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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Kyrgyzstan**

Proposed indicative UNFPA assistance:	\$7.0 million: \$4.3 million from regular resources and \$2.7 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Fifth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

## I. Programme rationale

1. Kyrgyzstan is a land-locked, lower-middle-income country of about 6.5 million people, with over 80 ethnicities living in largely mountainous, rural terrains spanning seven provinces (oblasts). The poverty rate declined from 39.9 per cent in 2006 to an estimated 25.3 per cent in early 2020 while the public debt to gross domestic product ratio reached 63.6 per cent, limiting the ability of the Government to borrow additional funds and step up its provision of social assistance to meet the population's needs. The unemployment rate was 21 per cent in 2021. Migration, both inside and outside the country, remains very high and plays a crucial role in shaping population dynamics. Due to limited economic opportunities, close to 50 per cent of the external labour migrants are young (both men and women), aged 18-29. The main drivers of economic growth have been gold extraction, tourism and worker remittance-fuelled consumption, with the Government resorting to fiscal stimulus.
2. The economy has been hit hard by the COVID-19 pandemic and is further affected by political instability and the ongoing geopolitical and economic situation. Cross-border tensions still periodically intensify, undermining regional stability. There are multiple root causes and drivers of the conflicts in border areas, including incomplete demarcation and ethnically diverse and densely populated areas. Lack of economic opportunities for youth contributes to an increase in violent extremism, weakens social cohesion and fuels tension. The scale and frequency of natural disasters associated with climate change has increased 1.5 times over the past 12 years, with cascading impacts on society and the economy.
3. The annual population growth rate is estimated at 2.4 per cent, with a current total fertility rate at 3.0 children per woman. More than half of all births take place in the southern region and over a quarter of the population is between 15 and 28 years old (49 per cent women and 51 per cent men). Over the past three decades Kyrgyzstan has made important strides improving health-care services, as captured by available data on improvements in health outcomes. Challenges remain to achieving universal health coverage (Goal 3.8) as the provision of accessible and affordable quality health services and medicines (including contraceptives) is not monitored by the Government. Most women do not visit a health facility following delivery due to family circumstances, cultural attitudes, limited family planning and counselling, and overcrowded facilities.
4. The proportion of women with birth spacing of less than two years is about 30 per cent and the unmet need for family planning increased from 12 per cent in 1997 to 20.5 per cent in 2020. Health coverage is regulated by the State-guaranteed benefit and additional drug packages whereby all citizens are entitled to free medical care for some services. The current domestic allocation and expenditures for voluntary family planning are insufficient and abortion remain high. There is a need for substantial increases in financial resources within universal health care as the contraceptive prevalence rate for modern methods is 18 per cent and the unmet need for family planning has continued to increase. Prices of contraceptives are high, and availability is sporadic. There is also a need to invest in both the supply and demand sides by expanding the method mix, improving both regulatory framework, supply chain management and affordability for women from medico-social groups, in particular women with disabilities due to their high vulnerability to maternal death.
5. The COVID-19 pandemic caused significant disruptions on an already overstretched and under-resourced health system, affecting access and use of sexual and reproductive health services. The maternal mortality ratio, because of the COVID-19 pandemic, increased to an estimated 36.1 per 100,000 live births in 2020 (from 24.6 in 2019). The pandemic has exacerbated existing inequalities and exposed vulnerabilities of social security systems and economic activities, particularly affecting girls and young women, as well as persons with disabilities and other vulnerable groups. The slow progress in decreasing the maternal mortality ratio pre-COVID-19 was mostly due to poor access and availability to quality services, particularly emergency obstetric care. Despite progress in reducing the adolescent birth rate, it currently at 33.5 per 1,000 women 15-19 years of age and is twice as high in rural areas.

6. The HIV epidemic is at the concentrated stage; however, sexual transmission has become the predominant way of transmission (51.5 per cent). Over 80 per cent of people living with HIV are of reproductive age. This demonstrates a poor culture of condom use, which causes sexually transmitted infections and unintended pregnancies to rise among the general population. Stigma and discrimination against key populations and people living with HIV are two of the major challenges for HIV prevention, treatment and care programmes.

7. The common country assessment (CCA) highlighted how, with a value of 0.369, Kyrgyzstan ranked 82 out of 162 countries in 2020 on the gender inequality index. Violence against women and girls is widespread and increased during the COVID-19 pandemic. The most common type is domestic violence, and the most common forms of harmful practices relate to child marriage and forced marriages through abduction. Patriarchal attitudes and stereotypes of the perceived role of women and girls in society are common. Such attitudes, beliefs and behaviours (both individual and institutional) are entrenched in deeply rooted social norms. Conservative stereotypical gender norms and roles of women and men are re-emerging in the last ten years, with rigid social norms often taking precedence over existing legal frameworks. Registered cases of domestic violence have increased, with 13,963 women and girls having applied to crisis centres and shelters in 2020. About 3 per cent of the population (194,364 people in 2019) are persons with disabilities, of whom 53 per cent are women. A 2022 assessment on women and girls with disabilities demonstrated a low awareness of their rights, with 17 per cent of the respondents having experienced physical, psychological and economic violence in the last 12 months.

8. Kyrgyzstan ratified and committed to several treaties and frameworks – including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the universal periodic review, its voluntary commitments made at the 25th anniversary summit of the International Conference on Population and Development (ICPD+25) in Nairobi, Family Planning 2020, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) – though national policies and laws that already exist are not being effectively implemented.

9. The previous country programme, 2018-2022, supported the Government in: (a) improving accessibility and quality of reproductive health services, including for vulnerable and marginalized populations; (b) strengthening sexual and reproductive health and HIV linkages; (c) strengthening the response to gender-based violence through the establishment of a national coordination body on multisectoral prevention and response to gender-based violence, a national referral mechanism for gender-based violence survivors, review of standard operating procedures on gender-based violence and related law enforcement practices; (d) strengthening data collection, capacity and use of the ethical protocol on gender-based violence, use and data communication; (e) adopting the Concept of Youth Policy, 2020-2030, and developing its 2021-2025 plan of action; (f) establishing the Sustainable Development Goals (SDGs) Youth Ambassadors' Programme to promote the 2030 Agenda for Sustainable Development; (g) producing the statistical compendium on the socioeconomic situation of youth for 2014-2018; and (h) introducing the healthy life toolkit and civic education curriculum in vocational schools and madrasahs.

10. The final evaluation of the previous country programme recommended that UNFPA to: (a) continue investing in timely, high-quality, geo-referenced and disaggregated data and analytic capacity for identifying key population interests and needs and designing no-one-left-behind programmes to better target service delivery, especially in time of emergency; (b) consolidate and expand partnerships with public and private entities, civil society and religious institutions; (c) enhance leadership and meaningful engagement of women and young people on sexual and reproductive health, gender equality, gender-based violence and peacebuilding efforts; (d) continue exploring innovative solutions and technological approaches; and (e) strengthen national preparedness, anticipatory action and contingency planning in emergency settings.

11. The new country programme, 2022-2027, contributes to the national development strategy 2040, the national development programme 2026, within the context of the Decade of Action and primarily Goals 3, 5, 16 and 17. It is anchored in the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, and directly contributes to three out of four

UNSDCF outcomes by 2027 aimed at accelerating the achievements of the Goals. The UNSDCF prioritizes equitable access to quality social services, enhanced prosperity and resilience to challenges by pursuing inclusive green socioeconomic development, promoting inclusive approaches to climate action, disaster risk management and environmental protection, and fostering just, accountable and inclusive institutions and civil society organizations promoting peace, cohesion and human rights for all. To effectively support the delivery of UNSDCF results, in alignment with its Strategic Plan, 2022-2027, UNFPA will bring technical leadership and expertise to facilitate and leverage partnerships in advancing a rights-based and people-centred approach to sexual and reproductive health and reproductive rights, drawing on its comparative advantage in gender-based violence prevention and support and the generation and analysis of demographic data.

12. Youth and adolescents will be mainstreamed throughout the outputs. UNFPA will advocate for increased investments in gender-transformative interventions for the benefit of women, adolescents and youth (including key populations), forge partnerships, and promote South-South and triangular cooperation with diverse stakeholders. UNFPA will contribute to United Nations efforts to realize the potential for a demographic dividend within the context of rapid urbanization and increased outmigration. Empowered and engaged young people will be central to achieving the Sustainable Development Goals.

## **II. Programme priorities and partnerships**

13. The proposed country programme was designed following extensive consultations with government counterparts, civil society and other stakeholders, including young people, religious leaders, key populations, United Nations and development partners. It supports the implementation of the national development strategy 2040, the national development programme 2026, the concept of youth policy, 2020-2030, the national health and health system development programme, 2019-2030: healthy person–prosperous country, the national gender equality strategy, 2022-2030, the concept of development of civic identity ('Kyrgyz Zharany'), 2021-2026, and the State programme on HIV, 2022-2026. The country programme is aligned with the UNSDCF, 2023-2027, the 2030 Agenda, the Sendai Framework for Disaster Risk Reduction and the Istanbul Protocol, and it will address the unfinished agenda of the ICPD Programme of Action, including the Nairobi summit voluntary commitments. UNFPA will work with other United Nations organizations and the international community to support implementation and monitoring of the accepted recommendations from CEDAW, CRPD and the universal periodic review.

14. The three proposed country programme outputs are interconnected with the adolescence and youth themes, which are mainstreamed across all three. The country programme will utilize the following modes of engagement and accelerators to drive progress towards the three transformative results: (a) advocate for increased budgetary allocation and financing for sexual and reproductive health backed by data and evidence; (b) promote innovative and digital solutions, sex and age-disaggregated data and evidence to scale up cost-effective interventions for rights-based planning and coordination, including following the 2022 census; (c) sustain modalities to ensure crosscutting humanitarian, development and peace-responsive efforts while building forward better human rights-based and gender-transformative approaches that improve equitable access to services; (d) increase emphasis on demand generation and gender-transformative interventions to address harmful social norms; (e) develop, strengthen and facilitate partnerships with civil society, including persons with disabilities, women and youth-led organizations, academia, the private sector, financial institutions, United Nations organizations and development partners to promote rights, influence policymaking and financial streams, ensure accountability, monitor implementation of sexual and reproductive health/gender-based violence policies and facilitate South-South cooperation, especially among Central Asian countries.

15. In line with government objectives, particular attention will be on digital transformation and innovation. The programme identified those at risk of being left behind based on a five-factor framework used in the CCA, which include: (a) discrimination; (b) place of residence; (c) socio-economic status; (d) governance; and (e) vulnerability to shocks. As such, the focus will be on

those furthest behind, including persons with disabilities, migrants, key populations, religious communities, women and youth living in rural, conflict-affected and disaster-prone areas. The country programme will meaningfully engage these groups in the formulation, implementation and monitoring of policies and programmes, including on human-rights based programming related to the three transformative results. The programme will apply equal, inclusive, participatory and meaningful approaches in engaging left behind groups, considering dimensions of diversity and non-discrimination. It will also promote youth participation, intergenerational dialogue and volunteerism.

16. The country programme will produce population data evidence, including subnational population projections, urbanization, and census reports on young people, migrants, older persons and persons with disabilities. To secure the first demographic dividend, it is essential for Kyrgyzstan to provide conditions for the professional development of young people, who constitute over 25 per cent of the population, including the education of girls at the secondary school level, promoting healthy lifestyles and comprehensive sexuality education, which have direct impact on gender-based violence prevention and access to reproductive health information and services.

17. The unique added value of UNFPA support to the Government lies in its delivery of results through a diverse and growing number of partnerships and by leveraging resources of existing and new actors, bringing platforms to scale and reaching alliances. The alliance-building needed to address sexual and reproductive health and reproductive rights – including strengthening linkages between sexual and reproductive health and HIV, youth development, gender-based violence, social protection and SDG data – focuses on complementarity and partnerships. These include the media, creative communities, religious leaders and the private sector, in addition to key stakeholders such as government ministries, United Nations organizations, development partners, civil society, beneficiaries and academia that are aligned with the UNSDCF.

18. The proposed country programme will use rights-based, gender-sensitive and people-centred approaches and it will mainstream interventions in relation to humanitarian preparedness and response across all intervention areas. The programme will strengthen resilience through investments in preparedness and response to natural and human-induced disasters based on the country's national disaster risk profile. The aim is to ensure that sexual and reproductive health, mental health and psychosocial support, prevention of sexual exploitation and abuse for women and youth are included in national and subnational disaster frameworks, contingency plans and response plans. Considering the sizable youth population, their participation in humanitarian settings will be instrumental in addressing their needs and in engaging them in humanitarian prevention and response and in supporting youth agency in community resilience and peace.

**A. Output 1: Improved integration of reproductive health and rights, prevention and response in gender-based violence and harmful practices as part of universal health coverage-related policies, plans and other relevant coordination and accountability frameworks**

19. The output will focus on: (a) strengthening national capacity to (i) advocate for the formulation, strengthening and enforcement of ICPD-related laws and policies, in particular to end harmful norms and practices and accelerate progress toward universal access to sexual and reproductive health and reproductive rights, including state supply chain management; and (ii) collect and analyse financial data (including budgeting, financial flows, national accounts and costing) through platforms to increase government accountability on sexual and reproductive health and gender-based violence; (b) advocating for and exploring new partnerships to develop evidence, investment cases, support implementation of the Family Planning 2030 commitments, and create alternative opportunities for resource mobilization towards implementation of the ICPD Programme of Action; (c) engaging the mass media and creative communities to deliver quality information and data on sexual and reproductive health, gender-based violence and demography for effective monitoring of policies and strategies at the national level; (d) promoting the concept and principles of demographic resilience with special attention to pathways for reaping a potential demographic dividend, with the participation of youth and civil society

organizations; (e) advocating and supporting the Government in implementing, reporting on and ensuring the accountability and monitoring of national and international commitments; (f) advocating for increased allocation of the state budget for sexual and reproductive health, in particular quality-assured essential family planning/sexual and reproductive health commodities; (g) promoting the availability and use of sex, age, ethnicity and disability disaggregated data and research, including on the linkages between megatrends such as climate and demographic change, sexual and reproductive health and gender-based violence to improve policy frameworks, effective coordination and to mobilize networks for resilience, adaptation and complementarity among development, humanitarian and peace-responsive actors.

20. The pathways to accelerate this output include: (a) integrating family planning into sexual and reproductive health and reproductive rights policies and programmes and the universal health coverage benefit package; (b) investing 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) integrating sexual and reproductive health and reproductive rights into policies, strategies, plans and equitable financial schemes related to universal health coverage and primary health care; and (d) strengthening health data systems.

**B. Output 2: Increased access of adolescents, youth and women, especially from rural and remote areas, urban poor, social medical risks groups, persons with disabilities and key populations to equitable, available, affordable and high-quality information, and inclusive sexual and reproductive health and reproductive rights and gender-based violence services, including in humanitarian contexts**

21. Improving the availability, affordability and quality of services is critical for increasing the utilization of services. This output will strengthen the health and social security systems by operationalizing and scaling up: (a) high quality comprehensive sexual reproductive health information and services, including supplies; (b) services to support survivors of gender-based violence and harmful practices (especially health services and social support); and (c) stronger health workforce competency, focused on remote and poor areas. UNFPA will place particular attention on ensuring services and information reach most left behind groups, including adolescents and youth, rural and poor populations, persons with disabilities and key populations.

22. The pathways to accelerate this output: (a) investing in the quality of care of comprehensive sexual and reproductive health interventions, including the competency of midwives and nurses; (b) scaling up humanitarian prevention, response and the provision of life-saving sexual and reproductive health services; and (c) developing and sustaining evidence-based interventions for human rights-based sexual and reproductive health and gender-based violence services and monitoring tools by fostering national capacities, accelerating sustainability, advocating for national investment and institutionalizing multisectoral, coordinated responses in development and humanitarian contexts.

**C. Output 3: Young people and women are empowered and benefit from gender equitable norms and exercise their full reproductive rights in a safe and enabling environment, including in humanitarian and development contexts**

23. Gender and social norms shape the choices, voices, rights, reproductive choices and decision-making power of women and youth within their families and societies. Existing values and social norms, which are often hard to change, are underlying behaviours and practices that expose women and girls to gender-based violence and harmful practices and prevent women and girls from accessing knowledge and using the services that improve their health and/or allow them to exercise their rights. During the new country programme, UNFPA will address existing gender and discriminatory social norms by: (a) building capacity at individual, community and national levels, including influencers, the media, leaders, government officials and religious leaders to address the root causes of structural inequalities; (b) empower women, adolescents, youth and most left behind groups (persons with disabilities, key populations) to fulfil their human rights and build a safer and enabling environment; (c) promote health-seeking behaviour and encourage

positive gender and social norms and positive masculinity; (d) sensitize and empower government officials, social workers and relevant actors to promote and use gender-responsive, survivor-centred, rights-based and non-discriminatory approaches to implement the above strategies.

24. The pathways to accelerate this output: (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, gender-transformative, survivor-centred essential services; (d) scaling up the 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 availability and use of data related to gender-based violence and harmful practices.

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

25. UNFPA and national and regional government partners, including sectoral ministries, committees and national institutes will implement various components of the programme, in collaboration with civil society organizations, religious leaders, communities and youth-led organizations, under the overall coordination of the Ministry of Foreign Affairs. The coordination mechanism of the Government and the United Nations, the Joint Steering Committee, established for the implementation, monitoring and reporting of the UNSDCF, will be fully utilized to ensure programme synergies. UNFPA will support the implementation of the United Nations reform process, actively contributing to implementation of the joint business operations strategy and the harmonized approach to cash transfers.

26. UNFPA will contribute to UNSDCF results groups and other relevant inter-agency coordination mechanisms, including for humanitarian prevention and response, towards the achievement of the Goals and the three transformative results for the advancement of the ICPD. UNFPA will continue to lead within the United Nations country team the thematic group on youth and the subgroups on gender-based violence and mental health and psychosocial support and contribute to the thematic group on gender and the joint team on AIDS. UNFPA will seek to accelerate action and reverse the negative trend caused by the COVID-19 pandemic as they relate to the three transformative results.

27. As highlighted in the CCA and the UNSDCF, there are multiple risks to programme implementation: (a) political instability and shifts in government priorities due to the post-COVID-19 economic downturn and other emergency situations; (b) turnover of key staff in government agencies; (c) limited resources of state funding to achieve the three transformative results; (d) a limited market for essential medicines, including contraceptives; (e) shortage of skilled professionals in social services, including health staff with clinical skills; (f) attrition of mid-level officials; (g) low communication capacities, including lack of coordination during emergency and poor referral mechanisms; (h) budgetary cuts affecting the health sector due to COVID-19; (i) the spread of misinformation about the ICPD and incorrect interpretation of youth reproductive health, gender equality and family planning issues; (j) absence of tele-health for timely service provision; and (k) deviation from rights and choice-based approaches to reproductive behaviour.

28. Another risk stems from potential gaps in the availability of financial resources to address social sector priorities due to the post-COVID-19 economic recovery and other costs, as well as natural disasters and climate change-related shocks. To mitigate these risks, UNFPA will: (a) advocate with decision-makers for continued investment in sexual and reproductive health, including HIV, gender equality and demographic resilience, demonstrating their cost-effectiveness and their linkages to the country's development; (b) leverage strategic partnerships with other United Nations organizations, civil society organizations and academia to generate evidence to support the advancement of the human rights agenda; and (c) strengthen the advocacy capacities of partner civil society organizations, including sustainable humanitarian preparedness, response and recovery. A resource mobilization and partnership plan has been developed, which will be reviewed periodically, focused on innovative financing approaches, increasing domestic financing, joint proposals with other United Nations organizations, and co-financing by national

and county governments, development partners and the private sector. In humanitarian situations, UNFPA will, in consultation with the Government, re-programme funds as required to respond to emerging issues within its mandate.

29. A human resource plan was developed through: (a) a review of the recommendations in the country programme evaluation; (b) consideration of national priorities, the inter-agency leadership role of UNFPA and priorities of the UNSDCF; and (c) assessment of the skills and capacity required to deliver the results of the new country programme. UNFPA will use the integrated partnership and resource mobilization plan to guide partnerships and the diversification of funding sources, including through innovative financing. The country office will mobilize and leverage strategic partnerships with technical institutions and academia, as well as multidisciplinary expertise across United Nations entities, to respond effectively and in a timely manner to the growing demands for technical assistance. Resources may be redirected to support emergency response in consultation with the Government. Support will be sought from the UNFPA regional office for Eastern Europe and Central Asia and UNFPA headquarters.

30. 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.

31. The harmonized approach to cash transfers will continue to be applied in coordination with other United Nations organizations to strengthen the management of financial risks. Towards building forward better, the country programme will leverage innovations emerging from the United Nations System Strategy on the Future of Work for programme delivery and business practices, including the business operations strategy and the common back office.

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

32. UNFPA is committed to monitoring programme results both for the country programme and the UNSDCF. For tracking the results of the UNSDCF, UN-Info will be used as the main monitoring platform and will guide discussions in the UNSDCF Steering Committee and respective results groups, comprising the United Nations country team and senior members of line ministries.

33. UNFPA will be engaged in inter-agency working groups, such as the youth thematic group, the gender theme group and the programme management team. It will provide technical and programmatic guidance and coordination leadership to implement UNSDCF and SDG monitoring, including through the voluntary national reviews and human rights mechanisms such as CEDAW and the universal periodic review.

34. The country office has developed a monitoring and evaluation framework and different innovative tools to help track results, which it will review it periodically to ensure adequate allocation of related resources. UNFPA and the Government will manage and monitor the country programme, following UNFPA policies and procedures, using adaptive results-based management and accountability frameworks. Primary data collection, field visits, analysis and regular technical meetings with implementing partners will be used to track progress and adjust annual work plans accordingly. Annual reviews of the country programme will be conducted to analyse progress made and assess the possible reorientation of programme strategies. A country programme evaluation will be conducted towards the end of the implementing period to identify lessons learned and priorities for the following cooperation cycle. Quality assurance and capacity-building measures for UNFPA implementing partners will be ascertained through annual project and programme management training.

35. UNFPA will work with the Government, United Nations organizations and other partners to strengthen national monitoring and evaluation mechanisms to obtain evidence to track results, support data analysis and dissemination, and advocate for and enhance evidence-based decisions.



## RESULTS AND RESOURCES FRAMEWORK FOR KYRGYZSTAN (2023-2027)

<p><b>NATIONAL PRIORITY:</b> 1: National Development Strategy, 2040. 2: National Development Programme of the Kyrgyz Republic, 2026. 3: Concept of Youth Policy, 2020-2030. 4: National Health and Health System Development Programme, 2019-2030: Healthy Person–Prosperous Country. 5: National Gender Equality Strategy, 2022-2030. 6: Concept of Development of Civic Identity ('Kyrgyz Zharany'), 2021-2026. 7: State Programme on HIV, 2022-2026.</p>				
<p><b>UNSDCF OUTCOME:</b> 1. By 2027, the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities and access to decent work, resulting in full enjoyment of their rights and enabling them to contribute to the socioeconomic development of the country.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 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; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of total government spending on essential services (education, health and social protection) <i>Baseline: Total 53,2% (2021); (Education: 23.2%; Health: 10%; Social protection: 20%)</i> <i>Target: Total: 35% (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Unmet need for family planning <i>Baseline: 19 (2018)</i> <i>Target: 17 (2027)</i></li> <li>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 64.6 (MICS, 2018);</i> <i>Target: 70 (2027)</i></li> </ul>	<p><u>Output 1.</u> Improved integration of reproductive health and rights, prevention and response to gender-based violence and harmful practices, as part of universal health coverage-related policies, plans, and other relevant coordination and accountability frameworks.</p>	<ul style="list-style-type: none"> <li>Number of universal health coverage related policies, strategies and accountability coordination frameworks, mechanisms with integrated sexual and reproductive health, commodities and rights, as well as the prevention and response to gender-based violence and harmful practices <i>Baseline: 8 (2021); Target: 13 (2027)</i></li> <li>National and subnational budget allocated for gender-based violence, sexual and reproductive health, youth, HIV under the state social contracting <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Number of key population data outputs produced, including subnational population projections; routine vital statistics reports; census reports on youth, migrants, older persons, persons with disability; and mega-trends, such as mobility, urbanization and climate vulnerability <i>Baseline: 0 (2021); Target:3 (2027)</i></li> <li>Number of laws and regulations aligned with international human rights standards that support the realization of universal access to sexual and reproductive health and reproductive rights, including related to one or more of the three transformative results <i>Baseline: 0 (2021); Target:2 (2027)</i></li> </ul>	<p>Administration of the President, National Statistics Committee of the Kyrgyz Republic, Ministry of Labour, Social Development and Migration, Ministry of Health, Ministry of Interior, Ministry of Culture, Information, Sport and Youth Policy, Muftiyat (spiritual boards headed by an Islamic scholar), State Commission of Religious Affairs, United Nations organizations, Office of the United Nations Resident Coordinator, academic institutions, local researchers and civil society organizations, faith-based organizations</p>	<p>\$1.7 million (\$1.0 million from regular resources and \$0.7 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> 1: National Development Strategy, 2040. 2: National Development Programme of the Kyrgyz Republic, 2026. 3: Concept of Youth Policy, 2020-2030. 4: National Health and Health System Development Programme, 2019-2030: Healthy Person–Prosperous Country. 5: National Gender Equality Strategy, 2022-2030. 6: Concept of Development of Civic Identity ('Kyrgyz Zharany'), 2021-2026.</p>				
<p><b>UNSDCF OUTCOME(S):</b> 1. By 2027, the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities and access to decent work, resulting in full enjoyment of their rights and enabling them to contribute to the socioeconomic development of the country. 3. By 2027, Kyrgyzstan has started the transition to low-carbon development and risk-informed climate resilience, contributing to people's fair and equitable access to ecosystem benefits and to empowerment of vulnerable communities in the governance of natural resources and disaster prevention.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 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; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Kyrgyzstan has adopted and is implementing national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 <i>Baseline: 0 (2021); Target: 1 (2021)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel <i>Baseline: 98.9 (2020); Target: 100 (2027)</i></li> <li>Unmet need for family planning <i>Baseline: 14% (2018); Target: 10% (2027)</i></li> <li>Adolescent birth rate (births per 1,000 women aged 15-19 years) <i>Baseline: 33.4 (2020); Target: 28 (2027)</i></li> </ul>	<p><u>Output 2.</u> Increased access of adolescents, youth and women, especially from rural and remote areas, urban poor, social medical risks groups, persons with disabilities, and key populations to equitable, available, affordable and high-quality information and inclusive sexual and reproductive health and reproductive rights and gender-based violence services, including in humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>Number of innovative approaches and digital solutions on increased quality, coverage and accessibility of emergency obstetric care, family planning, HIV, gender-based violence information and services, including in the humanitarian context <i>Baseline: 2 (2021); Target: 7 (2027)</i></li> <li>Number of health facilities that meet at least 75% of their requirement of midwifery professionals for the sexual, reproductive, maternal, newborn and adolescent health care <i>Baseline: 0 (2021); Target:20 (2027)</i></li> <li>Contraceptive usage of women at high medical-social risk of maternal mortality <i>Baseline: 30 (2021); Target:60 (2027)</i></li> <li>Number of developed, endorsed, operationalized and monitored national guidelines/protocols/standard operating procedures, curricula and learning courses in line with the guidance and tools for quality and coordinated essential sexual and reproductive health/HIV/gender-based violence services to adolescents and youth, women and furthest left behind groups, including in humanitarian contexts <i>Baseline: 20 (2021); Target:26 (2027)</i></li> <li>Improved mechanisms for monitoring, reporting and responding (grievance) to enhance quality of services and supply commodities for those left behind in place <i>Baseline: No (2021); Target: Yes (2027)</i></li> </ul>	<p>Ministry of Culture, Information, Sport and Youth Policies, Ministry of Health, Ministry of Education, Kyrgyz Academy of Sciences, Youth non-governmental organizations, Red Crescent Society, civil society organizations</p>	<p>\$2.2 million (\$1.2 million from regular resources and \$1.0 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> 1: National Development Strategy, 2040. 2: National Development Programme of the Kyrgyz Republic, 2026. 3: Concept of Youth Policy, 2020-2030. 4: National Health and Health System Development Programme, 2019-2030: Healthy Person–Prosperous Country. 5: National Gender Equality Strategy, 2022-2030. 6: Concept of Development of Civic Identity ('Kyrgyz Zharany'), 2021-2026.</p>				
<p><b>UNSDCF OUTCOME:</b> 1. By 2027, the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities and access to decent work, resulting in full enjoyment of their rights and enabling them to contribute to the socioeconomic development of the country. 4. By 2027, all people in the Kyrgyz Republic enjoy the benefits of fair and accountable democratic institutions that are free from corruption and apply innovative solutions that promote respect for human rights and strengthen peace and cohesion.</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 of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on discrimination prohibited under international human rights law.</li> </ul>	<p><u>Output 3.</u> Young people and women are empowered and benefit from gender-equitable norms and exercise their full reproductive rights in a safe and enabling</p>	<ul style="list-style-type: none"> <li>Number of social movements and networks advocating for the tackling of harmful social and gender norms, stereotypes and discriminatory practices that support the achievement of the transformative results <i>Baseline: 0 (2021); Target: 3 (2027)</i></li> <li>Number of women, volunteer, youth civil society movements and platforms with strengthened capacity to promote gender-</li> </ul>	<p>Administration of the President, National Statistics Committee of the Kyrgyz Republic, Ministry of Labour, Social Development and Migration, Ministry of</p>	<p>\$2.26 million (\$1.26 million from regular resources and \$1.0 million from other resources)</p>

<p><i>Baseline: 7.7% (2018) only women-related;</i>  <i>Target: to be included in UNSDCF (not yet included)</i></p> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age and place of occurrence.  <i>Baseline: 11.6 (MICS, 2018);</i>  <i>Target: 8 (2027)</i></li> </ul>	<p>environment, including in humanitarian and development contexts.</p>	<p>equitable norms, sexual and reproductive health and peacebuilding  <i>Baseline: 2 (2021); Target: 4 (2027)</i></p> <ul style="list-style-type: none"> <li>• Number of mass media and influencers promoting positive gender and social norms, healthy sexual and reproductive behaviours and gender equality  <i>Baseline: 3 (2021); Target:10 (2027)</i></li> </ul>	<p>Health, Ministry of Interior, Ministry of Culture, Information, Sport and Youth Policy, Muftiyat, State Commission of Religious Affairs, United Nations organizations, Office of the United Nations Resident Coordinator, academic institutions, the media, local researchers, faith-based organizations, civil society organizations</p>	
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