



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
20 June 2025

Original: English

**Second regular session 2025**

25 to 28 August 2025, New York

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Kazakhstan**

Proposed indicative UNFPA assistance:	\$7.5 million: \$4.1 million from regular resources and \$3.4 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Sixth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

## I. Programme rationale

1. Kazakhstan is an upper-middle-income country and the ninth largest country in the world by land area, with a total population of over 20 million. It has a population density of 7.4 people per square kilometre, and 37 per cent of the population resides in rural areas. The country has a total fertility rate of 2.6, and an adolescent birth rate of 22 per 1,000 girls aged 15-19 years. Youth aged 10-24 years account for approximately 22.6 per cent of the population, with a median age of 32 years, while the proportion of people aged 65 and above is projected to double by 2050. Currently, there are around 75 dependents (children and elderly persons) for every 100 working-age adults, posing significant implications for individuals, households, society and sectors of the economy.

2. Kazakhstan ranks 60 (0.837) out of 193 countries on the human development index for 2023, according to the *Human Development Report 2025*. However, inequalities by gender, age, income and geographic location persist, with high rural poverty rates resulting from interlinked socioeconomic barriers. This economic uncertainty highlights the disproportionate impact of macroeconomic performance on low-income households, particularly female-headed households and groups in vulnerable situations. Women head 35.4 per cent of all households, and 3 per cent of the population is registered as having physical disabilities – of whom 15 per cent are children and 44 per cent are women. Adopting a demographic resilience approach will place population dynamics at the core of the country's long-term vision, Kazakhstan 2050.

3. About 30 per cent of the population live in flood-prone areas, and two million residents of Almaty live in a seismically active zone, with the impact of climate change exacerbating the frequency of droughts, wildfires and desertification. Although the law on civil protection governs national disaster response, there is no comprehensive emergency plan, underscoring the need to strengthen national capacities to deliver sexual and reproductive health (SRH) and gender-based violence (GBV) response in emergencies.

4. Kazakhstan has made significant progress in reducing the maternal mortality ratio, from 60.9 per 100,000 live births in 2000 to 10.1 in 2024. According to the Confidential Enquiry into Maternal Deaths, 60 per cent of maternal deaths are preventable and are primarily caused by obstetric bleeding, infections and arterial hypertension.

5. The modern contraceptive prevalence rate has decreased from 53 per cent to 44 per cent, with an 18 per cent unmet need for family planning. This is driven by high commodity costs, confidentiality barriers, and a limited method mix. Modern contraceptives are currently not included in the national health benefits package. However, through sustained advocacy and pilot initiatives, the Government is considering procurement of contraceptives through UNFPA.

6. The Government is committed to strengthening youth-friendly health centres. However, services are limited to counselling and a minimum package of reproductive health services, excluding the provision of modern contraceptives and psychological services. The national Y-Peer network supported by UNFPA provides out-of-school knowledge on SRH, with a coverage of 10,000 young people per year. Life skills-based education is not integrated into the school curriculum, underscoring the need to scale up tailored sexual reproductive health rights (SRHR) information and life skills for adolescents and young people within the education system.

7. The adolescent birth stands at 22 per 1,000 girls aged 15-19 years, with higher rates in rural areas (48) compared to urban areas (13). Thirty per cent of adolescents are sexually active, with the average age of sexual debut at 16 years. Only one-third report using condoms, and 92 per cent lack comprehensive knowledge about HIV. Kazakhstan is currently in the concentrated stage of the HIV epidemic, with 32,659 people living with HIV as of 2023, 88 per cent of whom are receiving treatment. The number of registered HIV cases among adolescents aged 15-19 years has risen from 37 in 2017 to 66 in 2023. The prevalence of sexually transmitted infections (STIs) is 96.4 per 100,000 population, and a sentinel survey among pregnant women revealed a 3.5-fold increase in STI prevalence.

8. Seventeen per cent of women aged 18-75 years have experienced physical and sexual violence by an intimate partner, with 24 per cent of the cases involving physical, sexual and emotional violence. The prevalence of violence against women with disabilities is particularly

high in residential institutions. Approximately 3 per cent of adolescent girls aged 15-19 years are married, limiting their access to girl-child education, empowerment and engagement in sustainable livelihood opportunities. In 2024, legislative amendments criminalized domestic violence and established family support centres as a mechanism to assist families with diverse needs. UNFPA is advocating for family support centres to provide a multi-sectoral response to GBV, including referral services for survivors.

9. Discriminatory gender and social norms are a significant barrier for equitable access to family planning, prevention of GBV, promotion of gender equality and achievement of sustainable development. The root causes are societal taboos and patriarchal norms, reflected in significant tolerance of intimate partner violence, persistent victim-blaming, stigma surrounding the reporting of violence, and negative attitudes toward family planning. People with disabilities face significant stigma and discrimination, with limited information in accessible formats on SRH and GBV services.

10. In addressing unfinished business, the previous country programme achieved several key milestones, including: (a) contributing to the implementation of the Concept on Family and Gender Policy 2030; (b) supporting the inclusion of contraceptives in the National Drug Formulary; (c) establishing the national network of youth-friendly health centres with state funding through a dedicated budget line; (d) updating the national medical education curricula on maternal and reproductive health, improving the knowledge and skills of medical doctors – including approaches adopted during the COVID-19 pandemic; (e) expanding access to SRH and GBV information and services for adolescents, youth and persons with disabilities; (f) piloting the multi-sectoral response to GBV in Turkestan region, with documented evidence guiding expansion efforts within Kazakhstan and across Central Asia; (g) strengthening national capacities and generating official data to inform the national policy on active ageing; (h) generating, analysing and disseminating data on population change and demographic trends, which informed decision-making on scaling up family planning and addressing GBV; and (i) mobilizing approximately \$4 million in other resources – exceeding the indicative target of \$2.9 million – including \$1 million in government co-financing.

11. The previous country programme evaluation recommended: (a) scaling up social norm change models; (b) enhancing the measurement of changes in attitudes, knowledge and behaviour related to family planning and GBV; (c) strengthening results-focused communication across all programme components; (d) advocating for stronger enforcement of legal provisions related to family planning and GBV prevention and response; and (e) amplifying policy advocacy for the integration of SRHR into national development policies and emergency response plans.

12. The lessons learned from previous country programme cycles have informed the design of new country programme. Key insights include: (a) sustained national ownership in the design, financing and implementation of multi-sectoral programmes is essential to accelerate timely achievement of sustainable development. UNFPA thought leadership and policy advice on the return on investment from state-financed SRHR will be critical; (b) independent maternal mortality audits are required to prioritize targeted interventions; (c) social norm change is achievable when guided by population segmentation analysis and supported by tailored communication strategies for transformative change; (d) enacted legislation in Kazakhstan requires implementation frameworks with effective monitoring and accountability mechanisms; and (e) closing gaps in comprehensive, internationally aligned data sets will strengthen implementation of the International Conference on Population and Development (ICPD) Programme of Action and progress toward the Sustainable Development Goals (SDGs).

13. The design of the new country programme is equally shaped by the following key recommendations from the evaluation of the United Nations Sustainable Development Cooperation Framework (UNSDCF): (a) mainstreaming gender across all United Nations programmes; and (b) improving alignment between UNSDCF and UNFPA programme results to facilitate monitoring and reporting of United Nations attribution and contribution to national priorities. The Common Country Analysis recognizes progress in economic development and poverty reduction, a decline in maternal mortality, and advances in aspects of gender equality. It also highlights persistent challenges in achieving universal access to comprehensive SRHR

information and services and in addressing regional disparities in GBV prevention and response. It underscores the need to target groups in vulnerable situations with tailored interventions, in particular young people with disabilities, women and the older persons living in rural areas. As a trusted partner, UNFPA will sustain its comparative advantage in contributing to these national priorities, in line with SDGs 3, 5, 10, 13, 16 and 17.

## II. Programme priorities and partnerships

14. The country programme envisions a society where harmful gender norms are dismantled, and every individual – especially women and girls – can live free from gender-based violence while exercising their rights to health, bodily autonomy and equal opportunities. This vision is premised on evidence that, if governments at the national and regional levels are supported to curb the rise of discriminatory gender and social norms – by addressing social, economic, cultural and structural barriers that perpetuate GBV and limit family planning – and if awareness is raised on the negative far-reaching consequences of gender-based violence, then women and girls will be protected from all forms of violence by addressing regional disparities and the specific needs of the most marginalized, and concurrently improve equitable access to family planning and realize reproductive rights.

15. This approach will advance collective efforts to achieve the ICPD Programme of Action and contribute to the four result areas of the new UNSDCF, 2026-2030: (a) empowered people and strong institutions; (b) a resilient and inclusive economy; (c) sustainable environment; and (d) strengthened social cohesion, with four outcomes: 1: By 2030, the well-being of all people in Kazakhstan, especially the most vulnerable, is improved, while they enjoy human rights and equal access to age, gender-responsive, increasingly digitalized, and people-centred public and private services, provided by inclusive, effective and accountable institutions; 2. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from sustainable, rights-based, gender-responsive, diversified and innovative economic development that promotes decent work, productivity and entrepreneurship; 3. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from enhanced age and gender-sensitive environmental resilience, as well as inclusive, rights-based climate, nature and pollution action and sustainable management of natural resources; and 4. By 2030, all people in Kazakhstan, especially the most vulnerable, have equal access to fair justice and the rule of law, in line with international human rights standards and inclusive, meaningful and gender-balanced participation in decision-making for all, while civic engagement is enhanced.

16. Guided by evidence, consultations and UNFPA comparative advantages, the programme will strengthen capacities and the accountability of systems and institutions to provide accessible and affordable quality SRH and GBV information, services and supplies, including in emergency situations. Communities will be supported to address gender discrimination and harmful social and gender norms towards gender equality, bodily autonomy and reproductive rights. Policy advice and technical support will strengthen population data systems to guide policy formulation and programme investments, including the integration of demographic resilience at the core of the National Development Plan, the Concept of Family and Gender Policy 2030, the Concept of Healthcare 2029, and the Concept of the Development of Preschool, Secondary, Technical and Vocational Education, 2023-2029.

17. The country programme will accelerate the transformative results through context-specific accelerators, including diversified funding and financing, the strategic use of digital transformation, and disaggregated, georeferenced data to inform policies and investments. In addressing inequality and prioritizing the principle of leaving no one behind, the programme aims to improve the quality of life and well-being of: (a) women in rural and remote areas; (b) women and girls at risk of and affected by GBV; (c) young people; (d) women and young people with disabilities and those at risk of HIV; and (e) older persons. At the national level, the programme will influence policies and programmes, while also supporting subnational initiatives led by community and faith-based organizations in the southern and western regions. These efforts will focus on discriminatory gender and social norms, with documented evidence to guide the expansion of successful models.

18. Through a multisectoral approach, collaboration with national and regional partners will include ministries and departments, civil society, women and youth-led organizations, professional associations, academia, private sector, the media, faith-based organizations, United Nations entities and development partners. Through innovation, UNFPA will promote South-South and triangular cooperation to advance learning, exchange and transfer of knowledge.

**A. Output 1. By 2030, enhanced capacity of institutions and systems formulate, integrate and implement inclusive and rights-based laws and policies related to sexual and reproductive health and reproductive rights.**

19. This output contributes to UNSDCF outcomes 1, 2, 3 and 4 and is aligned with the national priorities and UNFPA Strategic Plan outputs on policy and normative role, quality of care and services, and humanitarian action, including emergency preparedness and response.

20. Achieving this result requires improving policy and addressing deep-rooted taboos and stigma around SRH, including family planning – issues that have significant implications for the prevention and treatment of HIV, STIs and reproductive cancers. Key pathways include prioritizing improved access to contraception by enhancing affordability through social insurance schemes, particularly for adolescents and vulnerable groups. This will be complemented by improving the scope and scale of life skills-based education for adolescents and young people who are at high risk of unintended pregnancies and infections.

21. Strategic interventions will focus on: (a) integrating and rolling out life skills-based education for in-school adolescents and scaling up implementation of out-of-school life skills-based education to promote positive health-seeking behaviour; (b) providing comprehensive policy advice and implementing targeted communication interventions on family planning, including partnerships with community-based and youth-led initiatives; (c) integrating family planning and HIV combination prevention into youth-friendly health services and primary healthcare; (d) sustaining policy advocacy for procurement of contraceptives through domestic financing; (e) advancing tailored digital health solutions that respond to the diverse needs of women, youth, and persons with disabilities – including self-care solutions; (f) strengthening data-driven interventions to improve maternal health outcomes, guided by findings from confidential enquiries into maternal deaths; (g) advancing SRHR in universal health coverage, ensuring the progressive inclusion of modern contraceptives; (h) revising midwifery and nursing education curricula to include up-to-date clinical content on SRHR; and (i) integrating the minimum initial service package for SRH and GBV into national emergency preparedness frameworks.

**B. Output 2. By 2030, strengthened capacity of communities and sociocultural structures at the national and oblasts (regions) levels to address harmful social and discriminatory gender norms and to advance gender equality, empowerment, bodily autonomy and reproductive rights of women.**

22. This output contributes to UNSDCF outcomes 1, 2, 3 and 4 and is aligned with the national priorities and UNFPA Strategic Plan output on gender and social norms change.

23. Addressing GBV requires tackling the underlying patriarchal system and its discriminatory and conservative social norms and cultural practices, misinterpretation of religious values, and traditional gender roles for women. In collaboration with the gender and justice sectors, the programme seeks to address the obstacles to reporting GBV, such as legal barriers, stigma related to intimate partner violence, and limited access to legal information and support mechanisms. Guided by the change pathways, the programme will foster partnerships to address income inequality and financial dependence of women, which are identified drivers of the intergenerational cycle of violence. Efforts will be made to expand the multisectoral mechanisms for GBV prevention and response across target regions, with evidence on return of investments.

24. To achieve the output, UNFPA will implement strategic interventions that include: (a) delivering behavioural change communication interventions aimed at transforming discriminatory social norms at scale within households, communities and the workplace –

promoting gender equality, empowerment of women, adolescents and youth, and societal refusal of GBV in all its forms; (b) promoting positive masculinities by engaging men and boys in GBV prevention and advancing programmes that challenge harmful gender and social norms constraining gender equality and reproductive rights; (c) scaling up analysis and documentation of multi-sectoral GBV response efforts to inform methodological improvements and support the integration of these approaches through family support centres across the country; (d) promoting enabling family workplace policies that advance gender equality and empowerment of women; (e) empowering persons with disabilities, women, youth at risk of GBV and other populations furthest behind with rights-based information on SRH, GBV and services, in accessible formats, means and modes of communication; (f) strengthening monitoring and accountability systems to ensure policy implementation and enforcement of GBV-related legislation and policies; (g) providing policy advice and technical support to government, partners, civil society and population groups to advance implementation of the universal periodic review recommendations and the concluding observations of the United Nations treaty bodies – underscoring the indivisibility of reproductive rights with social, economic, political, civil and cultural rights.

**C. Output 3. By 2030, improved future-fit data systems, demographic analysis and evidence inform effective policies and programmes that advance the intersectionality of population dynamics, macroeconomic performance, human capital development, gender equality, and sexual and reproductive health and reproductive rights.**

25. This output contributes to UNSDCF outcomes 1, 2, 3 and 4 and is aligned with the national priorities and UNFPA Strategic Plan output on population change and data.

26. Considering the benefits of integrating demographic evidence and data – including georeferenced data, population projections and thematic analysis – into national development plans and macroeconomic frameworks, UNFPA will prioritize investments in generating and using population data and evidence for decision-making. These will include strengthening national capacity for demographic intelligence across the life cycle, advancing future-fit data systems and closing research gaps on the impact of megatrends on lives, livelihoods and the economy. These will be important steps within the pathways towards harnessing the demographic resilience of the country for present and future generations.

27. Key strategic interventions under this output include: (a) providing cutting-edge technical support for the generation and use of georeferenced demographic data to inform regional and sectoral strategic planning, policies and investments; (b) strengthening national capacity to develop national and subnational population projections and conduct thematic, harmonized data analysis on the status of population groups across the life course; (c) advancing evidence-based policy advice and thought leadership to support the development of a national demographic resilience strategy and related policy, as applicable; (d) delivering technical support to the Bureau of National Statistics for the 2030 round of the register-based digital census, including the integration of disability-related questions aligned with the Washington Group on Disability Statistics; (d) applying a life-course approach to support implementation of the Active Ageing Roadmap and Plan of Action, ensuring its integration into national development and emergency response plans; (e) supporting vulnerability assessments that take into account age, gender and vulnerability markers of the population – including persons with disabilities and older people – to strengthen emergency preparedness and response systems; and (f) commissioning research and analysis on the impacts of climate change and other megatrends on SRHR and gender equality, to inform future-ready policies, financing strategies and programme delivery models.

### **III. Programme and risk management**

28. UNFPA will actively participate in UNSDCF coordination mechanisms, led by the Ministry of Foreign Affairs, and contribute to the achievement of the SDGs by engaging with government sectoral ministries and non-state actors, within the SDGs coordination architecture, under the leadership of the Deputy Prime Minister.

29. UNFPA will prioritize the national implementation modality for the programme. In line with the harmonized approach to cash transfers, implementing partners will be selected based on

expertise and comparative advantage. UNFPA will conduct capacity assessments and quality assurance activities to ensure efficient and effective programme delivery.

30. UNFPA will adopt diversified approaches to partnerships and mobilization of additional resources, including through South-South and triangular cooperation, joint programme initiatives with other United Nations organizations, and engagement with international financial institutions, multilateral development banks, the private sector, civil society and academia. UNFPA will also sustain efforts to secure increased allocation of domestic resources to the programme and strengthen communication for transformative change.

31. The subregional leadership within Central Asia will be leveraged to advance maternal mortality reduction, GBV prevention and response, and national population data and digital statistical capacity for decision-making. Through UNSDCF coordination, UNFPA will build on inter-agency cooperation for risk assessment, mitigation and cost efficiencies by ensuring coherent, integrated and effective programme delivery in support of national priorities, the transformative results and related SDGs.

32. To ensure effective programme implementation, UNFPA will assess and strengthen the human resource expertise needed to deliver high-level policy advice and thought leadership across programme priority areas. This will include skilled professionals in the country office, complemented by cost-shared and brokered backstopping where required. The subregional office in Almaty office will continue to support subregional initiatives and explore additional collaboration opportunities, including through the United Nations Regional Centre for the SDGs in Central Asia and Afghanistan.

33. Guided by a thorough risk assessment process, UNFPA will identify potential political, social, environmental, technological and economic risks and put in place corresponding mitigation measures. Aligned with the country enterprise risk management processes, adaptive management accountabilities will be ensured. Through joint criticality assessments conducted with other United Nations organizations, UNFPA will consider repurposing programmes in response to emerging needs for immediate and medium-term national responses. The theory of change developed by UNFPA outlines key programmatic risks that recognize a need to address harmful gender and social norms through structural reforms, which may extend beyond the programme cycle.

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

#### **IV. Monitoring and evaluation**

35. UNFPA will actively participate in the United Nations and Government-led annual reviews, as well as monitoring and evaluation activities aligned to the UNSDCF. Joint monitoring visits will be conducted to assess policy and system-level interventions, their impact on service delivery models, and the extent to which they meet the demand of young people and women. UNFPA and its partners will implement monitoring and quality assurance activities to enhance accountability, guided by a well-resourced results-based management framework. Key milestones will be documented to improve programme delivery. Thematic and country programme evaluations will be conducted in line with the country programme evaluation plan, utilizing innovative and development approaches to generate evidence, ensure accountability and promote a learning culture.

36. With the Government and United Nations organizations, UNFPA will contribute to monitoring system-wide results through the use of UN-Info and continue to invest in joint surveys and strategic data analysis to inform national policies and plans.

37. In this regard, UNFPA will implement a five-year monitoring and evaluation plan that includes: (a) use of programme indicators to assess and track implementation; (b) undertaking

surveys and studies to collect reliable disaggregated data for decision-making; (c) employing knowledge management practices to disseminate and publish programme results; (d) supporting, with the United Nations system, monitoring and reporting through national information management systems, complemented by international data sources where applicable, to track progress towards national commitments to the transformative results and the SDGs – including through voluntary national reviews, ICPD Programme of Action progress reports, follow-up reporting on the implementation of universal periodic review recommendations, and treaty body monitoring mechanisms; (e) quarterly programme reviews to assess progress and take appropriate course-correction actions that ensure achievement of results; (f) commissioning an independent evaluation in 2029 toward the end of the country programme cycle and, jointly with the United Nations country team, support the evaluation of the UNSDCF; and (g) analysing the resources mobilized for thematic and collective results, documenting lessons learned and good practices that can be scaled, and facilitating any programme adjustments and repurposing required through the programme cycle.

38. UNFPA will allocate additional resources to data analysis and the dissemination of findings to strengthen evidence-based decision-making, enhance transparency and promote a learning culture throughout programme implementation. The analysis and evidence will inform the design of the next country programme.



## RESULTS AND RESOURCES FRAMEWORK FOR KAZAKHSTAN (2026-2030)

<p><b>NATIONAL PRIORITY:</b> <i>National Development Plan of the Republic of Kazakhstan to 2029: Priority 1.</i> Strengthened prevention of non-communicable diseases and reduction of mortality among the population: increasing public awareness and literacy around healthy lifestyles, strengthening reproductive and mental health, preventing behavioural risk factors, and promoting vaccination. These foundations will be established early among young people – beginning with educational institutions and continuing through youth health centres. Comprehensive measures will be adopted to reduce maternal and infant mortality, including the introduction and wider dissemination of modern contraceptive methods, ensuring access to safe abortion services, and promoting a culture of family planning among the population. <i>Concept of Family and Gender Policy to 2030:</i> Objective 2. Bridging gaps in the life expectancy between men and women, and fostering the necessary conditions for their health protection, including family planning. <i>Concept of Development of Healthcare to 2029: 2.3.</i> Strengthening the protection of motherhood and childhood – improving access to family planning and expanding coverage of pre-conception preparation.</p>				
<p><b>UNSDCF OUTCOME:</b> 1. By 2030, the well-being of all people in Kazakhstan, especially the most vulnerable, is improved while they fully enjoy human rights and equal access to age, gender-responsive, increasingly digitalized and people-centred public and private services, provided by inclusive, effective and accountable institutions. 2. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from sustainable, rights-based, gender-responsive, diversified and innovative economic development that promotes decent work, productivity and entrepreneurship. 3. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from enhanced age and gender-sensitive environmental resilience, as well as inclusive, rights-based climate, nature and pollution action and sustainable management of natural resources. 4. By 2030, all people in Kazakhstan, especially the most vulnerable, have equal access to fair justice and the rule of law, in line with international human rights standards and inclusive, meaningful and gender-balanced participation in decision-making for all, while civic engagement is enhanced.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women aged 15-49 years with satisfied need for contraception <i>Baseline: 71.52% (2024); Target: 80% (2030)</i></li> <li><u>Related UNFPA Strategic Plan outcome indicator(s)</u></li> <li>Unmet need for family planning <i>Baseline: 18% (2024 Target: 10% (2030)</i></li> <li>Adolescent birth rate per 1,000 women aged 15-19 years <i>Baseline: 22 (2024); Target: 16 (2030)</i></li> </ul>	<p><u>Output 1.</u> By 2030, strengthened institutional systems enable the formulation, integration and implementation of inclusive laws and policies related to sexual and reproductive health and reproductive rights.</p>	<ul style="list-style-type: none"> <li>Modern contraceptives are included in the Mandatory Social Health Insurance Scheme <i>Baseline: No (2024); Target: Yes (2030)</i></li> <li>Proportion of preventable maternal deaths reported by national health information systems <i>Baseline: 60% (2024); Target: 30% (2030)</i></li> <li>Updated curricula for midwifery and nursing education developed and submitted to the Ministry of Health <i>Baseline: No (2024); Target: Yes (2030)</i></li> <li>Proportion of adolescents and young people who have comprehensive knowledge about HIV disaggregated by age and urban/rural locations <i>Baseline: 8% (2024); Target: 30% (2030)</i></li> </ul>	<p>National Commission on Women, Family and Demographic Policy under the President of Kazakhstan; Ministries of: Health; Culture and Information; Education; Higher Education and Science; Human Rights Ombudsman; WHO; UNICEF; UNESCO; public organizations; mass media; the private sector; women's and youth associations; professional health associations; local governments and community-based organizations.</p>	<p>\$2.4 million (\$1.2 million from regular resources and \$1.2 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> <i>Concept of Family and Gender Policy: 4.1.</i> Prevention of violence in the family and against children. A system of multisectoral 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. <i>Concept of development of Preschool, Secondary, Technical and Vocational Education for 2023-2029:</i> Inclusion of a module on 'life safety' in the 'global competencies' educational course, which aims to ensure the safety of human life and health, the preservation of individuality, the right to privacy and inviolability, and protection from bullying and violence.</p>				

<b>UNSDCF OUTCOME:</b> 1. By 2030, the well-being of all people in Kazakhstan, especially the most vulnerable, is improved while they fully enjoy human rights and equal access to age, gender-responsive, increasingly digitalized and people-centred public and private services, provided by inclusive, effective and accountable institutions: 2. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from the sustainable, rights-based, gender-responsive, diversified and innovative economic development that promotes decent work, productivity and entrepreneurship; 3. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from enhanced age and gender-sensitive environmental resilience, as well as inclusive, rights-based climate, nature and pollution action and sustainable management of natural resources; 4. By 2030, all people in Kazakhstan, especially the most vulnerable, have equal access to fair justice and the rule of law in line with international human rights standards, and the inclusive, meaningful and gender-balanced participation in decision-making for all, as well as civic engagement is enhanced.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> <li>Lifetime and current prevalence of physical and sexual intimate partner violence among ever-partnered women aged 18-75 years  <i>Baseline: 16.5% (2016); Target: 7% (2030)</i> </li> </ul>	<u>Output 2.</u> By 2030, strengthened capacity of communities and sociocultural structures at national and oblasts (regions) levels to address harmful social and discriminatory gender norms and to advance gender equality, empowerment, bodily autonomy and reproductive rights of women.	<ul style="list-style-type: none"> <li>Proportion of women and men who agree that a woman must tolerate violence to keep her family together  <i>Baseline: 9% (women), 21% (men) (2021); Target: 6% (women), 15% (men) (2030)</i> </li> <li>Standards and mechanisms of multisectoral responses to GBV system are adopted by legal acts and integrated into the regulations of family support centres and functioning  <i>Baseline: No (2025); Target: Yes (2030)</i> </li> <li>Proportion of people with disabilities that have access to adequate information on SRH and GBV in the correct format, disaggregated by gender, age, type of impairment  <i>Baseline: 5% (2025); Target: 30% (2030)</i> </li> <li>Number of private-sector companies that integrated the gender-responsive, family-friendly policy for their staff  <i>Baseline: 0 (2025); Target: 20 (2030)</i> </li> </ul>	National Commission on Women, Family and Demographic Policy under the President of Kazakhstan; Ministries of: Culture and Information; Labour and Social Protection; Internal Affairs; Human Rights Ombudsman; WHO; UNICEF; UN-Women; public and community-based organizations; mass media; the private sector; women's and youth associations; local governments; religious leaders of Sunni Islam.	\$3.2 million (\$1.4 million from regular resources and \$1.8 million from other resources)
<b>NATIONAL PRIORITY:</b> <i>Concept of Family and Gender Policy up to 2030: 4.1. Based on international standards, a monitoring system will be developed based on the systematic collection, analysis and use of disaggregated data on inequality among the most vulnerable children, adolescents and their families. 4.2. The Strategy of Implementation of Gender Policy.</i> The system for collecting and analysing statistical information on violence against women will be improved. Training and continuing education programmes aimed at gender equality and gender mainstreaming will be expanded, including data collection and analysis that would be used for policy decisions. <i>National Development Plan of the Republic of Kazakhstan to 2029:</i> 1. Stable economic growth of regions based on their competitive advantages; 2. Friendly and modern cities; 3. Development of infrastructure to ensure safety in emergencies.; 4. Enhancing environmental sustainability.				
<b>UNSDCF OUTCOME:</b> 1. By 2030, the well-being of all people in Kazakhstan, especially the most vulnerable, is improved while they fully enjoy human rights and equal access to age, gender-responsive, increasingly digitalized and people-centred public and private services, provided by inclusive, effective and accountable institutions. 2. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from the sustainable, rights-based, gender-responsive, diversified and innovative economic development that promotes decent work, productivity and entrepreneurship. 3. By 2030, all people in Kazakhstan, especially the most vulnerable, benefit from enhanced age and gender-sensitive environmental resilience, as well as inclusive, rights-based climate, nature and pollution action and sustainable management of natural resources. 4. By 2030, all people in Kazakhstan, especially the most vulnerable, have equal access to fair justice and the rule of law in line with international human rights standards, and the inclusive, meaningful and gender-balanced participation in decision-making for all, as well as civic engagement is enhanced.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan</u>	<u>Output 3.</u> By 2030, strengthened data	<ul style="list-style-type: none"> <li>National demographic strategy and related policy</li> </ul>	Ministries of: Health; Education; Higher Education and Science;	\$1.3 million (\$0.9 million)

<u>outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Proportion of countries conducted population situation analysis on population changes and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action <i>Baseline: No (2023); Target: Yes (2030)</i></li> </ul>	<p>systems and evidence to inform effective policies and programmes that advance the intersectionality of population dynamics with macroeconomic performance, human capital development, gender equality, and sexual and reproductive health and reproductive rights.</p>	<p>documents based on population projections and analysis developed and disseminated for decision-making <i>Baseline: No (2024); Target: Yes (2030)</i></p> <ul style="list-style-type: none"> <li>2030 Census conducted using registry-based and digital methodology with the inclusion of the short set of Washington group questions <i>Baseline: No (2024); Target: Yes (2030)</i></li> <li>Five-year Road Map and Plan of Action for Active Ageing is developed and disseminated to guide national and subnational planning and budgeting <i>Baseline: No (2024); Target: Yes (2030)</i></li> <li>Vulnerability assessment for SRHR and GBV with mapping of the population at risk in disaster-prone areas by age, gender and disabilities developed and implemented for emergency preparedness and response <i>Baseline: No (2024); Target: Yes (2030)</i></li> </ul>	<p>Labour and Social Protection; Committee on Statistics of the Ministry of National Economy; National Commission on Women, Family and Demographic Policy under the President of the Republic of Kazakhstan; Parliament of the Republic of Kazakhstan; Human Rights Ombudsman; UNDP; UNICEF; UN-Women; WHO; public organizations; mass media; the private sector; women and young people.</p>	<p>from regular resources and \$0.4 million from other resources)</p>
Programme coordination and assistance				<p>\$0.6 million from regular resources.</p>