (e.g. forced marriages, etc.).

There are punitive laws, policies, and practices that disproportionately affect sex workers (SW) and people who inject drugs (PID), leading to heightened HIV vulnerability and hindering access to crucial services. Discrimination pervades different sectors for women, including SW, those living with HIV, and incarcerated individuals. Women with HIV encounter limited access to DV shelters, while women using drugs report instances of police brutality. Moreover, HIV-positive status compounds discrimination in healthcare settings, influencing critical decisions, such as those pertaining to reproduction.⁷⁸ The UNFPA Programme provides support through technical assistance and high-level dialogues to address these challenges. Notably, the visit of Amina Mohammed, UN Deputy Secretary-General, to Kazakhstan in June 2022, underscored the urgency of advancing gender equality and ending violence against women and girls (EVAWG).

2.2 The role of external assistance

Development co-operation is an integral and increasingly important part of Kazakhstan's foreign policy⁷⁹. The key strategic document that outlines the priorities in Kazakhstan's official development assistance (ODA) policy is the *Main Guidelines of State Policy of the Republic of Kazakhstan on Official Development Assistance for 2021-2025*, approved by Presidential Decree No. 625 on 19 July 2021⁸⁰. In addition, the *Foreign Policy Concept of Kazakhstan 2020-2030*⁸¹ guides Kazakhstan's contribution to the international community's development cooperation efforts. Guided by this overarching policy framework, the majority of Kazakhstan's aid in recent years has gone to Central Asian countries and Afghanistan, where the Kazakhstan Agency for International Development Assistance (KazAID)⁸² focuses on technical assistance in areas such as gender equality⁸³, education, healthcare, entrepreneurship, and other spheres. Kazakhstan's net official development assistance⁸⁴ in 2021, amounted to USD 44 million, compared to USD 39 million in 2020, an increase of almost 13% in real terms⁸⁵. The ratio of ODA as a share of gross national income [GNI] was 0.03% in 2021, compared to 0.02% in 2020.

Figure 4. Kazakhstan – Bilateral ODA by sector 2021



In 2021, Kazakhstan provided USD 33.2 million of gross ODA to the multilateral system, an increase of 12.9% in real terms from 2020. Some 95% of Kazakhstan's total contributions to multilateral organisations in 2021 were allocated to multilateral institutions including the UN system and UN funds and programmes where the UN system received 27.6% of Kazakhstan's multilateral contributions, mainly in the form of earmarked contributions. Out of a total volume of USD 9.1 million to the UN system, the top three UN recipients of Kazakhstan's support (core and earmarked contributions) were the WHO (USD 2.2 million), the UN Secretariat (USD 1.8 million) and UNDP (USD 1.3 million). Kazakhstan's bilateral spending in 2021 increased compared to the previous year. It provided USD 36.9 million of gross bilateral ODA (which includes earmarked

contributions to multilateral organisations)⁸⁶. This represented an increase of 14.9% in real terms from 2020. In 2021, Kazakhstan focused most of its bilateral ODA on SDG on ending poverty in all its forms, and SDG 13 on climate action. In 2021, the least developed countries (LDCs) received 6.6% of Kazakhstan's gross bilateral ODA (USD 2.4 million), lower middle-income countries received 20.5% (USD 7.56) and land-locked developing countries received 27.1% of gross bilateral ODA, equal to USD 10.0 million⁸⁷. Support in fragile contexts reached USD 7.0 million in 2021, representing 18.9% of Kazakhstan's gross bilateral ODA. Fifty-six percent of this ODA was provided in the form of humanitarian assistance, decreasing from 99.8% in 2020.

Figure 5. Kazakhstan – Bilateral ODA by types of expenditure 2021

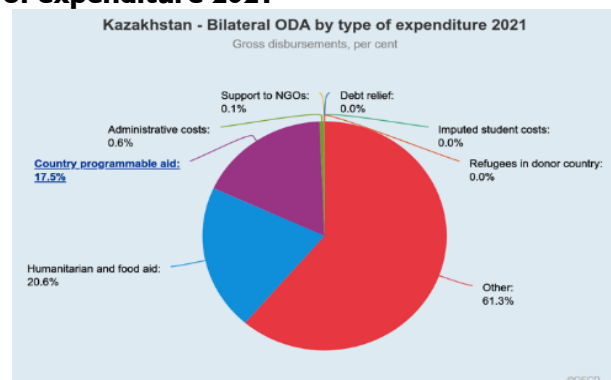
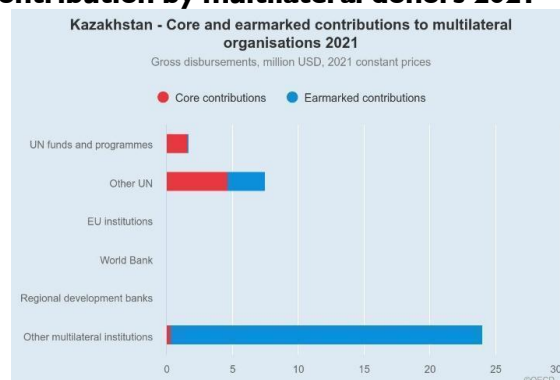


Figure 6. Kazakhstan – Core and marked contribution by multilateral donors 2021



CHAPTER 3: THE UNITED NATIONS AND UNFPA RESPONSE

3.1 United Nations and UNFPA strategic response

UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to achieve universal access to sexual and reproductive health care, realize reproductive rights, and reduce maternal mortality to improve the lives of women, adolescents, and youth, enabled by profound analysis of population dynamics, observance and protection of human rights, and promotion of gender equality. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015) as well as other global frameworks underpinning the 2030 Agenda, including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

UNFPA recognizes the strategic plan as the key tool for directing the work of UNFPA in supporting countries in implementing the ICPD Programme of Action and calls for urgent interventions to accelerate its implementation and the achievement of the three transformative results: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. UNFPA committed to achieving these transformative results in its strategic plan, 2018- 2021. The new strategic plan, 2022-2025, emphasizes the centrality of data to ensure that evidence-informed actions are taken across the three transformative results. The UNFPA strategic plan, 2022-2025, seeks to ensure that no one is left behind, and calls for protecting and promoting human rights for all, particularly for those left behind. It recognizes the need to transform unequal gender power structures in societies to accelerate the achievement of the ICPD Programme of Action and to achieve universal access to sexual and reproductive health and reproductive rights.

The achievement of the UNFPA strategic plan commitments is essential to achieving the Sustainable Development Goals by 2030. The strategic plan contributes to the achievement of all 17 Sustainable Development Goals, but directly contributes to the following: (a) Goal 3 (*ensure healthy lives and promote well-being for all at all ages*); (b) Goal 5 (*achieve gender equality and empower all women and girls*); (c) Goal 10 (*reduce inequality within and among countries*); (d) Goal 13 (*take urgent action to combat climate change and its impacts*); (e) Goal 16 (*promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*); and (f) Goal 17 (*strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development*). The strategic plan ultimately contributes to the achievement of Goal 1 (*end poverty in all its forms everywhere*).

To support the achievement of the three transformative results, while working effectively and coherently within the overall framework of a reformed United Nations development system, UNFPA must also transform itself. The strategic plan, 2022-2025, therefore, offers a vision of how UNFPA will lead the way forward in addressing gender equality, equity and non-discrimination, empowerment of women and girls, and the pursuit of the realization of sexual and reproductive health and reproductive rights. To achieve this, the UNFPA strategic plan, 2022-2025, also provides a blueprint ensuring that all essential organizational processes of the Fund (policies, programmes, technical support, human resources, resource mobilization, partnerships, and communications) fully align with the mission of UNFPA – delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

3.2 UNFPA response through the country programme

3.2.1 Brief description of UNFPA previous programme cycle, goals and achievements

UNFPA commenced its operations in Kazakhstan in 1992 after the collapse of the Soviet Union. Until 1999, assistance to the country was provided in the framework of the regional programme for Central Asia and essentially as an emergency aid to improve mother health through the delivery of medical equipment and medicines to perinatal centres and maternity hospitals, contraceptives for the population, and training of healthcare personnel. Besides, UNFPA jointly with the UN Statistics Division assisted Kazakhstan in the first census of the independent Kazakhstan in 1999 by providing necessary technical and advisory support to the preparation and delivery of the census, training of personnel and data processing.

The first UNFPA CP in Kazakhstan in 2000-2004 strengthened the national capacity in policy design on safe motherhood and reproductive health and improved access to appropriate information and services in pilot regions. The pilot regions included South Kazakhstan, East Kazakhstan, mainly Semipalatinsk region, Karaganda, Akmola (now Astana) and Almaty. Support was provided at the national level to data collection, processing and analysis and recommendations were prepared on data use in social development planning.

The second UNFPA CP (2005-2009) addressed linkages between population, sustainable development and poverty to raise the efficiency of government policy on improving the welfare of residents of the country; dissemination of pilot safe motherhood programme, creation of a critical mass of healthcare professionals trained on efficient perinatal technologies and family planning. A special focus was turned on controlling over the spread of HIV infection and violence against women. In the framework of the second CP technical assistance was provided for the preparation and delivery of the census of 2009; obtainment of information and preparation of analytical reports on vital population issues, including crude mortality, family status, aging, and migration; it helped to develop a youth movement to deliver peer-to-peer training on SRH, prevention of unwanted pregnancy, STI transmission, including HIV; training of healthcare personnel and improvement of quality of reproductive health services to youths. The programme impact was largely determined by a successful pilot project in South-Kazakhstan Oblast as a model replicated in the former Semipalatinsk nuclear test site.

The third UNFPA CP (2010-2015) addressed the quality of mother care services, improved access to services and information on sexual and reproductive health care, prevention of gender-based violence, and provision of evidence on vital population issues, promotion of needs of vulnerable population in the regional and national development programmes.

The fourth UNFPA CP (2016 – 2020) aims to: improve equal access to comprehensive high-quality social services for the people of Kazakhstan, including socially vulnerable and disadvantaged persons and groups; foster human rights by involving holders of rights into decision-making; support fair, responsible, accountable and available to all judicial and legal systems and government institutes; and contribute to the achievement of SDGs in the region jointly with the Government and partners. Key UNFPA achievements of the third and fourth CP include: support to the development of the *National Strategic Framework on Family Planning and an Action Plan up to 2021*; technical support to develop a training package for primary health providers, to adopt a distance learning platform (VIC) for Family planning, to develop an excel calculator to estimate needs for contraceptives, as well as planning and costing; a survey on the knowledge, attitudes and behaviour of family planning followed by the development of a related FP communication strategy; a Budget Impact Analysis on the benefit of providing free-of-charge contraceptives for different population groups was used for advocacy and policy dialogue in order to include contraceptives into the Basic Benefit Package and to ensure access of the most vulnerable groups to contraceptives; technical support to develop the methodological and regulatory basis for quality youth-focused friendly health services and financial sustainability of the YFS centres. The recognition by the Ministry of Education of the importance of including sex education in the school curriculum was the result of several years of advocacy by UNFPA. In partnership with the Parliament, Government, Civil society and Faith-Based Organizations, and several UN Agencies, UNFPA actively participated in the development of *The Concept of Family and Gender Policy till 2030* which reflects key elements of the ICPD Agenda, as well as recommendations and obligations on SRH and reproductive rights from the Universal Periodic Reviews and CEDAW including on prevention of GBV and early/forced marriages. UNFPA provided technical support to the government in the development of a multi-sectoral, coordinated response to GBV. Within the framework of the implementation of the National Programme *Kazakhstan without Violence in a Family* UNFPA supported the establishment of an MSR to GBV as a pilot in the South of the country. Standard Operating Procedures (SOPs) for frontline services, such as health, psychosocial, and police sectors based on the Global Essential Services Package (ESPs) of MSR to GBV were adapted to the reality of Kazakhstan through UNFPA's support and presented to the government and related ministries.

3.2.2. The 5th country programme and an analysis of its theory of change

The **5th Country programme for Kazakhstan (DP/FPA/CPD/KAZ/5)** was approved by the Executive Board of UNFPA and UNDP on 15 July 2020. The programme covered the period from 2021 to 2025. The fifth country programme (2021-2025) is aligned with the national development priorities and provides 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, and ensuring legal support to prevent and respond to gender-based violence. The Cooperation Framework, 2021-2025 is a joint intervention of the United Nations agencies and strategic partners that 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 the 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 (see Table 2). The programme is aligned to the UNFPA SPs 2018-2021 and 2022-2025 by committing primarily to the achievement of the two integrated transformative results: (a) ending the unmet need for family planning and; (b) ending gender-based violence and harmful practices.

The current fifth UNFPA Country Programme (2021-2025) aims at universal access to sexual and reproductive health and reproductive rights and accelerating the implementation of the International Conference on

Population and Development Programme of Action. The country programme defines three thematic outputs: (i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind; (ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices; (iii) Strengthened systems of data collection and analysis for the formulation of the evidence-based national policies and development programmes. These outputs are designed to streamline the achievement of 3 strategic outcomes by 2025, including the acceleration of the reduction in the unmet need for family planning, the reduction of preventable maternal deaths, and the reduction in gender-based violence and harmful practices. The Country Programme Document for Kazakhstan for 2021-2025 (Table 3) includes three broad programmatic areas, contributing to achieving UNSDCF outcomes 1.1 and 1.2 and outcome 2.2 by achieving three outputs and provision of the advocacy/policy/technical/capacity support. Humanitarian preparedness and response are mainstreamed throughout the programme interventions.

Table 3. Country Programme Document for Kazakhstan for 2021-2025

| Programme area | Sexual and reproductive health and rights | Gender equality and women's empowerment | Population dynamics |
|--------------------------|---|--|--|
| Outcome | UNFPA will contribute to achieving UNSDCF 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. | | UNFPA will contribute to achieving UNSDCF 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 |
| Output | Output 1. Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind. | Output 2. Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. | Output 3. Strengthened systems of data collection and analysis for the formulation of evidence-based national policies and development programmes. |
| UNFPA support in: | (a) ensuring universal access to SRH services within universal health coverage, including a focus on FP; (b) strengthening the quality-assurance system on SRH health services; (c) establishing self-regulated and sustainable professional association on SRH; (d) strengthening the health education system so that it responds to gender and age needs and SRH rights; (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 SRH. | (a) strengthening the health sector response to sexual and gender-based violence (GBV); (b) integration of standard operating procedures and referral mechanisms within a system of multisectoral response to GBV and reach those furthest behind; (c) strengthening governance of a multisectoral coordination mechanism in response to GBV; (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, GBV 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 SRH 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 | (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 (GBV, GE, 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; (f) strengthening population data disaggregation and use; (g) reinforcing advocacy interventions on the contribution of FP policies to population and human development; (h) strengthening national capacity on demographic intelligence and producing population projections for formulation and implementation of |

| | | | |
|--|--|--|---------------------------------------|
| | | with national and subnational authorities. | development programmes and strategies |
|--|--|--|---------------------------------------|

Specifically, the pathways to addressing the gender and socio-cultural norms included: addressing misconceptions related to family planning; and bringing evidence of other countries that 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. UNFPA will also continue to work with other United Nations agencies in the follow-up to recommendations on human rights instruments such as the Universal Periodic Review and the Convention on the Elimination of All Forms of Discrimination against Women. 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 the national and sub-national levels. Analysis of the 5th CP theory of change was done above in chapter 1.3.1.

Analysis of the 5th CP theory of change

It is important to start with description of the country context in which the interventions took place. When the general picture was presented in Chapter 2 below, there was a crucial event that changed societal attitudes towards gender-based violence. In May 2024, Kazakhstan's top court (e.g. the Supreme Court) sentenced a former economy minister to 24 years prison for torturing and murdering his wife. This trial has been seen as a test of the president's promise to strengthen women's rights as well as an attempt by authorities to send a message that members of the elite are no longer above the law. This case raised a public campaign to pass "Saltanat's Law" to bolster protection for those at risk of domestic violence. As a result, the amendments to the Criminal Code, the Law on the Prevention of Domestic Violence, the Law on Marriage and Family and other legislation were introduced. Important to state that these amendments were prepared a long time before this case happened with the UNFPA CO involvement and waited their time to be introduced.

UNFPA strategy, studies and analysis showed that social norms, high tolerance to violence are crucial obstacles in promoting family planning and addressing problems in gender-based violence. Understanding of the country context, emerged needs and problems were reflected in the CO interventions. Later, it was reflected in the *UNFPA Country programme 2021-2025 Results Framework* (TOR, Figure 1) and many of the planned interventions were not implemented because of changed priorities. The *2021-2025 Kazakhstan CPD Results Roadmap* shows that information and knowledge provision, update of education curricula, training and etc. were the major focuses of the UNFPA CO interventions for the selected target groups (like public health national and local authority, national and local governments, faculty staff of medical universities, teachers of colleges and secondary schools, healthcare specialists along with youth and religious leaders) in the selected pilot regions.

Moreover, the analysis shows, first, that the document describing the 5th CP intervention logic is a 'live' document and some intervention areas were adopted to better focus on changing discriminatory and harmful social norms that are linked and contribute to reducing the unmet need for family planning and the reduction of gender-based violence. Some of the planned activities were not implemented or were part of (mostly in the various areas of SRH), whereas many new activities were implemented to meet the objective mentioned above. They include *Partnership and strengthening the national medical education system on FP; Health response to GBV, Men engagement in facilitating gender equality and GBV prevention*. Second, the analysis showed that, in general, the key interventions and corresponding outputs and outcomes are logical and address the formulated goal. In addition, the analysis of output and outcome indicators showed that they are well articulated and clear, measuring what stated outcomes and outputs, and are supposed to be achieved. At the same time, there are no output and outcome indicators that measure changes in social norms. If social norms are understood as "commonly accepted attitudes, behaviours, and values", it is important to measure changes in attitudes, behavior, and values and explore relationships between attitudes, behaviour and social norms as an outcome of outputs measuring the process of changes after the implemented interventions.

The analysis of the cause-and-effect assumptions behind the various links and the risks to those assumptions in the Logic of Intervention as well as other external factors showed that some stated risks were not realized but several are still valid and may affect the results. For example, UNFPA convinced the Government to provide an adequate budget for SRH services, including the centralised purchase of contraceptives and response to gender-based violence through introducing amendments to key legislation mentioned above. The government does recognize the benefits of Family Planning for the national policy and the health of the population. Hundreds of health professionals from primary health care, faculty members of medical universities and medical and residency students were trained on family planning and modern contraceptives using the innovative distance-based learning platform "srh.org.kz" during 2021-2023. The introduction of three types of contraceptives to the Kazakhstan National Pharmaceutical Formulary in 2023 was considered a very important step to purchasing these types of contraceptives by the public health facilities, the MOH and its local health departments what will contribute to the reduction of unmet need for family planning. Moreover, the Ministry of Culture and Information (MCI), requested UNFPA support in drafting a Concept note on premarital training for family couples and a package of training materials to conduct a voluntary 6-hour learning session before registering

for marriage. This shows that the identified risk of the Population of Kazakhstan is turning to more traditional beliefs toward gender equality and early marriages have a chance not to be realized.

The UNFPA work with disabled people refuted the assumption that the government does not consider a need to ensure access of adolescents and people with disabilities to quality SRH services, information, and contraceptives. Also, an assumption that the majority of local authorities and staff of related sectors are reluctant to take additional duties on GBV prevention, detection and assistance to GBV survivors in general, and to PWD subjected to GBV, particularly was not realized.

However, the assumption that ‘demand generation requires long-term advocacy efforts both for the policy-makers and the population at large and this requires a lot of complex efforts which may not show results within 5 years’ was correct.

The Evaluation Team continued reviewing the CP Theory of Change and intervention logic during the field mission and report drafting to understand the extent to which the expected results articulated in the intervention logic of the CP are achieved to date or have the potential to be achieved, and whether the activities of the intervention areas have contributed to these results to generate insights about what works (and does not), why and for whom. The analysis results are presented in the Findings of chapter 4 of this report.

3.2.3 The financial structure of the UNFPA country programme

The UNFPA Executive Board approved⁸⁸ funding of the 2021-2025 Country programme for \$5.1 million: \$2.2 million (43%) from regular resources (RR) and \$2.9 (57%) million through co-financing modalities or other resources (OR), including regular resources. The distribution of funds among three priority directions is presented in Table 4. Outcome 1 (reproductive health and rights) received 41,2% (or \$2,1mln) of total approved funding, followed by Outcome 2 (Gender equality and women’s empowerment) – 40,2% (or \$2,05 mln). Outcome 3 (population dynamics) received 12,2% (or \$0.62 mln) of the total CP funding and Programme coordination and assistance enjoyed a modest amount of \$330,000 or 6,4% of the 2021-2025 UNFPA funding.

Table 4. The UNFPA financial commitment for 2021-2025 by priority areas and fund source, in USD millions

| Priority Area | Regular resources | Other | Total |
|--|-------------------|------------|------------|
| Outcome 1. Reproductive health and rights | 0.9 | 1.2 | 2.1 |
| Outcome 2. Gender equality and women’s empowerment | 0.55 | 1.5 | 2.05 |
| Outcome 3. Population dynamics | 0.42 | 0.2 | 0.62 |
| Programme coordination and assistance | 0.33 | - | 0.33 |
| Total | 2.2 | 2.9 | 5.1 |

The financial structure of the 2021-2025 Country Programme is presented in the Results and Resources Framework for Kazakhstan⁸⁹. Table 5 presents the UNFPA financial commitment for 2021-2025 by output.

Table 5. The UNFPA financial commitment for 2021-2025 by outputs and fund source, in USD millions

| Outputs | Regular resources | Other | Total |
|---|-------------------|------------|------------|
| 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. | 0.9 | 1.2 | 2.1 |
| Output 2.1: Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. | 0.55 | 1.5 | 2.05 |
| 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. | 0.42 | 0.2 | 0.62 |
| Programme coordination and assistance | 0.33 | - | 0.33 |
| Total | 2.2 | 2.9 | 5.1 |

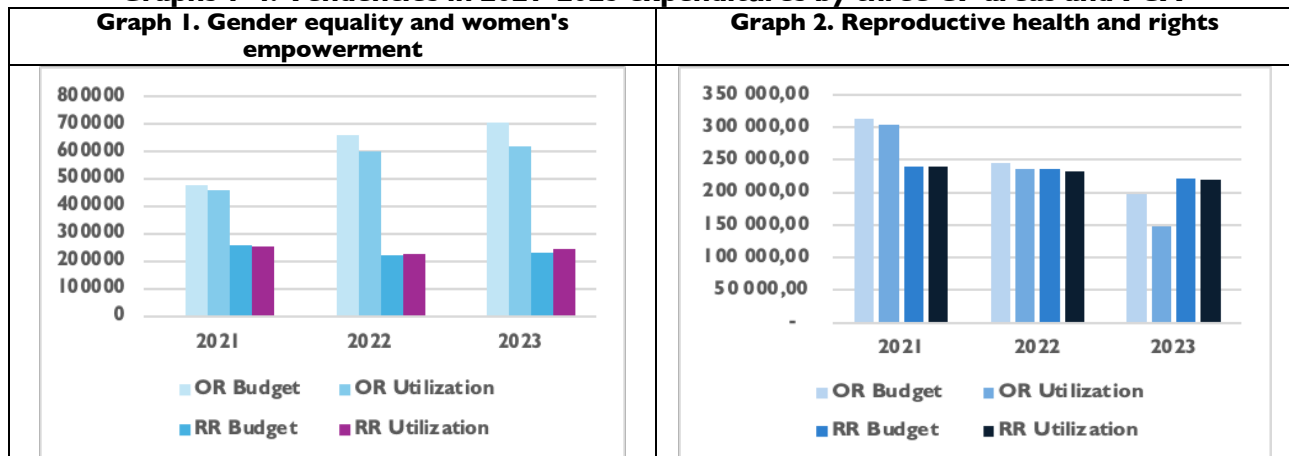
The total expenditure evolution table (see Table 6) depicts the cumulative total budget versus the expenditure distribution in the CP for the 2021-2023 period. It should be noted that the budget from regular resources was implemented by 90,4% when the budget for other resources was completed by more than 100% (100,4%). In total, for three years, the level of budget utilization was 94,4% (detailed level of the budget utilization by programme and year presented in Table 6 below). The overall actual allocations of expenditures for Gender equality and women's empowerment programme interventions within the whole period consisted of 57,2%, followed by activities of the Reproductive health and rights programme area of 32,94%. Expenditures for Population Dynamics interventions and Programme Coordination and Assistance (PCA) support were almost equal at 4,47% and 5,35% respectively. So far, 80,88% of committed \$2,2 million of regular resources were allocated to three CP components and Programme coordination and Assistance. The analysis of the regular and other resources spending shows positive tendencies and high potential of the Country Office to attract resources as only in three years UNFPA Kazakhstan has managed to raise 44,35% more than it was planned for 5-year CP for \$2,9 million from other resources.

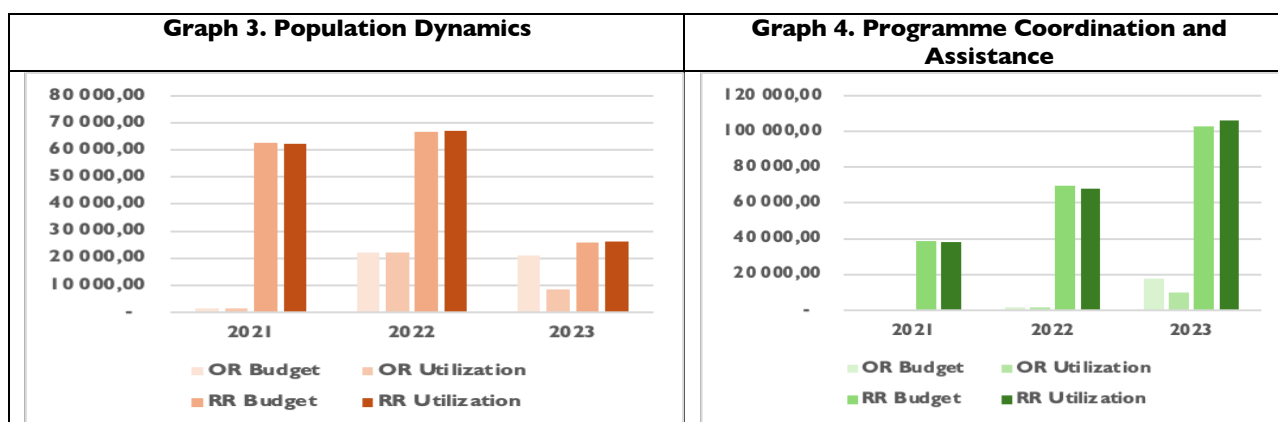
Table 6. CP expenditures for the three years of the 5th CP (2021-2025), in USD

| Y e a r | Programme | OR | | RR | | Total | |
|----------------------------|--------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------------------|
| | | Project Budget | Budget Utilization | Project Budget | Budget Utilization | Project Budget | Budget Utilization (in USD/ %) |
| 2021 | 2021 Total | 793 061,30 | 763 632,26 | 596 661,00 | 593 042,59 | 1 389 722,30 | 1 356 674,85 97,62 |
| | GEWE⁹⁰ | 477 674,56 | 457 351,91 | 255 992,22 | 253 626,82 | 733 666,78 | 710 978,73 96,9 |
| | PCA⁹¹ | - | - | 38 532,59 | 38 245,45 | 38 532,59 | 38 245,45 99,25 |
| | PD⁹² | 1 570,42 | 1 570,29 | 62 750,58 | 62 256,46 | 64 321,00 | 63 826,75 99,23 |
| | RHR⁹³ | 313 816,32 | 304 710,06 | 239 385,61 | 238 913,86 | 553 201,93 | 543 623,92 98,27 |
| 2022 | 2022 Total | 930 171,41 | 860 529,37 | 592 296,01 | 592 071,97 | 1 522 467,42 | 1 452 601,34 95,41 |
| | GEWE | 660 515,46 | 601 392,67 | 220 370,40 | 224 724,00 | 880 885,86 | 826 116,67 93,78 |
| | PCA | 1 681,81 | 1 503,44 | 69 882,32 | 68 232,53 | 71 564,13 | 69 735,97 97,45 |
| | PD | 22 022,00 | 21 972,84 | 66 538,54 | 66 916,96 | 88 560,54 | 88 889,80 100,37 |
| | RHR | 245 952,14 | 235 660,42 | 235 504,75 | 232 198,48 | 481 456,89 | 467 858,90 97,18 |
| 2023 | 2023 Total | 939 346,56 | 782 528,21 | 583 529,03 | 594 308,44 | 1 522 875,59 | 1 376 836,65 90,41 |
| | GEWE | 703 456,61 | 616 338,38 | 232 674,84 | 242 401,66 | 936 131,45 | 858 740,04 91,73 |
| | PCA | 17 867,35 | 9 713,34 | 102 862,39 | 106 201,12 | 120 729,74 | 115 914,46 96,01 |
| | PD | 21 150,00 | 8 456,30 | 25 656,68 | 26 163,66 | 46 806,68 | 34 619,96 73,96 |
| | RHR | 196 872,60 | 148 020,19 | 222 335,12 | 219 542,00 | 419 207,72 | 367 562,19 87,68 |
| TOTAL for 2021-2023 | | 2 662 579,27 | 2 406 689,84 | 1 772 486,04 | 1 779 423,00 | 4 435 065,3 | 4 186 112,84 94,39 |

The evolution of budget and expenditure by thematic area for the three-year period is presented in the Graphs 1-4 below. The analysis of utilisation rates for all three programme areas and Programme Coordination and Assistance shows that on average all budgeted resources were utilized at near 95%.

Graphs 1-4. Tendencies in 2021-2023 expenditures by three CP areas and PCA



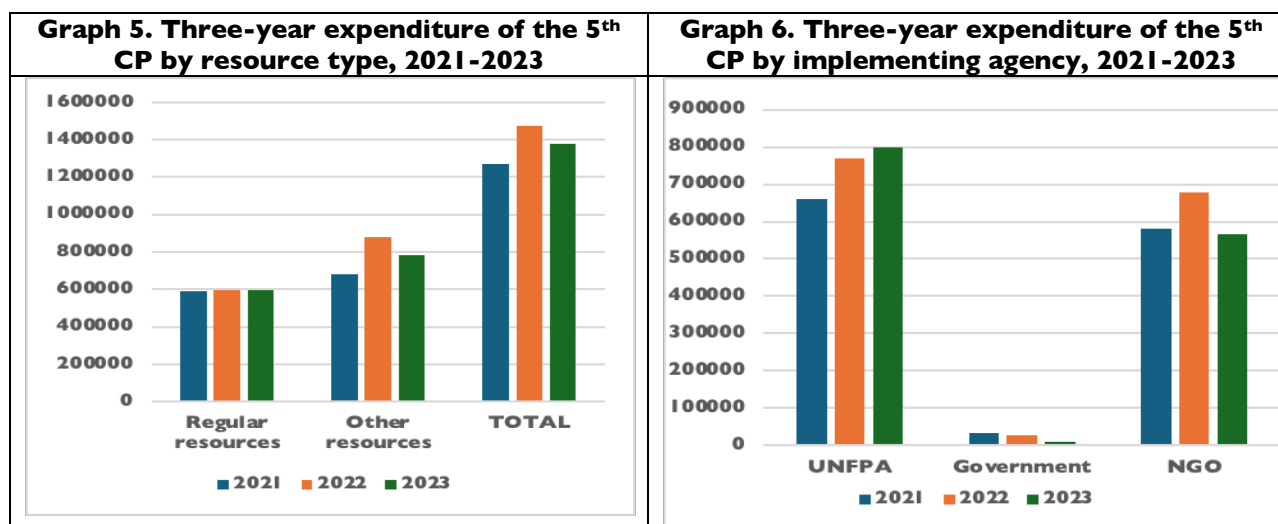


The analysis of the three-year expenditures (both regular and other) shows that they are overwhelmingly higher from what were envisioned for five-year committed resources (202% for regular and 144% for other resources planned for 5 years). The analysis of CO data for 2021-2024⁹⁴ presented in Table 7 shows that UNFPA CO succeeded in mobilizing other resources.

Table 7. Mobilized funds from other resources by year and programme area, 2021-2024

| Output | Project/Activity | FY 2021-2024 | Source | Amount (in USD) |
|--------------|-------------------|--------------|--------------------------|---------------------|
| SRH | UBRAF/HIV project | 2021-2024 | Global fund | 498 362,00 |
| | CSSF GBV project | 2021 | United Kingdom | 14 977,00 |
| | MoFa KAZ | 2021-2024 | Government of Kazakhstan | 359 499,00 |
| | SRH Total: | | | 872 838,00 |
| GBV | CSSF GBV project | 2021-2024 | United Kingdom | 549 407,00 |
| | MoFa KAZ | 2021-2024 | Government of Kazakhstan | 164 511,00 |
| | Spotlight project | 2021-2023 | European Union | 656 621,00 |
| | Joint project UNW | 2021-2024 | Government of Kazakhstan | 175 000,00 |
| | GBV Total: | | | 1 545 539,00 |
| PD | CiSPOP project | 2021-2023 | Russian Federation | 45 754,00 |
| | MoFa KAZ | 2024 | Government of Kazakhstan | 6 000,00 |
| | PD Total: | | | 45 754,00 |
| TOTAL | | | | 2 464 131,00 |

The budget tendencies and expenditure by core/non-core funding and implementing agency/partner are presented in Graphs 5 and 6. The analysis shows that 45% of CP interventions were executed by government and civil society Implementing Partners and 55% by UNFPA CO and were funded from core resources (\$1,779,423.00 or 42.5%) and non-core resources (\$2,406,689.84 or 57.5%).



In general, the analysis of the financial resources for three years shows the positive tendencies and the CO ability to effectively plan and utilize the regular resources and successfully mobilize funds from other resources.

CHAPTER 4: FINDINGS

4.1 ANSWER TO THE EVALUATION QUESTION I

EQ I (Relevance): To what extent has the UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence?

SUMMARY OF FINDING. The evaluation revealed that the UNFPA's support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence to a great extent. With UNFPA's assistance, the enabling environment for changes was established through the development and introduction of the related legislative and regulatory acts at the national level. These changes were aligned with the UNFPA Strategic Plan, national policies and legislations, and international human rights standards, and involved a wide range of stakeholders such as Governments, multilateral agencies, academia, health, social protection, law enforcement sector providers, civil society organizations, and the private sector. The UNFPA's efforts in strengthening policy frameworks have been crucial in addressing discriminatory social norms and promoting family planning, gender equality and the reduction of gender-based violence. However, the challenges such as disruptions in institutional memory among senior policymakers and frequent changes of the "main" strategy of healthcare development significantly affected the CO operational activities and required significant efforts to re-advocate for the UNFPA mandate within the government authorities. Therefore, a favorable regulatory environment was formed when the CO was forced to repeatedly and continually adjust the government's focus. To mitigate these challenges, UNFPA has engaged in expert councils and technical working groups at the parliamentary and governmental levels. Additionally, UNFPA has consulted with policy and decision-makers, health professionals, and medical students to ensure they are responsive to the diverse needs and realities of the target population.

For details of the evidence supporting findings in section 4.1, see Evaluation matrix: Assumptions 1.1 – 1.4 in Annex 1.

FINDING 1. The UNFPA support has strengthened the policy framework and institutional mechanisms on changing discriminatory social norms and contributed to the acceleration of the reduction in the unmet need for family planning and reduction of gender-based violence to a great extent.

Family Planning. The document review shows that UNFPA's initiatives to strengthen policy frameworks and institutional mechanisms in Kazakhstan were highly relevant to the country's current circumstances. These efforts focused on addressing structural issues and gaps related to family planning, particularly in ending unmet needs. With UNFPA's support, significant legislative and regulatory changes were implemented at the national level, aligning with the National Development Plan⁹⁵, which prioritizes reproductive rights and effective healthcare access for adolescents and young people. The key achievements include the integration of mental and reproductive health services into strategic policies⁹⁶, supported by awareness campaigns on reproductive health, family planning, and the prevention of sexually transmitted infections. These initiatives were in line with the national Health Code provisions⁹⁷.

Between 2021 and 2023, UNFPA also supported the development and introduction of several key regulations, strategic plans, and guidelines, such as:

- Clinical Protocols^{98,99}
- Manual for Parents on Adolescent Sexual and Reproductive Health¹⁰⁰
- National Standard for Family Planning Services at the Outpatient Level¹⁰¹
- Policy Paper on Including Contraceptives in the Basic Benefit Package¹⁰²
- Practical Manual for Primary Healthcare Providers on Family Planning and Modern Contraceptives¹⁰³
- Draft Concept on Maternal and Child Health 2024-2030 aimed at achieving zero preventable maternal deaths and meeting family planning needs¹⁰⁴
- Standard for the organization of medical care for the protection of reproductive and mental health of minors aged ten to eighteen years and youth¹⁰⁵
- Guidelines for couples getting married on the issues of preserving positive family traditions and spiritual and moral values, family planning and reproductive health of men and women.

UNFPA streamlined the implementation of human rights-based and gender-transformative approaches, emphasizing non-discrimination, equality, accountability, and quality of services, particularly for marginalized populations. Family planning was promoted as a human right through its integration into national development policies and programmes. For example, in 2022, the Concept of Family and Gender Policy was supplemented with Action Plan¹⁰⁶, engaging the Ministry of Culture and Information (MCI) and UN Women Kazakhstan to share ownership of UNFPA-supported programmes. In 2023, the Government approved the Concept of State Youth Policy¹⁰⁷, which included a target to increase youth

coverage with mental and reproductive health services through Youth Health Centers (YHCs). Additionally, as part of the Comprehensive Plan to Support Youth (2021-2025)¹⁰⁸, advisory services on reproductive health are provided through the efforts of the MCI, Ministry of Health (MoH), and local executive bodies (LEBs).

UNFPA's contributions led to substantial progress, such as the Social Health Insurance Fund allocating 2.2 billion Kazakh Tenge¹⁰⁹ (US\$4.7 million) in 2022 to contract over 100 providers of youth-friendly health services. Consequently, YHCs became independent healthcare organizations¹¹⁰, and the number of adolescents and young people accessing these services increased by 2.5 times between 2021 and 2022, reaching 728,628 individuals¹¹¹.

The National Report on the Implementation of the Convention on the Elimination of All Forms of Discrimination against Women¹¹² highlighted UNFPA's role in reducing unmet FP needs, stating that *"the country ensures access to safe and effective methods of contraception, thereby preventing unwanted pregnancies. By the end of 2022, contraception coverage increased by 1.9% (32.9%) compared to 2020"*. To ensure no one was left behind, UNFPA supported the 2022 standard for organizing obstetric and gynecological care, which included tactics for dynamic observation of women of fertile age to cover 100% of socially vulnerable women with effective contraceptive methods¹¹³. In 2023, ensuring contraception coverage for women of reproductive age, and mental and reproductive health care, including the provision of family planning services, have become some of the main areas of primary health care (PHC)¹¹⁴ to cover 100% of socially vulnerable women with effective contraceptive methods¹¹⁵.

The KIIs^{116,117,118} confirmed that UNFPA's collaboration was crucial in developing legal frameworks, establishing medical care standards for youth aged 10 to 29, and institutionalizing services provided by YHCs¹¹⁹ addressing a regulatory gap that had persisted since 2012. Additionally, UNFPA contributed to the development of procedures for providing legal assistance to youth. The KIIs also highlighted UNFPA's role in institutionalizing and sustaining services provided by Youth Health Centers. Since the introduction of compulsory health insurance in 2020, UNFPA has been instrumental in streamlining the legislative framework and developing related regulatory acts to align with the government's strategic goals. This involvement increased the understanding of FP among public servants and participants in UNFPA-led meetings. In 2023, contraception coverage for women of reproductive age, along with mental and reproductive health care, including family planning services, became central components of primary health care¹²⁰. The medical community also showed increased interest¹²¹ in implementing FP activities and raising youth awareness of reproductive health. UNFPA's support in training clinicians, developing protocols, resolving financing issues, and effectively distributing the workload among medical personnel was considered vital.

Gender-based Violence. UNFPA Strategic Plan 2022-2025 outlines a comprehensive approach to strengthening policy frameworks and institutional mechanisms to change discriminatory social norms and accelerating the reduction of GBV. It aligns with international human rights standards and engages a broad range of stakeholders such as governments, multilateral agencies, academia, health, social protection, law enforcement sector providers, civil society organizations, and the private sector.

The CPD¹²² emphasizes the integration of GBV prevention and response services into national health policies and systems, to ensure the institutionalization and sustainability of interventions. This includes the development of service guidelines for GBV survivors and national awareness campaigns¹²³. Institutional mechanisms incorporate (i) capacity-building training programmes for healthcare providers, social workers, and law enforcement officials on crisis communication, life-skills-based education, and reproductive health to provide appropriate care to GBV survivors¹²⁴, and (ii) community engagement¹²⁵ involvement of religious and community leaders, men, and boys, as well as use of awareness campaigns, and digital platforms to change social norms and promote gender equality.

The UNFPA's efforts in strengthening policy frameworks have been integral to addressing discriminatory social norms and promoting gender equality. These efforts include the development of comprehensive national policies and action plans targeting GBV^{126,127}. Policies such as the Concept on Family and Gender Policy¹²⁸ and the State Programme on Healthcare Development¹²⁹ which emphasize reducing GBV through multisectoral approaches. UNFPA has supported the establishment of institutional mechanisms that facilitate the implementation and monitoring of these policies ensuring effective coordination and sustainability of interventions. Collaborative efforts with government agencies and civil society organizations have resulted in the creation of standard operating procedures (SOPs) and referral mechanisms for GBV response, ensuring comprehensive support and protection for survivors. The integration of GBV into national health systems has been critical¹³⁰ with training and capacity-building initiatives for healthcare providers, social workers, and community leaders enhancing the implementation of these integrated services, and contributing to the reduction of GBV¹³¹.

Advocacy and awareness-raising campaigns such as MenEngage¹³² have been pivotal in changing discriminatory social norms. UNFPA has worked with various stakeholders, including religious leaders and community influencers, to promote gender equality and challenge harmful practices. Educational programmes and community engagement initiatives have been designed to target specific groups, such as adolescents and men, to foster a more inclusive and

supportive environment for gender equality^{133,134}. Also, UNFPA experts supported the development of Manuals on providing care to GBV survivors with selected types of disabilities at the PHC level for nurses, social workers, and psychologists. These manuals allow for standardized counseling of vulnerable groups. Additionally, by 2023¹³⁵, 68¹³⁶ family support centers were established in Kazakhstan offering a wide range of consulting services such as psychological, social, and legal assistance – on a “one-window” basis to specific groups including large families, persons with disabilities, single-parent and low-income families, and parents raising children with disabilities.

The KII’s feedback supports that UNFPA’s interventions have been crucial for strengthening policy frameworks and institutional mechanisms leading to significant changes in the discriminatory social norms and reducing GBV. The key strategies included the critical role of UNFPA in developing and endorsing clinical protocols that align with national health policies. These protocols have been instrumental in standardizing GBV care and integrating it into the broader health framework, thereby promoting better handling of and reduction in GBV incidents¹³⁷. Establishment of institutional mechanisms, such as multisectoral committees and task forces (MSR) to GBV, that have facilitated coordinated responses to GBV issues. These mechanisms piloted in the Turkestan oblast (*initially - 4 model rayons and later expanded into the total of 17 rayons*) have improved the efficiency and effectiveness of interventions¹³⁸. Extensive training programmes for healthcare providers and social workers, have also improved their ability to address GBV effectively and have contributed to shifting discriminatory social norms by educating professionals on gender equality and rights-based approaches¹³⁹.

The KII¹⁴⁰ further confirmed the relevance and contribution of UNFPA’s support to strengthening policy frameworks and institutional mechanisms aimed at changing discriminatory social norms and reducing GBV. Community engagement initiatives, where local leaders and influencers were involved in promoting gender equality and addressing harmful practices made a considerable difference. These initiatives have led to a noticeable shift in community attitudes towards GBV implementing best practices in crisis centres¹⁴¹, fostering community-based initiatives¹⁴² (*such as a ban on selling alcohol and entrepreneurship in the pilot raions of Turkestan Oblast*), and integrating GBV awareness into educational programs¹⁴³ (*within life-skills-based-education*). The UNFPA CO involved opinion leaders¹⁴⁴ such as local activists in promoting gender equality and opposing GBV (e.g. *a local outcast known for his uncompromising stance on gender equality becomes a powerful voice for gender equality and an activist against gender-based violence*). The effective support models such as the pilot model of multisectoral response to GBV¹⁴⁵ and engaging youth¹⁴⁶ through Y-PEER have been instrumental. Updating educational content¹⁴⁷, and enhancing information dissemination¹⁴⁸ through digital platforms – “shyn.kz” and “edu-open.kz” have further contributed to positive shifts in community attitudes and behaviours towards GBV. These efforts have been crucial in aligning community and institutional practices with the national policy frameworks on GBV.¹⁴⁹

The online survey of UNFPA implementing partners¹⁵⁰ confirmed that the UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms to a great extent (4.3 out of 5) as well as it contributed to the reduction of the unmet need for family planning and gender-based violence, with rating of 4.4 and 4.3 out of 5, respectively¹⁵¹.

Challenges include disruptions in institutional memory among senior policymakers, which have impacted policy advocacy and decision-making. In addition to frequent changes in senior government officials during the evaluation period, the “main” strategy of the healthcare development has changed at least three times (state program, national project, healthcare development concept, maternal and child health concept, various roadmaps). This significantly affected the CO operational activities and required significant efforts to re-advocate for the UNFPA mandate within the government authorities. Therefore, a favorable regulatory environment has been formed when the CO was forced to repeatedly and continually adjust the government’s focus. To address this, UNFPA has taken practical steps by actively engaging in expert councils and technical working groups at parliamentary and governmental levels, thereby promoting key values and enhancing awareness among government personnel. In 2023, UNFPA staff became members of several groups including the Working Group on Improving the Activities of Family Support Centers at the national level¹⁵², the Interdepartmental Working Group on Developing a Roadmap for the Prevention of suicidal behaviour in the population of the Republic of Kazakhstan¹⁵³, and the Expert Group on improving the mandatory social health insurance system for 2023-2024¹⁵⁴.

FINDING 2: The UNFPA support in strengthening the policy framework and institutional mechanisms to change discriminatory social norms aimed at accelerating the reduction in the unmet need for family planning and gender-based violence by adopting evidence-based and culturally sensitive approaches that resonate with the experiences and perspectives of the target populations. The meaningful consultation and collaboration with the key stakeholders, including affected communities, civil society organizations, and government agencies, were employed to ensure that UNFPA’s interventions are contextually relevant and responsive to the diverse needs and realities of the populations

The document review indicates that UNFPA has invested significantly in generating local knowledge to establish a sound evidence-based foundation for its interventions. As part of those interventions, the UNFPA CO commissioned a study to support policy-making towards reducing uneven access to and use of modern contraception¹⁵⁵. Advocacy efforts of UNFPA to include modern contraceptive commodities in the State Guaranteed Benefits Package or the Social Health Insurance Package successfully influenced the MOH's position. In 2021, the Regional Office of UNFPA in Eastern Europe and Central Asia initiated a third round of assessment in the countries of the EECA region to protect and promote the rights of individuals and groups furthest behind and those in humanitarian, conflict, and post-conflict situations¹⁵⁶. Additionally a survey on the status of sexual and reproductive health of youth and their access to SRH services and information was commissioned by the MoH implemented by UNFPA and its partners¹⁵⁷. The survey results underscored the importance of output 6, "Adolescents and youth," for Kazakhstan to continue empowering youth to make informed decisions about their SRHR. To strengthen data systems and evidence, the UNFPA CO participated in two regional surveys: (i) *Assessment of Capacities for Cervical Cancer Prevention in the UNFPA Eastern Europe and Central Asia Region*; and (ii) *Infertility and Assisted Reproductive Technologies: From Demographic Perspective to Human Rights Imperative*.

UNFPA also prepared several publications to address discriminatory social norms across different levels and target groups and to accelerate the reduction of unmet need for family planning and gender-based violence, considering the socio-cultural context of key community actors. These publications included a brochure for pre-marriage consultation materials¹⁵⁸ aligned with Islamic canons, which was approved by the Spiritual Administration of Kazakhstan's Muslims (DUMK) in 2021 and distributed to all 3,000 mosques nationwide. Additionally, UNFPA developed and adapted informational materials for people with disabilities (PwD)¹⁵⁹ in easy-to-read formats, covering topics such as maternal health, SRHR, family planning, and the prevention of unintended pregnancies and STIs, including HIV.

UNFPA advocacy and policy activities engaged policy and decision-makers, health professionals, and medical students to sensitize them to respond to the diverse needs and realities of the target populations. For instance, 165 policymakers were sensitized to the inclusion of contraceptives in the Kazakhstan National Pharmaceutical Formulary¹⁶⁰; 386 health professionals from primary healthcare and 168 medical and residency students were trained to support family planning and modern contraceptives¹⁶¹. Through partnerships with four leading medical universities¹⁶² covering 80% of all medical students in the country, and empowering the NGOs in the introduction of changes in social norms, UNFPA developed, tested, and approved new curricula on organizing and providing youth-friendly and social care services in YFCs with the National Academic Council in 2022.¹⁶³ UNFPA also created a group of national experts capable of translating information into an "Easy-to-Read" format for individuals with intellectual disabilities¹⁶⁴; assisted in training of 15 healthcare professionals from the Atyrau Regional AIDS Centre;¹⁶⁵ built a capacity of 15 staff members of the Mangystau AIDS Centre, and expanded the technical capacity of the local NGO "Aser" to work with MSM.

The KIIs¹⁶⁶ highlighted UNFPA's crucial role in advocating with local authorities and ministries, facilitating access to platforms for broadcasting information on FP and SRH as well as access to schools for Y-PEER volunteers. Additionally, UNFPA's consultations provide valuable insights into modern technologies and international practices for government agencies. In the pilot regions, UNFPA's efforts in GBV preparedness and ongoing consultations with SSPS center heads and partners were highly valued.

UNFPA has emphasized the use of research and data collection to inform its interventions. Surveys¹⁶⁷, studies^{168,169}, and needs assessments have been conducted to gather crucial evidence ensuring that interventions are targeted and effective¹⁷⁰. The use of evidence-based data has been instrumental in developing national policies and action plans. For instance, the *Concept on Family and Gender Policy*¹⁷¹ and the *State Programme on Healthcare Development*¹⁷² are based on comprehensive data analysis and research, ensuring that the policies are relevant and impactful.¹⁷³ UNFPA has engaged in extensive consultations and collaborations with community leaders, religious figures, and local influencers to ensure that interventions are culturally sensitive and resonate with the target populations. This approach has been vital in gaining community support and changing social norms related to GBV¹⁷⁴. Interventions have been tailored to address the specific cultural contexts and needs of different communities (such as traditional multi-generation families of southern Kazakhstan), and the realities of the target populations¹⁷⁵. This also includes developing educational materials and programmes that are culturally appropriate and accessible to diverse populations (e.g. adapted to the needs of people with various disabilities).¹⁷⁶ UNFPA has also ensured that the perspectives and experiences of target populations, including marginalized groups such as people living with HIV, are incorporated into the design and implementation of interventions¹⁷⁷. This participatory approach, combined with collaboration with local NGOs and community-based organizations, has resulted in GBV interventions that are locally owned and supported by community leaders¹⁷⁸.

The KIIs revealed that in-laws, often part of the domestic violence cycle, have been actively involved and consulted¹⁷⁹ in community-based initiatives and digital awareness campaigns supported by UNFPA, effectively targeting social norms related to GBV¹⁸⁰. Also, the KIIs highlighted the importance of involving national stakeholders, such as government ministries and agencies, in the design and implementation of interventions¹⁸¹. For example, the collaboration with UNFPA on clinical guidelines and the reduction of stigma and discrimination among health staff was pivotal in integrating these initiatives into national health policies¹⁸². Continuous training, community engagement, empowerment of vulnerable

populations¹⁸³, and strategic advocacy efforts have ensured that interventions remain contextually relevant and responsive to the diverse needs of the target populations¹⁸⁴. Extensive training programs for healthcare providers, social workers, community leaders, and law enforcement officials were conducted to enhance their capacity to address GBV and support survivors effectively.¹⁸⁵ Training for policymakers and government officials empowered them to design and implement effective FP and GBV interventions, promoting ownership and responsibility for these programs¹⁸⁶. For example, training of healthcare providers on evidence-based clinical protocols for GBV care¹⁸⁷ has significantly improved the quality of services, ensuring interventions are scientifically grounded and effective¹⁸⁸. There has also been emphasized the importance of involving community leaders and influential figures in GBV programmes, such as *Ardagers* – community opinion leaders represented by local elite such as ex-governors, lawyers, philanthropists, spiritual leaders, etc¹⁸⁹. This engagement has helped tailor interventions to be culturally appropriate and more accepted by target populations¹⁹⁰. It has been stressed that using culturally relevant messages in a widely understood language has been effective in promoting GBV awareness and prevention¹⁹¹. The KIs noted that involving community members and GBV survivors in the development process ensures programs reflect the real needs and experiences of target populations, enhancing relevance while regular feedback mechanisms to gather insights and suggestions from target populations, ensure that GBV interventions remain culturally sensitive and effective¹⁹².

Implementing partners noted¹⁹³ that the UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence has engaged them and other key stakeholders, including affected communities, civil society organizations, and government agencies, in meaningful consultation and collaboration to ensure that the CO interventions are contextually relevant and responsive to the diverse needs and realities of the target populations with a satisfaction rating of 4.4 out of 5. The UNFPA IPs agreed¹⁹⁴ that the CO's support which adopts evidence-based and culturally sensitive approaches resonates with the experiences and perspectives of the target populations with a satisfaction rating of 4.5 out of 5. The training participants also confirmed that UNFPA/IPs training was relevant to their needs and interests and were sensitive and respectful to their sex/tradition/belief, with a satisfaction rating of 4.0 out of 5.

4.2 ANSWER TO THE EVALUATION QUESTION 2

EQ 2 (Relevance): To what extent do the planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence adequately reflect and contribute to the achievement of outcomes of the UNFPA Strategic Plan and outputs stated in the UNFPA Kazakhstan 5th CP?

SUMMARY OF FINDINGS. The planned interventions to address discriminatory social norms and accelerate the reduction in the unmet need for family planning and gender-based violence are well-aligned with the outputs and outcomes outlined in the UNFPA Kazakhstan 5th CP (2021-2025). The 5th CP and Result Framework are dynamic and flexible documents. Since the approval of the UNFPA Strategic Plan in 2021, the CO has incorporated interventions aligned with the CP strategic outputs and outcomes focusing on changing discriminatory social norms towards accelerating the reduction in the unmet need for FP and GBV. The CO 'social norms' change activities have been comprehensive, addressing multiple facets of the unmet needs and gaps in the UNFPA CP components. To achieve the planned outputs and outcomes, UNFPA has effectively utilized its human and technical resources. The KIs provided valuable insights into the relevance of UNFPA's interventions in changing discriminatory social norms related to FP and GBV. The KIs noted the shift in UNFPA's FP approach towards institutionalization resulted in achieving the key milestones such as integrating contraceptives into reimbursed outpatient care, approving clinical protocols for FP and antenatal care, and identifying reproductive health and family planning as a MoH priority. However, the challenges noted by the KIs include state bodies that continued work in silos resulting in the low pace of the practical implementation of legislative norms by regional authorities that were adopted at the national level. There is also a lack of accountability among regional and local public officials and weak monitoring mechanisms. Moreover, the discrepancies in understanding the priorities between the national and regional levels have led to the gaps in the practical implementation of the established norms.

For details of the evidence supporting findings in section 4.2, see [Evaluation matrix](#): Assumptions 2.1 – 2.3 in Annex 1.

FINDING 3. The planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence adequately reflect and contribute to the achievement of the outputs stated in the UNFPA Kazakhstan 5th CP and outcomes of the UNFPA Strategic Plan to a great extent.

The UNFPA Kazakhstan 5th CP¹⁹⁵ interventions are closely aligned with the UNFPA SP outcomes, which prioritizes ending i) unmet needs for family planning and, ii) GBV and harmful practice as part of achieving GEEWG (gender equality and empowering women and girls)¹⁹⁶. The 5th CP 2021-2025 Result Framework specifies two key outputs: i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind; and ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. Detailed analysis of the Logic of interventions of the 5th CP provided above showed that the interventions planned and implemented during 2021-2024 reflect the outcomes and outputs of the UNFPA Strategic Plan (SP)¹⁹⁷ and are adequate, flexible, and closely aligned with the current UNFPA CP.

The planned **family planning** interventions of the UNFPA CO contributed to the UNFPA Kazakhstan 5th CP outputs by focusing on targeted actions and fostering policy dialogue tailored to the country's context and regional specifics. The 2021 interventions were designed to enhance the education system, advocacy, and policy dialogue, and to develop guidelines and regulations.¹⁹⁸ These efforts were built based on SP 2018–2021 outcomes 1 and 2. Further, the FP intervention plans for 2022–2023 were focused on SRH services, information, and education and were divided into two outputs: policy and accountability, and quality of care and services and started to expand with specific technical support activities, focusing on implementing activities to change social norms, such as NGO empowerment, building partnerships and capacities, and working with KPs and South-South and triangular cooperation, digitalization and financing, based on SP 2022 – 2025 with interconnected outcomes and outputs.

The **GBV** interventions were focused on the development of clinical protocols, national standards, and guidelines for GBV care, as well as the integration of GBV services into the national healthcare system¹⁹⁹. UNFPA supported the development of clinical protocols for the care of GBV survivors, ensuring standardized procedures for healthcare providers to offer consistent and effective support to various wide range of survivors including children, the elderly, and people with disability.²⁰⁰ The alignment with strategic objectives, integration of GBV services²⁰¹, development of clinical protocols^{202,203}, extensive capacity building²⁰⁴, the establishment of YHCs²⁰⁵, community engagement, and robust policy advocacy efforts have all played crucial roles in ensuring that these interventions are relevant and impactful in reducing gender-based violence in Kazakhstan. Thus, the planned activities were aimed at contributing to the outputs stated in the UNFPA Kazakhstan 5th CP, with regularly performed identification of challenges and lessons learned during the implementation.

The 5th CP prioritized pathways for achieving identified outcomes are going through the introduction and implementation of changes to discriminatory social norms. To reduce the unmet need for family planning, the CO focuses on the following key activities:

- **Integration:** Incorporating family planning into SRH policies, programs, and the universal health coverage benefit package.
- **Investment:** Supporting human rights-based, people-centered, inclusive, and high-quality family planning services, ensuring informed choice free from constraints, coercion, discrimination, and violence.
- **Demand Fulfillment:** Addressing harmful socio-cultural norms and promoting agency and choice for women and young people.
- **Rights Protection:** Advancing the rights of individuals and groups furthest behind.

To achieve GBV-related outcomes with a focus on social norms, critical pathways include:

- **Framework Strengthening:** Enhancing policy, legal, and accountability frameworks related to GBV and harmful practices.
- **Norms and Practices:** Challenging harmful gender norms, discriminatory practices, and power imbalances.
- **Service Access:** Expanding access to high-quality, gender-transformative, survivor-centered essential services.
- **Humanitarian Response:** Scaling up life-saving services, including mental health and psychosocial support.
- **Youth Empowerment:** Improving the agency of adolescents and youth, particularly adolescent girls.
- **Data Utilization:** Increasing the availability and use of data on GBV and harmful practices.

The KIIs provided valuable insights into the relevance of UNFPA's interventions in changing discriminatory social norms related to FP and GBV. The KIIs^{206,207,208} noted the shift in UNFPA's FP approach towards institutionalization resulted in achieving key milestones such as:

- Integrating contraceptives into reimbursed outpatient care.
- Approving clinical protocols for FP and antenatal care.
- Recognizing reproductive health and family planning as one of the Ministry of Health (MoH) priorities.

Effective collaboration with the MoH and advocacy efforts resulted in policy changes, like lowering the age for independent youth health counseling from 18 to 16. Capacity-building efforts included the adoption of UNFPA courses by local NGOs, support of NGOs' growing role in developing various legal acts. In the future, KII sees the need to

transfer part of the advanced training courses not only to universities but also to experienced NGOs. The collaboration between UNFPA CO and the government—through activities like integrating needs assessments for people with disabilities into standard operating procedures²⁰⁹, engaging communities and youth in awareness campaigns, and establishing professional development mechanisms²¹⁰—was critical in advancing social norms and promoting gender equality²¹¹. UNFPA's initiatives in volunteer activation, social networking for healthy lifestyles, and policy advocacy for legislative reforms on GBV, including refining legal definitions and enhancing protections for survivors, were emphasized as key components of a multifaceted approach²¹². These efforts contributed effectively to the outcomes of the UNFPA Kazakhstan 5th Country Programme and aligned closely with government priorities²¹³.

However, some of the information may not reach the addressee, be disregarded, or not be fully implemented into practice because ministries and sectors continue to work in silos, and there is a need for a more effective mechanism to ensure multisectoral collaboration. Other key challenges, mentioned by the KIs²¹⁴ include:

- The slow pace of implementing legislative norms by regional authorities, despite their adoption at the national level.
- A lack of accountability among regional and local public officials for achieving results.
- Weak monitoring mechanisms.

Moreover, varying understanding of priorities between national and regional levels often leads to ineffective practical implementation of otherwise sound policies.

FINDING 4. UNFPA interventions are sufficiently comprehensive, strategic, and well-resourced to the extent possible in the given circumstances and context, and have the potential to contribute to the achievement of the desired outcomes related to reducing the unmet need for family planning and gender-based violence as outlined in the UNFPA Strategic 2022-2025 Plan and the UNFPA Kazakhstan 5th CP.

UNFPA's interventions in the FP and GBV areas have been comprehensive, addressing multiple facets of unmet needs and gaps in these two UNFPA components. Through working with government at different levels, academia, civil society organizations, and cooperating with the UN agencies, embassies, and donors the CO ensured that public authorities, healthcare providers, social workers, educators, and community leaders are well-equipped to deliver high-quality care and support to reduce unmet demands and needs in family planning and aid GBV survivors. Through comprehensive training programmes and capacity-building efforts, UNFPA has made substantial progress in enhancing the quality and accessibility of support for women, girls, GBV survivors, and disabled persons. These efforts reflect a holistic and sustainable approach to addressing unmet needs in FP and GBV, aligning with the strategic objectives of the UNFPA.^{215,216}

The UNFPA CO interventions are well outlined in the UNFPA Strategic Plan and CPD. As mentioned earlier, 5th CP 2021-2025 and Result Framework are dynamic and adaptable evolving based on the results of previous evaluations and UNDAF priority thematic areas and UNFPA strategic transformative results and the country context as well. When the UNFPA Strategic Plan was approved in 2022, the CO revised its 2021-2025 Results Framework adding interventions aligned with the CP strategic outputs and outcomes focusing on changing discriminatory social norms towards accelerating the reduction in the unmet need for FP and GBV. The emphasis was placed not only on policy work but on promoting positive societal attitudes towards and changing the behavior of youth to family planning, specifically, and SRH, in general, and masculinities and engaging men and boys in gender equality efforts. These efforts are crucial for achieving sustainable changes in social norms. Furthermore, the UNFPA Kazakhstan 5th CP aligns with the strategic plan's comprehensive approach by integrating GBV and FP interventions within national health and development frameworks. This includes developing and implementing national policies, protocols, and guidelines that support FP services and GBV prevention. Moreover, the UNFPA Kazakhstan 5th CP aligns with the strategic plan's comprehensive approach by integrating GBV and FP interventions within national health and development frameworks. This includes developing and implementing national policies, protocols, and guidelines that support FP services and GBV prevention. The CP emphasizes the importance of addressing social norms through community-based initiatives, educational programs, and advocacy campaigns to promote SRH education, contraceptives, gender equality and reduce GBV. Furthermore, this evaluation and its focus on social norms shows the strategic thinking and approach of the CO to future programming based on evidence, country context, and needs of the UNFPA target and vulnerable populations.

The SP underscores the importance of adequate resourcing to implement comprehensive and effective interventions. This includes human and financial resources, technical expertise, and capacity building for national and local partners. UNFPA is committed to mobilizing resources from various sources, including international donors, national governments, and private sector partnerships, to ensure the sustainability and scalability of interventions. The CP highlights the allocation of sufficient resources to support GBV and FP interventions. This includes funding for capacity building, service delivery, and monitoring and evaluation activities to ensure the effectiveness and sustainability of interventions. Collaboration with the Government, national and international partners as well as with local civil society organizations and communities is crucial for resource mobilization and ensuring that interventions are well-supported and resourced.

UNFPA in Kazakhstan operates in a resource-constrained environment, relying primarily on funding from the Government of Kazakhstan, foreign embassies, and a restricted donor base. Work with the Government is implemented through the Ministry of Foreign Affairs when the annual meeting of the *Interdepartmental Commission on International Treaties of the Republic of Kazakhstan* decides about state funding to various local and international organizations, including UNFPA. During 2021-2023 the CO received \$530,010.00 (Table 6)²¹⁷ for the UNFPA interventions in SRH (68% of the amount), GBV (31% of total funding), and population development (1% from state support) areas. As much as 57,2% of the three-year expenditure was allocated to gender equality and women's empowerment and 32,94% for interventions with reproductive health and rights programmes. Overall, the activities implemented toward the achievement of outputs for programmes in FP/GBV areas appeared to be reasonable for the number of resources expended. Most respondents²¹⁸ were unable to comment on the question of the adequacy of the allocated resources. However, of those who did, most felt that UNFPA has been diligent in managing its funds.

It is worth noting that UNFPA used 45% of its financial resources to support the activities implemented by its partners from civil society and the Government (Graph 6)²¹⁹. Also, UNFPA has co-shared expenses to perform some activities, e.g. UN organizations' joint events (Spotlight initiative, UN Women, WHO, UNICEF) to ensure the participation of well-recognized international professionals. Also, it was noted²²⁰ UNFPA staff ability to coordinate the implementation of joint events, and programs and their professional skills and in-depth experience in youth and gender areas resulted in a leading role in preparing recommendations for advocacy and dialogue with government partners as well as leading UN bodies, like the Youth Advisory Board. This indicates a good partnership strategy.

To achieve planned outcomes, UNFPA has effectively utilised its human and technical resources. Key informants²²¹ recognized the professionalism, goal-oriented, and very good attitude of the UNFPA staff in the country as well as in the regional offices. The evaluation team noticed a pleasant and supportive atmosphere in the UNFPA CO. Also, it was noticed that the UNFPA approach to appreciate the work of its personnel encourages former civil service servants to join CO team²²² which enriches UNFPA expertise and creates important synergy needed for effective work and efficient use of limited resources. Many interviewees noted good teamwork among UNFPA employees, namely: interchangeability, different program coordinators know and understand the directions of others, experience of working in state and international organizations, and its utilization in daily work. The important role and effective use of national and international experts and consultants were also mentioned by key informants. At the same time, the need for greater assistance to communication and area-specific CO advocates was mentioned²²³. It was noted that the cooperation with volunteers can be beneficial and 'more UNFPA Honourable Ambassadors are needed but in specific UNFPA areas'²²⁴.

The KIs provided specific insights into the comprehensiveness²²⁵ of interventions to address the needs of all affected groups²²⁶, strategic alignment to ensure that interventions are well-integrated into the national policy framework²²⁷, and resources to ensure that sufficient resources were allocated to high-priority areas of UNFPA's interventions related to FP and GBV²²⁸. One of the KIs²²⁹ noted, "Anyone can solve problems with sufficient resources, but the real art is trying to complete a task with limited ones." For example, UNFPA's support in providing training to over 140 Bureau of Statistics field staff in several regions was invaluable. Continuous training, policy advocacy²³⁰, government collaboration²³¹, and effective resource mobilization²³² were highlighted as critical components that ensure interventions are well-rounded and impactful. Implementing partners believe²³³ that the UNFPA resources (human, expert, financial) are adequate and significantly contribute to changing discriminatory social norms (4.4 out of 5).

Overall, the findings demonstrate that UNFPA's interventions have been comprehensive, strategic, and well-resourced. These interventions have significantly improved the quality and availability of reproductive health services for vulnerable populations, particularly in the context of FP and GBV, in Kazakhstan. Through comprehensive training programs, capacity-building efforts, and strategic resource allocation, UNFPA has made substantial progress in enhancing the quality and accessibility of support to women, girls, and GBV survivors, and has great potential to achieve the stated CP outcomes.

4.3 ANSWER TO THE EVALUATION QUESTION 3

EQ 3 (Effectiveness): To what extent have the intended programme outputs related to family planning and the reduction of gender-based violence been achieved?

SUMMARY OF FINDINGS. The analysis of the output indicators achievement for the 5th UNFPA Country Programme (CP) 2021-2025, specifically related to family planning and gender-based violence, after three and a half years of implementation, reveals mixed progress. So far, only two out of eight indicators for Outputs 1 and 2 have been fully achieved. However, the remaining six indicators have targets set for measurement in 2025, and the analysis of milestones suggests strong potential for achieving these remaining targets. The key achievements related to family planning and the

reduction of GBV were documented through various sources, including the UNFPA data collection system, analytical reports, surveys, government demographic and statistical reports, and communication and information materials. The monitoring activities are well-integrated into the CO's interventions, with significant resources allocated to data analysis and dissemination of results. An external challenge impacting the CO's operations is the limited control over the implementation pace, management practices, and monitoring approaches of other institutions (e.g., delays in the publication of census data). This challenge highlights the need for improved coordination and collaboration with external partners to ensure timely progress toward the remaining output targets.

For details of the evidence supporting findings in section 4.3, see [Evaluation matrix](#): Assumptions 3.1 – 3.3 in Annex I.

FINDING 5. The UNFPA Country programme has clearly defined the measurable outputs related to family planning and the reduction of gender-based violence. There is a shared understanding among the key stakeholders (e.g. UNFPA staff and IPs) of what constitutes success for each output, including specific targets, indicators, and milestones to track the progress.

The 5th Country program document identified three outputs, each with specific indicators to measure progress. The updated 2021-2025 Result Framework shows that activities were planned carefully based on the country context and the needs of the UNFPA target groups. Analysis of documents²³⁴ shows a certain refocus from activities in sexual and reproductive health in general to more specific interventions in related areas including FP and GBV. When in 2021 the CO conducted communication activities in support of the SRH programme component, strengthening the national medical education system, conducting surveys, developing guidelines and regulations, and strengthening the capacity of YFS service providers, in 2022-2023, the focus was made on advocacy/policy dialogue and advice on developing national policies and standards to Government of Kazakhstan important for integrating the SRH, RR, FP and youth-friendly health services. Moreover, CO interventions were expanded with specific technical support activities, focusing on implementing activities to change social norms, including NGO empowerment, building partnerships and capacities, and working with key populations (KPs) and South-South cooperation, digitalization, and financing.

Communication interventions were aligned with annual UNFPA activities. In 2021, communication activities were focused more on supporting to SRH programme component through a risk communication workshop for UNFPA staff and MoH; a press tour to YHC, informational advertisement leaflets on @shyn.kz and @srh.org.kz; creating and printing of a general brochure for decision-makers and donors on SRH, in the following years media outreach, social media campaigns, activities and capacity building of journalists to better promote UNFPA mandate and ICPD issues with attention to FP, contraception, comprehensive sexuality education, youth-friendly health services, violence against women and girls, aging, adolescent pregnancy, gender equality, demographics, etc.

Achievement of each of the two out of three outputs related to FP and GBV are measured by four indicators (eight in total) supported by the CO advocacy, policy, technical assistance, and communication activities²³⁵. All indicators are specific, measurable, area-specific, realistic and time-bound. The baseline and expected targets are clear and measure the expected results of the UNFPA interventions. It should be noted that 5 out of the 8 indicators are process indicators, measuring whether planned activities were achieved. These activities relate to the product (contraceptives, documents/guidelines/SOP, educational courses, curricula, etc.) and targets are defined as No or Yes. The rest three indicators are process as well but have more details about the product of the activity, e.g. the number or proportion/percentage of healthcare professionals trained or regions that have at least one network of Youth Friendly Health Centres. Despite the robustness of these indicators, there is room for improvement, particularly in terms of national and regional disaggregation, as noted by key informants. Additionally, there are no output indicators specifically addressing process changes in discriminatory social norms (e.g. contributing to the achievement of the outcomes) that lead to a reduction in unmet needs for FP and GBV. UNFPA staff²³⁶ and implementing partners²³⁷ interviewed demonstrated a strong understanding of what constitutes success for each output, including specific targets, indicators, and milestones to track progress. This shared understanding among stakeholders has been confirmed by evaluation participants²³⁸ and is reinforced by regular coordination meetings, workshops, and consultation sessions.

The KII²³⁹ noted that while UNFPA previously focused on education, conducting training, and round tables, it has now expanded its approach to include policy dialogue and integration aspects. This shift allowed target identified indicators and monitor them, for example, if contraceptives are included in the reimbursed outpatient list, or if UNFPA developed an extensive course on family planning, and the implementing partner later adapted it for the Kazakhstan context or were clinical protocols for family planning and antenatal care approved. Policy activity and monitoring helped UNFPA to promote reproductive health and family planning as one of the Ministry of Health's priorities, as well as the fact that the MoH identified reproductive health and family planning as one of its priorities, lowers the age for young people to seek counseling independently under the Code on Health and Healthcare System, increase capacities and role of the implementing partners from NGOs in the process of legislation development and update. At the same time, several KII²⁴⁰ noted differences in the practical implementation of norms included in legislative acts at regional and sub-regional levels due to the complexity of legal terminology and the insufficient capacity and knowledge of regional and local

government officials. This results in the lack of practical implementation of important norms and a lack of responsibility at the regional level due to the absence of monitoring and reporting mechanisms, ultimately, leaving a gap in feedback between the developers of regulations at the national level and their implementers at the regional and local levels.

Overall, the findings demonstrate that the UNFPA Country Programme has clearly defined measurable outputs related to FP and reducing gender-based violence. Through regular monitoring activities, data collection, and stakeholder coordination, UNFPA has ensured that its interventions are on track contributing to the achievement of intended programme outputs in Kazakhstan.

FINDING 6. UNFPA has been effective in implementing activities and interventions aimed at achieving the planned outputs related to family planning and gender-based violence reduction to a great extent during three and a half years of the CP implementation. It implies that the programme has successfully mobilized resources, engaged stakeholders, and executed activities according to the established work plans and timelines.

The status of achievement of output indicators of the 5th UNFPA CP, 2021-2025 after three and half years of the country program implementation presented in Table 8. It should be noted that only outputs related to family planning and gender-based violence were analysed.

Table 8. Status of achievement of output indicators related to FP and GBV of the 5th UNFPA CP, 2021-2025

| Indicators | Baseline | Target/ Actual result | Remarks as of May'2024 |
|---|-----------------|--|-----------------------------------|
| 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. | | | |
| Indicator 1: Contraceptives included into the Kazakhstan National Pharmaceutical Formulary | No (2020) | Yes (2022)/ Yes (2022) ²⁴¹ | Achieved ²⁴² |
| Indicator 2: Proportion of health care professionals trained and certified through distance learning platform on FP and modern contraceptives | 0% (2020) | 30% (2025)/ 10% (2023) ²⁴³ | Not achieved yet |
| Indicator 3: Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services | 0 (2020) | 17 (2025)/ 20 (2024) ²⁴⁴ | Achieved |
| Indicator 4: The UNFPA SRH and GBV response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness and response plan | No (2020) | Yes (2025)/ No (2023) ²⁴⁵ | Not achieved yet |
| Output 2.1: Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender based violence and harmful practices. | | | |
| Indicator 5: Sexuality education is introduced into the national secondary and vocational education system | No (2020) | Yes (2025)/ No (2023) ²⁴⁶ | Not achieved yet |
| Indicator 6: National guidelines and/or protocols are developed based on UNFPA Standard Operating Procedures and Essential Service Package for Multi-Sectoral response to GBV | No (2020) | Yes (2024)/ No (2023) ²⁴⁷ | Not achieved yet |
| Indicator 7: Percentage of adolescents who have comprehensive knowledge about HIV | 9.1% (2018) | 35% (2025)/ 9.1 ²⁴⁸ (2023) | Not achieved yet |
| Indicator 8: Reproductive health and Gender-related issues are integrated into the curriculum of Theological institutions | No (2020) | Yes (2025)/ No (2023) ²⁴⁹ | Not achieved yet |

The data shows that only two indicators out of eight for Output 1 and 2 of the 5th CP were achieved in three and half years of the programme implementation. However, the remaining which have targets set for 2025, show significant potential for achievement based on milestone analysis.

The document analysis²⁵⁰ and key informants' interviews²⁵¹ revealed several key **achievements** and **progress** towards meeting the targets of 5th UNFPA Country Programme, 2021-2025. These accomplishments are crucial in advancing changes in social norms related to family planning and reducing gender-based violence (but not limited to).

- Building on the success of including contraceptives included into the Kazakhstan National Pharmaceutical Formulary in 2022, and an additional three types added in 2023²⁵², UNFPA has intensified its advocacy to further integrate contraceptives into the State Guaranteed Benefits Package and the Social Health Insurance Plan. This effort included sensitizing 200 policymakers and decision-makers from the Parliament of Kazakhstan, the Ministry of Healthcare, the Social Health Insurance Fund, and regional health authorities on the importance of family planning and modern contraceptives for ensuring SRHR, during the First Congress of Obstetricians and Gynecologists on March 30, 2023.²⁵³
- The launch of the innovative distance-based learning platform 'srh.org.kz' in 2022, has allowed the training of over 850 health professionals in family planning and modern contraceptives over the last two years.²⁵⁴ The UNFPA's

work in the western regions of Kazakhstan was crucial in changing social norms and reducing stigma and discrimination towards key populations (KPs). This was achieved by building the capacity of health professionals and regional AIDS centers in Atyrau and Mangistau, and through partnerships with KPs, with a focus on men who have sex with men (MSM) and HIV surveillance among MSM and sex workers.

- The UNFPA's support in the development of policy frameworks, capacity building, and advocacy for promoting youth-friendly health services led to several key achievements: i) strengthening capacity of 130 health professionals in providing youth-friendly health services; ii) the development of a new Standard on Youth Friendly Health Centres operation²⁵⁵ as well as iii) increased awareness of YFCs and reproductive health and reproductive rights among adolescents and young people by using digital and innovative solutions such as the "Shyn.kz" digital package which includes the website, Instagram, and TikTok. Moreover, the entry into force of the Standard on YFCs operations, in 2023, the State allocated 2.7 billion Kazakh Tenge (US\$5.8 million) through the Social Health Insurance Fund to finance the National Network for YFCs, contracting around 190 clinics in five regions that met the Standard requirements.
- UNFPA supported the training of 57 teachers of Turkestan and Kyzylorda regions equipping them with knowledge and skills on SRHR, Gender, and GBV issues to be shared with school children. In addition, three key national partners enhanced their knowledge and were sensitized on Comprehensive Sexuality Education (CSE) during the Workshop on Integrating Life-Skills based Education into Training and Education of Teachers in Sarajevo, Bosnia and Herzegovina. As a result, each partner developed action plans for 2024 on how to effectively integrate CSE into the teacher education and training curriculum and enhanced their capacity to advocate for CSE.
- UNFPA played a key role in supporting several interventions aimed at reducing GBV and developing national guidelines and/or protocols based on UNFPA Standard Operating Procedures and Essential Service Package for Multi-Sectoral Response to Gender-Based Violence. These activities included training of trainers to build a network of facilitators among health, psychological, and police professionals; supporting the implementation of a regional SOPs model; integrating the health sector's response to GBV into the medical education system, and incorporating GBV healthcare services into the undergraduate and residency levels of medical education curricula, which were subsequently approved by the Republican academic council²⁵⁶. Notably, these efforts also ensured that disabled people with disabilities were included among GBV survivors.
- Recognizing the entrenched gender stereotypes among the population and decision-makers in the Turkestan region, UNFPA initiated a series of training courses that successfully promoted positive shifts in gender roles and the principles of gender equality and human rights. Along with representatives of regional/local administrations, UNFPA paid great attention to working with People with Disabilities (PwD). Sixty-five social support service providers for PwD from 14 districts of Turkestan region and Shymkent city were trained to provide the MSR services to PwD affected by GBV. Additionally, information materials on SRHR issues were translated into the Kazakh language and various formats for people with disabilities, including an 'easy-to-read' format. These materials were distributed to specialized institutions and organizations to inform Kazakh-speaking PwD.
- To increase the number of adolescents with comprehensive knowledge about HIV, UNFPA supported Y-PEER volunteers in training 9,090 young people across Kazakhstan on SRH, gender, gender-based violence, and harmful social norms and stereotypes. Additionally, 61 videos were produced and posted on social media, garnering 160,000 views. To integrate reproductive health and gender-related issues into the curriculum of theological institutions, the methodological package for the educational course "Basics of a Healthy and Prosperous Family in Islam" was developed, discussed and agreed upon with the Methodological Department of the Spiritual Administration of Muslims of Kazakhstan and recommended for introduction into the educational process of madrasah colleges as an elective course starting in 2024²⁵⁷. Additionally, 40 specialists from 9 regions of Kazakhstan were trained for the first time on providing quality psychological support services to Muslim women subjected to GBV, who typically do not seek help from law enforcement of crisis centers. This training equipped psychologists to offer services that respect both the canons and humanitarian values of Islam.

During the interviews, KI²⁵⁸ confirmed that UNFPA executed activities according to the established work plans and timelines. The CO prepared an annual plan of activities based on priorities and unfunded activities reserved, and the implementation progress was reviewed quarterly. Following the approval of the annual action plan, UNFPA CO staff set milestones to track the final results aligned with transformative outcomes and key indicators of the CP and SP. The CPD Results Roadmap 2021-2025, was developed for this purpose. When a key indicator such as maternal mortality shows improvements²⁵⁹, UNFPA continues to prioritize it with the introduction of more relevant measures, like maternal mortality audits while maintaining a focus on reducing the unmet need for family planning as a key factor in achieving zero maternal mortality.

Another example of the results-oriented planning is the emphasis on advocating and consulting the government and the MoH to ensure access of youth to contraceptives. In this context UNFPA CO prepared a policy brief that compares the cost and potential benefits of providing free oral contraceptives in Kazakhstan in 2018-2022. The findings suggest that this approach could result in substantial cost savings for the government, offset by reductions in costs associated with averted abortions, fewer unwanted adolescent pregnancies, pre- and postnatal care, and maternity leave

payments.²⁶⁰ As a result of UNFPA's advocacy efforts, modern contraceptive commodities have been considered for inclusion in the State Guaranteed Benefits Package or the Social Health Insurance Package, leading to a shift in the MoH's position, as mentioned earlier..

Several KII²⁶¹ noted that while HIV and STI prevention are important cross-cutting issues, UNFPA has not focused on these areas. However, in 2019, UNFPA began participating in the joint UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) project. It helped UNFPA to support young people at the YHCs, where the prevalence of HIV infection is growing²⁶². UNFPA developed guidelines aimed at changing social norms among health professionals to ensure access to medical care for one of the most marginalized communities like MSM and PLHIV.

UNFPA also collaborated with the Global Fund as part of the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project²⁶³ to purchase and deliver contraceptives to KP through AIDS centres. These efforts, however, have not been publicized widely due to societal stigmatization highlighting the critical need for changing discriminatory norms. One example of the impact of discriminatory norms on the adoption of legal acts is that Kazakhstan's government discontinued plans to incorporate the human papillomavirus (HPV) vaccine into the national immunization program in 2015, despite the positive results from a pilot conducted between 2013 and 2015. As the 2024 vaccination period approaches UNFPA plans to assist in advocating for the reintroduction of the HPV vaccine.^{264,265}

The analysis of the mobilized resources presented in Table 7 above demonstrates that the CO successfully secured essential financial resources for the effective implementation of planned activities and interventions aimed at achieving the expected outputs related to family planning and gender-based violence reduction. Table 9 presents data of mobilised both core and non-core resources²⁶⁶. It should be mentioned that in 2023 for the first time in EECA region the Global Fund contributed \$44,000 for procurement of condoms and lubricants through the UNFPA Procurement Unit. Figure 5 illustrates that over the past three years, the CO has effectively engaged stakeholders in implementing its interventions with nearly half (or 45%) of the UNFPA activities realised through government or NGO partners. Implementing partners²⁶⁷ confirmed that their organizations are involved in the implementation of UNFPA (policy and or capacity building) activities related to family planning and gender-based violence (extent of involvement is 4.7 out of max 5) and they involve representatives of the vulnerable/target groups to the implementation of UNFPA activities related to family planning and gender-based violence (extent rating of 4.4 out of 5). In addition, 11 out of 15 surveyed IPs believed that UNFPA's resources (human, expert, financial) were adequate to contribute effectively to changing discriminatory social norms²⁶⁸.

The relevance of UNFPA's interventions was underscored by their support for the analysis, participation of a psychologist, and implementation of methodological guidelines for field workers. UNFPA's financial contribution has facilitated a new approach to household surveys, enabling more effective needs assessments and survey tool development. The presence of a UNFPA staff member with expertise in conducting such surveys has increased the effectiveness of these efforts. Several interviewed implementing partners highly appreciated UNFPA's ongoing commitment to providing expert, communications, and financial support and methodological support.

Table 9. Amount of regular or other resources (RR/OR) mobilized by year, in USD

| Indicator | | 2021 | 2022 | 2023 | Total |
|-------------------------------------|--------|-----------|-----------|-----------|---------------------------------|
| Amount of RR/OR mobilized | | | | | |
| Resource mobilization – Indicator 1 | Target | 10,000 | 10,000 | 5,000 | 25,000 |
| Amount of RR mobilized | Actual | 10,000 | 3,000 | 10,000 | 23,000 |
| Resource mobilization – Indicator 2 | Target | 700,000 | 1,100,000 | 500,000 | 2,300,000 |
| Amount of OR mobilized | Actual | 1,200,000 | 535,984 | 1,443,554 | 3,179,538 ²⁶⁹ |

The key challenges noted in the UNFPA documents and during interviews and affecting the effectiveness of UNFPA's interventions include:

- **Contraceptive Advocacy and Policy:** Although UNFPA's advocacy efforts have shifted the MoH's stance from viewing contraceptives as a resource for only vulnerable groups to a broader need the issue remains. There are no legal framework for forecasting and calculating contraceptive needs at the regional level²⁷⁰. Despite progress in advocating for modern contraceptives to be included in the State Guaranteed Benefits Package or Social Health Insurance Package, societal readiness and accelerated implementation of new approaches are necessary to overcome discriminatory norms.
- **Support for Muslim Women:** Providing support to Muslim women experiencing domestic violence is challenging due to strong gender stereotypes, societal norms, and distorted perceptions of women's rights in Islam. The lack of tradition in seeking help from law enforcement and social support institutions, combined with diverse views on gender equality and family planning, complicates efforts to address unmet needs in family planning and GBV. There is a need for innovative and culturally sensitive approaches to reach and support these women effectively.²⁷¹

- **HIV Prevention in Stigmatized Regions:** Empowering MSM, TG, and PLHIV communities in the conservative Western regions of Kazakhstan faces significant challenges. Despite success in collaborating with a national NGO, establishing local NGOs focused on HIV prevention in Atyrau has been difficult due to restrictions from local security authorities.²⁷²
- **Sexuality Education and GBV Support:** UNFPA is currently the only UN agency providing accurate information on sexuality and gender equality and supporting pilot projects in these areas. The absence of sexual education in educational curricula and limited Government recognition combined with insufficient funding and lack of an effective national GBV system present ongoing challenges²⁷³.

FINDING 7. There is evidence to support the actual achievement of the programme outputs related to family planning and the reduction of gender-based violence. It implies that the programme has conducted regular monitoring activities to assess the progress, collect data, and measure performance against the established indicators' targets.

The desk review of UNFPA's various documents, including annual and program reports, studies, research, and communication materials, reveals both quantitative and qualitative evidence. Key achievements in family planning and gender-based violence reduction were documented through the UNFPA data collection system, the 2020 Census, surveys, and government reports. The review utilized both national and international sources to track progress towards national commitments and SDGs. Monitoring activities were integrated into the CO interventions, with a system established for quarterly and annual planning, performance assessment, and milestone tracking. Implementing partners were required to report on indicators in quarterly reports, and regular staff and program review meetings, along with assurance plans such as micro-assessments and spot checks²⁷⁴, ensured progress and accountability. Despite the efforts to enhance monitoring systems, there were occasional delays in reflecting updated information, particularly regarding the budget.

Stakeholders highlighted specific issues related to the evidence supporting the achievement of program outputs in family planning and gender-based violence reduction. Recent improvements in reproductive health statistics are attributed to the efforts of a National Commission representative with a medical background. Additionally, the upcoming completion of the Multiple Indicator Cluster Survey (MICS) in 2024 is expected to enhance understanding of gender equality issues. UNFPA has also contributed by strengthening the capacity of professionals to measure data on violence against women through the kNOWVAWdata online training course.²⁷⁵ Several KII²⁷⁶ indicated while monitoring activities²⁷⁷ have been conducted such as at the outset of Y-PEER or to develop training materials, there is a noted need for more comprehensive research and monitoring across the regions. This would enable better evidence-based decisions at regional and sectoral levels. Furthermore, the absence of indicators measuring changes in social norms underscores the need for a more advanced monitoring system^{278,279} to assess the effectiveness of training on individual, organizational, and community levels.

UNFPA participates in the United Nations Country Team and Government annual reviews. UNFPA, in collaboration with UN agencies, implements projects and programs conducting monitoring activities to assess how joint policy and system-level interventions are translated into service provision that meets the needs of young people and women. Thematic and country programme evaluations are planned to generate evidence, ensure accountability and promote a learning culture. Together with the Government and the UNCT, UNFPA established a monitoring and evaluation framework aligned to the Cooperation Framework and participated and contributed to evaluations of the Cooperation Framework and the country programme. Jointly with other United Nations agencies, UNFPA continues to invest in surveys, collect and analyse data to inform policies and plans, and to monitor results.

UNFPA also invested resources in data analysis and dissemination of results utilizing regular media and social media monitoring to respond promptly to inquiries on social media and track mentions of UNFPA Kazakhstan. KIIs^{280,281} noted that once working on gender, family policy, and GBV issues under the leadership of the Ministry of Culture and Information (MCI), has provided access to nationwide data and insights into the impact of their activities. KIIs²⁸² shared a case where UNFPA supported a memorandum between a university and the Y-PEER student club, leading to the official establishment of a research centre for sustainable development in 2022 complete with a dedicated room and public materials. Moreover, UNFPA always consults with the Government to ensure strategic planning with Kazakhstan's annual voluntary contribution underscoring the importance of achieving measurable results²⁸³. KII^{284,285} mentioned the need to increase research and monitoring across regions, which would help make evidence-based decisions at the regional and sectoral levels. Other KII²⁸⁶ indicated that monitoring activities have been conducted at the outset of Y-PEER or to develop training materials. Other KII²⁸⁷ confirmed monitoring of ongoing training activities for health workers and medical students through online platforms. Regarding the availability of statistical data on reproductive health, KII²⁸⁸ noted that in the last 3-4 years, the country began to publish indicators on reproductive health, which became possible thanks to the proposal of a representative of the Member of the National Commission on Women's Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan, who has a medical degree. In addition, the Multiple Indicator Cluster Survey is expected to be completed in 2024.

Several external challenges affecting the CO operations were identified during field missions:

- **Lack of Control Over External Factors:** UNFPA faced delays due to a lack of control over the pace and management practices of other institutions. For instance, the Bureau of National Statistics (BNS) took nearly two years to publish census data, which in turn delayed the development of thematic briefs.
- **Inter-Agency Coordination Issues:** Organizing inter-agency and multi-partnership events, such as the follow-up GBV study, posed challenges. Poorly organized division of labor resulted in UNFPA assuming most of the accountability and responsibility, which proved to be both time- and resource-consuming.

4.4 ANSWER TO THE EVALUATION QUESTION 4

EQ 4 (Effectiveness): To what extent did the outputs contribute to changing discriminatory social norms and what was the degree of results achievement of the country programme contribution to the expected changes/achievements? (e.g. Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated; and Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated)?

SUMMARY OF FINDINGS. The evaluation revealed that the UNFPA's activities have aimed at changing the policy environment and policy implementation through advocacy and capacity building at the levels of various produced outputs that have contributed to a shift in social norms. However, despite this progress, the extent of changes in discriminatory social norms has been limited indicating that more time and measurement tools are needed to assess these changes fully. While there are anecdotal evidence and examples of shifts in social norms recognized by beneficiaries, only one of the outcome indicators was achieved ahead of its 2025 target. This indicates the potential for meeting the remaining targets. The KIs provided examples of the positive changes in the policy environment, knowledge/ attitudes/ behavior/ practices of the UNFPA target groups addressing discriminatory social norms towards FP and GBV they observed. Also, the list of best practices and success stories was identified. However, the challenges faced by IPs include limited state support, domestic violence reluctance, coordination issues in inter-agency and multi-partnership events; regional disparities; access barriers; cultural norms; limited statistical data on reproductive health and violence against women hampers evidence-based decision-making; sustainability and ownership of FP/GBV initiatives.

For details of the evidence supporting findings in section 4.4, see [Evaluation matrix](#): Assumptions 4.1 – 4.2 in Annex I.

FINDING 8. There is a causal relationship between the programme outputs and certain observed changes in discriminatory social norms, supported by the monitoring data evidence, qualitative assessments, communication with target groups, and stakeholder feedback. However, the achieved outputs contributed to changing discriminatory social norms only to a certain extent as more time is needed for real changes. In addition, there are other meaningful factors to be considered while implementing changes to social norms.

The evaluation showed that the UNFPA's activities focus on changing the policy environment and implementation through advocacy and capacity building at national, regional, and local levels by working with key stakeholders (government at all levels, NGOs, youth and religious groups, women, girls and men) have led to some changes in social norms. However, while there is a causal relationship between the programme outputs and observed changes in discriminatory social norms, these changes have been limited. More time is needed to achieve deeper and more widespread transformation.

UNFPA policy and advocacy activities and support have produced significant changes in legislative and regulatory acts at the national level regarding family planning and gender-based violence issues. Protection and promotion of the reproductive rights of adolescents and young people were identified as national priority 2 in the National Development Plan. The Concept for the Healthcare Development²⁸⁹ includes interventions related to enhanced access to mental and reproductive health services for adolescents and young adults through YHCs, and awareness campaigns to advocate for reproductive health and family planning. These actions go in line with the national Health Code²⁹⁰ provisions that protect the reproductive rights of the citizens of Kazakhstan, ensuring decisions on reproductive choice and access to reproductive health and family planning services. Needless to say that the CO has successfully made efforts in the provision of state budget-supported contraceptives. Moreover, the introduced amendments to the Criminal Code, the Law on the Prevention of Domestic Violence, the Law on Marriage and Family, and other legislation allow law enforcement to better protect victims of violence. The development/ update of these and many other legal documents were supported and advocated by the UNFPA CO. These legal documents laid down a very important and needed ground for the next steps in their implementation followed by changes in the social norms of people. Such changes would be seen if legal norms are known and practiced by, first of all, government officials, specifically at the regional level. The evaluation discovered that legislative changes in the areas of family planning and gender-based

violence are not being practiced at regional and local levels due to a lack of awareness of these changes and the complexity of the legal language. Moreover, regional and local government representatives were not involved or consulted during the introduction of the legislation. Several government officials at the regional level²⁹¹ emphasized the importance of the UNFPA CO continuing its policy work, along with informing and training key public officials on the use of the new legislation to bring about the desired changes in social norms related to FP/GBV. UNFPA implementing partners²⁹² believe that the CO's policy efforts to advocate for policy reforms, and institutional, and legislative changes have significantly addressed discriminatory social norms, leading to a reduction in unmet need for family planning and gender-based violence (scored 4.7 out of 5). Additionally, 144 out of 163 respondents (88% or 107 female and 37 male) stated that they were aware of legislative and policy changes related to discriminatory social norms towards family planning and gender-based violence in the past three years but could not provide the names of the relevant legal or policy documents.

Provision of knowledge and skills, and **capacity building** for government officials, health workers, service providers, NGOs, and youth, women and men, girls and boys through training events, online platforms, forums, and conferences have been significant parts of UNFPA's activities to reduce unmet needs in FP/GBV in recent years. UNFPA implementing partners²⁹³ believe that the CO's capacity-building efforts have led to positive shifts in addressing discriminatory social norms related to family planning and gender-based violence prevention and response. These shifts contribute to addressing discriminatory social norms, thereby facilitating further improvements in family planning and the reduction of gender-based violence, with an effectiveness rating of 4.7 out of 5²⁹⁴. Four out of five training participants feel that they gained new knowledge and skills during the training. Participants believe that their awareness of family planning needs and gender-based violence improved significantly as a result of the training (3.95 out of 5)²⁹⁵. Additionally, their views on the importance of supporting vulnerable groups in matters of family planning and gender-based violence changed to a great extent (4 out of 5)²⁹⁶. However, only one in three training beneficiaries had the opportunity to apply the knowledge and skills obtained in a practical setting to a certain extent²⁹⁷. To be able to implement activities on their own, without UNFPA support, aimed at addressing discriminatory social norms to accelerate the reduction of unmet needs for family planning and reduce gender-based violence, training participants noted the needed²⁹⁸ further support from the UNFPA (original answers grouped by different topics and levels of demand, from maximum to less):

- **Training:** *More materials, seminars and training (offline) are needed. Conduct training regularly and in every city, district or region. Practice offline forms of learning more often.*
- **Target groups:** *Extensive training of teachers and psychologists. It is also necessary to train specialists from primary health care organizations, namely obstetricians and nurses. Active work in schools with children, parents, and teachers is needed. Establish interdepartmental groups to prevent gender-based violence in family planning. Conduct explanatory sessions at schools, colleges, and with parents. Involve more specialists, including biology teachers and nurses, and ensure the participation of men. Form diverse training groups to facilitate knowledge sharing and address ambiguous issues, fostering joint interaction (e.g., teachers, doctors; psychologists, doctors, social workers). Engage specialists from healthcare, education, social protection, law enforcement agencies, medical workers, and volunteers.*
- **Practicality/Training methods:** *More practical exercises, use of more interactive methods and local examples, experience exchange exercises. More male coaches. Make a series of training while maintaining the composition of the participant, with increasing complexity of the material and presentation. Make the training interesting and understandable for all participants, held in the Kazakh language. Medical specialists should carry out explanatory work for high school students. Practice on-site forms of training.*
- **Other types of activity/topics:** *Exchange of opinions with experts through round tables. Increasing reproductive literacy among young people. Conduct classes for complete familiarization with texts of Laws. More training on changes in the laws related to health care. Study of international experience and other best practices (Kazakhstan, CIS, etc.)*
- **Application of knowledge:** *An environment for applying acquired skills and knowledge is needed. It is not there, unfortunately. Everything so far is only in words and slogans.*
- **Information/Communication:** *More information in the media, schools, and universities. Distribution of videos, and attraction of NGOs through the global fund. Need to do a lot of advertising. Dissemination of information through Instagram, and other social networks.*

All answers were summarized by one of the online survey training participants:

"When conducting training, we need to incorporate lessons from practice and real-life experiences. More new training and educational events should be added, including the presentation of real-life cases. To improve family values, it is important to enhance advocacy efforts by holding more events and preventive activities for village elders, emphasizing the wisdom of our mothers to the youth. Training should include practical demonstrations of working with victims of domestic violence and abusers. Additionally, in-depth {GBV} prevention meetings with youth and other interagency groups working on family values and suicide prevention should be conducted. More courses on resolving misunderstandings between men and women and on providing psychological assistance should also be offered".

In addition, the CO **communication activities** played an important role in changing social norms in family planning and gender-based violence. Various information and communication activities and events were conducted in three and

half years. From the SRH-focused communication in 2021, in the following years the CO focused its activities on engaging and reaching out to the bigger general audience of various demographics and on building journalists' capacity in the areas of UNFPA work with a bigger focus on GBV. Through media outreach and social media campaigns, public information outreach, and joint UN/donors events (forums, exhibitions, tournaments) the CO managed to inform about UNFPA mandate and activity, advocate policy changes, and deliver importance and achievements of work in the FP, GBV, SRH, PD areas of the Fund work, increase media/journalist understanding of the UNFPA work. Despite limited resources, the engagement of the UNFPA Honorary Ambassador Kaliya in the CO activities was very beneficial. Her participation in the opening of the UNFPA-Sweden photo exhibition in Almaty, performance at the GLM event and Spotlight closing conference, participation in the Central Asian Alliance on GBV, involvement as a speaker during the 2023 World Population Day and at the launch of the State of World Population Report, presentation of a tales book has brought more visibility to the UNFPA mandate and comprehensive sexuality education, violence against women and girls, etc. In addition, new branding and design have been developed to upgrade and modernise UNFPA KAZ CO's identity along with the UNFPA Brandbook featuring a new photobank, social media templates, presentation templates, new rollups, e-signatures, and promo materials that reflect national identity.

Interviews with the UNFPA IPs highlighted several positive outcomes²⁹⁹ related to youth engagement and social media effectiveness. Young people showed increased interest in reproductive health information, partly due to the impactful social media presence of UNFPA Kazakhstan. Also, it was mentioned³⁰⁰ that UNFPA KAZ CO's social media accounts have earned blue ticks from Meta, which added to the trustworthiness and credibility to the accounts. The total number of followers has reached almost 10,000, and the Instagram account increased engagement by 43%. At the same time, Shyn.kz social media package (TikTok and Instagram), administered by the *Focus on People Foundation*, has also registered an increase in TikTok's followers (65,000), with the most popular video hitting the 8 million views mark. Moreover, Kils noted³⁰¹ that visual materials and models presented by UNFPA were noted for their effectiveness in engaging youth, with their clear explanations and appealing presentation.. Influencers conveying this information, with follower counts reaching up to 514,000 and significant engagement (279 comments), also played a crucial role. The preference for TikTok among young people was noted for its privacy features, allowing users to discreetly access and follow content. At the same time there are some issues: FP and SRHR topics require specific knowledge to prevent problems, and not all parents are able to provide appropriate information and advice to their children. Furthermore, young people are not being informed in polyclinics and schools due to high workloads of these institutions^{302,303}. These institutions also lack responsibility in advocating for SRHR issues. Unequal distribution of schools among PHC clinics also leads to uneven workloads and spending, reducing the ability to open new healthcare facilities with youth-friendly services. Thus, there is a lack of information on SRHR among young people; the taboo and closeness when discussing the topic of FP and GBV in society and in the education system; poor literacy in these issues among the population. There is often a lack of understanding or confusion surrounding terminology related to SRHR and Gender-Based Violence, even among well-educated and open-minded individuals. For instance, the term 'gender' is more frequently associated with LGBTQ issues. This confusion discourages various stakeholders, such as journalists or parents, from participating in events on FP and GBV³⁰⁴; cultural and traditional values along with lack of continuity in decisions of government bodies, poor expert training on the part of government agencies and lack of access for young people to contraceptives were mentioned. The lack of monitoring and evaluation and information raising at the regional level makes it impossible to implement the developed strategic documents effectively³⁰⁵.

The UNFPA CO's activities to address social norms related to FP and GBV have yielded noticeable results. Training participants, have observed that access to contraception and information on modern contraceptive methods has improved in their communities. They also reported a better understanding of GBV reduction approaches. Four out of five beneficiaries noted significant changes in how family planning and sexual and reproductive health issues are discussed within their communities³⁰⁶. At the same time, four out of five implementing partners agree that more time is needed to fully measure the impact of policy advocacy and capacity-building efforts on changing in discriminatory norms and reducing unmet needs for family planning and gender-based violence³⁰⁷. For example, mentioned above the shyn.kz website was developed in 2020 but the results have begun to show only recently. However, they managed to provide several examples of the positive changes in the policy environment, knowledge/attitudes/behaviour/practices of the UNFPA target groups addressing discriminatory social norms towards FP and GBV they observed³⁰⁸ (Annex 6).

However, one of the important results of the UNFPA CO work should be mentioned. UNFPA has been empowered people with disabilities through targeted information and educational activities/materials, enhancing their understanding of their legal rights and available services. This empowerment enables PWD to make informed decisions about healthcare, legal aid, and employment, and foster greater inclusivity and accessibility. By increasing the autonomy of PWD, people with disabilities were supported by UNFPA in their active participation in society and their ability to advocate for themselves.

The evaluation identified several key factors for effective introducing changes to discriminatory social norms to accelerate the reduction of unmet need for family planning and gender-based violence.

Table 10. Key factors to be considered while introducing changes to the discriminatory social norms in FP/GBV areas by UNFPA IPs and beneficiaries through online survey³⁰⁹, in %

| Key factors | Implementing partners, N=15 | Beneficiaries, N=163 |
|-------------------------------|-----------------------------|----------------------|
| Economic | 80 | 53 |
| Religious | 0 | 2 |
| Cultural | 80 | 62 |
| Traditional values | 87 | 20 |
| Mentality | 80 | 52 |
| Beneficiary sex (male/female) | 40 | 20 |
| Societal status | 53 | 13 |
| Geography of the country | 40 | 17 |

When UNFPA implementing partners think traditional values is the most important factor to be considered while introducing changes to discriminatory social norms, training participants believe that culture and its traditions are the ones to be taken into account. Both groups believe that factor of religion is the least important factor to be considered while introducing changes to discriminatory social norms in FP and GBV areas.

At the same time, it is important to mention the following **challenges** identified by the implementing partners.

- **State Support:** Limited state support continues to hinder the effectiveness and reach of GBV initiatives, with progress often depending on individual authorities' views.
- **Personnel Turnover:** High turnover of personnel in national and local government institutions disrupts the continuity of initiatives, as new staff often require additional training and time to understand the scope of GBV and FP interventions, slowing down progress considering frequent changes of the government strategy in the healthcare development.
- **Domestic Violence Reluctance:** Legal complexities and gaps in protection laws hinder addressing domestic violence, which is not fully recognized as SGBV in the Criminal Code.
- **Coordination Issues:** Poor division of labor in inter-agency and multi-partnership events led to UNFPA bearing most responsibility, consuming time and resources (e.g. Law Enforcement, Justice, Culture, etc.)
- **Regional Disparities:** Legal norms are not consistently implemented regionally due to difficult legal language and lack of clear enabling framework including monitoring mechanisms.
- **Access Barriers:** Discriminatory attitudes towards vulnerable groups limit access to family planning and GBV services. (e.g. People living with HIV cannot be admitted to crisis centres, shelters). It is worth mentioning the administrative barriers to accessing schools, which hinder the ability to bring knowledge to adolescents on family planning, gender-based violence, and many other important issues currently missing from the extracurricular programs.
- **Cultural Norms:** High tolerance to violence and ingrained social norms impedes effective interventions.
- **Data Challenges:** Limited statistical data on reproductive health and violence against women and girls hampers evidence-based decision-making.
- **Sustainability:** Ensuring the sustainability and ownership of GBV initiatives remains a challenge, necessitating continuous support and capacity building.
- **Lack of information:** There is a lack of information on SRHR/GBV among young people; the taboos and reticence when discussing the topic of FP and GBV in society and in the education system resulted in low awareness and involvement of the population.
- **Terminology:** There is often a lack of understanding or confusion surrounding terminology related to SRHR and gender-based violence, even among well-educated and open-minded individuals. For instance, the term 'gender' is more frequently associated with LGBTQ issues. This confusion discourages various stakeholders, such as journalists or parents, from participating in events on FP and GBV.
- **M&E:** The lack of monitoring and evaluation of the interventions aimed at change of social norms in FP and GBV, especially at the regional level makes it impossible to implement the approved strategic documents effectively.

One of the surveyed UNFPA implementing partners describes the challenges its organization faces while introducing changes in discriminatory social norms toward FP and GBV:

“Unfortunately, consumer sentiment is very strong among the population, there is a reluctance to take responsibility for the situation and family problems, a low level of awareness of citizens about their rights, including reproductive rights, a low level of financial literacy, understanding of gender equality, etc. Among partners from the public sector at the local level, the problem is the frequent change of responsible persons with whom contact has already been established and joint ways of solving any pressing problem have been developed. And this creates additional difficulties in the implementation of projects, which again have to be overcome. As a rule, the existing vertical system of the state apparatus in reality does not support an unconventional, creative approach to solving problems by individual interested employees. Very often, officials at the local level are the same residents of an aul or district, that is, they are simply executors who do not practice a state, strategic approach to changing the situation in their

area. Therefore, we often have to spend a lot of time getting government officials to “hear” us, and convince them, and only then they become our interested partners. A big plus for the implementation of ideas and projects in the selected pilot regions is the many years of positive and very successful experience of UNFPA in our difficult and densely populated southern region. And very important for the successful implementation of our projects and programs is the understanding and support of the highest echelon of management - akim of the region, city and heads of departments”.

Only one implementing partner did not encounter any problems during the implementation of activities related to FP/GBV.

FINDING 9. The level of achievement of the output indicators reflects the effectiveness of the programme interventions. But the degree of achievement of the outcome introduced in 2022 that related to changing discriminatory social norms is difficult to measure as there is neither sufficient time to adequately assess the degree to which the contribution to the achievements of outcomes is made, nor sufficient methodology and instruments to measure such changes exist. However, some anecdotal evidence and examples of changed social norms as of the UNFPA interventions were observed and recognised by the beneficiaries.

The evaluation confirmed the effectiveness of the programme interventions to a certain extent for now as only two out of eight output indicators were achieved so far, even the rest have a good chance to be achieved (see the status of the output indicators in Table 8). However, there is positive progress observed toward achieving output indicators that reflects the effectiveness of UNFPA CO's interventions in areas such as Advocacy/Policy Dialogue and Advice, Knowledge Management, and Capacity Development. National reports³¹⁰ and reports from other UN partners show positive trends. Some results show changes in understanding among regulatory authorities and health professionals of the role of family planning especially for vulnerable segments of the population. The 5th CP 2021-2025 Results Framework stated three outcomes, two of which related to family planning (Outcome 1) and gender-based violence (Outcome 3). Table 11 presents outcome indicators, targets, and their achievement status after the three and half years of CP implementation.

Table 11. Status of the outcome indicators of the 5th CP, 2021-2025

| CP/ Outcome/ Indicators | Baseline | Target/ Actual result | Remarks as of May 2024 |
|--|--------------|---|---|
| Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated | | | |
| Indicator 1.1: Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern method | 85% (2015) | 87% (2025)/ 76% (2024) ³¹¹ | Not achieved yet |
| Indicator 1.2: Adolescent birth rate | 25 (2018) | 20.6 (2025)/ 19.7 (2022) ³¹² | Achieved |
| Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated | | | |
| Indicator 3.1: Percentage of women aged 15-49 year who believe a husband is justified in beating his wife in various circumstances | 14.2% (2015) | 10% (2025)/ 14.2 (2023) ³¹³ | Not achieved yet The next MICS-7 round is planned for 2024 |
| Indicator 3.2: Proportion of women aged 20-24 years who were married before age 18 | 7.8% (2015) | 5% (2025)/ 7% (2023) ³¹⁴ | Not achieved yet |

The evaluation found that the indicators intending to demonstrate the achievement of the planned outcomes are well defined and measure progress in the reduction in unmet need for family planning and in gender-based violence and harmful practices. Moreover, they are logically built on the output indicators and their achievements. All indicators' targets set to be measured and met in 2025 still give some time to their achievements. However, one indicator was achieved in 2024. Also, it is important to mention that from the perspective of social norms that became into focus only in 2022 after approval of the UNFPA Strategic Plan, 2022-2025, there was very little time (less than a year and half) to make progress in reaching such ambitious targets. However, the achievement of one of four outcome indicators shows the potential in reaching out targets for the rest three indicators if the country context and the Government of Kazakhstan support allow. In addition, it is important to introduce outcome-level indicators that will measure the changes in the social norms related to FP and GBV.

Analysis of **outcome targets' progress** showed the following:

- **Indicator 1.1:** Level of demand for family planning satisfied with modern methods is still high³¹⁵ in Kazakhstan, but compared to a baseline of 85% in 2015, it declined by 10.5% by 2024 (76%). Detailed UNFPA contributions in this area were described above. Also, UNFPA is committed to keeping family planning services on other sides of the political agenda of the MoH to provide recommendations to include family planning services in the premarital medical examination.

- **Indicator 1.2:** In 2022 the adolescent birth rate decreased from 25% to 19.7% in comparison with the baseline period (2018). However, in 2021, there were 428 cases of induced abortion among minors in Kazakhstan, with 15 cases involving adolescents under 14 years of age. The highest numbers of abortions among minors were reported in the Turkestan, Karaganda, Almaty, East Kazakhstan, and Mangistau regions³¹⁶. The UNFPA CO contributed to a certain degree to the adolescent birth rate as of revised in 2022 the Clinical Protocol on promoting safe abortion practices by incorporating the latest recommendations from the World Health Organization to support the establishment of a comprehensive package of sexual and reproductive health information and services, including addressing comprehensive abortion care (CAC). Moreover, many years of UNFPA work with Y-PEER network finally started to show the results (more info below). UNFPA conveyed information to young people, who in turn disseminated it among their peers, thereby changing social norms. In 2021-2023³¹⁷, national Y-PEER trainers provided training to more than 15,000 adolescents and young people on SRH and reproductive rights, HIV and AIDS, prevention of stigma and discrimination, gender equality and prevention of violence against women. To eliminate barriers to accessing FP services, UNFPA supported the development of the Policy Paper on HIV and STI in Kazakhstan and a Strategy for youth organizations based on a regional context analysis.
- **Indicator 3.1:** To decrease share of women aged 15-49 year who believe a husband is justified in beating his wife in various circumstances the CO started implementing series of activities targeting social norms through promoting family planning and the concept of engaging men, development of zero tolerance to violence, and raise legal and financial literacy among young people planning marriage. Those activities include policy work (*Concept note on premarital training for family couples before registering for marriage* were drafted and submitted to the MIC with further piloting in 2024); work with men and boys through improving their knowledge on GE issues, engaging their participation in exhibition and art installation (Nurly Zhol 'Untold') and in 8th Republican Father's Forum; debate tournament among students on GBV and harassment issues; UN events including GBV contests and talks, 16 Days of Activism annual campaign; as well as UNFPA communication and information campaigns.
- **Indicator 3.2:** As of now, proportion of women aged 20-24 years who were married before age 18 has decreased only to 7%, or by 0.8%. To bring necessary changes, UNFPA focused its activity on i) assessing the necessity and effectiveness of education on SRH, gender equality, and non-violence within the "Valeology" curriculum for high school students in Atyrau in collaboration with the Nazarbayev Intellectual School. The study shows that schools are the primary source of information on SRH issues, highlighting the relevance and importance of the "Valeology" course for young people³¹⁸; and ii) updating the biology curriculum in schools with information about types of contraception for Grade 9, and including the topic of expressing one's opinion regarding the issue of gender equality to the standard curriculum for the Grade 10 of general secondary education³¹⁹. Based on the results of the implementation of the Action Plan of the Concept of Family and Gender Policy in the Republic of Kazakhstan until 2030³²⁰ that highlighted that followers of Islam, both men and women, are not sufficiently informed about human rights issues³²¹, UNFPA conducted a series of training sessions to implement paragraph 21 of the Plan, which involved consulting adolescents and youth in schools, colleges, and universities on reproductive health issues and the prevention of unwanted pregnancy. As a result, more than 15,000 young people participated in training sessions and received consultations on reproductive health and rights, gender equality, and safe behaviour.

Evaluation identified a list of the UNFPA best practices and success stories that should be considered in future interventions. Some of **best practices** include:

1. Development of Clinical Protocols:

- **Why:** These protocols provided standardized procedures for healthcare providers, ensuring consistent and effective support for GBV survivors. This practice ensures high-quality care across various settings and can be adapted and replicated in different regions or countries.
- **Potential Impact:** The standardization of care practices has led to consistent support for survivors, improving their overall well-being and ensuring that they receive the necessary care regardless of where they seek help.

2. National Standards and Guidelines:

- **Why:** The development and implementation of national standards and guidelines for GBV response services institutionalize high-quality care practices. This ensures that all GBV survivors receive consistent and effective support across the healthcare system.
- **Potential Impact:** Institutionalizing these standards ensures sustainability and long-term impact, making it a model that can be adapted to other healthcare systems globally.

3. Capacity Building through Enhanced Training Programs:

- **Why:** Extensive training for healthcare providers, social workers, educators, and community leaders ensures that these stakeholders are well-equipped to support GBV survivors and advocate for gender equality. Training on using newly developed clinical protocols, reproductive health education, and GBV prevention is particularly impactful.
- **Potential Impact:** This practice builds a knowledgeable and skilled workforce capable of addressing GBV and promoting gender equality effectively, which is crucial for long-term societal change.

4. Integration of FP/GBV Services into the National Healthcare System:

- *Why:* Integrating FP/GBV services into the national healthcare system ensures comprehensive care for survivors, including medical, psychological, and legal support. This approach leverages existing healthcare infrastructure to provide holistic support.
- *Potential Impact:* This integration facilitates access to a wide range of services for survivors, making it easier for them to get the help they need. It also ensures that reproductive health and GBV care is a standard part of healthcare provision, promoting sustainability.

5. Use of Digital Platforms and Social Media Campaigns:

- *Why:* Utilizing platforms like "Shyn.kz" and social media for awareness campaigns and training extends the reach of these initiatives. Digital tools can engage a broader audience, especially young people, and disseminate information effectively.
- *Potential Impact:* The significant reach and engagement on digital platforms demonstrate the effectiveness of this approach in changing social norms and raising awareness about GBV and reproductive health. It can be easily scaled and adapted to different contexts.

The full list of the identified best practices as well as success stories can be found in Annex 7.

4.5 ANSWER TO THE EVALUATION QUESTION 5

EQ 5 (Effectiveness): To what extent has UNFPA policy advocacy and capacity building support contributed to changes in discriminatory social norms to ensure the reduction in the unmet need for family planning and the reduction of gender-based violence?

SUMMARY OF FINDINGS. UNFPA's policy advocacy and capacity-building efforts have focused on promoting legislative and institutional changes to address discriminatory social norms. While there is an evidence that UNFPA's advocacy efforts have contributed to addressing discriminatory social norms to ensure the reduction in the unmet need for family planning and the reduction of gender-based violence, the extent of this contribution is difficult to measure quantitatively. Changes in social norms and attitudes typically require more time to be fully realized and sufficient instruments to be measured. The anecdotal evidence from training participants, community leaders, and stakeholders suggests positive shifts in attitudes and behaviours towards GBV and gender equality. However, a more comprehensive assessment over a longer time period is needed to fully understand the impact of these efforts. Overall, the findings demonstrate that UNFPA's policy advocacy and capacity-building support have contributed to addressing discriminatory social norms and promoting the reduction in the unmet need for FP and the reduction of GBV. While the full extent of these changes may take time to measure, the ongoing efforts and institutional reforms indicate significant strides towards reducing gender-based violence in Kazakhstan.

For details of the evidence supporting findings in section 4.5, see [Evaluation matrix: Assumptions 5.1 – 5.2 in Annex 1](#).

FINDING 10. UNFPA's policy efforts to advocate for policy reforms, institutional and legislative changes, have addressed discriminatory social norms leading to the reduction in unmet need for family planning and gender-based violence. However, the extent of contribution is difficult to measure as more time is needed as well as methodology and instruments.

Family Planning. The document review shows that UNFPA's policy efforts have significantly contributed to creating an enabling environment, especially during the COVID-19 emergency. These efforts include advocating for policy reforms and institutional and legislative changes to support human rights-based family planning and addressing discriminatory norms. UNFPA has actively engaged partners, including high-level decision-makers and UN agencies to sustain this environment promoting family planning and gender-based violence initiatives. UNFPA's initiatives focused on empowering individuals to actively engage in self-care while upholding their reproductive health and rights, respect, and dignity, regardless of their status and position in society. For instance, the COVID-19 pandemic has led to an increased demand for distance-based courses. In response to this demand, in 2021, the UNFPA CO supported the development of a package of postgraduate distanced-based curricula on quality management of inpatient perinatal care and online training course was conducted for 50 key PHC obstetric-gynecologists and regional coordinators from all regions of Kazakhstan.

Since 2022, the CO has supported several studies and surveys needed to underpin policy and advocacy work in FP and GBV areas by solid evidence and data. UNFPA supported UNCT Kazakhstan in conducting the second phase of the Socio-Economic Impact Assessment (SEIA) to analyze the impact of COVID-19 on the population and vulnerable groups in Kazakhstan. In 2022, the Bureau of National Statistics, with joint support from UNFPA and UN WOMEN, conducted

data collection for the *Violence against Women and Girls* national survey, which covered 16,000 respondents. Furthermore, in 2022-2023, UNFPA and UN Women supported the BNS in analyzing the data collected during the *Women's Safety and their Life Experiences* national survey. UNFPA also helped develop the VAW data dissemination and communication plan. In 2023 UNFPA with UNICEF provided technical assistance in selecting proper indicators related to maternal health, family planning, and attitudes towards domestic violence. UNFPA also contributed to the discussion of MICS questionnaires on Contraception and Unmet need and provided clarification of indicators and interview methodology on these issues during the pre-test training and PAPI test on 100 households.

In 2023, UNFPA supported the development of a Policy Paper on sexual and reproductive health care and response to gender-based violence in humanitarian emergencies and organized a round table meeting under the chairmanship of a Senator of the Parliament of Kazakhstan and under the auspices of the *National Commission on Women and Family and Demographic Policy under the President of Kazakhstan* involving ministries of health, emergencies, national economy, sub-national health authorities, and civil society organization. As a result, health providers and professionals of the National Centre on Obstetrics, Gynecology, and Perinatology received training on the MISP preparedness. It was noted³²² that more agencies, particularly WHO, need to be involved in advocating for and promoting the integration of the MISP into government emergency plans. The UNFPA policy and advocacy efforts resulted in increased contraception coverage in Kazakhstan by 1.9% (32.9%) in 2022 compared to 2020³²³; updating of the standard educational programs for medical and pharmaceutical specialties³²⁴ with practical skills, manipulations, and procedures related to FP and contraception counselling for specialties in Medicine and Pediatrics (2023); approval of new professional standards for healthcare sector³²⁵ in 2024 by adding requirements to i) knowledge of principles of organizing the work of a family planning office, contraceptive methods for GP; principles of family planning and contraceptive methods for *family medicine doctor, advanced practice nurse(s), local doctor and (or) GP; and ii) skill in providing advice on family planning and contraception, selecting emergency contraception, prescribing post-exposure prophylaxis for HIV and STIs, as well as tetanus vaccine prophylaxis for survivors of GBV.*

Gender-based Violence. UNFPA has been instrumental in developing national standards and guidelines for GBV response services. These standards aim to institutionalize best practices and ensure consistent, high-quality care across different regions and sectors^{326 327}. However, this is an ongoing work and the Standard Operational Procedures on Multisectoral Response (MSR) to GBV developed for Central Asia³²⁸ has yet to be endorsed nationally. Additionally, UNFPA's mandate does not extend to power sectors such as law enforcement, which are covered by other UN partners like UNDP and UNODC. UNFPA's advocacy efforts have included pushing for stronger legal protections for GBV survivors. This has involved supporting the development of new laws and amendments to existing laws to enhance protection and support for survivors.^{329 330} The extensive training programmes for healthcare providers, social workers, educators, and law enforcement officials have been implemented to enhance their capacity to support GBV survivors effectively^{331 332} and collaboration with government agencies has been key in driving changes. The latter have aimed to align national laws with international human rights standards and best practices in GBV response³³³. Despite significant efforts to advocate for policy reforms and institutional changes, the extent of their contribution to reducing GBV is difficult to measure within a short time frame. Changing deeply ingrained social norms is a complex and long-term process. While policy efforts are crucial, their impact on social norms and behaviours related to GBV may take several years to become fully evident.

The KIs provided specific insights into the effect of UNFPA's policy efforts on reducing GBV. Government and policy collaboration³³⁴, legal and institutional changes³³⁵³³⁶, and community engagement³³⁷ were highlighted as critical components of these efforts. While significant progress has been made in advocating for policy reforms and institutional changes, measuring their effect on reducing GBV is challenging³³⁸ and requires a longer time frame and special measurement instruments. Continuous monitoring, evaluation, and community involvement are essential for understanding the long-term effects of these policy efforts³³⁹.

FINDING 11. UNFPA's capacity-building efforts have led to positive shifts in knowledge, attitudes, behaviours, and practices addressing discriminatory social norms related to family planning and gender-based violence prevention and response. However, more time is needed to observe the extent of these changes as well as methodology and instruments for measuring the extent of such changes.

Social norms are broadly understood, as “commonly accepted attitudes, behaviours and values”³⁴⁰. The UNFPA SP 2022-2025 pointed out the importance of ‘*strengthening mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making*’. Building capacities at individual, community and national levels to address root causes of structural inequalities, empowering women, adolescents and youth and those left furthest behind; and promoting positive health-seeking behaviours and positive gender and social norms, are important to contribute to accelerating progress towards achieving the three transformative results.

Family Planning. Document review shows that UNFPA's implementing interventions were aimed at building and strengthening the capacities of the CO key partners and stakeholders, including government, health professionals, and civil society actors. The CO's work with the government and state agencies of all levels concentrated on providing technical support for designing protocols on modern contraceptive methods and medical abortion aligned with the latest WHO recommendation. This included preparing a Practical Manual for primary healthcare providers on family planning and modern contraceptives and a Manual for health professionals offering reproductive health services to key populations and PLHIV. In collaboration with the Kazakh National Center for Dermatology and Communicable Diseases, UNFPA developed training and methodological materials for Youth Health Centers and prepared a Policy Paper on HIV and STI in Kazakhstan. UNFPA also advocated for the integration of standardized Youth Friendly Health services into the healthcare system, ensuring sustainable financial resources from the National Social Health Insurance and increasing the number of YFH service providers. Recent data³⁴¹ shows that Kazakhstan now has 141 Youth Health Centers offering comprehensive medical and psychosocial services to adolescents and young people in all 17 regions and three cities.

In 2021, the UNFPA CO developed a series of training courses focused on access to SRHR (including FP) and capacity strengthening of health workers; targeted interventions for marginalized groups through participatory processes aiming to change discriminatory gender and social norms. The CO introduced changes to the curricula of undergraduate and postgraduate education and facilitated pilot distance-based training via SRH.ORG.KZ for 85 medical doctors from 17 regions. During 2022-2023, the UNFPA CO focused on implementing activities aimed at changing social norms to ensure access to comprehensive SRH services under the Leaving No One Behind (LNOB) initiative. With the NGOs' support, UNFPA has facilitated educational and outreach activities at the regional level of Kazakhstan to increase the use of contraceptives and create demand for family planning. Partnering with women-led or community-based organizations the CO conducted a series of training at a regional level for 45 coordinators of confidential audit of maternal mortality and moderators of audit of critical obstetric cases of obstetric organizations; enhancing the skills of academia in preparation students for family life and reproductive health in Turkestan and Kyzylorda³⁴². Additionally, UNFPA's IP, Focus on People trained 35 medical universities' faculty and national experts in Almaty on organizing and delivering youth-friendly health services, as well as another 35 individuals in the Abay, Semey, and Pavlodar regions. Coordinators and social workers from the CSO *Mother's House* were trained on a course with an enhanced SRHR component in Astana by the Kazakhstan Association on Sexual and Reproductive Health (KMPA). Furthermore, UNFPA supported its IP WEF Orkendeu in strengthening the capacity of local government bodies and civil society organizations to prevent and respond to GBV, with a focus on the needs of people with disabilities. This included training 20 teachers from Astana on Valeology course, and 50 Y-PEER trainers in Shymkent on topics related to FP/GBV and discriminatory gender and social norms that affect access to SRHR. Notably, through a partnership with the Fathers Union, the CO gained access to MSM in Western Kazakhstan which had previously been inaccessible.

The KIIs provided several examples of results of changes in social norms achieved with UNFPA support. One KII³⁴³ noted that UNFPA trainings were adapted to local context and conducted in an easily understandable language, successfully generating public interest. KII³⁴⁴ appreciated the role of UNFPA in maintaining an open and fair partnership, resulting in shifting the understanding and perception of FP among public servants. Another KII³⁴⁵ confirmed that people with intellectual disabilities now have access to easy-to-read materials on reproductive health and rights, family planning, and prevention of unintended pregnancies and HIV and STIs, thanks to UNFPA's efforts. Another KII³⁴⁶ noted that civil society organizations, empowered by UNFPA's support, began engaging with regulatory authorities, using international experience as examples. After four years of consistent advocacy, this led to policymakers gaining a better understanding of the importance of the FP. One KII³⁴⁷ also mentioned that as a result of UNFPA's support the regional health department now actively involves NGOs in providing services to the KP, particularly those in the LNOB category. Y-PEER volunteers were reported to have worked with families of children with disabilities or special needs in the Eastern Kazakhstan. Moreover, another KII³⁴⁸ reported that UNFPA materials were used to include sections on gender equality and reproductive health in language course curricula. The importance of the UNFPA's assistance in providing access to up-to-date knowledge was also emphasized, as current university curricula do not always reflect modern needs and realities. KIIs recognized the positive impact of FP and modern contraception training among students by noting a marked improvement in their behavior. Several KIIs³⁴⁹ observed that youth participants of Y-PEER training began to influence their peers, expanding their worldview enhancing and developing leadership qualities. This empowerment has motivated them to further improve their knowledge professionally. Parents also expressed relief knowing that their children are informed about SRH issues, providing some protection from the negative consequences of ignorance in this area.

Gender-based Violence. UNFPA has enhanced the capacity of healthcare providers by training them on clinical protocols for GBV care, thereby improving their skills and promoting gender-sensitive practices^{350,351}. Healthcare providers and educators reported changes in their approach to GBV survivors and reproductive health education, suggesting improved practices and supportive behaviors³⁵². Training programs for educators and social workers focus on life-skills-based education and GBV prevention, aiming to change attitudes and behaviors and promote gender equality³⁵³. Participants of training programs reported increased awareness and understanding of GBV and family planning issues, indicating positive shifts in knowledge and attitudes.³⁵⁴ UNFPA, in partnership with UNDP, has trained law

enforcement officials to improve their GBV response, emphasizing survivor-centered approaches and effective, sensitive handling of cases^{355 356}. Capacity-building efforts include engaging community leaders in GBV prevention and response to change discriminatory norms and promote gender equality.³⁵⁷ UNFPA's community-based awareness campaigns educate the public about GBV and promote behavioral change, shifting community attitudes and practices.³⁵⁸ The establishment of YHCs engages young people in GBV prevention and reproductive health education, offering programs that promote healthy behaviors and challenge harmful social norms.³⁵⁹

The KIIs reported the following positive effects of UNFPA's efforts. The Ordabasy raion in Turkestan Oblast has shown exceptional progress in targeted interventions, community planning, and proactive prevention measures maintaining a record of no violence for 2.5 years.³⁶⁰ The Komek Centre, working with GBV abusers has provided comprehensive rehab services to more than 400 clients. As a result, many have overcome substance dependencies and were able to reintegrate with their families, fostering restored relationships and stronger community ties.³⁶¹ Participants of training programs for religious leaders and social support providers reported positive shifts in their attitudes towards GBV survivors and gender equality, indicating changes in knowledge and practices.³⁶²

Community leaders and religious figures provided anecdotal evidence of improved community attitudes towards GBV and gender equality, suggesting a broader social impact³⁶³³⁶⁴. Journalists, media specialists and gender activists reported positive shifts in their approach to covering GBV cases, suggesting changes in media practices and public awareness. Reportedly, there have been some improvements in the knowledge, attitudes, and practices, but measuring these changes takes time, and seeing the long-term impact of reducing GBV and changing discriminatory norms will take years³⁶⁵. Training approximately 10,000 Y-PEER volunteers annually during 2021-2023, in SRHR, gender equality, and GBV prevention empowered them to advocate for gender equality and challenge harmful social norms in their communities. There is anecdotal evidence that volunteers increased advocacy and supportive behaviors towards gender equality and GBV prevention, indicating positive shifts in attitudes and practices among young people³⁶⁶.

As presented in Finding 8, IP online survey participants agreed that more time instruments are needed to measure the contribution of policy advocacy/capacity-building efforts to changes in discriminatory norms to ensure the reduction in the unmet need for family planning and gender-based violence.

4.6 ANSWER TO THE EVALUATION QUESTION 6

EQ 6 (Sustainability): To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

SUMMARY OF FINDINGS. UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects to a great extent. UNFPA has effectively employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives. The UNFPA prioritized the national implementation modality for the implementation of the 5th CP through the involvement of a wide range of stakeholders, including government agencies, NGOs, community leaders, healthcare providers, educators, and beneficiaries in consultations, and workgroup meetings about the design and implementation of the capacity-building initiatives. By employing such an approach, UNFPA has fostered a sense of ownership and commitment to sustaining the effects of its interventions beyond the duration of the program. Moreover, UNFPA has effectively worked with the implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream the interventions within existing systems, policies, and programs at the national and local levels. The implementing partners noted that their partnerships with the CO allowed them to address complex social issues and learn how to work with key populations and noted the respectful attitude and full-fledged partnership, starting from developing draft materials and analysing the current situation to pilot testing and developing recommendations. Such cooperation allows local partners to increase their capacities for independent work in the future to sustain the effects of interventions beyond the duration of the programme to a great extent (4.3 out of 5).

For details of the evidence supporting findings in section 4.6, see [Evaluation matrix](#): Assumptions 6.1 – 6.3 in Annex I.

FINDING 12. UNFPA has employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives, thereby fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme to a great extent.

UNFPA has effectively employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives. UNFPA prioritized the national implementation modality for the implementation of the 5th CP. The CO selected implementing partners based on their expertise and comparative advantage. These partners, along with a wide range of stakeholders, including government agencies, NGOs, community leaders, healthcare providers, educators, and beneficiaries, IPs were involved in consultations, workgroup meetings about the design and implementation of the capacity-building initiatives. This inclusive approach has fostered a sense of ownership and commitment to sustaining the effects of its interventions beyond the duration of the program. The collaborative efforts in developing and implementing interventions have ensured that these programs are contextually relevant and widely supported, promoting their sustainability. Training programs and community-led initiatives have empowered women, adolescents, and youth to advocate for their rights and participate actively in decision-making processes, contributing to the long-term durability of the effects of these interventions. For example, the Spotlight Initiative, in which UNFPA was involved, demonstrated the effectiveness of participatory and empowerment-based approaches in addressing GBV and promoting gender equality. The program's collaborative efforts and focus on empowering women and girls have contributed to sustainable changes in discriminatory social norms and practices.

The KII³⁶⁷ appreciated the respectful attitude and full-fledged partnership with UNFPA, starting from developing draft materials and analysing the current situation to pilot testing and developing recommendations. This cooperation has enabled local partners to increase their capacities for independent work in the future. Another KII³⁶⁸ noted the effectiveness of UNFPA in preparing educational materials on family planning in madrassas. To develop educational materials for madrassas, UNFPA staff involved a multidisciplinary team of doctors, theologians, economists, psychologists, NGOs, and government organizations. This multidisciplinary approach allowed them to systematically address the issue of providing sensitive information in an appropriate manner. As a result, female mosque visitors have become more interested in education, and there is now a demand to launch educational courses in mosques, not just in colleges and madrassas. The mosque became a place where adults and teenagers alike can receive support and socialize. Moreover, UNFPA supported training programs for the healthcare system after thorough consultation with government and medical institutions, taking into account existing limitations³⁶⁹. Previously, doctors treated patients who had experienced gender-based violence in the same manner as other patients, often resulting in inadequate assistance and consultation. With the implementation of UNFPA initiatives into educational processes, it is expected that future medical care and consultation for such patients will reach the appropriate standard..

Also, the cooperation with different stakeholders has allowed UNFPA and their implementing partners³⁷⁰ to use studies, and research to design and implement their programmes effectively. For example, UNFPA has not carried out behavioral studies since 2018 and studies of Knowledge, Attitudes, Practices and Behaviors (KAPB) helped in identifying the prevalence and patterns of gender-based violence within communities. They provided insights into how GBV is perceived, the factors that perpetuate it, and the effectiveness of existing interventions. Those studies also explore the societal attitudes and beliefs that contribute to stigma and discrimination against vulnerable populations, and assess prevailing social norms, including those that are discriminatory. They help identify norms that justify violence or inequality, thereby providing a basis for interventions aimed at changing harmful norms.

Implementing partners confirmed³⁷¹ that UNFPA has employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives, thereby fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme to a great extent (4.3 out of 5).

Overall, the findings demonstrate that UNFPA's capacity-building efforts have led to positive shifts in knowledge, attitudes, behaviors, and practices. However, more time is needed to observe the full extent of these changes and their effect on reducing gender-based violence in Kazakhstan.

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| <p>FINDING 13. UNFPA has worked collaboratively with the implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within the existing systems, policies, and programmes at the national and local levels.</p> |
|---|

UNFPA has effectively worked with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programs at the national and local levels. During 2021-2023, UNFPA actively engaged implementing partners, rights holders and stakeholders in the implementation of the **family planning** actions. At the national level, UNFPA focused on developing regulation in close collaboration with regulatory bodies, while at the local level, the CO work has been carried out to apply an intersectoral approach to solving social problems such as the fight against gender inequality and violence, training and supporting the formation of youth communities in the regions through supporting the initiatives of local Y-PEER coordinators. In addition to the support of regulatory documents, strategic plans, and manuals mentioned above, in 2022 together with youth resource

centres UNFPA supported the amendment of the mandate of local health authorities in regions and cities with a description of how the implementation, outreach and advisory work with young people on issues of reproductive health and family planning and the dangers of gambling addiction should be conducted³⁷². The related legislative requirement on measures to support youth volunteer activities was included into Article 17 of the Law of the Republic of Kazakhstan “On Volunteer Activities.”

UNFPA's commitment to institutionalizing interventions is evident in the development of clinical protocols, national standards, and guidelines for **GBV** care as well as the integration of GBV services into the national healthcare system. Specifically, the following interventions were institutionalized and mainstreamed with UNFPA support:

³⁷³³⁷⁴.

1. **Development and Integration of Clinical Protocols:** UNFPA collaborated with national health authorities to develop and implement clinical protocols for GBV care. These protocols were integrated into the national healthcare system, ensuring standardized and sustainable care practices.
2. **Sustainable Training Programs:** Training sessions for healthcare providers, educators, and community leaders were designed to be sustainable by integrating them into existing professional development frameworks and institutional policies.
3. **National Standards and Guidelines:** Through collaborative efforts with government agencies, UNFPA helped develop and implement national standards and guidelines for GBV response services, ensuring these were institutionalized within the national healthcare system.
4. **GBV Services Integration:** UNFPA successfully integrated GBV services into the national healthcare system by working closely with government agencies and healthcare providers. This integration ensured that GBV services were institutionalized and accessible within existing healthcare structures.
5. **Capacity Building for Policymakers:** Training programs for healthcare providers, social workers, and community leaders were designed to integrate GBV prevention and family planning services into national and local policies, making them sustainable by embedding these programs into existing institutional training frameworks.

One of the KIIs³⁷⁵ noted the importance of UNFPA's contribution to strengthening the YHC. Availability of premises, equipment, visual materials for visitors, trained specialists, and laboratories became possible as of access to financing through the compulsory health insurance system – and achievement resulting from UNFPA's long-term advocacy efforts of regulatory authorities. Now children, unemployed, pregnant women, persons caring for a child with a disability, persons with disabilities, and students are insured by the state³⁷⁶ and can receive services at the YHC. However, in Kazakhstan only accredited organizations have the right to provide formal education, and UNFPA is not an accredited entity. To overcome this challenge, UNFPA took a comprehensive approach by collaborating with the National Educational and Methodological Council and integrating the developed modules on family planning and contraception into the educational processes of all medical universities in the country. Now, in addition to a structured educational approach based on professional and educational standards, UNFPA, together with implementing partners, has introduced a response to GBV into professional standards mandated by the national legislation.

The KIIs noted³⁷⁷ that their partnerships with the CO work in full and partners grow together are essential for addressing complex social issues such as stigma and discrimination, especially among key populations. For UNFPA and its partners to grow together and make a significant impact, it's crucial to develop strategies that foster collaboration, mutual learning, and comprehensive support. Moreover, IPs have learned to work with key populations that often face unique challenges and vulnerabilities. In addition, through collaboration with the CO, stakeholders know how to cover issues of stigma and discrimination that are significant barriers to accessing healthcare, education, and social services. These barriers exacerbate social exclusion and negatively impact the well-being of individuals and communities. Moreover, one of the key informant³⁷⁸ noted *“To effectively address social norms and gender-based violence, UNFPA documents need to be tailored to the needs of practitioners. This involves reducing the use of abbreviations, simplifying language, and improving document structure to make them more accessible and actionable. By implementing these strategies, UNFPA can ensure that its documents are more accessible and useful for practitioners working on social norms and GBV, ultimately enhancing the effectiveness of interventions and support provided”*.

Online survey participants confirmed³⁷⁹ that UNFPA has worked collaboratively with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels (4,5 out of 5).

Overall, the findings demonstrate that UNFPA's efforts have successfully institutionalized and mainstreamed FP and GBV prevention and response interventions within existing systems, policies, and programs. These collaborative efforts have ensured the sustainability and durability of the effects of the UNFPA CO interventions in Kazakhstan.

FINDING 14. UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing and institutionalizing mechanisms to ensure the durability of effects.

UNFPA has played a crucial role in supporting implementing partners and rights-holders, particularly women, adolescents, and youth, in developing capacities by providing training materials, organizing summer schools and training of trainers, and removing barriers at the local level to the implementation of volunteer work. These efforts have been instrumental in establishing and institutionalizing mechanisms to ensure the sustainability of these interventions. UNFPA provided direct support to civil initiatives and to the development of normative legal acts, and strategic documents, aiming at strengthening implementing partners' initiatives and institutionalizing them to ensure lasting effects beyond the program's duration. UNFPA continued supporting the Y-PEER volunteer movement reinforcing it with educational resources, summer schools, and Training of Trainers (TOT) programs while removing local barriers to volunteer work. The implementation of actions to reduce gender-based violence with the involvement of multisectoral stakeholders made it possible to attract members of the National Commission for Women's Affairs and the Association of Businesswomen in the regions, creating mechanisms for resolving daily issues by active citizens who are trained in the basics of gender equality, reproductive health, and family planning. Members of those institutions were often the leaders of local NGOs and UNFPA implementing partners involved in providing advisory and sponsorship assistance to active youth and women in increasing their potential and socialization.

In addition to direct support for civil initiatives and regulatory documentation, UNFPA contributed to the preparation of significant acts regulating the health of girls, adolescents, and women. These include:

1. **Roadmap for Improving Pediatric Gynecology in Kazakhstan (2022-2026):** This plan includes advanced training courses for retraining pediatric gynecologists to use the latest technologies, developing guidelines for preventive examinations and physical development assessments for girls, and enhancing gynecological care organization. It also involves public awareness-raising on reproductive health, with UNFPA's participation.
2. **Plan for HPV Vaccination (2023-2025):** UNFPA will participate in activities aimed at raising awareness among healthcare workers, educators, and the population on HPV vaccination for 11-year-old girls in Kazakhstan³⁸⁰.

In February 2024, the Ministry of Culture noted the UNFPA contribution to the implementation of the pilot project in Astana and Shymkent cities that strengthened the capacity of the 68 family support centres (FSCs) operated in those regions to provide comprehensive assistance (psychological, social, and legal employing a "one-stop" model), free premarital counseling to families and training for citizens applying for marriage registration including issues related to family planning and family psychology, reproductive health, family budget planning, and other important issues. Since the beginning of 2024, FSCs have provided more than 100,000 consultations³⁸¹.

The KII³⁸² shared their experience of working with young people when informing them about reproductive health in collaboration with the YHC. Before posting material on a social network, they first conduct focus groups and then, based on their experience of communicating with young people, develop more acceptable approaches to presenting information. Since there are shadow bans for specific words on the network, YHC employees use various replacement terms. Regarding access to schools, Nazarbayev Intellectual Schools was mentioned³⁸³ as a more open organization ready for active cooperation with UNFPA. Other schools avoid cooperation because it is not enshrined at the legislative level. Some KIIs^{384,385,386} noted the uniqueness of the Y-PEER regional program in Turkestan involving women entrepreneurs, youth, representatives of the local community, and experts from different sectors to joint discussions of local problems. UNFPA's implementing partners' capacity to engage local leaders from various sectors and conduct such events was strengthened during the TOTs, training, summer schools and other events supported by the CO.

Examples provided by the KIIs³⁸⁷ illustrate the impact of empowering NGOs to change social norms and ensure access to comprehensive SRH services for marginalized communities. The key to the successful implementation of the UNFPA activities at the regional level was the strengthened capacity of local NGOs and interventions that were adopted to local conditions, especially in regions with conservative mentality and language barriers. An example of successful outreach is the emergence of interest among representatives of marginalized groups, including unemployed youth, who became leaders in their communities and advocated for nonviolence and respect for women³⁸⁸.

UNFPA's support ensures the sustainability of interventions through a long-term and systematic multisectoral capacity-building approach. This includes training activities involving different stakeholders such as representatives of the prosecutor's office, local police service, educational/health and social care institutions, and local government (akimat) employees. These training activities have led to behavior changes among participants. For example, one man initially denied the need for women's participation in decision-making, and became active promoters of gender equality and women's rights after attending a training session. UNFPA support to development of the implementing partners and rights-holders capacities encountered face-to-face discussions with key stakeholders on pressing issues that

demonstrated significant results. One notable example is the Republican forum of Fathers “*Education of the next generation is the future of the nation*”³⁸⁹ conducted jointly by the Union of Fathers and UNFPA. Direct discussions with regulatory authorities, allowed policymakers to better understand the importance of celebrating Father’s Day at the national level and promoting the fathers involvement in child-rearing and educational activities, and strengthening the role of fatherhood after four years of consistent advocacy.

The statement that UNFPA has been able to support implementing partners and rights-holders in developing capacities, establishing and institutionalizing mechanisms to ensure the durability of effects to a great extent (4.7 out of 5) was confirmed by the implementing partners³⁹⁰.

4.7 ANSWER TO THE EVALUATION QUESTION 7

EQ 7 (Sustainability): To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

SUMMARY OF FINDINGS. The evaluation showed that the partnerships established with the ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies to a great extent. The CO engaged in meaningful dialogue, collaboration, and consultation with the national stakeholders to ensure that the interventions are aligned with the national priorities, strategies, and frameworks, and reflect the needs of target populations. The CO staff and experts directly participate in consultative and advisory bodies, which are established at the level of the Parliament and ministries to support FP and GBV efforts. UNFPA collaborated with and supported the Government of Kazakhstan in developing documents addressing issues related to reproductive health, family planning, gender-based violence, and demographics in Kazakhstan. UNFPA leverages its partnerships to enhance the reach and power of its interventions. Its comparative advantages, including the mandated expertise, have been effectively utilized in partnerships with the national stakeholders. These strengths have not only enhanced the impact of FP/GBV interventions but have also promoted national ownership and sustainability. UNFPA’s comparative advantage and recognition among authorities have been pivotal in the endorsement and implementation of policy changes. The collaborative nature of UNFPA’s approach, involving multiple stakeholders, has ensured that interventions are contextually relevant and widely supported. This has contributed to their long-term success and sustainability. However, some challenges concerning shifts in government personnel and the increased segmentation of society and the formation of new population strata were identified.

For details of the evidence supporting findings in section 4.7, see [Evaluation matrix](#): Assumptions 7.1 – 7.3 in Annex I.

FINDINGS 15. UNFPA has engaged in a meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations. By promoting national ownership, UNFPA seeks to foster sustainability of its supported interventions in changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence to a great extent.

Family Planning. The document review shows that UNFPA engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations. For constructive dialogue and consultation at the national level in the areas related to the UNFPA CP, the CO staff and experts directly participate in consultative and advisory bodies, which are established at the level of the Parliament and ministries to support FP and GBV efforts:

1. In 2021, UNFPA supported the MoH in the development and launch of distance learning for health personnel and, upon MoH’s request, in the development of a National Strategy (and an Action Plan) on strengthening Mother and Child Health services in Kazakhstan by 2025, based on the WHO COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021³⁹¹. This draft Strategy contributed to the development of the new *Healthy Nation* National Project for 2021-2025.
2. In 2022, UNFPA became a member of the Country Coordination Committee for international organizations working on HIV and tuberculosis³⁹².
3. In 2023, UNFPA staff became members of several key groups: the Working Group on Improving the Activities of Family Support Centers³⁹³, the Interdepartmental Working Group on Developing a Roadmap for the Prevention of suicidal behaviour in Kazakhstan³⁹⁴, and the Expert Group on Improving the compulsory social health insurance system for 2023-2024³⁹⁵.

4. In 2023, the Joint Commission on the Quality of Medical Services of the MoH approved the Clinical Protocol for Diagnosis and Treatment on Family Planning and Modern Methods of Contraception³⁹⁶, developed with the support of UNFPA. This will enable medical organizations to offer appropriate services.
5. 2022 -2024: UNFPA representatives joined the Project Management Committee of the Linked Grant “Assistance to Kazakhstan in the implementation of the Concept of Family and Gender Policy, focussing on gender equality, women and girls empowerment and addressing the impact of COVID-19 pandemic³⁹⁷”.
6. As per Voluntary National Survey of the Republic of Kazakhstan 2022, the National Bureau of Statistics, with the support of UN Women and UNFPA, is currently conducting a national survey on the prevalence of violence against women and girls. Kazakhstan is the only country in Central Asia that conducts this type of survey³⁹⁸.

Also, the UNFPA collaborated and supported the development of the documents addressing issues related to reproductive health, family planning, and demographics in Kazakhstan mentioned above whose owners are the government bodies that approve them, thereby giving them legitimacy for use in practice.

Gender-based Violence. UNFPA leverages its partnerships to enhance the reach and power of its interventions. Its comparative advantages, including the mandated expertise, have been effectively utilized in partnerships with national stakeholders enhancing the impact of GBV interventions but have also promoted national ownership and sustainability.³⁹⁹ UNFPA has supported the development and implementation of national policies and action plans aimed at reducing GBV. By aligning its interventions with these policies, UNFPA promotes a cohesive and integrated approach to tackling GBV.⁴⁰⁰ Its interventions are designed to complement and support existing national strategies and frameworks related to gender equality and GBV prevention.⁴⁰¹

UNFPA has actively engaged in dialogue and collaboration with national stakeholders, including government agencies, civil society organizations, and community leaders. This engagement ensures that interventions are aligned with national priorities and reflect the specific needs of target populations⁴⁰². Regular consultations with stakeholders have been conducted to gather input and feedback on GBV-related interventions enabling programs to be contextually relevant and responsive to the diverse needs of populations and groups.⁴⁰³

UNFPA's capacity-building initiatives aim at strengthening the ability of national and local stakeholders to implement and sustain GBV interventions. This includes training programs for healthcare providers, social workers, and law enforcement officials^{404,405}. Efforts to institutionalize GBV response services within the national healthcare system promote sustainability by embedding these services into existing structures, supported by national resources and policies.⁴⁰⁶ UNFPA's long-term commitment to engaging with national stakeholders fosters a sense of ownership and responsibility among local partners. This commitment is essential for the sustainability of GBV interventions and for ensuring that they continue to be prioritized and supported in the long run.^{407 408} Involving community members and leaders (see the box) in the design and implementation of GBV interventions helps ensure that these programs are culturally appropriate and widely accepted, further promoting their sustainability.^{409 410}

Community leaders involved represent:

- Amanat (ruling party)
- Ardagers (local elite)
- Youth (motivated)
- Elderly (of clans)
- Destructive youth (local outcasts retained humane attitudes)
- In-laws

(from KII in the Pilot Turkestan Oblast)

The KIIs^{411,412} confirmed that partnership with UNFPA helped strengthen programmes and policies at the national level and provided the following among many results: piloting a project on GBV in rural areas attracted the attention of the local authorities, and currently, the activities continue with the support of the regional Akimat; UNFPA CO staff are invited to the Senate project office to discuss the progress on SDGs. KIIs⁴¹³ noted that the UNFPA productive dialogue and collaboration resulted in the allocation of 2.2 billion Kazakh Tenge (US\$4.7 mln) to the Social Health Insurance Fund in 2022, allowing contracting over 100 providers of youth-friendly health services. Primary health care specialists carry out outreach and preventive work through various channels including health offices, schools, youth health centers, during home visits, as well as via information communication channels such as radio, television, social networks. Also, the implementation of the Concept of Family and Gender Policy Action Plan for 2022⁴¹⁴ shows that the YHCs became an independent healthcare organization or a structural unit of a healthcare organization providing outpatient care, and in general, 191 YHCs operate in the country, including 67 centers in rural areas. The number of adolescents and young people contacted by YHC increased in 2.5 times between 2021 and 2022, resulting in 728,628 individuals⁴¹⁵ (see Finding 2.)

Also, the KIIs highlighted that UNFPA has effectively engaged with national stakeholders to align interventions with national priorities, build local capacity, and foster national ownership of GBV interventions. UNFPA supported people with disabilities by translating relevant materials to adapt to their needs (e.g., sight, hearing, learning disabilities). Empowerment initiatives for people with disabilities have led to increased autonomy in personal decisions and educational opportunities. This shift towards self-sustainability and entrepreneurship marks a significant change in the

lives of people with disabilities.⁴¹⁶ They trained social workers to recognize signs of violence against people with disabilities, ensuring that GBV interventions are inclusive and contextually relevant.⁴¹⁷

UNFPA's collaboration on developing regulatory frameworks, clinical guidelines, and monitoring mechanisms for key populations at risk of STIs and HIV has led to significant advancements. These include the development of guidelines, reduction of stigma and discrimination, and incorporation of children's needs in clinical protocols. Finally, the UNFPA's reach has extended to previously underserved areas of Zhezkazgan, Semey, Taldy-Korgan, and Uralsk. This expansion highlights the effectiveness of UNFPA's partnerships in expanding the scope of FP and GBV interventions and promoting national ownership of these critical efforts.⁴¹⁸

The CO implementing partners⁴¹⁹ confirmed that UNFPA has engaged them and other stakeholders in meaningful dialogue, collaboration, and consultation to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations to a great extent (4.7 out of 5).

However, some challenges with institutional memory remain, e.g. established contacts and initiated activities could be canceled due to the shift of government personnel, including policymakers. At the same time, it was noted⁴²⁰ that there is increased segmentation of society observed recently as of migration, access to media, and the prevalence of social networks influencing rapid changes of views and opinion leaders. It promotes the forming of new population strata and requires an understanding of ways to interact with them.

FINDING 16. UNFPA has made use of its comparative strengths to establish partnerships with the ministries, agencies and other representatives of the partner government to a great extent by safeguarding and promoting the national ownership of supported interventions, programmes and policies.

UNFPA has forged effective partnerships with various national ministries and agencies, such as the Ministry of Health, the Ministry of Education and Science, and the Ministry of Labor and Social Protection. These partnerships have been instrumental in integrating UNFPA-supported interventions into national frameworks and policies. Leveraging its recognized expertise in sexual and reproductive health, its global advocacy for reproductive rights, and its ability to convene and coordinate multiple stakeholders have been crucial in establishing these partnerships. This has facilitated the integration of family planning services and gender-based violence prevention measures into national health systems, ensuring their sustainability⁴²¹.

By engaging in meaningful dialogue and collaboration with national stakeholders, UNFPA has promoted national ownership of supported interventions. This approach has led to the development and implementation of national standards and guidelines for FP and GBV services, ensuring their institutionalization within the healthcare system⁴²². Extensive training programs for healthcare providers, policymakers, and community leaders have been pivotal in enhancing the capacity of national and local stakeholders to implement and sustain these services, thereby promoting long-term ownership and commitment.^{423,424} UNFPA's efforts have also included empowering local leaders and community members through training sessions, and fostering a sense of ownership at the community level. This has been critical for the sustainability of FP-related and GBV prevention and response initiatives.⁴²⁵ The collaborative nature of UNFPA's approach, which involves government agencies, local NGOs, community-based organizations, and other partners, has ensured that interventions are contextually relevant and widely supported contributing to their long-term success.⁴²⁶ The integration of FP and GBV services into national policies has been supported by continuous advocacy and policy dialogue. UNFPA has worked closely with national stakeholders to align these interventions with national priorities, ensuring their sustainability and effectiveness.⁴²⁷

UNFPA's comparative advantage and recognition among authorities have been pivotal in the endorsement and implementation of clinical protocols, showing the importance of continued partnership and investment in these critical areas.⁴²⁸ Comprehensive training was provided to specialists involved in handling GBV cases before implementing joint response algorithms and monitoring protocols. The training emphasized trauma-informed care and legal accountability, ensuring that all parties were adequately equipped with the necessary skills and knowledge⁴²⁹. Furthermore, UNFPA's collaboration with Youth Health Centers has significantly improved access to information and education for youth offering training and educational programs that promote healthy behaviors and challenge harmful social norms among adolescents. Digital platforms like TikTok and Instagram were utilized to reach a wider audience, demonstrating the effectiveness of modern educational tools in engaging young individuals^{430,431}. Due to proactive measures, no cases of violence were reported for 2.5 years in the Ordabasy raion of Turkestan thanks to a comprehensive approach that includes public awareness, engagement with councils, judicial support, family-centered services, and addressing harmful practices like early marriages.^{432,433}

The KIIs also highlighted how UNFPA's comparative strengths^{434,435} were leveraged to achieve the planned intervention goals. For instance, UNFPA developed a project focusing on reproductive health, emergency assistance, and counselling

to women, with methodological recommendations and standards on contraception now being integrated into regulations.⁴³⁶ UNFPA CO experts played a crucial role in assisting the Government of Kazakhstan in preparing a commitment on SRHR towards achieving the *Programme of Action of the International Conference on Population and Development* during the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up, where the Government of Kazakhstan announced commitments to finance youth-friendly reproductive health services through the compulsory social health insurance; to reduce the age at which adolescents can obtain medical services without parental consent from 18 to 16, except for abortions; and promote “zero tolerance” to violence against women and children.

Overall, the KIIs⁴³⁷ highlighted that UNFPA has successfully leveraged its recognized expertise and credibility in reproductive health and GBV prevention to establish strong partnerships with national stakeholders. These partnerships have been crucial in promoting the national ownership of interventions and ensuring their sustainability.⁴³⁸⁴³⁹ Organization’s strong comparative advantage, rooted in its expertise, global experience, and established credibility in GBV prevention, has accelerated the adoption of clinical protocols and guidelines.⁴⁴⁰ Continuous training for specialists⁴⁴¹ and engagement of community leaders and youth⁴⁴² have been essential in overcoming challenges and promoting broader community involvement.. The success of community-based interventions, such as the Komek Centre’s work with GBV abusers⁴⁴³⁴⁴⁴ and the Service for Social and Psychological Support (SSPS) model’s transformation into Family Support Centres⁴⁴⁵., underscores the effectiveness of UNFPA’s approach in various contexts..

The online survey of the CO IPs⁴⁴⁶ highlighted that UNFPA has effectively leveraged its comparative strengths to forge partnerships with ministries, agencies, and other representatives of the partner government, achieving a high rating of 4.5 out of 5. This strong performance underscores UNFPA’s success in utilizing its expertise to establish valuable collaborations. Moreover, the survey results reflect that UNFPA has significantly promoted the national ownership of supported interventions, programmes and policies. This was rated at 4.4 out of 5 indicating that UNFPA’s approach to working with national stakeholders is effective in fostering a sense of local responsibility and integration.

FINDING 17. The ministries, agencies and other representatives of the partner government feel/gain/share ownership of the UNFPA supported interventions, programmes and policies to a great extent.

Family Planning. The document review shows that Government entities work with UNFPA to address issues related to the Sustainable Development Goals and regional development plans. These entities engage with UNFPA in developing joint activities and programs they actively participate in initiatives supported by UNFPA. For example, UNFPA conducted fiscal space analysis and broad financial policy analysis in the context of health systems strengthening and UHC. These analyses were crucial in building the case for increased and sustained budget allocation for family planning⁴⁴⁷. In 2023, a draft Concept for the advancement of maternal and child health services in Kazakhstan for 2024-2030, known as *Every Woman, Every Child*, was developed. This concept, as noted in Findings I and I5, presented a comprehensive analysis of the reproductive and sexual health of adolescents and youth⁴⁴⁸ and the results of two pilot studies⁴⁴⁹. In July 2023, the MoH made the draft Concept available on the portal of open legal acts inviting public coordination and feedback⁴⁵⁰.

The interviews conducted with KII indicated the close collaboration with and engagement of all key actors in activities resulted in shared ownership of outputs. Representatives of the MoH⁴⁵¹ confirmed that cooperation with UNFPA in developing legal acts and institutional strengthening of the YHCs enabled the development of the standard for providing medical care to youth aged 10 to 29 in 2023. This was particularly significant as there had been no legal regulation since 2012. UNFPA helped the MoH to develop and approve the procedure for providing psychological care and legal support to youth. Additionally, KIIs⁴⁵² revealed a trend where non-governmental organizations (NGOs) that partner with UNFPA tend to receive more support from the government. However, it was also noted that public awareness of UNFPA as the leading organization on family issues remains relatively low. This could be attributed to the areas and topics that UNFPA addresses, which may influence societal perception.

Gender-based Violence. The 5th UNFPA CPD places a strong emphasis on:

1. **Alignment with National Development Goals:** UNFPA ensures that its interventions, especially in GBV, align with Kazakhstan’s national development goals, securing commitment from ministries and agencies by focusing on shared objectives.
2. **Integration into National Health Policies:** Integrating GBV services into national health policies helps to institutionalize these interventions, promoting national ownership and ensuring that they support the broader health and development agenda.
3. **Regular Consultations with Government Officials:** Regular consultations involve government officials in the development and implementation of clinical protocols, fostering a sense of ownership and ensuring that interventions are relevant and supported at the highest levels.
4. **Capacity Building through Training:** Extensive training programs for healthcare providers, policymakers, and community leaders enhance local capacity to implement and sustain GBV services, promoting long-term

commitment and sustainability. These training programs have empowered local actors, promoting sustainability and local commitment to GBV initiatives.

The KIIs⁴⁵³ noted that UNFPA's collaboration with local NGOs and community-based organizations has ensured that GBV interventions are tailored to local needs and supported by community leaders, fostering local ownership. By integrating GBV services into the national healthcare system through close collaboration with the government, UNFPA has ensured that these services are now a fundamental part of the national health infrastructure, which further reinforces government ownership. The development of national standards and guidelines for GBV services, achieved through collaborative efforts with government agencies, ensures these standards are institutionalized within the healthcare system. Additionally, UNFPA's support for community-led programs and the involvement of local stakeholders in designing and implementing interventions have promoted both ownership and sustainability at the community level. Aligning GBV interventions with national priorities and strategies has been crucial in promoting ownership and commitment to sustaining these programs. Multi-stakeholder engagement, as demonstrated by initiatives like the Spotlight Initiative, has promoted shared ownership and responsibility for GBV interventions, ensuring these programs are supported and sustained by local and national stakeholders.

According to the interviews with the KIIs⁴⁵⁴, government stakeholders have played an active role in developing and implementing clinical protocols for GBV care, fostering a sense of responsibility and commitment within the national healthcare system. This involvement has cultivated strong ownership among national stakeholders. Collaboration with government agencies has integrated UNFPA-supported interventions into national policies and frameworks, which is critical for promoting national ownership and sustainability. Active engagement of government representatives in consultations and workshops has been pivotal in aligning GBV interventions with national priorities, further enhancing ownership and accountability. Continuous training for specialists, including healthcare providers, social workers, and community leaders, has empowered stakeholders to take ownership of GBV and FP initiatives. This training ensures local actors are equipped with the necessary skills and knowledge to sustain these interventions independently. A pool of trainers has been established to provide training to specialists in newly established Family Support Centres across various regions, enhancing the capacity and competence of FSC specialists and promoting long-term ownership and sustainability. Moreover, engagement with community leaders and youth has been crucial in fostering ownership at the community level. Training local leaders and establishing educational workshops have been essential for building community support for GBV prevention efforts. The Komek Centre's work with GBV abusers has shown significant progress in rehabilitating clients and fostering restored relationships and stronger community ties, underscoring the importance of community-based interventions and support systems. The innovative GBV prevention model of the Service for Social and Psychological Support (SSPS) has been recognized for its adaptability and effectiveness across different community contexts. The model's expansion to multiple regions signifies its success and institutionalization, promoting broader ownership and sustainability.

Online survey participants from IPs noted that ministries, agencies and other representatives of the partner government feel ownership of the UNFPA-supported interventions, programmes and policies to a great extent (4.1 out of 5). However, the survey also revealed that participants in UNFPA training programs have shared the knowledge gained with others in their communities only to a certain extent, with a rating of 3.6 out of 5. This suggests room for improvement in enhancing the dissemination and application of knowledge acquired through UNFPA activities within local communities.

CHAPTER 5: CONCLUSIONS

STRATEGIC CONCLUSIONS

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| Conclusion 1 | CP Theory of Change. The UNFPA CO interventions are well outlined in the UNFPA Strategic Plan and CPD. The 5 th CP 2021-2025 and Result Framework are dynamic and adaptable documents, grounded in the results of the previous evaluations, UNSDCF priority thematic areas and UNFPA strategic transformative results and the country context. The planned interventions related to altering discriminatory social norms related to FP and GBV were adapted to effectively reflect and contribute to the achievement of the 5th CP outputs and outcomes. At the same time, the analysis showed that there are no specific output and outcome indicators that measure changes in social norms as a key factor in reducing the unmet need for FP and GBV needed to ensure a comprehensive evaluation of the impact of social norm changes on these issues. |
| Origin: | EQ2, 3, 4 |
| Associated recommendation(s): | I |
| Conclusion 2 | Legislation/Policy changes and strengthening. With the support of the UNFPA policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in unmet need for FP and the reduction of GBV were significantly strengthened. The enabling environment for changes was established through the development and introduction of the related legislative and regulatory acts at the national level regarding FP and GBV even when the CO was forced to repeatedly and continually adjust the government's focus. At the same time, the proper implementation faces several challenges. At the national level, a frequent turnover of public authorities distracts the continuity and institutional memory as well as changes (at least three) in the major strategies of healthcare development (including state program, national project, healthcare development concept, maternal and child health concept, various roadmaps) and a lack of multisectoral collaboration. The regional-level challenges can be regarded as one of the consequences of frequent changes in high-level policies, against the background of which the program areas of the UNFPA mandate become less of a priority than other issues. In these conditions, expecting the UNFPA to replace part of the central government for internal communications within state and regional authorities was unrealistic. Moreover, a low or, often, absent awareness and knowledge of legal changes along with the complexity of legal terminology and its varied interpretations, lack of understanding of these important changes for target groups, and no responsibility for ignoring them. Furthermore, the low capacity of public officials at all levels contributes to slow or absent practical implementation of the updated legal and regulatory norms and/or to identifying government priorities. The lack of a higher education system to re-educate civil servants to understand the meaning of the legislation along with a lack of monitoring and evaluation use and availability of tools, and the insufficiency of information raising at the regional level makes it impossible to implement the developed strategic documents effectively when the implementation of such measures depends solely on local partners. |
| Origin: | EQ1, 2, 3 |
| Associated recommendation(s): | 4 |
| Conclusion 3 | Cultural sensitivity and needs-driven approach. UNFPA has engaged community leaders, religious figures, and local influencers to ensure that interventions are culturally sensitive and resonate with the needs of target populations. The CO supported the development of interventions and materials that are culturally appropriate and accessible to diverse populations and used culturally relevant messages in a widely understood language and sensitive to population beliefs (e.g. <i>Islam canons</i>) with the involvement of a multidisciplinary team of different actors. This approach has been vital in gaining community support and influencing changes in social norms related to FP and GBV in working with groups like people with disability (PWD) and religious citizens, migrants, refugees, communities of MSM and PLHIV. Moreover, in addressing the growing needs for psychological, SRH, GBV support of religious citizens and PWD, migrants and knowledge |

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| | about religion, and human rights of young people same culturally sensitive need to be used towards changing social norms. |
| Origin: | EQ1, 3, 6 |
| Associated recommendation(s): | 5, 8 |

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| Conclusion 4 | Public awareness and communication. UNFPA advocacy and policy efforts resulted in updated and/or introduction of legislation and, sometimes, in changing Government position towards certain issues related to FP and GBV. The UNFPA interventions toward changing social norms in family planning and gender-based violence areas were positively acknowledged by both IPs and rights-holders. At the same time, they are convinced that more time is needed for policy advocacy and continuous communication efforts to show results and measure contribution to changes in discriminatory norms to ensure the reduction in the unmet need for family planning and gender-based violence. To achieve policy and capacity changes in social norms related to FP and GBV, there is a high need for reaching out society with promoting and explaining the peculiarities of the CO interventions. |
| Origin: | EQ2, 3, 4, 6 |
| Associated recommendation(s): | 7 |

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| Conclusion 5 | The UNFPA CO visibility/identity in Kazakhstan. UNFPA's partnerships with ministries, agencies and government at all levels allowed the CP to use its comparative advantage, including thematic expertise, global experience and established credibility in RH and GBV prevention. However, it was noted that the UNFPA comparative advantages were not fully realized yet and there is no clear association with UNFPA work, target groups and/or values. The UNFPA CO visibility has been improved in recent years. However, there is still a low awareness of the population about UNFPA as the leading sexual and reproductive health agency. Lack of public consensus on what a Kazakh family should be like and various views on gender equality, family planning, sexuality education, etc., also create indefinite conditions for the UNFPA to work towards changing social norms related to the reduction of unmet needs in family planning and GBV areas. Moreover, it complicates reaching out to the UNFPA target groups and providing them with important information on why, where and how to seek support and assistance. |
| Origin: | EQ4, 7 |
| Associated recommendation(s): | 3 |

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| Conclusion 6 | Limited capacity of the Youth Health Centers (YHCs) and Family Support Centers (FSCs). The importance of UNFPA's contribution to strengthening the YHCs and FSCs was clearly noted. The availability of essential resources became possible as of the UNFPA's long-term advocacy efforts with regulatory authorities. This development has enabled a range of insured individuals to receive services at YHCs. Despite these advancements, there are still limitations in the capacity and outreach of YHCs and newly established FSCs. The high demand for services, including psychological support, often exceeds the available resources. Additionally, issues such as the lack of comprehensive sexual education in schools, insufficient training for specialists, high workloads of PHC clinics and schools, and the need for enhanced monitoring and evaluation systems continue to hinder the effectiveness of these interventions. Strengthening the human resources system and policies at FSCs is crucial for building the knowledge and skills of employees and integrating FSC operations with the national and local systems, policies, and programmes. |
| Origin: | EQ4, 6 |
| Associated recommendation(s): | 6, 8, 9 |

PROGRAMMATIC CONCLUSIONS

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| Conclusion 7 | Evidence-based decisions and monitoring and evaluation. UNFPA has placed a strong emphasis on using research and data collection to inform its development of national policies and action plans. UNFPA's data-driven approach has significantly contributed to policy development and changing social norms, but there are notable challenges in monitoring progress, managing external dependencies, and adapting to the dynamic social landscape. Addressing these challenges will be crucial for the continued success and sustainability of UNFPA's interventions. |
| Origin: | EQ1, 3, 7 |
| Associated recommendation(s): | 1, 2 |
| Conclusion 8 | Strategic shift to targeted interventions in FP and GBV for young people but lack of information on sexuality and gender equality. The analysis of the UNFPA CPD reveals a strategic shift over the past three years from broad sexual and reproductive health activities to more targeted interventions in FP and GBV. UNFPA remains a unique UN agency providing accurate information on sexuality and gender equality and has supported pilot projects in these areas. However, the challenges persist, including the absence of formal curricula and limited recognition by the Government. Despite the progress, the capacity of initiatives such as Y-PEER, YHC, and YFS at the regional level remains insufficient to fully address the information and education needs of young people regarding sexual and reproductive health. |
| Origin: | EQ3 |
| Associated recommendation(s): | 5, 6, 8 |
| Conclusion 9 | UNFPA Resources (financial, human, technical). The UNFPA strategic plan underscores the importance of adequate resourcing to implement comprehensive and effective interventions. Analysis of the CO expenditure for three years of the 5th CP implementation showed successful mobilization of funding and good use of human and technical resources. However, the evaluation also highlighted the need for additional support in communication and area-specific management, as well as the recruitment of thematic advocates and volunteers to support the work of UNFPA Honourable Ambassadors and enhance the overall impact of UNFPA interventions and promotion of the UNFPA mandate. |
| Origin: | EQ2, 3 |
| Associated recommendation(s): | 5 |
| Conclusion 10 | Interventions' design, timing. The evaluation showed that the UNFPA activities aimed at changing policy environment and policy implementation through advocacy and capacity building at the national, regional, and local levels by working with key stakeholders have produced certain outputs that resulted in a certain change in social norms. However, despite a causal relationship between the programme outputs and certain observed changes in discriminatory social norms, the achieved so far outputs have contributed to changing discriminatory social norms only to a certain extent and certain factors and challenges were identified as important to be considered for introducing changes in discriminatory social norms. Those changes showed that changes in social norms related to FP and GBV occur when interventions are well designed, focused, targeted, on time, and involve local government, communities and vulnerable groups. In addition, a more comprehensive assessment over a longer period is needed to identify trends, evaluate the effectiveness of interventions, and fully understand the impact of these efforts on affected groups and social norms. |
| Origin: | EQ3, 4 |
| Associated recommendation(s): | 1, 5 |
| Conclusion 11 | National implementation modality and partnership with UN institutions. UNFPA has effectively employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives. The UNFPA prioritized the national implementation modality for the |

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| | <p>implementation of the 5th CP and placed an important role in partnering with the UN institutions in the mobilization of limited resources and effective use of their expertise. By improving IP capacities, employing participatory and empowerment-based approaches, and the national implementation modality, UNFPA has fostered a sense of ownership and commitment to sustaining the effects of its interventions beyond the duration of the program. Moreover, UNFPA has effectively worked with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programs at the national and local levels. The UNFPA approach in engaging stakeholders proved to be effective and efficient and by increasing the potential and capacity of government and CSO, the CO can delegate some of its activities to the local institutions. Increased roles of those institutions in the advocating of the CP policy and the implementation of the capacity-building interventions will allow the CO to concentrate on more strategic tasks and oversight rather than doing routine activities.</p> |
| Origin: | EQ6 |
| Associated recommendation(s): | 6, 7, 9 |

CHAPTER 6: RECOMMENDATIONS

STRATEGIC RECOMMENDATIONS

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| Recommendation I | Measuring changes in social norms. The 5 th CP includes strategic interventions to shift discriminatory social norms through community engagement, education campaigns, and advocacy. To comprehensively evaluate the impact of these efforts on reducing the unmet need for FP and GBV, it is recommended to introduce output and outcome indicators. These would track both process-related achievements (output) and changes in attitudes, behaviors, and values related to social norms (outcomes), along with developing a robust methodology for monitoring these indicators. |
| Priority: | High |
| Based on conclusions: | I, 7,10 |
| Directed to: | Country Office |
| The operational implications: | <p>Because the 5th CP still has more than a year to be implemented, it is recommended to pilot a 'light' approach to measure social norms by: i) Defining norms through rapid appraisal or local staff knowledge; ii) including norm questions in existing surveys or monitoring tools; and iii) conduct focus groups/in-depth interviews using open questions and vignettes without substantial additional resources. Important to measure change over time, data collection at baseline and end-line, as a minimum, and limit the number of norms tracked. In the next CP, measuring change in social norms will be a priority and a more comprehensive approach should be developed by i) assigning a measurement expert; ii) using experimental or quasi-experimental survey design with a comparison group to understand programme effects; iii) employ quantitative and qualitative components to understand what results and how they were achieved and in-depth formative research to understand social norms in context. It is important to design programme and results measurement approach in tandem: one should inform the other by tracking several norms. Scales or indices can be used for measurement. Conduct several waves of fieldwork to track changes over time. It is recommended to design measurement strategies around a set of core social norm measures:</p> <ul style="list-style-type: none"> • Individual behaviour –<i>What I do</i> • Individual attitudes –<i>What I believe I should do</i> • Empirical expectations –<i>What I think others do</i> • Normative expectations –<i>What I think others expect me to do</i> • Rewards and sanctions • Actions taken to promote or role model desired behaviours <p>If resources are limited, focus on individual behaviour, normative expectations, and actions are taken. To start measuring changes in social norms, it is important to i) adopt a precise definition of social norms to clarify what you need to measure; and ii) ensure adequate in-house capacity to manage and quality assure measurement of social norms, commissioning bespoke skills building training where necessary.</p> <p>Social norms are defined as “commonly accepted attitudes, behaviours and values”. It is proposed to focus on measuring behaviours and explore relationships between attitudes, behaviour and social norms.</p> <p>For each type of CO intervention (policy/advocacy work and capacity strengthening activity), changes in social norms should be monitored. For policy/advocacy work measurement should be taken before policy influencing social norms were introduced, and then monitor its application. For capacity activities, measurement of changes in social norms should be taken at the individual, organizational and community level of the activity participants (<i>Kirkpatrick model of monitoring of education activity</i>). Samples of the process indicators on social norms change programme include:</p> <ul style="list-style-type: none"> • Number of people participating in interventions/being reached through communications activity • People's recall of key messages • People's knowledge of certain issues • People's attitudes relating to certain issues • Actions taken to encourage others to adopt a particular behaviour (diffusion) e.g. discussing the issue with family and friends. • Actions taken, either individually or at the community level, to enact a particular behaviour, or prevent an undesirable behaviour. |

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| | Important to measure change over time, data collection at baseline and end-line, as a minimum, and limit the number of norms tracked. |
| Recommendation 2 | Pilot a methodology for changing social norms. To institutionalize visible changes in discriminatory social norms, it is recommended to study similar experiences from other regions and beyond the region, select two to three highly marginalized groups in FP and GBV-related areas, and focus on one or two key social norms for piloting a comprehensive, methodologically sound approach. This pilot should include monitoring progress, assessing the time and resources required, and identifying the most effective strategies for reaching specific groups. Potential target groups could include women of reproductive age in remote areas, large families, religious communities, migrants, health workers, and educators. |
| Priority: | High |
| Based on conclusions: | 7 |
| Directed to: | Country Office |
| The operational implications: | For the remaining time of the 5th CP, it is recommended to engage the CO staff's knowledge and expertise to select one or two of the most victimised groups of the population (VGP) either one in FP and the second in GBV or one that represents both areas (e.g. FP and GBV) and one or two social norms to design a one-year pilot project to test approaches in working with the selected VGP on changing selected discriminatory social norm(s). A system for monitoring the progress of changes in social norms described in Recommendation 1 should be developed and implemented in tandem with the pilot project as one should inform the other. The results of the pilot project can be learned and then spread to a larger number of victimised groups of the population in different parts of the country and target more discriminatory social norms. Selection of the VGP and social norms for the next CP can be done through consultation with key stakeholders from government, academia and civil society with the involvement of victimised groups of the population and/or a brief online survey. |
| Recommendation 3 | Enhancing UNFPA visibility and alignment with its mandate. While the UNFPA Country Office has significantly improved its visibility in recent years, there is a need for clearer association with its mandate and role in Kazakhstan. It is proposed to develop a concise identity or message linked to UNFPA's values or target groups, and to promote this message widely among the population through coordinated efforts with government and civil society. Clear, simple, and locally relevant messaging should be used to highlight UNFPA's work and its contributions to Kazakhstan society. |
| Priority: | High |
| Based on conclusions: | 5 |
| Directed to: | Country Office |
| The operational implications: | Consultation with the CO staff and key UNFPA stakeholders through brainstorming session, brief survey, etc. help to get a list of association/identity with the UNFPA CO work in Kazakhstan. Then messages related to the UNFPA association/identity can be tested in the focus group. The UNFPA Reference Group can recommend their preferences on the UNFPA association/identity in Kazakhstan and the CO make a final decision. The 'aggressive' promotion campaign should be conducted with the updated CO design. |
| Recommendation 4 | Implementing legal changes. UNFPA's advocacy, policy efforts, and technical support to the government of Kazakhstan in developing and improving the legislative and regulatory framework for addressing discriminatory social norms have yielded significant results. It is recommended to continue working on necessary legal reforms related to social norms, focusing on accelerating the reduction of unmet needs for family planning and GBV. Greater emphasis should be placed on the implementation of these legal changes, particularly at the regional level, with close monitoring and reporting of the process. |
| Priority: | High |
| Based on conclusions: | 2 |
| Directed to: | Country Office |
| The operational implications: | During the remaining time for the implementation of the 5th CP, the CO should make the practical application of the amended/changed legislation a priority. The few most significant changes in discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence pieces of legislation should be selected for the ongoing education and capacity-building efforts of the public servant at national and regional/local levels to ensure effective enforcement and |

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| | understanding of the proposed important legal changes. The effectiveness of these efforts should be measured to understand what knowledge and skills should be added/refocused to achieve better results. Monitoring of these efforts should be done at levels of individual behaviour, normative expectations, and actions taken. |
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PROGRAMMATIC / OPERATIONAL RECOMMENDATIONS

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| Recommendation 5 | Disseminate best practices throughout Kazakhstan. The successful pilot interventions on FP/GBV in Turkestan, MSM in Western Kazakhstan (Atyrau and Mangistau oblasts), and work with Muslim and PWD communities should be shared with other regions. Ongoing mentoring of government and civil society stakeholders from these pilot regions is essential to institutionalize the initiatives and ensure sustained ownership of the UNFPA-supported interventions beyond the program's duration. Additionally, the growing needs of key populations, such as psychological support, referral systems to FSCs, and young people's knowledge of religions, should be addressed. |
| Priority: | Medium |
| Based on conclusions: | 3, 8, 10 |
| Directed to: | Country Office |
| The operational implications: | The CO should consult the Government of Kazakhstan on what pilot interventions mentioned above disseminate to what regions of Kazakhstan, and what national/regional partners/allies to choose. At the same time, successful pilot interventions should be updated by complimenting the existing expertise of service providers with knowledge in psychology (e.g. for madrazas) and Islamic canons (e.g. for psychologists in clinics), referral system to FSC, and basic religion education for youth. |
| Recommendation 6 | Strengthening YHCs and Y-PEER network capacity and their ability to provide SRHR information and services. While UNFPA's support in establishing a legal framework for Youth Health Centers (YHCs) has been invaluable, there remains a need for greater dissemination of SRHR information among young people. Continued UNFPA assistance is crucial to enhance the visibility of YHCs and improve the quality of their services. Additionally, ongoing support for Y-PEER's capacity building and efforts to engage youth in addressing discriminatory social norms related to FP/GBV will be highly beneficial. Comprehensive sexual education and quality reproductive health services are key to promoting demographic resilience. |
| Priority: | Medium |
| Based on conclusions: | 6, 8 |
| Directed to: | Country Office |
| The operational implications: | To implement this recommendation it is proposed to engage Y-PEER leadership to develop a pilot project along with strengthening the network capacity in youth engagement and education about discriminatory social norms related to FP/GBV |
| Recommendation 7 | Strategize the CO communication. UNFPA should integrate communication activities across all ongoing programs by establishing a dedicated team for communication, partnership building, and resource mobilization. This team should include additional communication experts, UNFPA Thematic Ambassadors, and volunteers from the UNFPA Ambassador School. The UNFPA CO communication activities should be incorporated into and link all UNFPA ongoing programme activities by creating a communication/partnership building/resource mobilization team with the updated responsibilities and expanded human resources with more communication expert(s) and the UNFPA Thematic Ambassadors, volunteers from the UNFPA Ambassador school. |
| Priority: | High |
| Based on conclusions: | 4, 9 |
| Directed to: | Country Office and Government/Branch ministries |
| The operational implications: | The evaluation showed the important role of communication and employment of the UNFPA Honorable Ambassador in promoting the CO initiatives. Despite the great success of those interventions, two main challenges were identified, namely lack of human resources working on communication issues and the need for more strategic communications that have a strong linkage between programme streams in focus, namely, FAMILY PLANNING – GBV that stimulates changes in discriminatory social norms and the achievement of programme goals through combining of the expertise and audience. |

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| | <p>Moreover, communication along with partnership building and resource mobilization should become a cross-cutting area for all the UNFPA CO programme components.</p> <p>To operationalise this recommendation, it is recommended to revise the job description of the communication analyst by adding more strategic tasks and cross-cutting areas such as partnership building, and resource mobilization. Responsibilities, among others, should include advance planning and ongoing monitoring of the communication activities for all CO interventions linking them, facilitating active communication and visibility activities of the CO in partnership and coordination with various governmental, non-governmental and international institutions. When needed, communication activities should be accompanied by targeted advocacy campaigns to achieve progress in policy work. The communication activity should be used for proactive work with and as an advocate tool among the potential partners who have the capacity to contribute to the outreach of UNFPA programmes throughout Kazakhstan. The CO efforts should be focused on mobilising resources (both in-kind and financial) from the private sector. Institute of the UNFPA Honorary Ambassador should be multiplied through thematic advocates. Thematic advocates should be trained as UNFPA Thematic Ambassadors at the UNFPA Ambassador school. In this way the CO and communication analyst will get more voluntary assistance specialised in the UNFPA areas of activities. In addition, the communication team can benefit from additional communication expert(s) to help communication analysts as leader(s) of communication/partnership building/resource mobilisation team and manage other tasks, including UNFPA Thematic Ambassadors trained in the UNFPA Ambassador school. The CO communication activity should be incorporated into all UNFPA ongoing programme activities, including partnership building and resource mobilisation.</p> |
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| Recommendation 8 | Strengthen Family Support Centers (FSC). UNFPA's support is needed to enhance the human resource systems and policies of FSCs, improving staff knowledge and skills while aligning FSC operations with national and local systems, policies, and programs. |
| Priority: | Medium |
| Based on conclusions: | 3, 6, 8 |
| Directed to: | Country Office and IPs |
| The operational implications: | It is important to further build the capacity of the family support centres and integrate their operations into existing systems of health services, related policies, and programmes at the national and local levels. It should start with the development of FSC human resource policy, define staff structure and hierarchy, personnel requirements and job descriptions as well as a referral system to the FSC services, etc. |

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| Recommendation 9 | Stop doing the routing work. UNFPA should support the capacity-building efforts of both government and civil society implementing partners, enabling them to take on routine interventions that are currently managed by the Country Office. |
| Priority: | Low |
| Based on conclusions: | 6, 9, 11 |
| Directed to: | Country Office |
| The operational implications: | <p>To implement this recommendation the following steps are envisioned, but not limited to:</p> <ol style="list-style-type: none"> 1. To identify a list of the CO interventions to be delegated to IPs 2. To identify the lacking capacities of the IPs to implement used-to-be UNFPA interventions 3. Develop and implement capacity strengthening program for IPs 4. Pilot new operations of the IPs with close CO monitoring and review 5. Finalise the new IPs interventions through the development of SOPs |

Annex I. Evaluation Matrix

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
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| EQ I (Relevance): To what extent has the UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence? | | | |
| I.1 The UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence to a great extent | <ul style="list-style-type: none"> • UNSDCF UNFPA-related priorities/ outcomes • Extent to UNFPA contribution to UNSDCF priorities/ outcomes • CPD goal/objectives/outcome & output indicators • List of policies and their status • Extent to which the interventions planned/conducted within the CPAPs were targeted social norms of FP/GVB • Extent to which the interventions planned/conducted within the CPAPs were targeted at the most vulnerable population groups (including adolescents, youth, WRA, those furthest behind) in FP/GBV areas | <ul style="list-style-type: none"> • UNSDCF, UNFPA SP/CPD • CPAPs/ Annual Reports • National policy/strategy documents • UNFPA FP/GBV related surveys, policy, communication, and census data • Other relevant studies related to FP/GBV context, including those produced by the government, academia, the United Nations agencies, international human rights organizations, and reports produced by IPs/ community-based/ local organizations • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with donors • Interviews with UN institutions • Interviews with/survey of implementing partners • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA |
| Documents reviewed: <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • UNSDCF Kazakhstan 2021-2025 • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA Acceleration Plan for Ending the Unmet Need for Family Planning, 2022-2025 • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • Annual reports 2021, 2022, 2023 • National policy/strategy documents • National reportsThe Concept of Family and Gender Policy in Kazakhstan until 2030 • Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report | | | |

FAMILY PLANNING

SUMMARY of FINDINGS. UNFPA's initiatives on strengthening policy framework and institutional mechanisms in Kazakhstan on changing discriminatory social norms were relevant to the country's current circumstances and were focused on addressing structural issues and root gaps in ending unmet need for family planning, preventable maternal death and gender-based violence and harmful practices. UNFPA streamlined the implementation of accelerators, including human rights-based and gender-transformative approaches, innovation and digitalization, and partnership. UNFPA focused on accelerating family planning by advocating and supporting its integration into national development policies and programs.

The unmet need for family planning and the reduction of the gender-based violence

The high-level commitments of the **CPD Kazakhstan** are projected through **the increase by 14 per cent** of the proportion of women of reproductive age who **use modern methods of contraception** and **the decrease by 4 per cent of the incidences of teenage pregnancy by the end of 2025**.

With the support of UNFPA, **significant changes were implemented in legislative and regulatory acts at the national level regarding family planning** issues.

For instance, the **National Development Plan**⁴⁵⁵ identifies the protection and promotion of reproductive rights of adolescents and young people within the framework of national priority 2, "Affordable and effective healthcare system."

In the healthcare system, all of revised strategic policies - the Healthcare Development programme⁴⁵⁶, the National project "Healthy Nation"⁴⁵⁷, and the **Concept for the healthcare development**⁴⁵⁸ - include two interventions: (1) to enhance access to mental and reproductive health services for adolescent and young adult through YHCs, and (2) to conduct extensive awareness campaigns to advocate for reproductive health, family planning, and the prevention of sexually transmitted infections. These actions go in line with the national **Health Code**⁴⁵⁹ provisions that protect reproductive rights of the citizens of Kazakhstan, ensuring decisions on reproductive choice and access to reproductive health and family planning services.

In addition to high-level policies, in 2021-2023, UNFPA supported the establishment of the enabling environment for changes through the development and introduction of the following related regulations, strategic plans, and guidelines:

- **Clinical protocols**⁴⁶⁰ on (i) antenatal care, (ii) family planning and modern contraceptives, (iii) preconception preparation, (iv) medical abortion.
- **Clinical protocol** on providing care for GBV survivors.
- **Manual for parents** on sexual and reproductive health of adolescents.
- **Manuals on providing care for GBV survivors** for (i) nurses, (ii) social workers, (iii) psychologists.
- **Manual on paralegal counselling** on providing care for GBV survivors.
- **Manuals on providing care to GBV survivors with selected types of disabilities at the PHC level** for (i) nurses, (ii) social workers, and (iii) psychologists.
- **Package of documents on providing family planning services** and preconception preparation at the outpatient level.
- **National Standard on providing family planning** services at the outpatient level.
- **Policy Paper** on the necessity of inclusion of contraceptives into the Basic Benefit package.
- **National standard on Youth Friendly** health services.
- **National accreditation standard of Youth Friendly** health services.
- **Financial model** for purchasing Youth-Friendly Health services.
- **Manual for health professionals** on providing reproductive health services to the key populations and PLHIV, aimed to change social norms among health professionals.
- **Practical Manual for primary healthcare** providers on family planning and modern contraceptives.
- **draft Concept on maternal and child health 2024-2030** towards achieving zero preventable maternal health and unmet need for family planning.
- **Strategy on establishing and ensuring sustainable development** of self-regulated professional association on sexual and reproductive health.
- **Road Map** on integrating learning platform and mentioned curricula into the national medical education system for 2021-2023.
- **package of methodological materials and technical documents** (a concept note, drafts of regulations, financial model, and proposals for digitalizing) for the introduction of **a family couples health passport**.

As part of the second stage of the **Concept of family and gender policy**⁴⁶¹ implementation in 2020-2022, three actions were planned with the UNFPA participation: (1) a set of measures to support and develop the institution of fatherhood with the Ministry of Culture and Information of the Republic of Kazakhstan (MCI) and local executive bodies (LEBs); (2) conducting counseling for adolescents and young people in schools, colleges, universities and **Youth Health Centers (YHC)** with the involvement of UNICEF and UNFPA experts on reproductive health, safe sexual behavior, prevention of unwanted pregnancy, and STI/HIV transmission with LEBs; (3) inclusion of questions on reproductive upbringing and education into the content of general education subjects with the Ministry of Education and LEBs.

In 2022, the **Concept of family and gender policy** was supplemented with an **Action plan**⁴⁶², **engaging the MCI and UN Woman Kazakhstan to share ownership of the UNFPA-supported programmes and policies** on guidelines development (methodological recommendations) for couples getting married on the issues of preserving positive family traditions and spiritual and moral values, family planning and reproductive health of men and women. Under the plan **LEBs are responsible for strengthening information and communication among adolescents and young people** on the promotion of a healthy lifestyle, reproductive health, including the prevention of early sexual activity, family planning, use of contraceptives, and prevention of unwanted pregnancy. In general, coordination of the concept implementation is carried out by the National Commission for Women's Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan, as well as the Committee for Youth and Family Affairs of the MCI.

Moreover, in 2023, the Government approves the **Concept of state youth policy**⁴⁶³ that has a target indicator on increasing the coverage of youth with mental and reproductive health services in YHCs (2023 - 17%, 2024 - 20%, 2025 - 24%, 2026 - 28%, 2027 - 33%, 2028 - 38%, 2029 - 43%). According to this Concept, the MCI, Ministry of Healthcare (MoH), and LEBs will **promote a culture** of prevention and maintenance of reproductive health among young people.

Further, within the framework of the **Comprehensive Plan to Support Youth**⁴⁶⁴, in 2021-2025, advisory services on issues of maintaining reproductive health among young people are provided through the efforts of the MCI, MoH, and LEB.

Fifth and Sixth Consolidated Periodic Report on the Convention on the Rights of the Child⁴⁶⁵ implementation highlighted UNFPA's financial and technical support to the MoH of Kazakhstan in implementing **the shyn.kz digital information package** (website, mobile app and Telegram channel) in collaboration with the Kazakh Scientific Center of Dermatology and Infectious Diseases, and the National Center for Public Health. This online recourse provides teenagers with opportunity to receive free consultations on a wide range of sexual and reproductive health issues anonymously. Also, the report shed light on a joint project of the World Bank, UNFPA, and the Government on elaborating methodological material for the sustainable work of YHCs, information materials on reproductive health for adolescents, youth, and parents, **II** clinical protocols on reproductive health, and **II** algorithms for individual and group psychological counseling of adolescents and youth.

KIIs contributions:

The representatives of the MoH⁴⁶⁶ confirmed that cooperation with UNFPA in developing legal acts and institutional strengthening of the YHCs enabled the development of the standard for providing medical care to youth from 10 to 29 years old in 2023; there had been no legal regulation since 2012. UNFPA helped the MoH to develop and approve the procedure for providing psychological care and legal support to youth. KII⁴⁶⁷ noted specific challenges in policy advocacy and decision-making support related to disruptions in institutional memory among high level policymakers. To address that, UNFPA had taken a more practical approach by joining expert councils and technical working groups at the Parliament and Government levels, thereby being able to directly promote values and raise awareness of participants of government staff. The visible progress of the training results on family planning and modern contraception methods among students in the obstetrics and gynecology departments was acknowledged by another interviewed stakeholder from academia⁴⁶⁸. This training has been integrated into the pre-service curriculum. Additionally, KII noted that there is a need to further improve the recently developed professional standards for medical practitioners and to develop separate protocols for clinicians who work with survivors of sexualized and gender-based violence.

GENDER-BASED VIOLENCE

The UNFPA Strategic Plan⁴⁶⁹ demonstrates a comprehensive and integrated approach to strengthening policy frameworks and institutional mechanisms aimed at changing discriminatory social norms and accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence. By aligning with international human

rights standards, engaging a wide range of stakeholders, and promoting robust monitoring and evaluation, UNFPA has significantly strengthened the policy environment and institutional responses to GBV and FP.

The specific and measurable outputs, along with the established targets and indicators, ensure a shared understanding among stakeholders on what constitutes success in these areas. Through collaborative efforts, meaningful consultations, and targeted interventions, UNFPA has made substantial progress in changing harmful social norms and promoting gender equality, contributing to the overall reduction of unmet needs in family planning and gender-based violence.

Alignment with National Policies⁴⁷⁰:

- **National Priorities:** The CPD emphasizes UNFPA's commitment to addressing GBV in alignment with national priorities and policies. The document outlines strategic goals to reduce GBV by implementing comprehensive prevention and response services, and by integrating these services into the national healthcare system.

Stakeholder Engagement:⁴⁷¹

- **Government Collaboration:** UNFPA collaborates with government agencies, NGOs, and community organizations to ensure that GBV interventions are contextually relevant and supported by local stakeholders. This partnership approach has been crucial in aligning UNFPA's initiatives with national needs and priorities (Kazakhstan CPD 2021-2025).

Policy Framework:⁴⁷²

- **Development of Clinical Protocols:** In 2021, UNFPA supported the development of clinical protocols for the care of GBV survivors. These protocols provided standardized procedures for healthcare providers, ensuring consistent and effective support for survivors. (UNFPA, AR 2021)
- **National Awareness Campaigns:** UNFPA conducted national and community-level awareness campaigns to change social norms related to GBV. These campaigns aimed to increase public awareness about the unacceptability of GBV and promote gender equality. (UNFPA, AR 2021)
- **Strengthening Legal Protections:** In 2022, UNFPA continued to advocate for stronger legal protections for GBV survivors. This included support for new laws and amendments to existing laws to enhance protection and support for survivors. (UNFPA, AR 2021)
- **National Action Plans:** UNFPA supported the development and implementation of national action plans to combat GBV. These plans outlined clear strategies and actions to address GBV at the national and community levels.
- **Policy Advocacy:** In 2023, UNFPA continued its policy advocacy efforts to strengthen the GBV response framework. This included advocating for policies that promote gender equality and protect GBV survivors.
- **Integration of GBV Services:** The integration of GBV services into the national healthcare system was a significant achievement. This ensured that GBV survivors could access comprehensive care, including medical, psychological, and legal support, within the healthcare system.

Institutional Mechanisms:^{473 474}

- **Training Healthcare Providers:** UNFPA provided training for healthcare providers on using the newly developed clinical protocols. This training ensured that healthcare providers were equipped to offer appropriate care to GBV survivors.
 - **Training Details:**
 - 258 youth-friendly service providers from 17 regions were trained on crisis communication and other relevant skills
 - 64 school psychologists and biology teachers were trained on life-skills-based education, including GBV prevention.
 - 200 teachers and specialists of education were trained on reproductive health and GBV prevention.
- **Expansion of Support Services:** The report highlights the expansion of support services for GBV survivors, including the establishment of more support centers and hotlines. This increased the accessibility and availability of services for survivors.
- **Capacity Building:** UNFPA's capacity-building efforts in 2022 included training for healthcare providers, social workers, and law enforcement officials on GBV response. This training emphasized a survivor-centered approach and the importance of coordination among sectors.
 - **Training Details:**
 - 18 ustazes (teachers) were trained on family planning, maternal and reproductive health, and GBV prevention.
 - 25 social support service providers for people with disabilities were trained on MSR to GBV.
 - 57 government representatives, civil society organizations, male activists, and journalists were trained on engaging men in GBV prevention.

- **Community Engagement:**⁴⁷⁵ The reports highlight community engagement initiatives aimed at changing social norms and attitudes towards GBV. These initiatives involved community leaders, men, and boys in discussions about gender equality and the prevention of GBV.
- **Enhanced Training Programs:** UNFPA enhanced its training programs for healthcare providers, social workers, and law enforcement officials. These programs focused on improving the quality of care and support for GBV survivors.
 - **Training Details:**
 - 50 men in Turkestan and Atyrau were trained on GBV prevention.
 - 10,130 Y-PEER volunteers across Kazakhstan were trained on SRH, gender equality, and GBV prevention.
 - 38 journalists and specialists of the regional media were trained on gender-sensitive journalism and GBV coverage.
- **Multisectoral Coordination:** The reports underscore the importance of multisectoral coordination in addressing GBV. UNFPA facilitated coordination among various sectors to ensure a holistic and effective response to GBV.

SUMMARY OF FINDINGS

Strengthening Policy Framework: UNFPA has significantly strengthened the policy framework related to GBV in Kazakhstan from 2021 to 2023. Through advocacy and support, UNFPA has contributed to the development and implementation of national standards, clinical protocols, and legal frameworks that provide robust protections for GBV survivors. These efforts have ensured that GBV is addressed comprehensively within the national health and legal systems.

Enhancing Institutional Mechanisms: UNFPA's efforts to enhance institutional mechanisms have focused on training and capacity building for healthcare providers, social workers, and law enforcement officials. By equipping these professionals with the necessary skills and knowledge, UNFPA has ensured that GBV survivors receive appropriate and effective care. The expansion of support services and the establishment of more support centers and hotlines have also increased the accessibility and availability of services for GBV survivors.

KIIs contributions:

- UNFPA supported people with disabilities - relevant materials were translated to adapt to the needs of people with various disabilities (sight, hearing, learning disabilities). Kazakhstan now has translators into the easy-to-read format (learning disabilities)
- trained social workers on signs of violence against PWD

KSCDID developed:

- guidelines on work with key populations and groups
- roadmap on reduction of stigma and discrimination of key population from health staff (so far 12% of specialists have been covered)
- clinical protocols on HIV incorporate the needs of children, adolescents,⁴⁷⁶ pregnant, MSM⁴⁷⁷

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| 1.2 Strengthened policy framework and institutional mechanisms on changing discriminatory social norms contributed to reduction of the unmet need for family planning and the reduction of the gender-based violence | <ul style="list-style-type: none"> • UNSDCF UNFPA-related priorities/ outcomes • Extent to UNFPA contribution to UNSDCF priorities/ outcomes • CPD goal/objectives/outcome&output indicators • State data (available) • List of policies and extent of their contribution to reduction of the unmet need for family planning and | <ul style="list-style-type: none"> • UNSDCF, UNFPA SP/CPD • CPAPs/ Annual Reports • National policy/strategy documents • UNFPA FP/GBV related surveys, policy, | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with UN institutions • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, |
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| | <p>the reduction of the gender-based violence</p> <ul style="list-style-type: none"> • Evidence of contribution of strengthened policies to reduction of the unmet need for family planning and the reduction of the gender-based violence | <p>communication, and census data</p> <ul style="list-style-type: none"> • Other relevant studies related to FP/GBV context, including those produced by the government, academia, the United Nations agencies, international human rights organizations, and reports produced by IPs/ community-based/ local organizations • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV | <p>including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA</p> |
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Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- UNSDCF Kazakhstan 2021-2025
- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- Annual report 2021, 2022, 2023
- National policy/strategy documents
- National reports The Concept of Family and Gender Policy in Kazakhstan until 2030
- Annual reports 2021, 2022, 2023
- Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report

FAMILY PLANNING

SUMMARY of FINDINGS.

Observed documents demonstrated that strengthened policy framework and institutional mechanisms in Kazakhstan on changing discriminatory social norms contributed to the reduction of unmet need for family planning and the reduction of gender-based violence and harmful practices. This was achieved through applying human rights-based and gender transformative approaches, and integrating multisectoral policies, as well as building the capacity of youth-friendly organizations and their beneficiaries, facilitating the improvement of quality of care and services, which addresses the needs of those left furthest behind, including people with disabilities.

Adolescents and youth

In **2022**, the **Social Health Insurance Fund** allocated 2.2 billion Kazakh Tenge (US\$4.7 mln), using a financial model developed by the UNFPA CO, and **contracted over 100 providers** of youth-friendly health services. Primary health care specialists carry out outreach and preventive work with the assigned population at the healthy child's office, health schools, youth health center (office), when serving patients at home, as well as through information communication channels (radio, television, social networks).

A Report on the implementation of the Concept of Family and Gender Policy Action Plan for 2022 shows that **the YHCs became an independent healthcare organization or a structural unit of a healthcare organization** providing outpatient care, and in general, **191 YHCs** operate in the country, including **67** centers in rural areas. The number of adolescents and young people **contacted by YHC increased by 2.5 times** between 2021 and 2022, resulting in 728,628 individuals⁴⁷⁸.

In addition, UNFPA conducted a series of trainings in 2022, resulting in more than **15,000 young people** participated and received consultations on topics reproductive health and rights, gender equality and safe behavior.

During 2021-2022, the shyn.kz social media package (Tik Tok and Instagram), administered by the UNFPA CO, was providing teenagers with opportunity to receive free consultations on a wide range of sexual and reproductive health issues anonymously, has registered an increase in Tik Tok followers number (65, 000), with the most popular video hitting the 8 million views mark.

In 2023, **MoH approved the standard** for the reproductive and mental health care provision for minors aged ten to eighteen. Different health providers, such as local therapists, general practitioners, obstetricians-gynecologists, emergency medicine staff, midwives, nurses, and YFSs clinic professionals should **provide medical care through (1) YHCs, established in cities** with at least 40,000 people aged ten to twenty-nine years and **(2) structural units (youth health office) of a health care organizations** providing primary health care with a population of less than 40,000 people aged ten to twenty-nine years under the Mandatory Social Health Insurance system (MSHI).

In addition, in 2022, the biology curriculum in schools was updated with information about types of contraception for Grade 9, and the topic of expressing one's opinion regarding the issue of gender equality is included in the standard curriculum for the subject "Foreign language (second). English" for the Grade 10 of the social and humanitarian direction at the level of general secondary education⁴⁷⁹.

The reduction in the unmet need for family planning

According to **the National report** on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women⁴⁸⁰, "the country ensures access to safe and effective methods of contraception, thereby preventing unwanted pregnancies. By the end of 2022, **contraception coverage increased by 1.9% (32.9%)** compared to 2020".

In **2023**, ensuring **contraception coverage** for women of reproductive age, and mental and **reproductive health care**, including the **provision of family planning services, have become some of the main areas of primary health care**⁴⁸¹.

In **2023**, three types of contraceptives (emergency contraceptives, hormonal, and intrauterine devices) were added to the National Formulary list with UNFPA support. This allows medical organizations and hospitals to purchase **modern**⁴⁸² **methods of contraception** funded from the local budgets and dispense them to vulnerable groups free of charge.

Standard educational programs for medical and pharmaceutical specialties⁴⁸³ were updated in 2023 with practical skills, manipulations, and procedures related to family planning and contraception counseling for specialties in Medicine and Pediatrics.

In **2024, new professional standards** were approved for healthcare sector⁴⁸⁴. Several important additions included **skill in providing advice on family planning and contraception, knowledge of principles of organizing the work of a family planning office, contraceptive methods** for General Practitioners; **skill in selecting emergency contraception**, prescribing post-exposure prophylaxis for HIV and STIs, as well as tetanus vaccine prophylaxis **for survivors of GBV, knowledge of principles of family planning and contraceptive methods** for Family medicine doctor, Advanced Practice Nurse(s), Local doctor and (or) General practitioner.

Leaving no one behind and reaching the furthest behind first

In 2022 the standard for organizing the provision of obstetric and gynecological was supplemented with an annex, where Tactics of conducting dynamic observation of women of fertile age at the level of primary health care was defined to cover **100 per cent of socially vulnerable women** (social risk group 5) with effective contraceptive methods⁴⁸⁵.

In Kazakhstan, **68 family support centers** have been established by 2023 and with a target to increase by 143 in 2025⁴⁸⁶. **Family support centers offer a wide range of consulting services on a “one-window” basis to specific groups of citizens** such as large families, persons with disabilities, single-parent and low-income families, and parents raising children with disabilities. These services include psychological, social, and legal assistance, as well as comprehensive support aimed at strengthening the institution of family.

The reduction in gender-based violence and harmful practices

The Fifth and Sixth Consolidated Periodic Report on the implementation of the Convention on the Rights of the Child⁴⁸⁷, issued in December 2021, underlined that in 2020, 3,162 cases of early pregnancy were registered, of which 2,777 teenage girls terminated their pregnancies. **The number of registered cases of early pregnancy decreased by 1,586 cases**, or 33.4%, compared to 2017. **The birth rate among adolescent girls aged 15 to 19 years** in 2020 was 23.17 in this age group per 1,000 births, **decreasing by 4.93 points, or 17.5%**. However, teen birth rates remain high. The birth rate of children among Kazakh teenagers is 5-6 times higher than in developed countries.

A review of the country's documents and reports on key areas related to the evaluation subject indicates significant shifts toward greater awareness and support at the policymakers' level.

Thus, in **2023**, three constitutional laws came into effect, namely, “On the Commissioner for Human Rights,” “On the Prosecutor's Office,” and “On the Constitutional Court”, which provide citizens with enhanced avenues to redress violated rights and prevent future infringements⁴⁸⁸.

In addition, in **2023 Kazakhstan signed the Third Optional Protocol to the Convention on the Rights of the Child** regarding the referral procedure. This act marked Kazakhstan as the 53rd state to endorse this crucial international human rights treaty. The same year, the Law “On the Ratification of **the Optional Protocol to the Convention on the Rights of Persons with Disabilities**” was adopted, which established mechanisms for its implementation, acceptance, and consideration of personal communications of persons with disabilities.

In the **OECD SIGI 2023 study, Kazakhstan was rated as a country with a low level of discrimination (SIGI index=22%)**.

Kazakhstan is a member of the **UN Human Rights Council for 2022-2024**, in which issues of **gender equality and the empowerment of women are priorities**⁴⁸⁹.

The country has a National Commission for Women's Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan, and corresponding consultative and advisory bodies operate in the regions. Since 2023, the MCI has been designated as the responsible body on gender policy issues within the framework of cooperation with the OECD. A gender policy coordination department has been created within the structure of the Committee for Youth and Family Affairs of the MCI⁶.

According to the Report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women: “in 2022, more than 700 thousand adolescents and young people were provided medical and psychosocial assistance for reproductive and mental health. At the end of the first half of 2023, 404,104 adolescents and young people were provided with medical and psychosocial assistance for reproductive and mental health, which is 39.8 per cent of the target (81 per cent - 327,395 urban

residents and 18 per cent - 76,709 rural residents). Over the past five years, **the number of births among adolescents has decreased by 14 per cent** (from 3,778 to 2,699), and the abortion rate has doubled, from 5.8 to 2.7 per 1,000 adolescents”.

KIIs contributions:

KII⁴⁹⁰ confirmed that UNFPA contributed to the institutionalization and sustaining of services provided by YHCs. Since the digitalization of services within the framework of compulsory health insurance began in 2020, it was necessary to streamline the legislative basis and develop related regulatory legal acts. UNFPA proposals in this area aligned with the strategic goals of the Government, which contributed to the accelerated development of the required materials. The understanding of family planning is increasing among staff members and those who have attended meetings with UNFPA. Cooperation with UNFPA is ongoing, e.g., in May 2024, the YHCs functioning analysis was conducted, and problematic areas were identified. It was also noted that the medical community should be interested in implementing family planning activities and increasing youth awareness of reproductive health and that both (i) training and developing protocols for clinicians and (ii) support in resolving issues of financing the provision of such services and effective distribution of the burden on medical personnel on-site, provided by UNFPA were acknowledged.

GENDER-BASED VIOLENCE

Policy Framework and Institutional Mechanisms:⁴⁹¹

- **Policy and Advocacy:** The CPD highlights the importance of changing discriminatory social norms to address GBV and FP issues. It outlines strategic priorities such as advocating for gender equality, women's empowerment, and integrating GBV response into the national health system.
- **Education and Awareness:** The CPD emphasizes education programs targeting adolescents and young people to promote healthy behaviors and attitudes toward reproductive health and gender equality. This includes integrating comprehensive sexuality education into school curricula to challenge and change harmful social norms.

Key Interventions:⁴⁹²

- **Youth Health Centers (YHCs):** These centers provide services and information aimed at changing social norms among adolescents and young people, promoting gender equality, and preventing GBV.
- **Community Engagement:** UNFPA supports community-based initiatives and campaigns to raise awareness about GBV and reproductive health, addressing misconceptions and promoting positive social norms.

Targeting Social Norms:⁴⁹³

- **Awareness Campaigns:** In 2021, UNFPA conducted several awareness campaigns at both national and community levels aimed at changing social norms related to GBV. These campaigns sought to increase public awareness about the unacceptability of GBV and promote gender equality.
- **Community Engagement:** Community-based initiatives were carried out to engage local leaders, men, and boys in discussions about GBV. These initiatives were crucial in challenging and changing harmful social norms and promoting gender equality.
- **Policy Advocacy:** In 2022, UNFPA continued its advocacy efforts to strengthen legal frameworks and policies that address GBV. These efforts were aimed at institutionalizing changes in social norms at the systemic level.
- **Community Programs:** UNFPA supported community programs that engaged men, boys, and local leaders in discussions about GBV and gender equality. These programs were crucial in changing attitudes and behaviors towards GBV.
- **Digital Platforms and Social Media Campaigns:** In 2023, UNFPA used digital platforms like "Shyn.kz" and social media campaigns to reach a broader audience. These platforms were instrumental in changing social norms related to GBV and reproductive health.
- **Engaging Men and Boys:** UNFPA continued to engage men and boys in discussions about GBV and gender equality through various initiatives, including workshops and training sessions. These efforts were aimed at changing attitudes and behaviors that contribute to GBV.

Training Programs:⁴⁹⁴

- **Training on Life-Skills Based Education:** 64 school psychologists and biology teachers received training that included components on GBV prevention. This training was part of a broader effort to promote and pilot sexuality education.

- **Advanced Training on Reproductive Health and GBV Prevention:** 200 teachers and education specialists were trained on reproductive health, GBV prevention, and harmful practices like early marriages. This training helped in changing social norms through education.
- **Training on Family Planning and GBV Prevention:** 18 ustazes (teachers) were trained on family planning, maternal and reproductive health, and GBV prevention. This training was aimed at raising awareness among followers of Islam in Kazakhstan.
- **Peer-to-Peer Training:** 25 girls and 10 boys with disabilities received training on SRHR, gender equality, and GBV. This peer-to-peer approach helped in changing social norms within the disabled community.
- **Training on GBV Prevention for Men:** 50 men in Turkestan and Atyrau were trained on GBV prevention. This training aimed to reduce the percentage of women who believe a husband is justified in beating his wife in various circumstances.
- **Y-PEER Volunteer Training:** 10,130 Y-PEER volunteers across Kazakhstan were trained on SRH, gender equality, and GBV prevention. This large-scale training initiative aimed at changing social norms among young people.
- **Journalist Training on GBV:** 38 journalists and specialists of the regional media were trained on gender-sensitive journalism and how to properly cover cases of GBV. This training aimed to change the narrative around GBV in the media.

SUMMARY OF FINDINGS

Targeting Social Norms: UNFPA's interventions have effectively targeted social norms related to GBV through a combination of policy advocacy, community engagement, and innovative digital approaches. Awareness campaigns, community programs, and engagement of men and boys have been crucial in challenging and changing harmful social norms related to GBV. The use of digital platforms and social media has significantly expanded the reach and impact of these interventions.

Training Programs: Training programs have played a key role in changing social norms by educating various target groups, including healthcare providers, educators, community leaders, men, boys, and the media. These programs have equipped participants with the knowledge and skills to challenge discriminatory social norms and promote gender equality. Notably, the large-scale training of Y-PEER volunteers and the targeted training of journalists have been particularly impactful in changing social attitudes towards GBV. Overall, the findings demonstrate that UNFPA's interventions have been effective in targeting social norms related to GBV, thereby contributing to the reduction of gender-based violence in Kazakhstan.

KIIs contributions:

- The Youth Health Centers (YHC) supported by UNFPA have significantly improved the access to information and education for the youth in Kazakhstan. It is worth noting that while state health providers often lack the required licenses to carry out programs, NGOs and public foundations like PF Focus on People are duly licensed and actively provide these services. This setup demonstrates the effectiveness of YHC in forming partnerships to fulfill their mission.
- The digital presence of YHC is quite remarkable with more than 214,000 followers on TikTok. This platform not showcases the relevance of the content but its broad appeal, as seen in a single video garnering 72 million views across Kazakhstan, Central Asia, Russia, Ukraine and Latin America. These numbers reflect how deeply YHC connects with people who're increasingly adept at using modern technology and online platforms.
- Despite these achievements many young individuals have limited awareness of YHCs existence leading to utilization rates. This highlights the importance of ramping up activities to ensure that more youth can take advantage of the resources provided by YHC.

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| <p>1.3 The UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need</p> | <ul style="list-style-type: none"> • UNFPA needs assessment data related to culturally sensitive approaches towards FP/GBV • List of policies and extent of their contribution to reduction of the unmet need for family planning and | <ul style="list-style-type: none"> • UNFPA SP/CPD Annual Reports • UNFPA FP/GBV related surveys, policy, | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with donors • Interviews with UN institutions |
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| for family planning and the reduction of gender-based violence has adopted evidence-based and culturally sensitive approaches that resonate with the experiences and perspectives of the target populations. | the reduction of the gender-based violence <ul style="list-style-type: none"> • Evidence of culturally sensitive approaches towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence that resonate with the experiences and perspectives of the target populations. | communication, and census data <ul style="list-style-type: none"> • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA • Observations in field visits |
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Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- UNSDCF Kazakhstan 2021-2025
- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- Annual report 2021, 2022, 2023
- National policy/strategy documents
- National reports
- UNFPA publications/survey resultsThe Concept of Family and Gender Policy in Kazakhstan until 2030
- Annual reports 2021, 2022, 2023
- Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report

FAMILY PLANNING

SUMMARY of FINDINGS. To establish a sound evidence-based foundation for the interventions, UNFPA invested in generating the local knowledge. The UNFPA performed situation analysis in Kazakhstan in comparison with the international experience as a prerequisite for drafting key concepts on family and gender policy, maternal and child health. In addition, UNFPA initiated, financially supported, and conducted studies, assessments, and surveys to obtain information on access to sexual and reproductive health services and information for key populations, and periodically analyzed the challenges faced during task implementation, outlining the lessons learned for planning further interventions. These approaches were based on the socio-cultural relationships of key community actors and aimed at changing discriminatory social norms at different levels to accelerate the reduction of unmet need for family planning and reduce gender-based violence.

The reduction in the unmet need for family planning

The UNFPA CO commissioned a study to support policy-making towards reducing uneven access to and use of modern contraception. The study compared the costs and benefits of including free oral contraceptives in Kazakhstan's state basic benefits package, guiding forecast of the budget impact of providing free oral contraceptives in

Kazakhstan from 2018 to 2022.⁴⁹⁵. In 2019, UNFPA conducted another study demonstrating that regular use of contraceptives by a married couple costs about 1/12 of their annual income, with the recommended level of no more than 1% of annual income⁴⁹⁶.

The protection and promotion of the rights of individuals and groups furthest behind and those in humanitarian, conflict and post-conflict situations

In 2021, the Regional Office of UNFPA in Eastern Europe and Central Asia initiated a third round of assessment in the countries of EECA region. This assessment relies on the revised guidance and tools for evaluating country preparedness to provide The Minimum Initial Service Package (MISP) in crises, to support the delivery of comprehensive SRH care in humanitarian settings. The preparedness assessment of MISP in Kazakhstan demonstrates a level of maturity in regulatory and civil defense frameworks, which have significant potential to enhance specific preparedness mechanisms for deploying MISP⁴⁹⁷.

Leaving no one behind and reaching the furthest behind first

In 2028, UNFPA and the Embassy of the Kingdom of the Netherlands in Kazakhstan financially supported the survey on the status of sexual and reproductive health of youth and their access to sexual and reproductive health services and information, commissioned by the MoH of the Republic of Kazakhstan and conducted by Kazakhstan's independent Public Opinion Research Centre (CIOM) with technical support from the Republican Center on Prevention and Control of AIDS. This sociological survey covered 4,360 students from local schools aged 15-19 from all regions⁴⁹⁸. In 2019, UNFPA conducted the Sociological Survey to Diagnose the Level of Awareness of Contraceptive Methods and Family Planning among Adolescents and Youth.

The purpose of the survey was to assess the sexual and reproductive status of adolescents aged 15-19, their sexual behaviour as well as access to services and information in the area of sexual and reproductive health. Respondents included students of so-called "comprehensive schools" and colleges specializing in specific subjects; universities and vocational schools, young people working in cities and in rural areas, military conscripts and young people not working. A total of 4,360 young people were interviewed, among them 2,276 boys and 2,084 girls. Broken down by different categories, the survey involved 919 (21%) students from urban and rural schools, 889 (20%) college students, 861 (20%) university students, 405 (9%) military conscripts, 858 (20%) employed youth and 428 (10%) unemployed and out-of-school youth from all 17 regions of Kazakhstan. The share of young men was 52.2% and the share of young women 47.8%. The sample chosen of young people is statistically representative in terms of gender, age, ethnicity, language of instruction in schools and location.

In 2021, the UNFPA CO supported the development of manuals to provide care for GBV survivors over the age of 18 with vision and hearing disabilities at the PHC level. These types of disability were selected based on the consultations and discussions with national experts and other stakeholders. At the same time, the Kazakh Scientific Center for Dermatology and Communicable Diseases finalized the HIV Recency Survey with UNFPA support to provide more accurate epidemiological data on the person, place of residence, and time of early HIV-infected individuals for evidence-based planning programs to eliminate the HIV epidemic by 2030. The study involved 3,800 respondents diagnosed with HIV infection from 17 regions and more than 60 participants from the MoH, all the Oblast AIDS Centers of Kazakhstan, international organizations, and NGOs sensitized on the findings of the surveys.

Further, the **Brochure for pre-marriage consultations** materials on family values, prevention of GBV, responsible parenthood, FP, SRH in accordance with Islam canons for couples wishing to get married in mosques consistent with the canons of Islam, developed with UNFPA support, **were approved by the Spiritual Administration of Kazakhstan's Muslims (DUMK)** in 2021, **distributed to all (3000) mosques across the country**, and are used by clergy to provide them to those entering into marriage and advise them on the above-mentioned issues.

UNFPA annual reports indicate culturally sensitive approaches that resonate with the experiences and perspectives of the target populations. For instance, basic informational package materials for PWD on maternal and reproductive health and reproductive rights, family planning and prevention of unintended pregnancies and STIs including HIV developed in formats **adapted for PwD with different disabilities**.

Shyn.kz was available in both Kazakh and Russian, making it possible to address inequalities in access to sensitive information, especially for people living **in rural areas**.

In 2021 the website became one of the popular sources of information **for young people**, during its first year of operation alone, it has reached an average of 4,500 visits per month, but at the time of the evaluation, the communication service package was not available in Kazakhstan (May 2024).

Strengthening data systems and evidence

In 2021, the UNFPA CO participated in two regional surveys: (i) Assessment of Capacities for Cervical Cancer Prevention in the UNFPA Eastern Europe and Central Asia Region, where the national strategic long-term priorities and the UNFPA and WHO support areas were identified; and (ii) Infertility and Assisted Reproductive Technologies: From Demographic Perspective to Human Rights Imperative, which provides recommendations on the national priorities for infertility prevention and treatment.

In addition, the UNFPA CO supported the development of algorithms for monitoring and evaluation of Assisted Reproductive Technologies, the business processes for the national health information system that would improve the planning and budgeting of ART in the public and private health care systems.

The Annual reports of the UNFPA CO include analyses the challenges faced during task implementation and outlines the lessons learned.

For instance, in 2022, **the Bureau of National Statistics, jointly supported by UNFPA and UN WOMEN**, conducted data collection for the Violence against Women and Girls national survey, which covered 16,000 respondents. The VAWG was initiated in 2021 with the development of survey methodology, sampling frame, and data collection instruments, such as the survey questionnaire and formats for interviews with respondents and experts (quantitative and qualitative studies). The survey questionnaire was tested in both languages in April 2022 in the Taraz region. The survey administrators faced several challenges during the 2022 VAWG survey. These included a limited budget due to insufficient allocations from the state budget, as well as low payment for interviewers' services (about \$2 per completed questionnaire). This low payment led to a high turnover of interviewers due to their lack of motivation. The interviewing process was complex due to the sensitivity of the questions asked and required special skills to lead respondents to have open conversations. Additionally, no incentives were provided for respondents, which decreased their motivation to answer the sensitive survey questions. These factors made data collection difficult and resulted in the replacement of interviewers and respondents who refused to answer the survey questionnaire.

Other lessons learned related to communication: “Close cooperation with programme officers have proved to be key for focused and streamlined communication. Experience exchange with colleagues from the region is also proved to be important and much needed since we share similar mentality and similar challenges in the outreach work – the exchange of knowledge and ideas should become a regular practice at least within the Central Asian region. Another important lesson - UNFPA mandate messaging is the most ‘digestible’ and understandable for the public when it comes as a creative and entertaining product - exhibitions, murals, concerts, open-public, informal forums. Since UNFPA has a very broad and somewhat sensitive mandate, it is important to find entry points within the target audiences to penetrate their information bubbles with our messaging.”

The following comments in the 2022 Annual Report is notable: “regardless of numerous developed policy papers and meetings held at different levels, **the Family planning is still seen as a mean for regulating of birth**. Therefore, along with continuation of the advocacy and policy dialogue activities, the CO should make more efforts on creating demand for FP means, i.e. changing social norms and attitudes. A clear shift from financing to funding was demonstrated through the project implemented since 2020 by introduction and implementing the standardized youth-friendly health services into the healthcare system and ensuring the sustainable financial resources from the National Social Health Insurance that led to increasing number of YFSs providers. Under these circumstances, there is a need to further strengthen both directions of activities: **(i) promoting YFSs among schools and parents and (ii) accelerating the capacity building of health workers on providing YFSs.**”

In 2022-2023, UNFPA and UN WOMEN supported the Bureau of National Statistics in analyzing the data collected during the national survey "Women's Safety and their Life Experiences." UNFPA also helped develop **the VAW data dissemination and communication plan**. In 2023 UNFPA with UNICEF provided technical assistance in selecting proper indicators related to maternal health, family planning, and attitudes towards domestic violence. UNFPA also contributed to the discussion of MICS questionnaires on Contraception and Unmet needs, and provided clarification of indicators and interview methodology on these issues during the pre-test training and PAPI test on 100 households. The National VAWG survey was conducted, data analysed and the report will be published in 2024.

KIIs contributions:

KII⁴⁹⁹ underlined that the key for successful implementation of UNFPA activities at the regional level was the adaptation to local conditions, especially in areas with conservative mentality and language barriers. UNFPA sent to the region an expert with deep knowledge of the local mentality, language, and cultural characteristics who has been able to provide support and guidance to KP 24/7. For example, from 2017 to now on, a specialized chat on social media has remained active, where employees of SPS centres exchange opinions and experiences in the combatting against domestic violence and raising awareness of vulnerable people about family planning. UNFPA representatives provided mentorship, and regions look forward to trainings conducted by UNFPA.

An example of successful outreach is the emergence of interest among representatives of marginalized groups, especially unemployed youth, who become leaders in their communities through knowledge and understanding obtained as a result of UNFPA's efforts and are willing to further work within their communities to promote nonviolence—increasing respect for women. Further continuous support of UNFPA in this direction is necessary to further influence on the population's behaviour. For medical practitioners – nurses and psychologists – technical recommendations and video tutorials with algorithms for working with key population groups were developed and distributed among local health authorities (departments) with the support from UNFPA and the Swiss Embassy.

Another KII⁵⁰⁰ highlighted the importance of conducting analytical work with UNFPA CO staff for finding solutions to systemic problems related to family planning and gender-based violence. For example, UNFPA and IP conducted cluster training on the Men engage concept in the Southern and Western regions of the country, where society is most stigmatized. During fieldwork, they observed the behaviour of wives whose husbands were recruited. Considering the specifics of social and cultural contexts, in 2023, this was transformed into the development of methods for premarital counselling of couples. Such projects have become a marker of influence on social norms. The government bodies like MCI began to respond to the changes and started to plan activities to influence society on gender equality issues.

KII⁵⁰¹ provides another example of applying UNFPA's evidence-based approach to developing a Roadmap for preventive work. They conducted research, engaged with obstetricians-gynaecologists in primary health care maternity hospitals, and interviewed pregnant women. During these interviews, it was discovered that some information about infection cases did not reach the proper recipients due to a lack of data integration. Another KII⁵⁰² noted that in a study conducted with UNFPA representatives in remote rural regions, it was found that people with disabilities are the most exposed to violence and, as a result, provided separate training on working with people with disabilities. UNFPA's contribution demonstrated on this example was not only about professional approach to work but a manifestation of humanity, and an in-depth study of possible influence factors on key population groups. KII⁵⁰³ reported on joint research of the work of SPS centres which identified a high need to expand the outreach of such centres to those in need of assistance. For example, one centre provided services for 20 places, later was increased to 50, but the number of those who needs the centre's support exceeds 700. Thus, the UNFPA attracted the attention of local authorities to the presence of a broader problem that needs further expansion of assistance, and further UNFPA's input in continuing to educate the population and inform policymakers, as well as in assisting in the development of legislative acts.

The following KII's⁵⁰⁴ opinion describes tendency, which is common among national counterparts and stakeholders, including health professionals, to deny evidence-based information and approach. This trend is less related to a lack of knowledge and is more caused by a general mistrust to government institutions, followed by the increasing fragmentation and marginalization of society. That is why more effective tools for interaction within the political constraints of the government and the UN system's ethical framework are required. According to the KII, further interventions should be related to developing GR and PR strategies.

Another KII⁵⁰⁵ supposed that developing a communication strategy for UNFPA with planning capacity building for journalists on inclusive language and ambassadors on different topics would be effective for improving awareness of the population about UNFPA. The following examples illustrate the effectiveness of communication activities related to family planning (FP): in 2021, UNFPA collaborated with journalists, bloggers, and media outlets, and organized events such as the Family Day roundtable and the 16 Days exhibition in partnership with the media. UNFPA Honorary Ambassador Kaliya also participated in these events⁵⁰⁶. UNFPA messages were widely shared on social media, resulting in a significant increase in engagement and readership, with almost 7,000 followers on UNFPA's Instagram account⁵⁰⁷. In 2022, the social media package on shyn.kz (TikTok and Instagram), managed by UNFPA's IP Focus on People Foundation, saw an increase in TikTok followers (65,000), with the most popular video reaching 8 million views⁵⁰⁸. UNFPA also organized exhibitions in public spaces, such as the "Ordinary Objects" exhibition in Geneva in collaboration with the Representation Office of Kazakhstan in UN Geneva, and the "Parental - an equal opportunity" photo exhibition dedicated to MenEngage with support from the Embassy of Sweden. Furthermore, UNFPA worked with the Embassy of Canada to unveil a large mural for the 16 Days of Activism in a public park. In 2023, approximately 40 media outlets covered UNFPA's activities on aging, adolescent pregnancy, gender equality, demographics, the Central Asian debates tournament, the Day of Older Persons, the publication of a children's tales book,

ForumFathers' Forum, and an art installation unveiled at the Nurly Zhol train station in collaboration with UNDP, UN Women, WHO, and UN RCO. Overall, UNFPA had over 200 media mentions covering its interventions and IP activities⁵⁰⁹. Another KII⁵¹⁰ noted that one ambassador can't be influential to all the population groups and that the differences between Kazakh and Russian or other language speakers should be considered, also taking into account different perceptions and a variety of confessions. Advocating for some ideas or promoting some specific information could even be unsafe. It is important to give sufficient materials on the topic to ambassadors and strengthen their capacity. During preparedness, the ambassador may improve his knowledge, making information more clear and understandable for target population.

GENDER-BASED VIOLENCE

Evidence-Based Approaches⁵¹¹:

- **Data-Driven Interventions:** UNFPA has utilized data to inform GBV interventions, ensuring that programs are targeted and effective. This evidence-based approach helps in addressing specific needs of GBV survivors by using accurate data to shape policies and programs.
- **Research and Surveys:** Numerous surveys and studies conducted by UNFPA, in collaboration with local ministries, provide evidence that informs GBV interventions. This includes data on the prevalence of gender-based violence and the effectiveness of response mechanisms.

Culturally Sensitive Approaches^{512 513}:

- **Community Engagement:** UNFPA's approach involves engaging with local communities to understand their unique cultural contexts. This includes working with community leaders and influential figures to promote GBV awareness and prevention in a culturally respectful manner, which ensures interventions align with local values and beliefs.
- **Tailored Communication Strategies:** Communication strategies are adapted to resonate with cultural norms and values of different communities. This includes using local languages and culturally relevant messages to promote GBV awareness and prevention, making the interventions more effective and accepted by the target populations.
- Continuous feedback mechanisms have been established to gather insights from the target populations, enabling the adaptation and improvement of GBV interventions to remain culturally sensitive and effective.

Integration of Local Perspectives^{514 515}:

- **Participatory Approaches:** UNFPA employs participatory approaches in designing and implementing GBV interventions, actively involving GBV survivors and community members. Their experiences and perspectives are integral to shaping interventions that are relevant and effective. Participatory approaches have been emphasized in the design and implementation of GBV interventions, involving community members and GBV survivors in the development process. This approach ensures that the programs reflect the real needs and experiences of the target populations, thus increasing their relevance and effectiveness.
- **Tailored Communication Strategies:** Communication strategies developed by UNFPA are tailored to resonate with the cultural norms and communication strategies that consider local cultural contexts have been significant in raising awareness and educating the public about GBV. These strategies include using local languages and culturally relevant messages.
- **Training and Capacity Building:**
 - UNFPA has focused on building the capacity of healthcare providers, law enforcement, and social workers through training programs on evidence-based clinical protocols for GBV care. This initiative ensures that these professionals are well-equipped to handle GBV cases effectively and sensitively.
- **Collaboration and Coordination:**
 - The establishment of multi-sectoral coordination mechanisms involving various stakeholders, including government agencies, civil society, and international organizations, has been a critical element of UNFPA's strategy. This collaboration ensures a comprehensive and cohesive approach to addressing GBV.

SUMMARY OF FINDINGS

The findings underscore the significant relevance of UNFPA's support in strengthening policy frameworks and institutional mechanisms to address GBV in Kazakhstan, adopting evidence-based and culturally sensitive approaches that resonate with the local experiences and perspectives.

KIIs contributions:

Need careful selection of language, particularly in addressing sensitive topics such as Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV), it is critical. The collaboration with UNFPA is a genuine and comprehensive partnership, where globally tested best practices are thoughtfully adapted by top experts to meet the specific needs and meet local realities.

The collaboration shows that young people have shifted away from printed materials, expressing a clear preference for electronic versions. This digital trend is coupled by an increasing demand for modern educational tools like moulages, which are becoming popular. These electronic aids are not only engaging but can realistically simulate complex biological processes, such as menstrual and labor pains, providing young individuals with the hands-on learning experiences they seek.

Currently, there are 117 Youth Health Centers across the country, including 7 regional centers. The latter are mostly equipped with these innovative techniques and are able to enhance educational outreach and engagement among the youth.

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| I.4 The UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence has engaged in meaningful consultation and collaboration with key stakeholders, including affected communities, civil society organizations, and government agencies, to ensure that its interventions are contextually relevant and responsive to the diverse needs and realities of the target populations. | <ul style="list-style-type: none"> • List of consultation and collaboration with key stakeholders, including affected communities, civil society organizations, and government agencies, • List of interventions that were contextually relevant and responsive to the diverse needs and realities of the target populations • Evidence of UNFPA support that were contextually relevant and responsive to the diverse needs and realities of the target populations | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with donors • Interviews with UN institutions • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA • Observations in field visits |
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Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- UNSDCF Kazakhstan 2021-2025
- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- Annual reports 2021, 2022, 2023

- National policy/strategy documents
- National reports
- UNFPA publications
- UNFPA Communication PlanThe Concept of Family and Gender Policy in Kazakhstan until 2030
- Annual reports 2021, 2022, 2023
- Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report

FAMILY PLANNING

SUMMARY of FINDINGS. The UNFPA consults with policy and decision-makers, health professionals, and medical students to sensitize them to respond to the diverse needs and realities of the target populations. This was achieved through training, establishing partnerships with universities, collaborating with academic societies and authorized bodies to ensure the integration of international recommendations on capacity building, and organizing outreach activities among the KP/PLHIV community to change social norms and provide access to medical care.

The reduction in the unmet need for family planning

Based on the UNFPA report, output indicator **“Contraceptives included into the Kazakhstan National Pharmaceutical Formulary”** was achieved through the UNFPA CO interventions in 2021 – 2022: **165 policy and decisionmakers** were sensitized on the need of inclusion of contraceptives into the Formulary and further support was provided by training of over **386 health professionals** from the primary health care and **168 medical and residency students** in family planning and modern contraceptives at the innovative distance-based learning platform “srh.org.kz”.

Strengthening the health education system so that it responds to gender and age needs and sexual and reproductive health and reproductive rights

The UNFPA CO interventions under the output indicator “Proportion of healthcare professionals trained and certified through a distance learning platform on family planning and modern contraceptives, with a focus on promoting international norms and standards in the medical education system,” began **by establishing partnerships with four leading medical universities** in the country: Karagandy Medical University, Semey Medical University, Asfendiyarov Kazakh National Medical University, and West Kazakhstan Medical University. These partnerships **covered 80% of all medical students** in the country and involve the development of new curricula that align with the UNFPA mandate for postgraduate medical education on “Organizing and provision of youth-friendly services” and “Providing social care services in youth-friendly centers.” The new curricula were approved by the National Academic Council in 2022.

UNFPA **collaborates with academic societies** and engages in advocacy activities with **authorized bodies**, such as **the Republican Academic Council**, to ensure the integration of international recommendations and standards into medical education curricula. According to the annual reports, collaboration and coordination between **UNFPA and UNDP** in developing regional model SOPs and training package have brought good results.

Leaving no one behind and reaching the furthest behind first

UNFPA focuses on empowering NGOs to change social norms and ensure access to comprehensive SRH services for Leaving No One Behind (LNOB) communities.

UNFPA supported the activity of **the Association of Women with Disabilities "Shyrak"** of creating a group of national experts capable of translating information into an "Easy-to-Read" format for individuals with intellectual disabilities. This was achieved through the training of 10 specialists from NGOs, medical and social institutions, special schools, and colleges.

In 2023, the UNFPA CO provided assistance to **the “Community Friends” NGO** by facilitating training sessions for 15 healthcare professionals from the **Atyrau Regional AIDS Centre**. The training focused on contributing partnerships and collaboration with KPs, with special focus on MSM, HIV sentinel surveillance (SS) among MSM and SW. In Mangistau region, 15 staff members of the **Mangystau AIDS Centre** built capacities with UNFPA support. In addition, the local **NGO “Aser”** was provided with equipment.

and training support by UNFPA to expand their mandate to work with MSM. As a result, over 100 MSM raised their awareness on HIV prevention, testing, and PREP and were involved in the first in the region HIV SS.

In 2023, the UNFPA CO shared communication and visual materials on social media and with key stakeholders to highlight the status, needs, and positive perceptions of older people.

The Ministry of Labour and Social Protection recognized UNFPA's technical support and expertise in promoting and further developing policies for older people and implementing the corresponding National Action Plan in Kazakhstan.

The partnership with **the Spiritual Administration of Muslims of Kazakhstan (DUMK, Muftiyat)** resulted in the development and approval of a methodological package for the educational course. 18 teachers (ustazes), including 13 male and 5 female teachers, from nine college-madrasas in Kazakhstan were trained through a TOT program in 2022.

The report of the UNFPA CO underlined long-term success in setting up and developing **a network of young volunteers** in Kazakhstan, with engagement of several advanced trainers on human rights and gender issues. In 2023, UNFPA was approached by Youth Resource Centres throughout the country to increase their staff's knowledge on the topics of SRHR, gender, harmful practices, and bullying. UNFPA engaged volunteers from the **Y-PEER** network to provide training sessions.

Advocacy and communications initiatives

In 2021, the readership of UNFPA CO and their engagement increased, and UNFPA messages were widely disseminated across all **social media platforms** among more than 10,000 followers. Shyn.kz communications package was regularly updated.

The Ambassador of Canada, the UN, and 16 embassies initiated a program to visit educational institutions across Kazakhstan and deliver talks on gender-based violence (GBV). This initiative was conducted under UNFPA leadership and covered 18 cities reaching 20 **educational institutions, including schools, colleges, and universities**. 38 representatives from **youth organizations of Central Asia**, including 5 representatives from Kazakhstan, participated in the regional forum of youth-led and youth-serving organizations on Spotlight Initiatives, implemented under the CO programme.

In 2022, the UNFPA CO, jointly with **WHO Kazakhstan**, co-organized the Central Asian Sub-regional conference “COVID-19 pandemic realities to brighten the spotlight on children's and adolescents' health”, where Kazakhstan's experience in providing various YFSs was shared with 60 **health professionals from the country's YFCs, Kyrgyzstan, Tajikistan, and Turkmenistan**.

The annual report of UNFPA CO emphasized that collaboration with **journalists, friendly bloggers, and media outlets** has expanded. UNFPA CO major events, such as the Family Day roundtable and the 16 Days exhibition, were carried out in partnership with the media and with the engagement of UNFPA **Honorary Ambassador Kaliya**.

KIIs contributions:

Several KII⁵¹⁶ noted the importance of UNFPA advocacy in building dialogue with local authorities and ministries, and in providing access to platforms where information on family planning and gender equality will be broadcast. For example, Y-PEER coordinators often face limited access to schools, where not all managers understand the importance of this volunteer movement, or the volunteers themselves face misunderstanding and reproach from peers or their parents.

At the level of government agencies, the importance of consulting and cooperating with UNFPA is seen in terms of access to information about modern technologies and international experience, as well as in obtaining an independent external view on how norms and regulations posed by government agencies work in practice⁵¹⁷.

KII⁵¹⁸ highly appreciates the role of UNFPA in preparedness and constant consultation on issues of gender-based violence in pilot regions, where a chat has been created with all heads of SPS centres and their partners

GENDER-BASED VIOLENCE

Before implementing a joint response algorithm and monitoring protocols, specialists involved in handling GBV cases including doctors, psychologists, social workers, and police officers received comprehensive training. This preparatory phase ensured that all parties were adequately equipped with the necessary skills and knowledge to address GBV effectively and sensitively. The training covered various aspects of GBV management, emphasizing trauma-informed care and legal accountability.

Monitoring and Follow-Up

Post-training, the work of the specialists, particularly in their interactions with both victims and abusers of GBV, was closely monitored for a period of 90 days. This follow-up phase was crucial for assessing the practical application of the training and the effectiveness of the joint response algorithm. It provided valuable insights into areas requiring further intervention or additional support, ensuring continuous improvement.

Three-Tiered Approach to GBV Prevention and Counteraction

Our strategy to combat GBV is structured around a three-tiered approach, designed to address the issue at multiple levels:

Personal Level: Interventions at this level are tailored to individuals within the

Policy Alignment and Advocacy^{519 520} :

- **Alignment with National Policies:** UNFPA's interventions were aligned with national priorities and strategies, ensuring that they complemented and supported the existing policy framework. This alignment was critical for the sustainability and institutionalization of the interventions.
- **Advocacy for Policy Reforms:** UNFPA actively engaged in advocacy for policy reforms and the development of national standards and guidelines for GBV response services, which helped institutionalize respectful and supportive practices within the healthcare system.

Engagement with Stakeholders:⁵²¹

- **Consultations and Collaboration:** UNFPA has engaged in comprehensive consultations and collaborations with various stakeholders, including government agencies, civil society organizations, community leaders, and affected communities. This engagement ensured that interventions were tailored to the specific needs and realities of the target populations.
- **Examples of Collaboration:** Key stakeholders such as government ministries, NGOs, community leaders, and international partners were actively involved in the design and implementation of programs. This participatory approach ensured broader acceptance and sustainability of the interventions.

Contextual Relevance and Responsiveness:⁵²²

- **Tailored Interventions:** Interventions were designed to be contextually relevant, addressing the unique cultural, social, and economic contexts of the target populations. This approach enhanced the effectiveness of the programs in changing discriminatory social norms.
- **Responsive Strategies:** The strategies employed were responsive to the diverse needs of different communities, ensuring that the interventions were not only effective but also sustainable.

Comprehensive and Strategic Interventions:⁵²³

- **Development of Clinical Protocols:** UNFPA supported the development and implementation of clinical protocols for gender-based violence (GBV) care, which provided standardized procedures for healthcare providers and ensured consistent and effective support for survivors.
- **Youth Health Centers (YHCs):** The establishment and strengthening of YHCs provided adolescents and young people with access to comprehensive reproductive health services and information, promoting gender equality and challenging discriminatory social norms.
- **Capacity Building:** Extensive capacity-building efforts, including training programs for healthcare providers, educators, social workers, and community leaders, were conducted to enhance their capacity to implement GBV prevention and response interventions effectively.

Innovative Approaches:^{524 525}

- **Digital Training Platforms:** The introduction of digital training courses and online awareness campaigns helped reach a wider audience, particularly young people, and facilitated the dissemination of information on reproductive health and GBV prevention.
- In 2021, UNFPA introduced five training courses on the Moodle platform (edu-open.kz), covering topics such as adolescent health, social services, developing counseling skills, YHC operations, and crisis communication. These courses were targeted at youth-friendly service providers across 17 regions, integrating modern educational techniques into routine training processes.
- **Community-Based Initiatives:** Community engagement initiatives, such as awareness campaigns and training for community leaders, directly addressed harmful social norms related to GBV, promoting gender equality and respect for women's rights.
- **Online Advanced Training Courses:** Four online pilot courses were launched to address reproductive health and rights, GBV prevention, and harmful practices like early marriages and unintended pregnancies. These courses targeted teachers and education specialists from various regions, using digital platforms to reach a wider audience.

- **Digital Awareness Campaigns:** UNFPA conducted various digital awareness campaigns to change social norms related to GBV. These campaigns utilized social media and online platforms to disseminate information and engage with the public.
- **Expansion of Digital Platforms:**⁵²⁶ In 2022, UNFPA expanded its use of digital platforms for training and awareness campaigns. These platforms played a critical role in reaching adolescents and young people with information on reproductive health and GBV prevention
- **Online Workshops and Forums:**
 - **Regional Online Workshop:** An online workshop discussed preliminary results of a desk review on "MenEngage" in the prevention of GBV, engaging experts and representatives from five Central Asian countries.
 - **Virtual Forum "Like a Girl":** A two-day virtual forum provided a platform for women from Central Asia to exchange ideas and experiences on gender equality and GBV issues. This forum utilized digital tools to facilitate dialogue and learning across borders.
 - **International Online Training:** Representatives from Central Asian theological institutions participated in an online training on strategic partnerships with Muslim religious leaders, focusing on improving reproductive health, family planning, and GBV prevention from an Islamic perspective.
- **Social Media Engagement:** In 2023, UNFPA leveraged social media platforms to reach a broader audience with messages on GBV prevention and gender equality. Platforms like Instagram, TikTok, and the "Shyn.kz" website were instrumental in engaging young people and changing social norms.
- **Digital Training Programs:**
 - **Y-PEER Volunteer Training:** Over 10,000 Y-PEER volunteers were trained on gender equality, and GBV prevention through online platforms and social media, significantly expanding the reach and impact of these training programs.
 - **Training for Media and Journalists:** Journalists and media specialists received training on gender-sensitive journalism and how to properly cover GBV cases. This training included the use of digital communication tools to ensure widespread dissemination and impact.

Training Programs:⁵²⁷

- **Peer-to-Peer Training:** Digital tools facilitated peer-to-peer training sessions, which included the use of online platforms for learning about gender equality, and GBV. This approach was particularly effective in reaching and empowering young people.
- **Blog and Video Development Training:** An online mode of training provided girls from Central Asian countries with skills to develop blogs and powerful videos aimed at eliminating gender stereotypes and harmful social norms.

Capacity Building:⁵²⁸

- **Workshops on Positive Masculinity:** Workshops were conducted to improve understanding of the role of men in promoting gender equality and preventing GBV. These workshops utilized digital tools to facilitate training and engagement among participants from various regions.

SUMMARY OF FINDINGS

UNFPA's efforts in engaging with stakeholders, tailoring interventions to local contexts, and aligning with national policies have been effective in addressing discriminatory social norms related to family planning and GBV. The comprehensive and strategic interventions, supported by robust policy advocacy and capacity-building initiatives, have contributed to significant progress in promoting gender equality and reducing unmet needs in family planning and GBV in the target regions.

KIIs contributions:

- **Individual Level:** In existing environments, focusing on empowering victims and reforming abusers through personalized support plans. This includes psychological counseling, legal assistance, and medical care, tailored to the specific needs and circumstances of each individual.
- **Community Level:** At this tier, the focus shifts to the community, where efforts are made to create a supportive and vigilant environment that can identify and respond to signs of GBV proactively. Community-based programs include training for local leaders, educational workshops for residents, and the establishment of neighborhood watch programs.
- **Societal Level:** The broadest tier involves advocating for systemic changes to laws and policies to prevent GBV, promoting gender equality, and raising awareness through national media campaigns. This level aims to transform societal attitudes and norms that perpetuate violence and discrimination.

Special Initiatives

In addition to these tiers, specialized study of violence against people with disabilities (PWD), are conducted to address the unique challenges faced by vulnerable populations. These studies help in tailoring interventions that are sensitive to the needs of PWD and ensure their inclusion in all GBV prevention strategies.

Communication Strategy

A robust communication strategy has been developed and employed to disseminate information effectively across all levels. This strategy ensures that crucial information about GBV prevention, services available to victims, and ways to seek help is accessible to everyone, thereby enhancing the overall impact of our GBV counteraction efforts.

EQ 2 (Relevance): To what extent the planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence adequately reflect the outcomes of the UNFPA Strategic Plan and outputs stated in the UNFPA Kazakhstan 5th CP?

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|---|--|--|--|
| 2.1 The planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence contribute to the outputs stated in the UNFPA Kazakhstan 5 th CP? | <ul style="list-style-type: none"> UNFPA Strategic Plan outputs & indicators List of the planned CP interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence Extent to which the interventions planned/conducted within the CPAPs reflected the outputs of the UNFPA Strategic Plan | <ul style="list-style-type: none"> UNFPA SP/CPD CPAPs/ Annual Reports UNFPA FP/GBV related surveys, policy, communication, and census data UNFPA Country office staff Implementing partners Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> Document analysis Interviews with government, both national and regional/local Interviews with UNFPA country office staff Interviews with/survey of implementing partners Interviews with NGOs, including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA Observations in field visits |

Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- Annual reports 2021, 2022, 2023
- UNFPA CO interventions

SUMMARY of FINDINGS. The planned interventions of the UNFPA CO contributed to the UNFPA Kazakhstan 5th CP outputs, focusing on concrete actions where the results are visible at the implementation stage, and on establishing a policy dialogue with key participants to address the current context of the country and against the background regional particularities.

The unmet need for family planning

In 2021, the planned interventions of the UNFPA CO were structured and focused on strengthening the education system, advocacy, and policy dialogue/promotion, developing guidelines and regulations, advocacy and policy promotion, and strengthening the capacity of beneficiaries among the five SRH program component: Maternal Health, Family Planning, Youth Friendly services, Health response to GBV and Response to HIV, based on SP 2018 – 2021 outcomes 1 and 2.

The intervention plans of the UNFPA CO 2022 – 2023 on SRH services, information, and education were divided into two outputs: policy and accountability, and quality of care and services and started to expand with specific technical support activities, focusing on **implementing activities to change social norms, such as NGO empowerment, building partnerships and capacities, and working with KPs and South-South and triangular cooperation, digitalization and financing**, based on SP 2022 – 2025 with interconnected outcomes and outputs.

Thus, the planned activities were aimed at contributing to the outputs stated in the UNFPA Kazakhstan 5th CP, with regularly performed identification of challenges and lessons learned during the implementation. The activities of the UNFPA CO **were focused on concrete actions** where the part of results are visible at the implementation stage, such as the development of a fundamental regulatory framework and training materials, **and establishing a dialogue with key participants** at the level of providers and recipients of services.

To further impact on adequate perception of new knowledge, skills and attitudes by the target population, as well as to encourage actions on SRH that would lead to specific development change, the UNFPA CO planned to strengthen comprehensive policy dialogue at all levels of society, and to continue advocacy in collaboration with main partners.

At the same time, the use of modern digitalization technologies for the broad involvement of the entire society and the introduction of a system of data collection and causal analysis of the effectiveness of interventions by consultation with key stakeholders are required to address the current context of the country and against the backdrop of regional particularities such as the vulnerability and high level of homo- and transphobia in Kazakhstan, a high level of stigma and discrimination towards KPs, lack of funding for key areas, financial instability of medical organizations, outdated medical education curricula on SRH, lack of experience and skills, lack of competence, personnel imbalance, legal nihilism, and gap in ensuring responsive, inclusive, participatory, and representative decision-making at the republican and regional levels.

The budget shortfall announced by the Social Health Insurance Fund in February 2024 and the consequences of floods in Kazakhstan require even greater efforts to promote advocacy and technical support and strengthen cross-sectoral collaboration with the Ministry of Culture and Information and other key authorities regarding the unmet need for FP. The key UNFPA CO interventions in 2021-2023 related to the UNFPA Kazakhstan 5th CP outputs are presented in Table I.

Table I

| Outputs stated in the UNFPA Kazakhstan 5th CP | Interventions 2021 | Interventions 2022-2023 |
|--|--|---|
| <p>Output 1. Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind.</p> <p>UNFPA will provide advocacy, policy and technical support including as part of humanitarian preparedness and response in: (a) ensuring universal access to SRH services within universal health coverage, with a focus on FP, 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 SRH 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 SRH; (d) strengthening the health education system so that it responds to gender and age needs and SRHR, including as part of national contingency and preparedness plans; (e) ensuring sustainability of</p> | <p>Communication activities in support to SRH programme component: risk communication workshop for UNFPA staff and MoH; press tour to YHC. Informational advertisement leaflets on shyn.kz and srh.org.kz; partnership with “Мұны білген жөн”; creating and printing of a general brochure for decision-makers and donors on SRH; MH: strengthening of the national medical education system: development of a package of postgraduate distanced-based curricula on quality management of inpatient perinatal care; FP: (1) advocacy and policy dialogue: a Strategy on establishing and ensuring sustainable development of self-regulated professional association; a National Standard on providing family planning services; (2) strengthening of the national medical education system on FP:</p> | <p>1. Policy and accountability ME01: Advocacy/Policy Dialogue and Advice: 1.01 SRHR, GBV and harmful practices integration in national policies, laws, plans and accountability mechanisms; 1.03 Adolescent and youth related policies, laws, plans and accountability mechanisms. ME02: Knowledge Management: 1.01 SRHR, GBV and harmful practices integration in national policies, laws, plans and accountability mechanisms. 2. Quality of care and services ME01: Advocacy/Policy Dialogue and Advice: 2.04 Emergency Obstetric and Neonatal</p> |

| | | |
|--|--|---|
| <p>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 FP, 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</p> | <p>round table meetings; a Road Map on integrating learning platform and mentioned curricula into the national medical education system for 2021-2023; the National Excel-based Calculator on the planning and budgeting contraceptives for vulnerable groups; training courses on health response to GBV, into routine under- and postgraduate education processes, on youth-health friendly services; distance-based learning platform “Family Planning and modern contraceptive methods” (SRH.ORG.KZ); a Round table on abortions and FP; hosting services for the Moodle platform deployment; (3) Conducting a national section of the regional research project “Infertility and Assisted Reproductive Technologies: From Demographic Perspective to Human Rights Imperative”;</p> <p>YFS: (1) developing guidelines and regulations: a National accreditation standard: manuals for youth friendly health providers, for parents on sexual and reproductive health of adolescents; a National standard on youth-friendly health services; (2) strengthening YFS providers’ capacity: training courses on developing counseling skills, crisis communication, YHC operations, social services, adolescent health; (3) advocacy and policy promotion: the unique accounts at Facebook, Instagram and Tik-Tok were created for further promotion Shyn.kz among these social media networks; a Round table meeting; technical maintenance and promotion of the shyn.kz digital information package; developing a deputy inquiry to the Prime Minister on strengthening youth-health friendly services; presentation to the public and professional society manuals and products, related to providing youth-friendly services;</p> <p>Health response to GBV: (1) strengthening of capacity: a round table on presentation developed materials of health system’s capacity to respond to</p> | <p>Care (EmONC); 2.08 Family planning; 2.10 HIV and sexually transmitted infections (STIs).</p> <p>ME02: Knowledge Management: 2.03 Routine maternal and newborn care, including (maternal) mental health; 2.05 Maternal and Perinatal Death Surveillance and Response (MPDSR); 2.08 Family planning; 2.10 HIV and sexually transmitted infections (STIs); 2.12 Gender-based violence (GBV); 2.15 Integrated SRHR service delivery; 2.17 SRH for adolescent and youth (including child marriage);</p> <p>ME03: Capacity Development: 2.04 Emergency Obstetric and Neonatal Care (EmONC); 2.08 Family planning; 2.10 HIV and sexually transmitted infections (STIs); 2.12 Gender-based violence (GBV); 2.15 Integrated SRHR service delivery.</p> <p>ME04: Service Delivery: 2.10 HIV and sexually transmitted infections (STIs).</p> <p>3. Gender and social norms.</p> <p>ME01: Advocacy/Policy Dialogue and Advice: 3.02 Family planning; 3.04 Gender-based violence (GBV); 3.06 GBV and harmful practices (if it covers two or more of the following: GBV, FGM, child marriage and GBSS);</p> <p>ME02: Knowledge Management: 3.04 Gender-based violence (GBV);</p> <p>ME03: Capacity Development: 3.04 Gender-based violence (GBV);</p> |
| <p>Output 2. Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices.</p> <p>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 GBV and reach those furthest behind, including as part of emergency preparedness and response; (c) strengthening governance of a multisectoral coordination mechanism in response to GBV; (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, GBV 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 SRH and GE, 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.</p> | | |
| <p>Output 3. Strengthened systems of data collection and analysis for the formulation of evidence-based national policies and development programmes.</p> | | |

| | | |
|---|--|---|
| <p>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 policymaking and planning at national and subnational levels.</p> | <p>GBV: approval of technical manuals on providing care for GBV survivors: clinical protocol on providing care for GBV survivors, the technical manuals for nurses, social workers, psychologists, paralegal counselling: a training package of online seminars for primary health care specialists on providing essential care and counseling for GBV survivors: conducting seminars “Providing social services to GBV victims at PHC level”, “Providing nursing care to GBV victims at PHC level”, drafting technical manuals on providing care to GBV survivors with above mentioned types of disability at the PHC level.</p> <p>(2) advocacy and policy promotion, incl. MISP/UNFPA CO supported the Assessment of current SRH country emergency readiness and capacity to implement the MISP (Minimum Initial Service Package) in Kazakhstan. Based on the assessment findings, the SRH Preparedness Action Plan in Emergency up to 2024 was developed.</p> <p>Activities on HIV and STI prevention: (1) development of the strategy of knowledge sharing among healthcare professionals working with adolescents and young people on HIV prevention, HIV testing counseling, ART treatment literacy and adherence; (2) capacity building of YHC specialists on HIV issues (package of training and methodological materials). UNFPA supported development of a Policy Paper on HIV and STI in Kazakhstan which will be used for advocacy purposes among policy and decision makers; (3) the desk review on Challenges of access to sexual and reproductive health and HIV services for internal migrants in Central Asian countries and international migrants from Central Asian countries in the Russian Federation, Kazakhstan, and Turkey</p> | <p>3.06 GBV and harmful practices (if it covers two or more of the following: GBV, FGM, child marriage and GBSS).</p> <p>6. Adolescents and youth</p> <p>ME01: Advocacy/Policy Dialogue and Advice: 6.02 Comprehensive sexuality education out-of-school; 6.07 Adolescent and youth leadership and participation</p> <p>ME02: Knowledge Management: 6.01 Comprehensive sexuality education in school; 6.02 Comprehensive sexuality education out-of-school; 6.07 Adolescent and youth leadership and participation.</p> <p>ME03: Capacity Development: 6.01 Comprehensive sexuality education in school; 6.02 Comprehensive sexuality education out-of-school</p> |
| <p>The focus of activities in 2021-2023 related to the UNFPA Kazakhstan 5th CP outputs are presented in Table 2.</p> | | |

Table 2

| Components of intervention area | Focus of activities | | | Outputs of the UNFPA Kazakhstan 5th CP |
|--|--|---|--|---|
| | 2021 | 2022 | 2023 | |
| <ul style="list-style-type: none"> • Maternal Health • Family Planning • Youth Friendly services • Health response to GBV • Response to HIV | <ul style="list-style-type: none"> • Strengthening of the national medical education system • Advocacy and policy dialogue/promotion • Establishing self-regulated professional association on SRH • Conducting surveys • Developing guidelines and regulations • Strengthening capacity • Developing and approving technical manuals on providing care for GBV survivors, with selected types of disabilities • HIV and STI prevention | <p>Output 1. Policy and accountability.</p> <ul style="list-style-type: none"> • Supporting the National Network of Youth-Friendly Health Centers • Supporting the expansion of the National Health Insurance Plan by introducing a Family Couples' Health Passport <p>Output 2. Quality of care and services</p> <ul style="list-style-type: none"> • Promoting international norms and standards in the medical education system • Establishing partnerships with medical universities • Developing new curricula corresponding to the UNFPA mandate • Developing training courses for postgraduate medical education • Strengthen capacity via in-person and specially designed training platforms solutions • Developing Clinical protocols • Promoting a safe abortion • South-South Collaboration • Implementing activities to change social norms among health professionals • Ensuring access to medical care for one of the most marginalized communities | <p>Output 1. Policy and accountability.</p> <ul style="list-style-type: none"> • Adding modern contraceptives into the National Formulary • Developing recommendations for the Government of Kazakhstan on the need to provide free-of-charge modern contraceptives to vulnerable groups • Providing recommendations to include family planning services in the premarital medical examination • Keeping family planning services on other sides of the political agenda of the MoH <p>Output 2: Quality of care and services</p> <ul style="list-style-type: none"> • Training health professionals from the primary health care and medical and residency students in family planning and modern contraceptives at the innovative distance-based learning platform "srh.org.kz" • Promoting the culture of delivering evidence-based health services and introducing the international standards on SRHR into the national medical education system • Developing a Concept on maternal and child health • Supporting the development of regulations • Capacity building • Advocacy and promoting of YFS • Changing social norms to ensure access to comprehensive SRH services for Leaving No One Behind (LNOB) communities through NGO empowerment and capacity building of health professionals and building partnerships | <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> <p>Advocacy, policy and technical support in:</p> <p>(a) ensuring universal access to SRH services within universal health coverage, with a focus on FP, contraceptive security, prevention and control of sexually transmitted infections, including HIV, prevention of cervical cancer, including as part of humanitarian preparedness and response.</p> <p>(b) strengthening the quality-assurance system on SRH services through surveillance, auditing, accreditation, regulation of clinical practices, infection prevention and control including as part of humanitarian preparedness and response.</p> <p>(c) establishing self-regulated and sustainable professional association on sexual and reproductive health.</p> <p>(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.</p> <p>(e) ensuring sustainability of the national network of youth-friendly health centres and access to distance</p> |

| | | | | | |
|--|--|--|--|--|--|
| | | | and working with KPs with a focus on Men having Sex with Men (MSM) and on conducting HIV sentinel surveillance (SS) among MSM and Sex Workers (SW). | health counselling and information, especially for adolescent from rural and remote areas. (f) development and implementation of a comprehensive advocacy and communication strategy on FP, 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 SRH | |
| <p>KIIs contributions:</p> <p>KII⁵²⁹ noted that if previously UNFPA had focused on education, conducting training, and round tables, now it shifts towards institutionalization aspects. The key results of this approach were the inclusion of contraceptives in the reimbursed outpatient list and the approval of clinical protocols for family planning and antenatal care, as well as the fact that the Ministry of Health identified reproductive health and family planning as one of its priorities. High effectiveness of collaboration with the Ministry of Health and advocacy was noted, based on the case of lowering the age for young people to seek counselling independently under the Code on Health and Healthcare System. UNFPA developed an extensive course on family planning, and the implementing partner later adapted it for Kazakhstan. This indicates increasing capacities and role of the potential implementing partners from NGOs, who are now actively involved in developing various legal acts. In the future, KII sees the need to transfer part of the advanced training courses not only to universities but also to experienced NGOs.</p> <p>Some KII⁵³⁰ considered it necessary to invest additional efforts in developing mechanisms for practical implementation of norms that are included in legislative acts and to carry out advocacy and awareness raising at the regional level since the capacity, knowledge, and understanding might vary significantly between national and regional levels, resulting in the absence of practical implementation of good norms. In addition, it is necessary to increase responsibility at the regional level, including by establishing monitoring and reporting mechanisms, ensuring feedback between the developers of regulations and their implementers.</p> <p>Several KIIs⁵³¹ noted positive dynamics in the behaviour of youth participants of Y-PEER trainings, who begin to influence their environment and expand the boundaries of their worldview. This helps them develop communication skills and leadership qualities and motivates them to improve their knowledge further professionally. Parents of youth noted relief from the understanding that the child is aware of sexual and reproductive health issues, and therefore, at some level, protected from the negative consequences of ignorance in this area.</p> <p>GENDER-BASED VIOLENCE</p> <p>UNFPA Strategic Plan⁵³²</p> <ul style="list-style-type: none"> • Alignment with Global Goals: The UNFPA Strategic Plan 2022-2025 aligns with the Sustainable Development Goals (SDGs), particularly SDG 5, which aims to achieve gender equality and empower all women and girls. The plan prioritizes ending gender-based violence (GBV) and harmful practices as a key objective. • Integration of GBV Initiatives: The strategic plan emphasizes the integration of GBV prevention and response within broader health and development initiatives. This includes creating supportive environments, ensuring access to comprehensive services, and addressing the social norms that underpin GBV. | | | | | |

- **Focus on Social Norms:** A critical element of the strategic plan is changing discriminatory social norms. The plan outlines strategies for community engagement, education, and advocacy aimed at promoting gender equality and reducing GBV. These strategies are designed to challenge and transform harmful practices and attitudes
- **Collaborative and Multisectoral Approach:** The strategic plan advocates for a collaborative approach involving multiple sectors and stakeholders, including government agencies, civil society, and community organizations. This approach ensures that GBV interventions are comprehensive and inclusive.
- **Monitoring and Evaluation:** The plan includes robust monitoring and evaluation mechanisms to assess progress and ensure accountability. Specific indicators and targets are set to measure the effectiveness of GBV interventions and their impact on changing social norms.

UNFPA Country Program⁵³³

- **National Context and Priorities:** The UNFPA Kazakhstan 5th CP aligns with national priorities and strategies for gender equality and the elimination of GBV. It emphasizes the need for comprehensive policies and programs to address GBV and promote women's rights (Kazakhstan CPD 2021-2025)
- **Community Engagement and Advocacy:** The CP highlights the importance of community engagement and advocacy in changing discriminatory social norms. It includes initiatives to involve community leaders, religious figures, and civil society organizations in GBV prevention efforts (Kazakhstan CPD 2021-2025).
- **Capacity Building and Institutional Strengthening:** The CP focuses on building the capacity of national institutions and civil society to respond effectively to GBV. This includes training programs, developing protocols, and enhancing service delivery to support GBV survivors (Kazakhstan CPD 2021-2025).
- **Integration with Health Services:** The CP integrates GBV prevention and response into national health services, ensuring that survivors have access to comprehensive care and support. This integration is crucial for creating a supportive environment for GBV interventions (Kazakhstan CPD 2021-2025).
- **Monitoring and Evaluation Framework:** Similar to the strategic plan, the CP includes a robust framework for monitoring and evaluation. This framework tracks the progress of GBV interventions and measures their impact on changing social norms and reducing violence (Kazakhstan CPD 2021-2025).

Improving Quality and Availability:⁵³⁴

- **Development of Clinical Protocols:** UNFPA supported the development of clinical protocols for the care of GBV survivors. These protocols standardized the procedures for healthcare providers, ensuring consistent and effective support for survivors. This effort improved the quality of services available to GBV survivors across the healthcare system.
- **Expansion of Youth Health Centers (YHCs):** The establishment and strengthening of YHCs played a critical role in improving the availability of reproductive health services for adolescents and young people. These centers provided essential services and information on reproductive health and GBV prevention.
- **National Standards and Guidelines:** UNFPA supported the development and implementation of national standards and guidelines for GBV response services. This effort institutionalized high-quality care practices and ensured that GBV survivors received consistent and effective support across the healthcare system.
- **Integration of GBV Services:** The integration of GBV services into the national healthcare system was a significant achievement. This integration ensured that GBV survivors could access comprehensive care, including medical, psychological, and legal support, within the healthcare system, thereby improving the availability of services
- **Enhanced Training Programs:** UNFPA enhanced its training programs for healthcare providers, social workers, and law enforcement officials. These programs focused on improving the quality of care and support for GBV survivors through a multisectoral response approach.

Training Programs:⁵³⁵

Healthcare Providers: Training for healthcare providers on using the newly developed clinical protocols ensured that they were equipped to offer

- **Healthcare Providers:** Training for healthcare providers on using the newly developed clinical protocols ensured that they were equipped to offer appropriate care to GBV survivors. This training improved the quality of care provided.
- **School Psychologists and Teachers:** Training for school psychologists and biology teachers on life-skills-based education included components on GBV prevention, enhancing the quality of reproductive health education in schools.
- **Teachers and Specialists:** 18 ustazes from college-madrasas were trained on family planning, maternal and reproductive health, and GBV prevention. This training improved the quality of reproductive health education and support within the Muslim community.
- **Social Support Providers for People with Disabilities:** 25 social support service providers were trained on multisectoral response (MSR) to GBV, focusing on the needs of people with disabilities. This training enhanced the quality of services provided to this vulnerable group.

- **Peer-to-Peer Training:** Training sessions for girls and boys with disabilities included components on SRHR, gender equality, and GBV, improving the quality of peer support and education within the disabled community.
- **Y-PEER Volunteers:** Over 10,000 Y-PEER volunteers were trained on SRHR, gender equality, and GBV prevention. This large-scale training initiative significantly improved the quality and reach of reproductive health education and support for young people.
- **Journalists and Media Specialists:** Training for journalists and media specialists on gender-sensitive journalism and how to properly cover GBV cases improved the quality of information dissemination and public awareness about GBV.
- **Capacity Building:** Extensive capacity-building efforts included training for healthcare providers, social workers, and law enforcement officials on GBV response. This training focused on a survivor-centered approach, improving the quality of care and support for GBV survivors.

SUMMARY OF FINDINGS

Improving Quality and Availability: UNFPA's support has significantly improved the quality and availability of reproductive health services, particularly for the most vulnerable populations. By developing clinical protocols, national standards, and guidelines, UNFPA has ensured that GBV survivors receive consistent and high-quality care across the healthcare system. The integration of GBV services into the national healthcare system has further enhanced the availability of comprehensive support for survivors.

Training Programs: Training programs have been instrumental in improving the quality of care and support provided to GBV survivors. These programs have equipped healthcare providers, social workers, educators, and community leaders with the knowledge and skills necessary to deliver high-quality reproductive health services and support. The large-scale training of Y-PEER volunteers and targeted training for journalists have also improved the quality of reproductive health education and information dissemination.

Capacity Building: Extensive capacity-building efforts have focused on a survivor-centered approach, enhancing the quality of care and support for GBV survivors. By training healthcare providers, social workers, and law enforcement officials, UNFPA has ensured that GBV survivors receive appropriate and effective care from a well-coordinated multisectoral response.

Overall, the findings demonstrate that UNFPA's interventions have been effective in improving the quality and availability of reproductive health services for vulnerable populations, particularly in the context of GBV. Through comprehensive training programs, capacity-building efforts, and the integration of services, UNFPA has made significant progress in enhancing the quality and accessibility of support for GBV survivors in Kazakhstan.

KIs contributions:

People with disabilities (PWD) have been actively engaged through targeted informational campaigns designed to enhance their understanding and awareness of their legal rights and the services available to them. These efforts have been instrumental in empowering PWD by providing them with the necessary knowledge to identify opportunities and advocate for themselves effectively.

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| <p>2.2 The outputs stated in the UNFPA Kazakhstan 5th CP contributing to the the outcomes of the UNFPA Strategic Plan (SP) through implementing the planned interventions related to changing discriminatory social norms toward accelerating the reduction</p> | <ul style="list-style-type: none"> ● UNFPA Strategic Plan outcomes and outputs & their indicators ● List of the CP interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence by outcomes ● Extent to which the CP outputs stated in the UNFPA Kazakhstan 5th CP contributing to | <ul style="list-style-type: none"> ● UNFPA SP/CPD ● CPAPs/ Annual Reports ● UNFPA FP/GBV related surveys, policy, communication, and census data ● UNFPA Country office staff ● Implementing partners ● Other actors advancing FP/GBV | <ul style="list-style-type: none"> ● Document analysis ● Interviews with government, both national and regional/local ● Interviews with UNFPA country office staff ● Interviews with/survey of implementing partners |
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| in the unmet need for family planning and the reduction of the gender-based violence | <p>the the outcomes of the UNFPA Strategic Plan</p> <ul style="list-style-type: none"> Evidence of the CP outputs stated in the UNFPA Kazakhstan 5th CP contribution to the the outcomes of the UNFPA SP | | <ul style="list-style-type: none"> Interviews with NGOs, including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) Annual reports 2021, 2022, 2023 UNFPA CO interventions | | | |
| <p>SUMMARY of FINDINGS.</p> <p>The interventions of the UNFPA CO such as ensuring universal access to SRH services, establishing a self-regulated and sustainable professional association, strengthening the health education system, ensuring the sustainability of the national network of youth-friendly health centers, implementing a comprehensive advocacy and communication strategy, strengthening the national statistical system capacity, and supporting the formulation and implementation of national development programs and policy documents are planned under the outputs 1, 2, and 3 of UNFPA Kazakhstan's 5th CP which aims at eliminating the limited use of contraceptives, creating demand for family planning, and eliminating stigma by changing discriminatory social norms. In turn, these CP outputs contribute to the three transformative outcomes and interconnected outputs of the UNFPA Strategic Plan, such as (i) policy and accountability, (ii) quality of care and services, (iii) gender and norms, (iv) adolescent and youth and (v) data and evidence, including on population changes.</p> | | | |
| <p>The unmet need for family planning and the reduction of the gender-based violence</p> <p>In the UNFPA strategic plan for 2022-2025 accents interconnected outcomes and outputs where the proposed pathways of one outcome can be relevant for the other outcomes as well.</p> <p>Activities under outputs 1, 2, and 3 of UNFPA Kazakhstan's 5th CP in strengthening governance mechanisms, building the capacity of key actors in the system from various branches of government (legislative, executive, and judicial) to private institutions and communities, including vulnerable populations, and improving their knowledge, attitudes, perceptions, and behavior on FP and GBV, as well as strengthening multisectoral partnerships are seen as contributing to the interconnected outcomes 1-3 of the UNFPA Strategic Plan toward eliminating the limited use of contraceptives and creating demand for family planning and eliminating stigma through changing discriminatory social norms. Thereby, the planned innervations covered activities on (1) ensuring universal access to SRH services, (2) establishing self-regulated and sustainable professional association, (3) strengthening the health education system, (4) ensuring sustainability of the national network of youth-friendly health centres, (5) implementing a comprehensive advocacy and communication strategy, (6) strengthening national statistical system capacity, and (7) supporting formulation and implementation of national development programmes, policy documents under interconnected determinants.</p> <p>Based on the theory of change underlying the results framework of the UNFPA strategic plan for 2022-2025, the acceleration of the three transformative results will only be possible through investment in six interconnected determinants, (a) policy and accountability, (b) quality of care and services, (c) gender and norms, (d) data and evidence, including on population changes, (e) humanitarian action, and (f) adolescent and youth. These determinants are crucial for increasing availability, accessibility, acceptability and quality of services and interventions, and improving gender equality and the empowerment of women and girls.</p> <p>The outputs stated in the UNFPA Kazakhstan 5th CP contributing to the the outcomes of the UNFPA Strategic Plan are presented in Table 3.</p> | | | |

Table 3

| The outputs stated in the UNFPA Kazakhstan 5th CP | The outcomes of the UNFPA Strategic Plan |
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| <p>Output 1. Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind. Advocacy, policy and technical support in ensuring universal access to SRH services, establishing self-regulated and sustainable professional association, strengthening the health education system, ensuring sustainability of the national network of youth-friendly health centres, implementation of a comprehensive advocacy and communication strategy</p> <p>Output 2. Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. Upstream and capacity-building support in strengthening the health sector response, emergency preparedness and response, governance of a multisectoral coordination mechanism, strengthening of civil society leadership, and promotion of innovative channels of communication and continue to work with other United Nations agencies in the follow-up to recommendations of human rights instruments.</p> | <p>Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated. Prioritized pathways: (a) the integration of FP into SHRH policies and programmes and also the universal health coverage benefit package; (b) investments in human rights-based, people-centred, inclusive and integrated high-quality family-planning services, including products and services that are offered based on informed choice, free from constraints, coercion, discrimination and violence; (c) the strengthening of health data systems; (d) meeting the demand for women's and young people's access to family planning services by addressing harmful socio-cultural norms and promoting young peoples' agency and choice; and (e) the protection and promotion of the rights of individuals and groups furthest behind and those in humanitarian, conflict and post-conflict situations.</p> |
| <p>Output 3. Strengthened systems of data collection and analysis for the formulation of evidence-based national policies and development programmes. 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; (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; (g) reinforcing advocacy interventions on contribution of FP 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 behavioral change campaign carried out under the different areas of UNFPA support will also inform advocacy briefs and evidence for policymaking and planning at national and subnational levels.</p> | <p>Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated. Prioritized pathways: (a) integrating SHRH into policies, strategies, plans and equitable financial schemes related to universal health coverage and primary health care; (b) investing in the quality of care of comprehensive SRH interventions, including midwifery; (c) strengthening health data systems; (d) scaling up humanitarian responses and the provision of lifesaving SRH services; and (e) improving the skills, knowledge and education of adolescents and youth.</p> <p>Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated. Critical pathways: (a) strengthening policy, legal and accountability frameworks related to gender-based violence and harmful practices; (b) tackling harmful or discriminatory gender and social norms and stereotypical practices and power relations; (c) scaling up access to high-quality and gender-transformative, survivor-centred essential services; (d) scaling up humanitarian response and the provision of life-saving services, including for mental health and psychosocial support services; (e) improving the agency of adolescents and youth, especially adolescent girls; and (f) increasing the</p> |

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| | availability and use of data related to gender-based violence and harmful practices. | |
| <p>KIIs contributions:</p> <p>KII⁵³⁶ confirmed that the government focused on addressing actual problems during the planning period. For example, due to the topicality of early pregnancy and childbearing, adolescent reproductive health activities were focused on reducing the unmet need for FP and improving access to contraceptives. Then, suicide among adolescents became a more priority issue, and UNFPA, with other profile ministries, emphasized this theme in program documents. UNFPA improved the practical skills of perinatal organizations staff, leading to a decrease in excessive uterine bleeding cases at delivery. A large number of health workers were covered by this capacity building. The UNFPA conducted training at the regional level to raise awareness among key stakeholders, including ministries, local authorities, religious groups, and others. The focus was on addressing information bias and changing social norms through multisectoral collaboration. However, some of the information may not reach the addressee, be disregarded, or not be fully implemented into practice because ministries and sectors continue work in silos, and there is a need for a clear, unified mechanism to ensure effective interaction.</p> | | |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report | | |
| <p>GENDER-BASED VIOLENCE</p> <p>Alignment with Strategic Plan and CPD:^{537 538 539}</p> <ul style="list-style-type: none"> • Development of Clinical Protocols: The development of clinical protocols for GBV care directly aligns with the UNFPA Strategic Plan and CPD's goal of improving reproductive health services. These protocols provided standardized procedures to ensure consistent and effective care for GBV survivors. • Youth Health Centers (YHCs): The establishment and strengthening of YHCs were part of the strategic objectives to improve reproductive health services for young people. These centers provided essential services and information on reproductive health and GBV prevention, aligning with the strategic goals. • National Standards and Guidelines: The support for developing and implementing national standards and guidelines for GBV response services was a strategic intervention aimed at institutionalizing high-quality care practices. This effort aligned with the UNFPA Strategic Plan's focus on policy advocacy and system strengthening. • Integration of GBV Services: Integrating GBV services into the national healthcare system was a strategic objective aimed at improving the availability and quality of care for GBV survivors. This integration ensured comprehensive support for survivors, aligning with the strategic goals. • Enhanced Training Programs: The enhancement of training programs for healthcare providers, social workers, and law enforcement officials was designed to improve the quality of care and support for GBV survivors, reflecting the strategic focus on capacity building and service improvement | | |
| <p>Training Programs:⁵⁴⁰</p> <ul style="list-style-type: none"> ○ Training programs for healthcare providers, school psychologists, and teachers on life-skills-based education and GBV prevention were designed to enhance the quality of services and education, reflecting the strategic objectives of capacity building and improving service delivery. ○ Ustazes (Teachers): Training for ustazes on family planning, maternal and reproductive health, and GBV prevention supported the strategic goals of improving reproductive health education and services within the community. ○ Social Support Providers for People with Disabilities: Training for social support service providers on multisectoral response (MSR) to GBV aligned with the strategic objectives of enhancing service quality for vulnerable populations ○ Y-PEER Volunteers: Training over 10,000 Y-PEER volunteers on SRHR, gender equality, and GBV prevention was a strategic intervention aimed at improving reproductive health education and support for young people, aligning with the strategic goals of expanding peer education networks. | | |

- **Journalists and Media Specialists:** Training journalists and media specialists on gender-sensitive journalism and how to properly cover GBV cases supported the strategic objectives of improving information dissemination and public awareness about GBV.
- **Capacity Building:** Extensive capacity-building efforts, including training for healthcare providers, social workers, and law enforcement officials on GBV response, were key components of the strategic plan. These efforts aimed to improve the quality of care and support for GBV survivors, reflecting the planned outputs.

SUMMARY OF FINDINGS

Alignment with Strategic Plan and CPD: UNFPA's planned interventions have been closely aligned with the outputs stated in the UNFPA Strategic Plan and CPD. The development of clinical protocols, national standards, and guidelines for GBV care, as well as the integration of GBV services into the national healthcare system, directly reflect the strategic objectives of improving the quality and availability of reproductive health services.

Training Programs: Training programs have been instrumental in achieving the strategic goals of capacity building and service improvement. By equipping healthcare providers, educators, social workers, and community leaders with the necessary knowledge and skills, UNFPA has enhanced the quality of care and support for GBV survivors. The large-scale training of Y-PEER volunteers and targeted training for journalists have also supported the strategic objectives of expanding peer education networks and improving public awareness.

Capacity Building: Extensive capacity-building efforts have focused on improving the quality of care and support for GBV survivors, aligning with the strategic objectives of enhancing service delivery and system strengthening. By providing comprehensive training and support, UNFPA has ensured that its interventions reflect the planned outputs and contribute to achieving the strategic goals.

Overall, the findings demonstrate that UNFPA's interventions have been effective in reflecting the outputs stated in the UNFPA Strategic Plan and CPD. Through the development of protocols and guidelines, capacity-building efforts, and strategic training programs, UNFPA has made significant progress in improving the quality and availability of reproductive health services for vulnerable populations, particularly in the context of GBV.

KIIs contributions:

- reached the areas never covered before - Uralsk (most Western, European part of KZ), Zheskazgan (Central KZ, neglected industrial city, formerly under Karaganda, now reinstated as the center of new oblast Ulytau), Taldy Korgan (former administrative center of Almaty oblast, now center of newly established Oblast Zhetysu), Semey (formerly centre of nuclear testing site, now reinstated as oblast center of the Abay region)

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| <p>2.3 UNFPA interventions are sufficiently comprehensive, strategic, and well-resourced to achieve the desired outcomes related to reducing the unmet need for family planning and gender-based violence as outlined in the UNFPA Strategic Plan and CPD.</p> | <ul style="list-style-type: none"> ● UNFPA Strategic Plan outcomes and outputs & their indicators ● List of the CP interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence by outcomes ● Extent to which the CP outputs stated in the UNFPA Kazakhstan 5th CP contributing to the outcomes of the UNFPA Strategic Plan ● Evidence of the CP outputs stated in the UNFPA Kazakhstan 5th CP contribution to the outcomes of the UNFPA SP ● Planned and available resources for UNFPA interventions to achieve the desired outcomes | <ul style="list-style-type: none"> ● UNFPA SP/CPD ● CPAPs/ Annual Reports ● UNFPA FP/GBV related surveys, policy, communication, and census data ● UNFPA Country office staff ● Implementing partners ● Other actors advancing FP/GBV ● Beneficiaries/target groups | <ul style="list-style-type: none"> ● Document analysis ● Interviews with UNFPA country office staff ● Interviews with/survey of implementing partners ● Interviews with NGOs, including local organizations, working in the FP/GBV area as UNFPA but not partners of UNFPA ● Observations during field visits |
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| | related to reducing the unmet need for family planning and gender-based violence as outlined in the UNFPA Strategic Plan and CPD. | | |
| Documents reviewed: <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • UNFPA Kazakhstan, Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report • UNFPA Kazakhstan, Training table (combined), 2021-2023 • UNFPA Strategy for Family Planning, 2022–2030 • Annual reports 2021, 2022, 2023 • UNFPA CO interventions | | | |
| FAMILY PLANNING | | | |
| SUMMARY of FINDINGS. The interventions of the UNFPA CO are comprehensive and well outlined in the UNFPA Strategic Plan and CPD. Engaged resources allowed UNFPA to apply accelerators of gender and social norm output such as human rights- based and gender transformative approaches, innovation with digitalization, partnerships and collaborations with key stakeholders and key populations in regions with focus on very traditional society displaying high level of stigma and discrimination. The main focus of UNFPA CO interventions in 2021-2023 was to strengthen policies, advocate, provide information, and implement education strategies based on the country's context. | | | |
| The unmet need for family planning and gender-based violence In 2023, the cofinancing revenue was \$1,443,554, or 289% of the target. The mobilized Government co-finance to the UNFPA Kazakhstan CP was \$190,000, and Government's support through the Tied Grant with UNWOMEN was \$100,000. The Central Asia sub-regional project's co-financing contribution from the UK was around USD 200,000, and an EU contribution to Spotlight Project was \$332,630. UNFPA convinced the Ministry of Foreign Affairs to split the approved annual government contribution of 200,000 USD to UNFPA and direct some funds to the core contribution (10,000 USD). In the EECA region, the Global Fund contributed \$44,000 to procure condoms and lubricants through the UNFPA Procurement Unit. The two tables below reveal the share of budget utilization compared with UNFPA CO interventions in 2021 and 2022-2023, showing differences in strategic approach. Overall, the main focus of UNFPA CO interventions in both periods was related to strengthening policies, advocating, providing information, and implementing education strategies based on the country's context. The approaches used from 2021 to 2023, along with available resources, enabled UNFPA CO to develop and utilize digital technologies and platforms to create inclusive content for all genders and age groups, facilitate ongoing collaboration and partnership with key stakeholders and empower the MSM/TG/PLHIV communities in the West Kazakhstan with very traditional society and a high level of stigma and discrimination towards KPs, and apply human rights-based and gender-transformative approaches toward accelerating gender and social norm output. Turning to the details, in 2021, within interventions of the Strategic Plan 2018-2021, 59 percent of the budget was utilized for applying Advocacy, Policy dialogue, and Advice strategies; 35 percent of the budget was spent on applying Knowledge management; 4% on Capacity Development; and 2 % on other expenses. In 2022, with the new Strategic Plan 2022-2025 coming into action, the distribution of funds changed insignificantly with 62% of funds dedicated to the Advocacy/Policy Dialogue and Advice; Knowledge Management – 27%; and Capacity Development increased to 11% (see Tables 4 and 5). | | | |
| Table 4 | | | |

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| Mode of engagement to provide FP in 2021 | Budget Utilization | % | Mode of engagement to provide FP in 2022-2023 | Budget Utilization | % |
|---|--------------------|------|---|--------------------|------|
| ME01: Advocacy/Policy Dialogue and Advice | 767 468,53 | 59% | ME01: Advocacy/Policy Dialogue and Advice | 830 419,24 | 62% |
| ME02: Knowledge Management | 451 071,35 | 35% | ME02: Knowledge Management | 353 612,92 | 27% |
| ME03: Capacity Development | 52 626,38 | 4% | ME03: Capacity Development | 1452 90,72 | 11% |
| ME05: Other | 19 995,77 | 2% | ME04: Service Delivery | | |
| Total | 1 291 162,03 | 100% | Total | 1 329 322,88 | 100% |

Table 5.

| Key interventions in 2021 | Project Budget | Budget Utilization | % | Key interventions in 2022-2023 | Project Budget | Budget Utilization ⁵⁴¹ | % |
|--|-------------------|--------------------|-------------|--|-------------------|-----------------------------------|-------------|
| 01 - SRH Policies | 206 025,95 | 200 683,14 | 16 % | 1. Policy and accountability | 520 429,02 | 495 014,83 | 37 % |
| ME01: Advocacy/Policy Dialogue and Advice | 201 025,95 | 195 683,14 | 98% | ME01: Advocacy/Policy Dialogue and Advice | 513 725,73 | 488 237,98 | 99 % |
| IA01-1 SRH policies/strategies/plans | 201 025,95 | 195 683,14 | | 1.01 SRHR, GBV and harmful practices integration in national policies, laws, plans and accountability mechanisms | 461 538,21 | 435 347,21 | |
| ME02: Knowledge Management | 5 000,00 | 5 000,00 | 2% | 1.03 Adolescent and youth related policies, laws, plans and accountability mechanisms | 24 477,52 | 25 416,98 | |
| IA01-1 SRH policies/strategies/plans | 5 000,00 | 5 000,00 | | 1.07 Other | 27 710,00 | 27 473,79 | |
| 02 - Integrated SRH services | 288 182,21 | 288 312,00 | 22 % | ME02: Knowledge Management | 6 703,29 | 6 776,85 | 1% |
| ME01: Advocacy/Policy Dialogue and Advice | 87 354,00 | 87 330,21 | 30% | 1.01 SRHR, GBV and harmful practices integration in national policies, laws, plans and accountability mechanisms | 1 834,38 | 1 891,65 | |
| IA02-1 SRH service integration | 22 553,00 | 22 529,76 | | 1.07 Other | 4 868,91 | 4 885,20 | |
| IA02-2 SRH information and service provision | 52 801,00 | 52 800,45 | | 2. Quality of care and services | 235 738,66 | 228 709,74 | 17 % |
| IA02-3 SRH service quality improvement | 12 000,00 | 12 000,00 | | ME01: Advocacy/Policy Dialogue and Advice | 49 705,32 | 49 684,10 | 22 % |
| ME02: Knowledge Management | 200 827,21 | 200 981,19 | 70% | 2.04 Emergency Obstetric and Neonatal Care (EmONC) | | | |
| IA02-2 SRH information and service provision | 95 951,51 | 96 107,45 | | 2.08 Family planning | | | |
| IA02-3 SRH service quality improvement | 104 875,70 | 104 873,74 | | 2.10 HIV and sexually transmitted infections (STIs) | 49 705,32 | 49 684,10 | |
| ME03: Capacity Development | 1,00 | 0,60 | | | | | |

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|---|-------------------|-------------------|--------------|--|--|--|--|
| IA02-2 SRH information and service provision | 1,00 | 0,60 | | | | | |
| 03 - Health workforce capacity | 4 000,00 | 4 000,00 | 0,3 % | | | | |
| ME02: Knowledge Management | 4 000,00 | 4 000,00 | | | | | |
| IA03-3 SRH skills of health workforce | 4 000,00 | 4 000,00 | | | | | |
| 06 - Adolescents and youth skills and capabilities | 72 006,23 | 69 753,22 | 5% | | | | |
| ME01: Advocacy/Policy Dialogue and Advice | 5 417,40 | 5 417,40 | 8% | | | | |
| IA06-3 Life skills development of young people | 5 417,40 | 5 417,40 | | | | | |
| ME02: Knowledge Management | 46 719,57 | 44 466,56 | 64% | | | | |
| IA06-1 Sexuality education in school | 23 245,92 | 20 994,16 | | | | | |
| IA06-2 Sexuality education out-of-school | 3 148,97 | 3 148,58 | | | | | |
| IA06-3 Life skills development of young people | 20 324,68 | 20 323,82 | | | | | |
| ME03: Capacity Development | 19 869,26 | 19 869,26 | 28% | | | | |
| IA06-1 Sexuality education in school | 5 567,41 | 5 567,41 | | | | | |
| IA06-2 Sexuality education out-of-school | 14 301,85 | 14 301,85 | | | | | |
| 08 - Youth leadership and participation | 73 844,66 | 73 844,66 | 6% | | | | |
| ME01: Advocacy/Policy Dialogue and Advice | 53 344,66 | 53 344,66 | 72% | | | | |
| IA08-1 Youth-led organizations, networks and platforms | 53 344,66 | 53 344,66 | | | | | |
| ME02: Knowledge Management | 20 500,00 | 20 500,00 | 28% | | | | |
| IA08-1 Youth-led organizations, networks and platforms | 20 500,00 | 20 500,00 | | | | | |
| 09 - Accountability for gender equality | 63 650,34 | 61 251,46 | 5% | | | | |
| ME01: Advocacy/Policy Dialogue and Advice | 54 426,42 | 52 027,54 | 85% | | | | |
| IA09-2 Men and boys for reproductive rights, ending GBV and harmful practices | 54 426,42 | 52 027,54 | | | | | |
| ME02: Knowledge Management | 115 612,53 | 108 876,79 | 48 % | | | | |
| 2.03 Routine maternal and newborn care, including (maternal) mental health | 23 250,00 | 16 801,67 | | | | | |
| 2.05 Maternal and Perinatal Death Surveillance and Response (MPDSR) | 15 500,00 | 15 499,55 | | | | | |
| 2.08 Family planning | 42 081,53 | 41 968,18 | | | | | |
| 2.10 HIV and sexually transmitted infections (STIs) | 18 921,00 | 18 620,35 | | | | | |
| 2.12 Gender-based violence (GBV) | | | | | | | |
| 2.15 Integrated SRHR service delivery | 15 860,00 | 15 987,04 | | | | | |
| 2.17 SRH for adolescent and youth (including child marriage) | | | | | | | |
| ME03: Capacity Development | 70 420,81 | 70 148,85 | 31 % | | | | |
| 2.04 Emergency Obstetric and Neonatal Care (EmONC) | | | | | | | |
| 2.08 Family planning | | | | | | | |
| 2.10 HIV and sexually transmitted infections (STIs) | 52 650,00 | 52 378,04 | | | | | |
| 2.12 Gender-based violence (GBV) | | | | | | | |
| 2.15 Integrated SRHR service delivery | 17 770,81 | 17 770,81 | | | | | |
| ME04: Service Delivery | | | | | | | |
| 2.10 HIV and sexually transmitted infections (STIs) | | | | | | | |
| 3. Gender and social norms | 558 285,31 | 529 688,23 | 40 % | | | | |
| ME01: Advocacy/Policy Dialogue and Advice | 298 515,66 | 273 171,20 | 52 % | | | | |
| 3.02 Family planning | | | | | | | |
| 3.04 Gender-based violence (GBV) | 290 899,66 | 265 550,29 | | | | | |
| 3.06 GBV and harmful practices (if it covers two or more of the following: GBV, FGM, child marriage and GBSS) | | | | | | | |
| 3.10 Other | 7 616,00 | 7 620,91 | | | | | |
| ME02: Knowledge Management | 184 101,22 | 181 375,16 | 34 % | | | | |

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|---|-----------------|-----------------|-------------|---|---------------|------------------|--------------|
| ME02: Knowledge Management | 4 | 4 948,92 | 8% | 3.04 Gender-based violence (GBV) | 184 | 181 375,16 | |
| IA09-2 Men and boys for reproductive rights, ending GBV and harmful practices | | | | | 101,22 | | |
| IA09-3 SRH/RR in human rights tracking and reporting systems | 4 948,92 | 4 948,92 | | ME03: Capacity Development | 75 | 75 141,87 | 14 % |
| ME05: Other | 4 275,00 | 4 275,00 | 7% | | 75 | 75 141,87 | |
| IA09-4 Monitoring | 4 275,00 | 4 275,00 | | 3.04 Gender-based violence (GBV) | 668,43 | | |
| I0 - Social Norms | 22 | 22 | | 3.06 GBV and harmful practices (if it covers two or more of the following: GBV, FGM, child marriage and GBSS) | | | |
| ME01: Advocacy/Policy Dialogue and Advice | 616,14 | 615,02 | 2% | | | | |
| IA10-3 Community-based interventions to address social norms | 20 856,14 | 20 855,92 | | 6. Adolescents and youth | 76 | 75 910,08 | 6% |
| ME02: Knowledge Management | 1 760,00 | 1 759,10 | 8% | ME01: Advocacy/Policy Dialogue and Advice | 19 | 19 325,96 | 25 % |
| IA10-2 Stakeholder capacity on socio cultural norms | 1 760,00 | 1 759,10 | | 6.02 Comprehensive sexuality education out-of-school | 11 557,34 | 11 528,94 | |
| I1 - Prevention and addressing of GBV | 520 | 508 | 39 % | 6.07 Adolescent and youth leadership and participation | 7 560,63 | 7 797,02 | |
| ME01: Advocacy/Policy Dialogue and Advice | 349 | 344 | | | 56 | 56 584,12 | 75 % |
| IA11-1 Multi-stakeholder engagement for GBV | 310 299,01 | 304 503,46 | 68% | ME02: Knowledge Management | 957,60 | | |
| IA11-2 GBV data and information system | 20 778,88 | 20 720,06 | | 6.01 Comprehensive sexuality education in school | 4 071,47 | 4 071,47 | |
| IA11-3 Essential services package for GBV | 18 917,00 | 18 833,85 | | 6.02 Comprehensive sexuality education out-of-school | 45 994,14 | 45 605,61 | |
| IA11-5 Other | | | | 6.07 Adolescent and youth leadership and participation | 6 891,99 | 6 907,04 | |
| ME02: Knowledge Management | 133 | 127 | | ME03: Capacity Development | | | |
| IA11-1 Multi-stakeholder engagement for GBV | 54 293,22 | 48 835,02 | 25% | 6.01 Comprehensive sexuality education in school | | | |
| IA11-2 GBV data and information system | 14 102,48 | 14 102,48 | | 6.02 Comprehensive sexuality education out-of-school | | | |
| IA11-3 Essential services package for GBV | 54 020,00 | 53 806,93 | | | 1 390 | 1 329 | 100 % |
| IA11-5 Other | 10 598,54 | 10 600,53 | | Total | 528,56 | 322,88 | |
| ME03: Capacity Development | 21 | 21 | | | | | |
| IA11-1 Multi-stakeholder engagement for GBV | 21 198,23 | 21 198,23 | 4% | | | | |
| IA11-3 Essential services package for GBV | | | | | | | |

| | | | |
|--|-------------------------|-------------------------|------------------|
| ME05: Other | 16 005,08 | 15 720,77 | 3% |
| IA11-1 Multi-stakeholder engagement for GBV | 13 275,69 | 12 990,28 | |
| IA11-5 Other | 2 729,39 | 2 730,49 | |
| I3 - Population data systems | 62 859,12 | 62 381,20 | 5% |
| ME01: Advocacy/Policy Dialogue and Advice | 8 655,36 | 8 752,29 | 14% |
| IA13-1 Data generation and dissemination | 8 655,36 | 8 752,29 | |
| ME02: Knowledge Management | 42 645,00 | 42 070,62 | 67% |
| IA13-1 Data generation and dissemination | 42 645,00 | 42 070,62 | |
| ME03: Capacity Development | 1 558,76 | 11 558,29 | 19% |
| IA13-1 Data generation and dissemination | 9 988,76 | 9 988,34 | |
| IA13-2 Data Access | 1 570,00 | 1 569,95 | |
| Total | 1 313 397,09 | 1 291 162,03 | 100 % |

KIIs contributions:

KII⁵⁴² noted that everyone can solve problems with sufficient resources, but the real art is to try to complete a task with limited ones. UNFPA's support in providing training to over 140 Bureau of Statistics field staff in several regions was invaluable. The relevance of other UNFPA's intervention was also highlighted, including support in the analysis, participation of a psychologist, implementation of methodological guidelines for field workers for collecting statistics, and financial contribution. As a result of interaction with UNFPA, staff began to take a new look at the household survey itself and began to study the needs of households and based on this, they began to compile survey tools. The allocation of a UNFPA employee with the institutional memory of conducting such surveys helped to increase the effectiveness of the work. Several interviewed implementing partners highly appreciated UNFPA's ongoing commitment to providing expert support, communications, and financial and methodological support.

Since country contributions are voluntary, KII⁵⁴³ assumes that managing the tasks and reports on the UNFPA side is also voluntary. The amount of a country's voluntary contribution is determined based on its current needs. Each year, the planned UNFPA activities and draft expenditure are agreed upon by a collegial body, such as the Interdepartmental Commission on International Treaties of the Republic of Kazakhstan⁵⁴⁴. Every task is checked and approved. Many factors, such as climate change and its impacts, may influence the decision to protect the planned contribution amount. For instance, in 2024, due to floods, the reduction in the amount could reach 1.5-2 times the planned amount.

GENDER-BASED VIOLENCE

UNFPA Strategic Plan⁵⁴⁵

- **Comprehensive Approach:** The UNFPA Strategic Plan 2022-2025 outlines a comprehensive approach to ending gender-based violence (GBV) and addressing the unmet need for family planning (FP). This includes integrating GBV prevention and response within broader health and development initiatives, ensuring access to comprehensive services, and creating supportive environments.

- The strategic plan highlights the need for multi-sectoral collaboration, involving health, education, justice, and social services sectors to create a holistic and inclusive approach to tackling GBV.
- **Strategic Interventions:** The plan includes strategic interventions aimed at changing discriminatory social norms, such as community engagement, education campaigns, and advocacy efforts. These interventions are designed to challenge and transform harmful practices and attitudes that contribute to GBV.
- Emphasis is placed on promoting positive masculinities and engaging men and boys in gender equality efforts, which are critical for achieving sustainable changes in social norms.
- **Adequate Resourcing:** The strategic plan underscores the importance of adequate resourcing to implement comprehensive and effective interventions. This includes financial resources, technical expertise, and capacity building for national and local partners.
- UNFPA commits to mobilizing resources from various sources, including international donors, national governments, and private sector partnerships, to ensure the sustainability and scalability of interventions.

UNFPA Country Program⁵⁴⁶

- **Comprehensive and Strategic Approach:** The UNFPA Kazakhstan 5th CP aligns with the strategic plan's comprehensive approach by integrating GBV and FP interventions within national health and development frameworks. This includes developing and implementing national policies, protocols, and guidelines that support GBV prevention.
- The CP emphasizes the importance of addressing social norms through community-based initiatives, educational programs, and advocacy campaigns to promote gender equality and reduce GBV.
- **Adequate Resourcing:** The CP highlights the allocation of sufficient resources to support GBV and FP interventions. This includes funding for capacity building, service delivery, and monitoring and evaluation activities to ensure the effectiveness and sustainability of interventions.
- Collaboration with national and international partners is crucial for resource mobilization and ensuring that interventions are well-supported and resourced.
- **Monitoring and Evaluation Framework:** Both the strategic plan and the CP include robust monitoring and evaluation frameworks to track progress and assess the impact of interventions. Specific indicators and targets are set to measure changes in social norms, reductions in GBV, and improvements in respective services.

Comprehensive and Strategic Interventions:⁵⁴⁷

- **Development of Clinical Protocols:** The development of clinical protocols for GBV care was a comprehensive intervention that provided standardized procedures for healthcare providers, ensuring consistent and effective support for survivors. This strategic approach improved the quality of care across the healthcare system.
- **Youth Health Centers (YHCs):** Establishing and strengthening YHCs was a strategic intervention aimed at improving the availability of reproductive health services for young people. These centers provided essential services and information on reproductive health and GBV prevention, demonstrating a comprehensive approach to addressing these issues.
- **National Standards and Guidelines:** Supporting the development and implementation of national standards and guidelines for GBV response services was a strategic intervention aimed at institutionalizing high-quality care practices. This comprehensive approach ensured that GBV survivors received consistent and effective support across the healthcare system.
- **Capacity Building:** Extensive capacity-building efforts, including training for healthcare providers, social workers, and law enforcement officials on GBV response, were comprehensive and strategic. These efforts aimed to improve the quality of care and support for GBV survivors, reflecting a well-coordinated approach.
- **Integration of GBV Services:** Integrating GBV services into the national healthcare system was a strategic objective aimed at improving the availability and quality of care for GBV survivors. This comprehensive approach ensured that GBV survivors could access comprehensive care, including medical, psychological, and legal support, within the healthcare system.
- **Enhanced Training Programs:** Enhancing training programs for healthcare providers, social workers, and law enforcement officials was a comprehensive and strategic intervention designed to improve the quality of care and support for GBV survivors. These programs focused on a multisectoral response approach.

Well-Resourced Interventions:⁵⁴⁸

- **Resource Allocation:** UNFPA ensured that sufficient resources were allocated to high-priority areas, such as (i) developing clinical protocols, (ii) training healthcare providers, (iii) establishing YHCs, (iv) developing national standards, (v) conduct extensive training programs, (vi) support capacity-building efforts, (vii) integrating GBV services, (viii) enhancing training programs, and (ix) supporting strategic interventions. These well-resourced efforts were critical in achieving the desired outcomes.

Training Programs.⁵⁴⁹

- **Healthcare Providers:** Training for healthcare providers on using the newly developed clinical protocols ensured they were equipped to offer appropriate care to GBV survivors. This training was comprehensive and strategic, focusing on improving service quality
- **School Psychologists and Teachers:** Training for school psychologists and biology teachers on life-skills-based education included components on GBV prevention, enhancing the quality of reproductive health education in schools.
- **Ustazes (Teachers):** Training ustazes on family planning, maternal and reproductive health, and GBV prevention supported the strategic goals of improving reproductive health education and services within the community.
- **Social Support Providers for People with Disabilities:** Training social support service providers on multisectoral response (MSR) to GBV was comprehensive and targeted the needs of people with disabilities, enhancing the quality of services provided to this vulnerable group.
- **Y-PEER Volunteers:** Training over 10,000 Y-PEER volunteers on SRHR, gender equality, and GBV prevention was a strategic intervention aimed at improving reproductive health education and support for young people. This large-scale training initiative was comprehensive and well-coordinated.
- **Journalists and Media Specialists:** Training journalists and media specialists on gender-sensitive journalism and how to properly cover GBV cases was a strategic effort to improve information dissemination and public awareness about GBV.

SUMMARY OF FINDINGS

Comprehensive and Strategic Interventions: UNFPA's interventions have been sufficiently comprehensive and strategic to achieve the desired outcomes. The development of clinical protocols, national standards, and guidelines for GBV care, as well as the integration of GBV services into the national healthcare system, reflect a comprehensive approach to improving the quality and availability of reproductive health services. Extensive capacity-building efforts and targeted training programs have ensured that healthcare providers, social workers, educators, and community leaders are well-equipped to deliver high-quality care and support to GBV survivors.

Well-Resourced Interventions: UNFPA's interventions have been well-resourced, with sufficient allocation of financial, technical, and human resources to high-priority areas. This strategic allocation of resources has been crucial in achieving the desired outcomes. The well-resourced training programs, capacity-building efforts, and integration of services have contributed to the effectiveness and sustainability of UNFPA's interventions.

Overall, the findings demonstrate that UNFPA's interventions have been comprehensive, strategic, and well-resourced. These interventions have significantly improved the quality and availability of reproductive health services for vulnerable populations, particularly in the context of GBV, in Kazakhstan. Through comprehensive training programs, capacity-building efforts, and strategic resource allocation, UNFPA has made substantial progress in enhancing the quality and accessibility of support for GBV survivors.

KIIs contributions:

- People with disabilities (PWD) have been empowered as a result of targeted initiatives that have informed them of their rights. This knowledge enabled them to make autonomous decisions in the personal areas such as marriage and family planning. Moreover, it has opened doors to educational opportunities, with an increasing number of PWD enrolling in colleges and universities. This access to higher education is enhancing their personal development and professional qualifications, broadening their career prospects.
- More and more PWD are shifting from dependency to self-sustainability and even entrepreneurship. This shift marks a pivotal change in the lives of PWD. More individuals are moving away from traditional support structures and are instead forging paths toward economic independence. This trend is evident in the growing number of PWD who are engaging in entrepreneurship.

EQ 3 (Effectiveness): To what extent have the intended programme outputs related to family planning and the reduction of the gender-based violence been achieved?

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|--|--|--|---|
| 3.1 The UNFPA Country programme has clearly defined and measurable outputs related to family planning and the reduction of gender-based violence. There is a shared understanding among stakeholders of what constitutes success for each output, including specific targets, indicators, and milestones to track progress. | <ul style="list-style-type: none"> • UNFPA Strategic Plan outputs & indicators • Status of outputs including specific targets, indicators, and milestones to track progress. as of May'2024 • Evidence of success achieved for each output, including specific targets, indicators, and milestones to track progress. | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with/survey of implementing partners • Interviews with NGOs, including local organizations, working in the FP/GBV area |
| Documents reviewed: <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report | | | |
| FAMILY PLANNING | | | |
| SUMMARY of FINDINGS. The UNFPA Country Programme has transformative results related to family planning and the reduction of gender-based violence, with measurable qualitative and quantitative output indicators, and three interconnected outputs on strengthening the policy framework and institutional mechanisms, promoting gender equality and a multi-sectoral response, and strengthening systems of data collection and analysis. A shared understanding among stakeholders is achieved by including outputs, specific targets, indicators, and milestones aligned with national priorities, such as the Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030 with a set of measures to develop a unified algorithm for operational actions addressing victims of domestic violence, and the strategy of implementation of family policy with a monitoring system on the systematic collection, analysis, and use of disaggregated data on inequality among the most vulnerable children, adolescents, and their families, as well as on violence against women. In addition, the UNFPA CO's annual reports provided targets and achievement actualities of indicators, with milestones under each core output indicator. | | | |
| The UNFPA Country programme outputs related to family planning From the perspective of positioning family planning as a life-saving intervention, the UNFPA Country programme output 1.1: <i>Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind</i> has four measurable output indicators: two qualitative and two quantitative: <ol style="list-style-type: none"> 1. Contraceptives included into the Kazakhstan National Pharmaceutical Formulary, target: yes (2022); 2. The UNFPA SRH and GBV response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness and response plan, target: yes (2025). 3. Proportion of health care professionals trained and certified through distance learning platform on FP and modern contraceptives, target: 30% (2025). | | | |

4. Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services, target: 17 (2025).

Next indicators related to interventions to address discriminatory social norms, hindering family planning, to promote health-seeking behavior through empowering women and girls to make decisions about their reproductive lives and linked with output 2.1: *Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices*:

1. Percentage of adolescents who have comprehensive knowledge about HIV, target: 35% (2025);
2. Reproductive health and Gender-related issues are integrated into the curriculum of Theological institutions, target: yes (2025).

The following four indicators are provided within generating population data activities for supporting family planning and other sexual and reproductive health services under 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*:

1. Number of analytical reports, communication and information materials developed based on 2020 Census data, target: 3 (2025).
2. Number of further analytical reports developed based on the next Multiple Indicator Cluster Survey conducted in 2021-2022, target: 3 (2025).
3. Road Map and Plan of Action for Active Ageing is developed and put into action by the Government, target: Yes (2025).
4. 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, target: Yes (2025).

In 2022–2023, the **Action plan** for implementation of the Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030⁵⁵⁰ was amended by Decrees of the President of the Republic of Kazakhstan by revisiting **main activities, measurable indicators**, and introducing **the monitoring system** for the implementation of the state family and gender policy. The updated Concept also includes the development of a unified algorithm of actions for officials from health, education and social services organizations when addressing victims of domestic violence and the system for collecting and analyzing statistical information on violence against women. Two activities under the Concept are planned to be conducted with UNFPA support: (1) Development of methodological recommendations to raise awareness of couples entering into marriage on the preservation of positive family traditions and spiritual and moral values, family planning and reproductive health of men and women; (2) Consulting of adolescents and youth in schools, colleges, universities with the involvement of UNFPA experts on reproductive health, prevention of unwanted pregnancy.

The Development Strategy for the Youth Reproductive Health Center in Almaty for 2020-2022 of the MoH⁵⁵¹, was created with UNFPA CO's support. It includes indicators to assess the achievement of goals and objectives. Additionally, the Youth Reproductive Health Center, established in Almaty City, serves as an organization of best practice for disseminating experience among all regions of the country.

KIIs contributions:

KII⁵⁵²⁵⁵³ noted that once they began to be involved in work on gender and family policy issues under the leadership of the MCI, they now had access to data throughout the country and began to see indicators of where their activities were directed. KII⁵⁵⁴ shared a case when UNFPA supported a memorandum between the university and the Y-PEER student club. That led to the official establishment of a research center for sustainable development in 2022; a separate room was allocated for Y-PEER with materials on relevant topics for public access. In addition, topics on SDG goals and gender policy were integrated into the educational program. The university is involved in solving a regional problem for which an interdisciplinary group is working. The interlocutor raised the need for broader coverage of the awareness raising about SDGs among local government employees and heads of various institutions since there is a gap in knowledge and understanding.

KII⁵⁵⁵ confirmed the effectiveness of UNFPA as a country's strategic partner. The following results are examples of successfulness: (1) the release of a statistical compendium on older people, the calculation of the Active Aging Index for Kazakhstan, and the strengthening of the national capacity on ageing issues resulted in the development of UNFPA-MLSP Tied Grant project "Assistance in the development of policies and tools to improve the situation of citizens of the older generation of the Republic of Kazakhstan" for 2024-2025; (2) the training curricula on

“Effective Antenatal Care” and “Clinical management of uncomplicated and complicated labor and birth at the hospital level” were submitted to the National Academic Council under the MoH for approval and inclusion into the postgraduate medical education; (3) UNFPA conveyed information to young people, who in turn disseminated it among their peers, thereby changing social norms. In 2021-2023⁵⁵⁶, national Y-PEER trainers provided training to more than 15,000 adolescents and young people on SRH and reproductive rights, HIV and AIDS, prevention of stigma and discrimination, gender equality and prevention of violence against women. UNFPA always consults with the government to ensure strategic planning of its interventions. Since Kazakhstan makes an annual voluntary contribution to UNFPA, the main request for UNFPA is that there be a specific, measurable result after implementing the UNFPA program.

GENDER-BASED VIOLENCE

Defined and Measurable Outputs:⁵⁵⁷

Clinical Protocols for GBV: The development of clinical protocols for GBV care included specific targets and indicators to measure their implementation and effectiveness. The protocols aimed to standardize care practices, and progress was tracked through the adoption and use by healthcare providers.

- **Youth Health Centers (YHCs):** The establishment and strengthening of YHCs were guided by specific milestones and targets, such as the number of centers established and the number of adolescents and young people served. Progress was regularly monitored to ensure these targets were met
- **National Standards and Guidelines for GBV:** The development and implementation of national standards and guidelines for GBV response services were based on clearly defined outputs, including specific targets for adoption and compliance by healthcare providers.
- **Integration of GBV Services:** The integration of GBV services into the national healthcare system was guided by specific targets, such as the number of healthcare facilities offering integrated services and the number of GBV survivors accessing these services

Shared Understanding Among Stakeholders:⁵⁵⁸

- Regular coordination meetings and workshops were conducted with stakeholders to ensure a shared understanding of success for each output, including specific targets, indicators, and milestones. Stakeholders were involved in regular monitoring and evaluation activities to track progress against established targets and indicators. This approach facilitated effective monitoring and evaluation of progress

SUMMARY OF FINDINGS

Defined and Measurable Outputs: UNFPA’s Country Programme has clearly defined and measurable outputs related to family planning and the reduction of gender-based violence. Specific targets, indicators, and milestones have been established to track progress and measure performance. The development of clinical protocols, national standards, and guidelines, as well as the integration of GBV services, were all guided by clearly defined outputs and measurable targets.

Shared Understanding Among Stakeholders: There is a shared understanding among stakeholders of what constitutes success for each output. Regular coordination meetings, workshops, and consultation sessions with stakeholders have ensured that all parties are aligned on the programme’s goals, targets, and indicators. This shared understanding has facilitated effective monitoring and evaluation, ensuring that progress is tracked and measured against established criteria.

Overall, the findings demonstrate that the UNFPA Country Programme has clearly defined measurable outputs related to FP and reduction of gender-based violence. Through regular monitoring activities, data collection, and stakeholder coordination, UNFPA has ensured that its interventions are on track and that the intended programme outputs are being achieved in Kazakhstan.

KIIs contributions:

- UNFPA’s approach to partnership is exemplary, demonstrating a commitment to leveraging diverse expertise for program development. Each program component has been worked out by expert groups from various fields who bring a wealth of knowledge and specialized skills. This collaborative model ensures that the program components are not only based on the latest research and best practices but are also tailored to meet the specific needs of the populations they serve. The utilization of this broad spectrum of expertise allows UNFPA to design initiatives that are comprehensive, effective, and sustainable.
- One of the achievements of UNFPA’s collaborative efforts has been the development of clinical guidelines that address gender-based violence (GBV).⁵⁵⁹ These guidelines were created jointly with representatives from vulnerable communities, ensuring that the voices and experiences of those most affected by stigma and discrimination

| | | | |
|---|--|---|---|
| <p>are integral to the development process. This inclusive approach guarantees that the guidelines are not only clinically sound but also culturally sensitive and attuned to the contexts of the communities they are meant to serve.</p> <ul style="list-style-type: none"> By involving community representatives in the creation of these guidelines, UNFPA ensures that the resulting protocols are practical and appropriate for those on the ground. This strategy not only enhances the effectiveness of the guidelines but also fosters a sense of ownership and empowerment among the communities, which is crucial for the successful implementation and adoption of these practices. “In the evaluated period (2021-2024) we have been doing a “real joint and systematic work” with UNFPA and other partners : <ul style="list-style-type: none"> work on prevention of STIs and HIV, developing the Guidelines for parents of adolescents have been completed jointly with YHCs (including PF Focus on People). This work revealed a lack of specialists to diagnose STIs; Work regarding key populations and groups have been done jointly with PF Community Friends. This work aims at facilitating the safeguarding an unimpeded access of key populations to PHC facilities. | | | |
| <p>3.2 UNFPA has been effective in implementing activities and interventions aimed at achieving the planned outputs related to family planning and gender-based violence reduction. It implies that the programme has successfully mobilized resources, engaged stakeholders, and executed activities according to the established work plans and timelines.</p> | <ul style="list-style-type: none"> Extent of the UNFPA activities/interventions effectiveness aimed at achieving the planned outputs related to FP/GVB Planned and available resources for UNFPA interventions to achieve the desired outcomes related to reducing the unmet need for FP/GBV as outlined in the UNFPA Strategic Plan and CPD. Planned v. conducted activities according to the established work plans and timelines. | <ul style="list-style-type: none"> UNFPA SP/CPD CPAPs/ Annual Reports UNFPA FP/GBV related surveys, policy, communication, and census data UNFPA Country office staff Implementing partners Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> Document analysis Interviews with UNFPA country office staff Interviews with/survey of implementing partners Interviews with NGOs, including local organizations, working in the FP/GBV area |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> UNFPA Strategic Plan 2018-2021 (DP/FPA/2017/9) UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) Annual reports 2021, 2022, 2023 UNFPA CO interventions | | | |

SUMMARY of FINDINGS.

UNFPA combined resources, experience, knowledge and organizational capacity to deliver results to provide support for family planning through four modes of engagement: (i) advocacy and policy dialogue and support; (ii) knowledge management; (iii) capacity development; and (iv) coordination, partnership and South–South and triangular cooperation. Given the country context, UNFPA took a systematic approach to achieving results and eliminating critical barriers to contraceptive use and access to quality health services. The achievements of the planned core and co-financing resources indicators show that the targets for resource mobilization were met and significantly exceeded in 2021 and 2023, except in 2022.

The unmet need for family planning and gender-based violence

According to UNFPA Strategy for Family Planning, 2022–2030⁵⁶⁰, the strategic priority ‘*Enhance agency and address discrimination*’ aligns with the SP output ‘*Social and gender norms*’ and acceleration plan output 3 ‘*Address discrimination and the harmful social and gender norms that limit access, availability, acceptability, and quality.*’ Ensuring that every woman, girl, and couple has access to quality services and information to manage their reproductive health is essential for addressing the unmet need for FP. To achieve this, UNFPA **was focused on strategic initiatives** outlined in SP to improve access to contraceptives, including promoting legal reforms to address barriers based on harmful social and gender norms, as well as enhancing pathways to quality care and services. Given the country context, UNFPA **took a systematic approach to achieving results and eliminating critical barriers** to contraceptive use and access to quality health services. UNFPA combined resources, experience, knowledge and organizational capacity to deliver results to provide support for family planning through **four modes of engagement**:

1. Advocacy and policy dialogue and support:

In 2021, UNFPA developed a National Standard for providing family planning services at the outpatient level in Kazakhstan based on the latest WHO/UNFPA recommendations. The standard addresses improving access to services for a broader range of consumers and enhancing the quality and competence of healthcare providers and information. The standard applies to various health providers, including general practitioners, midwives, catchment area health nurses, and YFS clinic professionals.

Additionally, a Policy Paper was created to advocate for the inclusion of modern contraceptives in the Basic Benefit package. This policy was developed based on findings from a UNFPA-supported study on contraceptive use and abortion prevalence in Kazakhstan.

UNFPA mobilized domestic resources by engaging a wide range of partners and stakeholders across multiple sectors to raise awareness about the needs of vulnerable population groups in family planning. This initiative aimed to ensure KP's access to free contraceptives through the Basic Benefit Package or the National Social and Health Insurance System. This effort involved conducting online and offline roundtable meetings with over 80 participants representing the Senate, the Ministry of Health, leading Maternal and Child Health (MCH) Centers, regional health departments, NGOs/national professional associations, and international organizations.

In 2022–2023, aiming to increase the demand for FP, UNFPA supported the development of the concept of raising awareness among couples who are going to marry on the issues of gender equality, sharing household responsibilities and parenthood, family planning, and reproductive health of men and women. UNFPA also utilized Social Media to increase adolescents' awareness about sexual and reproductive health and supported Forum of adolescents with the Bope Fund.

Eliminating barriers to accessing FP services, such as discriminatory attitudes from service providers towards youth, sex workers, people with disabilities, unmarried, HIV-positive, and LGBTQI+ persons, UNFPA supported the development of the Policy Paper on HIV and STI in Kazakhstan and a Strategy for youth organizations based on a regional context analysis. The Policy Paper included an analysis of the prevalence of STIs and HIV, testing and treatment both worldwide and in Kazakhstan, as well as strategic principles and policy directions for decision-makers.

2. Knowledge management

As part of its knowledge management engagement, UNFPA conducted seminars “*Developing counseling skills of YHC’s specialists,*” “*Providing social services in YHC,*” “*Adolescents health,*” “*Crisis communications in the practice of YHC,*” “*Organizing of YHC operations*” and training activities for healthcare professionals, national experts, employees of the educational system, journalists. In addition, UNFPA prepared various training programs for trainers and trainees, as well as manuals for Youth Friendly Health professionals⁵⁶¹, for doctors of different specialties (urologist, endocrinologists, gynecologist, etc.) on working with KPs and PLHIV on psychology counseling, on family planning and modern contraceptives methods, knowledge dissemination strategies, the educational course “*The basics of a healthy and prosperous family in Islam*” and materials for counseling couples, premarital consultations with DUMK, and other KPs on family planning and reproductive health; supported of revising clinical protocols and algorithms.

UNFPA engaged NGOs to conduct ToT for the teaching staff of 10 Islam madrassas on promotion of SRHR, family values and responsible parenthood, prevention of GBV and early/forced marriages.

3. Capacity development

In 2021-2023, UNFPA used innovative technologies to strengthen capacity via two training platform solutions:

- the "SRH.ORG.KZ" – distance-based training platform on FP and modern contraceptive methods, collaborating with academic society and advocacy activities among authorized bodies such as the National Academic council under the MoH. The platform rollout began in 2022, training 182 faculty members of medical universities and nurses' colleges and 120 health professionals in PHCs.
- the "EDU-OPEN.KZ" – digital solution, based on the Moodle platform, serves as a tool for homework and remote learning. For example, in 2022, the platform served 250 trainees.

4. Coordination, partnership and South–South and triangular cooperation

In 2021-2023, UNFPA facilitated coordination with WHO and UNICEF in areas where their responsibilities overlap. UNFPA also worked with local medical universities to promote international norms and standards in the medical education system. Additionally, UNFPA collaborated with inte to develop training materials and instructions on FP and GBV.

UNFPA partnered with FBOs to advocate for the inclusion of an elective course on reproductive health and rights, family planning, gender equality, responsible parenthood, domestic violence prevention, and early and forced marriages in the madrasah educational system.

In 2022, the UNFPA CO supported the organization of study tours, during which representatives from the Tajikistani Ministry of Health and healthcare institutions in Kazakhstan shared experiences, best practices, and strengthened their capacity in modern training technologies.

Planned core and co-financing resources were utilized to achieve targeted amounts and significantly exceeded them in 2021 and 2023, except in 2022 (see Table 6).

Table 6

| ID | Indicator | 2021 | 2022 | 2023 |
|--|--|------------------------------------|------------------------------------|------------------------------------|
| Planned core and cofinancing resources mobilized | Resource mobilization – Indicator 1 Amount of core resources mobilized during the year (in US dollars) | Target 10,000 Actual 10,000 | Target 10,000 Actual 3,000 | Target 5,000 Actual 10,000 |
| | Resource mobilization – Indicator 2 Amount of cofinancing Resources mobilized during the year (in US dollars) | Target 700,000 Actual 1,200,000 | Target 1,100,000 Actual 535,984 | Target 500,000 Actual 1,443,554 |

KIIs contributions:

KII⁵⁶² confirmed that UNFPA prepares an annual plan of activities based on priorities and unfunded activities reserved, and the implementation progress of activities is discussed quarterly. After approving the annual action plan, UNFPA CO staff prepare milestones to determine the final results linked to transformative results, key indicators of the CP and SP. The CPD Results Roadmap 2021-2025 was made for this purpose. When a key indicator such as maternal mortality improves⁵⁶³, the task for such an indicator remains in UNFPA's plans with the introduction of more relevant measures for the country, like maternal mortality auditing. UNFPA focuses on reducing the unmet need for family planning as a key factor in achieving zero maternal mortality.

Another example of results-oriented planning is the emphasis on advocating and consulting the government and the MoH to ensure access of youth to contraceptives. UNFPA CO prepared a policy brief that compares the cost and potential benefits of providing free oral contraceptives in Kazakhstan in 2018-2022. The results suggest that both scenarios create substantial cost savings for the government. The costs are offset by cost savings resulting from averted abortions and fewer unwanted adolescent deliveries, pre-and postnatal care, and maternity leave payments⁵⁶⁴.

Advocacy efforts of UNFPA to include modern contraceptive commodities into the State Guaranteed Benefits Package or the Social Health Insurance Package resulted in a change of the position of the MoH. However, society needs to be prepared to perceive such initiatives adequately, and therefore, measures aimed at changing discriminatory norms are most important to accelerate the implementation of new norms and increase the effectiveness of interventions.

Another KII⁵⁶⁵ clarified that activities on HIV and STI prevention are more of a cross-cutting topic, and UNFPA has not focused on these issues. In 2019, UNFPA began participating in the joint UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) project. It helped UNFPA to support young people at the YHCs, among whom the prevalence of HIV infection is growing⁵⁶⁶. UNFPA developed guidelines to change social norms among health professionals to ensure access to medical care for one of the most marginalized communities like MSM and PLHIV for working with MSM.

UNFPA collaborated with the Global Fund as part of the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project⁵⁶⁷ to purchase and deliver contraceptives to KP through AIDS centres. Thus, UNFPA efforts on HIV prevention are not publicized widely due to stigmatization in society. It shows how changing discriminatory norms is crucial. One example of the impact of discriminatory norms on the adoption of legal acts is that Kazakhstan's government plans to incorporate the human papillomavirus (HPV) vaccine into the national immunization was discontinued in 2015, despite the benefits of the HPV based on a pilot in 2013-2015. In 2024, UNFPA will assist in advocating for this issue as the vaccination period begins⁵⁶⁸⁵⁶⁹.

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| <p>3.3 There is evidence to support the actual achievement of programme outputs related to family planning and reduction of gender-based violence. It implies that the programme has conducted regular monitoring activities to assess progress, collect data, and measure performance against established targets and indicators.</p> | <ul style="list-style-type: none"> • UNFPA Strategic Plan outputs & indicators • Monitoring activities to assess progress, collect data, and measure performance against established targets and indicators • Evidence of assessing progress, collecting data, and measuring performance against established targets and indicators | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
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Documents reviewed:

- UNFPA Strategic Plan 2018-2021 (DP/FPA/2017/9)
- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- Annual reports 2021, 2022, 2023

SUMMARY of FINDINGS. UNFPA conducted annual monitoring activities to assess progress in achieving program outputs and collected actual data, which is included in annual reports. In addition, a system has been created to track milestones with internal targets and results, ultimately contributing to achieving the core output indicators. The results of progress assessment and performance measuring with established targets and indicators were reflected in the challenges and lessons learned sections, and an explanation was provided for indicators that are difficult to achieve or for which the implementation concepts have been changed.

The unmet need for family planning and gender-based violence

UNFPA conducted annual monitoring activities to assess progress in achieving program outputs and collected actual data, which is included in annual reports. In addition, a system has been created to track milestones with internal targets and results, ultimately contributing to achieving the core output indicators. The results of progress assessment and performance measuring with established targets and indicators were reflected in the challenges and lessons learned sections, and an explanation was provided for indicators that are difficult to achieve or for which the implementation concepts have been changed. The following table provide examples of such entries (see Table 7).

Table 7

| IP | Indicator | Comments or reported results | Milestone | Results |
|--|---|---|---|--|
| Output 1: Policy and accountability | Contraceptives included into the Pharmaceutical Formulary Contraceptives included into the Kazakhstan National Pharmaceutical Formulary Target: Yes (2022); Target: Yes (2023) Actual: Yes (2023). | In 2023 the Country Office (CO) succeeded in adding three types of contraceptives (emergency contraceptives, hormonal and intrauterine devices) to the Kazakhstan National Pharmaceutical Formulary (the Minister of Health's (MoH) order No 103, dated 6 June 2023). <i>Challenges:</i> Advocacy efforts of UNFPA to include modern contraceptive commodities into the State Guaranteed Benefits Package, or the Social Health Insurance Plan resulted in a change of the position of the MoH. Having other priorities, the MoH believes that contraceptives can be provided only for vulnerable groups, and due to the small number of needs patients, should be secured by the regional health authorities only through local budgets. Besides this, there are no legal documents issued by the MoH for forecasting and needs calculation of contraceptive commodities at the regional levels. | Technical assistance to the Ministry of Healthcare on amending the legislation to introduce the premarital medical examination has been provided | Target: Yes (Q2, Q4) Reported: Yes (Q2, Q4) |
| | | | Number of policy and decision- makers sensitized on the need of inclusion of contraceptives into the State Guaranteed Benefits Package and the Social Health Insurance Plan | Target: 200 (Q1) Reported: 200 (Q1) |
| Output 2: Quality of care and services | Health professionals trained and certified through distance learning platform on FP and modern contraceptives Proportion of health care professionals trained and certified through distance | This indicator was achieved by training over 550 health professionals in family planning and modern contraceptives at the innovative distance-based learning platform "srh.org.kz" launched by the CO in 2022. The average score exam is 80% and the threshold value is 70%. | Number of national experts on perinatal care and medical education are aware of modern technologies for medical education developed and introduced in Kazakhstan by UNFPA's support | Target: 50 (Q1) Reported: 55 (Q1) |
| | | | A combined (offline and online) training course on antenatal care for medical universities has | Target: Yes (Q3-4) Reported: Yes (Q3-4) |

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| <p>learning platform on FP and modern contraceptives Target: 35% (2025); Target: 10% (2023) Actual: 10 (2023).</p> | | been integrated into the National medical education system | | |
| | | 300 health professional trained and certified through distance learning platform on FP and modern contraceptives (srh.org.kz) | Target: 300 (Q2-4) Reported: 386 (Q2-4) | |
| | | KP activists and AIDS center personnel in Atyrau strengthened their capacities in building partnership between NGO and AIDS Center, in outreach work, PREP etc. KP activists built their capacities in proposal development and fund raising | Target: 10 (Q3) Reported: 19 (Q3) | |
| | | A Practical Manual for primary healthcare providers on family planning and modern contraceptives endorsed by the Ministry of Healthcare | Target: Yes (Q3-4) Reported: Yes (Q3-4) | |
| | | A Branch of NGO representing KPs is opened and functioning in Atyrau | Target: Yes (Q4) Reported: Yes (Q4) | |
| | | SRH.ORG.KZ distance learning platform on FP and modern contraceptives has been introduced at the undergraduate medical education, and 140 medical students strengthened their capacity through the platform | Target: 140 (Q1-4) Reported: 168 (Q1-4) | |
| | | The package of documents for opening a branch of existing NGO representing KPs in Atyrau is developed | Target: Yes (Q2) Reported: Yes (Q2) | |
| <p>The network of YFCs with sustainable financing Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services Target: 17 (2025); Target: 5 (2023); Actual: 5 (2023).</p> | <p>The CO contributed to the development of a new Standard on Youth Friendly Health Centres (YFCs) operation (a subsidiary legislative act, approved by the MoH in 2023). After the entry into force of this act, the State financing of the National Network for YFCs through the Social Health Insurance Fund amounted to 2.7 billion Kazakh Tenge (US\$5.8 mln.) in 2023 and contracted around 190 clinics that provide youth friendly health services (5 regions have the YFCs met with the Standard requirements)</p> | Shyn.kz communications package operates sustainably and is regularly updated | Target: Yes (Q1-4) Reported: Yes (Q1-4) | |
| | | Number of vocational training colleges and universities in Almaty are sensitized on organizing and providing youth- friendly health services | Target: 20 (Q1-4) Reported: 42 (Q1-4) | |
| | | Number of decision-makers from regional health authorities and the Social Health Insurance Fund were sensitized on organizing and providing youth- friendly health services | Target: 40 (Q3) Reported: 41 (Q3) | |
| | | Number of health providers from Abay, Pavlodar, and East Kazakhstan regions strengthened their capacity on organizing and providing youth- friendly services | Target: 35 (Q2) Reported: 35 (Q2) | |

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| Output 3: Gender and social norms | SRH and Gender-related issues are integrated into the curriculum of Theological institutions Reproductive health Target: Yes (2025); Target: No (2023); Actual: No (2023). | The methodological package for the educational course “Basics of a Healthy and Prosperous Family in Islam” was developed, discussed and agreed upon with the Methodological Department of the Spiritual Administration of Muslims of Kazakhstan (DUMK) and recommended for introduction into the educational process of madrasah colleges as an elective course starting in 2024. | The educational course “The basics of a healthy and prosperous family in Islam” that includes of SRHR, family well-being, responsible parenthood, prevention of GBV and early/forced marriages is integrated into the curriculum of Islam Theological institutions – madrassahs-colleges | Target: Yes (Q3) Reported: Yes (Q3) | |
| | | | Capacities of a # of teachers (ustazes) of Islam madrassas are strengthened on teaching the educational course "The basics of a healthy and prosperous family in Islam" based on updated training package on the course | Target: 20 (Q3) Reported: 0 (Q3) | |
| | | | Capacities of a # of psychologists in Kazakhstan are strengthened to provide the socio-psychological consultation/support to muslim women subjected to GBV | Target: 40 (Q4) Reported: 40 (Q4) | |
| | Adolescents who have comprehensive knowledge about HIV Percentage of adolescents who have comprehensive knowledge about HIV Target: 15 (2023); Actual: 9.1 (2023). | To reach this indicator, 9090 young people across Kazakhstan have been trained by Y-PEER volunteers on SRH, gender, gender-based violence, harmful social norms and stereotypes. In addition, there has been social media coverage through 61 videos with more than 160,000 views. | 50 young people with disabilities have access to information and education on SRHR issues, gender equality, gender-based violence, access to services, etc. through participation in Summer camp for young people. | Target: 50 (Q2, Q3) Reported: 0 (Q2, Q3) | |
| | | | 50 volunteers strengthened their knowledge and capacity as Y-PEER trainers through participation in Annual Leadership School. | Target: 50 (Q3) Reported: 50 (Q3) | |
| | | | 50 young people from 10 regions of Kazakhstan built their capacity in delivering training and consultations on leadership, SRHR, Gender, GBV, harmful social norms and stereotypes, bullying, and cyber security using peer-to-peer methods and certified as national Y-peer volunteers. | Target: 50 (Q3) Reported: 0 (Q3) | |
| | | | 10 000 young people and adolescents increased their knowledge of SRHR, Gender, GBV, harmful social norms, and stereotypes issues through training and consultations provided by Y-PEER volunteers, an online course on comprehensive sexuality education, and Social Media | Target: 10,000 (Q1-4) Reported: 10,130 (Q1-4) | |
| | | | 25 members of the youth organizations of Central Asia built their capacities on advocacy | Target: 25 (Q3) Reported: 27 (Q3) | |

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| | | | of GBV topics during the regional forum/summer camp for youth organizations (youth network on GBV) | |
|--|---|--|--|--|
| <p>KIIs contributions:</p> <p>Some KII⁵⁷⁰⁵⁷¹ mentioned the need to increase research and monitoring across regions, which would help make evidence-based decisions at the regional and sectoral levels. Other KII⁵⁷² indicated that monitoring activities have been conducted at the outset of Y-PEER or to develop training materials. Other KII⁵⁷³ confirmed monitoring of ongoing training activities for health workers and medical students through online platforms.</p> <p>Regarding the availability of statistical data on reproductive health, KII⁵⁷⁴ noted that in the last 3-4 years, the country began to publish indicators on reproductive health, which became possible thanks to the proposal of a representative of the Member of the National Commission on Women's Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan, who has a medical degree. In addition, the Multiple Indicator Cluster Survey (MICS) is expected to be completed in 2024. The MICS is carried out every few years, but human behaviour is also not changing quickly, and, in general, data should be available this year for use on issues of gender inequality.</p> | | | | |
| <p>EQ 4 (Effectiveness): To what extent did the outputs contribute to changing discriminatory social norms and what was the degree of achievement of the outcome?</p> | | | | |
| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection | |
| <p>4.1 There is a causal relationship between the programme outputs and observed changes in discriminatory social norms, supported by evidence from monitoring data, qualitative assessments, and stakeholder feedback. However, the achieved so far outputs contribute to changing discriminatory social norms to a certain extent</p> | <ul style="list-style-type: none"> • UNFPA Strategic Plan outputs & indicators • Status of outputs including specific targets, indicators, and milestones to track progress. as of May'2024 • Evidence of observed changes in discriminatory social norms changing discriminatory social norms • Extent of contribution of outputs to • Monitoring/Assessment/Study data of observed changes in discriminatory social norms • Stakeholder feedback on observed changes in discriminatory social norms | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area | |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report | | | | |

- UNFPA Strategy for Family Planning, 2022–2030
- Annual reports 2021, 2022, 2023
- National policy/strategy documents
- National reports

FAMILY PLANNING

SUMMARY of FINDINGS. Some national policies, reports, and study results suggest a causal relationship between program outputs and ongoing shifts in population perceptions and social norms. UNFPA works to achieve output indicators through knowledge dissemination, capacity building, advocacy, policy dialogue, and digital technology use. This has resulted in certain changes. More targeted interventions, extensions of public awareness, and additional data are needed to substantially change discriminatory social norms and measure them. For example, the Multiple Indicator Cluster Survey (MICS) is planned for 2024.

The unmet need for family planning and gender-based violence

In 2021–2023, UNFPA focused on achieving output indicators through disseminating knowledge, strengthening capacity of key institutions and populations, advocacy, and policy dialogue with key decision makers, which led to achieving certain results (see Table 8). Digital technologies will continue to support these actions. The aim is to gradually change social norms, but more data is needed to make significant changes to discriminatory social norms and measure them. The key study providing additional information for analysis (MICS) is planned for 2024.

Some of the high-level performance targets for the family planning strategy, such as levels of demand for family planning satisfied with modern methods, are still **high**⁵⁷⁵ in Kazakhstan, but compared to a baseline of 85% in 2015, it declined by 10.5% by 2024 (76%).

In 2024 the adolescent birth rate decreased from 25% to 20% in comparison with baseline period (2018). However, in 2021, there were 428 cases of induced **abortion among minors** in Kazakhstan, with 15 cases involving adolescents under 14 years of age. The highest numbers of abortions among minors were reported in the Turkestan, Karaganda, Almaty, East Kazakhstan, and Mangistau regions⁵⁷⁶.

In 2022, the UNFPA CO revised the Clinical Protocol on promoting safe abortion practices by incorporating the latest recommendations from the World Health Organization (WHO) to support the establishment of a comprehensive package of sexual and reproductive health information and services, including addressing **comprehensive abortion care (CAC)**.

In 2021, the UNFPA CO collaborated with the Nazarbayev Intellectual School to conduct a sociological study in the Atyrau region. This study aimed **to assess the necessity and effectiveness of education** on SRH, gender equality, and non-violence within the “Valeology” curriculum for high school students in Atyrau. The UNFPA-supported project “Strengthening the well-being of students in the Atyrau region” was designed to understand better the educational needs and outcomes relating to FP and GBV among students. According to the analysis of student responses, 53% of students in the experimental group reported receiving information about sexual and reproductive health, including HIV infection and STIs at school. There was also a slight increase in results for the control group. The percentages for the experimental group were the highest among all sources of information on these issues. As a result, it was concluded that schools are the primary source of information on sexual and reproductive health issues, highlighting the relevance and importance of the “Valeology” course for young people⁵⁷⁷.

In 2022, the biology **curriculum in schools was updated with information about types of contraception** for Grade 9, and the topic of expressing one’s opinion regarding the issue of gender equality is included in the standard curriculum for the subject “Foreign language (second). English” for the Grade 10 of the social and humanitarian direction at the level of general secondary education⁵⁷⁸.

In 2022, the Committee for Youth and Family Affairs of the MCI reported on implementing the Action Plan for implementing the Concept of Family and Gender Policy in the Republic of Kazakhstan until 2030. The report highlighted that followers of Islam, **both men and women, are not sufficiently informed about human rights issues, in particular, reproductive rights, reproductive and maternal health, family planning, and gender equality** (based on the results of a 2021 study, more than a third (36%) men, who rated themselves as strongly religious, do not agree with the statement that women should have the same rights and opportunities as men).”

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The Committee also declared that in 2022, UNFPA conducted a series of training sessions to implement paragraph 21 of the Plan, which involved **consulting adolescents and youth in schools, colleges, and universities** with UNFPA experts **on reproductive health issues and the prevention of unwanted pregnancy**. As a result, more than **15,000** young people participated in training sessions and received consultations on reproductive health and rights, gender equality, and safe behavior. Thus, continuing to advocate for and support the implementation of comprehensive sexuality education and operationalize promising practices should contribute to implementing the goals set within the UNFPA Family planning strategic priority 8: “Engage adolescents and youth for involving youth in family planning issues” and to support approaches for strengthening women’s and girls’ leadership and expand their agency to make decisions related to sexual and reproductive health within the strategic priority 5: “Enhance agency and address discrimination”.

Table 8

| UNSDCF Outcome | Outcome Indicators | CP output | Output indicators (Source: Annual reports, 2021-2023) |
|---|---|---|--|
| 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 | <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 Baseline: 85% (2015); Target: 87% (2025); Actual 76% (2024)⁵⁷⁹ Adolescent birth rate Baseline: 25 (2018); Target: 20.6 (2025); Actual 20 (2024)⁵⁸⁰ | 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. | <ul style="list-style-type: none"> Contraceptives included into the Kazakhstan National Pharmaceutical Formulary Baseline: No (2020); Target: Yes (2022); Actual Yes (2023) ion of health care professionals trained and certified through distance learning platform on FP and modern contraceptives Baseline: 0% (2020); Target: 30% (2025); Actual 10% (2023) Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services Baseline: 0 (2020); Target: 17 (2025); Actual 20 (2023) (Source: the UNICEF CO, the Report assessing the capacity of youth health centers and the needs of adolescents and youth in Kazakhstan, April 2024) The UNFPA SRH and GBV response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness and response plan Baseline: No (2020); Target: Yes (2025); No (2023) |
| | <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 Baseline: 14.2% (2015); Target: 10% (2025)⁵⁸¹ Proportion of women aged 20-24 years who were married before age 18 Baseline: 7.8% (2015); Target: 5% (2025); Actual 7% (2023)⁵⁸² | Output 2.1: Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. | <ul style="list-style-type: none"> Sexuality education is introduced into the national secondary and vocational education system Baseline: No (2020); Target: Yes (2025); Actual No (2023) National guidelines and protocols are developed based on UNFPA Standard Operating Procedures and Essential Service Package for Multi-Sectoral response to Gender Based Violence Baseline: No (2020); Target: Yes (2024); Actual No (2023) Percentage of adolescents who have comprehensive knowledge about HIV Baseline: 9.1% (2018); Target: 35% (2025); Actual 9.1% (2023) Reproductive health and Gender-related issues are integrated into the curriculum of Theological institutions Baseline: No (2020); Target: yes (2025); Actual No (2023) |
| 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 | <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 Baseline: 0.63 (2019); Target: 0.85 (2025); 0.65 (2022)⁵⁸³ Proportion of people counted in the most recent census Baseline: 95% (2010) Target 95% (2020); Actual 98.7% (2021)⁵⁸⁴ | 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 | <ul style="list-style-type: none"> Number of analytical reports, communication and information materials developed based on 2020 Census data Baseline: 0 (2020); Target: 3 (2025); Actual 1 (2023) Number of further analytical reports developed based on the next Multiple Indicator Cluster Survey conducted in 2021-2022 Baseline: 0 (2020); Target: 3 (2025); Actual 0 (2023) Road Map and Plan of Action for Active Ageing is developed and put into action by the Government Baseline: No (2020); Target: Yes (2025); Actual Yes (2023) 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 Baseline: No; Target: Yes (2025); Actual No (2023) |

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| | | education, and gender equality. | |
| <p>KIIs contributions:</p> <p>Some KII⁵⁸⁵⁵⁸⁶ expressed their readiness to become UNFPA's ambassadors in promoting and implementing tasks at the regional level; they noted the importance of long-term engagement to change social norms and that the results of such work are not material and are not visible, but if, for example, former participants of Y-PEER will become doctors with zero stigma and begin to help others to understand the issue of reproductive health, then such results can already be measured. However, assessing which factor had a significant influence can be difficult. Another KII⁵⁸⁷ shared his vision and experience of working on behaviour change, where the results of several research papers and meta-analyses showed that the best method of behaviour change is to implement structural measures: (1) it is necessary to legislate prohibition, introduce fines, and inform the population what kind of behaviour will be punished; (2) it is necessary to change social acceptability of different forms of behavior. For example, young people are now more committed to healthy lifestyle; it is considered fashionable to do physical activities and avoid harmful habits. Before, smoking and drinking alcohol were normalized through media, movies, and TV. Thus, to change acceptability, it is better to involve young people; for adults, the measure of prohibition and punishment works better. KII⁵⁸⁸ noted the change in regulatory behaviour as a result of years of advocacy and awareness raising. For example, despite the long-term practice of implementing YHCs in regions, the results have only begun to show. The government agency lowered the age of consent for examinations from 18 to 16. Teenagers were out of focus of officials and medical institutions, and only in recent years they begun to pay attention to young people and the importance of working with them. First, a communication strategy was developed to form the basis for developing legislation on the YHCs. The shyn.kz website was developed in 2020, but the results have begun to show now. KIIs⁵⁸⁹⁵⁹⁰ noted that the topic of reproductive and sexual health is very sensitive, and therefore, the results of the work of various social networks on working with young people are not visible from the outside. For example, many young people, not only from Kazakhstan but also from other countries, turn to KIIs for advice and often contact them directly. Visual materials and models presented by UNFPA also play an important role – they attract young people and explain things very clearly. The appearance and sincerity of the persons who convey the information also play a role; the number of subscribers of such persons can reach 514 thousand, with 279 comments. Young people prefer TikTok since it allows them to hide information about which sites or accounts, they are subscribed to. When it concerns sensitive topics, it is very important to understand the ability of information technology to maintain privacy and security. The problem may arise in connection with the ban of related websites and networks, taking into account the use of specific terminologies. Adapting information for young people, considering their characteristics and language preferences, is very important. Another interesting recent observation demonstrates that some fathers have begun to bring their daughters for consultations at the YHCs for their better awareness of reproductive health; this has never happened before. KII⁵⁹¹ shared information about the results of youth activity and their interest in information about reproductive health. For example, UNFPA KAZ CO's social media accounts have earned blue ticks from Meta, which added to the trustworthiness and credibility of the accounts. The total number of followers has reached almost 10,000, with the Instagram account increasing engagement by up to 43%. At the same time, Shyn.kz social media package (TikTok and Instagram), administered by the IP Focus on People Foundation, has also registered an increase in TikTok's followers (65,000), with the most popular video hitting the 8 million views mark.</p> <p>GENDER-BASED VIOLENCE</p> <p>Contribution to Changing Discriminatory Social Norms:⁵⁹²</p> <ul style="list-style-type: none"> • Youth Health Centers (YHCs):⁵⁹³ The establishment and strengthening of YHCs provided adolescents and young people with access to comprehensive RH services and information, promoting gender equality and challenging discriminatory social norms related to GBV. • National Standards and Guidelines for GBV: The development and implementation of national standards and guidelines for GBV response services institutionalized respectful and supportive practices, challenging discriminatory social norms within the healthcare system. • gender equality and challenging discriminatory social norms related to GBV. • Integration of GBV Services: Integrating GBV services into the national healthcare system promoted comprehensive, respectful care for survivors, helping to change social norms around GBV and support for survivors. <p>Training Programs:^{594 595}</p> | | | |

- **Healthcare Providers:** Training healthcare providers on clinical protocols for GBV care contributed to changing social norms by promoting a standardized, respectful approach to GBV survivors, encouraging more supportive and non-judgmental attitudes.
- **School Psychologists and Teachers:** Training for school psychologists and biology teachers on life-skills-based education, including GBV prevention, helped to integrate gender equality and non-discriminatory practices into school curricula, influencing students' attitudes and behaviors.
- **Community Engagement:** Community-based initiatives, such as awareness campaigns and training for community leaders, directly addressed and aimed at changing harmful social norms related to GBV, promoting gender equality and respect for women's rights.
- **Capacity Building:**
 - **Training for Ustazes (Teachers):** Training sessions for religious leaders on family planning, maternal and reproductive health, and GBV prevention promoted gender equality and respectful attitudes towards women within religious communities, challenging harmful social norms.
 - **Social Support Providers for People with Disabilities:** Training on multisectoral response (MSR) to GBV improved the quality of services for people with disabilities and promoted non-discriminatory practices, contributing to changing social norms about disability and GBV.

Community Engagement: Evidence from Monitoring Data, Qualitative Assessments, and Stakeholder Feedback:⁵⁹⁶

- **Monitoring Data:** Data from national health systems showed increased adherence to GBV protocols and guidelines, indicating a shift towards more supportive and standardized care practices. Regular monitoring data indicated increased reporting of GBV cases and higher utilization of YHCs, suggesting that social norms around seeking help and discussing GBV were changing. Data from healthcare facilities and community programs showed increased utilization of GBV services and more supportive responses to GBV survivors, indicating shifts in social norms.
- **Qualitative Assessments:** Assessments from capacity-building initiatives and community engagement activities revealed positive changes in attitudes and practices related to gender equality and GBV among participants. Qualitative assessments from training sessions and community engagements highlighted positive shifts in attitudes towards GBV and gender equality among participants. Qualitative assessments from training programs and community engagement activities indicated positive changes in attitudes towards gender equality and GBV, with participants reporting increased awareness and supportive behaviors.
- **Stakeholder Feedback:** Feedback from religious leaders, social support providers, and community members confirmed that the interventions were effectively challenging and changing discriminatory social norms, though the degree of change varied by community and context (Annex 1 - Evaluation Ma...). Feedback from stakeholders, including healthcare providers, educators, and community leaders, confirmed that the interventions were contributing to changing discriminatory social norms, although the extent of change varied across different communities. Feedback from Y-PEER volunteers, journalists, and community members confirmed that the interventions were contributing to changing discriminatory social norms, although the extent of change varied across different regions and groups.
- **Enhanced Training Programs:**
 - **Y-PEER Volunteers:** Training Y-PEER volunteers on SRHR, gender equality, and GBV prevention empowered young people to advocate for and promote gender equality, challenging discriminatory social norms within their peer groups and communities.
 - **Journalists and Media Specialists:** Training on gender-sensitive reporting and GBV coverage promoted more accurate and respectful media representations of GBV, contributing to changing public perceptions and social norms around GBV.
- **Community Engagement:** Continued community engagement initiatives, including workshops and forums, addressed harmful social norms and promoted gender equality, leading to observable changes in attitudes and behaviors within communities. Initiatives aimed at engaging men and boys in discussions about gender equality and GBV prevention helped to challenge and change harmful social norms, promoting more equitable attitudes and behaviors.

SUMMARY OF FINDINGS

Contribution to Changing Discriminatory Social Norms: UNFPA's programme outputs have contributed to changing discriminatory social norms to a certain extent. The development of clinical protocols, national standards, and guidelines, as well as extensive capacity-building efforts and community engagement initiatives, have promoted gender equality and respectful attitudes towards GBV survivors. These interventions have challenged harmful social norms and supported more equitable practices within healthcare, educational, and community settings.

Evidence from Monitoring Data, Qualitative Assessments, and Stakeholder Feedback: There is evidence from monitoring data, qualitative assessments, and stakeholder feedback to support the causal relationship between the programme outputs and observed changes in discriminatory social norms. Regular monitoring activities have tracked progress and measured changes in attitudes and behaviors, while qualitative assessments and stakeholder feedback have provided insights into the effectiveness of the interventions in challenging and changing harmful social norms.

Overall, the findings demonstrate that UNFPA's programme outputs have contributed to changing discriminatory social norms related to GBV. While the extent of change varies across different communities and contexts, there is clear evidence that the interventions have promoted gender equality and more supportive attitudes and behaviors towards GBV survivors in Kazakhstan.

KIIs contributions:

People with disabilities (PWD) have been empowered through targeted information and educational activities/materials, enhancing their understanding of their legal rights and available services. These educational materials and info (adapted for the people with various disabilities including visual, hearing, learning impairments), have been instrumental in ensuring that individuals with disabilities are not only aware of their entitlements but also know where and how to access necessary services. As a result, they are better equipped to make informed decisions regarding their healthcare, legal aid, employment, and other critical areas.

These efforts contribute significantly to fostering an environment of inclusivity and accessibility. By increasing the autonomy of people with disabilities through knowledge, we support their active participation in society, ensuring they have the tools needed to advocate for themselves and navigate systems that were previously challenging.

The current Public Administration Programme is significantly outdated and requires comprehensive updates to effectively address contemporary challenges. To remain relevant and effective, the curriculum must be expanded to include subjects such as sociology, legal literacy, politology (political science), Sustainable Development Goals (SDGs), gender policy, journalism, and other relevant disciplines. This enrichment will equip students with a broader, more applicable skill set, enabling them to tackle the pressing issues of today's dynamic societal landscape.

In alignment with these educational advancements, the university has established an SDG centre, further emphasizing its commitment to global development goals. Additionally, a regional Y-PEER coordination centre has been set up to foster youth engagement in peer education and advocacy on health and rights issues.

Despite these positive developments, there are areas that require urgent attention:

- Only two participants have been involved in the specialized course on responding to violence, particularly related to Gender-Based Violence (GBV), indicating a need for greater enrollment and promotion.
- Information about open educational platforms like shyn.kz and edu-open.kz has not been effectively disseminated to their intended audiences, limiting access to valuable educational resources.

To enhance the impact and reach of these initiatives, it is suggested that:

- Individual projects focusing on UNFPA's mandate topics should be supported.
- Introduction of a dedicated Master's course on 'Gender and Public Policy Making' to deepen expertise in these critical areas is suggested.
- Strengthening of the respective information work should be pursued, in collaboration with the Ministry of Culture and Information, Ministry of Education, and other relevant ministries. This effort should adopt a systematic approach that covers information dissemination, education, legal issues, and adopts a family-centered approach to ensure comprehensive and inclusive educational outreach.

| | | | |
|--|--|--|--|
| 4.2 The achievement of output indicators reflects the effectiveness of the programme interventions, but the degree of achievement of the outcome related to | <ul style="list-style-type: none"> • UNFPA Strategic Plan outputs & indicators • Extent of the effectiveness of the programme interventions • Extent of achievement of the outcome related to changing discriminatory social norms | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff |
|--|--|--|--|

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|---|---|--|---|
| changing discriminatory social norms is difficult to measure but some anecdotal evidence exists | <ul style="list-style-type: none"> • Evidence of achievement of the outcome related to changing discriminatory social norms • Stakeholder feedback on observed changes in discriminatory social norms | <ul style="list-style-type: none"> • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report • UNFPA Kazakhstan Combined training table, 2021-2023 • UNFPA Strategy for Family Planning, 2022–2030 • UNFPA, UNICEF publications • Annual reports 2021, 2022, 2023 • National policy/strategy documents • National reports <p>FAMILY PLANNING</p> <p>SUMMARY of FINDINGS.</p> <p>The progress observed towards achieving output indicators reflects the effectiveness of UNFPA CO's interventions in areas such as Advocacy/Policy Dialogue and Advice, Knowledge Management, and Capacity Development. Reports at the national level and from other UN partners show positive trends. Some results show changes in understanding among regulatory authorities and health professionals of the role of family planning especially for vulnerable segments of the population. In addition to improving the quality and accessibility of family planning services, more interventions are needed to reduce discriminatory social norms that increase demand for family planning. This can be achieved by promoting comprehensive knowledge and public awareness of such services with sustained action at all levels of decision-making through advocacy, information, education, and policy dialogue. Continued use of the innovative distance-based learning platform “srh.org.kz” will accelerate the achievement of output indicators.</p> <p>The unmet need for family planning and gender-based violence</p> <p>The progress toward achieving output indicators reflects the effectiveness of the UNFPA CO's interventions in areas such as Advocacy/Policy Dialogue and Advice, Knowledge Management, and Capacity Development (see Table 9).</p> <p>The examples below present some of the results of UNFPA efforts to achieve output indicators successfully and how this translates into practice, as reflected in country-level studies and reports.</p> <p>CP 1.1. Output indicator: Contraceptives included into the Kazakhstan National Pharmaceutical Formulary: Target: Yes (2022); Actual: Yes (2022 and 2023)</p> | | | |

A study conducted by the Regional Office of the IPPF European Network and the UNFPA Regional Office for Eastern Europe and Central Asia in Kazakhstan revealed that **cost is a significant factor in the decision to use or not use modern contraception**. Some contraceptives, such as IUDs and injections, are expensive and require additional doctor visits, making it unaffordable for women. According to the questionnaire survey for the National Report “Kazakh Families – 2022,” 73.5% of respondents in Kazakhstan believe that planning the birth of a child is necessary, 15.2% believe it is not necessary, and 11.3% found it difficult to answer this question⁵⁹⁷.

Throughout 2021-2022, the gradual approach to advocacy and policy dialogue involving key decision-makers significantly contributed to achieving the 1.1. output indicator concerning the inclusion of modern contraceptives in the pharmaceutical formulary. This **gender-responsive intervention aimed to increase the availability of certain types of modern contraceptives** for the most vulnerable population segments at their place of residence when their movement is restricted due to discriminatory social norms. UNFPA also emphasized the need to continue advocacy, dialogue, and training to change the position of beneficiaries on family planning issues using a gender-transformative approach starting in 2023.

CP 1.1. Output indicator: Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services Target: 17 (2025); UNFPA reported 5 (2023); UN Partner Publications reported 20 (2023).

In April 2024, the UNICEF CO released a report assessing the capacity of youth health centers and the needs of adolescents and youth in Kazakhstan⁵⁹⁸. According to the report, the Youth Health Center (YHC) offers 119 services, with only 20 being financed through the Basic Benefit package (State Guaranteed Benefit Package). The remaining services are paid for through Social Health Insurance (SHIF). This means young people need to contribute to SHIF to access most of the YHC services.

The report indicates that by the fourth quarter of 2023, the health departments of 17 regions and cities, including Almaty, Shymkent, and Astana, reported that the republic had 141 Youth Health Centers (YHCs) offering comprehensive medical and psychosocial services to adolescents and young people.

Another conclusion of the report is that in-depth interviews show YHC's employees often referred to orders and clinical protocols rather than the Development Strategy for the Youth Reproductive Health Center (a model for other YHCs), created with UNFPA CO support. Therefore, it is necessary to constantly train new specialists in the specifics of working with adolescents and familiarize them with the Development Strategy.

The report emphasized that 830 thousand young people applied to the YHCs in 2023, the coverage of YHC services was about 14.7% (the target group is children and young people 10-29 years old), and the “productivity” of the YHC varies greatly among regions. YHCs in North Kazakhstan, East Kazakhstan, Karaganda and Mangistau regions were less productive. One of the key barriers to young people turning to the YHC is low awareness of the work of the YHC and the services they provide.

The report also notes that one key method of informing young people and adolescents about their activities is through on-site events in educational institutions.

Barriers to access to YHC services and problems in the functioning of YHC includes the inaccessibility of services for young people not insured by the SHIF, low awareness of young people about YHCs, and lack of narrow specialists: urologists, dermatovenerologists, pediatricians.

The report highlighted that the regression analysis results show that the number of requests to the YHC practically does not depend on the number of distributed informational, educational, and media materials. A statistically significant relationship is noted only between the number of events held and the number of requests.

According to the “Kazakh Families 2022” project’s mass survey, 52.5% of Kazakhstan respondents reported not using reproductive health services such as doctor examinations and screenings in the past five years. On the other hand, 44.8% stated that they did use reproductive health services, while 2.8% found it difficult to answer.

The annual reports on the implementation of the Ministry of Health's development plan for 2021-2023 and the annual report for 2022 on the Concept for the development of the healthcare system up to 2026 lack specific information about reproductive health. They also don't provide details about ensuring access to contraceptives for socially vulnerable groups, but they do contain information about the number of youth centers and the youth they serve⁵⁹⁹.

Thus, in addition to efforts to improve the quality and accessibility of family planning services, continued interventions are needed to increase demand for family planning by promoting comprehensive knowledge and public awareness of such services with sustained action at all levels of decision-making through advocacy, information, education, and policy dialogue to change discriminatory social norms that affect demand for family planning.

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Table 9

| CP Output | Output indicator | 2020 baseline | 2021 actual | 2022 actual | 2023 actual | 2025 target | Related interventions in 2021-2023 | Reported challenges and Lessons Learnt |
|-----------|--|---------------|-------------|-------------|-------------|-------------|--|--|
| I.1 | Contraceptives included into the Kazakhstan National Pharmaceutical Formulary | No | No | Yes | Yes | Yes | <p>ME01: Advocacy/Policy Dialogue and Advice: Supporting development of the Policy Paper on the necessity of inclusion of contraceptives into Basic Benefit package; Holding Round table meetings for 80 participants from the Senate, the MOH, the leading MCH Centres, the regional health departments, NGOs/national professional associations and international organizations on the needs of vulnerable groups of population and ensuring their access to free of charge contraceptives through the Basic Benefit Package or the National Social and Health Insurance System; Developing recommendations for the Government of Kazakhstan on the need to provide free-of-charge modern contraceptives to vulnerable groups; Sensitizing 200 policy and decision makers from the Parliament of Kazakhstan, the MoH, the Social Health Insurance Fund (SHIF), and regional health authorities on importance of FP and modern contraceptives to ensure SRHR during the First International congress of obstetricians and gynecologists.</p> <p>ME02: Knowledge Management: Developing a clinical protocol on modern contraceptives methods; Developing a Manual on family planning and modern contraceptives methods; Developing and adaptation the Excel calculator on planning and prognosis of contraceptives needs to the distanced-based Moodle education platform.</p> | <p>UNFPA advocacy efforts among parliamentarians to promote contraceptive securities have led to a gradual change in the position of the MoH, which is ready to consider the possibility of providing free-of-charge contraceptives to vulnerable groups against the local budgets.</p> <p>Regardless of numerous policy papers developed by the CO and meetings held at difference levels, the FP is still seen as a mean for regulating of birth. Therefore, along with continuation of the advocacy and policy dialogue activities, the CO should make more efforts on creating demand for FP means, i.e. changing social norms and attitudes.</p> |
| I | Proportion of health care professionals trained and certified through distance | 0% | 0% | 5% | 10% | 30% | <p>ME02: Knowledge Management: Facilitating online trainings on FP for medical universities' faculty and national experts (srh.org.kz, the Excel calculator on planning and prognosis of contraceptives needs); Providing technical support and maintenance of SRH.ORG.KZ (distance-based learning platform on FP and modern contraceptives methods); Conducting training sessions for YHC healthcare professionals;</p> | <p>Increasing interaction between UNFPA and medical universities in 2022 revealed a knowledge gap between faculty staff and health practitioners. The medical education curricula of the academia in SRH are much outdated. The training materials developed by UNFPA</p> |

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| | | learning platform on FP and modern contraceptives | | | | | | Developing Moodle platform for support trainings under activities related to “Maternal mortality auditing”, “Family planning”, “UBRAFKZ”, “Youth-friendly services”, “Online training on GBV”. | following the standards of medical education contain the latest knowledge and evidence that are not available to medical universities. | |
| I.I | | Number of regions that have at least one network of Youth Friendly Health Centres with sustainable financing from public sources that provide standardized services | 0 | 0 | 3 | 5 | 17 | <p>ME01: Advocacy/Policy Dialogue and Advice: Conducting Regional Youth Seminars; Developing a communication plan and a long-term advocacy strategy for youth CSOs in Central Asia to tackle harmful social norms and gender stereotypes; Producing Promo materials for Y-PEER Network.</p> <p>ME02: Knowledge Management: Establishing new Y-PEER center in Turkestan; Developing A National accreditation standards of Youth-health friendly centers (for YHS as independent entity and YHC as department of another entity).</p> <p>ME03: Capacity Development: Conducting Summer school on organizing and providing youth-friendly health services for medical universities' faculty and national experts</p> | Youth-Friendly Health Services are now available for all adolescents in the country free-of-charge (initiated by and with UNFPA support in 2020 and is one of the best examples of shifting from funding to financing). This was made possible because those services were included into the list of the SHIF . Because these services are now being reimbursed by the SHIF, many health facilities would like to provide those services. From one hand it is important to continue providing support to capacity-building and demand generation for YFS, however, to ensure high quality services, there is a need to expand UNFPA support to some "gaps" in organizing YFS, such as monitoring, evaluation, and quality assessment. | |
| I.I | | The UNFPA SRH and GBV response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness | No | | No | No | Yes | <p>ME01: Advocacy/Policy Dialogue and Advice: Holding a Round table for policy and decision makers on strengthening emergency response to prevent GBV and ToT organization on preparedness and response on SRH and SGBV in emergency situations.</p> | The MoH did not make the correct conclusions from the limitation of healthcare service provision to people during the COVID-19 pandemic and during the civil unrest in Almaty on January 2-7, 2022. The MoH still has not been identified as a priority for the Emergency preparedness and response, therefore, the SRH Minimal Initial Service Package, including GBV prevention and health response are | |

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| | | and response plan | | | | | | | not included into the National Emergency Response Plan. Advocacy efforts help to raise awareness of existing gaps and the critical importance of the SRH and GBV services in the National Preparedness Plan, hence pro-active advocacy efforts will be continued until success is reached. | |
| 2.1 | | Percentage of adolescents who have comprehensive knowledge about HIV | 9,1% | 9,1% | 9,1% | 9,1%* 600 | 35% | ME02: Knowledge Management: Developing the package of training and methodological materials for healthcare professionals working with adolescents and young people on HIV prevention, HIV testing, counseling, ART treatment literacy, adherence; Developing the strategy of knowledge sharing among healthcare professionals working with adolescents and young people on HIV prevention, HIV testing counseling, ART treatment literacy and adherence; Supporting the Y-Peer networks trainings in 10 cities (ToTs); Supporting training sessions for 9090 young people across Kazakhstan by Y-PEER volunteers on SRH, gender, gender-based violence, harmful social norms and stereotypes; Conducting seminar and training sessions on adolescents SRH, on organizing and providing youth-friendly health services for the SHIF and regional health authorities; Providing technical support and maintenance of shyn.kz package (website, mobile app and Telegram channel); Developing a Practical Manual for Youth Friendly Health professionals; Strengthening of informal Youth peer to peer education. | UNFPA engaged volunteers of Y-PEER network to provide training sessions. | |
| 2.1 | | Reproductive health and Gender-related issues are integrated into the curriculum of | No | | No | No | Yes | ME02: Knowledge Management: Preparing the pre-marriage consultations materials for couples who are getting married to guide them in creating a family, spiritual and family values in accordance with the canons of Islam, building relationships based on mutual respect and support, raising children with dignity, family planning and preserving maternal health (MLR); Conducting training for specialists from the Spiritual Administration of Muslims of Kazakhstan and Madrasah | Providing psycho-social support to covered Muslim women experiencing domestic violence is challenging by the fact that due to strong gender stereotypes and social norms, as well as distorted perceptions of women's rights in Islam instilled in them by their community and husbands, they do | |

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| | Theological institutions | | | | | | of 9 regions on quality provision of psychological support services to Muslim women survivors of violence; Developing the methodological package for the educational course “Basics of a Healthy and Prosperous Family in Islam” in collaboration with the Methodological Department of the Spiritual Administration of Muslims of Kazakhstan (DUMK). | not seek support from law enforcement authorities and social support institutions in cases of facing domestic violence. There is a need to seek creative means to reach such women and provide them with important information on why and where to seek help and support, including public health facilities. |
|--|--------------------------|--|--|--|--|--|---|---|

KIIs contributions:

The previous section of the KII contributions in the current Annex provides examples of how behaviour might change when people face activities carried out under the auspices of UNFPA. One of the KIIs informed that, for example, to achieve indicator 2.1, there are some prerequisites: in each region there are preventive departments and NGOs that work with the population. Their representatives visit medical and educational organizations, inform them about the availability of centres to provide assistance to young people and talk about HIV and AIDS. The YHCs can also provide information on HIV. IP, with UNFPA support, developed guidelines on HIV separately for doctors and for parents. Some of KIIs⁶⁰¹⁶⁰² highlighted that they now know about infectious diseases and the difference between AIDS and HIV thanks to attending Y-PEER training. Parents indicated that since their children began attending volunteer trainings, they stopped demanding to buy expensive iPhones, began to help more with chores and studied better. In addition, the children's father became more tolerant and began to talk openly about reproductive health with his daughters. These results are from one year of children attending this kind of training. Every week, on Saturdays, Y-PEER trainings are held in the region, and children eagerly attend them.

GENDER-BASED VIOLENCE

Achievement of Output Indicators:⁶⁰³

- **Youth Health Centers (YHCs):** The establishment and strengthening of YHCs were completed as planned. The reports indicate that these centers provided services to a significant number of adolescents and young people, meeting the output targets for accessibility and service provision.
- **National Standards and Guidelines:**⁶⁰⁴ The development and implementation of national standards and guidelines for GBV response services were completed, with healthcare facilities adopting these standards as planned.
- **Training Programs:**⁶⁰⁵
 - **Healthcare Providers:** The training sessions for healthcare providers on clinical protocols for GBV care achieved their output targets, with a significant number of providers trained and adopting the new protocols.
 - **School Psychologists and Teachers:** The training programs for school psychologists and biology teachers met the output targets for participant numbers and integration of GBV prevention into school curricula
- **Capacity Building:**⁶⁰⁶
 - **Training for Ustazes (Teachers):** The training sessions for religious leaders achieved their output targets, with a significant number of ustazes trained and actively promoting gender equality and GBV prevention within their communities.
 - **Social Support Providers for People with Disabilities:** The training sessions on multisectoral response (MSR) to GBV met the output targets for the number of providers trained and the quality of services improved.
- **Integration of GBV Services:**⁶⁰⁷ The integration of GBV services into the national healthcare system was successfully completed, with a significant number of healthcare facilities offering comprehensive GBV services as planned.
- **Enhanced Training Programs:**⁶⁰⁸

- **Y-PEER Volunteers:** The training program for over 10,000 Y-PEER volunteers met its output targets, with volunteers actively engaged in advocacy and support activities related to SRHR, gender equality, and GBV prevention.
- **Journalists and Media Specialists:** The training programs for journalists and media specialists achieved their output targets, resulting in more gender-sensitive reporting and coverage of GBV cases.
- **Community Engagement:**⁶⁰⁹ Awareness campaigns and training for community leaders were conducted as planned, reaching the intended number of participants and communities.
Anecdotal Evidence:⁶¹⁰
- **Changing Attitudes:** Qualitative feedback from participants in training programs and community engagements suggested positive changes in attitudes towards GBV and gender equality. Healthcare providers reported increased sensitivity and supportive behavior towards GBV survivors.
- **Increased Reporting:**^{611 612} There were anecdotal reports of increased reporting of GBV cases, indicating that survivors felt more supported and were more likely to seek help.
- **Positive Community Feedback:**⁶¹³ Religious leaders and social support providers reported anecdotal evidence of improved attitudes towards women and GBV survivors in their communities. Participants noted a greater willingness to discuss and address GBV issues openly.
- **Behavioral Changes:**⁶¹⁴ Some participants in the community engagement initiatives reported changes in behavior, such as men and boys taking active roles in promoting gender equality and preventing GBV.
- **Media Impact:**⁶¹⁵ Journalists and media specialists reported anecdotal evidence of increased public awareness and sensitivity towards GBV issues, with more supportive media coverage influencing public attitudes.
- **Community Support:**^{616 617} Y-PEER volunteers provided anecdotal reports of positive changes in peer attitudes and behaviors towards gender equality and GBV prevention, indicating a gradual shift in social norms.

SUMMARY OF FINDINGS

Achievement of Output Indicators: The achievement of output indicators reflects the effectiveness of UNFPA's programme interventions. The establishment of YHCs, development of national standards and guidelines, extensive capacity-building efforts, and training programs for various stakeholders were successfully completed, meeting their respective targets. These outputs contributed to improving the quality and availability of reproductive health services and support for GBV survivors.

Anecdotal Evidence of Changing Social Norms: While the degree of achievement of the outcome related to changing discriminatory social norms is difficult to measure quantitatively, there is anecdotal evidence to suggest positive changes. Feedback from training participants, community leaders, healthcare providers, and media professionals indicates shifts in attitudes and behaviors towards gender equality and GBV. Increased reporting of GBV cases, positive community feedback, and behavioral changes among men and boys provide qualitative evidence of the impact of UNFPA's interventions on social norms.

Overall, the findings demonstrate that UNFPA's programme outputs have been effective in contributing to the achievement of intended outcomes related to the reduction of gender-based violence. Although the measurement of changes in discriminatory social norms is challenging, anecdotal evidence suggests that these outputs are beginning to influence social attitudes and behaviors positively in Kazakhstan.

KIIs contributions:

For success: involvement of key opinion leaders:

- Amanat
- Ardagers (former authorities, elderly, etc.)
- young people (respected and motivated)
- destructive youth (but retained human attitude)
- elderly (seniors)
- work with schools

Crisis centers play a crucial role in providing immediate and effective support for survivors of Gender-Based Violence (GBV). To maximize their effectiveness, these centers adhere to a series of best practices:

- **Case-by-Case/Individual Approach:** Each survivor's situation is unique, and thus, a tailored approach is critical. Crisis centers prioritize individualized care plans that address the specific needs and circumstances of each survivor. This personalized approach ensures that interventions are relevant and truly beneficial, facilitating recovery and empowerment.
- **Refrain from Long Stays:** To avoid dependency, crisis centers encourage minimal duration stays. Extended stays can lead to reliance on the facility, hindering the survivor's ability to regain independence. The focus is on providing the necessary tools and support during a concise, intensive recovery period, after which survivors are encouraged to transition to a less sheltered environment with ongoing community support.
- **Knowledgeable and Motivated Professionals:** Staff at these centers are not only highly trained in GBV specifics but are also motivated to advocate for and support survivors. Ongoing training ensures that they remain knowledgeable about the existing/latest methodologies in trauma-informed care and legal protections for survivors. Their motivation is continually supported through professional development and peer support mechanisms.
- **Start Work at the Local Level:** Effective intervention begins within the community. Crisis centers work closely with local organizations and community leaders to ensure that their services are accessible and that they are actively involved in community outreach programs. This local engagement helps to foster a supportive community network for survivors returning to daily life.
- **Study Origins of Various Types of Violence at the Local Level:** Understanding the root causes of violence is fundamental to prevention and effective response. Crisis centers often conduct or participate in studies to explore the origins of different types of violence. This research helps in developing targeted prevention programs and informs training materials for staff and community education.
- **Take Burnout Syndrome Seriously:** Working with GBV survivors is emotionally taxing, and burnout among staff can compromise the quality of care. Recognizing this, crisis centers implement strategies to manage and mitigate burnout, including regular supervision, team-building activities, adequate time off, and access to mental health resources for staff.

EQ 5 (Effectiveness): To what extent has UNFPA policy advocacy and capacity building support contributed to changes in discriminatory social norms to ensure the reduction in the unmet need for family planning and the reduction of the gender-based violence?

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|---|---|--|--|
| 5.1 UNFPA's policy efforts to advocate for policy reforms, institutional and legislative changes, have addressed discriminatory social norms leading to reduction in unmet need for family planning and gender based violence, however, the extent of contribution is difficult to measure as more time is needed | <ul style="list-style-type: none"> • UNFPA Strategic Plan outcome/ outputs & indicators • List of policy efforts to advocate for policy reforms, institutional and legislative changes • List of planned v. achieved policy reforms, institutional and legislative changes • Evidence of successful policy efforts to advocate for policy reforms, institutional and legislative changes, have helped create an enabling environment conducive to addressing discriminatory norms and promoting FP/GBV. | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |

Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- The Concept of Family and Gender Policy in Kazakhstan until 2030
- UNFPA Kazakhstan, Annual reports 2021, 2022, 2023
- Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report
- UNFPA Kazakhstan Combined training table, 2021-2023
- UNFPA Strategy for Family Planning, 2022–2030
- UNFPA, UNICEF, WHO publications
- Annual reports 2021, 2022, 2023
- National policy/strategy documents

FAMILY PLANNING

SUMMARY of FINDINGS. UNFPA's policy efforts to advocate for policy reforms and institutional and legislative changes have helped to create an enabling environment, especially during the COVID-19 emergency. UNFPA continues efforts to engage other partners in developing and sustaining the enabling environment for human rights-based family planning conducive to addressing discriminatory norms and promoting FP/GBV at high levels of decision-making in the country and among UN agencies. By actively promoting and encouraging the use of UNFPA's digital information package and innovative distance learning platform, involving media and opinion leaders, and coordinating efforts among UN agencies, UNFPA aims to accelerate the achievement of transformative results by creating an environment that promotes greater awareness and responsibility for family planning. This will empower individuals to actively engage in self-care while upholding their reproductive health and rights, respect, and dignity, regardless of their status and position in society.

The unmet need for family planning and gender-based violence

The COVID-19 pandemic has led to an increased demand for distance-based courses. In response to this demand, in 2021, the UNFPA CO supported the development of a package of postgraduate distanced-based curricula on quality management of inpatient perinatal care and online training course was conducted for 50 key PHC obstetric-gynecologists and regional coordinators from all regions of Kazakhstan.

The maternal mortality ratio in Kazakhstan increased sharply from 13.7 in 2019 to 44.7 per 100,000 live births in 2021 due to limited access to perinatal care services during the COVID-19 pandemic. In response to an urgent request from the MoH, the UNFPA CO supported two distance-based training courses for health professionals from PHC and maternity hospitals. As a result, an online training course on the clinical management of severe obstetric complications was conducted for 124 obstetric-gynecologists and resuscitators of the 2nd and 3rd level of perinatal care regionalization maternities from 10 regions of Kazakhstan.

UNFPA supported the UNCT Kazakhstan in conducting the second phase of the Socio-Economic Impact Assessment (SEIA) to analyze the impact of COVID-19 on the population and vulnerable groups in Kazakhstan.

In 2023, UNFPA supported the development of a Policy Paper on sexual and reproductive health care and response to gender-based violence in humanitarian emergencies and organized a Round Table meeting under the chairmanship of a Senator of the Parliament of Kazakhstan and under the auspices of the National Commission on Women and Family and Demographic Policy under the President of Kazakhstan involving ministries of health, emergency situations, national economy, sub-national health authorities and non-governmental organization. The round table participants were exposed to the response provided with UNFPA support in Moldova and Kyrgyzstan, and they agreed on the need for MISP training to be provided to health and emergency professionals.

In November 2023, international facilitators conducted training on **Minimum Initial Service Package (MISP)** preparedness for health providers and professionals of the National Centre on Obstetrics, Gynecology, and Perinatology. The participants agreed that such training should be conducted regularly and complemented by emergency simulation sessions on MISP deployment and provision.

In the lessons learned section of the annual reports, UNFPA noted that more agencies, particularly WHO, need to be involved in advocating for and promoting the integration of the MISP into government emergency plans.

KIIs contributions:

The previous sections of KII contributions provide examples of societal changes through joint efforts and long-term influence on social behaviour. With regard to availability of statistical data and updated information, one of KIIs⁶¹⁸ confirmed that the work on collecting statistical data on gender-based violence with the participation of UNFPA and UN Women is being completed. For that, UNFPA has completed their contribution and is awaiting only a response from UN Women. Another KII⁶¹⁹ clarified the reason for the delay in the release of statistical data due to the change in the priority of SDGs at the national level with the expectation for its release in 2024.

GENDER-BASED VIOLENCE

Policy Advocacy and Capacity Building:⁶²⁰

- **Advocacy for Policy Reforms:** UNFPA has actively engaged in policy advocacy to promote legislative and institutional changes aimed at addressing discriminatory social norms. The CPD outlines the strategic objectives of advocating for comprehensive policies and legal frameworks to support gender equality and reproductive health.
- **Integration of GBV Services:** The CPD emphasizes the integration of GBV services into the national healthcare system and the development of protocols and guidelines for GBV care, reflecting UNFPA's commitment to institutional reforms.

Policy Advocacy and Institutional Changes:^{621 622}

- **Development of Clinical Protocols:** UNFPA supported the development of clinical protocols for GBV care, advocating for their adoption within the national healthcare system. This effort aimed to standardize care practices and address discriminatory social norms within healthcare institutions.
- **Capacity Building for Policy Implementation:** Training programs for healthcare providers, school psychologists, and teachers included components on GBV prevention and gender equality, enhancing their capacity to implement new protocols and guidelines effectively.
- **Advocacy Efforts:** UNFPA engaged in advocacy efforts to raise awareness about GBV and promote gender equality through community-based initiatives and awareness campaigns.
- **Integration of GBV Services:** UNFPA's advocacy efforts resulted in the integration of GBV services into the national healthcare system, ensuring that survivors had access to comprehensive care. This integration aimed to address discriminatory social norms within healthcare settings by promoting standardized, supportive care practices.
- **Enhanced Training Programs:** Training programs for healthcare providers, social workers, and community leaders included advocacy components to promote gender equality and challenge discriminatory social norms. These programs aimed to build the capacity of key stakeholders to advocate for and implement institutional changes.
- **Ongoing Advocacy Efforts:** UNFPA continued to engage in policy advocacy to promote gender equality and address GBV through various platforms, including workshops, forums, and media campaigns.

Policy Advocacy and Legislative Changes:^{623 624}

- **National Standards and Guidelines:** UNFPA's advocacy efforts led to the development and implementation of national standards and guidelines for GBV response services. These standards aimed to institutionalize respectful and supportive practices within the healthcare system, addressing discriminatory social norms at an institutional level.
- **Capacity Building for Policymakers:** Training sessions for policymakers and government officials focused on family planning, reproductive health, and GBV prevention. These sessions aimed to build their capacity to develop and implement effective policies and legal frameworks (Training Table)
- **Legislative Advocacy:** UNFPA advocated for legislative changes to protect GBV survivors and promote gender equality, contributing to the establishment of legal frameworks that address discriminatory social norms

SUMMARY OF FINDINGS

Policy Advocacy and Capacity Building: UNFPA's policy advocacy and capacity-building efforts have focused on promoting legislative and institutional changes to address discriminatory social norms. The development of clinical protocols, national standards, and guidelines for GBV care, along with the integration of GBV services into the national healthcare system, reflect UNFPA's commitment to institutional reforms. Training programs for healthcare providers, policymakers, and community leaders have enhanced their capacity to implement and advocate for these changes effectively.

Extent of Contribution: While there is evidence that UNFPA's advocacy efforts have contributed to addressing discriminatory social norms and promoting gender equality, the extent of this contribution is difficult to measure quantitatively. Changes in social norms and attitudes typically require more time to be fully realized and measured. Anecdotal evidence from training participants, community leaders, and stakeholders suggests positive shifts in attitudes and behaviors towards GBV and gender equality. However, a more comprehensive assessment over a longer period is needed to fully understand the impact of these efforts.

Overall, the findings demonstrate that UNFPA's policy advocacy and capacity-building support have contributed to addressing discriminatory social norms and promoting gender equality. While the full extent of these changes may take time to measure, the ongoing efforts and institutional reforms indicate significant strides towards reducing gender-based violence in Kazakhstan.

KIIs contributions:

- Systematic work aimed at preventing and addressing gender-based violence suffered from a lack of state support, which often hindered the effectiveness and reach. However, there has been some shift in this dynamic. Recently, both municipal and regional authorities have begun to recognize the importance of these efforts and are now actively supporting them, and although this backing is still heavily dependent upon personal views of authorities the progress is evident in financing of public events, policy endorsements, and integration of GBV prevention into broader public health and safety strategies.
- peer-to-peer education has emerged as a particularly effective method, especially among young people. It was found that they often prefer to receive information from their peers rather than from traditional education channels, finding peer-delivered content more relatable and credible.
- Need to initiate via MoFA work with the Ministry of Culture and Information
- piloting of initiative to get results and disseminate gained experience, safeguard sustainability
- tailoring information to specific populations/groups
- youth component to become an individual component in the next country program
- need to intensify work of the network
- Gender Policy Concept - active contribution in the MSR to GBV part
- Chain - healthcare, psychology, crisis centre, law enforcement
- GBV study - 2015 and 2022 (the latter has not be published)
- needs assessment on PWD, result integrated into SOPs
- the more training activities take place the greater demand for training!
- activate volunteer movement
- active social networking
- promote healthy lifestyles
- active public and community organizations
- need to work with pedagogs (educational) community and facilitate access to high schools and colleges
- popularize work of UNFPA at the society (tailoring to different populations)

| | | | |
|--|--|---|---|
| 5.2 UNFPA's capacity-building efforts have led to positive shifts in | <ul style="list-style-type: none"> • UNFPA Strategic Plan outcome/ outputs & indicators | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports | <ul style="list-style-type: none"> • Document analysis |
|--|--|---|---|

| | | | |
|---|--|---|---|
| <p>knowledge, attitudes, behaviors, and practices addressing discriminatory social norms related to family planning and gender-based violence prevention and response, however, more time is needed to observe the extent of these changes.</p> | <ul style="list-style-type: none"> • List of capacity building efforts led to positive shifts in attitudes, behaviors, and practices related to FP/GBV response thereby facilitating changes in the discriminatory social norms. • List of planned v. conducted capacity building efforts by UNFPA/IPs • Evidence/success stories of positive shifts in attitudes, behaviors, and practices related to FP/GBV response thereby facilitating changes in the discriminatory social norms. | <ul style="list-style-type: none"> • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • Annual reports 2021, 2022, 2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report • UNFPA Kazakhstan Combined training table, 2021-2023 • UNFPA publications, media coverage • UNFPA Strategy for Family Planning, 2022–2030 • Annual reports 2021, 2022, 2023 • National policy/strategy documents | | | |
| <p>FAMILY PLANNING</p> | | | |
| <p>SUMMARY of FINDINGS.</p> <p>UNFPA's implementing activities to change social norms, which affect access to FP (family planning) services, were focused on empowering non-governmental organizations (NGOs). This involved working with key populations (KPs), engaging in South-South and triangular cooperation, and digitalization. The active involvement of NGOs and capacity-building efforts have facilitated educational and outreach activities at the regional level of Kazakhstan during 2022-2023. The ongoing dissemination of knowledge among key populations, especially young people, aims to strengthen awareness of family planning information and change social norms. Achieving financial sustainability and ensuring adequate human resources are crucial for reaching key beneficiaries. Therefore, measuring social norms requires access to relevant data from real-world practice.</p> | | | |
| <p>UNFPA's efforts to tackle and address discriminatory social norms through policy advocacy have led to reductions in the unmet need for family planning and gender-based violence. This has been achieved through thorough planning and by sensitizing and changing decision-makers' approaches to understanding and addressing family planning issues. However, it will take more time to accurately measure the full extent of these changes. (from 5.3)</p> | | | |
| <p>Changing discriminatory social norms to eliminate the limited use of contraceptives and creating demand for family planning</p> | | | |

UNFPA applied gender-transformative and human rights-based approaches in its interventions through partnering with women-led or community-based organizations to change discriminatory gender and social norms that affect access to SRHR, including FP, capacity development of health workers, targeted interventions for marginalized groups, strengthening participatory processes, addressing gender inequality.

In 2021, the UNFPA CO developed training courses, introduced them into routine under- and postgraduate education, and facilitated pilot distance-based training at SRH.ORG.KZ for 85 medical doctors from 17 regions. In addition, 45 faculty members from four national medical universities (Almaty, Aktobe, Semey, Karagandy) received access to all educational materials deployed by the CO at Moodle platform edu-open.kz.

UNFPA supported PF **“WEF Orkendeu”** to strengthen the capacity of local government bodies and civil-society organizations (CSOs) on prevention and multisectoral response to GBV, taking into account the needs of people with disabilities, to train 20 teachers from Astana on Valeology course with strengthening SRHR component, and to teach 50 trainers in ToT Y-PEER in Shymkent.

UNFPA conducted seminars for 35 health facility workers on developing counseling algorithms and scripts in Almaty city, and assisted training for the 80 regional staff of the Bureau of national statistics on building capacities of field staff of Census data collection process.

In cooperation with PF **“WEF Orkendeu”**, UNFPA CO developed materials to strengthen health system's capacity to respond to GBV such as on the approved technical manuals/a clinical protocol on providing care for GBV survivors, a training package of online seminars for primary health care specialists on providing essential care and counseling for GBV survivors. At the PHC level two seminars were conducted: *“Providing social services to GBV victims at PHC level”* and *“Providing nursing care to GBV victims at PHC level”*.

The Private Institution **“Eurasian Centre for People Management”** developed a training package for health service providers on GBV with UNFPA support.

Activities on capacity building of YHC specialists on HIV issues were linked with the development of a package of training and methodological materials and a Policy Paper on HIV and STI in Kazakhstan for advocacy purposes among policy and decision makers by Kazakh National Center for Dermatology and Communicable Diseases and with UNFPA support.

In **2022-2023**, the UNFPA CO focused on implementing activities aimed at changing social norms to ensure access to comprehensive SRH services for Leaving No One Behind (LNOB) communities: (i) empowering non-governmental organizations (NGOs), (ii) fostering partnerships and building capacities, (iii) working with key populations (KPs) with a focus on Men having Sex with Men (MSM) and conducting HIV sentinel surveillance among MSM and Sex Workers, (iv) engaging in South-South and triangular cooperation, (v) digitalization, and securing financing.

Empowering non-governmental organizations (NGOs) and fostering partnerships and building capacities

A Practical Manual for primary healthcare providers on family planning and modern contraceptives and a Manual for health professionals for providing reproductive health services to key populations and PLHIV were developed to implement activities **aimed at changing social norms among health professionals**.

Besides, several clinical protocols were developed and improved by the CO support, including a Clinical protocol on modern contraceptive methods and a Clinical protocol on medical abortion based on the latest WHO recommendation.

In addition, **NGOs** conducted series of training at a regional level with UNFPA support: 45 coordinators of confidential audit of maternal mortality and moderators of audit of critical obstetric cases of obstetric organizations were trained using the developed course “Confidential audit of maternal mortality and audit of critical cases in the Republic of Kazakhstan” (Public Union **Foresight Development**); the skills of academia were improved on the formation of spirituality, morality, preparation for family life and reproductive health of students in Turkestan and Kyzylorda (Public Foundation **“WEF Orkendeu”**); 35 people participated in a seminar on organizing and providing youth-friendly health services for Abay, Semey, Pavlodar regions and Semey medical university (PF **“Focus on People”**); 35 medical universities' faculty and national experts were trained in Summer school in Almaty on organizing and providing youth-friendly health services (PF **“Focus on People”**); coordinators and social workers of the PF **“Mother's House”** were trained in workshop on a course with an enhanced SRHR component in Astana (**Kazakhstan Association on Sexual and Reproductive Health**).

Working with key populations (KPs)

PF “**WEF Orkendeu**” conducted training for 40 providers of social support service for people with disabilities in Turkestan region on how to provide the MSR services to PwD subjected to GBV based on the adapted regional training package with UNFPA support.

PF “**Community Friends**”, with UNFPA assistance, trained 30 healthcare professionals from the Atyrau and Mangystau Regional AIDS Centres on contributing partnerships and collaboration with KPs, with special focus on MSM, HIV sentinel surveillance (SS) among MSM and SW. In addition, UNFPA supported the local NGO “**Aser**” with providing equipment and training to expand their mandate to work with MSM and over 100 MSM raised their awareness on HIV prevention, testing, and PREP and were involved in the first in the region HIV SS.

UNFPA supported PF “**WEF Orkendeu**” to conduct training for 30 media and local government bodies specialists in Turkestan region to implement the Communication Strategy on GBV information and services for raising awareness of population of Turkestan region on GBV and MSR to GBV, and to promote a Men Engage concept. Additionally, ToT on Men Engage was organized in Almaty city, Turkestan, and Atyrau regions of Kazakhstan to roll-out the regional resources for capacity development. The Basic informational package materials for PWD on maternal and reproductive health and reproductive rights, family planning, prevention of unintended pregnancies and STIs including HIV and GBV was translated into an easy-to-read format (for people with mental disabilities) (UNFPA with **Association of Women with disabilities “Shyrak”**).

The standardized YFHSs were implemented into the healthcare system through ensuring the sustainable financial resources from the National Social Health Insurance that led to increasing number of YFSs providers, which is the best demonstration of a clear shift from financing to funding. The report assessing the capacity of YHCs and the needs of adolescents and youth in Kazakhstan, produced by the UNICEF CO in April 2024, shows that the republic had 141 Youth Health Centers (YHCs) offering comprehensive medical and psychosocial services to adolescents and young people in all 17 regions and 3 cities.

Engaging in South-South and triangular cooperation

In the Central Asian regional training on engaging men were participated 25 trainers and guests from 5 Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, plus UNFPA staff from the region, other UN agencies (implementing by **Union of Fathers** with UNFPA support).

PF International Debate A in C with UNFPA support trained young women, bloggers and content creators in Central Asia to produce media content on GBV to challenge prevailing norms and stereotypes and conducted Youth summer camp (Youth forum) for the youth alliance members in Tashkent, Uzbekistan.

The reduction in the unmet need for family planning

As noted in section of the Findings of Documentary Review for Assumption 1.2, data from reports at the national level show the following results:

- In 2022, **contraception coverage in Kazakhstan increased by 1.9% (32.9%)** compared to 2020⁶²⁵.
- In 2023, ensuring **contraception coverage** for women of reproductive age, and mental and **reproductive health care**, including the **provision of FP services, have become some of the main areas of PHC**⁶²⁶.
- In 2023, three types of contraceptives (emergency contraceptives, hormonal, and intrauterine devices) were added to the National Formulary list and medical organizations and hospitals were allowed to purchase **modern**⁶²⁷ **methods of contraception** funded from the local budgets and dispense them to vulnerable groups free of charge.
- in 2023, standard educational programs for medical and pharmaceutical specialties⁶²⁸ were updated with practical skills, manipulations, and procedures related to FP and contraception counseling for specialties in Medicine and Pediatrics.
- In 2024, **new professional standards** were approved for healthcare sector⁶²⁹, where additions included **skill in providing advice on family planning and contraception, knowledge of principles of organizing the work of a family planning office, contraceptive methods** for GP; **skill in selecting emergency contraception, prescribing post-exposure prophylaxis for HIV and STIs, as well as tetanus vaccine prophylaxis for survivors of GBV, knowledge of principles of family planning and contraceptive methods** for Family medicine doctor, Advanced Practice Nurse(s), Local doctor and (or) GP.

Official health system statistical reports⁶³⁰ provide the following data: total number of women under surveillance at the end of the 2022 using contraceptives is 1,522,114, including those using IUDs – 791,529, pill – 199,407, injectables – 3,243, spermicides 36,255, barrier – 491,680 (including condoms – 407,826).

KIIs contributions:

KII⁶³¹ reported that the peculiarity of UNFPA training is that they are adapted to local context and conducted in understandable language, which raises interest in the public. These trainings are also carried out based on an multisectoral approach gathering people from different rayons (districts) and spheres. UNFPA provided financial and methodological support for trainings, including training and visual materials. There were examples of changes in the behaviour of people who attended such trainings. When a man first encountered issues of gender equality, he initially denied the need to give women more rights to participate in decision-making, and the same man subsequently changed his attitude towards these issues and later became one of the active participants. KII⁶³² reported that UNFPA is helping to provide access to modern knowledge, as current university curricula do not always reflect modern needs and realities. KII⁶³³ appreciated the role of UNFPA in maintaining an open and fair partnership, where all issues are discussed and can be solved without reaching a conflict stage. The problems of family planning and gender equality required lengthy negotiations at the regulatory level; at first, not everyone understood their importance or avoided sensitive topics due to the stigmatization, but today, it is possible to see the results of this work, gradually allowing early awareness among young people, through influence tools to a specific target group from the bottom up and the state began to perceive providing information to young people as a norm. Another KII⁶³⁴ confirm that people with intellectual disabilities in Kazakhstan now have access to easy-to-read informational materials on maternal and reproductive health, reproductive rights, family planning, and prevention of unintended pregnancies and sexually transmitted infections (STIs), including HIV, thanks to UNFPA. It is important to translate these materials into easy-to-read formats because people with mental disorders may have difficulty understanding complex terms and concepts. Family planning for people with disabilities is complicated by the fact that they may be pressured to undergo abortions even without when there are no medical indications for it. UNFPA's support for these groups is crucial. It is essential to continue training social workers and doctors to work effectively with people with disabilities, as new employees may not have received adequate knowledge from previous employees.

Another KII⁶³⁵ noted the importance of celebrating Father's Day at the national level. Initially, together with UNFPA, they held forums, which are very important for a face-to-face discussion with participants on pressing issues. They started talking to regulatory authorities, citing international experience as an example, and after four years of exposure, the information came through, and policymakers began to understand the topic and its necessity. There was also active cooperation with the DUMK and the HeForShe movement on family planning issues. Another KII⁶³⁶ reported on the use of UNFPA materials to include section on gender equality and reproductive health in language courses curricula.

The demonstration of the beginning of independent work at the regional level, thanks to UNFPA volunteers, was noted by one KII⁶³⁷ on the case, where the health department actively involves NGOs to provide services to the KP, especially LNOB. Students - Y-PEER volunteers work with families who have children with disabilities, with families who cannot afford to send their children to school due to their economic condition. There also examples of multisectoral actions, such as engagement of a district hospital to conduct a research or collaboration with the Committee for Correctional Inspectorate on some other issues.

GENDER-BASED VIOLENCE

Policy Alignment:⁶³⁸

- **Gender Equality and Family Planning:** The Concept emphasizes the need for comprehensive policy reforms and capacity-building efforts to promote gender equality and improve family planning services. It highlights the importance of addressing discriminatory social norms to achieve these goals.
- **Strategic Objectives:** The Concept outlines strategic objectives for promoting gender equality, including enhancing the capacity of key stakeholders to advocate for and implement gender-sensitive policies and practices.
- **Capacity Building:^{639 640}**
- **Training Programs:** The stipulated in CPD extensive training programs aimed at healthcare providers, educators, social workers, and community leaders to improve knowledge and skills related to family planning and GBV prevention.
- **Advocacy for Policy Reforms:** The ProDoc emphasizes the importance of advocating for policy reforms and institutional changes to address discriminatory social norms and enhance the effectiveness of family planning and GBV prevention efforts.
- **Healthcare Providers:** Training sessions for healthcare providers focused on using newly developed clinical protocols for GBV care and reproductive health. These sessions aimed to enhance providers' knowledge and practices, promoting respectful and supportive care for GBV survivors.

- **Educational Institutions:** Training programs for school psychologists and biology teachers included modules on GBV prevention and gender equality, promoting positive shifts in attitudes and practices within educational settings.
 - **Community Leaders:** Capacity-building initiatives for community leaders aimed to increase awareness and promote gender equality, addressing harmful social norms and behaviors.
 - **National Standards and Guidelines:** Training sessions on the newly developed national standards and guidelines for GBV response services aimed to institutionalize respectful and supportive practices within the healthcare system, promoting positive shifts in attitudes and behaviors among healthcare providers.
 - **Religious Leaders:** Training sessions for religious leaders on family planning, maternal and reproductive health, and GBV prevention aimed to promote gender equality and challenge discriminatory social norms within religious communities.
 - **Social Support Providers:** Capacity-building efforts for social support providers focused on multisectoral response (MSR) to GBV, enhancing their ability to offer comprehensive and respectful care to GBV survivors.
 - **Integration of GBV Services:** Training programs for healthcare providers and social workers on the integration of GBV services into the national healthcare system aimed to ensure comprehensive and supportive care for survivors, promoting positive shifts in attitudes and practices within the healthcare sector.
 - **Y-PEER Volunteers:** Training over 10,000 Y-PEER volunteers on SRHR, gender equality, and GBV prevention aimed to empower young people to advocate for and promote gender equality, addressing harmful social norms within their peer groups and communities.
 - **Journalists and Media Specialists:** Training programs for journalists on gender-sensitive reporting and GBV coverage aimed to influence public perceptions and promote respectful media representations of GBV, contributing to changes in social norms.
- Anecdotal Evidence of the Change**^{641 642}
- **Increased Awareness:**⁶⁴³ Participants of training programs reported increased awareness and understanding of GBV and family planning issues, indicating positive shifts in knowledge and attitudes.
 - **Behavioral Changes:**⁶⁴⁴ Healthcare providers and educators reported changes in their approach to GBV survivors and reproductive health education, suggesting improved practices and supportive behaviors.
 - **Positive Feedback:**⁶⁴⁵ Participants of training programs for religious leaders and social support providers reported positive shifts in their attitudes towards GBV survivors and gender equality, indicating changes in knowledge and practices.
 - **Community Impact:**⁶⁴⁶ Community leaders and religious figures provided anecdotal evidence of improved community attitudes towards GBV and gender equality, suggesting broader social impact.
 - **Media Influence:**⁶⁴⁷ Journalists and media specialists reported positive shifts in their approach to covering GBV cases, suggesting changes in media practices and public awareness.
 - **Youth Engagement:**^{648 649} Y-PEER volunteers provided anecdotal reports of increased advocacy and supportive behaviors towards gender equality and GBV prevention, indicating shifts in attitudes and practices among young people.

SUMMARY OF FINDINGS

Capacity Building Efforts: UNFPA's capacity-building efforts have led to positive shifts in knowledge, attitudes, behaviors, and practices addressing discriminatory social norms related to family planning and gender-based violence prevention and response. Extensive training programs for healthcare providers, educators, social workers, community leaders, religious figures, and journalists have enhanced their capacity to implement gender-sensitive policies and practices effectively.

Anecdotal Evidence of the Change: While it is challenging to measure the full extent of changes in discriminatory social norms quantitatively, anecdotal evidence from training participants, community leaders, and media professionals suggests positive shifts in attitudes and behaviors. Increased awareness, improved practices, and supportive behaviors towards GBV survivors and gender equality indicate that UNFPA's interventions are beginning to influence social norms positively.

More Time Needed: The extent of these changes is difficult to measure within a short timeframe. Social norms and attitudes often require years to shift significantly and sustainably. Continued monitoring and evaluation, along with sustained capacity-building efforts, are necessary to fully observe and understand the long-term impact of these interventions.

Overall, the findings demonstrate that UNFPA's capacity-building efforts have contributed to addressing discriminatory social norms and promoting gender equality. However, more time is needed to fully measure the extent of these changes and their impact on reducing the gender-based violence in Kazakhstan.

KIIs contributions:

Situation changes - Colleges (all) have memorandums with YHCs on providing SRH education to their students. Parents know (age of consent now -16), some fathers bring their daughters to YHC so they can get SRH information. Education sessions delivered to parents. However, the info on YHC is scarce. The Ministry of Education and Science and Ministry of Information and Social Development must become key partners to disseminate the needed information including on YHC.

- One significant challenge in advancing gender equality and addressing gender-based violence (GBV) in the country has been the lack of effective collaboration between UNFPA and key governmental bodies, specifically the Ministry of Culture and Information and the Ministry of Education. This gap in partnership has hindered the integration of gender issues into broader cultural and educational policies and programs. Effective collaboration with these ministries is crucial because they play pivotal roles in shaping public perceptions and educational content across the country.

There is a need to enhance the dissemination of UNFPA's work and results at the levels of decision-making and academia. This involves:

- **Strategic Communication:** Developing clear and targeted communication strategies that outline the successes and findings of gender-related programs. This would help in making the case for gender-focused policies more compelling to policymakers and educational leaders.
- **Engagement with Academia:** Establishing partnerships with academic institutions to integrate findings from gender studies into educational content and research. This can also include the development of specialized courses and workshops that focus on gender issues, leveraging academic platforms to raise awareness and educate future leaders and decision-makers.
- **Policy Advocacy:** Utilizing the data and success stories from fieldwork to advocate for policy changes and enhancements. Presenting this information to legislative bodies and decision-makers can help in shaping more informed and effective gender policies.

It appears that some parts of the UNFPA Memo for Young People Who Are Getting Married⁶⁵⁰, may indeed contradict certain UN values, particularly those related to gender equality and women's rights. Here are a few points of concern:

- **Gender Roles and Responsibilities:** The memo places significant emphasis on traditional gender roles, where men are seen as providers and women as caretakers. While it mentions that men and women have equal but different roles, the emphasis on obedience and submission of women to their husbands can be seen as contradictory to UN values of gender equality (unfpa_pamyatka_a5_origi...).
- **Violence Against Women:** While the document condemns violence against women and promotes respectful treatment, it still includes language that could be interpreted as justifying control over women by their husbands. For instance, it emphasizes the husband's role in "disciplining" the wife, which can potentially be abused and lead to domestic violence, contrary to UN values which advocate for the complete elimination of violence against women.
- **Education and Employment:** The document supports women's right to education and work but within the framework of traditional family roles. It encourages women to be educated and work but primarily in a way that supports their role in the family, which might limit their opportunities compared to men. The UN promotes equal opportunities for men and women in all sectors without such restrictions.
- **Reproductive Rights:** The memo supports reproductive health and rights to some extent, including family planning. However, it also places restrictions on these rights based on religious doctrines, such as the prohibition of certain contraceptive methods and conditions on family planning that may not align with the UN's stance on comprehensive reproductive rights and freedoms.
- **Marriage and Consent:** The document emphasizes the importance of marriage and the conditions under which it is performed. Although it stresses the necessity of mutual consent, it also places a strong emphasis on the obedience of the wife to the husband, which may undermine the UN's advocacy for full autonomy and equal partnership in marriage.

Violence against medical staff:

- UNFPA needs to pay attention to the cases of violence against medical staff in Kazakhstan due to its growth that has gained attention in recent years. There is a lack of specific legal protections for medical workers in Kazakhstan. Currently, general provisions under the Code of Administrative Offenses and the Criminal Code apply to

cases of violence against doctors, but these do not offer tailored protections for healthcare workers. Proposed amendments to the Criminal Code are under consideration to specifically address violence against medical staff, including obstruction of medical activity and the use of violence against healthcare workers. These amendments aim to enhance the legal framework to better protect medical professionals. This will require joint efforts from UNFPA, WHO, UNICEF, UNW.

Women in penitentiaries:

- In Kazakhstan, the situation concerning women's health and rights in penitentiaries remains challenging. Women in these facilities face significant obstacles, including inadequate healthcare, exposure to violence, and limited access to legal and social services. Addressing these issues requires a coordinated effort from the government, non-governmental organizations, and international bodies particularly UN, to ensure that the health and rights of women in penitentiaries are protected and upheld.
- **Selection of partners in the UN:** In alignment with United Nations policies, there must be careful selection of partners, ensuring they adhere to ethical standards. The following industries must be excluded from our partnerships:
 - Tobacco companies
 - Weapon producers
 - Sports nutrients
 - Sweet beverage manufacturers

These exclusions are critical to maintaining our commitment to public health, safety, and the promotion of ethical business practices.
- **Challenges in the New Violence Legislation:** The new legislation addressing violence in Kazakhstan has faced criticism due to its lack of clear definitions and specific provisions. One of the significant shortcomings is the ambiguous terminology used in the law, which can lead to inconsistent application and enforcement. This lack of precision particularly affects the handling of domestic violence cases, which are not recognized as individual offenses under the current legal framework. Without it domestic violence cases often get lumped together with general violence, blurring the focus and potentially leading to less specialized support for survivors.
- **Need for Recognition of Domestic Violence as an Individual Offense:** The absence of domestic violence recognition as a standalone offense is a critical gap that undermines the effectiveness of interventions designed to protect survivors and hold perpetrators accountable. This gap not only affects the legal process but also impacts the perception of domestic violence within society, potentially perpetuating stigma and minimizing the perceived severity of the issue.
- **Role of UN Agencies in Promoting Change:** In response to these challenges, there is a significant opportunity for UN agencies to catalyze change. UNFPA, UN Women (UNW), and UNICEF are well-positioned to influence both policy and public perception. Through their combined efforts, these organizations can advocate for the refinement of the new violence law, pushing for clear definitions and the recognition of domestic violence as a distinct legal category.
- **Utilizing Family Support Centres:** The newly established Family Support Centres across Kazakhstan present a strategic platform for these agencies to implement and test changes. These centers, which are designed to offer comprehensive services to families dealing with violence and other challenges, can also serve as hubs for raising awareness and shifting social norms. By integrating educational programs, support services, and advocacy efforts within these centers, UN agencies can work directly with affected communities, fostering a greater understanding of domestic violence and promoting healthier communities.
- **Strategic Push for Changing Social Norms:** The collaboration among UNFPA, UN Women, and UNICEF at these centers can also forge initiatives to transform societal attitudes towards domestic violence. By employing a multi-faceted approach that combines legal advocacy, community education, counselling, rehabilitation and direct support, these agencies can lead the way in normalizing discussions about domestic violence and reducing its incidence in Kazakhstan.

EQ 6 (Sustainability): To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|--|---|---|---|
| 6.1 UNFPA has employed participatory and empowerment-based | <ul style="list-style-type: none"> • Evidence of participatory and empowerment-based approaches that actively engage stakeholders in | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local |

| | | | |
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| approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives, thereby fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme. | the design, implementation, and ownership of capacity-building initiatives, <ul style="list-style-type: none"> Evidence of fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme | <ul style="list-style-type: none"> UNFPA FP/GBV related surveys, policy, communication, and census data UNFPA Country office staff Implementing partners Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> Interviews with UNFPA country office staff Interviews with UN institutions Interviews with/survey of implementing partners Interviews with/survey of final beneficiaries Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
|--|--|---|--|

Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA Kazakhstan CPD 2021-2025 (DP/FPA/CPD/KAZ/5)
- The Concept of Family and Gender Policy in Kazakhstan until 2030
- UNFPA publications, media coverage
- UNFA Kazakhstan Annual reports 2021-2023
- UNFPA Kazakhstan Combined training table, 2021-2023
- Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report
- UNFPA Strategy for Family Planning, 2022–2030
- Annual reports 2021, 2022, 2023
- UNFPA CO interventions 2021-2023

FAMILY PLANNING

SUMMARY of FINDINGS.

UNFPA focused on a multifaceted approach to promoting the financial sustainability of FP programmes by gradually shifting from a donor assistance model to a more sustainable one based on domestic financing of national development needs. The UNFPA CO interventions included targeted capacity building on Emergency Obstetric and Neonatal Care (EmONC), FP, HIV and sexually transmitted infections (STIs), Integrated SRHR service delivery, Comprehensive sexuality education in school and out-of-school settings, knowledge in cost estimates, implementation plans of new contraceptive methods and guidance support to promote a human rights-based and multisectoral approach to FP. By strengthening the capacity of NGO partners who are actively involved in the development of legal acts and educational programs, UNFPA creates legal and economic conditions for the sustainability of ongoing activities in the field of family planning by changing the attitude and interest of government officials and the professional community to the issues under consideration. Training events in the form of train-the-trainers allow organizations to conduct cascade training on family planning topics independently.

The reduction in the unmet need for family planning

Per the SP 2022-2025, UNFPA focused on a multifaceted approach to promoting the financial sustainability of FP programmes by gradually shifting from a donor assistance model to a more sustainable one based on domestic financing of national development needs⁶⁵¹. From 2021 to 2023, the UNFPA CO targeted advocacy efforts at the MoH, the Senate of the Parliament, Mother and Child Health Centres, regional health departments, NGOs⁶⁵², and other UN agencies (WHO, UNDP) aiming at increased resource allocation for family planning at the national and regional levels. The UNFPA CO interventions included targeted capacity building on Emergency Obstetric and Neonatal Care

(EmONC), FP, HIV and sexually transmitted infections (STIs), Integrated SRHR service delivery, Comprehensive sexuality education in school and out-of-school settings, knowledge in cost estimates, implementation plans of new contraceptive methods and guidance support to promote a human rights-based and multisectoral approach to FP.

The outcomes of several years of intervention are as follows:

The YFHSs were standardized and implemented into the healthcare system to ensure the sustainable financial resources of the National Social Health Insurance.

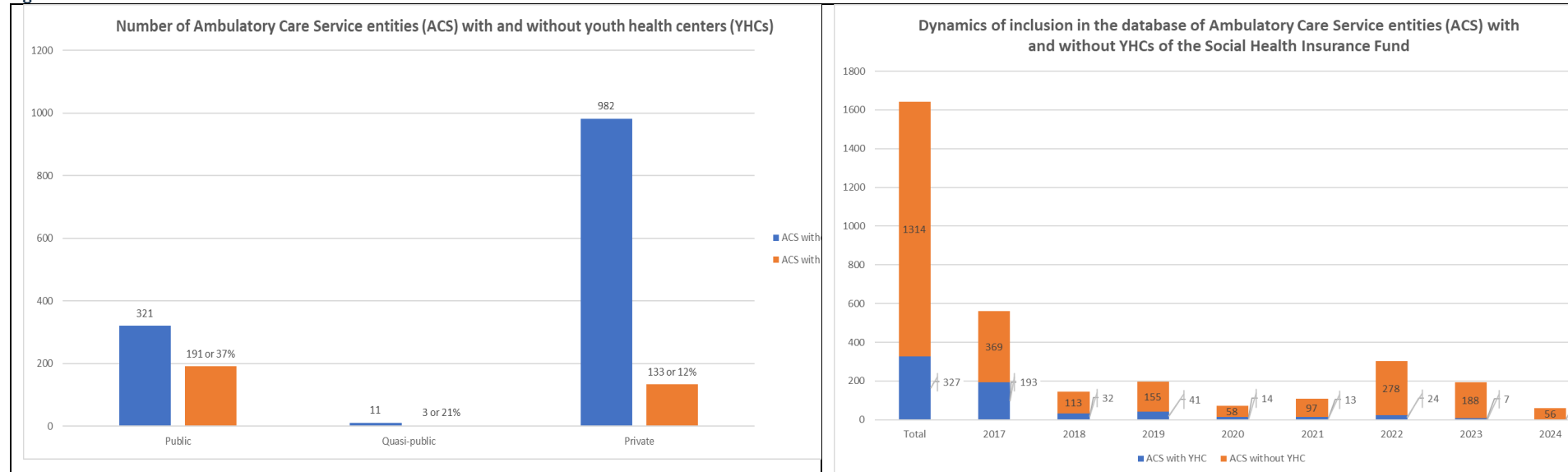
The primary health of Kazakhstan has included ensuring contraception coverage for women of reproductive age, mental and reproductive health care, and the provision of family planning services⁶⁵³.

Three types of modern contraceptives (emergency contraceptives, hormonal, and intrauterine devices) were added to the National Formulary list⁶⁵⁴, which allows medical organizations and hospitals to purchase them funded from the local budgets and dispense them to vulnerable groups free of charge.

The opening of Youth Health Centers in Kazakhstan was planned as part of the implementation of the State Health Development Program of the Republic of Kazakhstan “Salamatty Kazakhstan” for 2011 – 2015 with the introduction of educational programs “Healthy Schools”, “Healthy Universities” in academic institutions and preschool organizations with the allocation funds from the republican budget, but without reimbursement of costs for providing medical care to adolescents with psychological support, confidentiality and legal advice⁶⁵⁵. The same program provided for rapid diagnosis of HIV infection in friendly offices and trust points for IDUs, sex workers, MSM, and vulnerable youth at the expense of the local budget.

According to the SHIF's database of healthcare entities⁶⁵⁶, currently 191 public, three quasi-public, and 133 private organizations providing outpatient healthcare, engaged in delivering youth health centres services, which account for 37%, 21% and 12% of the total number of such organizations (see Figure 1).

Figure 1



Healthcare providers understand the need to separate funding for youth health centres and medical care for schoolchildren in educational organizations from the percapita payments. This is related to uneven distribution of schools among PHC clinics, leading to uneven workload and spendings. For example, polyclinic No. 9, in addition to its population, today serves 16 schools, most of which have at least 2 thousand schoolchildren⁶⁵⁷ while percapita payments received only for the general population. This might be a reason why there is no dynamics in opening new healthcare entities with YHCs over the past 5 years (see Figure 1).

To ensure financial stability and institutional strengthening of youth health centres, UNFPA supported the Ministry of Health in developing a strategy for the further development of youth health centres for the biennium from 2020 to 2022 as part of the implementation of activities to protect the reproductive health of adolescents

and youth of the Republic of Kazakhstan⁶⁵⁸. In addition, explanatory information about the activities of the YHCs was posted on the Prime Minister of Kazakhstan's website in Kazakh and Russian⁶⁵⁹. In April 2023, the Ministry of Health published plans⁶⁶⁰ to increase the share of citizens leading a healthy lifestyle to 30% by 2025, including informing about the expansion of clinical diagnostic services of the Medical Center from 57 to 119 services. In 2023, with the support of UNFPA, the Ministry of Health approved the Standard for organizing the provision of medical care for the protection of reproductive and mental health of minors aged ten to eighteen years and youth⁶⁶¹ and the methodology for distributing the volume of YHC services⁶⁶². In addition, UNFPA contributed to developing professional standards for medical practitioners, which included requirements for knowledge and skills in family planning⁶⁶³.

Educational activities on reproductive health and family planning are currently also carried out in mosques, which became possible due to close long-term collaboration with the DUMK, under which with the involvement of multidisciplinary experts were developed recommendations for counselling newlyweds and brochures with visual information on family planning.

In addition, UNFPA trained 140 staff of the Bureau of National Statistics to improve the design of statistical reports and increase country's accountability to the SDGs. By strengthening the capacity of NGO partners who are actively involved in the development of legal acts and educational programs, UNFPA created legal and economic conditions for the sustainability of ongoing activities in the field of family planning by changing the attitude and interest of government officials and the professional community. Training events in the form of train-the-trainers allow organizations to conduct cascade training on family planning topics independently.

KIIs contributions: The UNFPA Country Office was able to implement activities thanks to own strong experts' staff with extensive experience in understanding the use of national health accounts, government budget systems, public health expenditure analysis. KII⁶⁶⁴ appreciated the work with UNFPA and noted the respectful attitude and full-fledged partnership, starting from developing draft materials and analyzing the current situation to pilot testing and developing recommendations. Such cooperation allows local partners to increase their capacities for independent work in future. In matters of training, the NGO are allowed to provide cascade trainings only since other types of training require a license. The cooperation of the YHC with colleges and universities goes smoothly, while access to schools is limited and requires external intervention, although it is in schools the young people need consultations and advice on reproductive health issues.

As an implementing partner, the next KII⁶⁶⁵ noted that the training programs for the healthcare system were prepared per the requirements for additional medical education. Previously, doctors treated patients who had experienced gender-based violence on the same basis as other patients, and, accordingly, the necessary assistance and consultation were not fully provided. Having implemented UNFPA initiatives into educational processes, it is expected that medical care and consultation for such persons will be at the appropriate level in the future. Another KII⁶⁶⁶ noted the effectiveness of UNFPA in preparing educational materials on family planning in madrassas. Now, female mosque visitors have become more interested in education, so we need to launch courses in mosques and not just in colleges and madrassas. The mosque is a place for adults and teenagers to receive support and socialize. To develop materials for madrassas, UNFPA staff involved a multidisciplinary team of doctors, theologians, economists and psychologists, NGOs and government organizations, which allowed them to systematically approach the issue of providing sensitive information.

The following nuances associated with the moderate YHCs' activity were outlined by the next KII⁶⁶⁷:

- 1) The Ministry of Health does not prioritize the reproductive and sexual health of young people.
- 2) There is a belief that individuals will handle these issues on their own within society.
- 3) Psychological services are not regulated in the country, so individuals without special education can provide psychological services.
- 4) The government only provides free contraceptives to vulnerable groups for whom pregnancy is contraindicated. There is stigma or shame surrounding the delivery of contraceptives to youth, and as a result, the SDG target on reductions in adolescent childbearing does not receive adequate attention.
- 5) There is a low level of YHC capacity in providing HIV testing services and pre-and post-test counseling. There are no training activities for YHCs from AIDS centers, as primary healthcare facilities are responsible for YHC.
- 6) There is no methodological center or institute on youth reproductive health. Providing adolescents with free contraceptives could significantly help solve the problem, but social norms barely allow it.

In terms of developing approaches to providing psychological services to youth, a consensus decision is needed between UN agencies, especially UNFPA, WHO, and key local stakeholders.

Several KII⁶⁶⁸⁶⁶⁹ highlighted that a study on the awareness of HIV among youth will be finished by 2024. Initial data indicates that the rate has increased and stands at 25.5% among young people aged 15-19 and 20-24, which is 2.8 times higher than the 2018 rate of 9.1%⁶⁷⁰. YHCs should inform youth about reproductive health, and youth advisory should be heard on all platforms. For this, UNFPA offers performances by Y-PEER activists from various sectors of society: migrants, refugees, emigrants, communities of MSM and PLHIV, and those involved in food and agriculture. The activities to promote youth advisory will be continued.

GENDER-BASED VIOLENCE

Policy Alignment:⁶⁷¹

- **Engagement and Empowerment:** The Gender Policy Concept stipulates the need for participatory and empowerment-based approaches to engage stakeholders at all levels in promoting gender equality and addressing GBV. It highlights the importance of empowering women, adolescents, and youth to ensure their active participation in policy-making and community initiatives.

Participatory and Empowerment-Based Approaches:^{672 673}

- **Stakeholder Engagement:** The CPD emphasizes the importance of engaging a wide range of stakeholders, including government agencies, NGOs, community leaders, and beneficiaries, in the design and implementation of programs. This participatory approach ensures that interventions are contextually relevant and widely supported.
- **Empowerment Initiatives:** UNFPA's strategic plan includes initiatives aimed at empowering women, adolescents, and youth by providing them with the knowledge, skills, and resources needed to advocate for their rights and actively participate in decision-making processes.
- **Capacity Building for Women and Girls:** UNFPA implemented capacity-building programs specifically targeted at women and girls, providing them with the tools and knowledge to advocate for their rights and participate in community decision-making processes.
- **Stakeholder Workshops:** Workshops and training sessions for various stakeholders, including healthcare providers, educators, and community leaders, emphasized participatory approaches and encouraged collaboration in addressing GBV and promoting gender equality.
- **Community-Led Programs:** UNFPA supported community-led programs that involved local stakeholders in the design and implementation of interventions, ensuring that the programs were tailored to the specific needs of the community and promoting local ownership.
- **Collaborative Efforts:**⁶⁷⁴ The Spotlight Initiative, in which UNFPA was a key partner, demonstrated the effectiveness of collaborative efforts in addressing GBV. The program engaged multiple stakeholders, including government agencies, civil society organizations, and community groups, in designing and implementing interventions.
- **Empowerment of Women and Girls:**⁶⁷⁵ The Initiative focused on empowering women and girls by providing them with resources and training to advocate for their rights and participate in community leadership. This empowerment-based approach was integral to the program's success and sustainability

Capacity Building and Stakeholder Engagement:⁶⁷⁶

- **Community-Based Initiatives:** UNFPA supported community-based initiatives that involved local leaders and community members in identifying needs and developing interventions. This approach fostered local ownership and commitment to sustaining the benefits of these programs.
- **Training Programs:**⁶⁷⁷
 - **Healthcare Providers:** Training sessions for healthcare providers were designed to be interactive and participatory, encouraging providers to share their experiences and contribute to the development of best practices for GBV care.
 - **Youth Engagement:** Programs aimed at adolescents and young people included peer education and youth-led initiatives, promoting active participation and leadership among young people.

Sustainability and Ownership:⁶⁷⁸

- **Integration of GBV Services:** The integration of GBV services into the national healthcare system was achieved through collaborative efforts with government agencies and healthcare providers, ensuring that these services are institutionalized and sustained beyond the duration of UNFPA's direct involvement.
- **Enhanced Training Programs:**
 - **Y-PEER Volunteers:** The training of Y-PEER volunteers included components on leadership and community mobilization, empowering young people to take an active role in promoting gender equality and preventing GBV in their communities.

- **Journalists and Media Specialists:** Training programs for journalists on gender-sensitive reporting involved participatory workshops that encouraged media professionals to develop their strategies for covering GBV issues, fostering a sense of ownership and commitment to promoting respectful and accurate reporting.

SUMMARY OF FINDINGS

Participatory and Empowerment-Based Approaches: UNFPA has effectively employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives. By involving a wide range of stakeholders, including government agencies, NGOs, community leaders, healthcare providers, educators, and beneficiaries, UNFPA has fostered a sense of ownership and commitment to sustaining the effects of its interventions beyond the duration of the program.

Sustainability and Ownership: The collaborative efforts in developing and implementing interventions have ensured that these programs are contextually relevant and widely supported, promoting their sustainability. Training programs and community-led initiatives have empowered women, adolescents, and youth to advocate for their rights and participate actively in decision-making processes, contributing to the long-term durability of the effects of these interventions.

Spotlight Initiative Program: The Spotlight Initiative, which UNFPA was part of, further demonstrated the effectiveness of participatory and empowerment-based approaches in addressing GBV and promoting gender equality. The program's collaborative efforts and focus on empowering women and girls have contributed to sustainable changes in discriminatory social norms and practices.

Overall, the findings demonstrate that UNFPA's capacity-building efforts have led to positive shifts in knowledge, attitudes, behaviors, and practices. However, more time is needed to observe the full extent of these changes and their effect on reducing gender-based violence in Kazakhstan.

KIIs Contribution

KAPB studies help in identifying the prevalence and patterns of gender-based violence within communities. They provide insights into how GBV is perceived, the factors that perpetuate it, and the effectiveness of existing interventions. These studies also explore the societal attitudes and beliefs that contribute to stigma and discrimination against vulnerable populations, and assess prevailing social norms, including those that are discriminatory. They help identify norms that justify violence or inequality, thereby providing a basis for interventions aimed at norm change.

- Problems:
 - lack of continuity in the decisions of state bodies
 - frequent staff turnover in the state agencies
 - different levels of understanding and acceptance of the suggested changes at the central and regional levels (the latter is prone to stereotyping of Gender, GBV, etc.
- Opportunities
 - explore entering the single-industry towns funded by large (mining) companies with social sector is neglected and understanding of the modern challenges is lacking
- UNFPA needs to use its UN mandate to push top-down changes at the political and administrative levels (legitimize UNFPA), then use TOT principle at the regional level and get them understand the suggested changes (this will require sensitization of the local media), and only then get to the local level and get support of the local opinion leaders.
- Main definitions may be introduced into higher education curricula.
- use proactive communication (via state info procurement - *GosInformZakaz*)
- communication strategy (for FSC and partially for Turkestan Oblast)
- Continuity may be provided through regulatory framework
- Regional Level - Department of Internal Policy, National Commission, and Association of Business Women - the three agents of change!!!

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| <p>6.2 UNFPA has worked collaboratively with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels.</p> | <ul style="list-style-type: none"> • List of UNFPA collaboration with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels. • Evidence of UNFPA collaboration with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels. • Success stories of institutionalized and mainstreamed interventions within existing systems, policies, and programmes at the national and local levels as of UNFPA support | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV • Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with UN institutions • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA Kazakhstan CPD 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • UNFPA publications, media coverage • UNFA Kazakhstan Annual reports 2021-2023 • UNFPA Kazakhstan Combined training table, 2021-2023 • Spotlight Initiative Regional Program for CA and Afghanistan, 2021-2023, Final Report | | | |
| <p>FAMILY PLANNING</p> <p>SUMMARY of FINDINGS. UNFPA worked with implementing partners, rights holders and relevant stakeholders to institutionalize and integrate interventions into existing systems, policies and programs at national and local levels. UNFPA takes a comprehensive approach to learning the issue and introducing its initiatives into the health care system through educational processes, observing all processes of national legislation.</p> | | | |
| <p>The reduction in the unmet need for family planning</p> <p>UNFPA worked with implementing partners, rights holders and relevant stakeholders to institutionalize and integrate interventions into existing systems, policies and programs at national and local levels.</p> <p>During 2021-2023, UNFPA actively engaged implementing partners, rights holders and stakeholders in the implementation of the family planning actions. At the national level, UNFPA focused on developing regulation in close collaboration with regulatory bodies, while at the local level, in addition to the implementation of these normative acts, work has been carried out to apply an intersectoral approach to solving social problems such as the fight against gender inequality and violence, training and supporting the formation of youth communities in the regions through supporting the initiatives of local Y-PEER coordinators.</p> <p>Regulatory documents, strategic plans, and manuals in which UNFPA took an active part in 2021-2023 are described and referenced in sections 1-5 of this appendix.</p> | | | |

In addition, in 2022, the mandate of local health authorities in regions and cities was supplemented by the implementation, together with youth resource centres, of outreach and advisory work with young people on issues of reproductive health and family planning and the dangers of gambling addiction⁶⁷⁹. The related legislative requirement on measures to support youth volunteer activities is included into Article 17 of the Law of the Republic of Kazakhstan “On Volunteer Activities.”

In 2023, a draft Concept for the development of maternal and child health services in the Republic of Kazakhstan for 2024-2030, “Every woman, every child,” was developed, which presented the results of an analysis of the reproductive and sexual health of adolescents and youth, demonstrating a decrease in the birth rate among adolescents aged 15 to 18 years (6.1 per 1,000 girls of the corresponding age) at the end of 2022, as well as the results of two pilot studies to assess the prevalence of HAIs and the consumption of antimicrobial drugs with technical support from UNFPA and the WHO Country Office in Kazakhstan. Within the framework of the project, it was planned to develop and implement a special program “Keleshek”, educational programs for schoolchildren within the framework of disciplines on healthy lifestyle (physiological changes in the body, hygiene, culture of relationships, contraception, infection prevention, healthy nutrition and others), the program “Protection of the reproductive potential of women”, special program “Zhospary zhuktilik (Planned pregnancy)” (increasing the coverage of women with prenatal preparation for 2024-2030 with the direct participation of UNFPA). In July 2023, the MoH posted this draft Government resolution on the portal of open legal acts for coordination with society⁶⁸⁰. However, in August 2023, the RPO “Kazakhstan Union of Parents” through social networks posted concerns about the draft Concept⁶⁸¹. Later, some journalists with fact checkers discussed the impact of such conspiracy misinformation, misleading society on the adoption of important legal acts in the country and tried to find out the connections of such organizations with Kazakh and Russian right-wing conspiracy groups such as “Unity of Conscious KZ”, “MOD National Unity”, “Portal 713” and CitizenGo⁶⁸².

KIIs contributions:

One of KIIs⁶⁸³ noted the importance of UNFPA’s contribution to strengthening the YHC. Availability of premises, equipment, visual materials for visitors, trained specialists, and laboratories, which became possible thanks to access to financing through the compulsory health insurance system as the result of long-terms of UNFPA efforts and advocacy with regulatory authorities. In Kazakhstan, children, unemployed, pregnant women, persons caring for a child with a disability, persons with disabilities, and students are insured by the state⁶⁸⁴ and can receive services at the YHC. KII⁶⁸⁵ reported that only accredited organizations have the right to provide formal education, and UNFPA is not an accredited organization, therefore interventions have been carried out to approve the developed modules on family planning and contraception with the National Educational and Methodological Council, which approves all educational processes in the field of health care and oversees all medical universities in the country. Thus, UNFPA takes a comprehensive approach to understand challenges and address them through educational processes, as per the national legislation. A structured approach is that based on professional standards (requirements for the knowledge, skills, and abilities of healthcare professionals), educational standards are formed (requirements for studying future doctors), and UNFPA, together with implementing partners, has introduced response to gender-based violence into professional standards.

GENDER-BASED VIOLENCE

Policy Alignment:⁶⁸⁶

- **Institutionalizing Gender Equality:** The Gender Policy Concept emphasizes the need to institutionalize gender equality and GBV prevention within national and local policies and programs. It highlights the importance of collaborative efforts to ensure that these principles are mainstreamed and sustained.

Collaborative Efforts:^{687 688}

- **Integration into National Policies:** The CPD emphasizes the importance of integrating GBV prevention and response services into national health policies and systems. This approach ensures that interventions are institutionalized and sustainable.
- **Mainstreaming Gender Equality:** The Strategic Plan highlights efforts to mainstream gender equality within existing policies and programs, promoting a holistic approach to addressing GBV and family planning need.
- **Partnerships with NGOs:** UNFPA worked with local NGOs to implement community-based programs, ensuring that interventions were aligned with local needs and integrated into community structures
- **Government Collaboration:** Collaboration with government agencies ensured that GBV prevention and response services were incorporated into national health and social policies.

- **Engagement with Religious Leaders:** UNFPA collaborated with religious institutions to promote gender equality and GBV prevention within religious communities. This collaboration aimed to institutionalize these principles within religious teachings and community practices.
- **Local Government Support:** Local government agencies were engaged in the design and implementation of GBV prevention programs, ensuring that these interventions were supported and sustained at the local level.
- **Community-Based Organizations:** UNFPA worked with community-based organizations to implement GBV prevention and response programs, ensuring that these interventions were embedded within community structures and supported by local stakeholders.
- **Multi-Sectoral Coordination:** UNFPA facilitated multi-sectoral coordination among various stakeholders, including government agencies, NGOs, and community leaders, to ensure that GBV prevention and response services were mainstreamed within existing systems and policies.
- **Institutional Integration:** The Spotlight Initiative demonstrated effective collaboration among multiple stakeholders, including government agencies, civil society organizations, and community groups, to integrate GBV prevention and response services within existing systems.
- **Sustainability and Mainstreaming:** The Initiative focused on mainstreaming gender equality and GBV prevention within national and local policies, ensuring that these interventions were institutionalized and sustainable (Final Cumulative Report...).

Institutionalization and Mainstreaming:^{689 690}

- **Development of Clinical Protocols:** UNFPA collaborated with national health authorities to develop and implement clinical protocols for GBV care. These protocols were integrated into the national healthcare system, ensuring standardized and sustainable care practices.
- **Training Programs:** Training sessions for healthcare providers, educators, and community leaders were designed to be sustainable by integrating them into existing professional development frameworks and institutional policies.
- **National Standards and Guidelines:** The development and implementation of national standards and guidelines for GBV response services were achieved through collaborative efforts with government agencies, ensuring that these standards were institutionalized within the national healthcare system.
- **Capacity Building for Policymakers:** Training programs for policymakers and government officials focused on integrating GBV prevention and family planning services into national and local policies, promoting sustainability.
- **Integration of GBV Services:** UNFPA successfully integrated GBV services into the national healthcare system through collaborative efforts with government agencies and healthcare providers. This integration ensured that GBV services were institutionalized and accessible within existing healthcare structures.
- **Enhanced Training Programs:** Training programs for healthcare providers, social workers, and community leaders were designed to be sustainable by incorporating them into existing institutional training frameworks.

SUMMARY OF FINDINGS

Institutionalization and Mainstreaming: UNFPA has effectively worked with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programs at the national and local levels. The development of clinical protocols, national standards, and guidelines for GBV care, as well as the integration of GBV services into the national healthcare system, reflect UNFPA's commitment to institutionalizing these interventions.

Collaborative Efforts: UNFPA's collaborative efforts with government agencies, NGOs, community-based organizations, and religious institutions have ensured that GBV prevention and response services are supported and sustained within existing structures. These partnerships have facilitated the integration of gender equality principles and GBV prevention into national and local policies, promoting sustainability.

The Spotlight Initiative Program further demonstrated the effectiveness of collaborative efforts in institutionalizing and mainstreaming GBV prevention and response services. The program's focus on multi-sectoral coordination and sustainability has contributed to lasting changes in addressing GBV and promoting gender equality.

Overall, the findings demonstrate that UNFPA's efforts have successfully institutionalized and mainstreamed GBV prevention and response interventions within existing systems, policies, and programs. These collaborative efforts have ensured the sustainability and durability of the effects of these interventions in Kazakhstan.

KIIs Contribution:

- Partnerships work in full and partners grow together. Effective partnerships are essential for addressing complex social issues such as stigma and discrimination, especially in key populations. For UNFPA and its partners to grow together and make a significant impact, it's crucial to develop strategies that foster collaboration, mutual learning, and comprehensive support.
- Learn to work with key populations. Key populations often face unique challenges and vulnerabilities. These groups may include individuals from marginalized communities, such as MSM, LGBTQ+ individuals, sex workers, people living with HIV/AIDS, and other vulnerable groups.
- Cover issues of stigma and discrimination. Stigma and discrimination are significant barriers to accessing healthcare, education, and social services. They can exacerbate social exclusion and negatively impact the well-being of individuals and communities.
- To effectively address social norms and gender-based violence, UNFPA documents need to be tailored to the needs of practitioners. This involves reducing the use of abbreviations, simplifying language, and improving document structure to make them more accessible and actionable. By implementing these strategies, UNFPA can ensure that its documents are more accessible and useful for practitioners working on social norms and GBV, ultimately enhancing the effectiveness of interventions and support provided.

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| 6.3 | <p>UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms to ensure the durability of effects.</p> | <ul style="list-style-type: none">• List of UNFPA support activities towards implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms to ensure the durability of effects.• Extent to which UNFPA support activities for implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms assisted in ensuring the durability of effects.• Evidence of how UNFPA supports activities for implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms assisted in ensuring the durability of effects. | <ul style="list-style-type: none">• UNFPA SP/CPD• CPAPs/ Annual Reports• UNFPA FP/GBV related surveys, policy, communication, and census data• UNFPA Country office staff• Implementing partners• Other actors advancing FP/GBV• Beneficiaries/target groups | <ul style="list-style-type: none">• Document analysis• Interviews with government, both national and regional/local• Interviews with UNFPA country office staff• Interviews with UN institutions• Interviews with/survey of implementing partners• Interviews with/survey of final beneficiaries• Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |

Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- UNFPA Strategy for Family Planning, 2022–2030
- Annual reports 2021, 2022, 2023
- National reports
- Database of ФСМC
- Портал открытых НПА\

SUMMARY of FINDINGS. UNFPA supported implementing partners and rights-holders (women, adolescents, and youth) in developing capacities by providing training materials, organizing summer schools and training of trainers, and removing barriers at the local level to the implementation of volunteer work, while establishing and institutionalizing mechanisms to ensure the sustainability. In addition to direct support for civil initiatives and the development of normative legal acts, strategic documents, clinical protocols on antenatal care, family planning and modern contraceptives, preconception preparation, medical abortion, and other guidelines specified, UNFPA provided support in the preparation of the legislation acts regulating the health of girls, adolescents and women.

The reduction in the unmet need for family planning

UNFPA continues supporting the Y-PEER volunteer movement by providing training materials, organizing summer schools and training of trainers, and removing barriers at the local level to the implementation of volunteer work. The implementation of actions to reduce gender-based violence with the involvement of multisectoral stakeholders made it possible to attract members of the National Commission for Women's Affairs and the Association of Business Women in the regions, creating mechanisms for resolving daily issues by active citizens who are trained in the basics of gender equality, reproductive health and family planning. Members of these institutions are often the leaders of NGOs and UNFPA implementing partners in the regions and are actively involved in providing advisory and sponsorship assistance to active youth and women in increasing their potential and socialization.

In December 2022, the National Center for Public Health of the Ministry of Health (NCPH) held a subregional conference, “Realities of the COVID-19 pandemic: the Health of Children and Adolescents in the Spotlight”, with the support of the WHO Regional Office for Europe and UNFPA Kazakhstan, where health experts and researchers from countries of Europe and Central Asia shared their experience of the impact of COVID-19 on protecting the physical and mental health of children and adolescents and the possibilities of digital solutions to ensure continuity of education and access to health services for children⁶⁹¹.

In addition to direct support for civil initiatives and the development of normative legal acts, strategic documents, clinical protocols on antenatal care, family planning and modern contraceptives, preconception preparation, medical abortion, and other guidelines specified in sections 1-5 of this annex, UNFPA provided support in the preparation of the following acts regulating the health of girls, adolescents, and women:

- Roadmap for improving pediatric gynaecology in the Republic of Kazakhstan for 2022-2026⁶⁹², which includes advanced training courses for the retraining of pediatric gynaecologists who are professionally ready to use the latest technologies in practice, the development of guidelines for conducting preventive examinations and assessing the physical development of girls for doctors (GPs, paediatricians and obstetricians-gynaecologists), improving the organization of gynaecological care for girls with the development of indicators for assessing the performance of the service, raising public awareness on reproductive health issues with the participation of UNFPA.
- Plan for the introduction of vaccination of 11-year-old girls against human papillomavirus in the Republic of Kazakhstan for 2023-2025, where UNFPA will take part in activities aimed at raising awareness among health workers and educators, as well as communication with the population on HPV vaccination issues⁶⁹³.

In February 2024, the Ministry of Culture noted the contribution of UNFPA to the implementation of the pilot project in Astana and Shymkent cities on free premarital counselling and training for citizens applying for marriage registration, on family planning and family psychology, reproductive health, family budget planning and other important issues. According to the report, 68 family support centres (13 municipal government institutions) operate in the regions to provide comprehensive assistance to families, providing psychological, social, and legal assistance on a “one-stop” principle. Since the beginning of this year, centres have provided more than 100 thousand consultations⁶⁹⁴.

KIIs contributions:

KII⁶⁹⁵ shared their experience of working with young people when informing them about reproductive health in collaboration with the YHC, where, before posting material on a social network, they first conduct focus groups and then, based on their experience of communicating with young people, develop more acceptable approaches to presenting information. Since there are shadow bans for specific words on the network, YHC employees have to use various replacement terms. Regarding access to schools, NIS is noted as more open organizations that is ready for active cooperation. Other schools avoid cooperation because it is not enshrined at the legislative level. Some KIIs ⁶⁹⁶⁶⁹⁷⁶⁹⁸ noted the uniqueness of the Y-PEER program, for the implementation of which at the regional level women entrepreneurs are often involved, and teams are created with involvement of the civil community and youth, the National Commission for Women, the Association of Business Women, experts from different sectors for collective discussion of problems. UNFPA's implementing partners play an important role in the establishment of such teams.

KII⁶⁹⁹ shared her experience and the result of working at Y-PEER, where she liked the environment full of advanced, tolerant peers. At the beginning of her work as a coordinator, over two years in the chat, the number of people she attracted increased from 4 to 100 (see Figure 2). At first, she conducted weekly training with the help of members of the Business Women's Association and UNFPA implementing partners at the regional level. Thanks to this support, she was once able to gather 100 people in one college to conduct a training. The support of UNFPA and other active citizens of the local community is significant in ensuring access to the audience and attracting the attention of adolescents and youth to reproductive health and gender equality. The KII also mentioned that some educational materials required updating, especially regarding the use of modern contraceptive methods. After graduating from university, she plans to continue helping other trainers since the number of Kazakh-speaking youth who needs to participate in Y-PEER activities is growing. However, the financial limitations of UNFPA do not allow everyone, especially young people from remote regions, to have access to training sites. Despite information is posted on social networks, there are people who do not have access to the Internet, therefore the participation of local authorities and the media to inform further and reach young people is required.

Figure 2

| | |
|--|---|
| Getting Started as a Y-PEER Coordinator | Within two years, the number of participants in the training for Y-PEER coordinators reached 100. |
|  |  |

EQ 7 (Sustainability): To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|--|---|---|---|
| <p>7.1 UNFPA has engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations. By promoting national ownership, UNFPA seeks to foster sustainability of its supported interventions in changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence.</p> | <ul style="list-style-type: none"> List of partnerships established with ministries, agencies and other representatives of the partner government List of the comparative strengths of UNFPA and evidence of their use Extent of aligning of the UNFPA interventions with national priorities, strategies, and frameworks, and reflect the needs of target populations Evidence of how UNFPA supported interventions in changing discriminatory social norms contributed to the reduction in the gender-based violence. | <ul style="list-style-type: none"> UNFPA SP/CPD CPAPs/ Annual Reports UNFPA FP/GBV related surveys, policy, communication, and census data UNFPA Country office staff Implementing partners Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> Document analysis Interviews with government, both national and regional/local Interviews with UNFPA country office staff Interviews with UN institutions Interviews with/survey of implementing partners Interviews with/survey of final beneficiaries Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |

Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- The Concept of Family and Gender Policy in Kazakhstan until 2030
- UNFPA Strategy for Family Planning, 2022–2030
- UNFPA, UNICEF publications
- Annual reports 2021, 2022, 2023
- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- UNFPA Strategy for Family Planning, 2022–2030
- Annual reports 2021, 2022, 2023

- National review and reports

FAMILY PLANNING

SUMMARY of FINDINGS. UNFPA engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations. For constructive dialogue and consultation at the national level, UNFPA CO experts directly participate in consultative and advisory bodies, which are established at the level of the Parliament and ministries.

The reduction in the unmet need for family planning

For constructive dialogue and consultation at the national level, UNFPA CO experts directly participate in consultative and advisory bodies, which are established at the level of the Senate or Mazhilis of Parliament and ministries:

- In 2021, as part of the implementation of the National Action Plan, based on the WHO COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021⁷⁰⁰, UNFPA supported the Ministry of Health in the development and launch of distance learning for health personnel and, upon MoH's request, in the development of a National Strategy (and an Action Plan) on strengthening Mother and Child Health services in Kazakhstan by 2025. The MoH used the draft Strategy to develop the new "Healthy Nation" National Project for 2021-2025.
- In 2022, UNFPA became a member of the Country Coordination Committee for work with international organizations on HIV and tuberculosis⁷⁰¹.
- In 2023, UNFPA staff became members of the Working Group on improving the activities of Family Support Centers at the national level⁷⁰², the Interdepartmental Working Group on developing a Roadmap for the prevention of suicidal behaviour in the population of the Republic of Kazakhstan⁷⁰³, and the Expert Group on improving the compulsory social health insurance system for 2023-2024⁷⁰⁴.
- In 2023, the Joint Commission on the Quality of Medical Services of the Ministry of Health approved the Clinical Protocol for Diagnosis and Treatment on Family Planning and Modern Methods of Contraception⁷⁰⁵, developed with the support of UNFPA. This will allow medical organizations to provide appropriate services to the population.
- Representatives of UNFPA joined the Project Management Committee of the Linked Grant "Assistance to Kazakhstan in the implementation of the Concept of Family and Gender Policy, in terms of ensuring gender equality and empowering all women and girls in Kazakhstan and overcoming the consequences of the COVID-19 pandemic crisis" for 2022 -2024⁷⁰⁶.
- According to the Voluntary National Survey of the Republic of Kazakhstan 2022, the National Bureau of Statistics, with the support of UN Women and UNFPA, is currently conducting a national survey on the prevalence of violence against women and girls. Kazakhstan is the only country in Central Asia that conducts this type of survey⁷⁰⁷.

KIIs contributions:

KII⁷⁰⁸ highlighted that UNFPA's support ensures sustainability of intervention through long-term and systematic multisectoral actions. The example is training activities implemented for representatives of the prosecutor's office, local police service of the Ministry of Internal Affairs, education, psychologists, civil servants, health care, social services, and akimat employees, including the transfer of training materials adapted to local conditions, as well as financial support for information dissemination activities among key stakeholders. In addition, the bold step of UNFPA in piloting a project on the prevention of gender-based violence in rural areas was noted, which attracted the attention of the local authorities, and not just NGOs, and currently, the activities continue with the support of the regional Akimat. Thus, painstaking work in direct contact with local key stakeholders bears fruit in the form of understanding the problem and active support for implementing the actions set to solve it. KII⁷⁰⁹ noted a transformation in the position of the Senate and UNFPA, where UNFPA CO staff are invited to the Senate project office to discuss the progress on SDGs. However, some challenges with institutional memory remain, and established contacts and initiated activities could be cancelled due to the shift of government personnel, including policymakers. In addition, questions remain regarding the level of perception of the central and local executive authorities. For example, in the Turkestan region, demographic issues were previously considered only as population growth. In such cases, proactivity is required, which UNFPA was able to provide. In addition, attention should be paid to the characteristics of single-industry towns, which are more isolated and, accordingly, more stigmatized, and also to large corporations that have their community that need education on gender and reproductive issues. Universities are excellent platforms for the greater coverage of young people with information and work in this direction should be considered a growth point. The

active position of women entrepreneurs represented by the Association of business women could also play a significant role in accelerating the implementation of tasks in family planning and reducing gender-based violence.

One of the KII⁷¹⁰ explained that due to the increase in segmentation of society observed recently, it is essential to be able to rapidly identify characteristics of newly formed strata and way to interact with it. Earlier, it was not clear how much influence a group of religious citizens⁷¹¹ had. Migration, access to media, and the prevalence of social networks constantly segment society, with rapid change of views and opinion leaders. Therefore, UNFPA faced the challenge of providing flexible responses and effective interaction at minimal cost within limited resources. During the planning of interventions and analyzing the current situation, UNFPA found that the approaches of international organizations in conducting one-time training of medical workers and leading experts in the country are ineffective due to high staff turnover, natural attrition, migration, as well as the presence of fear among practitioners of risk of criminal victimization, which leads to reduce the number of medical students in the field of obstetrics and gynecology. It has been noted that the knowledge and skills of practicing doctors are ahead of the knowledge of a newly graduated medical student due to outdated educational materials and conservatism of academia. From this point of view, changing social norms among medical workers and academia are needed, to enable the promotion of values and culture of family planning, provision services to marginalized groups of society, survivors of gender-based violence, sexualized violence without stigma. Therefore, UNFPA focused its activities on the preparation and implementation of modules on family planning adapted to the requirements of the Kazakh medical education system. This approach is highly appreciated by the MoH and may become a kind of standard for the perception of new information from other UN agencies. The further plan is focused on ensuring a mandatory training program for both pre-service and in-service training.

KII paid attention at the success in introducing YHCs into the PHC, where YHCs are perceived by the system as its own subsection and is not rejected as a new one. UNFPA was able to demonstrate the importance of the YHCs for the healthcare system and its financing by the country's internal resources. In this direction, further implementation to strengthen and expand the coverage of the YHCs depends on the Government and the MoH.

Another KII⁷¹² confirmed that interaction between UN agencies occurs on several platforms of the three Result groups and thematic groups like the Youth Advisory Group, Gender Theme Groups (GTGs)⁷¹³ and the External Gender Theme Group (EGTG), as well as through ongoing projects like the Spotlight Regional Program for Central Asia and Afghanistan. In EGTG, interaction takes place with the government, the National Commission on Women Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan, state embassies, and public organizations. All UN agencies' work plans are accountable through UNINFO⁷¹⁴, where agencies can familiarize themselves with each other's activities and country program framework reports. Recently, UN agencies have contacted the government for policy advice on the country's strategic documents and Labor Code. UNFPA topics are sensitive and complex, and not all recommendations can be accepted by the country, especially in the conservative parts of society. Moreover, changing terminology may bias the meaning or cause misunderstandings, so replacing concepts for better perception is not always applicable.

As for involving the private sector in implementing the UN agency's projects, it has potential but is limited by various risks like specificity and short-term attention of business to multiple projects, the duration and complexity of Due Diligence processes, public reaction and the interpretation of such interaction. The issues involving the private and financial sectors in the Global Compact are still being considered, and mechanisms for financing projects are needed. There are examples of effective interaction and influence of the private sector on the quality and frequency of expertise. For example, UNICEF's expertise is high due to the involvement of the private sector.

GENDER-BASED VIOLENCE

Policy Alignment:⁷¹⁵

- **National Priorities and Strategies:** The Concept emphasizes the need for GBV interventions to align with national priorities and strategies to ensure their sustainability. It highlights the importance of engaging national stakeholders in the design and implementation of programs to promote national ownership.

Engagement and Collaboration:⁷¹⁶

- **Alignment with National Priorities:** The CPD emphasizes the importance of aligning UNFPA interventions with national priorities and strategies to support the country's development goals and ensure sustainability. This includes focusing on family planning and GBV interventions (Kazakhstan CPD 2021-2025).
- **Consultation with Stakeholders:** The Strategic Plan highlights the need for regular consultation with national stakeholders, including government ministries, agencies, and local authorities, to ensure that interventions are relevant, effective, and reflect the needs of target populations (Kazakhstan CPD 2021-2025).

Meaningful Dialogue and Collaboration:⁷¹⁷

- **Gender-Based Violence (GBV):** UNFPA worked closely with various government agencies to develop clinical protocols for GBV care. These protocols were aligned with national health policies and integrated into the healthcare system to ensure standardized and sustainable care for GBV survivors. The development and implementation of national standards and guidelines for GBV response services were achieved through collaboration with government agencies, ensuring alignment with national priorities and integration into the healthcare system. UNFPA collaborated with government agencies to integrate GBV services into the national healthcare system. Workshops and forums with various stakeholders ensured that interventions were relevant and addressed the needs of target populations.
- **Community-Led Programs:** UNFPA supported community-led programs that involved local stakeholders in the design and implementation of GBV interventions, ensuring that these initiatives were locally owned and sustainable.
- **Consultation with Policymakers:** Training programs for policymakers and government officials included consultations on integrating GBV services into national and local policies, ensuring that these interventions were supported by national frameworks.
- **Stakeholder Engagement:** Regular consultations and workshops with stakeholders, including healthcare providers, educators, and community leaders, ensured that FP and GBV interventions addressed the needs of target populations and were supported by national frameworks.
- **Empowering Local Leaders:** Training sessions for community leaders and religious figures were designed to empower them to advocate for FP and GBV prevention within their communities, promoting local ownership of these initiatives.
- **Government Support:** Local government agencies were engaged in the implementation of FP and GBV programs, ensuring that these initiatives were supported and sustained at the local level.
- **Government Collaboration:** UNFPA's collaboration with government agencies ensured that FP and GBV services were integrated into national policies and supported by government frameworks, promoting sustainability.
- **National Ownership:**⁷¹⁸
- **Promoting National Ownership:** The Initiative focused on promoting national ownership of GBV services by integrating these interventions into national and local policies and frameworks, ensuring their sustainability.
- **Local Implementation:** UNFPA collaborated with local NGOs and community-based organizations to implement GBV interventions, to ensure that these initiatives were locally owned and sustainable.
- **Government Involvement:**⁷¹⁹ Government representatives were actively involved in the design and implementation of GBV interventions, promoting a sense of ownership and commitment to sustaining these efforts beyond the duration of the UNFPA program.
- **Multi-Stakeholder Engagement:**⁷²⁰ The Spotlight Initiative demonstrated the effectiveness of engaging multiple stakeholders, including government agencies, civil society organizations, and community groups, to ensure that GBV interventions were aligned with national priorities and supported by local stakeholders.

SUMMARY OF FINDINGS

Meaningful Dialogue and Collaboration: UNFPA has effectively engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that family planning (FP) and gender-based violence (GBV) interventions are aligned with national priorities, strategies, and frameworks. Regular consultations and workshops with government agencies, healthcare providers, educators, and community leaders have ensured that interventions address the needs of target populations and are supported by national frameworks. These collaborative efforts have fostered a shared understanding and commitment to advancing FP and GBV initiatives in Kazakhstan.

Promoting National Ownership: UNFPA has promoted national ownership by involving government representatives, local NGOs, community-based organizations, and other stakeholders in the design and implementation of FP and GBV interventions. This approach has ensured that these initiatives are locally owned and may be sustained. The integration of FP and GBV services into national policies and healthcare systems, as well as the empowerment of local leaders and community members, has further promoted sustainability. By aligning interventions with national priorities and engaging local stakeholders, UNFPA has fostered a sense of ownership and commitment to sustaining these efforts beyond the duration of the program through engaging multiple stakeholders and promoting national ownership. The focus on integrating GBV prevention and response services into national and local policies has contributed to the sustainability of these interventions.

The FP Strategy emphasizes the importance of partnerships and collaboration to achieve universal access to family planning. The strategy highlights the need for meaningful engagement with national stakeholders to align FP interventions with national priorities and promote national ownership. By leveraging its comparative strengths, UNFPA has

supported the institutionalization of FP services within national healthcare systems, ensuring their sustainability and long-term impact. The program's collaborative efforts and emphasis on multi-sectoral coordination have ensured that FP and GBV services are supported and sustained at both national and local levels.

Overall, the findings demonstrate that UNFPA has successfully engaged in meaningful dialogue and collaboration with national stakeholders to ensure the alignment of FP and GBV interventions with national priorities. By promoting national ownership, UNFPA has fostered the sustainability of its supported interventions in changing discriminatory social norms and reducing the unmet need for family planning and gender-based violence in Kazakhstan. These collaborative efforts have ensured that FP and GBV services are locally owned, supported by national frameworks, and may be sustained beyond the duration of the UNFPA program.

KIIs Contribution:

Sustainability Challenges

- For NGOs committed to advocating for the rights and interests of People with Disabilities, particularly in the areas of reproductive health and combating Gender-Based Violence (GBV), sustainability is a pressing concern. The limited availability of donor funding exacerbates the situation, posing a significant challenge to the long-term viability of these organizations.

State Procurement of Services (Goszakaz)

- While state procurement of services (Goszakaz) offers some financial relief, it is important to note that it typically covers only the direct costs of specific projects. This leaves NGOs in a precarious position where they must rely on their own funds to cover overhead expenses and sustain their broader advocacy efforts. Without sufficient internal resources, maintaining operations and advancing the mission can become increasingly difficult.
- To ensure the sustainability of NGOs working and advocating for reproductive health and rights and protection against GBV for PWD, it is essential to diversify funding sources including scarce donor funding, state procurement of services and social entrepreneurship enabling the organizations to go on.

GBV (crisis centre/rehabilitation model)

- Sustainability remains a significant issue. These centers often rely heavily on external funding, which can be unpredictable and insufficient. To ensure the essential services for PWD, victims and survivors of GBV, and for addressing the needs of perpetrators to prevent recidivism remain available, it is imperative to explore diverse funding sources, including social entrepreneurship, public-private partnerships, and community-based fundraising initiatives. UNFPA has made significant efforts by developing SOPs and training specialists to support GBV survivors. However, sustaining these activities poses a financial challenge. Despite the initial investment in training and capacity-building, ongoing support and funding are necessary to maintain and expand these initiatives. Without continued investment, the progress made could be at risk, undermining the benefits provided to these vulnerable populations.
- Kazakhstan needs a comprehensive national program on mental health. Such a program should prioritize the mental well-being of vulnerable populations including PWD, GBV survivors, perpetrators, and other key populations ensuring they all have access to quality mental health services. This initiative should focus on prevention, early intervention, and continuous support, incorporating culturally appropriate practices and addressing the specific needs of different groups.
- The work of psychologists, especially those working with vulnerable populations, needs to be regulated to ensure consistent quality and ethical standards. Establishing clear guidelines and standards for psychological practice will enhance the effectiveness and reliability of mental health services. This regulation should include mandatory certification, adherence to a code of ethics, and regular professional development requirements.
- UNFPA's comparative advantage and recognition among authorities have been pivotal in the endorsement and implementation of clinical protocols, showing the importance of continued partnership and investment in these critical areas.

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| 7.2 UNFPA has made use of its comparative strengths to establish partnerships with ministries, agencies and other representatives of the partner government to a great extent by | <ul style="list-style-type: none"> List of partnerships established with ministries, agencies and other representatives of the partner government List of the comparative strengths of UNFPA and evidence of their use | <ul style="list-style-type: none"> UNFPA SP/CPD CPAPs/ Annual Reports UNFPA FP/GBV related surveys, policy, communication, and census data UNFPA Country office staff Implementing partners | <ul style="list-style-type: none"> Document analysis Interviews with government, both national and regional/local Interviews with UNFPA country office staff Interviews with UN institutions |
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| safeguarding and promoting the national ownership of supported interventions, programmes and policies | <ul style="list-style-type: none"> • Extent of how UNFPA has made use of its comparative strengths through establishing partnerships with ministries, agencies and other representatives of the partner government • Evidence of how UNFPA has made use of its comparative strengths to contribute to the reduction in the unmet need for family planning and the reduction of gender-based violence. | <ul style="list-style-type: none"> • Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
| <p>Documents reviewed:</p> <ul style="list-style-type: none"> • UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8) • UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5) • The Concept of Family and Gender Policy in Kazakhstan until 2030 • UNFPA Strategy for Family Planning, 2022–2030 • UNFPA, UNICEF publications • Annual reports 2021, 2022, 2023 <p>FAMILY PLANNING</p> | | | |
| <p>SUMMARY of FINDINGS.</p> <p>UNFPA's interventions aim to address systemic problems, considering regional specificities. The need for specific measures is supported by the results of international reviews and regional-level research, enabling ministries, departments, and other government representatives to defend their chosen position and comply with the requirements of the state planning system in the Republic of Kazakhstan. UNFPA will encourage others to engage and take the lead in high-priority initiatives.</p> | | | |
| <p>The reduction in the unmet need for family planning</p> <p>The activities and program documents, mentioned in sections 1-6 of this annex, that address issues related to reproductive health, family planning, and demographics in Kazakhstan, includes mentions of UNFPA as an implementation partner or contain links to various studies in which UNFPA has participated. The owners of these documents are the government bodies that approve them, thereby giving them legitimacy for use in practice. UNFPA's interventions aim to address systemic problems, considering regional specificities. The need for specific measures is supported by the results of international reviews and regional-level research, enabling ministries, departments, and other government representatives to defend their chosen position and comply with the requirements of the state planning system in the Republic of Kazakhstan⁷²¹. UNFPA will encourage others to engage and take the lead in high-priority initiatives.</p> <p>KIIs contributions:</p> <p>KII⁷²² noted that, in collaboration with UNFPA, it was possible to develop a project on the issue of reproductive health, assistance and counselling to women during emergencies; methodological recommendations on contraception and these standards are now being implemented into regulations. In addition, UNFPA helped to get acquainted with international experience as other stakeholders do not always have the opportunity to independently search for the necessary information and analyze the best knowledge. UNFPA supports contextualization and adaptation to local needs and implementation in the country. UNFPA considered to be a valuable partner providing</p> | | | |

new recommendations and approaches to solving systemic problems. Currently, UNFPA also provides support on issues of bullying and human trafficking and is introducing training methods for working with survivors of gender-based violence.

KII⁷²³ confirmed that UNFPA CO is represented by strong experts with broad experience, and deep understanding of challenges and ways forward. Therefore, any ministries or departments receives an extensive expert response to requests and recommendations working with UNFPA. The sustainability of the implemented activities was ensured thanks to the UNFPA's targeted efforts, especially its interactions at the regional level with key stakeholders from Akimats and population groups. Engaging the bottom-up approach, when interactions start at the local level, leads to feasible results that can be measured.

In addition, awareness of mentality and context helps to simplify the language of the materials and its adapting to the Kazakh-speaking environment which is important for reaching a wider coverage of the population. Otherwise, starting from the top at the decision-making level poses the risk of losing the focus when information may not reach the beneficiaries. UNFPA should continue to work with youth through the creation of public platforms in cooperation with other UN agencies for the exchange of views, where an atmosphere of trust reigns.

KII⁷²⁴ provided examples of effective use of the comparative strengths of UNFPA in promoting the national ownership of supported interventions, programmes and policies. UNFPA CO experts assisted the Government of Kazakhstan in preparing a commitment on SRHR towards achieving the Programme of Action of the International Conference on Population and Development (ICPD) during the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up, where Kazakhstan announced commitments to finance youth-friendly reproductive health services through the compulsory social health insurance; to reduce the age at which adolescents can obtain medical services without parental consent from 18 to 16, except for abortions; and promote “zero tolerance” to violence against women and children. Another example of results of UNFPA support provided in the joint report of the UNFPA and the Universal Rights Group⁷²⁵, where the UNFPA Kazakhstan's role was emphasized in collecting and providing data on the situation of adolescents and youth in the context of SRHR that promoted a strategy of leveraging the recommendations of United Nations human rights mechanisms and helped counter resistance from some parts of the government and develop partnerships with other parts to advance SRHR for adolescents and youth in the country.

GENDER-BASED VIOLENCE

UNFPA's Comparative Strengths in Establishing Partnerships:^{726 727} UNFPA has leveraged its comparative strengths to establish robust partnerships with ministries, agencies, and other representatives of the partner government to a great extent. These partnerships have been instrumental in promoting national ownership of supported interventions, programs, and policies in both Family Planning (FP) and Gender-Based Violence (GBV). UNFPA's recognized expertise in reproductive health, its role as a leading global advocate for sexual and reproductive health and rights, and its ability to convene and coordinate multiple stakeholders have all contributed to these successful partnerships. By leveraging its comparative strengths, UNFPA has supported the institutionalization of FP services within national healthcare systems, ensuring their sustainability and long-term impact.

Promoting National Ownership:^{728 729} UNFPA has ensured that interventions are aligned with national priorities, strategies, and frameworks by engaging in meaningful dialogue, collaboration, and consultation with national stakeholders. This alignment has promoted national ownership and fostered the sustainability of supported interventions. By involving government representatives, local NGOs, community-based organizations, and other stakeholders in the design and implementation of interventions, UNFPA has created a sense of ownership and commitment to sustaining these efforts beyond the duration of the program.

Family Planning (FP):⁷³⁰

- **Integration into National Policies:** UNFPA has worked with national and local government agencies to integrate FP services into the national healthcare system. This collaboration has ensured that FP services are institutionalized and aligned with national health policies.
- **Capacity Building:** Training programs for healthcare providers, policymakers, and community leaders have enhanced their capacity to implement and sustain FP services. This has included training on modern contraceptive methods, comprehensive FP services, and integrating FP into primary healthcare.
- **National Standards and Guidelines:** UNFPA's collaboration with government agencies has led to the development of national standards and guidelines for FP services, ensuring that these standards are institutionalized within the healthcare system (UNFPA Strategy

Gender-Based Violence (GBV):⁷³¹

- **Development of Clinical Protocols:** UNFPA has worked closely with government agencies to develop and implement clinical protocols for GBV care, ensuring alignment with national health policies and integration into the healthcare system.

- **Collaborative Efforts:** Regular consultations and workshops with stakeholders, including healthcare providers, educators, and community leaders, have ensured that GBV interventions address the needs of target populations and are supported by national frameworks.
- **Empowering Local Leaders:** Training sessions for community leaders and religious figures have empowered them to advocate for GBV prevention within their communities, promoting local ownership of these initiatives.

SUMMARY OF FINDINGS

UNFPA has successfully utilized its comparative strengths to establish partnerships with ministries, agencies, and other representatives of the partner government. These partnerships have promoted national ownership to ensure the sustainability of FP and GBV interventions. By aligning interventions with national priorities and engaging local stakeholders, UNFPA has fostered a sense of ownership and commitment to sustaining these efforts beyond the duration of the program.

Key Contributions:

- UNFPA has a strong comparative advantage due to its expertise, global experience, and established credibility in the field of RH and GBV prevention. This recognition has been instrumental in elevating the status of KMPA before the Ministry of Health (MoH). The UNFPA's support and endorsement have accelerated the adoption of clinical protocols and guidelines, ensuring that they are based on evidence-based practices and international standards.
- UNFPA plays a pivotal role in bringing together various partners to better coordinate their activities based on their respective expertise. This coordination is crucial for maximizing the impact of interventions and ensuring comprehensive care. UNFPA retreats serve as an excellent venue for such joint exercises, allowing partners to collaborate, share knowledge, and develop integrated strategies to address the needs of the population they serve.

| | | | |
|---|---|---|--|
| 7.3 Ministries, agencies and other representatives of the partner government feel/gain/share ownership of the UNFPA supported interventions, programmes and policies | <ul style="list-style-type: none"> • Success stories on how the UNFPA supported interventions, programmes and policies helped Ministries, agencies and other representatives of the partner government feel/gain/share more ownership | <ul style="list-style-type: none"> • UNFPA SP/CPD • CPAPs/ Annual Reports • UNFPA FP/GBV related surveys, policy, communication, and census data • UNFPA Country office staff • Implementing partners • Other actors advancing FP/GBV Beneficiaries/target groups | <ul style="list-style-type: none"> • Document analysis • Interviews with government, both national and regional/local • Interviews with UNFPA country office staff • Interviews with/survey of implementing partners • Interviews with/survey of final beneficiaries • Interviews with academia/ NGOs, including local organizations, working in the FP/GBV area |
|---|---|---|--|

Documents reviewed:

- UNFPA Strategic Plan 2022-2025 (DP/FPA/2021/8)
- UNFPA CPD Kazakhstan 2021-2025 (DP/FPA/CPD/KAZ/5)
- The Concept of Family and Gender Policy in Kazakhstan until 2030
- UNFPA Strategy for Family Planning, 2022–2030
- UNFPA, UNICEF publications
- Annual reports 2021, 2022, 2023

FAMILY PLANNING

SUMMARY of FINDINGS. Government entities work with UNFPA to address issues related to the Sustainable Development Goals and regional development plans. They engage with UNFPA to develop joint activities and programs. This involves taking on activities, programs, and policies supported by UNFPA.

The reduction in the unmet need for family planning

Government entities work with UNFPA to address issues related to the Sustainable Development Goals and regional development plans. They engage with UNFPA to develop joint activities and programs. This involves taking on activities, programs, and policies supported by UNFPA. UNFPA also conducted fiscal space analysis and broad financial policy analysis in the context of health systems strengthening and UHC to build the case for increased and sustained budget allocation for family planning⁷³². The documents reviewed within sections 1-6 of this appendix are examples of such an assumption.

KIIs contributions:

The interviews conducted with KII in sections 1-6 of this annex indicate a division of responsibility for the implemented activities. Additional interview notes include the following opinion from one of the KII⁷³³, who observed trends in additional support for NGOs being a UNFPA implementing partner from government agencies, Parliament, and media, as well as increased activity in attracting various events dedicated to family and gender policy issues. At the same time, low awareness of the population about UNFPA as the leading organization on family issues was mentioned. This may be due to the association of terminology or characteristic topics sensitive to societal perception. Continuing cooperation with UNFPA is important and necessary, as it determines key issues in the development of society as a whole, especially in developing the potential of youth.

GENDER-BASED VIOLENCE

Engagement and Ownership:⁷³⁴

- **Shared Vision and Goals:** The CPD emphasizes aligning UNFPA interventions with national development goals, ensuring that ministries and agencies are engaged in and committed to shared objectives in FP and GBV.
- **Policy Integration:** The Strategic Plan highlights the integration of FP and GBV services into national health policies and frameworks, promoting a sense of ownership among national stakeholders by ensuring that these interventions support the country's broader health and development agenda.

Collaborative Efforts:⁷³⁵

- **Government Collaboration:** UNFPA's work with the Ministry of Health on FP and GBV protocols has ensured that these initiatives are not only aligned with national health policies but also owned by national health authorities. Regular consultations and involvement of government officials in the development and implementation phases have fostered a sense of ownership.
- **Local Leadership Empowerment:** Training programs for community leaders and healthcare providers have empowered local actors to take ownership of FP and GBV initiatives, promoting sustainability and local commitment to these programs.

Capacity Building and Ownership:

- **Empowering Policymakers:** Training and capacity-building initiatives for policymakers and government officials have enhanced their ability to design, implement, and oversee FP and GBV interventions, promoting a sense of ownership and responsibility for these programs.
- **Community Engagement:** UNFPA's collaboration with local NGOs and community-based organizations has ensured that FP and GBV interventions are tailored to local needs and supported by community leaders, fostering local ownership.

Institutional and Community Ownership:

- **Integrated Services:** The integration of FP and GBV services into the national healthcare system through collaboration with government agencies has ensured that these services are viewed as integral parts of the national health infrastructure, promoting government ownership.
- **Sustained Local Involvement:** UNFPA's support for community-led programs and the involvement of local stakeholders in the design and implementation of interventions have promoted a sense of ownership and sustainability at the community level.

Policy Alignment and Ownership:⁷³⁶

- **National Priorities:** The Gender Policy Concept emphasizes the alignment of FP and GBV interventions with national priorities and strategies, ensuring that these initiatives are supported and owned by national stakeholders. This alignment fosters a sense of responsibility and commitment to sustaining these programs. (The Concept of Family and Gender Policy in Kazakhstan until 2030)

Collaborative and Institutional Ownership:⁷³⁷

- **Multi-Stakeholder Engagement:** The Spotlight Initiative's emphasis on engaging multiple stakeholders, including government agencies, civil society organizations, and community groups, has promoted a sense of shared ownership and responsibility for GBV interventions. This collaborative approach has ensured that these programs are supported and sustained by local and national stakeholders.

Institutionalization and Ownership:

- **Strategic Partnerships:⁷³⁸** The Strategy highlights the importance of building and maintaining partnerships with ministries, agencies, and other stakeholders to ensure the institutionalization and sustainability of FP services. By involving national stakeholders in strategic planning and implementation, UNFPA has promoted a sense of ownership and commitment to these initiatives. (UNFPA FP Strategy 2022-2030)
- **Capacity Building:⁷³⁹** UNFPA's focus on capacity building for healthcare providers, policymakers, and community leaders ensures that national and local stakeholders have the skills and knowledge necessary to sustain FP and GBV services, promoting long-term ownership and commitment.

Impact on Social Norms:⁷⁴⁰

- **Awareness Campaigns:** The 2021 Annual Report details several awareness campaigns targeting social norms around GBV and FP. These campaigns focused on increasing knowledge and changing attitudes toward GBV, promoting gender equality, and encouraging the use of modern contraceptives.
- **Training and Capacity Building:** UNFPA provided training for healthcare providers, social workers, and community leaders on GBV and FP, equipping them with the skills to challenge and change harmful social norms in their communities.

Advancements in Social Norms:⁷⁴¹

- **Policy Development:** In 2022, UNFPA supported the development and implementation of national standards and guidelines that address GBV and FP. These policies aimed to institutionalize changes in social norms at the systemic level.
- **Community Programs:** The report highlights the success of community programs and peer education initiatives that engaged young people and other vulnerable groups in discussions about GBV and reproductive health. These programs were instrumental in changing attitudes and behaviors.

Sustainability of Norm Changes:⁷⁴²

- **Institutionalization:** The integration of GBV and FP services into the national health system and the establishment of Youth Health Centers ensured that changes in social norms would be sustained beyond the program period.

Further Shifts in Social Norms:⁷⁴³

- **Expanded Outreach:** The 2023 Annual Report emphasizes the expanded outreach through digital platforms and community engagement activities. These efforts targeted social norms by promoting positive behaviors and attitudes toward GBV and reproductive health.
- **Behavioral Changes:** Evidence from the report indicates significant behavioral changes, with increased use of modern contraceptives and a reduction in GBV incidents. These changes are attributed to sustained efforts in education, awareness, and community engagement.

SUMMARY OF FINDINGS

Government Ownership of UNFPA Supported Interventions:⁷⁴⁴ Ministries, agencies, and other representatives of the partner government have demonstrated a strong sense of ownership over the UNFPA-supported interventions, programmes, and policies. This ownership has been fostered through meaningful engagement, collaboration, and consultation processes that align with national priorities and strategies. By actively involving government stakeholders in the design, implementation, and monitoring of these interventions, UNFPA has ensured that these initiatives are not only supported but also championed by national authorities. Government agencies have played a key role in integrating these initiatives into national policies and frameworks, ensuring their sustainability and alignment with national goals.

Family Planning (FP):⁷⁴⁵ The FP strategy underscores the importance of national ownership in achieving sustainable outcomes in family planning. By leveraging its comparative strengths, UNFPA has facilitated the active involvement of government stakeholders in shaping and supporting FP interventions, ensuring their alignment with national priorities and promoting their long-term sustainability.

- **Policy Integration:** Government agencies have been integral in developing and integrating family planning services into national health policies and systems. This collaboration has ensured that FP services are aligned with national health objectives and sustainable in the long term.
- **Capacity Building:** Training and capacity-building programs for healthcare providers, policymakers, and community leaders have further empowered national stakeholders to take ownership of FP initiatives, promoting their continued support and enhancement of these services.

Gender-Based Violence (GBV):

- **Development of Protocols:**⁷⁴⁶ Government stakeholders have actively participated in developing and implementing clinical protocols for GBV care. This involvement has promoted a sense of responsibility and commitment to sustaining these protocols within the national healthcare system.
- **Collaborative Efforts:**⁷⁴⁷ Regular consultations and workshops with government agencies have ensured that GBV interventions are relevant to national needs and priorities. This collaborative approach has fostered a sense of shared ownership and accountability for the success of these interventions.

Overall, the partnerships established with ministries, agencies, and other representatives of the partner government have allowed UNFPA to leverage its comparative strengths while promoting national ownership of supported interventions, programmes, and policies. Government stakeholders have actively participated in the design, implementation, and monitoring of these initiatives, ensuring their relevance, alignment with national priorities, and sustainability. This sense of ownership has been critical in fostering a shared commitment to reducing the unmet need for family planning and addressing gender-based violence in Kazakhstan.

KII Contribution

- Continuous training of specialists is critical to ensure that professionals are equipped with the latest knowledge and skills to address the complex needs of vulnerable populations PWD, GBV survivors, and perpetrators. Sustainable mechanisms for ongoing professional development need to be established.
- A pool of trainers will continue to provide cascade training to specialists involved in the newly established Family Support Centres (FSC) across the first seven regions/oblasts. This approach ensures that training is disseminated effectively and consistently, enhancing the capacity and competence of FSC specialists.

Online survey results

IMPLEMENTING PARTNERS

2. Please mark all UNFPA thematic areas your organization was involved in:

- | | |
|----------------------------|----|
| ○ SHR - | 13 |
| ○ Family planning - | 11 |
| ○ Gender based violence - | 8 |
| ○ Population development - | 2 |
| ○ Gender equality - | 7 |
| ○ Other (please specify)- | 3 |

3. Please mark the types of online/offline activity your organization was involved as implementing partners

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| | |
|--|----|
| ○ Policy and advocacy activity, including legislative change - | 7 |
| ○ Analytical work - | 0 |
| ○ Research/study - | 1 |
| ○ Training - | 14 |
| ○ Workshop - | 14 |
| ○ Round table discussion/forums/public events - | 1 |
| ○ Training of Trainers (TOT) - | 9 |
| ○ Other (please specify) - | 7 |

RELEVANCE

Please tell to what extent you agree or disagree with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

| | |
|---|------------|
| 4. The UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence | 4.3 |
| 5. Strengthened policy framework and institutional mechanisms on changing discriminatory social norms contributed to: - reduction of the unmet need for family planning - reduction of the gender-based violence | 4.2 4.3 |
| 6. The UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence has adopted evidence-based and culturally sensitive approaches that resonate with the experiences and perspectives of the target populations. | 4.5 |
| 7. The UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence has engaged in meaningful consultation and collaboration with key stakeholders , including affected communities, civil society organizations, and government agencies, to ensure that its interventions are contextually relevant and responsive to the diverse needs and realities of the target populations. | 4.4 |

EFFECTIVENESS

Please rate by 5-point scale (where 1- not at all, 2 – to certain extent, 3 – 50/50, 4 –to high extent, 5 – in full, 0 – do not know) **the extent to which:**

| | |
|--|-----|
| 8. My organization is involved in the implementation of UNFPA (policy and or capacity building) activities related to family planning and gender-based violence | 4.7 |
| 9. My organization involve representatives of the vulnerable/target groups to the implementation of UNFPA activities related to family planning and gender-based violence | 4.4 |
| 10. More time is needed for policy advocacy/capacity building effort to measure contribution to changes in discriminatory norms to ensure the reduction in the unmet need for family planning and gender-based violence. | 4.2 |
| 11. There are examples of the positive changes in policy environment, knowledge/attitudes/ behavior/practices of the UNFPA target groups addressing discriminatory social norms towards FP and GBV. <i>Please give examples</i> | 4.3 |
| 12. UNFPA resource (human, expert, financial) support is adequate to make observed contribution to changing discriminatory social norms | 4.4 |

SUSTAINABILITY

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Please **tell us to what extent you agree or disagree** with each of the following statements about sustainability of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

| | |
|--|------------|
| 13. UNFPA has employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives, thereby fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme | 4.3 |
| 14. UNFPA has worked collaboratively with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels. | 4,5 |
| 15. UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms to ensure the durability of effects | 4.7 |
| 16. UNFPA has engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations. | 4.7 |
| 17. UNFPA has made use of its comparative strengths to establish partnerships with ministries, agencies and other representatives of the partner government to a great extent | 4,5 |
| 18. UNFPA promote the national ownership of supported interventions, programmes and policies by establishing partnerships with ministries, agencies and other representatives of the partner government to a great extent | 4.4 |
| 19. Ministries, agencies and other representatives of the partner government feel ownership of the UNFPA supported interventions, programmes and policies | 4.1 |

20. What challenges do you and your organization face while implementing activities aiming at changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence? *Please list all relative*

- Unfortunately, consumer sentiment is very strong among the population, there is a reluctance to take responsibility for the situation and family problems, a low level of awareness of citizens about their rights, including reproductive rights, a low level of financial literacy, understanding of gender equality, etc. Among partners from the public sector at the local level, the problem is the frequent change of responsible persons with whom contact has already been established and joint ways of solving any pressing problem have been developed. And this creates additional difficulties in the implementation of projects, which again have to be overcome. As a rule, the existing vertical system of the state apparatus in reality does not support an unconventional, creative approach to solving problems by individual interested employees. Very often, officials at the local level are the same residents of an aul or district, that is, they are simply executors who do not practice a state, strategic approach to changing the situation in their area. Therefore, we often have to spend a lot of time getting government officials to “hear” us, convince them, and only then they become our interested partners. A big plus for the implementation of ideas and projects in the Turkestan region and Shymkent is the many years of positive and very successful experience of UNFPA in our difficult and densely populated southern region. And very important for the successful implementation of our projects and programs is the understanding and support of the highest echelon of management - akim of the region, city and heads of departments.
- Low awareness of the population, the topic is taboo in society
- Low awareness
- Cultural, traditional values
- No
- Low involvement
- We did not encounter any problems during the implementation of activities
- Lack of access for young people to contraceptives, closeness when discussing the topic of FP in society and the education system
- No
- Lack of continuity in decisions of government bodies; poor expert training on the part of government agencies
- Access to international experts
- Misunderstanding of the population, poor literacy in these issues among the population
- Low awareness of the population, the topic is taboo in society

21. What are the key factors to be considered while introducing changes to discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence? Please mark all relative and add yours:

- Economic - 12
- Cultural - 12
- Traditional values - 13
- Mentality - 12
- Beneficiary sex (male/female) - 6
- Societal status - 8
- Geography of the country - 6
- Other (please add)

Please explain your answer

- Inclusiveness of programs
- Availability of medicine in regions, rural areas
- Work with the Ministry of Information and Education

22. Please provide any recommendation to UNFPA on how to change discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence

- Continue advocacy work at the level of decision makers
- Expansion of directions within the field of activity
- It was the systematic approach of UNFPA and joint work with the authorities in our region, densely populated and with a very complex patriarchal mentality, that led to the fact that the implemented projects are being successfully implemented and excellent results have been achieved at this stage. I am sure that we need to consolidate these results, strive to make them sustainable, and bring information and services offered to every resident.
- Comprehensive sexuality education, increasing access to quality services (educational, medical, psychological, social), competent explanation of the relevance of family planning and the prevention of gender-based violence in the media (including electronic)
- I agree with everything
- No
- More attention to further replication of materials and training programs
- Programs for the availability of medicine in remote regions, more information campaigns on family planning and gender-based violence in educational institutions
- Inclusion of adolescents and young people in the preferential group for access to contraceptives within the framework of the compulsory medical insurance of the MCZ
- More proactiveness in working with regional structures at the level of local executive bodies.
- Conduct preventive work in schools, in particular work to prevent gender based bullying.
- Increase population literacy

Please provide personal information – 15 RESPONDENTS

| | |
|--|--|
| Your place of living (mark appropriate): | <ul style="list-style-type: none"> ○ Astana - 6 ○ Almaty city - 5 ○ Turkestan region (please specify city/town/village): -4 ○ Other (please specify) |
|--|--|

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| | |
|--|--|
| Your sex: | <ul style="list-style-type: none"> ○ Male - 3 ○ Female - 12 |
| Your age: | <ul style="list-style-type: none"> ● 31-40 --- 5 ● 41-50 --- 5 ● 51-60 --- 4 ● -65+ --- 1 |
| Type of your organization you affiliated yourself with: | <ul style="list-style-type: none"> ○ Government, both national and regional/local - 4 ○ Implementing partners - 7 ○ Academia - 2 ○ Other (UNFPA consultant, NGOs, Centers, etc.) – 2 |

TRAINING PARTICIPANTS/BENEFICIARIES

I. Please mark UNFPA target group you associated yourself with (You may select multiple answers):

- Women - 61
- Men - 26
- Adolescent/ youth - 27
- Persons with Disability- 17
- Representative of:
 - Government, both national and regional/local - 8
 - State institutions - 90
 - Academy - 1
 - CSO, including Y-PEER - 4
 - Medical universities' and nurses colleges faculty members, - 13
 - School teacher and psychologist - 24
 - Theological institution and/or faith-based organization - 6
 - Religious group - 2
 - Male activist group 4
 - Volunteer - 9
 - Mass media 11
 - Other (please specify) 1
 - Social workers 1
 - Policemen, policlinic 1

23. Please mark all UNFPA thematic areas you are involved in:

- Sexual and reproductive health and rights – 72
- Family planning - 56
- Gender-based violence - 90

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- Population development – 36
- Gender equality – 51
- Other (please specify): 7

1. Please mark all UNFPA implementing partners you are cooperating/working with:

| Name of implementing partner | Yes |
|---|-----------|
| ○ Kazakhstan Association on Sexual and Reproductive Health (KMPA) | 93 |
| ○ Focus on People | 31 |
| ○ Eurasian Centre for People Management (ECPM) | 9 |
| ○ Foresight Development | 6 |
| ○ Community Friends | 7 |
| ○ Association of Women with disabilities “Shyrak” | 10 |
| ○ Orkendeu | 4 |
| ○ Father’s Union | 26 |
| ○ Rep. Institute for teachers’ education “Orleu” | 16 |
| ○ Kazakh National Center for Dermatology and Communicable Diseases (KNCDIZ) | 4 |
| ○ Kazakh National Scientific Center for Oncology and Radiology (KazNIOR) | 5 |
| ○ Nazarbayev Intellectual Schools (NIS) | 8 |
| ○ EEIRH | 2 |
| ○ IDEA | 2 |
| ○ Other (please specify) | 5 |

2. Please mark all online/offline training activities listed below you participated in:

| Year | Name of training | Yes |
|------|--|-----------|
| 2021 | 1. Training on a Moodle platform (edu-open.kz) on advocacy and policy dialogue, strengthening of the national medical education system and conducting surveys on FP | 21 |
| | 2. 3-days training course on life-skills based education with strengthened component on SRH, safe behavior, prevention of unintended pregnancy and prevention of sexually transmitted infections, including HIV and one topic specifically dedicated to prevention measures against COVID-19 | 36 |
| | 3. Four online advanced training pilot courses on reproductive health and rights of students, prevention of GBV and harmful practices like early marriages, unintended pregnancies, STI’s, including HIV | 14 |
| | 4. Joint project with NIS and Akimat of Atyrau region “Strengthening the well-being of students”, the specialized 5 - days training for trainers | 2 |
| | 5. 4 (5) days Annual Y-PEER TOT and Summer Leadership School for youth and adolescents in Turkestan region | 18 |
| | 6. TOTs for experts working on PwD in order to teach them how to translate informational materials into an “easy-to-read” language for people with intellectual disabilities | 10 |
| | 7. Three "cluster" consultation and training seminars on MSR to GBV for 15 districts of the Turkestan region | 43 |
| | NOTHING FROM ABOVE | 77 |

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| | | |
|------|--|-----------|
| 2022 | 8. "SRH.ORG.KZ" distance-based training platform on Family Planning and modern contraceptive methods | 11 |
| | 9. 3-days training on life-skills based education course with the strengthened component on sexual and reproductive health, safe behavior, prevention of unintended pregnancy and prevention of sexually transmitted infections, including HIV | 31 |
| | 10. Online course for Y-PEER volunteers who is capable to provide trainings and consultancy to their peers | 11 |
| | 11. Capacity strengthening on strategic partnership and understanding of Islamic perspective on improving reproductive health, FP and prevention of GBV, child marriage through participating in SSTC | 13 |
| | 12. International Online Training on Strategic Partnership with Muslim Religious Leaders (MRLs) in Reproductive Health, Family Planning, Prevention of GBV | |
| | 13. 5 days Annual Summer Leadership School for youth and adolescents in the Turkestan region for the development of leadership skills through increasing awareness on reproductive health and rights, HIV and AIDS, stigma and discrimination, gender equality and violence against women | 21 |
| | 14. Peer-to-peer training through an Annual Summer School 5 days training on SRHR, Gender, GBV | |
| | 15. Training on gender-based violence, psychological and social causes of GBV, MSR to GBV, learned the experience of the COPS in the Turkestan region | 22 |
| | 16. Training on the communication tools on MSR to GBV system for the implementation of the Communication strategy | 8 |
| | 17. Spotlight Initiative project workshop for Central Asia on involving men and boys in gender equality and prevention of GBV, based on the results of the Situational Analysis of Men and Gender Equality in the Central Asian Region and developed regional strategy and communication plan for engaging men and boys in ending VAWG in Central Asia | 6 |
| | 18. TOT training of elective course "Basics of a Healthy and Prosperous Family in Islam" | 5 |
| | NOTHING FROM ABOVE | 66 |
| 2023 | 19. Strengthening capacity on organizing and providing youth friendly services | 39 |
| | 20. Learning platform on FP and modern contraceptives | 23 |
| | 21. Capacity strengthening in providing youth friendly services | 15 |
| | 22. Training on how to provide the MSR services to people with disabilities (PwD) subjected to GBV, based on the adapted regional training package, 30 March – 1 April 2022. | 11 |
| | 23. Strengthening knowledge of gender equality, family planning, and the prevention of Gender-Based Violence (GBV). | 36 |
| | 24. Workshop on improving knowledge and understanding of the role of men in promoting gender equality and preventing gender-based violence, as well as the importance of promoting positive masculinity during the workshop held in Astana | 7 |
| | 25. Strengthening knowledge on different subjects such as SRH, gender, leadership, advocacy and bullying through participation in the Summer Leadership School | 2 |
| | 26. School of Independent Life and education on SRHR issues, gender equality, gender-based violence, access to services, etc. | 3 |
| | 27. Training on leadership, SRHR, Gender, GBV, harmful social norms and stereotypes, bullying, and cyber security using peer-to-peer methods and certified as national Y-peer volunteers" | 9 |
| | 28. Strengthening capacities on GBV topics and SRHR | 23 |
| | 29. Knowledge on sexuality education and able to strengthen the student's knowledge on the issues of SRHR and Gender | 12 |

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| | |
|---|-----------|
| 30. Training on raising awareness and understanding of journalists, specialists of the regional media and Centers for Psycho-Social support to GBV survivors in Turkestan region on gender-related aspects of the media, interviewing skills, how to cover cases of GBV properly, and familiarity with the peculiarities of gender-sensitive journalism – February 23-24, 2023 in Turkestan city. | 32 |
| 31. Training on how to provide the MSR services to PwD subjected to GBV - based on the adapted regional training package, during two back-to-back 2-days Training in Turkestan city, 17-20 July | 18 |
| 32. 3 day pilot training on working with abusers within the framework of MSR to GBV system -on how to work effectively with the perpetrators of domestic violence (22-24 August, Turkestan) | 19 |
| 33. Dissemination of experience on MSR to GBV piloted in Turkestan region to Abai and Kyzylorda regions (Two 3-days trainings, 40 ppl.) | 10 |
| 34. Two ToTs for psychologists to provide socio-psychological consultation/support to Muslim women subjected to GBV. The training was held in Astana from October 17 to 20 - on timely and quality provision of psychological support services to Muslim women survivors of violence, with consideration of the canons and humanitarian values of Islam; | 19 |
| NOTHING FROM ABOVE | 42 |

4. If you know, were legislation/policy changes related to discriminatory social norms towards family planning and gender-based violence improved in the past three years (Yes/No). If the answer is yes, please provide names of relative legal/policy document(s).

Yes - **144**

No - **19**

RELEVANCE

Please tell to what extent you think the training you participated in were relevant (where 1 – not relevant at all, and 5 – Totally relevant and 0 – do not know):

| | |
|--|------------|
| 5. How relevant were these training to your needs and interests? | 4.0 |
| 6. How sensitive and respectful to your sex/tradition/belief were these training? | 4.0 |

EFFECTIVENESS

Please rate by 5-point scale (where 1- not at all, and 5 – in full, 0 – do not know) **the extent to which:**

| | |
|---|-------------|
| 7. Has your awareness on family planning needs and gender-based violence improved through your participation in training? | 3.95 |
| 8. Have your views on the importance of supporting vulnerable groups in matters of family planning and gender-based violence changed as a result of participation in training? | 4.0 |
| 9. Do you feel you gained new knowledge and skills during training? | 4.0 |
| 10. Have you had the opportunity to apply knowledge and skills obtained at training in a practical setting? | 3.7 |
| 11. Has contraception or information on modern contraceptive methods become more accessible in your community in recent years? | 3.8 |
| 12. Has approaches to reduction of gender-based violence become understandable in your community in recent years? | 3.7 |
| 13. Has the perception of family planning and sexual and reproductive health issues in your community changed in terms of the possibility of freely discussing such issues? | 4.1 |

SUSTAINABILITY

Please **tell to what extent you agree or disagree** with each of the following statements about the sustainability of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

| | |
|--|------------|
| 14. Do you share the knowledge gained while participating in UNFPA activities with others in your community? | 3.6 |
| 15. Are you aware of websites or other sources of up-to-date information about safe contraception, sexual health, and/or gender equality? | 3.7 |

| | |
|---|-----|
| 16. Are there events available on family planning, gender equality, sexual health, and/or modern methods of contraception in the region where you live? | 3,4 |
|---|-----|

17. Are you able to implement activities on your own, without UNFPA support, to reduce discriminatory social norms to accelerate the reduction of unmet need for family planning and reduce gender-based violence based on the knowledge and information gained?

- More materials, seminars and trainings, exchange of opinions with experts through round tables • more educational trainings
- Would like more practice
- Satisfied
- Internet resources
- More similar trainings
- Theory and practice at the same time
- Frequent seminars and trainings
- Trained specialists are needed
- Courses
- Conduct trainings in every city, district or region.
- Mass coverage of teachers and psychologists.
- Trust relationship
- More information
- Frequent and repeated training and reaching a larger audience
- Educational trainings
- Conduct on a regular basis
- Conduct training for the population
- Conduct regularly
- use more interactive methods
- More practical internship experience
- All training is well structured, continue in the same spirit
- 🙌
- Regional examples
- Regularly conduct seminars at the level of different cities
- More male coaches
- An environment for applying acquired skills and knowledge is needed. She is not there, unfortunately. Everything so far is only in words and slogans
- Yes
- Experience exchange
- It is necessary to train specialists from primary health care organizations, namely obstetricians and nurses
- Information in the media, schools, universities
- Seminar
- Training preferably offline
- Practically
- Make a series of training stages while maintaining the composition of the participant, with increasing complexity of the material and presentation.
- No
- Conduct meetings with coaches

- 1. Practice online/offline forms of learning more often. 2. Form groups with a diverse composition for training, thereby creating conditions both for gaining knowledge and resolving issues of resolving unclear situations and further joint interaction (example: teachers, doctors; psychologists, doctors, social workers (MDG); specialists in the field healthcare, education, social protection, law enforcement agencies; medical workers and volunteers, etc. 3. Practice on-site forms of training. 4. Study of international experience and other best practices (Kazakhstan, CIS, etc.) 5. Support in IOM, handouts.
- Actively work in schools with children, parents and teachers
- Annual training of specialists
- distribution of videos, attraction of NGOs through the global fund
- Conduct in new formats and outside of Kazakhstan)
- What they give is quite enough
- Software more often than such trainings. We are constantly adding to our knowledge
- Offer more self-paced learning materials
- More conduct offline trainings and practical hands on training
- Complete presentation of ways to improve systematic methods and instruments
- Conduct 4 times per year at least
- Go to study
- invitation to study Seminars and trainings should be held more often
- Done
- Carrying out multi-explanatory work
- Organizing seminars and trainings frequently, making the trainings interesting and understandable for all participants, held in the Kazakh language
- Conduct training frequently Invite the population
- Involve qualified specialists
- More offline trainings
- Should be more training
- Conduct frequently
- Organizing seminars and trainings frequently
- More offline trainings
- More such as interventions
- In practical terms
- Do not know
- Do not know
- Increasing reproductive literacy among young people
- Conduct frequently
- Conduct 2-3 times per year at least
- Social specialistore offline trainings are shown in practice
- Fun trainings
- Wide dissemination of information
- Wide dissemination organizing large face-to-face meetings
- offline trainingsIntroducing the training to as many people as possible and helping them to contribute to the development of the country
- Preparation of knowledge specialists
- Conducting classes for complete familiarization with information and texts of Laws

- Do not know
- Work with care and be passionate
- Need to do a lot of advertising
- Yes
- Involve qualified specialists
- More offline trainings
- No need
- Data collection
- More such seminars
- More offline trainingsPlanned conducttrainings should be improved
- Conduct more training
- When conducting trainings, we need to learn from practice and life
- More new trainings and educations should be added
- Real life cases should be taken into account in the trainingsInvolve qualified specialists
- To improve family values, carry out advocacy efforts by holding more events and preventive works for the village elders about the will of our mothers to the youth.If there will be a practical demonstration of working with a victim of domestic violence and abuser.
- During the seminar, there will be a practical demonstration of working with a victim of domestic violencelf there will be a practical demonstration of working with an abuserIn-depth and frequent prevention meetings with youth and other interagency groups on family values and suicide preventionIn-depth and frequent prevention meetings with youth and other interagency groups on family values and suicide prevention
- More courses on resolving misunderstandings between men and women for improvement, psychological work is carried out.
- Practical demonstration of work with victims and abusers of domestic violence.
- Cases of the victim and the abuser in domestic violence are shown in practice are needed.Increasing training courses is needed. Sharing methods during the training course.
- More seminars and training should be held so that specialists can thoroughly learn
- Exchange of experience should be improved
- Exchange of experience should be improved
- More training and meetings and more exchange of experience. .
- It is necessary to hold training and conduct classes for social workers Information on GBV can be conveyed by forming interdepartmental relations. I think that the practical seminar should be strengthened
- Conducting training to prevent violence together with social workers Apr?
- Frequent training To prevent gender-based violence in family planning, explanatory work should be carried out to schools, colleges, and parents.
- Frequent trainings
- More training
- Conducting regional seminars
- Involve more specialists
- Biology subject teachers, together with a nurse
- Explaining should be done
- Not necessary
- Dissemination of information through Instagram networks
- Medical specialists carry out explanatory work for high school studentsPractical works
- Responsibility Right

- Training should be open
- Collecting training in districts
- Through training
- Yes
- Yes
- More offline training
- Education required
- If specific trainings are conducted according to the topic, special training is given, and legal lessons are provided. Training of additional specialists
- If there is a lot of training and studies,
- Visiting other institutions to exchange experience
- Teaching
- Practical lessons
- I hope that if we get more knowledge and conduct extensive training, we will be able to explain what we know to young people
- It is necessary to involve men as well
- More training
- Change the laws on health care and conduct frequent seminars. The board's heads do not show any interest in GBV.
- Offline training sessions
- Conducting explanatory activities

18. What are the key factors to be considered while introducing changes to discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence? Please mark all relative and add yours:

Russian

- | | |
|---|-----|
| ○ Economic | 86 |
| ○ Religious | 3 |
| ○ Cultural | 101 |
| ○ Traditional values | 32 |
| ○ Mentality | 85 |
| ○ Beneficiary sex (male/female) | 33 |
| ○ Societal status | 21 |
| ○ Geography of the country | 23 |
| ○ Other (please add) - Діни, Іа, Кемсітушіге заңды талаптарды, жауаптылықтарды ескеруі тиіс, Алған білімі | |

19. Please provide any recommendation to UNFPA on how to changes to discriminatory social norms to improve family planning and reduced gender-based violence

- Train specialists in the issue of working with aggressors, more advertising and materials for free access, cooperation between theologians-psychologists-government structures
- preventive work
- I recommend to UNFPA that family values and family planning be taught from a young age, that is, from education onwards. school years, that is, teach in schools.
- Everything suits me
- Improving legislation,

- Driving change at the local level
- Education, trainings
- Community culture
- Material growth will lead to social growth and behavior change
- Pay more attention when training personnel
- Courses
- Introduce appropriate subjects into the school curriculum.
- Family education
- Media, publications, trainings, accessible information in public places
- Literacy of the population and fear of God
- Conduct educational conversations at all levels starting from school
- no wishes
- The seminars were useful, I would like to see more such seminars
- Raise awareness among the entire population
- legislative measures and information
- Coverage of contraceptive methods, accessibility
- Working to eradicate mentality problems
- OK
- Involving people who make management decisions
- To educate
- include in school programs more activities to disseminate knowledge and form a culture. A simpler language, adapted to the background of the majority, should be used. Instead of “Discriminatory social norms,” I would rather present a case and ask for proposals for this case. Theoretically, it’s difficult to answer in the abstract, but not everyone wants to strain themselves, as, for example, I do now
- More training
- Changes in legislation
- Raising children, teenagers, youth
- Mass information in media schools and universities
- Seminars, Instagram
- Public awareness
- I find it difficult
- Discriminatory norms need to be changed starting from the family, and also work with future teachers and kindergarten teachers (in universities, colleges), so that they then pass on the right values to children.
- No
- Large-scale videos on all social networks
- Education in schools. 2. Training for couples when getting married. 3. Mentoring and psychological support (social, medical) for young married couples during the first 3 years of married life.
- Continue to actively work with MCP. Teach. Promotion of RH and PR in schools
- Work closely with PHC
- Working with religious organizations, changing mentality, introducing this discipline into education
- Difficult

- Greater use of digital systems and social networks to educate the population and youth
- Use media with UNFPA cooperation more often
- Improve the legislative framework
- Please provide any suggestions on how to change discriminatory social norms to improve family planning and reduce gender-based violence.
- Improving social conditions, strengthening family values
- Doing much work around family values, reviving Kazakh traditions
- It is necessary to raise the economy of the people
- Youth unemployment, money
- Unemployment should be reduced
- If there are many studies
- Yes
- Improvement of social conditions
- Prioritizing the social status of families, 60% of violence occurs in families with low social status. To increase educational activities for low-income families. Create a program or platform where you can read daily about family values. Anyone could study anywhere.
- Strengthening the law
- To open people's eyes, introduce the law, improve their psychological state
- Conducting explanatory work to the people and opening the people's minds
- If crisis centres are opened
- Work
- No offer
- I have no recommendation
- Strengthening the law
- I wish there were more events
- Improvement of the social situation
- No
- I do not know
- Preserving family values
- Teaching gender literacy
- To improve the economy
- No
- Social specialist
- Improving family values by developing our cultural program
- Development of literacy
- Always keep people busy and avoid free time
- Talk about this topic often
- Strengthening of the leg, bilateral care
- Training seminars
- Paying attention to mentality and bringing people to education
- Collaborate
- Compulsory action within the framework of the law

- I have no recommendation
- You should work openly
- I need much advertising
- Yes
- Carrying out explanatory work among peoples
- Human daily ritual program
- Hi
- To set the youth on the right path
- If there is much such reading
- Maintaining equality between men and women.
- Carrying out explanatory work
- Preventive work should be increased
- Schedule multiple meetings
- Preventive work should be intensified
- Kazakhstan toughens penalties for domestic violence and sexual violence against children
- To improve family planning and reduce violence, life circumstances must be taken into account
- Carrying out interpretation works
- To improve family planning and reduce gender-based violence, conduct preventive work, events, round table, and inter-departmental activities, and exchange of experience with regional inter-city specialists of APSC.
- Conducting training, questionnaires and explanatory work with young people who came to the Department of Civil Affairs with an application for marriage.
- Conduct training, questionnaires, and explanatory work with young people who come to the Department of Civil Affairs with marriage applications.
- Carrying out training and questionnaires with young people applying to start a family at the Department of Social Welfare and Development.
- I would like the training seminars to be held offline rather than online.
- If training seminars are held online and offline for several days, for example, 6.7 days.
- Training of professionals:
- Police officers,
- Medical staff,
- We are training social workers and other specialists to work correctly with victims of domestic violence—the creation of special support services and crisis centres.
- To improve the family.
- Victim support and resources:
- Establish and maintain crisis centres and hotlines for victims of violence.
- Access to psychological and medical care.
- Social and cultural change: promoting gender equality and respect for human rights to reduce stigma and fear of seeking help.
- Conduct psychological training, surveys and explanatory work with young people who come to the Department of Social Security.
- If work is carried out with relatives of the victim and the aggressor in the case of domestic violence
- Broad promotion of family values.
- Strengthening propaganda among the people
- It is necessary to increase explanatory work on family support measures through public organizations.
- If training seminars are held offline rather than online.
- I want to exchange experience in the form of practice

- Equality should be established between men and women. Everyone should know their rights.
- The family opens an institution for the treatment of domestic violence
- Improvement of the political socio-economic situation and raising the morale
- Informing people in rural areas about the laws being adopted
- It is necessary to hold trainings to avoid and prevent violence in cities and rural districts
- All of them
- Full understanding of preliminary family values
- Many video clips and explanatory works on "Prevention of violence", "Suicide", and "Bullying" should be made to all institutions, schools and colleges. I think providing a lot of information and holding training is necessary. The family should consider the values and carry out explanatory work. The institution of the family should be revitalized.
- Open a young family school
- Strengthening the law
- Inclusion as a particular lesson in schools, such as ethics or valueology
- Fine job
- Explaining should be done
- Hi
- Carrying out work necessary to improve literacy
- Explanatory work is carried out by medical specialists for high school students
- Increasing awareness of advertisements and courses
- Joint work with responsible bodies
- Correct
- Planned family
- Education should be improved
- Legal supervision.
- Correcting the policy
- Increasing culture
- Carrying out preventive works
- No
- If special videos on these topics are often shown to the attention of youth and teenagers if they are published on media pages and social networks, and if there are close contacts with representatives of NGOs and public organizations in events about the importance of the family, along with the medical field.
- Informing youth and teenagers in a positive way
- Increasing seminars, especially on family planning in secondary and higher educational institutions
- Advertising
- To teach proper education and basic norms to young people and young families
- I hope that our youth would be better off if they followed a social, cultural, traditional and healthy lifestyle while making changes to discriminatory social norms to reduce the unmet need for family planning and accelerate the reduction of gender violence.
- Improving social and economic conditions, paying more attention to employment and immigration issues, growing food products in our land
- 5
- According to changes in the law, educational activities in rural areas are very low. This is because the interest of medical institutions in developing health care is very low.
- Offline lessons
- Explanatory works

Please provide personal information = 163 respondents

| | |
|--|---|
| Your place of living (mark appropriate): | <ul style="list-style-type: none"> ○ Astana - 10 ○ Almaty city - 8 ○ Turkestan region (please specify city/town/village): - 122 ○ Other (please specify) – 23: Ust-Kamenogorsk, Aktobe, Karaganda |
| Your sex: | <ul style="list-style-type: none"> ○ Male - 43 ○ Female - 120 |
| Your age: | <ul style="list-style-type: none"> 18-25 – 11 26-30 - 18 31-40 - 66 41-50 - 38 51-60 - 27 61-65+ - 3 |

The following documents were available to and used by the evaluation team:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. UNFPA Evaluation Policy (2024), <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>
4. UNFPA Evaluation Handbook
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
<https://www.unfpa.org/evaluation>
6. Report on UNFPA CO Communication work, 2021-2023

Kazakhstan national strategies, policies, and action plans

7. Concept of Family and Gender Policy of the Republic of Kazakhstan up to 2030
8. Healthcare Development P 2020-2025
9. National Project “Healthy Nation” 2021-2025
10. The State Programme of Education for 2020 – 2025
11. United Nations Sustainable Development Cooperation Framework (UNSDCF)
12. The concept for the development of healthcare in the Republic of Kazakhstan until 2026
13. A report for 2022 on the implementation of the Action Plan for the implementation of the Concept of Family and Gender Policy in the Republic of Kazakhstan until 2030, Committee for Youth and Family Affairs of the Ministry of Culture and Information of the Republic of Kazakhstan, <https://www.gov.kz/memleket/entities/fam/documents/details/460301?lang=ru>
14. The report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, Decree of the Government of the Republic of Kazakhstan dated October 3, 2023, No. 851, <https://adilet.zan.kz/rus/docs/P2300000851>
15. A report assessing the capacity of youth health centers and the needs of adolescents and youth in Kazakhstan, UNICEF CO, April 2024
<https://www.unicef.org/kazakhstan/media/11846/file/Отчет%20по%20итогам%20внешней%20оценки.pdf.pdf>
16. The annual reports on the implementation of the Ministry of Health's development plan for 2021-2023 and the annual report for 2022 on the Concept for healthcare development up to 2026 <https://www.gov.kz/memleket/entities/dsm/documents/2?lang=ru&title=отчет%20о%20реализации>
17. Official health system statistical reports,
https://nrchd.kz/index.php/ru/?option=com_content&view=article&id=973
- 18.

UNFPA Kazakhstan CO programming documents

19. Government of Kazakhstan /UNFPA 5th Country Programme Document 2021 – 2025
20. United Nations Common Country Analysis/Assessment (CCA)
21. UNFPA CO annual work plans (2021, 2022, 2023)

UNFPA Kazakhstan CO documents

22. Government of Kazakhstan /UNFPA 5th Country Programme M&E Plan (2021-2025)
23. CO annual results plans and reports (SIS/MyResults)
24. CO quarterly monitoring reports (SIS/MyResults)
25. Previous evaluation of the Government of Kazakhstan /UNFPA 5th Country Programme (2010-2018), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>
26. Training package on working with abusers
27. Overview of best practices in working with abusers
28. Handbook on working with abusers
29. 2024 Preliminary assessment report on youth of 15-19/20-24 years old

30. 2024 Research methodology on the reproductive health of the youth of 15-19/20-24 years old

Other documents

31. Implementing partner annual work plans and quarterly progress reports
32. Implementing partner assessments
33. Audit reports and spot-check reports
34. Meeting agendas and minutes of joint United Nations working groups
35. Donor reports of projects of the UNFPA Kazakhstan CO
36. Evaluations conducted by other UN agencies
37. WHO Report on assessment of gender challenges during COVID-19 pandemic in Kazakhstan, <https://www.who.int/kazakhstan/news/item/26-01-2023-female-health-care-workers-and-covid-19-in-kazakhstan--study-unveils-long-standing-need-for-gender-responsive-policies>
38. News item of a joint WHO/UNFPA event in December 2022, <https://www.facebook.com/WHOKazakhstan/posts/pfbid02AJmnnoFT98ufRIJbLZDsq2BcAWMCYZWbyWbxKtaxSohAhxxbxexYpzkhG5Yfmvdl>
39. Tara Patricia Cooksom et al. (2023). *Social norms, gender and development: A review of research and practice*. UN Women
40. Emma Samman. (2019). Quantitative measurement of gendered social norms. Aligh
41. Claire Hughes and Philly Desai. (2029). Measuring changes in social and gender norms: Practical solutions to a complex problem. PLAN International

Annex 3 : List of persons met and their organizational affiliations/institutions

Akmaral Abdinabieva, Y-PEER beneficiaries, NGO Zhigerli el, Y-PEER Turkistan, *female*

Kurtmolla Abdulganiyev, UN RCO Deputy Head, UN Resident Coordinator Fund, *male*

Eleonora Agabekkyzy, Chairperson, Regional Council of Business Woman in Shymkent, *female*

Balnur Adilbekkyzy, Deputy Director of the Science Department, MKTU, *male*

Maksutbek Aitmaganbet, Republican public association "Union of Fathers", *male*

Akaisha Akimbek, Y-PEER volunteer, Y-PEER, *female*

Aibarsha Akimbek, Y-PEER volunteer, Y-PEER, *female*

Nazerke Altynkyzy, Deputy Chairperson of the Public Foundation, Focus on People, *female*

Dina Amrisheva, Program Coordinator, UN Women, *female*

Kumisai Artykbayeva, Ex-Coordinator Y-Peer, medical student, Y-PEER Turkistan, *female*

Karlygash Aralbekova, General Director of the TV channel "77TV", Media, *female*

Tatyana Baklzhanskaya, Chairperson, "Shyrak", *female*

Kuralai Bekenova, Head of the Public Foundation "WEF "ORKENDEU", "Orkendeu", *female*

Dinara Berdykulova, Deputy Chief Physician for Maternal and Child Health, Private Clinic, *female*

Aliya Bokazhanova, Officer, Key Populations and Community Support, UNAIDS, *female*

Ainur Dossanova, Director of the Department of International Co-operation and Sustainable Development of the Bureau of National Statistics, BNS, *female*

Yerbol Ismailov, Director of the "Eurasian Centre for People Management" Private Institution, ECPM, *male*

Margarita Graf, Chairperson, Foresight Development, *female*

Zhanna Gazizulina, MFA ex-civil servant (she used to be a UNFPA focal point in 2021-2023, MFA, *female*

Galina Grebennikova, Executive Director, KMPA, *female*

Kaliya, UNFPA Honorable Ambassador, *female*

Sholpan Karzhaubayeva, Chief doctor, YFC in Almaty, *female*

Zhamilya Kussainova, Comms, UNFPA, *female*

Yulia Lyssenkova, HIV Program Analyst, UNFPA, *female*

Khairulla Massadikov, Director of the Science Department, MKTU, *male*

Galym Medeuov, CSPS in Sairam district of Turkestan region, CSPS, *male*

Kumis Mirova, Deputy Head of the Department for Coordination of Employment and Social Programs, Akimat of Turkestan region, *female*

Gaziza Moldakulova, PD Analyst, UNFPA, *female*

Dinara Murzagaliyeva, Youth, UNFPA, *female*

Inara Namazbaeva, Deputy of the Maslikhat of the Turkestan region, Maslikhat of the Turkestan region, *female*

Nasiba Nuritdinova, Y-PEER beneficiaries, Y-PEER Turkistan, *female*

Gaukhar Nursha, Gender Specialist, UNDP, *female*

Ainash Oshibayeva, deputy CEO, MKTU, *female*

Sagadat Sabitova, National consultant of UNFPA, UNFPA, *female*

Svetlana Shikanova, Head of the Department of Obstetrics and Gynecology, WKMU, *female*

Raimbek Sissemaliyev, Assistant Representative, UNFPA, *male*

Serik Tanirbergenov, Program Analyst on SRH, UNFPA, *male*

Gulnaz Tanatarova, former university employee, MUS, *female*

Aslan Temirkhanov, Y-PEER Qazaqstan volunteer network coordinator, Y-PEER, *male*

Gulnara Sarsenbayeva, Deputy Director of the Department for organizing medical care, MoH, *female*

Saule Sydykova, Deputy Chair of the Republican Academic Council, KAZNMU, *female*

Tatyana Syschenko (Aisha), Chief specialist of the Spiritual and educational portal MUSLIM.KZ of the Khazret Sultan mosque, Astana, DUMK, *female*

Slava Suslov, Founder, Community Friends, *male*

Gulnora Suleymanova, Programme Manager, Central Asia Development and Programme Team, Conflict, Stability and Security Fund (UK), *female*

Anar Turmukhambetova, CEO - Rector, MUK, *female*

Bayan Zhandosova, Member of the Commission, CWFDP of the Turkestan region, *female*

Ardakzhan Zhakenova, Deputy Chairperson of the Regional Council of Business Woman in Shymkent, Regional Council of Business Woman in Shymkent, *female*

Ainur Zhunisova, Member of the Regional Council of Business Woman in Shymkent, Regional Council of Business Woman in Shymkent, *female*

Malike Zhussupova, Head, Komek, *female*

Bayrdzhan Zhussupov, Programme Director, UNICEF, *male*

Dinara Ualkenova, Nazarbayev Intellectual School, NIS, *female*

Alya Utegenova, AIDS Centre, *female*

Laura Utemissova, Public Health Officer, WHO, *female*

4.1 Key Informant Interviews' protocols (KII) (semi-structured)

NOTE: This guide is presented as a sample or illustrative interview protocol. Please note that because the interviews will be semi-structured, these questions may not necessarily be asked verbatim or in this order. Instead, the guide will act as a memory aide or checklist for the interviewers to ensure that relevant topics have been covered to the extent possible. Additionally, successful semi-structured interviewing requires the interviewer's flexibility to pursue useful themes outside of those listed or to focus on a subset of themes where a source is particularly informative. As such, this guide will serve as a "living" document and questions may be dropped, added, or revised during fieldwork.

Introduction (all Stakeholder groups)

Hello,

My/our name(s) is/are _____ and I/we work for UNFPA to evaluate the Kazakhstan UNFPA Country Programme for 2021-2025. The **objectives** of this CPE area: I) To provide the UNFPA Kazakhstan CO, national stakeholders and rights-holders, the UNFPA EECA Regional Office, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Kazakhstan 5th country programme 2021 – 2025; and II) To broaden the evidence base to inform the design of the next programme cycle. The **specific objectives** of this CPE are: i) To provide an independent assessment of the relevance, effectiveness and sustainability of UNFPA support within the 2021-2025 country programme in changing discriminatory social norms to accelerate the reduction in the unmet need for family planning and in reducing gender-based violence; ii) To provide an assessment of the role played by the UNFPA Kazakhstan CO in the coordination mechanisms of the UNCT and UNFPA contribution toward the achievement of UNSDCF outputs; and iii) To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

The evaluation will cover Almaty city and Turkestan region where UNFPA implemented interventions.

The evaluation will cover the following thematic areas of the 5th CP:

- i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind;
- ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices.

The current evaluation will focus only on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence.

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to the period of the evaluation data collection (May 2024).

This interview is voluntary; you can withdraw at any time, either before or during the interview. There are no right or wrong answers. We want to hear your thoughts, based on your experience and your involvement with the activities. The interview should not take more than 60 minutes to complete. Following the interview, we may want to contact you again in a few days to confirm or clarify some of the information you have shared.

The information you provide us will be important to understand the achievements of the UNFPA and we may wish to cite this discussion in support of our findings. However, if you would like to remain anonymous, you may inform us of this now or at any time in the next week following this interview. If so, we will not attribute any information that we receive to you, either in any report, transcript or notes from this discussion, or any conversations that we may have with persons outside of our evaluation team.

Does the respondent wish to remain anonymous? **Yes** ☐ **No** ☐

If you have no objection, we would like to record this discussion, but wish to assure you that all recordings and notes will remain confidential and will be kept in a safe place. The recordings will be used for analysis purposes only. Do you have any other questions about the study or this interview?

The study has been explained to me. My questions have been answered satisfactorily. I understand that I can change my mind at any stage and it will not affect me in any way.

Do you agree to participate in this study (automatic if interview is scheduled)? **Yes** ☐ **No** ☐

GENERAL INFORMATION

| | |
|--|--|
| Date of interview: | _____ month 2024 |
| Place of interview (mark appropriate): | <input type="radio"/> Astana <input type="radio"/> Almaty city <input type="radio"/> Turkestan region (please specify city/town/village): <input type="radio"/> Other (please specify) |
| Name of person interviewed: | |
| Respondent sex: | <input type="radio"/> Male <input type="radio"/> Female |
| Name of Organization/affiliation: | |
| Organizational type: | 1. Government, both national and regional/local 2. Implementing partners (NGO, both local/international & Women's right organization) 3. Academia 4. UNFPA Donor 5. UN institutions 6. UNFPA staff 7. Other (UNFPA consultant, NGOs, Centers, etc.) 8. Beneficiaries groups/beneficiaries |
| UNFPA Programme Component | <input type="radio"/> Family planning <input type="radio"/> Gender based violence <input type="radio"/> Other, please specify |
| Name of interviewer: | <input type="radio"/> Lyubov Palyvoda <input type="radio"/> Zhupar Baipakbayeva <input type="radio"/> Konstantin Ossipov |

Can you describe what interactions your organization and you yourself have had with a UNFPA activity(ies)?

List of issues to be discussed under each EQ (to be further sharpened if needed)

EQ I (Relevance): To what extent has the UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence?

I. Please remind us what policy documents (laws/ regulations/etc.) were supported by the UNFPA CO:

List of documents (please mark all named and/or add others):

- The Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030;
- The State Programme of the Healthcare Development for 2020 - 2025;
- National Project "[Healthy Nation](#)" 2021-2025
- The State Programme of Education for 2020 - 2025;
- Concept for the development of healthcare in the Republic of Kazakhstan until 2026
- The United Nations Sustainable Development Cooperation Framework (UNSDCF), formerly known as the United Nations Development Assistance Framework (UNDAF), 2021 – 2025
- Others (please specify):

2. To what extent they do contribute to reduction of the unmet need for family planning and the reduction of the gender-based violence? Please provide evidence of contribution of strengthened policies to reduction of the unmet need for family planning and the reduction of the gender-based violence
3. In your view, if the support provided by UNFPA in strengthening the policy framework and institutional mechanisms has actually been **relevant** in addressing discriminatory social norms, with the aim of accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence? Please list interventions that were contextually relevant and responsive to the diverse needs and realities of the target populations
4. In your opinion, what are the **key factors contributing to the relevance** of UNFPA's support in strengthening policy frameworks and institutional mechanisms in the context of addressing discriminatory social norms?
5. Can you provide examples of how the UNFPA support has directly **addressed the specific needs and challenges** related to discriminatory social norms in the context of FP and GBV?
6. What culturally sensitive approaches towards FP/GBV exist (if any) and/or were identified by UNFPA?
7. What is the extent to which the UNFPA's planned or conducted interventions targeted social norms relating to family planning (FP) and/or gender-based violence (GBV), or targeted the most vulnerable population groups in FP/GBV areas?
8. Do you perceive the interventions supported by UNFPA as **aligned with or resonating with the prevailing social, cultural, and economic norms** influencing FP and GBV in the target communities? Please provide examples
9. From your perspective, how well and to what extent has UNFPA engaged with key stakeholders to ensure that its interventions are tailored to the unique needs and realities of those affected by discriminatory social norms?

EQ 2 (Relevance): To what extent the planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence adequately reflect the outcomes of the UNFPA Strategic Plan and outputs stated in the UNFPA Kazakhstan 5th CP?

(mostly for UNFPA staff)

For your info:

| UNSDCF outcome involving UNFPA | Related UNFPA SP output |
|--|--|
| 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. | 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. Output 2.1: Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. |
| 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 | 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. |

1. Please list/name the planned CP interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for FP and the reduction of the GBV
2. Do interventions adequately reflect the outcomes of the UNFPA Strategic Plan and outputs stated in the UNFPA Kazakhstan 5th CP? Please go output by output, outcome by outcome
3. List the CP interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence by outcomes
4. (to the best of your knowledge) Can you provide examples of how the planned interventions align with the objectives outlined in the UNFPA Strategic Plan and the outputs specified in the UNFPA Kazakhstan 5th CPD?

5. How do you perceive the contribution of these interventions towards achieving the specified outputs in the UNFPA Kazakhstan 5th CPD (or perceived as UNFPA outputs)?
6. To what extent do the CP outputs stated in the UNFPA Kazakhstan 5th CP contribute to the outcomes of the UNFPA Strategic Plan? Please provide evidence of how the CP outputs contribute to the outcomes of the UNFPA Strategic Plan
7. Do you think UNFPA interventions are sufficiently comprehensive, strategic and well-resourced to achieve the desired outcomes related to reducing the unmet need for family planning and gender-based violence as outlined in the UNFPA Strategic Plan and CPD?

EQ 3 (Effectiveness): To what extent have the intended programme outputs related to family planning and the reduction of the gender-based violence been achieved?

For your info:

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.

Output 2.1: Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender based violence and harmful practices.

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.

- Contraceptives included into the Kazakhstan National Pharmaceutical Formulary Baseline: No (2020); Target: Yes (2022)
- Proportion of health care professionals trained and certified through distance learning platform on FP and modern contraceptives Baseline: 0% (2020); Target: 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 Baseline: 0 (2020); Target: 17 (2025)
- The UNFPA SRH and GBV response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness and response plan Baseline: No (2020); Target: Yes (2025)
- Sexuality education is introduced into the national secondary and vocational education system Baseline: No (2020); Target: 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 Baseline: No (2020); Target: Yes (2024)
- Percentage of adolescents who have comprehensive knowledge about HIV Baseline: 9.1% (2018); Target: 35% (2025)
- Reproductive health and Gender-related issues are integrated into the curriculum of Theological institutions Baseline: No (2020); Target: yes (2025)
- Number of analytical reports, communication and information materials developed based on 2020 Census data Baseline: 0 (2020); Target: 3 (2025)
- Number of further analytical reports developed based on the next Multiple Indicator Cluster Survey conducted in 2021-2022 Baseline: 0 (2020); Target: 3 (2025)
- Road Map and Plan of Action for Active Ageing is developed and put into action by the Government Baseline: No (2020); Target: Yes (2025)
- 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 Baseline: No; Target: Yes (2025)

Questions:

1. To what extent have the planned outputs related to FP and the reduction of GBV been achieved through the UNFPA CP as of May'2024? Go through all output indicators:
2. Were all planned activities were conducted activities according to the established work plans and timelines.
3. What planned and available resources (human, expert, financial) UNFPA has used for its interventions to achieve the desired outcomes related to reducing the unmet need for FP/GBV as outlined in the UNFPA Strategic Plan and CPD?
4. To what extent the UNFPA activities/interventions were effective in achieving the planned outputs related to FP/GVB?
5. Please provide evidence of success achieved for each output, including specific targets, indicators, and milestones to track progress.
6. In your experience, what factors have contributed to the success or challenges in achieving the intended outputs related to FP and reduction of GBV?
7. What monitoring activities to assess progress, collect data, and measure performance against established targets and indicators were conducted? Were they effective? What monitoring approaches were used? Please provide

evidence of assessing progress, collecting data, and measuring performance against established targets and indicators

EQ 4 (Effectiveness): To what extent did the outputs contribute to changing discriminatory social norms and what was the degree of achievement of the outcome?

For your info – use output/outcome above and the outcome indicators:

| Outcomes | Indicators |
|---|---|
| <p><i>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.</i></p> <p><i>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.</i></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 Baseline: 85% (2015); Target: 87% (2025) Adolescent birth rate Baseline: 25 (2018); Target: 20.6 (2025) Percentage of women aged 15-49 year who believe a husband is justified in beating his wife in various circumstances Baseline: 14.2% (2015); Target: 10% (2025) Proportion of women aged 20-24 years who were married before age 18 Baseline: 7.8% (2015); Target: 5% (2025) |
| <p><i>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</i></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 Baseline: 0.63 (2019); Target: 0.85 (2025) Proportion of people counted in the most recent census Baseline: 95% (2010) Target 95% (2020) |

Questions:

1. Please go indicator by indicator stated above, e.g. status of outputs including specific targets, indicators, and milestones to track progress as of May'2024
2. Can you provide examples of specific program outputs that have targeted discriminatory social norms?
3. In your perspective, how do you believe these outputs have influenced changes in discriminatory social norms?
4. What Monitoring/Assessment/Study data do you have to support the observed changes in discriminatory social norms resulting from the program outputs?
5. Considering the achievements of the program outputs, what level of contribution do you think they have made towards changing discriminatory social norms? (attributed vs contributed)
6. What is the stakeholder feedback on observed changes in discriminatory social norms?
7. Please provide evidence of the achievement of the outcome related to changing discriminatory social norms

EQ 5 (Effectiveness): To what extent has UNFPA policy advocacy and capacity building support helped ensure that the reduction in the unmet need for family planning and the reduction of the gender-based violence contribute to changes in discriminatory social norms?

Questions:

1. Please list of UNFPA efforts to advocate for policy reforms, institutional and legislative changes
2. Do you believe that UNFPA's policy advocacy efforts have been sufficient in ensuring that changes in discriminatory social norms result in reductions in the unmet need for family planning and gender-based violence??
3. What planned policy reforms, institutional and legislative changes were achieved?
4. In your opinion, how has UNFPA's policy advocacy contributed to creating an enabling environment for addressing discriminatory norms and promoting FP and reduction of GBV? Please provide evidence of successful policy efforts. What factors contributed to advocating for policy reforms, institutional and legislative changes, creating an enabling environment conducive to addressing discriminatory norms, and promoting FP/GBV?
5. Please list UNFPA capacity building efforts led to positive shifts in attitudes, behaviors, and practices related to FP/GBV response thereby facilitating changes in the discriminatory social norms.

6. What planned capacity building efforts by UNFPA/IPs were conducted?
7. Do you think UNFPA's capacity building efforts have been adequate in ensuring that changes in discriminatory social norms will lead to reductions in the unmet need for family planning and gender-based violence?
8. From your perspective, how effective have UNFPA's capacity building efforts been in facilitating positive shifts in attitudes and behaviors related to FP and GBV? To what extent UNFPA capacity building support have contributed to observed changes in the discriminatory social norms.
9. Please provide evidence/success stories of positive shifts in attitudes, behaviors, and practices related to FP/GBV response thereby facilitating changes in the discriminatory social norms. What are the key contributing factors?

EQ 6 (Sustainability): To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Questions:

1. In your experience, how has UNFPA supported implementing partners and rights-holders in developing capacities and establishing mechanisms to ensure the sustainability of the program?"
2. Please present the participatory and empowerment-based approaches utilized by UNFPA that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives.
3. Please, provide examples of specific initiatives facilitated by UNFPA that foster a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme
4. Provide a list of UNFPA collaborations with implementing partners, rights-holders, and relevant stakeholders aimed at institutionalizing and mainstreaming interventions within existing systems, policies, and programs at both the national and local levels. Please, provide the evidence of such collaboration.
5. In your opinion, how effective has UNFPA been in collaborating with implementing partners and rights-holders to institutionalize interventions within existing systems, policies, and programs? Please provide success stories of interventions that have been institutionalized and mainstreamed within existing systems, policies, and programs at both the national and local levels with support from UNFPA.
6. Please provide a list of UNFPA support activities aimed at developing capacities, establishing mechanisms, and institutionalizing interventions for implementing partners and rights-holders, particularly focusing on women, adolescents, and youth, to ensure the sustainability of outcomes.
7. What mechanisms or strategies have been put in place to ensure that the effects of UNFPA's interventions are sustained beyond the duration of the program?
8. Do you believe UNFPA has adequately supported implementing partners and rights-holders, particularly women, adolescents, and youth, in developing capacities to sustain program effects?
9. How would you assess the effectiveness of UNFPA's efforts in establishing mechanisms to ensure the durability of program effects?

EQ 7 (Sustainability): To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Questions:

1. Please, provide a list of partnerships established with ministries, agencies and other government partners. In your opinion, how have these partnerships ensured that UNFPA interventions are aligned with national priorities and reflect the needs of target populations?
2. Please list the comparative strengths of UNFPA and provide evidence of how UNFPA has utilized these strengths to contribute to reducing the unmet need for family planning and gender-based violence. In your experience, how have the partnerships established with ministries, agencies, and other representatives of the partner government enabled UNFPA to leverage its strengths while fostering national ownership of supported interventions?
3. Please provide evidence of how UNFPA-supported interventions in changing discriminatory social norms have contributed to reducing the unmet need for family planning and gender-based violence.

4. Please provide success stories illustrating how UNFPA-supported interventions, programs, and policies have helped Ministries, agencies, and other government representatives feel a greater sense of ownership, and, what were the key contributing factors?
5. Can you provide examples of specific partnerships between UNFPA and government entities that have effectively leveraged UNFPA's strengths while promoting national ownership of interventions?
6. What efforts have been made to ensure that ministries, agencies, and other government representatives feel ownership of UNFPA-supported interventions, programs, and policies?"
7. In what ways do you believe these partnerships have contributed to the sustainability of interventions beyond the involvement of UNFPA?
8. How would you assess the effectiveness of UNFPA's efforts in establishing partnerships with government entities to promote national ownership and sustainability?

4.2 Online survey

4.2.1 Implementing partners

Introduction

Hello,

Team of three independent consultants were contracted by UNFPA Country Office to evaluate the Kazakhstan UNFPA Country Programme for 2021-2025. One of the specific objectives of this evaluation is To provide an independent assessment of the relevance, effectiveness and sustainability of UNFPA support within the 2021-2025 country programme in changing discriminatory social norms to accelerate the reduction in the unmet need for family planning and in reducing gender-based violence. The evaluation covers Almaty city and Turkestan region where UNFPA implemented interventions. The current evaluation will focus only on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence. The evaluation will cover interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to the period of the evaluation data collection (May 2024).

We invite you to participate in this survey as the UNFPA implementing partner of UNFPA Country Programme for 2021-2025. It is important to assess your experience and hear your thoughts on relevance and effectiveness of the activities you participated in and interventions you delivered with UNFPA support. The information you provide us will be important to understand the achievements of the UNFPA as well as challenges you face and hear your recommendations on how to change discriminatory social norms to accelerate the reduction in the unmet need for **family planning and in reducing gender-based violence.**

Completing the survey should take around 5-9 minutes and we encourage you to complete it in a quiet time when you are able to concentrate without interruption. Please remember, there are NO right or wrong answers.

Participating in this online survey is entirely voluntary and anonymous, the data gathered shall be kept confidential and stored securely. We kindly ask you to complete this online survey by **June 5, 2024.**

For any clarification regarding this questionnaire and evaluation, kindly contact Ms. Lyubov Palyvoda at: palyvoda@ccc.kiev.ua

Please click the link to start the survey in Kazakh - [LINK:](#)

Please click the link to start the survey in English - [LINK:](#)

Please click the link to start the survey in Russian - [LINK:](#)

Thank you for your participation!

Evaluation Team:

Lyubov Palyvoda, Evaluation Team Leader

Zhupar Baipakbayeva, Expert

Konstantin Ossipov, Expert

1. Please mark all UNFPA thematic areas your organization were involved in:
 - ☐ SHR
 - ☐ Family planning
 - ☐ Gender based violence
 - ☐ Population development
 - ☐ Gender equality
 - ☐ Other (please specify)
2. Please mark the types of online/offline activity your organization was involved as implementing partners
 - ☐ Policy and advocacy activity, including legislative change
 - ☐ Analytical work
 - ☐ Research/study
 - ☐ Training
 - ☐ Workshop
 - ☐ Round table discussion/forums/public events
 - ☐ Training of Trainers (TOT)
 - ☐ Other (please specify)

RELEVANCE

Please tell to what extent you agree or disagree with each of the following statements about relevance of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

| | |
|---|-------------|
| 3. The UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence to what extent | 1 2 3 4 5 0 |
| 4. Strengthened policy framework and institutional mechanisms on changing discriminatory social norms contributed to: | |
| - reduction of the unmet need for family planning | 1 2 3 4 5 0 |
| - reduction of the gender-based violence | 1 2 3 4 5 0 |
| 5. The UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence has adopted evidence-based and culturally sensitive approaches that resonate with the experiences and perspectives of the target populations. | 1 2 3 4 5 0 |
| 6. The UNFPA support towards strengthening policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence has engaged in meaningful consultation and collaboration with key stakeholders, including affected communities, civil society organizations, and government agencies, to ensure that its interventions are contextually relevant and responsive to the diverse needs and realities of the target populations. | 1 2 3 4 5 0 |

EFFECTIVENESS

Please rate by 5-point scale (where 1- not at all, 2 – to certain extent, 3 – 50/50, 4 –to high extent, 5 – in full, 0 – do not know) **the extent to which:**

| | |
|---|-------------|
| 7. My organization is involved in the implementation of UNFPA (policy and or capacity building) activities related to family planning and gender-based violence | 1 2 3 4 5 0 |
| 8. My organization involve representatives of the vulnerable/target groups to the implementation of UNFPA activities related to family planning and gender-based violence | 1 2 3 4 5 0 |
| 9. UNFPA's policy efforts to advocate for policy reforms, institutional and legislative changes, have addressed discriminatory social norms leading to reduction in unmet need for family planning and gender based violence. | 1 2 3 4 5 0 |
| 10. UNFPA's capacity-building efforts have led to positive shifts in knowledge, attitudes, behaviors, and/or practices addressing discriminatory social norms related to family planning and gender-based violence prevention and response. These shifts contribute to addressing | 1 2 3 4 5 0 |

| | |
|---|-------------|
| discriminatory social norms, thereby facilitating further improvements in FP and the reduction of GBV. | |
| 11. More time is needed for policy advocacy/capacity building effort to measure contribution to changes in discriminatory norms to ensure the reduction in the unmet need for family planning and gender-based violence. | 1 2 3 4 5 0 |
| 12. There are examples of the positive changes in policy environment, knowledge/attitudes/behavior/practices of the UNFPA target groups addressing discriminatory social norms towards FP and GBV. <i>Please give examples</i> | 1 2 3 4 5 0 |
| 13. UNFPA resource (human, expert, financial) support is adequate to make observed contribution to changing discriminatory social norms | 1 2 3 4 5 0 |

SUSTAINABILITY

Please **tell us to what extent you agree or disagree** with each of the following statements about sustainability of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

| | |
|--|-------------|
| 15. UNFPA has employed participatory and empowerment-based approaches that actively engage stakeholders in the design, implementation, and ownership of capacity-building initiatives, thereby fostering a sense of ownership and commitment to sustaining the effects of interventions beyond the duration of the programme | 1 2 3 4 5 0 |
| 16. UNFPA has worked collaboratively with implementing partners, rights-holders, and relevant stakeholders to institutionalize and mainstream interventions within existing systems, policies, and programmes at the national and local levels. | 1 2 3 4 5 0 |
| 17. UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities, establishing and institutionalizing mechanisms to ensure the durability of effects | 1 2 3 4 5 0 |
| 18. UNFPA has engaged in meaningful dialogue, collaboration, and consultation with national stakeholders to ensure that interventions are aligned with national priorities, strategies, and frameworks, and reflect the needs of target populations. | 1 2 3 4 5 0 |
| 19. UNFPA has made use of its comparative strengths to establish partnerships with ministries, agencies and other representatives of the partner government to a great extent | 1 2 3 4 5 0 |
| 20. UNFPA promote the national ownership of supported interventions, programmes and policies by establishing partnerships with ministries, agencies and other representatives of the partner government to a great extent | 1 2 3 4 5 0 |
| 21. Ministries, agencies and other representatives of the partner government feel ownership of the UNFPA supported interventions, programmes and policies | 1 2 3 4 5 0 |

22. What challenges do you and your organization face while implementing activities aiming at changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence? *Please list all relative*

23. What are the key factors to be considered while introducing changes to discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence? Please mark all relative and add yours:

- ☐ Economic
- ☐ Cultural
- ☐ Traditional values
- ☐ Mentality
- ☐ Beneficiary sex (male/female)
- ☐ Societal status
- ☐ Geography of the country
- ☐ Other (please add)

Please explain your answer

24. Please provide any recommendation to UNFPA on how to change discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence

Please provide personal information

| | |
|--|---|
| Your place of living (mark appropriate): | <ul style="list-style-type: none"><input type="radio"/> Astana<input type="radio"/> Almaty city<input type="radio"/> Turkestan region (please specify city/town/village):<input type="radio"/> Other (please specify) |
| Your sex: | <ul style="list-style-type: none"><input type="radio"/> Male<input type="radio"/> Female |
| Your age: | |
| Type of your organization you affiliated yourself with: | <ul style="list-style-type: none"><input type="radio"/> Government, both national and regional/local<input type="radio"/> Implementing partners (NGO, both local/international & Women's right organization)<input type="radio"/> Academia<input type="radio"/> UNFPA Donor<input type="radio"/> UN institutions<input type="radio"/> UNFPA staff<input type="radio"/> Other (UNFPA consultant, NGOs, Centers, etc.)<input type="radio"/> Beneficiaries groups/beneficiaries |

Thank you very much for your participation!

4.2.2 Training participants

Introduction

Hello,

Team of three independent consultants were contracted by UNFPA Country Office to evaluate the Kazakhstan UNFPA Country Programme for 2021-2025. One of the specific objectives of this evaluation is to provide an independent assessment of the relevance, effectiveness and sustainability of UNFPA support within the 2021-2025 country programme in changing discriminatory social norms to accelerate the reduction in the unmet need for family planning and in reducing gender-based violence. The evaluation covers Almaty city and Turkestan region where UNFPA implemented interventions. The current evaluation will focus only on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of gender-based violence. The evaluation will cover interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to the period of the evaluation data collection (May 2024).

We were recommended to participate in this survey as participant of offline/online training activity supported by the UNFPA Country office directly or through implementing partner(s). It is important for us to hear your thoughts on relevance and effectiveness of the activities you participated in. The information you provide us will be important to understand the achievements of the UNFPA as well as challenges and hear your recommendations on how to change discriminatory social norms to accelerate the reduction in the unmet need for **family planning and in reducing gender-based violence**.

Completing the survey should take around 5-9 minutes and we encourage you to complete it in a quiet time when you can concentrate without interruption. Please remember, there are NO right or wrong answers.

Participating in this online survey is entirely voluntary and anonymous, the data gathered shall be kept confidential and stored securely. We kindly ask you to complete this online survey by **June 5, 2024**.

For any clarification regarding this questionnaire and evaluation, kindly contact Ms. Lyubov Palyvoda at: palyvoda@ccc.kiev.ua

Please click the link to start the survey in Kazakh - [LINK:](#)

Please click the link to start the survey in English - [LINK:](#)

Please click the link to start the survey in Russian - [LINK:](#)

Thank you for your participation!

Evaluation Team:

Lyubov Palyvoda, Evaluation Team Leader

Zhupar Baipakbayeva, Expert

Konstantin Ossipov, Expert

1. Please mark UNFPA target group you associated yourself with (You may select multiple answers):
- ☐ Women
 - ☐ Men
 - ☐ Adolescent/ youth
 - ☐ Persons with Disability
 - ☐ Representative of:
 - Government, both national and regional/local
 - State institutions (social service, health care institutions, crisis centers, family support centers, etc.)
 - Academy
 - CSO, including Y-PEER
 - Medical universities' and nurses colleges faculty members,
 - School teacher and psychologist
 - Theological institution and/or faith-based organization
 - Religious group
 - Male activist group
 - Volunteer
 - Mass media
 - Other (please specify)
2. Please mark all UNFPA thematic areas you are involved in:
- ☐ Sexual and reproductive health and rights
 - ☐ Family planning
 - ☐ Gender-based violence
 - ☐ Population development
 - ☐ Gender equality
 - ☐ Other (please specify)

3. Please mark all UNFPA implementing partners you are cooperating/working with:

| Name of implementing partner | Yes/No |
|---|--------|
| <input type="radio"/> Kazakhstan Association on Sexual and Reproductive Health (KMPA) | |
| <input type="radio"/> Focus on People | |
| <input type="radio"/> Eurasian Centre for People Management (ECPM) | |
| <input type="radio"/> Foresight Development | |
| <input type="radio"/> Community Friends | |
| <input type="radio"/> Association of Women with disabilities "Shyrak" | |
| <input type="radio"/> Orkendeu | |
| <input type="radio"/> Father's Union | |
| <input type="radio"/> Rep. Institute for teachers' education "Orleu" | |
| <input type="radio"/> Kazakh National Center for Dermatology and Communicable Diseases (KNCDIZ) | |
| <input type="radio"/> Kazakh National Scientific Center for Oncology and Radiology (KazNIOR) | |
| <input type="radio"/> Nazarbayev Intellectual Schools (NIS) | |
| <input type="radio"/> EEIRH | |
| <input type="radio"/> IDEA | |
| <input type="radio"/> Other (please specify) | |

4. Please mark all online/offline training activities listed below you participated in:

| Year | Name of training | Yes/No |
|------|---|--------|
| 2021 | Training on a Moodle platform (edu-open.kz) on advocacy and polic dialogue, strengthening of the national medical education system and conducting surveys on FP | |
| | 3-days training course on life-skills based education with strengthened component on SRH, safe behavior, prevention of unintended pregnancy and prevention of sexually transmitted infections, including HIV and one topic specifically dedicated to prevention measures against COVID-19 | |
| | Four online advanced training pilot courses on reproductive health and rights of students, prevention of GBV and harmful practices like early marriages, unintended pregnancies, STI's, including HIV | |

| | | |
|------|---|--|
| | Joint project with NIS and Akimat of Atyrau region “Strengthening the well-being of students”, the specialized 5 - days training for trainers | |
| | 4 (5) days Annual Y-PEER TOT and Summer Leadership School for youth and adolescents in Turkestan region | |
| | TOTs for experts working on PwD in order to teach them how to translate informational materials into an “easy-to-read” language for people with intellectual disabilities | |
| | Three "cluster" consultation and training seminars on MSR to GBV for 15 districts of the Turkestan region | |
| 2022 | "SRH.ORG.KZ" distance-based training platform on Family Planning and modern contraceptive methods | |
| | 3-days training on life-skills based education course with the strengthened component on sexual and reproductive health, safe behavior, prevention of unintended pregnancy and prevention of sexually transmitted infections, including HIV | |
| | Online course for Y-PEER volunteers who is capable to provide trainings and consultancy to their peers | |
| | Capacity strengthening on strategic partnership and understanding of Islamic perspective on improving reproductive health, FP and prevention of GBV, child marriage through participating in SSTC International Online Training on Strategic Partnership with Muslim Religious Leaders (MRLs) in Reproductive Health, Family Planning, Prevention of GBV | |
| | 5 days Annual Summer Leadership School for youth and adolescents in the Turkestan region for the development of leadership skills through increasing awareness on reproductive health and rights, HIV and AIDS, stigma and discrimination, gender equality and violence against women | |
| | Peer-to-peer training through an Annual Summer School 5 days training on SRHR, Gender, GBV | |
| | Training on gender-based violence, psychological and social causes of GBV, MSR to GBV, learned the experience of the CSPS in the Turkestan region | |
| | Training on the communication tools on MSR to GBV system for the implementation of the Communication strategy | |
| | Spotlight Initiative project workshop for Central Asia on involving men and boys in gender equality and prevention of GBV, based on the results of the Situational Analysis of Men and Gender Equality in the Central Asian Region and developed regional strategy and communication plan for engaging men and boys in ending VAWG in Central Asia | |
| | TOT training of elective course "Basics of a Healthy and Prosperous Family in Islam" | |
| 2023 | Strengthening capacity on organizing and providing youth friendly services | |
| | Learning platform on FP and modern contraceptives | |
| | Capacity strengthening in providing youth friendly services | |
| | Training on how to provide the MSR services to people with disabilities (PwD) subjected to GBV, based on the adapted regional training package, 30 March – 1 April 2022. | |
| | Strengthening knowledge of gender equality, family planning, and the prevention of Gender-Based Violence (GBV). | |
| | Workshop on improving knowledge and understanding of the role of men in promoting gender equality and preventing gender-based violence, as well as the importance of promoting positive masculinity during the workshop held in Astana | |
| | Strengthening knowledge on different subjects such as SRH, gender, leadership, advocacy and bullying through participation in the Summer Leadership School | |
| | School of Independent Life and education on SRHR issues, gender equality, gender-based violence, access to services, etc. | |
| | Training on leadership, SRHR, Gender, GBV, harmful social norms and stereotypes, bullying, and cyber security using peer-to-peer methods and certified as national Y-peer volunteers” | |
| | Strengthening capacities on GBV topics and SRHR | |

| | | |
|--|---|--|
| | Knowledge on sexuality education and able to strengthen the student's knowledge on the issues of SRHR and Gender | |
| | Training on raising awareness and understanding of journalists, specialists of the regional media and Centers for Psycho-Social support to GBV survivors in Turkestan region on gender-related aspects of the media, interviewing skills, how to cover cases of GBV properly, and familiarity with the peculiarities of gender-sensitive journalism – February 23-24, 2023 in Turkestan city. | |
| | Training on how to provide the MSR services to PwD subjected to GBV - based on the adapted regional training package, during two back-to-back 2- days Training in Turkestan city, 17-20 July | |
| | 3 day pilot training on working with abusers within the framework of MSR to GBV system -on how to work effectively with the perpetrators of domestic violence (22-24 August, Turkestan) | |
| | Dissemination of experience on MSR to GBV piloted in Turkestan region to Abai and Kyzylorda regions (Two 3-days trainings, 40 ppl.) | |
| | Two ToTs for psychologists to provide socio-psychological consultation/support to Muslim women subjected to GBV. The training was held in Astana from October 17 to 20 - on timely and quality provision of psychological support services to Muslim women survivors of violence, with consideration of the canons and humanitarian values of Islam; | |

5. If you know, were legislation/policy changes related to discriminatory social norms towards family planning and gender-based violence improved in the past three years (Yes/No). If the answer is yes, please provide names of relative legal/policy document(s).

RELEVANCE

Please tell to what extent you think the training you participated in were relevant (where 1 – not relevant at all, and 5 – Totally relevant and 0 – do not know):

| | |
|---|-------------|
| 7. How relevant were these training to your needs and interests? | 1 2 3 4 5 0 |
| 8. How sensitive and respectful to your sex/tradition/belief were these training? | 1 2 3 4 5 0 |

EFFECTIVENESS

Please rate by 5-point scale (where 1- not at all, and 5 – in full, 0 – do not know) **the extent to which:**

| | |
|---|-------------|
| 14. Has your awareness on family planning needs and gender-based violence improved through your participation in training? | 1 2 3 4 5 0 |
| 15. Have your views on the importance of supporting vulnerable groups in matters of family planning and gender-based violence changed as a result of participation in training? | 1 2 3 4 5 0 |
| 16. Do you feel you gained new knowledge and skills during training? | 1 2 3 4 5 0 |
| 17. Have you had the opportunity to apply knowledge and skills obtained at training in a practical setting? | 1 2 3 4 5 0 |
| 18. Has contraception or information on modern contraceptive methods become more accessible in your community in recent years? | 1 2 3 4 5 0 |
| 19. Has approaches to reduction of gender-based violence become understandable in your community in recent years? | 1 2 3 4 5 0 |
| 20. Has the perception of family planning and sexual and reproductive health issues in your community changed in terms of the possibility of freely discussing such issues? | 1 2 3 4 5 0 |

SUSTAINABILITY

Please **tell to what extent you agree or disagree** with each of the following statements about the sustainability of the UNFPA support, where 1 – Strongly Disagree and 5 - Strongly Agree and 0 – do not know

| | |
|---|-------------|
| 17. Do you share the knowledge gained while participating in UNFPA activities with others in your community? | 1 2 3 4 5 0 |
| 18. Are you aware of websites or other sources of up-to-date information about safe contraception, sexual health, and/or gender equality? | 1 2 3 4 5 0 |
| 19. Are there events available on family planning, gender equality, sexual health, and/or modern methods of contraception in the region where you live? | 1 2 3 4 5 0 |

| | | | | | | |
|--|---|---|---|---|---|---|
| 20. Are you able to implement activities on your own, without UNFPA support, to reduce discriminatory social norms to accelerate the reduction of unmet need for family planning and reduce gender-based violence based on the knowledge and information gained? | 1 | 2 | 3 | 4 | 5 | 0 |
|--|---|---|---|---|---|---|

21. How can training be improved to better support your needs in family planning and gender based violence?

22. What are the key factors to be considered while introducing changes to discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence?

Please mark all relative and add yours:

- ☐ Economic
- ☐ Religious
- ☐ Cultural
- ☐ Traditional values
- ☐ Mentality
- ☐ Beneficiary sex (male/female)
- ☐ Societal status
- ☐ Geography of the country
- ☐ Other (please add)

Please explain your answer

23. Please provide any recommendation to UNFPA on how to changes to discriminatory social norms to improve family planning and reduced gender-based violence

Please provide personal information

| | |
|--|---|
| Your place of living (mark appropriate): | <input type="radio"/> Astana <input type="radio"/> Almaty city <input type="radio"/> Turkestan region (please specify city/town/village): <input type="radio"/> Other (please specify) |
| Your sex: | <input type="radio"/> Male <input type="radio"/> Female |
| Your age: | |

Thank you very much for your participation!

Annex 5: SDGs: Indicators and Sources

| Sustainable Development Goals (SDGs) Status | Indicator and source | Status |
|--|--|---|
| Goal 3. Ensure healthy lives and promote well-being for all at all ages. | Infant mortality rate (per 1,000 live births) <1Y (link SDG 3.2) | 8.7 (202220) |
| | Tuberculosis incidence (per 100,000 population) (link to SDG 3.3.2) | 78 (202220) |
| | Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (probability), percent, age 30-70, Male/Female (link to SDG 3.4.1) | 31.1 / 15.3 (201920) |
| | Suicide mortality rate per 100,000 population (link to SDG 3.4.2) | Total 17.6 (2019 ⁷⁴⁸), Gender Gap: Males lead by 22.2 |
| | Alcohol consumption per capita (aged 15+ years) within a calendar year (liters of pure alcohol), M/F (link to SDG 3.5.2) | 8.05 / 1.43 (201920) |
| | Universal health coverage (UHC) service coverage index (link to SDG 3.8.1) | 80 (202120) |
| | Proportion of population with large household expenditures on health (greater than 10%) as a share of total household expenditure or income, % (link to SDG 3.8.2) | 3.72 (202120) |
| | Proportion of population with large household expenditures on health (greater than 25%) as a share of total household expenditure or income, % (link to SDG 3.8.2) | 0.17 (202120) |
| | Proportion of women of reproductive age who have their need for family planning (FP) satisfied with modern methods (link to SDG 3.7.1) | 73.2% (201820) |
| Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all | Participation rate in organized learning (one year before the official primary entry age), by sex (%), Male/Female (link to SDG 4.2.2) | 79.8 / 81.2 (202320) |
| Goal 5. Achieve gender equality and empower all women and girls. | Proportion of ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by age 15-49, % (link to SDG 5.2.1) | 6.0 (201820) |
| | Proportion of ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by age 15+, % (link to SDG 5.2.1) | 4.9 (201820) |
| | Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to sexual and reproductive health care (SRH), information and education, % (link to SDG 5.6.2) | 65 (202220) |
| | (S.1.C.1) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 1: Maternity Care, % (link to SDG 5.6.2) | 75 (202220) |
| | (S.4.C.10) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 10: HIV Counselling and Test Services (link to SDG 5.6.2) | 80 (202220) |
| | (S.4.C.11) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older | 100 (202220) |

| | | |
|--|--|----------------------------|
| | to sexual and reproductive health care, information and education: Component 11: HIV Treatment and Care Services, % (link to SDG 5.6.2) | |
| | (S.4.C.12) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 12: HIV Confidentiality, % (link to SDG 5.6.2) | 100 (202220) |
| | (S.1.C.2) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 2: Life Saving Commodities, % (link SDG 5.6.2) | 85 (202220) |
| | (S.1.C.3) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 3: Abortion (link to SDG 5.6.2) | 75 (202220) |
| | (S.1.C.4) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 4: Post-Abortion Care, % (link to SDG 5.6.2) | 75 (202220) |
| | (S.2.C.5) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 5: Contraceptive Services, % (link to SDG 5.6.2) | 80 (202220) |
| | (S.2.C.6) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 6: Contraceptive Consent, % (link to SDG 5.6.2) | 100 (202220) |
| | (S.2.C.7) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Component 7: Emergency Contraception, % (link SDG 5.6.2) | 75 (202220) |
| | (S.1) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Section 1: Maternity Care, % (link to SDG 5.6.2) | 77 (202220) |
| | (S.2) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Section 2: Contraceptive and FP, % (link SDG 5.6.2) | 85 (202220) |
| | (S.4) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15+ years to SRH, information and education: Section 4: HIV and HPV, % (link to SDG 5.6.2) | 70 (202220) |
| Goal 16. Promote just, peaceful and inclusive societies | Number of victims of intentional homicide per 100,000 population, by sex and age (link to SDG 16.1.1) | 2.6 (2022 ⁷⁴⁹) |
| | Number of human trafficking victims per 100,000 population, by sex, age and form of exploitation (link to SDG 16.1.1) | 0.6 (2022c) |
| Goal 17. Revitalize the Global Partnership for Sustainable Development. | Amount (in US dollars) allocated for public-private partnerships in the field of infrastructure (link to SDG 17.17) | 349 613,9 ⁷⁵⁰ |

Annex 6. List of examples of the observed positive changes in social norms

List of examples of the observed positive changes in the policy environment, knowledge, attitudes, behaviour, and practices of the UNFPA target groups addressing discriminatory social norms towards FP and GBV.

1. Young people are now more committed to a healthy lifestyle; it is considered fashionable to do physical activities and avoid harmful habits. Before, smoking and drinking alcohol were normalized through media, movies, and TV⁷⁵¹.
2. People with disabilities (PWD) have been empowered as a result of targeted initiatives that have informed them of their rights. This knowledge enabled them to make autonomous decisions in personal areas such as marriage and family planning. Moreover, it has opened doors to educational opportunities, with an increasing number of PWD enrolling in colleges and universities. This access to higher education is enhancing their personal development and professional qualifications, broadening their career prospects.⁷⁵²
3. More and more PWD are shifting from dependency to self-sustainability and even entrepreneurship. This shift marks a pivotal change in the lives of PWD. More individuals are moving away from traditional support structures and are instead forging paths toward economic independence. This trend is evident in the growing number of PWD who are engaging in entrepreneurship.⁷⁵³
4. Systematic efforts to prevent and address GBV often lacked state support, hindering their effectiveness. However, in Turkestan Oblast, municipal and regional authorities have started recognizing and supporting these efforts. Despite reliance on the personal views of officials, progress is evident in the increased financing of public events, policy endorsements, and the integration of GBV prevention into public health and safety strategies.⁷⁵⁴ KII⁷⁵⁵ noted the change in regulatory behaviour as a result of years of advocacy and awareness raising. After many years of promoting YHCs work in regions, the results have only begun to show. First, the government agency lowered the age of consent for examinations from 18 to 16. Second, a communication strategy served as the basis for developing legislation on the YHCs. Third, in recent years public officials and medical institutions started to pay attention to young people and the importance of working with them. And, the Youth Reproductive Health Center, established in Almaty City, serves as an organization of best practices for disseminating experience among all regions of the country.
5. KII⁷⁵⁶⁷⁵⁷ noted that the topic of reproductive and sexual health is very sensitive, and therefore, the results of the work of various social networks targeting young people are not visible from the outside. However, many young people turn to UNFPA implementing partners for advice and often contact them directly.
6. Recent observation demonstrates that some fathers have begun to bring their daughters for consultations at the YHCs for their better awareness of reproductive health that has never happened before⁷⁵⁸.
7. One of the KIIs informed that, for example, to achieve indicator 2.1, there are some prerequisites: in each region, there are social departments and NGOs that work with the population. Their representatives visit medical and educational organizations, inform them about the availability of centres to provide assistance to young people, and talk about HIV and AIDS. The YHCs can also provide information on HIV. IPs, with UNFPA support, developed guidelines on HIV separately for doctors and for parents.
8. Some of KIIs⁷⁵⁹⁷⁶⁰ highlighted that they now know about infectious diseases and the difference between AIDS and HIV thanks to attending Y-PEER training. Parents indicated that since their children began attending volunteer training sessions, they have stopped demanding expensive gadgets, have been more helpful with chores, and have improved their academic performance. In addition, fathers became more tolerant and began to talk openly about reproductive health with their daughters. These results are from one year of children attending this kind of training. Every week, on Saturdays, Y-PEER trainings are held in the region, and children eagerly attend them.
9. UNFPA addresses changing social norms and attitudes through increasing demand for FP among targeted populations: KII⁷⁶¹ shared her experience and the result of working at Y-PEER. Over two years, the number of people she engaged increased from 4 to 100. Young people from remote regions also want to have access to Y-PEER training sites. However, despite information is posted on social networks, some people do not have access to the Internet, therefore the participation of local authorities and the media to inform further and reach young people is required. Another KII⁷⁶² reported on joint research of SSPS centers, which identified a high need to expand the outreach of these centers to those in need of assistance. For example, one center initially provided services to 20 neighborhoods, later increased to 50, but the number of neighborhoods needing the center's support exceeds 700. Thus, the UNFPA attracted the attention of local authorities to the presence of a broader problem that needs further expansion of assistance, and continued UNFPA input in educating the population, informing policymakers, and assisting in the development of legislative acts.

The evaluation identified a list of the following **best practices and success stories** that should be considered in future interventions.

BEST PRACTICES:**1. Development of Clinical Protocols:**

- *Why:* These protocols provided standardized procedures for healthcare providers, ensuring consistent and effective support for GBV survivors. This practice ensures high-quality care across various settings and can be adapted and replicated in different regions or countries.
- *Potential Impact:* The standardization of care practices has led to consistent support for survivors, improving their overall well-being and ensuring that they receive the necessary care regardless of where they seek help.

2. National Standards and Guidelines:

- *Why:* The development and implementation of national standards and guidelines for GBV response services institutionalize high-quality care practices. This ensures that all GBV survivors receive consistent and effective support across the healthcare system.
- *Potential Impact:* Institutionalizing these standards ensures sustainability and long-term impact, making it a model that can be adapted to other healthcare systems globally.

3. Capacity Building through Enhanced Training Programs:

- *Why:* Extensive training for healthcare providers, social workers, educators, and community leaders ensures that these stakeholders are well-equipped to support GBV survivors and advocate for gender equality. Training on using newly developed clinical protocols, reproductive health education, and GBV prevention is particularly impactful.
- *Potential Impact:* This practice builds a knowledgeable and skilled workforce capable of addressing GBV and promoting gender equality effectively, which is crucial for long-term societal change.

4. Integration of FP/GBV Services into the National Healthcare System:

- *Why:* Integrating FP/GBV services into the national healthcare system ensures comprehensive care for survivors, including medical, psychological, and legal support. This approach leverages existing healthcare infrastructure to provide holistic support.
- *Potential Impact:* This integration facilitates access to a wide range of services for survivors, making it easier for them to get the help they need. It also ensures that reproductive health and GBV care is a standard part of healthcare provision, promoting sustainability.

5. Use of Digital Platforms and Social Media Campaigns:

- *Why:* Utilizing platforms like "Shyn.kz" and social media for awareness campaigns and training extends the reach of these initiatives. Digital tools can engage a broader audience, especially young people, and disseminate information effectively.
- *Potential Impact:* The significant reach and engagement on digital platforms demonstrate the effectiveness of this approach in changing social norms and raising awareness about GBV and reproductive health. It can be easily scaled and adapted to different contexts.

CRISIS CENTERS play a crucial role in providing immediate and effective support for survivors of Gender-Based Violence (GBV). To maximize their effectiveness, these centers adhere to a series of **best practices**:

- **Case-by-Case/Individual Approach:** Each survivor's situation is unique, and thus, a tailored approach is critical. Crisis centers prioritize individualized care plans that address the specific needs and circumstances of each survivor. This personalized approach ensures that interventions are relevant and truly beneficial, facilitating recovery and empowerment.
- **Refrain from Long Stays:** To avoid dependency, crisis centers encourage minimal duration stays. Extended stays can lead to reliance on the facility, hindering the survivor's ability to regain independence. The focus is on providing the necessary tools and support during a concise, intensive recovery period, after which survivors are encouraged to transition to a less sheltered environment with ongoing community support.
- **Knowledgeable and Motivated Professionals:** Staff at these centers are not only highly trained in GBV specifics but are also motivated to advocate for and support survivors. Ongoing training ensures that they remain knowledgeable about the existing/latest methodologies in trauma-informed care and legal protections for survivors. Their motivation is continually supported through professional development and peer support mechanisms.

- **Start Work at the Local Level:** Effective intervention begins within the community. Crisis centers work closely with local organizations and community leaders to ensure that their services are accessible and that they are actively involved in community outreach programs. This local engagement helps to foster a supportive community network for survivors returning to daily life.
- **Study Origins of Various Types of Violence at the Local Level:** Understanding the root causes of violence is fundamental to prevention and effective response. Crisis centers often conduct or participate in studies to explore the origins of different types of violence. This research helps in developing targeted prevention programs and informs training materials for staff and community education.
- **Take Burnout Syndrome Seriously:** Working with GBV survivors is emotionally taxing, and burnout among staff can compromise the quality of care. Recognizing this, crisis centers implement strategies to manage and mitigate burnout, including regular supervision, team-building activities, adequate time off, and access to mental health resources for staff.

STORIES OF SUCCESS

1. 400 Clients of Komek Rehab Center:

- *Details:* The Komek Centre working with abusers has provided comprehensive rehabilitation services to over 400 clients. Many of them successfully recovered from their dependencies and have been able to reintegrate with their families, fostering restored relationships and stronger community ties.
- *Potential Impact:* This initiative demonstrates the effectiveness of targeted rehabilitation services in supporting individuals to overcome addiction and rebuild their lives. The success of the Komek Centre highlights the importance of comprehensive care in achieving long-term positive outcomes for clients

2. 2.5 Years of No Violence in Ordabasy Raion:

- *Details:* The Ordabasy raion of Turkestan Oblast has achieved a significant milestone in violence prevention, with no reported cases of violence for 2.5 years. This record is attributed to proactive measures implemented at all levels of the community to address and prevent violence.
- *Potential Impact:* This success story underscores the effectiveness of comprehensive community planning and targeted interventions in creating safe and violence-free environments. It serves as a model for other regions to adopt similar strategies to combat gender-based violence.

3. Empowerment of People with Disabilities (PWD):

- *Details:* Targeted initiatives have empowered PWD by informing them of their rights, enabling them to make autonomous decisions in personal areas such as marriage and family planning. These initiatives have also opened doors to educational opportunities, with an increasing number of PWD enrolling in colleges and universities, enhancing their personal and professional development.
- *Potential Impact:* The shift from dependency to self-sustainability and entrepreneurship among PWD marks a pivotal change. This empowerment has broadened their career prospects and fostered economic independence, demonstrating the transformative power of targeted support and advocacy.

4. Innovative GBV Prevention Model in Turkestan Oblast:

- *Details:* The innovative GBV prevention model of the Service for Social and Psychological Support (SSPS), initially implemented in four rayons, has shown effectiveness and has been adopted by 14 rayons of Turkestan Oblast. This model's success demonstrates its adaptability and effectiveness across different community contexts and has now been transformed into a Family Support Centre model endorsed for scaling up throughout the country
- *Potential Impact:* The adoption of this model across multiple regions highlights its potential as a scalable and effective approach to systematically combat GBV, providing a framework for other areas to follow

5. Training and Capacity Building for Government Officials and Health Workers:

- *Details:* Extensive training programs for healthcare providers, social workers, educators, and community leaders have enhanced their capacity to implement and advocate for GBV prevention and gender equality. These training programs have equipped participants with the necessary knowledge and skills to support GBV survivors effectively.
- *Potential Impact:* The improvement in knowledge, attitudes, behaviors, and practices among trained individuals has contributed to positive shifts in addressing discriminatory social norms, thereby facilitating further improvements in family planning and the reduction of GBV.

Terms of Reference

United Nations Population Fund (UNFPA) and the Republic of Kazakhstan Fifth Country Programme 2021 - 2025

Country Programme Evaluation

5 March 2024

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Acronym

| | |
|--------------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| CCA | Common country assessment/analysis |
| CO | Country office |
| CPD | Country programme document |
| CPE | Country programme evaluation |
| DSA | Daily subsistence allowance |
| EQA | Evaluation quality assessment |
| EQAA | Evaluation quality assurance and assessment |
| ERG | Evaluation reference group |
| GBV | Gender-based violence |
| HAI | Healthcare Associated Infections |
| HIV | Human Immunodeficiency Virus |
| ICPD | International Conference on Population and Development |
| ICT | Information and communication technologies |
| M&E | Monitoring and evaluation |
| SDGs | Sustainable Development Goals |
| SRHR | Sexual and reproductive health and reproductive rights |
| ToR | Terms of reference |
| UNCT | United Nations Country Team |
| UNDAF | United Nations Development Assistance Framework |
| UNEG | United Nations Evaluation Group |
| UNFPA | United Nations Population Fund |
| UNFPA EECARO | UNFPA Regional Office for Eastern Europe and Central Asia |
| UNSDCF | United Nations Sustainable Development Cooperation Framework |
| YEE | Young and emerging evaluator |

[Any acronyms as necessary]

[Full name of acronym]

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.¹

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in the Republic of Kazakhstan since 1992. The support that the UNFPA Kazakhstan Country Office (CO) provides to the Government of Kazakhstan under the framework of the 5th Country Programme (CP) 2021-2025 builds on national development needs and priorities articulated in:

- The Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030;
- The State Programme of the Healthcare Development for 2020 - 2025;
- The State Programme of Education for 2020 - 2025;
- The United Nations Common Country Analysis/Assessment (CCA), latest update December 2023;
- The United Nations Sustainable Development Cooperation Framework (UNSDCF), formerly known as the United Nations Development Assistance Framework (UNDAF), 2021 – 2025.

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.² The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 5th country programme for 2021 - 2025 in the Republic of Kazakhstan and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.³ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager

¹ [UNFPA Strategic Plan 2022-2025](#)

² UNFPA Evaluation Policy 2024, p. 22.

³ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Kazakhstan CO; (ii) the Government of Kazakhstan; (iii) implementing partners of the UNFPA Kazakhstan CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) the UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the Assistant Representative who will act as a CPE manager within the UNFPA Kazakhstan CO in close consultation with the Government of Kazakhstan and the Ministry of Foreign Affairs that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the UNFPA EECARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

The UNFPA Kazakhstan CPE will be conducted in parallel with the country programme evaluations of UNDP and UNICEF in Kazakhstan and of the UNSDCF Evaluation. The latter would be coordinated by the UN Resident Coordinator Office in the Republic of Kazakhstan.

2. Country Context

Kazakhstan is the largest landlocked country with a population of 20 million people. Since gaining independence in 1991, the country has made significant progress in economic and social development, graduating into an upper-middle-income country. The size and proportion of the population of the southern and western regions of the country increased significantly. At the same time, the population of the northern, central and eastern parts of the country has decreased significantly. The uneven distribution of the population across the country is expressed in the less populated northern region with an aging population and in the densely populated southern and western regions with a young population. 62% of population is urban and the growth is mainly at the 3 cities of the republican significance, i.e. Astana, Almaty and Shymkent.

Since 2018 the total fertility rate was gradually growing from 2.84 and in 2022 was 3.05. The population projection suggests the further increase of the population and by 2050 expects 24.3 million people. The life expectancy (LE) in Kazakhstan is 74.44 years with a significant difference between men and women - more than 8 years (70.26 years for men; 78.41 years for women).

The share of the population with incomes below the subsistence level has decreased from 34.6% in 1996 to 5.1% in the first half of 2023.

The estimates suggest that by 2050 the elderly population will double by reaching 14% of the total population, according to the 2019 Population and Situation Analysis.

The macroeconomic situation in Kazakhstan remains stable, and the short-term outlook is relatively positive. In 2023, real GDP growth is forecasted to increase, with projections ranging from 4.1% to 4.7%. The war in Ukraine and its geopolitical ramifications pose a risk to the nascent recovery due to Kazakhstan's strong political, economic, and cultural ties with the Russian Federation. The observed 'unusual trade flows' of sanctioned goods with Russia put risk of imposing secondary sanctions against Kazakhstani companies. While the inflation rate fell sharply in the first half of 2023, Kazakhstan is still grappling with double-digit inflation, impacting the cost of living. The economy remains heavily reliant on the extraction of natural resources, and progress to diversify and increase economic complexity have

been slow. The country faces challenges related to income inequality, decreasing investments in fixed assets, declining tax revenues, overextension of credit to the population.

Kazakhstan's tremendous development progress in the last 30 years notwithstanding, there are still vulnerable groups that require improvement of policies to leave no one behind: people with disabilities, migrants, refugees, youth and children in impoverished households, youth not in education, employment or training, women, older people and other.

Since 2020, Kazakhstan's gender indicators have been improving in international rankings. In 2023 Kazakhstan ranked 62nd out of 146 countries in the World Economic Forum's Global Gender Gap Index. Significant progress has been made in the area of education (63rd ranking in 2020 and 27th in 2023), 27 position up in health and survival subindexes (74th in 2020 vs 47th in 2023), as well as positive uptrends in the area of economic participation and opportunities (37th in 2020 vs 28th in 2023). The political participation position, however, has remained relatively unchanged (106th in 2020 vs 100th in 2023).

In 2021 Kazakhstan also ranked 41st out of 191 countries (44th out of 162 countries in 2020) in the Gender Inequality Index (0.161). The index assesses the degree of gender inequality across three dimensions - reproductive health, impact and economic opportunity, and women's participation in the labour market. Furthermore, although the value of the Gender Development Index for Kazakhstan slightly decreased from 1.003 in 2020 to 0.998 in 2021, Kazakhstan is in the 1st group of countries in the Human Development Index with very high equality between men and women.

During the 2020-2021 the COVID-19 severely affected on the increase of mortality in Kazakhstan and of maternal mortality which revealed the systemic issues in the health care system, particularly with the healthcare associated infections (HAI). The overall situation has been improved and the maternal mortality decreased from 44.7 per 100,000 livebirths in 2021 down to 17 – in 2022. This is a good achievement; however, the HAI should remain high in the agenda of the Ministry of health in general for all the health facilities in the country but with special attention to the maternities and perinatal centres.

In general, the government ensures the high coverage by the care and access to services – antenatal care coverage (99.3), the percentage of birth attended by skilled health personnel (99.4%), post-natal coverage for mothers (100%) and for babies (100%).

Despite significant progress, the number of abortions (one in six pregnancies) and the adolescent birth rate (22.8 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.

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. These and other very recent data show a dramatic increase by 8.2 times in newly reported HIV cases among adolescents (15-19 years: 8 cases in 2017; 66 cases in 2023). Meanwhile, the sexual way of HIV transmission has been increasing annually from 5% in 2000 up to 66.8% in 2022. Moreover, the research of the prevalence of syphilis, gonorrhea and trichomoniasis conducted by UNFPA in 2020 demonstrates that actual prevalence of the listed infections is 3.5 times higher than officially reported. 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.

From an epidemiological point of view, Kazakhstan has a concentrated HIV epidemic. However, HIV prevalence among MSM in Kazakhstan has increased by more than 6 times from 1.2% in 2013 to 7.5% in 2022.

According to the national survey on violence against women in Kazakhstan (2016) about 17% of women aged 18-75 years, who has ever had a partner, experienced physical and / or sexual violence by an intimate partner; every fifth (21%) of the woman experienced psychological violence from the intimate partner during her life. Half of the women who experienced physical abuse by an intimate partner reported severe forms of physical violence, rather than only moderate forms, every third (33%) woman has experienced at least once in her life a manifestation of controlling behavior on the part of the partner.

According to the 2015 MICS 14.2% of women believe that a husband/partner may hit or bit his wife/partner in at least of one of the five given situations, such as, if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses sex with him, if she burns the food.

The Population Census was conducted in 2021, the preliminary Census data were released only in the second half of 2023 and UNFPA is planning to support the Government of Kazakhstan in developing thematic briefs as well as update the population projections based on the Census data.

3. UNFPA Country Programme

UNFPA has been working with the Government of Kazakhstan since 1992 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the fifth country programme in Kazakhstan.

The 5th country programme for 2021 – 2025 is aligned with the Concept on Family and Gender Policy of the Republic of Kazakhstan up to 2030, the State Programme of Healthcare Development for 2020-2025, the State Programme of Education for 2020 – 2025, the UNSDCF for 2021-2025 and the UNFPA Strategic Plan for 2022 – 2025. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Kazakhstan CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination. The **overall goal** of the UNFPA Kazakhstan 5th country programme 2021-2025 is **universal access to sexual and reproductive health and reproductive rights and accelerate the implementation of the ICPD Programme of Action**, as articulated in the UNFPA Strategic Plan 2022-2025. The country programme contributes to the following **outcomes** of the UNFPA Strategic Plan 2022-2025 by following their interconnected nature:

- **Outcome 1:** By 2025, the reduction in the unmet need for family planning has accelerated
- **Outcome 2:** By 2025, the reduction of preventable maternal deaths has accelerated
- **Outcome 3:** By 2025, the reduction in gender-based violence and harmful practices has accelerated

The UNFPA Kazakhstan 5th country programme 2021-2025 has 3 thematic areas of programming with 3 interconnected outputs: (i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind; (ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender based violence and harmful practices; (iii) Strengthened systems of data collection and analysis for the formulation of evidence-based national policies and development programmes. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, ‘many-to-many’ relationship with these outcomes.

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

For contribution to this output the activities were grouped into 4 components focused on (1) maternal health, (2) family planning, (3) youth friendly services and (4) HIV prevention and response.

The COVID-19 pandemic triggered increasing demand for distance-based courses for building capacity of health professionals. So, UNFPA supported development of online courses that were uploaded at the EDU.OPEN.KZ platform and made available: 1. Quality assessment in maternities; 2. Confidential Enquiry into Maternal Deaths; 3. Facility-based Near-miss Obstetric Cases Review; 4. Youth Friendly Health Services.

Having reviewed the curriculum of national medical universities, UNFPA and the Ministry of Health discovered the university medical education in terms of sexual and reproductive health is way outdated and should be brought up to the current international standards by introduction of the latest modern technologies. So UNFPA has focused on (i) partnership with leading national medical universities on accelerated advancement of new knowledge through digital learning platforms such as SRH.ORG.KZ (Family Planning and modern contraceptives methods), and (ii) updating training curricula on Youth Friendly Health services, on “Quality assurance of the inpatient perinatal care”, on “Effective Antenatal Care”, on “Clinical management of uncomplicated and complicated labor and birth at the hospital level”, “Organizing and provision of YFSs” and “Providing social care services in YFCs” for postgraduate medical education. All of the above-mentioned courses and curricula were approved by the Republican Academic Council under the Ministry of Health.

Over 670 health professionals from the primary health care and faculty members of medical universities and 179 medical and residency students were trained on family planning and modern contraceptives using the innovative distance-based learning platform “srh.org.kz” during 2021-2023.

Based on Communication strategy developed in 2019, UNFPA supported number of advocacy activities aimed at promotion of family planning. In 2021 a National Standard on providing family planning services at the outpatient level was developed and submitted to the MoH. UNFPA supported development of a Policy Paper on the necessity of inclusion of contraceptives into Basic Benefit package. Almost three hundred policy and decision makers from the Parliament of Kazakhstan, the Ministry of Health, the Social Health Insurance Fund and regional health authorities were sensitized on importance of family planning and modern contraceptives to ensure SRHR and on the inclusion of contraceptives into the State Guaranteed Benefits Package and/or the Social Health Insurance Plan.

As a result, in 2023 three types of contraceptives (emergency contraceptives, hormonal and intrauterine devices) were added into the Kazakhstan National Pharmaceutical Formulary. This is considered as a very important step forward that gives permissions for the public health facilities in the country as well as for the MOH and local health departments to purchase these types of contraceptives, which will contribute to the reduction of unmet need for family planning.

To further enhance the institutional mechanisms to deliver evidence-based SRH and family planning services, the CO supported in 2022-2023 the professional society to develop (i) the Clinical protocol on Family planning and modern contraceptive methods, (ii) the Clinical protocol on preconception preparation, (iii) the Clinical protocol on medical abortion. All clinical protocols were approved by the Joint Commission on Quality of Medical Services under the MoH.

To accelerate the progress towards achieving zero preventable maternal health and unmet need for family planning, the CO contributed to developing a Concept on maternal and child health 2024-2030. This document is planned to be approved by the Government in 2024. Moreover, the CO in 2023 contributed to drafting a Manual on the Confidential Enquiry into Maternal Deaths and strengthened capacity of 38 regional experts.

For making available the Quality Youth Friendly Services (YFS) in Kazakhstan, UNFPA supported the implementation of a comprehensive legal reform. In 2020-2021 the CO contributed to (i) amendment of the National Code “On population health and the healthcare system” by lowering the age of consent to receive outpatient services without parental consent from 18 to 16; (ii) including YFS into the Mandatory Social Health Insurance Plan; (iii) development of a package of subsidiary legislation on organizing and providing YFS. As a result, the Government allocated in the Social Health Insurance Fund 15.9 billion Kazakh Tenge (equivalent to 35 mln USD) to finance the YFS in 2021-2025. During the 2021 – 2023, UNFPA strengthened capacity of over 500 health professionals to provide quality youth friendly services.

For raising awareness among adolescents and their parents and promotion of YFS, the UNFPA CO continued support, technical maintenance and promotion of the SHYN.KZ digital information package. Shyn.kz is available in both

Kazakh and Russian, making it possible to address inequalities in access to sensitive information, especially for people living in rural areas. In 2021 the unique accounts at Facebook, Instagram and Tik-Tok were created for further promotion Shyn.kz among these social media networks. The website became one of the popular source of information for young people. There was a significant surge in Tik-Tok's followers, the number of subscribers has been increasing and reached over 65.000. Two hundred six published videos collected over 30 mln views during 2022 and in 2023, the "Shyn.kz" digital package (website, Instagram, and TikTok accounts) raised over 200,000 subscribers, over 340,000 reposts and over 180 mln views.

On the HIV and STI prevention, UNFPA CO supported HIV recency study, development of a Policy paper on HIV and STI that included situation analysis, testing, treatment and presented main strategic principles and directions in policy development in order to decrease STI and HIV transmission. Moreover, UNFPA initiated activities in empowering key populations and people living with HIV by developing a Manual for health professionals on providing SRH services to the key populations and PLWHIV, providing training to health professionals, and mapping the health facilities that know and capable to provide SRH quality services without discrimination to Key population and PLWHIV. The facilities are uploaded at the Yandex and Google digital maps and password protected.

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

For contribution to this output the activities were grouped into the following components: (1) multi-sectoral response to gender-based violence (MSR to GBV), (2) men engagement to gender equality and prevention of gender-based violence, (3) promotion and piloting of sexuality education, (4) expanding Y-Peer network in Kazakhstan, (5) improving access to information to GBV, reproductive health and reproductive rights to People with Disabilities, (6) partnership with Faith-Based Organizations (FBOs).

The MSR to GBV was initiated in Kazakhstan by its piloting in the Turkestan region. More than 400 professionals (the staff of the Centres on Social and Psychological support to GBV survivors- CSPSs, managers of crisis centres, specialists of regional and district departments of public development, healthcare, social protection, police, education strengthened their capacity in areas related to: (1) expert review and problem solving; (2) Standard Operating Procedures (SOP) to provide services to GBV survivors; (3) exchanging good practices and; (4) management of the newly created CSPSs and crisis centres/shelters in areas related to proper registration and documentation, service provision and multisectoral response to GBV. The piloting was well recognized as successful by the Local government with introduction and budgeting of the Centres in every district of the Turkestan region.

To further expand the Turkestan experience to other regions of Kazakhstan, UNFPA supported a series of regional training and consultations in 7 regions of Kazakhstan.

In 2019 UNFPA provided technical support to develop the Clinical protocol on providing medical care for GBV survivors at the primary healthcare level which was approved by the Joint Commission on quality of medical services under the MoH in April 2020. However, this document is intended only for medical doctors and not covered other primary healthcare professionals, such as nurses, social workers and psychologists. To fill this gap during 2020-2021 UNFPA supported the development of manuals for the above mentioned primary health care professionals.

At the same time, the MSR to GBV approach, as well as the health response to GBV mechanisms are not covered by the national medical education system. Having that, under the CSSF-funded project on "Strengthening Prevention and Response to Violence against Women and Girls in Central Asia", during 2022-2023 UNFPA supported formulating recommendations on integrating the "health response to GBV" mechanisms (including for people with hearing and vision disabilities) into the 5 main disciplines of undergraduate and residency levels of medical education (general practice, emergency care, general surgery/traumatology, obstetrics and gynecology, and nursing care). All of these recommendations approved by the Republican Academic Council under the Ministry of Health as elective curricula to roll out in national medical universities.

Based on the Kazakhstan experience within the Spotlight project the following materials were developed for Central Asian countries: (1) Situation analysis of the participation of the health, psycho-social, and law enforcement sectors to multi-sectoral response to sexual and gender-based violence in Central Asia; (2) Regional SOP models for health and social support sectors to provide services to GBV survivors, including for those with disabilities; (3) Training module package on the provision of services to survivors of violence for health and social support sectors. Eighty-five representatives of governments, ministries, public institutions, parliament, academia, and civil society from Central Asian countries received knowledge on the use of regional model SOPs, training package on provision of services to GBV survivors by health, psychosocial and police sectors and sources of GBV data.

In 2021 a Communication Strategy for Turkestan region on raising awareness of the population on GBV, MSR to gender/domestic violence and prevention of violence against women was developed and a series of training were provided to journalists that included: (i) Identification and prioritization of the main problems in the field of combating gender and domestic violence in the region; (ii) Demonstration of standards of communication and assistance to GBV survivors; (iii) Formulation of key messages; (iv) Study of the instruction on ‘how to cover gender-based violence’ for media; (v) Drafting of information materials on cases of gender-based and domestic violence. Unfortunately, no further development was made in implementing the communication strategy.

The Men Engagement component was focusing on national survey on the role of men, their level of engagement in family life and parenthood consisted of activities focusing on getting information about the men attitudes with presentation of its findings during different national and sub-national events. Such as at the Republican Forum of Fathers in Shymkent or in Astana which gathered almost 200 participants, including those from Parliament, the Ministry of Information and Social Development, local governments, non-governmental organizations representing interests of men, fathers, mothers and children including fathers raising children with disabilities, faith-based organizations, international organizations. Participants were sensitized on the need to improve participation of men in family life, sharing responsibilities in the household work and parenthood in order to achieve gender equality, decrease of divorces and no violence in the family.

Seven videos in Kazakh and Russian on how to react in stressful situations in the family, including during COVID-19 pandemic were produced. The videos content were based on the previously developed brochures by a team of experienced psychologists and psychotherapy doctors. The following topics are covered in the video materials: 1. The fear of death (related to COVID-19), 2. Alcoholism; 3. Domestic violence; 4. Unintended pregnancy; 5. Family planning; 6. Financial problems in the family; 7. Aloofness in the family relations. The videos were uploaded on the UNFPA website: <https://kazakhstan.unfpa.org/videos>

Within the Spotlight Initiative project for Central Asia 57 government representatives, civil society organizations, male activists, religious leaders, and journalists raised their knowledge on involving men and boys in gender equality and prevention of GBV and improved their understanding of the role of men and boys in promoting gender equality, prevention of GBV, importance of promoting positive manhood. During the Central Asian workshop, they have also exchanged knowledge and experience on best practices of involving men and boys.

The Regional workshop agenda and concept note was developed based on the results of the Situational Analysis of Men and Gender Equality in the Central Asian Region and developed regional strategy and communication plan for engaging men and boys in ending VAWG in Central Asia developed by a group of experts from Central Asia.

The CO started implementing activities to focus on social norms, develop zero tolerance to violence, to promote family planning, the concept on engaging men and raise legal and financial literacy among young people planning marriage. At the request of the Ministry of Culture and Information (MCI), UNFPA supported drafting a Concept note on premarital training for family couples and a package of training materials to conduct a voluntary 6-hour learning session before registering for marriage. These materials were submitted to the MCI and will be piloted in 2024.

An exhibition on engaging men was successfully launched in Almaty with partners from the Swedish Embassy. Also, 50 men in Turkestan and Atyrau have strengthened their knowledge of gender equality, family planning, and the prevention of Gender-Based Violence (GBV).

As part of the Spotlight Initiative programme for Central Asia, 55 government representatives, including the Ministry of the Interior, civil society organisations, men's activists, religious leaders and United Nations staff, improved their knowledge and understanding of the role of men in promoting gender equality and preventing gender-based violence, as well as the importance of promoting positive masculinity during the workshop held in Astana. The participants from 5 Central Asian countries exchanged knowledge and experience on best practices for involving men and boys. A practical guide on engaging men, developed by a group of Central Asian experts within the Spotlight Initiative program, was presented and discussed during the workshop.

The 8th Republican Father's Forum was conducted with the support of UNFPA in Astana. More than 300 participants representing government, ministries, parliament, civil society, and media people gathered together to sensitize the audience on the engaging men concept, zero tolerance towards GBV, changing social norms etc. The book "Being A Man in Central Asia" and the eponymous exhibition were also presented during the Fathers' forum. The book is a collection of stories of different men on the role of husbands and fathers in Central Asia. These stories reflect different facets of masculinity and fatherhood through case studies and documentary photography.

For the 16 Days of Activism campaign in 2023, the CO has successfully implemented the project on Nurly Zhol's art installation 'Untold' - aimed to raise awareness of GBV and encourage people to share their stories of discrimination and harassment. UNFPA, UNDP, UN Women, UN RCO, and WHO implemented the project. The opening day gathered guests, key partners, stakeholders and media. The event received great media coverage. For 2 weeks, a big board and anonymous booths were placed at the Nurly Zhol train station. Train station guests and passengers were encouraged to leave their stories written on papers that were provided in the booths. All the stories were collected by our volunteers, they will be digitalized and then used for further advocacy purposes.

During the previous programme cycle the UNFPA CO supported complete revision and re-design of the previously existed the Valeology Course with development of an Educational and Methodological complex consisting of (1) a Programme, (2) a Methodological Manual for Teachers, (3) a Textbook for students and (4) power point presentations. Since the "Valeology" terminology was not popular any longer the authors decided to rename it in a more commonly understandable way as a life-skills based education. The Course has demonstrated its high effectiveness and efficiency in raising the awareness of schoolchildren and colleague students about sexual and reproductive health and rights, gender-equality, prevention of gender based violence, etc. In 2022 the Educational and Methodological Complex was submitted to the Ministry of Education suggesting including the Course into the curriculum of the Institutes for upgrading teachers' education.

However, from time to time the CO receives requests from different educational institutions to capacity of their teachers in these areas. So, during the 2021-2023 over 300 teachers were trained in this course from different regions of Kazakhstan, the latter raised awareness of at least 3,000 – 6,000 adolescents.

UNFPA CO continued support for expanding Y-Peer network in Kazakhstan by organizing and holding National TOT training, ensuring best Y-Peer volunteers participation at annual Y-Peer summer leadership schools and in return the Y-Peer volunteers provide training on leadership skills through increasing awareness on reproductive health and rights, HIV and AIDS, stigma and discrimination, gender equality and prevention of violence against women with coverage of 9,000 – 15,000 peers annually in different educational settings almost in all regions of Kazakhstan. This is a great and strong volunteer network that can reach a lot of young people, therefore, is being used for different communication campaigns. For example, on the eve of the World AIDS Day, Y-Peer volunteers in Almaty organized "HIV Day: Know your status". More than 100 people participated in this event, where young people talked and highlighted the importance of reliable information about how the virus is transmitted and how to protect themselves.

On improving access to information to GBV, reproductive health and reproductive rights to People with Disabilities the CO supported development of a publication entitled “A matter of importance: your reproductive health and reproductive rights” translated into Braille format for people with visual impairments, as well as on audio discs. The publication is currently available at 34 specialized libraries and boarding schools for visually impaired people and national libraries of all the regions of Kazakhstan.

The package of informational materials on reproductive health and reproductive rights, STIs and HIV prevention for people with intellectual disabilities was translated into an ‘Easy-to-read’ format in Kazakh and Russian languages. A series of TOT for national experts on how to present information adapted to persons with intellectual disabilities was conducted during 2021-2022.

Five video clips with sign language translation (in Kazakh and Russian) were developed and widely disseminated covering SRH, safe sexual behavior, puberty, FP and safe motherhood to make services and information more accessible for PwD, including adolescents. Five video-audio clips with sign language for PwD on protection from COVID-19, how to act in case of GBV, and “We decide” video highlighting their reproductive rights and rights to be free from any discrimination and to participate in the decision-making process widely disseminated (social media, national and local TV Channels). One thousand five hundred protective face shields (on average two shields per person) were provided to Kazakhstan’s professional sign language interpreters and those involved in facilitating easier access to information and services for people with hearing impairments during the pandemic.

On the occasion of the "International day of people with disabilities", UNFPA jointly with the Association of women with disabilities "Shyrak" developed an article on Reclaiming bodily autonomy for persons with disabilities in Kazakhstan to raise awareness about the rights of people with disabilities to access sexual and reproductive health services and information, to live free of violence and discrimination in all spaces and to inclusive decision making. The article is published at EECA website: <https://eeca.unfpa.org/en/news/reclaiming-bodily-autonomy-persons-disabilities-kazakhstan>.

90 social service providers supporting people with disabilities in Almaty, Shymkent and Turkestan region learnt about MSR to GBV system and services and were sensitized on how to provide social services to PwDs subjected to GBV. This was done through adapting the EECARO training package on providing Multi-sectoral response to gender-based violence (MSR to GBV) services for Persons with Disabilities and related building capacities of service providers – social workers supporting PwD. Moreover, to make SRHR knowledge accessible to PwD, Information materials on SRHR issues in an “easy-to-read” format were translated into Kazakh language for persons with mental/intellectual disorders.

Fifty young people with different forms of disabilities from different regions of Kazakhstan during 2022 -2023 had a good opportunity to raise their awareness on human rights and rights of persons with disabilities, on philosophy of independent life, as well as the modern understanding of disability, on skills and abilities of independent living, on gender and disability, gender-based violence against persons with disabilities and on reproductive health and rights. This was done through two annual summer schools with the gender composition of girls and boys aged 18-29. As the result, the participants were equipped with the skills and knowledge about SRHR, Gender, GBV, which is very important for young people with disabilities due to their limited socialized life back at home and the lack of knowledge about their rights and very limited knowledge about SRHR and GBV. The absence of those skills mostly affect those young people to be vulnerable and subjected to GBV.

As a part of the collaboration with the Spiritual Administration of Muslims of Kazakhstan (DUMK) a methodological package for the educational course "Basics of a Healthy and Prosperous Family in Islam" was developed for its introduction into the teaching process of colleges – madrasah. The Course topics about family, family planning, maternal and reproductive health, the rights and responsibilities of men and women in Islam, attitude towards women in Islam, responsible parenthood, inadmissibility of domestic violence, including early/forced marriages. The Course

was approved by the DUMK and recommended for introduction into the educational process of madrasah colleges as an elective course. Following this in 2022, 18 ustazes (13 male and 5 female teachers) from 9 college-madrasahs of Kazakhstan went through a TOT training and have knowledge how to teach the Course to their students.

In 2023 forty specialists from 9 regions of Kazakhstan who are practicing the provision of psychological services, specialists from the Spiritual Administration of Muslims of Kazakhstan and from Madrasah were trained on quality provision of psychological support services to Muslim women survivors of violence. This kind of training was conducted to support Muslim women subjected to GBV and who usually do not seek support from the law enforcement bodies and the crisis centres.

The Thematic Friday sermons (Zhuma namazes) on SRH, FP, Family values, responsible parenthood, support of pregnant women by husbands, GBV and early marriage prevention were developed and were included into the list of 2021 prayers of the Muftiyat.

Pre-marriage consultations materials for couples on family values, prevention of GBV, responsible parenthood, FP, SRH in accordance with the canons of Islam developed with UNFPA support back in 2020 were approved by the DUMK. Following the approval, the materials were printed in Kazakh (56,000 copies) and Russian (24,000 copies) and disseminated among 19 central mosques of the country for further dissemination to approximately 3,000 districts' mosques of the country. The materials will be used during the pre-marriage consultations to help young couple with building relationships based on mutual respect and support, raising children with dignity, investing in family planning and quality maternal health.

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

During 2021-2023 the following achievements were made under the PD component:

In 2021, Kazakhstan made significant strides in addressing various aspects of population dynamics, focusing on ageing, national capacity building, preparation for the Violence Against Women and Girls (VAWG) national survey, and support for census operations. Under the Ageing component, efforts included sensitizing policymakers and stakeholders on Active Longevity Policy, conducting capacity-building seminars, training journalists, and providing technical support to improve data systems and develop communication materials. Additionally, support was extended to the Ministry of Labor and Social Protection for the national MIPPA report and to the Bureau of National Statistics for the statistical yearbook "Older People of Kazakhstan" and measuring Active Ageing Index. Capacity building initiatives encompassed training specialists on demographic issues and VAWG methodology, while preparation for the VAWG national survey involved developing methodology and data collection instruments. Support for the national census of the 2020 round to ensure adherence with international standards and UN recommendations included training specialists and facilitating paperless survey methods.

In 2022, Kazakhstan continued its efforts in addressing ageing issues, collaborating with relevant ministries and organizations. Notable achievements included the issuance of statistical publications on older people, calculation of Active Longevity Indexes, and participation in international conferences focusing on ageing and demographic resilience. Efforts were made to enhance national capacity through training sessions and hosting conferences. The VAWG national survey was successfully conducted with the support of UNFPA and UN WOMEN.

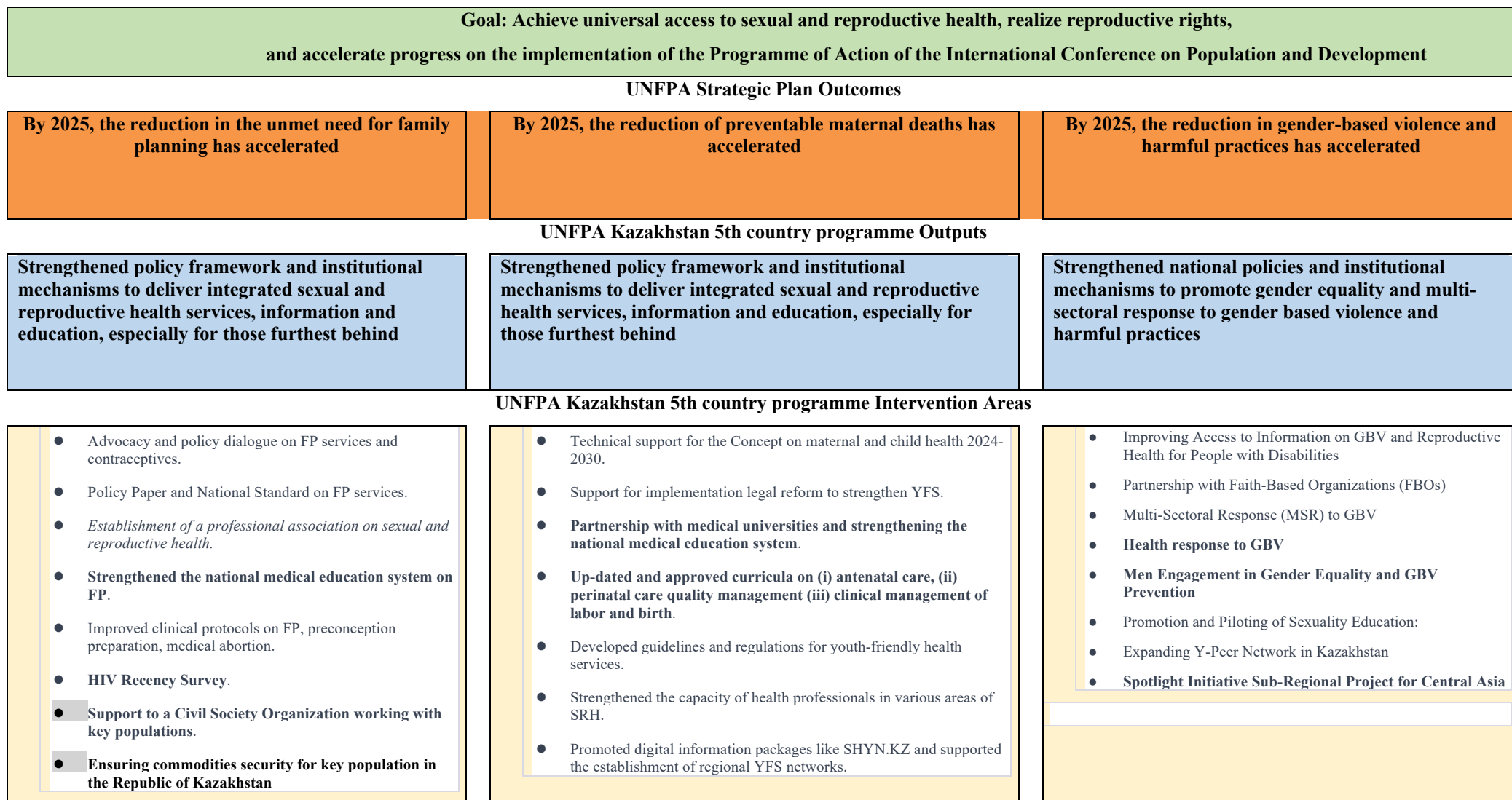
In 2023, Kazakhstan achieved notable milestones in several areas related to population dynamics and data. Among them are the development of a Road Map and Plan of Action for Active Ageing, with integration of demographic dynamics into national development plans, and production of analytical reports and communication materials based on census data. Initiatives were undertaken to transition to register-based censuses and plan for the next round of MICS, focusing on maternal health, family planning, and attitudes towards domestic violence. These achievements underscore Kazakhstan's commitment to addressing population dynamics and utilizing data-driven approaches to inform policies and programs.

The UNFPA Kazakhstan CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Kazakhstan 5th country programme 2021-2025 is based on the following results framework presented below:

Figure 1. Kazakhstan/UNFPA 5th Country Programme 2021 - 2025 Results Framework



Nota Bene: "Country Programme Intervention Areas" boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance on achieving development results and on invested resources; (ii) support evidence-based decision-making to inform the development of the next country program; and (iii) generate learning and share good practices and credible evaluative evidence to support organizational learning.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Kazakhstan CO, national stakeholders and rights-holders, the UNFPA EECA Regional Office, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Kazakhstan 5th country programme 2021 - 2025.
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness and sustainability of UNFPA support within the 2021-2025 country programme in changing discriminatory social norms to accelerate reduction in the unmet need for family planning and in reducing gender-based violence .
- ii. To provide an assessment of the role played by the UNFPA Kazakhstan CO in the coordination mechanisms of the UNCT and UNFPA contribution toward achievement of UNSDCF outputs.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the Almaty city and Turkestan region where UNFPA implemented interventions.

Thematic Scope

The evaluation will cover the following thematic areas of the 5th CP: (i) Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, information and education, especially for those furthest behind; (ii) Strengthened national policies and institutional mechanisms to promote gender equality and multi-sectoral response to gender-based violence and harmful practices. The current evaluation will be focusing only on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: starting from January 2021 up to the period of the evaluation data collection.

The current evaluation is being conducted in parallel with the country programme evaluations by UNDP and UNICEF, as well as evaluation of the UNSDCF 2021-2025. UNDP and UNICEF are conducting the evaluations by clusters, i.e. one evaluation team evaluates 4-5 countries, including Kazakhstan CP. The UNSDCF evaluation is conducted by the UN Resident Coordinator Office. It was agreed that each agency shares the draft reports of their respective evaluations with the UNSDCF evaluation consultant for consideration and integration into the UNSDCF evaluation report. It is expected that the agency-specific programme evaluations collaborate closely for comprehensive coordination and complementarity, where possible, as it is assumed that the agency-specific programme evaluation, with its achieved results, contributes to attaining the overall UNSDCF results.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation [Handbook](#), the evaluation will examine 3 out of the five OECD/DAC evaluation criteria: relevance, effectiveness, sustainability.⁴

| Criterion | Definition |
|-----------------------|--|
| Relevance | The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. |
| Effectiveness | The extent to which the interventions achieved, or is expected to achieve, its objectives and results, including any differential results across groups. |
| Sustainability | The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends). |

One specific criterion is strategic positioning of UNFPA CO within UNCT and added value of UNFPA CP to UNSDCF outputs.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Kazakhstan CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

EQ1: To what extent has the UNFPA support strengthened policy framework and institutional mechanisms on changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence?

EQ2: To what extent the planned interventions related to changing discriminatory social norms toward accelerating the reduction in the unmet need for family planning and the reduction of the gender-based violence adequately reflect the outcomes of the UNFPA Strategic Plan and outputs stated in the UNFPA Kazakhstan 5th CP?

⁴ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

Effectiveness

- EQ3:** To what extent have the intended programme outputs related to family planning and the reduction of the gender-based violence been achieved?
- EQ4:** To what extent did the outputs contribute to changing discriminatory social norms and what was the degree of achievement of the outcome?
- EQ5:** To what extent has UNFPA policy advocacy and capacity building support helped to ensure that the reduction in the unmet need for family planning and the reduction of the gender-based violence contribute to changes in discriminatory social norms?

Sustainability

- EQ6:** To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
- EQ7:** To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Kazakhstan CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Kazakhstan 5th country programme 2021-2025 (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective and sustainable has the support provided by the UNFPA Kazakhstan CO been during the period of the 5th country programme.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results.

This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Kazakhstan 5th country programme 2021-2025 made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Kazakhstan CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Kazakhstan CO has established an ERG comprised of key stakeholders of the country programme, including governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA EECA Regional Office. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation [Handbook](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Kazakhstan CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes the Evaluation [Handbook](#) and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,⁵ *Ethical Guidelines for Evaluation*,⁶ *Code of Conduct for Evaluation in the UN System*⁷, and *Guidance on Integrating Human Rights and*

⁵ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁶ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁷ Document available at: <http://www.unevaluation.org/document/detail/100>.

*Gender Equality in Evaluations.*⁸ When contracted by the UNFPA Kazakhstan CO, the evaluators will be requested to sign the *UNEG Code of Conduct*⁹ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Kazakhstan. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation team is required to follow all the guidance in the Handbook throughout the whole evaluation process, including using the templates and links provided. Notably, these include the templates for the evaluation matrix and the stakeholder agenda. They must also follow the [editorial guidance](#) in drafting the design and final evaluation reports and ensure that the evaluation report meets the requirements of the [evaluation and assessment \(EQA\) grid](#).

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews and group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix, on a daily basis, to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

⁸ Document available at: <http://www.unevaluation.org/document/detail/980>.

⁹ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Kazakhstan CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Kazakhstan CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Kazakhstan CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 1 week for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Kazakhstan CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff

- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA EECARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 1 week for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each

conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Kazakhstan CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (*Handbook, Chapter 5*)

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Kazakhstan CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure

and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).

- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Kazakhstan CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English and all the Power Point presentations will be developed in English and Russian.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid¹⁰ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.

¹⁰ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Kazakhstan CO, (iii) the regional M&E adviser in UNFPA EECARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE¹¹

| Main tasks | Responsible entity | Deliverables | Estimated Duration |
|--|---|------------------|------------------------|
| Design phase | | | |
| Induction meeting with the evaluation team | CPE Manager and evaluation team | 15 April 2024 | 15 April – 17 May 2024 |
| Orientation meeting with CO staff | CO Representative, CPE Manager, CO staff and RO M&E Adviser | 16 April 2024 | |
| Desk review and preliminary interviews, mainly with CO staff | Evaluation team | 15-26 April 2024 | |
| Developing the evaluation approach | Evaluation team | 15-30 April 2024 | |

¹¹ For full information on all tasks and responsible entities, see the relevant chapters of the Handbook [LINK](#)

| | | | |
|---|---|--|-----------------------|
| Stakeholder sampling and site selection | Evaluation team, CPE Manager | Stakeholder map [LINK] 22 April 2024 | |
| Developing the field work agenda | Evaluation team, CPE Manager | Field work agenda [LINK] | |
| Developing the initial communications plan | CPE Manager and CO communications officer | <i>Communication plan (see Evaluation Handbook, Chapter 5)</i> | |
| Drafting the design report version 1 | Evaluation team | Design report- version 1 3 May 2024 | |
| Quality assurance of design report version 1 | CPE Manager and RO M&E Adviser | | |
| ERG meeting to present the design report | Evaluation team, CPE manager | PowerPoint presentation on design report version 1 | |
| Drafting the design report version 2 | Evaluation team | Design report - version 2 13 May 2024 | |
| Quality assurance of design report version 2 | CPE Manager and RO M&E Adviser | | |
| Final design report | Evaluation Team | Final design report (see Evaluation Handbook, section 2.4.4) 17 May 2024 | |
| Field phase | | | |
| Preparing all logistical and practical arrangements for data collection | CPE Manager | | 20 May – 13 June 2024 |
| Collecting primary data at national and sub-national level | Evaluation team | | |
| Supplementing with secondary data | Evaluation team | | |
| Collecting photographic material | Evaluation team | Photos (see Evaluation Handbook, Section 3.2.5) | |
| Filling in the evaluation matrix | Evaluation team | Evaluation matrix [LINK] | |
| Conducting a data analysis workshop | Evaluation team | | |
| Debriefing meeting with CO and ERG | Evaluation team and CPE manager | PowerPoint presentation | |

| | | | |
|---|---|--|------------------------|
| | | 13 June | |
| Reporting phase | | | |
| Consolidating the evaluation matrix | Evaluation team | Evaluation matrix [Link] | 17 June – 25 July 2024 |
| Drafting CPE report version 1 | Evaluation team | Evaluation report - version 1 | |
| Quality assurance of CPE report version 1 [Link] | CPE Manager and RO M&E Adviser | 17 June – 8 July | |
| ERG meeting on CPE report version 1 | Evaluation team and CPE Manager | PowerPoint presentation 8 July | |
| Recommendations workshop | Evaluation team, CPE manager, ERG members | Recommendations worksheet 8 July | |
| Drafting CPE version 2 | Evaluation team | Evaluation report - version 2 19 July | |
| Quality assurance of CPE report version 2 [Link] | CPE Manager and RO M&E Adviser | | |
| Final CPE report | Evaluation team | Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail [Link] 25 July | |

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/CPE Manager; **in bold**: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Kazakhstan CO, in close consultation with the Ministry of Foreign Affairs that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Kazakhstan CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Kazakhstan CO, UNFPA EECARO, representatives of the national Government of Kazakhstan, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA EECARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office IEO** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) a team member who will provide technical expertise in one of the thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment). In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 5th UNFPA country programme in Kazakhstan.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team member will be recruited locally to ensure adequate knowledge of the country context and mainly will be providing technical and logistical assistance to the team leader. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Kazakhstan CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Kazakhstan CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Kazakhstan.
- Fluent in written and spoken English and knowledge of Russian is an asset.

Health expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in development of analytical reports, implementation of technology transfer projects.
- Substantive knowledge of health policy, including SRHR, including HIV and other sexually transmitted infections, maternal health, SRHR of adolescents and youth, youth friendly services and family planning.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Kazakhstan.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Russian, the knowledge of Kazakh is an asset.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

| | |
|--|-----|
| Upon approval of the design report | 20% |
| Upon submission of a draft final evaluation report of satisfactory quality | 40% |
| Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results | 40% |

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

| | Team leader | Thematic experts |
|---|-------------|------------------|
| Design phase | 12 | 5 |
| Field phase | 12 | 20 |
| Reporting phase | 20 | 5 |
| Dissemination and facilitation of use phase | 2 | 1 |
| TOTAL (days) | 46 | 31 |

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)

<https://www.unfpa.org/strategic-plan-2018-2021>

2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. UNFPA Evaluation Policy (2024) [LINK to be provided]
4. UNFPA Evaluation [Handbook](#)
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office: [list all evaluations individually and provide the direct hyperlink to each report], examples:
 - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
 - *Formative evaluation of UNFPA support to adolescents and youth*
 - *etc.*

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

Kazakhstan national strategies, policies and action plans

6. [Concept](#) of Family and Gender Policy of the Republic of Kazakhstan up to 2030
7. Healthcare development [programme](#) 2020-2025
8. National Project “[Healthy Nation](#)” 2021-2025
9. the State Programme of [Education](#) for 2020 – 2025
10. United Nations Sustainable Development Cooperation Framework ([UNSDCF](#))

UNFPA Kazakhstan CO programming documents

11. Government of Kazakhstan /UNFPA 5th [Country Programme Document](#) 2021 – 2025
12. United Nations Common Country Analysis/Assessment ([CCA](#))
13. CO annual work plans ([2021](#), [2022](#), [2023](#))

UNFPA Kazakhstan CO M&E documents

14. Government of Kazakhstan /UNFPA 5th Country Programme M&E Plan ([year-year])
15. CO annual results plans and reports (SIS/MyResults) – saved in CPE folder
16. CO quarterly monitoring reports (SIS/MyResults)
17. Previous evaluation of the Government of Kazakhstan /UNFPA 5th Country Programme (2010-2018), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

18. Implementing partner annual work plans and quarterly progress reports
19. Implementing partner assessments
20. Audit reports and spot check reports
21. Meeting agendas and minutes of joint United Nations working groups
22. Donor reports of projects of the UNFPA Kazakhstan CO
23. Evaluations conducted by other UN agencies

15. Annexes

| | |
|---|--|
| A | Theory of change |
| B | Stakeholder map (will be provided to the contracted consultants) |
| C | Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants) |
| D | Tentative evaluation work plan |

Annex A : Theory of change

5th UNFPA country programme support to the Government of Kazakhstan for 2021-2025

Overview

UNFPA Kazakhstan developed this theory *of* change following the guidance of the new United Nations Sustainable Development Cooperation Framework (Cooperation Framework). UNFPA and implementing partners decided to go for option B of the country programme development proposed in the Cooperation Framework document.

“Option B: *UN development system entities develop an entity-specific country development programme document with Cooperation Framework outcomes copied verbatim.*”

UN Country Team agreed to coordinate Cooperation Framework implementation through a number of results groups. “A results group comprises contributing UN development entities (resident and non-resident) and is chaired or co-chaired by UN heads of agencies. Results groups improve international coordination and ensure a coherent UN system-wide approach to a strategic priority. They make the UN development system a more effective partner and reduce transactions costs for stakeholders. Results groups must meet at least once every two months.”

The UNFPA country programme will be directly contributing to the three out of six Cooperation Framework outcomes and indirectly to a fourth one.

- a. 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
- b. 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.
- c. 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.

The country programme also contributes to the achievement of following UNFPA strategic plan 2018-2021 outcomes.

- a. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
- b. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts
- c. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.
- d. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

In its efforts to achieve the above-mentioned outcomes, UNFPA will apply four principles.

1. Promoting and protecting human rights.
 2. Reaching furthest behind populations.
 3. Accountability, transparency and efficiency.
 4. Complementarity between humanitarian and development context.
-
1. This Country Programme will have more emphasis on improving the quality of services, strengthening prevention, generating demand and empowering with knowledge and skills on reproductive health and gender issues and development of human rights and evidence based public policies.
 2. The proposed programme will improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality. The programme has a specific focus of reaching the furthest behind populations: (a) women in rural areas; (b) women and girls subjected to gender-based violence; (c) adolescent girls and boys aged 15 to 19 years old; and (d) women and young people with disabilities.

3. UNFPA will directly invest its resources in the causal conditions necessary to achieve the outcomes. These causal conditions constitute the country programme outputs, which reflect the interventions that UNFPA intends to implement.
4. To support these interventions, UNFPA, in the country will apply two key strategies, namely:
 - (a) Advocacy and policy dialogues;
 - (b) Partnership and coordination, including south-south and triangular cooperation.

STRATEGIC PLAN OUTCOME 1

CP OUTCOME INDICATORS:

Outcome indicator 1:

Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern method
Baseline: 55.7% (2015)
Target: 70%
Disaggregation: by age and region

Outcome indicator 2: Adolescent birth rate

(SDG 3.7.2)
Baseline: 24 (2018)
Target: 20.6 (2025)

CP OUTPUT INDICATORS:

Output 1 indicator 1: Contraceptives included into the Kazakhstan National Pharmaceutical Formulary
Baseline: No (2020)
Target: Yes (2022)

Output 1 indicator 2: Proportion of Primary Health Care facilities that provide family planning services.
Baseline: 0% (2020)
Target: 30% (2025)

Output 1 indicator 3: Distance learning platform on family planning and modern contraceptives integrated within the national health education system.
Baseline: No (2020)
Target: Yes (2025)

Output 1 indicator 4: A network of Youth Friendly Health Centres is established, at least one in each of the 17 regions of Kazakhstan, with sustainable financing from public sources and that provide standardized Youth Friendly Health Services.
Baseline: No (2020)
Target: Yes (2025)

Output 1 indicator 5: Use of contraceptives among sexually active adolescents aged 15-19.
Baseline: 28.6% (2015 Kazakhstan MICS)
Target: 50% (2025)

Output 1 indicator 6: Established web-based distance counselling on SRH for adolescents and youths from rural and remote areas.
Baseline: No (2020)
Target: Yes (2024)

Output 1 indicator 7: National guidelines and/or protocols are developed based on SOPs for the respective sectors providing services to GBV survivors (health, psycho-social support and police)
Baseline: No (2020)
Target: Yes (2024)

Output 1 indicator 8: Based on developed Clinical Protocols and Algorithms on gender-based violence a training package is developed, approved by the Ministry of Health.
Baseline: No (2020)
Target: Yes (2024)

Output 1 indicator 9: Number of government service providers trained on national guidelines and protocols developed within the system of the Multi-sectoral response to

UN Cooperation Framework 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.

UNFPA SP Outcome 1:

Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

UNFPA SP Outcome 2:

Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

UNFPA SP Outcome 3:

Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

CPD Output 1. Strengthened institutional mechanisms to deliver integrated sexual and reproductive health services, to promote gender equality and multi-sectoral response to gender based violence, especially for those furthest behind.

Strategic Interventions

(a) ensuring universal access to sexual and reproductive health services within universal health coverage with focus on family planning, contraceptive security, prevention and control of sexually transmitted infections, including HIV, prevention of cervical cancer;

(b) strengthening of quality assurance system on sexual and reproductive health services, such as surveillance, auditing, accreditation, regulation of clinical practices in accordance with internationally acceptable standards and best practices;

(c) establishing self-regulated and sustainable professional association on sexual and reproductive health;

(d) strengthening health education system that responds to gender and age needs and sexual and reproductive health and reproductive rights;

(e) ensuring sustainability of the national network of youth friendly health centers and access to distance health counselling and information, especially for adolescent from rural and remote areas;

(f) strengthening health sector's response to gender-based violence, including sexual violence;

(g) integration of standard operating procedures and referral mechanisms within a system of multi-sectoral response to gender based violence and reach those furthest behind.

RISKS:

Government has no will nor adequate budget to provide SRH services and response to gender-based violence.
Demand generation requires long-term advocacy efforts both for the policy-makers and the population at large. This requires a lot of complex efforts which may not show results within 5 yrs.
Priorities might shift easily against SRH issues

RISKS:

Government does not recognize all the benefits of Family Planning for the national policy, for the health of population, for the individuals.
Government does not considers a need to ensure access of adolescents and people with disabilities to quality SRH services, information and contraceptives.
Majority of local authorities and staff of related sectors are reluctant to take additional duties on GBV prevention, detection and assistance to GBV survivors in general, and to PWD subjected to GBV, particularly.
Existing mechanisms to detect and respond to violence against people with disabilities are not effective and sufficient and result to the lack of trust of GBV survivors to the related local

STRATEGIC PLAN OUTCOME 2

CP OUTCOME INDICATORS:

Outcome indicator 1:

Comprehensive sexuality education integrated into the national secondary and vocational education system

Baseline: No (2020)

Target: Yes

Outcome Indicator 2:

Number of annual marriages registered among adolescents aged 15-19.

Baseline: 15,253 in 2017

Target: 10,000 in 2025

Outcome Indicator 3:

Percentage of women aged 15-49 year who believe a husband is justified in beating his wife in various circumstances (link to SDG 5.2.1)

Baseline: 14.2% (2015)

Target: 10% (2025)

Outcome Indicator 4:

Proportion of women aged 20-24 years who were married before age 18

Baseline: 7.8% (2015)

CP OUTPUT INDICATORS:

Output 2 Indicator 1: Supportive attitude toward use of contraceptives among young people

Baseline: 56% (2019)

Target: 70% (2025)

Output 2 Indicator 2: Percentage of adolescents who have comprehensive knowledge about HIV

Baseline: 9.1% (2018)

Target: 35% (2025)

Output 2 indicator 3: Number of users/visitors of innovation channels on SRH information and counselling.

Baseline: 0 (2020)

Target: 5% of adolescents aged 15-19

Output 2 indicator 4: Number of civil society, community and faith based organization have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence), sexual and reproductive health and reproductive rights

Baseline: 0 (2020)

Target: 3 (2025)

Output 2 indicator 5: Gender-sensitive curriculum adopted in Madrasas addressing Reproductive health and Gender-related issues

Baseline: No (2020)

Target: Yes (2025)

Output 2 indicator 6: Communication and education materials and Training package on SRH and GBV issues developed for women and young people with disabilities in different acceptable formats

Baseline: No (2020)

UN Cooperation Framework 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.

UNFPA SP Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

UNFPA SP Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

UNFPA SP Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

CPD Output 2. Strengthened (Generate ?) demand among women, adolescents and youth, general population for ensuring access to quality sexual and reproductive health services, information and education, and to prevent and respond to gender-based violence and early marriages.

Strategic Interventions

(a) development and implementation of a comprehensive advocacy and communication strategies on promotion of family planning, use of contraceptives, safe behavior targeted at general population, adolescent, youth and their parents, those furthest behind and policy and decision makers;

(b) introduction of comprehensive age-appropriate sexuality education into national education secondary and vocational curriculum;

(c) strengthening of civil society leadership toward changing social norms related to sexual and reproductive health issues, gender equality, prevention of gender-based violence and early marriages through promotion of youth-led organizations, including Y-Peer volunteer network, women's NGOs, engagement of men and boys, and religious leaders;

(d) development and promotion of innovation

RISKS:

Population of Kazakhstan is against ensuring access of adolescents to SRH health services, contraceptives and information and education. Population of Kazakhstan is turning to more traditional beliefs toward gender equality and early marriages.

RISKS:

The Ministry of Education and Science is still reluctant to consider inclusion of sexual and reproductive issues into school curriculum. The oppositional attitude of politicians and a certain part of the population to the issues of adolescent access to sexual education can hinder the process of introducing sexual education into the formal education system

STRATEGIC PLAN OUTCOME 3

CP OUTCOME INDICATORS:

Outcome indicator 1: Guaranteed full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (related to the 2018-2021 SP outcome 3, indicator 4).

Baseline: 0.63 (2019)

Target: 0.85 (2025)

Outcome Indicator 3:

National development plans and policies exist that explicitly integrate demographic dynamics, including changing age structure, population distribution and and population projections, with focus on those furthest behind

Baseline: No

Target: Yes (2025)

UN Cooperation Framework 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.

UNFPA SP Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

CPD Output 3. 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.

RISKS:

RISKS:

Weak Government's commitment to allocate and conduct national surveys, such as MICS, on prevalence of VAWG and on Gender and Generations

Strategic Interventions

(a) strengthening of national statistical system capacity to produce population data and address data gaps related to the ICPD and SDGs indicators - supporting the government to conduct next rounds of national surveys such as prevalence of violence against women and girls, Generations and Gender Survey, Multiple Indicator Cluster Survey;

(b) supporting primary and secondary analysis and wide dissemination of findings of 2020 population and housing census data and above listed national surveys;

(c) producing data and research on UNFPA-prioritized Sustainable Development Goals indicators;

(d) supporting formulation of a national development programmes and policy documents that explicitly integrate demographic dynamics, including changing age structure, population distribution and population projections, with focus on those furthest behind;

(e) strengthening the population data disaggregation and use;

(f) reinforcing advocacy interventions on contribution of family planning policies implementation to population and human development;

(g) strengthening national capacity on demographic intelligence and producing population projections for formulation and implementing development programmes and strategies.

CP OUTPUT INDICATORS:

Output 3 indicator 1: Data of 2020 population and housing census analysed, disseminated and available for public at large

Baseline: 2009 Census

Target: 2020 Census

Output 3 indicator 2: Next round of the survey on prevalence of Violence against Women and Girls conducted in 2021, data analysed and used for monitoring of VAWG programmes

In 2021 Baseline: No;

Target: Yes

Output 3 indicator 3: Multiple Indicator Cluster Survey conducted in 2021-2022

Baseline: No;

Target: Yes

Output 3 indicator 4:

The second wave of Generations and Gender Survey conducted, data collected, analyzed and presented to the Government in

Baseline: No;

Target: Yes (2023)

Output 3 indicator 5:

Road Map and Plan of Action for Active Ageing is developed and put into action by the Government

Baseline: No (2020);

Target: Yes (2025).

Annex B : Stakeholder map

Note to the CPE manager: In consultation with programme staff in the country office, develop an initial stakeholder map to identify stakeholders involved in the preparation and implementation of the CPE, including partners who do not work directly with UNFPA, yet play a key role in relevant outcomes or thematic areas of the country programme in the national context. In the case of a CPE that includes a humanitarian component, include humanitarian actors such as specific donors, humanitarian sector members and staff from lead agencies of clusters and sub-clusters.

Important: Please complete both tables below. the tables are not to be annexed to the ToR attached to the Call for evaluation consultancy. The completed tables must be ready and handed to the

Table 1

| Donor | Implementing agency | | | | | | | Other partners | | | | | | | Rights holders | Other |
|--|---------------------|-----------|----------|---------------------|----------|---|-------|----------------|-----------|----------|---------------------|---|----------|-------|----------------|-------|
| | Gov | Local NGO | Int. NGO | Women’s rights org. | Other UN | Academia | Other | Gov | Local NGO | Int. NGO | Women’s rights org. | Other UN | Academia | Other | | |
| Strategic Plan 2022-2025 Outcomes | | | | | | | | | | | | | | | | |
| SP Outcome 1 | | | | | | SP Outcome 2 | | | | | | SP Outcome 3 | | | | |
| By 2025, the reduction in the unmet need for family planning has accelerated | | | | | | By 2025, the reduction of preventable maternal deaths has accelerated | | | | | | By 2025, the reduction in gender-based violence and harmful practices has accelerated | | | | |
| Output: [insert relevant county programme output as per the Strategic plan 2022-2025] If the CPD is not aligned with the Strategic Plan 2022-2025, please use the outcome and output areas of the 2018-2021 Strategic Plan | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Output: [insert relevant county programme output as per the Strategic plan 2022-2025] | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Output: [insert relevant county programme output as per the Strategic plan 2022-2025] | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
| Output: [insert relevant county programme output as per the Strategic plan 2022-2025] <i>insert additional rows as applicable</i> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Table 2

Note to the CPE manager: For all entities/organizations identified in Table 1, please provide the following information:

| Acronym | Name of the entity/organization | Role/responsibilities | Starting date of the collaboration with the CO | Contact person(s) | | | Reference staff in CO |
|---------|---------------------------------|-----------------------|--|-------------------|----------------|--------|-----------------------|
| | | | | Name | Title/Function | E-mail | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Annex C : Excel sheet on analysis of UNFPA interventions

Note to the CPE manager: The guidance to generate the Excel sheet is available in the CPE Management Kit (Analyzing the list of UNFPA interventions)

Annex D: Tentative time frame and workplan

Note to the CPE manager:** The work plan provides an overview of the main tasks in the different phases of the CPE process. It includes the expected deliverables and the duration of each evaluation phase (in weeks). During the Design phase, the evaluation team leader, in collaboration with the evaluation manager will finalize the present tentative work plan and respective duration of each evaluation phase to **ensure that the evaluation results are available at the time when the planning and design of the next programme cycle star

| Evaluation Phases and Tasks | March 2024: | | | | April 2024: | | | | May 2024: | | | | June 2024: | | | | July 2024: | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | |
|--|-------------|---|---|---|-------------|---|---|---|-----------|---|---|---|------------|---|---|---|------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Design phase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Induction meeting with the evaluation team | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orientation meeting with CO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desk review and preliminary interviews, mainly with CO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developing the initial communication s plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drafting the design report version 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality assurance of design report version 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ERG meeting to present the design report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drafting the design report version 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality assurance of design report version 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submission of final design report to CPE manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Update of communication plan (based on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

[illegible]

[illegible]

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