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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Uzbekistan

Proposed indicative UNFPA assistance:	\$27.9 million: \$5.2 million from regular resources and \$22.7 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Sixth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

I. Programme rationale

1. Uzbekistan is a double-landlocked country with a population exceeding 37 million – nearly half of the total of Central Asia. A lower-middle-income economy with a human development index of 0.727 (2022), Uzbekistan conducted its last census in 1989. The population growth rate reached 2.2 per cent in 2023, driven by rising births (715,000 in 2017 to 962,000 in 2023) and fertility (from 2.4 in 2017 to 3.4 in 2023). Current projections estimate the population will reach 41 million by 2030 and 51 million by 2050. The 2024 Common Country Analysis (CCA) highlights that with 55 per cent of the population under 30 (10.4 million male and 9.7 million female), Uzbekistan has the potential to benefit from its demographic and gender dividend, which requires urgent investments in health, education and skills development, especially for women and youth, while its aging population – with persons over 65 projected to increase from 1.8 million in 2021 to 3.1 million by 2030 – demands urgent policies for healthcare and social protection for the elderly.

2. Uzbekistan is a country of opportunities, demonstrating strong political commitment to gender equality, maternal health, reproductive rights and evidence-based policies. Since 2016, it has pursued comprehensive social and infrastructural reforms, aligning the Uzbekistan 2030 Strategy with the 2030 Agenda for Sustainable Development. Among its national Sustainable Development Goals (SDGs) are reducing maternal mortality by one third and ensuring universal access to sexual and reproductive health services, including increasing modern contraceptive use among women aged 15-49 years to 85 per cent by 2030.

3. Despite prioritizing maternal health, the country's healthcare system faces challenges from a centralized structure, aging infrastructure and limited investment. Primary care is underdeveloped, as highlighted in the 2024 UNFPA/UNICEF assessment of 230 perinatal facilities, which identified critical infrastructure gaps requiring major investment. As of 2023, maternal mortality stands at 15.9 – nearly half the 33.1 recorded in 2000 – yet it remains above the regional average for Europe and Central Asia. Regional disparities persist, with a higher maternal mortality ratio in high-fertility, hard-to-reach areas, particularly in Karakalpakstan (27.3), which has the highest maternal mortality ratio. Anaemia affects 59 per cent of women, increasing pregnancy risks. The 2022 UNFPA Confidential Enquiry found that 74 per cent of maternal deaths could have been prevented with timely care and quality emergency obstetric services.

4. Climate change and environmental degradation pose serious threats to public health, with a disproportionate impact on women – particularly in Karakalpakstan, where the ongoing Aral Sea crisis continues to exacerbate health risks. These challenges are compounded by stark regional disparities in poverty, with Karakalpakstan (29.9 per cent) recording the highest levels of multidimensional poverty.

5. Cervical cancer, the second most prevalent cancer and leading cause of cancer-related mortality among women, is a critical public health concern, with 1,650 new cases and 1,000 deaths reported annually. While the human papillomavirus vaccination for nine-year-old girls began in 2019, its impact will take decades, with effects expected by 2039. The 2024 CCA highlights the inadequacy of current screening efforts, evidenced by high incidence and mortality rates, as well as a high mortality-to-incidence ratio – underscoring the urgent need to improve screening efficiency, particularly for unvaccinated women.

6. Family planning is a key priority for Uzbekistan, amid persistent high fertility rates. The unmet need for family planning stands at 11 per cent (Multiple Indicator Cluster Survey 2022), rising to 16.1 per cent among women aged 25-29 years, while the met need is 58.8 per cent. Social, cultural, economic and health system barriers shape this unmet need. Despite government efforts to provide free or low-cost contraceptives, contraceptive use is limited due to restricted options, inadequate counselling, social norms favouring large families, pressure for consecutive pregnancies, and limited reproductive decision-making for women. The UNFPA Antenatal Care Assessment (2022) found that 43.2 per cent of women of reproductive age experienced unplanned pregnancies. In remote areas, high fertility is compounded by limited contraceptive access, low awareness of family planning, and strong social pressure.

7. These challenges intersect with high gender disparities in youth economic participation. Among young women aged 15-25 years, 42 per cent are not in education, employment, or training, compared to just 8.8 per cent of young men. The high birth rate – coupled with limited family planning, traditional gender roles and increased unpaid care responsibilities – limits women’s ability to work outside the home, limiting their autonomy and economic independence. Together, unmet family planning needs and limited access to education and employment undermine women’s health, rights and broader demographic potential.

8. Uzbekistan has made notable progress in women's empowerment and the prevention of violence against women and girls, including the adoption of a National Gender Strategy for Gender Equality and a law to combat violence against women. The legal marriage age for girls was raised to 18, and equal pay is mandated. The newly established National Agency for Social Protection (NASP) plays a key role in ensuring policy implementation and service provision for violence survivors, and other groups in vulnerable situations, through its network of “Inson” social service centres. Regional development efforts leverage the “makhalla” system – traditional neighbourhood-based community structures – to address local needs and foster inclusive growth, particularly for women and children in vulnerable situations.

9. Despite legislative advancements, weak enforcement and systemic challenges continue to drive high rates of violence, compounded by stigma, economic dependence, and limited access to justice for survivors. The absence of a national survey on violence against women and girls leaves the true scale of the problem unclear. According to Multiple Indicator Cluster Survey 2022, 40 per cent of women aged 15-49 years justify domestic violence under certain conditions, with higher rates in rural areas and low-income households. The prevalence of violence against women and girls must be viewed within the broader context of high fertility, shaped by socioeconomic and cultural factors limiting women’s rights and decision-making authority. Addressing this requires a comprehensive, rights-based and intersectional approach that integrates health, legal and social protection, community mobilization, family planning and women’s empowerment.

10. With an over 30-year presence in Uzbekistan, UNFPA is uniquely positioned to address the country’s development challenges. By leveraging its technical expertise, strategic partnerships and policy advocacy, UNFPA has contributed to strengthening maternal health services, expanding reproductive cancer screening, and increasing state funding for family planning, including \$4 million for contraceptives in 2024. It plays a central role in the Maternal Health Programme of the Uzbekistan Vision 2030 Fund.

11. UNFPA has been pivotal in advancing demographic resilience, supporting census preparedness, producing population projections and promoting evidence-based policies. Integrating culturally relevant and religion-sensitive approaches – through partnerships with the Makhalla Association and the Islamic Academy, as well as technical assistance from Al-Azhar University in Egypt – has bolstered these efforts. UNFPA has established strong advocacy and partnerships with the Government to position family planning as a tool for women's empowerment. By promoting innovation, including digital health tools, demographic data platforms and community engagement, UNFPA strengthens its capacity to drive transformative change.

12. The programme builds on lessons from previous cycles and aligns with the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030, contributing to SDGs 3, 5, 10, 16 and 17. It addresses demographic trends, structural barriers and health system strengthening while promoting approaches aligned with human rights and women’s empowerment to accelerate sustainable development and community impact. By expanding non-traditional and multisectoral partnerships, the programme will drive progress toward the national priorities of Uzbekistan for a resilient and inclusive future.

II. Programme priorities and partnerships

13. The UNFPA country programme, 2026-2030, is aligned with the vision of the UNSDCF 2026-2030, which emphasizes inclusive, sustainable and equitable development, in the light of demographic trends. It supports the Uzbekistan 2030 Strategy and the national reform agenda –

advancing demographic resilience and the empowerment of women and youth, addressing systemic challenges to sexual and reproductive health (SRH), reproductive rights, and violence against women and girls, and contributing to the realization of the Programme of Action of the International Conference on Population and Development (ICPD) – and aligns with the global priorities of ICPD30.

14. The programme’s strategic interventions are built around three key transformational paradigms: (a) accelerating impact through interconnectivity between outputs – policy actions are directly linked to outputs focused on improving quality of care, driving social norms change, framing interventions in response to violence against women and girls in the context of fertility issues, and positioning family planning as a tool for women’s empowerment, aligned with demographic resilience and the gender dividend; (b) ensuring sustainability through transformational change – the programme emphasizes system-wide change, advocating for data-driven, evidence-based policy actions, while promoting community transformation, including collaborating with “makhallas”, improving primary healthcare access, and addressing restrictive social norms to advance women’s rights, particularly for women and girls in vulnerable situations; and (c) mobilizing for impact through diversified financing and partnerships – the programme highlights the importance of collaboration for diversified financing, focusing on innovation and non-traditional partnerships with the private sector, South-South cooperation initiatives, religious organizations, women and youth-led civil society organizations, the media and digital platforms, supported by communication and advocacy efforts. The programme will further prioritize domestic resource mobilization and deepen engagement with the private sector, particularly in areas such as contraceptive security, family-friendly workplace policies, and digital innovation for SRH service delivery.

15. The programme will contribute to achieving the transformative results of the UNFPA Strategic Plan, 2026-2030. Building on progress in reducing maternal mortality, the programme will decrease preventable maternal deaths by improving the quality of care at the primary level, enhancing emergency obstetric services, increasing access to family planning, and empowering women to make informed reproductive choices and assert stronger bodily autonomy, increasing demand for and access to SRH services. Guided by the principle of “leaving no one behind”, the programme prioritizes groups in vulnerable situations – adolescent girls, rural women, survivors of violence, women with disabilities – and underserved regions with the greatest disparities in health, education and social protection, such as Karakalpakstan.

16. The demographic resilience concept serves as an overarching framework connecting empowerment of women and youth, reproductive decisions, and prevention of violence against women and girls, while achieving the demographic and gender dividend. The programme promotes innovative solutions to challenge traditional gender norms, advocates for a life-long approach, and creates opportunities for civic engagement of adolescent girls and youth. The programme adopts a humanitarian-development-peace nexus approach to ensure all interventions contribute to immediate needs, sustainable development and social cohesion.

17. Six context-specific accelerators will act as key drivers of human capital development, with a focus on women and girls, and be integrated throughout the programme: (a) human rights and women’s empowerment-based approaches; (b) innovation and digitalization; (c) partnerships and financing; (d) data and evidence; (e) commitment to leaving no one behind; and (f) high-level results focusing on transformative and scalable impact. By fostering human rights, innovation and data-driven policies, UNFPA will advance the health, empowerment and inclusive development of women.

18. Joint programming and collaboration with United Nations organizations, international partners and local stakeholders will ensure coherence and coordination. By fostering partnerships, integrating innovation, and focusing on populations in vulnerable situations, the programme will contribute to the UNSDCF, 2026-2030, and support the efforts of the Government to build resilient institutions, systems and communities.

A. Output 1. Strengthened policy and accountability frameworks for the effective integration and implementation of sexual and reproductive health and rights, empowerment of women, and demographic resilience.

19. This output contributes to the UNFPA Strategic Plan output on the policy and normative role. It aligns with UNSDCF outcome 1 on governance and justice, outcome 2 on livelihoods and social protection, and outcome 3 on health by advocating for and supporting the development of evidence-based, rights-based policies, strengthening the capacity of governments to implement these policies, and ensuring accountability mechanisms are in place to monitor progress and effective implementation.

20. In the area of SRH and reproductive rights, interventions will address gaps in access, quality and equity – particularly in maternal health and family planning services. Efforts will focus on integrating family planning into national health frameworks, including the Health Strategy, the National Health Insurance, and the Digital Health Platform. UNFPA will advocate for increased state budget allocation for family planning to support the procurement of modern contraceptives, aiming to reduce inequalities in access. UNFPA will advocate for recognizing the impact of environmental degradation on the health of women, particularly the vulnerabilities of pregnant women to environmental risk, building on the evidence from Karakalpakstan. To ensure quality of care, UNFPA will assist in developing maternal health policies, protocols and guidelines to improve antenatal care, expand family planning access for all, including youth, and enhance emergency obstetric services. The focus will be on reducing preventable maternal deaths. UNFPA will continue supporting evidence-based decision-making through data from the Confidential Enquiry on Maternal Health and Near-Miss Case Reviews. UNFPA will advocate for the integration of healthy lifestyle education into school curricula. UNFPA will support the implementation of the national strategy on reproductive cancers by expanding the provision of technical expertise and assistance at the policy level. It will provide policy guidance to enhance data management systems for tracking progress and identifying gaps in family planning, maternal health, and cancer screening programmes, including by developing key performance indicators and supporting data collection for progress measurement.

21. UNFPA will focus on addressing demographic trends and building resilience through a comprehensive approach that responds to changing population dynamics and incorporates climate resilience. Expert support and technical assistance on standardized census methodology for 2026 will ensure quality assurance and compliance with international standards. UNFPA will continue advocating for policies that harness the demographic dividend by prioritizing investments in human capital, leveraging population forecasts, and promoting the gender dividend, including commitments to SRH, prevention of violence against women and girls, and the empowerment of women and girls. This will contribute to the development and implementation of a National Demographic Resilience Strategy, capitalizing on existing partnerships and policy advocacy with the Parliament to incorporate demographic data into national budgets, strategies and legislation. Given ageing projections, UNFPA will advocate for policy-level actions to integrate active ageing into national frameworks.

22. Building on existing programmes and successes, UNFPA will focus on strengthening policy frameworks to address different forms of violence against women and girls and harmful practices, while advocating for family-friendly policies with the Senate and other partners, including the Makhalla Association. This includes support in developing legislation to criminalize technology-facilitated violence against women and girls, a growing concern that requires coordinated policy action across legal, social and technological domains. UNFPA will continue its partnership with the NASP to develop operational guidelines for regional social service “Inson” centres – as well as rehabilitation and adaptation centres for women – and provide policy support for updating national standard operating procedures and operational standards in response to violence against women and girls. These frameworks will target service gaps, ensure an accessible, survivor-centred, standardized approach, and offer tailored support for women and girls in vulnerable situations, improving case management systems and service delivery. Policy work on family-friendly policies will address the unequal burden of caregiving and household responsibilities that limit educational, employment and career opportunities of women. This will contribute to

advancing the empowerment of women and promoting access to family planning, while ensuring that the rights of women are prioritized in economic, social and labour policies.

B. Output 2. Strengthened institutional and community capacity to deliver high-quality, integrated SRH and violence against women and girls services, ensuring equitable access, continuity of care, and comprehensive support for women and girls in vulnerable situations in both rural and urban areas.

23. This output contributes to UNFPA Strategic Plan output related to quality of care and services and aligns with UNSDCF outcome 2 on livelihoods and social protection and outcome 3 on health. UNFPA will continue guiding the Government and development partners in enhancing services for SRH and violence against women and girls, while strengthening national capacity to ensure accessible, quality and affordable services for populations in vulnerable situations, particularly women, adolescent girls, and women with disabilities. UNFPA will focus on strengthening healthcare and social service systems to deliver equitable, client-centred and integrated SRH and reproductive rights and violence against women and girls services.

24. UNFPA will tackle key challenges in SRH and reproductive rights by strengthening the health workforce and improving referral pathways at primary and secondary levels. This will include upskilling primary health care workers and maternal health providers across 230 perinatal facilities to ensure high-quality SRH and family planning services, leading to comprehensive care for women before, during and after pregnancy and delivery. It will involve consultations on appropriate contraceptive methods to support safe interbirth intervals, improving health outcomes for both mothers and newborns. Building on policy efforts under output 1, UNFPA will facilitate sustainable access to high-quality, affordable, youth-friendly and inclusive family planning services, with a diverse range of modern contraceptives. This will include support for contraceptive procurement through UNFPA mechanisms and the integration of stock management functions into the National Digital Health Platform. UNFPA will also advocate for the institutionalization of Maternal and Perinatal Death Surveillance and Response (MPDSR) mechanisms, including community engagement, to strengthen accountability, transparency and continuous quality improvement in maternal healthcare.

25. To create demand for maternal health and family planning services, UNFPA will improve health literacy on reproductive health and preventive care, including through mobile-based learning and gamification applications and AI chatbots. This will involve enhancing access to evidence-based information in accessible formats and modes of communication for women, families, and youth and adolescents, strengthening counselling coverage at the primary healthcare levels through partnerships with the Makhalla Association and community midwives, and leveraging technology to improve data collection, service delivery and client tracking, especially in underserved areas such as Karakalpakstan.

26. UNFPA will continue supporting the implementation of the national cervical and breast cancer screening programme, building on policy efforts described in output 1. This will strengthen screening, early detection and treatment integration within primary healthcare, ensuring the health system is equipped with contemporary approaches to treatment and referral and accessible for women and girls with disabilities.

27. UNFPA will focus on enhancing emergency obstetric care and preparedness for SRH and violence against women and girls services in emergency settings, as a comprehensive package. This approach will ensure continuous access to maternal and violence against women and girls services during emergencies, enabling effective, uninterrupted responses to the needs of affected populations. A coordinated response will ensure violence survivors receive timely medical care, including emergency contraception, safe delivery services, and treatment for injuries, while addressing their medical and psychological needs in crisis situations.

28. UNFPA will support the enhancement of multisectoral violence against women and girls services by adapting them based on findings from the National Survey on Violence Against Women and Girls, improving referral pathways, and strengthening case management systems to offer continuous, tailored support for survivors. Special attention will be given to accessibility

for survivors with disabilities. Case management will be integrated into national law enforcement, health and social service systems to enable coordinated, multisectoral response and care. UNFPA will strengthen the capacity of key service providers and expand outreach and referral mechanisms through local structures, such as makhallas and civil society organizations. UNFPA will enhance the capacity of district hospitals to manage crisis rooms and provide immediate support to survivors of violence and their children within the first 72 hours post-incident, ensuring a safe, supportive environment that upholds confidentiality and inclusivity.

C. Output 3. Strengthened national capacity to collect, analyse and utilize population dynamics-related data for evidence and rights-based policy development at the national and subnational levels to enhance demographic resilience.

29. This output aligns with the UNFPA Strategic Plan output on population change and data. It contributes to the UNSDCF outcome 1 on governance and justice; outcome 2 on livelihoods and social protection; outcome 3 on health; outcome 4 on education; and outcome 5 on climate and environment, by enhancing the production, analysis and use of high-quality, disaggregated demographic data to inform evidence-based policymaking and resource allocation. By factoring in key demographic trends such as population aging, high fertility and regional demographic disparities, this output supports national efforts to build demographic resilience and align policies with national and regional development priorities.

30. UNFPA will provide expert support for the Population Census and its follow-up to ensure methodological compliance and quality assurance in line with international standards. The focus will be on integrating census data into national and local policymaking, particularly using population projections to guide resource allocation for human capital development programmes targeting regions and populations in vulnerable situations, and to inform strategies on climate adaptation and mitigation and disaster risk reduction.

31. UNFPA will support regional administrations across all 14 regions, including Karakalpakstan, in integrating demographic data into planning and budgeting, using regional demographic profiles and the online demographic platform. This will enable the development of targeted programmes to address regional disparities. UNFPA will collaborate with multiple partners to build national demographic capacity within public institutions, academic platforms, and research institutes in enhancing data analysis and decision-making.

32. UNFPA will provide technical expertise to the National Social Protection Agency for the National Survey on Violence Against Women and Girls, supporting methodology adaptation, data collection and analysis to inform effective service delivery and prevention programmes for violence survivors. These efforts will ensure that national policies are data-driven, equitable and aligned with SDG targets and indicators.

D. Output 4. Enhanced mechanisms and capacities of institutions, communities and individuals to challenge discriminatory social norms, promote the empowerment of women, and prevent violence against women and girls and harmful practices.

33. This output aligns with the UNFPA Strategic Plan output related to gender equality and social norms and contributes to UNSDCF outcome 1 on governance and justice; outcome 2 on livelihoods and social protection; and outcome 4 on education, by addressing harmful social norms, discriminatory practices and inequalities. Through the use of community-based, cultural and religious platforms, it aims to transform societal attitudes, empower women and girls, engage men and boys as allies, and strengthen systems to prevent and respond to violence against women and girls.

34. UNFPA will implement a programme to mobilize religious and community leaders to advocate for the rights of women and gender-equitable interpretations of religious teachings and engage men and boys in the prevention of violence against women and girls through the “Men Engage” portfolio. UNFPA will support national partners in enhancing pre-marriage counselling services to promote the empowerment of women, mutual respect and family planning, while advancing family-friendly workplace policies and encouraging male involvement. Capitalizing

on existing partnerships, community-level interventions will focus on working with makhallas and community religious leaders to ensure long-lasting transformational change on the ground.

35. UNFPA will leverage communication, community and policy outreach based on insights from the National Survey on Violence Against Women and Girls to challenge harmful social norms, reduce stigma around violence reporting, and promote gender-equitable behaviours. It will focus on combating online violence through youth mobilization and awareness-raising on digital safety. UNFPA will expand partnerships with media outlets to promote the empowerment of women, train media professionals on gender-sensitive reporting, and produce content that challenges stereotypes and supports survivors of violence.

III. Programme and risk management

36. The UNFPA country office in Uzbekistan will build strategic partnerships to address demographic, health and social challenges, connecting reproductive health, population dynamics and the empowerment of women with sustainable development. UNFPA will continue its leadership in implementing UNSDCF, 2026-2030, contributing to the achievement of the national and global SDG targets, and aligning with the Uzbekistan 2030 Strategy and the Strategic Plan transformative results. The office will collaborate through established UNSDCF results groups and interagency mechanisms associated with the United Nations country team, engaging government bodies, civil society, academia, digital and media platforms, and the private sector. UNFPA will leverage its chair/co-chair roles in country team groups to advance SRH and reproductive rights, the empowerment of women, violence against women and girls prevention and response, and demographic resilience.

37. The country office will maintain an intersectional structure to ensure efficient and integrated programme delivery and results-based management. To enhance its impact, UNFPA will strengthen its technical expertise and diversify partnerships to target inequalities and harmful social norms while expanding outreach. Efforts will focus on leveraging innovative funding mechanisms and cross-sectoral partnerships to sustain long-term interventions, especially in areas like demographic resilience, empowerment of women and data governance. UNFPA will explore innovation and deepen engagement with non-traditional partners, including the private sector, religious organizations, the media and digital platforms.

38. Key risks in programme implementation for Uzbekistan include: (a) economic instability in the donor landscape and government funding, potentially reducing investments in health, family planning, and violence response services, especially during fiscal challenges; (b) high turnover of senior and technical-level government officials, which may disrupt the prioritization of key issues, delay endorsements and ownership, and hinder effective implementation; (c) sociocultural resistance and sensitivity surrounding women's empowerment, SRH and reproductive rights, reinforced by traditional norms and misinformation, posing challenges to programme acceptance and uptake; and (d) environmental and disaster-induced shocks, particularly in the Aral Sea region, exacerbating vulnerabilities among women and girls and potentially delaying impactful outcomes.

39. To mitigate these risks, the following measures form part of the mitigation strategy: (a) diversifying funding sources by engaging a broader range of donors, private sector partners, and financial institutions, and exploring innovative financing mechanisms; (b) advocating with the Senate, Cabinet of Ministers, and other key decision-makers to institutionalize government policies and budgetary commitments within national budgets, emphasizing their long-term impact on development and economic stability; (c) strengthening capacity-building efforts at national and subnational levels to build ownership and ensure continuity, equipping new officials to take forward programme priorities; (d) building strong relationships with key decision-makers, including at the community level, to ensure continued support for the programme, even during leadership transitions in government bodies; (e) developing clear policy frameworks and operational guidelines to facilitate smooth handovers and minimize implementation disruptions; (f) investing in community engagement and collaboration with local influencers, including religious leaders, community elders and youth groups, to shift cultural attitudes and promote acceptance of gender equality and SRH and reproductive rights; (g) utilizing culturally sensitive

approaches and tailoring messaging to align with local values while challenging harmful practices and stereotypes; and (h) strengthening national capacities to manage public health emergencies and climate-related risks, ensuring uninterrupted access to critical SRH and reproductive rights services. By proactively addressing these risks, UNFPA can ensure the resilience and effectiveness of its programmes, ultimately achieving better outcomes for women and girls. Regular monitoring and risk assessments will help maintain programme flexibility, safeguarding the needs of groups in vulnerable situations. UNFPA will also ensure internal emergency preparedness in line with Minimum Preparedness Actions and elaborate further on operational readiness as part of the programme implementation plan.

40. 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

41. UNFPA, in partnership with the Government and the country team, will establish a strong framework for monitoring and evaluating the implementation of UNSDCF, 2026-2030, with the country programme closely integrated into this process. The UNSDCF evaluation will assess the effectiveness of expected results and the relevance, efficiency and impact of the contribution of the United Nations development system to national development priorities. UNFPA will utilize data management systems such as UN-Info and adhere to programme management, monitoring and evaluation policies to ensure adaptive, results-based management and accountability.

42. A country programme evaluation will be conducted, using innovative and participatory approaches to generate evidence for the design of the next programming cycle, ensure accountability and foster a learning culture. It will be supported by a costed monitoring and evaluation plan, aligned with the UNFPA Strategic Plan, UNFPA evaluation policies, and the UNSDCF results framework.

43. Programme monitoring and evaluation will be carried out in collaboration with government coordinating bodies and national and subnational partners through: (a) regular annual and quarterly programme reviews and joint monitoring missions; (b) baseline and end-line surveys, rapid assessments and real-time data collection to enhance evidence generation and demographic analysis; and (c) a comprehensive programme evaluation in the penultimate year to inform the next programming cycle. Milestones and targets will be regularly documented, and lessons learned will guide continuous programme adjustments to improve effectiveness.

44. UNFPA will contribute to the voluntary national reviews, the universal periodic review, and reporting on the Convention on the Elimination of All Forms of Discrimination Against Women. By strengthening monitoring and evaluation systems, UNFPA will ensure that its programming is responsive to national priorities and aligned with global standards and meets human rights treaties commitments and obligations.

RESULTS AND RESOURCES FRAMEWORK FOR Uzbekistan (2026-2030)

NATIONAL PRIORITY: <i>Uzbekistan 2030 Strategy:</i> Accelerating maternal mortality reduction, gender equality, family planning and demographic resilience. Priorities include youth employment, regional disparities and social protection for groups in vulnerable situations. National programmes: Decree on measures to improve the system for controlling oncological diseases among women, the strategy on achieving gender equality, the Law on the Protection of Reproductive Health of Citizens, and others. Government initiatives focus on preventing violence against women and girls, improving maternal and newborn health, and expanding family planning through state investments and evidence-based policies.				
UNSDCF OUTCOME: 1. By 2030, all people in Uzbekistan benefit from effective, inclusive, transparent and accountable governance and evidence-based decision-making, which will enhance human rights protection, anti-corruption, well-being, peace and justice for all and reduce inequality within society; 2. By 2030, all people in Uzbekistan achieve an adequate standard of living and have resilience to socioeconomic and climate-related shocks through decent work, an effective social protection system and inclusive, innovative and sustainable economic growth; 3. By 2030, all people in Uzbekistan have equitable access to inclusive, affordable, quality, health services through a resilient health system to achieve the highest attainable standard of health and well-being; 4. By 2030, all people in Uzbekistan have equitable access to inclusive and quality education, including skills for life and employability; 5. By 2030, all people in Uzbekistan benefit from sustainable and accountable management of natural and cultural resources, strengthened climate resilience, improved food systems and water security, and advanced green and just transitions; and 6. By 2030, the people of the Aral Sea Region in Uzbekistan benefit from greater socioeconomic well-being, equitable access to services and enhanced climate and environmental resilience.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated; 2. By 2025, the reduction of preventable maternal deaths has accelerated; and 3. By 2025, the reduction in 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"> Maternal mortality ratio per 100,000 live births <i>Baseline: 15.9 (2023); Target: 8 (2030)</i> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 80.8% (2022); Target: 90% (2030)</i> Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease <i>Baseline: 364.2 (2023); Target: TBC (2030)</i> Percentage of preventable maternal deaths <i>Baseline: 74.6% (2021-2022); Target: 40% (2030)</i> A country has conducted at least 	<u>Output 1.</u> Strengthened policy and accountability frameworks for the effective integration and implementation of sexual and reproductive health and rights, empowerment of women, and demographic resilience.	<ul style="list-style-type: none"> Number of new or revised policies, strategies, legislative amendments and accountability frameworks prioritizing and/or integrating <i>(a) SRH and reproductive rights; (b) empowerment of women and violence against women and girls response</i> <i>(a) Baseline: 11 (2024), Target: 15 (2030)</i> <i>(b) Baseline: 2 (2024), Target: 6 (2030)</i> National Demographic Resilience Strategy developed with UNFPA support, and operationalized <i>Baseline: No (2024), Target Yes (2030)</i> 	Senate; Legislative Chamber of the Oliy Majlis; Senate Committee on Youth; Women; Culture and Sports; Ministry of Health; Ministry of Economy and Finance; Ministry of Employment and Poverty Reduction; National Agency for Social Protection; Ministry of Interior; Statistics Agency; State Committee on Family and Women; Institute of Family and Gender; Makhalla Association; Rehabilitation and Adaptation Centre for Women; UzINFOCOM; civil society organizations; UNICEF; World Health Organization (WHO); UNAIDS; think-tanks; universities; organizations for persons with disabilities	\$4.3 million (\$1.5 million from regular resources and \$2.8 million from other resources)
<ul style="list-style-type: none"> A country has conducted at least 	<u>Output 2.</u> Strengthened institutional and community capacity to deliver high-quality, integrated SRH and violence against	<ul style="list-style-type: none"> Proportion of facilities delivering basic and comprehensive emergency obstetric and newborn care, in line with international standards <i>Baseline: 52% (2022); Target: 100% (2030)</i> Number of primary healthcare facilities providing integrated high-quality antenatal care and family planning 	Senate Committee on Youth; Women; Culture and Sports; Ministry of Health; Ministry of Finance and Economy; National Agency for Social Protection; Ministry of Interior; State	\$18.4 million (\$1.6 million from regular resources and \$16.8 million from other

<p>one population and housing census in the last 10 years <i>Baseline: No (2025); Target: Yes (2030)</i></p> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> The country has national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence <i>Baseline: No (2024); Target: Yes (2030)</i> 	<p>women and girls services, ensuring equitable access, continuity of care, and comprehensive support for women and girls in vulnerable situations in both rural and urban areas.</p>	<p>services in line with international standards <i>Baseline: 224 (2025); Target: 750 (2030)</i></p> <ul style="list-style-type: none"> Proportion of women aged 15-49 years using modern contraception through UNFPA-supported family planning programme <i>Baseline: 56.4% (MICS2022); Target: 80% (2030)</i> Number of women aged 30-55 years covered by human papilloma virus DNA cervical cancer screening at the primary level with UNFPA support <i>Baseline: 62000 (2025); Target: 1 million (2030)</i> Number of social service centres providing an integrated multisectoral service package for violence against women and girls survivors and women and girls at risk, including women with disabilities <i>Baseline: 0 (2025); Target: 208 (2030)</i> Number of women's rehabilitation centres providing high-quality survivor-centred services and reintegration support in line with international standards <i>Baseline: 0 (2025); Target: 14 (2030)</i> 	<p>Committee on Family and Women; Rehabilitation and Adaptation Centre for Women; Makhalla Association; UzINFOCOM; Medical education institutions; civil society organizations; UNICEF; WHO; UNAIDS; UN-Women; the World Bank; think-tanks; organizations for persons with disabilities</p>	<p>resources)</p>
	<p><u>Output 3.</u> Strengthened national capacity to collect, analyse and utilize population dynamics-related data for evidence and rights-based policies development at national and subnational levels to enhance demographic resilience.</p>	<ul style="list-style-type: none"> Number of policy and analytical reports produced using population dynamics-related data to inform decision-making and strategic planning <i>Baseline: 3 (2024); Target: 10 (2030)</i> Methodology for conducting the population and housing census, along with a follow-up action plan adopted in accordance with international standards <i>Baseline: No (2024); Target: Yes (2026)</i> Number of regional governments supported by UNFPA in utilizing demographic data for informed regional planning and decision-making <i>Baseline: 0 (2025); Target: 14 (2030)</i> Methodology for conducting the violence against women and girls survey, aligned with international standards; adopted <i>Baseline: No (2025); Target: Yes (2029)</i> 	<p>Senate and Legislative Chamber of the Oliy Majlis; Statistics Agency; Ministry of Economy and Finance; Ministry of Employment and Poverty Reduction; Institute of Family and Gender; universities; think tanks.</p>	<p>\$2.9 million (\$0.9 million from regular resources and \$2.0 million from other resources)</p>
	<p><u>Output 4.</u> Enhanced mechanisms and capacities of institutions, communities, and individuals to challenge discriminatory social norms, promote the</p>	<ul style="list-style-type: none"> Number of couples received high-quality pre-marriage counselling on family planning and prevention of violence against women and girls <i>Baseline: 0 (2025); Target: 3,000 (2029)</i> Number of strategic and media partnerships mobilized to drive social norm change <i>Baseline: 5 (2025); Target: 15 (2029)</i> Number of makhallas actively engaged in dialogues aimed at eliminating discriminatory social norms, 	<p>Senate Committee on Youth; Women; Culture and Sports; State Committee on Family and Women; International Islamic Academy; National Agency on Social Protection; Ministry of Interior; Ministry of Health; Rehabilitation and Adaptation Centre for Women; Committee for Religious Affairs of</p>	<p>\$2.0 million (\$0.9 million from regular resources and \$1.1 million from other resources)</p>

	empowerment of women, and prevent violence against women and girls and harmful practices.	<p>stereotypes and practices that limit women and girls' rights <i>Baseline: 0 (2025); Target: 1;786 (2028)</i></p> <ul style="list-style-type: none"> Number of individuals reached annually through UNFPA-supported behaviour change communication actions focused on prevention of violence against women and girls and harmful social practices, advancing reproductive health and rights <i>Baseline: 1.5 million (2026); Target: 2 million per year</i> 	the Republic of Uzbekistan; Board of Muslims; Association of Makhallas; Public Foundation for Support and Development of National Mass Media; Yuksalish nationwide movement; civil society organizations; European Union Delegation; UNICEF; UN-Women; the World Bank.	
Programme coordination and assistance				\$0.3 million from regular resources.