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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Georgia

Proposed indicative UNFPA assistance: \$5.8 million: \$2.9 million from regular resources and \$2.9 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Fourth

Category per decision 2017/23: Yellow

Alignment with the UNSDCF Cycle UN Sustainable Development Cooperation Framework, Georgia (2021-2025)

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.0	0.3	2.3
Outcome 3	Gender equality and women's empowerment	0.3	2.1	2.4
Outcome 4	Population dynamics	0.3	0.5	0.8
Programme coordination and assistance		0.3	0	0.3
Total		2.9	2.9	5.8

I. Programme rationale

1. Georgia is located in the South Caucasus region. Its population is 3.7 million (2019), which has shrunk almost by one-third during the last three decades. It has one of the highest total fertility rates in Europe (2.1, 2018) and a high net migration rate (-2.2, 2019); 32 per cent of the population is under the age of 24, while 15 per cent is over 65 (2020); women constitute 66 per cent of the population over 65.

2. An upper middle-income country since 2016, ranking high in the Human Development Index (0.786 for 2018), Georgia signed an association agreement with the European Union in 2014; it is committed to strengthening democracy, respect for human rights and fundamental freedoms and the rule of law. The country has made significant progress in achieving the Sustainable Development Goals (SDGs). According to the Common Country Analysis, challenges remain: the high vulnerability of the economy to external factors; a shrinking and ageing population; poverty; and internal disparities.

3. More than 20 per cent of the population lives below the national poverty line and the Gini coefficient was 0.37 in 2018, which is only slightly better than 0.395 in 2010. As a World Bank analysis shows, effects of the COVID-19 pandemic are likely to be disproportionately felt by those who are left behind in light of the projected 4-5 per cent contraction of the gross domestic product (GDP) in 2020. In the short term, ensuring adequate access to healthcare is important, while higher social security spending could partially mitigate the impact of reduced and lost income. While mitigating the near-term crisis impact, maintaining the focus on long-term policy priorities to address low and potentially declining human capital might become critical.

4. Unresolved conflict in Georgia severely affects people in Abkhazia, Georgia and the Tskhinvali Region/South Ossetia, Georgia, and has resulted in a large and still growing internally displaced population (287,141; 2020). Women and youth living in conflict-affected regions face the risk of their human rights being denied, such access to basic social and health services. There is a ban on abortion services in Abkhazia, Georgia. In this context, sexual and reproductive health services, including family planning services and supplies, provided exclusively by UNFPA to conflict-affected women in Abkhazia, Georgia, is a 'life-saving' support.

5. Maternal mortality represents one of the most important public health challenges in Georgia. The maternal mortality ratio (25 per 100,000 live births, 2017) is above the regional average. The primary reasons are the low quality of maternal care services along the continuum of care, including antenatal care; weak clinical audit and referral mechanisms for high-risk pregnant women; lack of a continuous medical education system; and low level of education on reproductive health and rights among young girls and women, especially among those living in the rural areas or belonging to ethnic minorities. Also, there is clear correlation between maternal mortality and morbidity and socio-economic status, education and age of mothers. These cumulative challenges are reflected in the high life-time risk of maternal death at 1 in 1,900 (2017).

6. The use of contraception has declined, from 53 percent (2010) to 41 per cent (2018). Unmet need for modern contraception remains unchanged over the past 8 years (31 per cent, 2018); the prevalence of modern contraceptive methods is lowest among women from rural areas (38 per cent in urban areas versus 25 per cent in rural areas), ethnic minority groups (34 per cent among Georgian versus 19 per cent among Azeri women), and women with low socio-economic status (40 per cent in the highest wealth quintiles versus 20 per cent in the poorest wealth quintiles). Access to family planning services is a challenge; after termination of the donor-supported free-of-charge provision of contraceptives supply to the public health system, it has not been taken over by the Government. Due to the incomplete coverage of cervical cancer screening, especially in rural areas (9 per cent in 2017), 40 per cent of cases are diagnosed at later stages. Consultations with women with disabilities showed that they lack access to sexual and reproductive health information and services responsive to their needs.

7. Though HIV prevalence remains low (400 per 100,000; 2019), Georgia still faces a risk of expanding the epidemic due to high-risk practices, with sexual contacts the main route of transmission (56 per cent) and growing HIV prevalence among key populations. The latter is associated with the increasing number of unprotected homosexual or bisexual contacts, followed by injecting drug use, while stigma and stereotypes against HIV/AIDS create barriers for accessing services.

8. Legal and policy frameworks to respond to violence against women were elaborated and aligned to international conventions. A state intersectoral mechanism has been established at the executive branch to coordinate the response to gender-based violence. However, gender discrimination and gender-biased social norms are still persistently manifested in gender-based violence and through the harmful practices of child marriage and gender-biased sex selection. Some 25 per cent of women aged 20-24 years living in rural areas were married before the age 18 (2018). Despite a declining trend in the sex ratio at birth (115 in 2015 versus 107.6 in 2019), 'son preference' is still prevalent, especially in rural areas and among ethnic minorities. One in seven women experienced violence in her lifetime (2017). Violence against women with disabilities is an acute issue, considering the lack of specialized services and gaps in data collection. Deeply entrenched social norms perpetuate gender discrimination and violence. Over 21 per cent of women aged 15-49 years don't make their own informed decisions regarding sexual relations and reproductive health; most belong to rural, low-income and ethnic minority households.

9. The absence of an evidence-based multisectoral youth strategy, youth-friendly health services and a nationwide health education limit youth access to accurate information and services. Despite a downward trend, the adolescent fertility rate remains high (32.3 in 2018, versus 48.6 in 2015). Only 11 per cent of young women aged 15-24 years have comprehensive knowledge about HIV prevention (2018). There is a high rate of youth without employment, education or training (26.9 per cent, 2018) with a notable gender gap (23.2 per cent for males versus 31 per cent for females).

10. Weak implementation of population ageing policies and the lack of tailored social services for older persons increase their vulnerability, especially in the context of COVID-19 pandemic. Considering the increasing trend of population ageing, with the share of persons aged 65 and older projected to increase (from 14.3 in 2014 to 18.9 percent in 2030, with the majority of them being female), the country needs implementation of policies promoting healthy and active ageing along with ensuring the rights and protection of older persons. Elderly women are particularly vulnerable, as the risk of remaining alone and experiencing social isolation and economic deprivation is much larger for women in old age than for men.

11. The existing gaps in population data systems impede improved understanding and mapping of inequalities and addressing them through evidence-based central and local plans. Georgia is committed to undertaking the 2020 round of the population and housing census, following international guidelines and making full use of collected data for advancing population data systems.

12. The independent evaluation confirmed the success of the third country programme, which engaged multiple partners to increase access to high-quality sexual and reproductive health, advance gender equality and strengthen demographic policies. The evaluation recommended continuing strengthening evidence-based policy and regulatory frameworks to deliver high-quality integrated sexual and reproductive health and HIV prevention services; supporting provision of services in conflict-affected area for making a lifesaving and long-lasting impact on women's health; supporting improving the quality of cancer screening programmes by establishing a national registry; supporting a multisectoral approach to prevention of child marriage; contributing to a youth policy and strategy; supporting national roll-out of sexuality education and its overall evaluation; and assisting in generating data and evidence for monitoring SDG indicators.

II. Programme priorities and partnerships

13. The fourth country programme for Georgia is fully aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) strategic priority on enhancing human well-being, capabilities and social equality. Based on the third country programme evaluation recommendations and consultations with stakeholders, strongly committed to the UNFPA transformative results, the fourth country programme will contribute to three out of five UNSDCF outcomes. UNFPA will bring lasting changes by applying extensive and unique expertise in the areas of sexual and reproductive health, gender-based violence and harmful practices, and population dynamics/ageing. By applying the ‘leaving no one behind’ principle, UNFPA will convene the United Nations agencies and partners to address the rights and needs of youth, older persons and key populations; strengthen collection and analysis of population data for mapping and addressing inequalities and improved monitoring of the SDGs; expand partnerships and bring innovative solutions for changes in gender-biased social norms and practices.

14. The proposed programme aims to accelerate the Decade of Action by investing in sexual and reproductive health, tackling gender-discriminatory social norms and dismantling barriers that keep vulnerable and marginalized groups of the society from accessing information and services. Coupled with the United Nations joint efforts on ensuring good governance and human rights more broadly, the country programme will contribute to the UNSDCF overarching priority on enhancing human well-being, capabilities, social equality and inclusion and to its three outcomes on: (a) good governance, open and accountable institutions, rule of law and equal access to justice and human rights and participation; (b) equitable access to inclusive and high-quality services; (c) enhanced human security and resilience of conflict-affected communities. Thus, the country programme will support the achievement of SDGs 3, 4, 5, 10, 16 and 17.

15. The country programme will emphasise the reduction of maternal mortality, contributing to 20 per cent reduction of the maternal mortality ratio (from 25 to 20 per 100,000 live births) by 2025; thus, supporting to achieve a milestone towards reaching the SDG national target by 2030 and the country’s commitment made at the Nairobi Summit. This will be achieved by applying a comprehensive approach to make changes at the policy and societal levels by: improving the quality of sexual and reproductive health services along the continuum of care; further strengthening of universal health coverage (UHC), with anticipation that the sexual and reproductive health needs are met throughout the life course; and prioritizing and progressively implementing interventions at various blocks and levels of the health system and beyond, including strengthening institutional capacities at national and local levels, and boosting innovative solutions for increasing the awareness, especially among women and girls belonging to disadvantaged groups, and promoting the needed transitions in gender-biased social norms. Increased availability of reliable population data, analysis and innovative data visualization tools will facilitate improved understanding of and addressing inequalities and monitoring of SDGs.

16. The country programme will contribute to achieving the UNFPA transformative results by aiming to (a) reduce maternal health risks; (b) improve prevention of cervical cancer and HIV; (c) reduce gender discrimination and harmful practices, with a focus on disadvantaged groups; and (d) influence the unmet need for family planning. The country programme integrates interventions to address the socio-economic impact of COVID-19, including supporting improved preparedness of the health system to emergency situations and for the provision of sexual and reproductive health (SRH) services, as well as addressing the rights and needs of vulnerable groups, including the elderly population.

17. The country programme has been prepared in close consultation with the Government, civil society and young people, including those representing key populations and persons with disabilities, to ensure local ownership. The programme is based on local assessments and analysis of Georgia’s international commitments, and is aligned to the priorities of the nationalized Sustainable Development Goals. It responds to the National Strategy for the Protection of Human Rights in Georgia 2021-2030; the Vision for Developing the

Healthcare System in Georgia by 2030; State Concept on Demographic Security 2017-2030; National Youth Policy Concept, 2020-2030. The country programme reinforces implementation of the National Reproductive Health Strategy, 2017-2030; the Youth Strategy and the Action Plan, 2020-2025; the Georgia HIV/AIDS National Strategic Plan 2019-2022; the National Action Plan on Combating Violence against Women and Domestic Violence, 2021-2023.

18. The country programme will support fulfilment of Georgia's commitments for the reduction of maternal mortality, reversing HIV epidemics, elimination of gender-based violence and harmful practices, and ensuring widest access to disaggregated population data, as voiced by the Government at the Nairobi Summit on ICPD25; and international commitments, including the Convention on the Elimination of All Forms of Discrimination against Women, and the Istanbul Convention (the Council of Europe Convention on preventing and combating violence against women and domestic violence). The programme will integrate the support to the Universal Periodic Review process and implementation of recommendations pertaining to gender equality and sexual and reproductive health and rights. Sustainability of programme results will be ensured by integrating them into the national strategies and plans and building a supportive environment for transforming discriminatory social norms.

19. The programme approach reaffirms UNFPA commitment to the principles of human rights, gender equality, accountability and transparency. The 'leave no one behind' principle is mainstreamed throughout the programme and focuses on: (a) women and girls in rural areas and those belonging to ethnic minorities; (b) women living in conflict-affected areas; (c) young people (aged 15-24 years), including young key populations; (d) women and young people with disabilities; and (e) older persons, especially elderly women.

20. UNFPA will support the Government in improving access to high-quality services via advocacy, policy dialogue, knowledge management, capacity development and service delivery (in conflict-affected territories). The needed capacities for implementation will be strengthened by: (a) enhancing legislative, strategic and regulatory frameworks; (b) strengthening human resources capacity; (c) multisectoral coordination and partnership (South-South and triangular cooperation; knowledge sharing); and (d) an increased body of evidence (research, data analysis). The programme will reach target groups through information and education for social norm change; and strengthen participatory advocacy platforms to promote the rights and health of women and young people with disabilities.

21. The country programme will employ innovative education, communication and data visualization tools to increase effectiveness and efficiency; will strengthen partnerships with civil society organizations, academia, faith-based organizations, media, sports, entertainment and fashion industries to increase outreach and impact. UNFPA will enhance established partnerships with the private sector and seek for new opportunities to leverage resources for upscaling results. UNFPA will leverage the existing support from Sweden and the European Union for enhancing gender equality, addressing gender discriminatory norms and harmful practices and rolling out sexuality education in the formal education system, and will explore new partnerships with Switzerland and Austria.

22. The programme will support improved preparedness to emergencies, including epidemics, and enhance resilience of women living in the conflict-affected territories by increasing their access to critical reproductive health information and services; contribute to conflict prevention by fostering confidence-building.

23. The country programme proposes a series of interrelated and mutually reinforcing interventions to ensure universal access to sexual and reproductive health and realization of reproductive rights, through the following UNFPA strategic plan outcomes: (a) sexual and reproductive health; (b) gender equality and women's empowerment; and (c) population dynamics.

A. Sexual and reproductive health

24. *UNSDCF Joint Output 1: Improved national capacities for the implementation of policies and programmes that ensure equitable access to and coverage of high-quality integrated health and nutrition services and the exercise of reproductive rights for all people, particularly those left behind.*

25. UNFPA, in coordination with other United Nations organizations, will support: (a) removal of key structural and behavioural barriers to the quality, accessibility and coverage of services; (b) advocacy and policy dialogue for allocation of adequate public funding for strengthening health systems for delivering integrated sexual and reproductive health services. This aims to enable women and girls, especially those left behind, to have access to integrated, inclusive and affordable services, and to exercise their reproductive rights and be better protected from violence, thus facing a reduced maternal health risk. Under this component, UNFPA will contribute to two joint outputs (2.1. and 4.1.) and the respective UNSDCF outcomes 1 and 4; and to outcomes 1 and 3 of UNFPA Strategic Plan 2018-2021.

26. Key interventions are: (a) supporting the development and implementation of policy frameworks and institutional mechanisms for provision of high-quality integrated sexual and reproductive health services, including development of national action plans, support to the antenatal care regionalization process, institutionalization of ‘Beyond the Numbers’ tools and linking the results to actions to avoid preventable causes of maternal mortality; promotion of innovative learning models in continuous medical education, development and monitoring of clinical practice protocols integrating the needs of women with disabilities; (b) supporting the national roll-out of the cervical cancer screening model by operationalizing the cancer screening registry; (c) advocating for public resource allocation for family-planning commodities to reach the furthest behind; (d) enhancing the outreach of HIV preventive services to key populations by applying a behavioural insights prism; (e) supporting improved resilience of conflict-affected women through provision of high-quality services (including modern contraceptives) and contributing to conflict prevention by fostering confidence-building; (f) supporting strengthened preparedness to emergency situations, including to natural disasters and public health emergencies, through development of preparedness plans, integration of the Minimum Initial Service Package for reproductive health into national plans, and operationalizing the innovative digital platforms and telemedicine tools for provision of services; (g) supporting national roll-out of the healthcare response to gender-based violence integrating the specific needs of women with disabilities and key populations; and (h) supporting the transformation of health-seeking behaviour among women and key target populations by strengthening the capacity of community-led organizations and fostering innovative approaches for awareness raising.

B. Gender equality and women’s empowerment

27. *UNSDCF Joint Output 2: Legislative frameworks, policies and governance systems deliver gender-equal results, combat gender-based violence, violence against children and other harmful practices towards women and girls.*

28. UNFPA, in collaboration with United Nations organizations, will contribute to the development of a gender-sensitive policy and regulatory frameworks for elimination of gender discrimination and harmful practices, aligned with international human rights standards, reinforces capacities of stakeholders for implementation, including those in health, education and youth sectors and civil society organizations; and it will strengthen partnerships for increasing awareness among men, women and girls for changing gender-biased social norms. This will help to empower women and girls, especially those left behind, so that they are better protected from gender-based violence and discrimination, and can make their own informed decisions regarding sexual and reproductive health and rights. Under this component, UNFPA will contribute to joint output 1.3 and the respective UNSDCF outcome 1; and outcomes 1 and 3 of UNFPA Strategic Plan, 2018-2021.

29. Key interventions are: (a) strengthening strategic and accountability frameworks for advancing human rights and gender equality, integrating rights of those left behind; (b) supporting introduction of gender-sensitive family-friendly policies; (c) supporting increased capacity of local self-government bodies to localize and implement national human rights, youth and gender-equality strategies; (d) strengthening multisectoral capacities to eliminate gender-based violence and harmful practices, integrating women with disabilities and key populations; (e) improving preparedness for addressing gender-based violence in emergencies by strengthening the coordination mechanism involving state and non-state actors; (f) strengthening participatory advocacy platforms promoting the rights and health of women and young people with disabilities; (g) supporting gender-transformative programming to increase men's engagement as equal partners for changing discriminatory practices against women and girls; (h) empowering young people to lead gender-biased social norm change in targeted communities; (i) supporting national roll-out of sexuality education in formal education systems; (j) mobilizing partnerships with civil society, the private sector, media and faith-based organizations to eliminate violence and harmful practices against women and girls. UNFPA will also explore opportunities for fostering youth engagement in the youth, peace and security agenda at the South Caucasus regional level.

C. Population dynamics

30. *UNSDCF Joint Output 3: Inclusive national and local governance systems have greater resilience and capacities to mainstream gender, migration and ensure evidence-based and participatory policy-making, map and address inequalities and deliver quality services to all.*

31. UNFPA, in coordination with United Nations organizations, will contribute to undertaking the 2020 round of the population census and making disaggregated population data accessible through enhanced population data systems; generate a body of evidence on population dynamics, with focus on older people and youth; and support mainstreaming ageing. This will enable national and local governance bodies to better address rights and needs of disadvantaged groups, including older persons, through policies and services that are based on improved understanding of inequalities and achieve improved monitoring of the SDGs. Under this component, UNFPA will contribute to joint output 1.1 and the UNSDCF outcome 1; and outcome 4 of the UNFPA Strategic Plan, 2018-2021.

32. Key interventions are: (a) strengthening capacity of the National Statistics Office of Georgia for undertaking the 2020 round of the population census according to international standards; (b) improving population data systems to better understand and address inequalities through evidence-based policies and strategies and improved monitoring of the SDGs; (c) promoting effective data dissemination, (d) supporting updating of the Common Operational Dataset-Population Statistics for improved emergency preparedness and response; (e) building up a body of evidence on population dynamics by supporting in-depth analysis of census and survey data, with a focus on older persons and youth; (f) supporting policy dialogue for mainstreaming ageing into national and subnational policies and plans; (g) providing technical assistance and mobilizing partnerships for introducing innovative municipal services for active and healthy ageing in target municipalities. The country programme will address the rights and special needs of elderly populations in the context of the social-economic response to COVID-19.

III. Programme and risk management

33. Implementation and management of the country programme will be aligned with the UNSDCF. Responsibility of the UNSDCF implementation will be with the United Nations country team, including UNFPA, under the leadership of the Resident Coordinator and in close coordination with the Government. The UNSDCF will be implemented through country cooperation frameworks and programmes of the United Nations agencies aligned with the UNSDCF joint outcomes and outputs.

34. The Administration of the Government/Office of the Prime Minister will coordinate the UNFPA country programme. UNFPA will maintain effective existing partnerships, and will establish new ones for delivering high-quality results, in line with the country programme partnership plan. UNFPA will collaborate with government institutions, as the main partners in programme implementation, local authorities, civil society and community-based organizations, including faith-based organizations, United Nations organizations and the media to ensure achievement of the programme results and addressing inequalities applying the ‘leaving no one behind’ principle.

35. UNFPA will prioritize the national implementation modality for implementation of the programme. In accordance with the principles of the harmonized approach for cash transfers, it will select implementing partners based on their expertise and comparative advantage; conduct capacity assessments, including required quality-assurance activities, to ensure efficient programme implementation.

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

37. The country office has developed a partnership and resource mobilization strategy geared towards leveraging resources from international donors and the Government in order to reach planned results. UNFPA will continue its close collaboration with United Nations organizations and will proactively participate in joint programmes in the areas of health, population dynamics, gender equality and youth, to jointly contribute to the implementation of the 2030 Agenda and deliver on joint results of the common chapter.

38. The country office will consist of a non-resident UNFPA country director based in Turkey, a head of office, and programme and support staff funded from integrated institutional and programme budgets. The country office realignment was completed in 2018 to align the human resources structure to the new business model. In view of the increasing programme scope aimed at developing and delivering upstream interventions focused on policy and advocacy and based on the analysis of the human resources situation, it will be necessary to strengthen the office’s technical capacity in the area of gender equality and women’s empowerment.

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

40. External risk factors that may impact the programme implementation include: (a) opposition from far-right organizations towards sexual and reproductive health and gender equality; (b) a changing international assistance environment, limiting sources of funding; (c) humanitarian and crisis situations causing neglect to reproductive health needs and gender-based violence. UNFPA will address these challenges by enhancing partnerships, including with the private sector and community/religious leaders; applying innovative approaches for advocacy and communication; providing leadership in response to gender-based violence in emergencies and demographic policy in the country.

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

42. 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

43. UNFPA, together with the Government and the United Nations country team, will establish a framework to monitor and evaluate the UNSDCF implementation.
44. UNFPA will take an active role and participate in the Common Country Analysis, development of joint workplans and reporting on achievements, including by co-chairing the UNSDCF Outcome 2 Results Group.
45. Country programme reporting will be accomplished in accordance with the results and resources framework for tracking the results achieved and follow the tracking tools for field monitoring visits to ensure timely implementation of monitoring recommendations for adjusting programme design and execution.
46. UNFPA developed a costed evaluation plan to generate evidence for the design of the next programming cycle and its contribution to UNSDCF implementation.
47. The country programme evaluation will be conducted, in line with the evaluation plan, to provide strategic and evidence-based recommendations for the next programming cycle in light of UNFPA strategic goals and national priorities, as well as to ensure accountability for the relevance and performance of the programme.
48. UNFPA will conduct annual programme reviews, in collaboration with stakeholders, to track the implementation progress according to the country programme results framework aligned with the UNSDCF monitoring and evaluation framework, and with the UNFPA strategic plan, to ensure continuous adaptation and learning.
49. In response to recommendations from the third programme evaluation, UNFPA will support strengthening national institutional capacity to produce disaggregated high-quality population data through the population census to ensure effective monitoring of the nationalized SDG targets and indicators, and to provide visibility to those furthest behind.
50. UNFPA will collaborate with government institutions in the elaboration of voluntary national reports on progress towards achieving the SDGs and the 2030 Agenda.

RESULTS AND RESOURCES FRAMEWORK FOR GEORGIA (2021-2025)

<p>NATIONAL PRIORITY: Maintain and expand the coverage of evidence-based, high-impact and cost-effective interventions for maternal and newborn survival, as well as for immediately related reproductive health fields, and to guarantee access to those services for all who need them (Georgia Maternal and Newborn Health and Immediately Related Reproductive Health Issues Strategy, 2017-2030). Strengthening the protection of the right to health and ensuring equal and timely access to healthcare services, including mental health services (draft State Strategy for Protection of Human Rights, 2021-2030, Goal 2.1).</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 2: By 2025, all people in Georgia have equitable and inclusive access to high-quality, resilient and gender-sensitive services, delivered in accordance with international human rights standards.</p> <p>Outcome 4: By 2025, conflict-affected communities enjoy human rights, enhanced human security and resilience.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</p>				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline: 25 (2017); Target: 20 (2025)</i> 	<p><u>Joint UNSDCF Output 1.</u> Improved national capacities for the implementation of policies and programmes that ensure equitable access to and coverage of high-quality integrated health and nutrition services and the exercise of reproductive rights for all people, particularly, those left behind</p>	<ul style="list-style-type: none"> • Share of perinatal care facilities where ‘Beyond the Numbers’ is implemented as a routine tool for maternal care service quality improvement. <i>Baseline: 38% (2020); Target: 85% (2025)</i> • Coverage with at least 8 antenatal care visits <i>Baseline: 38% (2020); Target: 85% (2025)</i> • Percentage of cervical cancer screening provider health institutions that regularly provide reports to the screening registry. <i>Baseline: 50% (2020) Target: 80% (2025)</i> • Number of women in conflict-affected areas with improved access to high-quality SRH services <i>Baseline: 18,000 (2019); Target: 30,000 (2025) (cumulative)</i> • Proportion of institutions providing services to key population with at least one service provider completed an accredited course on SRH/ HIV prevention services developed with UNFPA support <i>Baseline: 0% (2020); Target: 50% (2025)</i> • Percentage of primary healthcare providers reporting GBV/domestic violence incidence through a health information system. <i>Baseline: 11% (2020); Target: 30% (2025)</i> 	<p>Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs, National Centre for Disease Control and Public Health; the Office of the State Minister of Georgia for Reconciliation and Civic Equality; The Global Fund, local governance bodies, medical institutions, Medical Universities, professional associations, private sector and civil society, WHO, UNICEF, UNDP</p>	<p>\$2.3 million (\$2.0 million from regular resources and \$0.3 million from other resources)</p>
<p>NATIONAL PRIORITY: Enhancing gender equality in all spheres of life; Improvement of systematic and institutional mechanisms of equal opportunities and women’s empowerment (draft State Strategy for Protection of Human Rights, 2021-2030, Goal 3.4)</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 1: By 2025, all people in Georgia enjoy improved good governance, more open, resilient and accountable institutions, rule of law, equal access to justice, human rights, and increased representation and participation of women in decision-making.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</p>				

<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 79% (2018); Target: 85% (2025)</i> Proportion of women aged 20-24 years who were married or in a union before age 18 <i>Baseline: 13.9%; (2018); Target: 10% (2025)</i> 	<p><u>Joint UNSDCF Output 2.</u> Legislative frameworks, policies and governance systems deliver gender-equal results, combat gender-based violence, violence against children and other harmful practices towards women and girls</p>	<ul style="list-style-type: none"> Rate of implementation of objectives related to elimination of harmful practices under the ‘Gender Equality’ chapter of the State Human Rights Strategy 2021-2030 <i>Baseline: 0 (2020); Target: 50% (2025)</i> Number of partnerships launched with civil society, the private sector and faith based organizations for elimination of violence and harmful practices against women and girls; <i>Baseline: 14 (2020); Target: 20 (cumulative, 2025)</i> National curriculum on general education integrating 60% of the topics from the International Technical Guidance on Sexuality Education rolled out nationwide. <i>Baseline: No (2020); Target: Yes (2025)</i> Percentage of population favouring equitable involvement of men in domestic work <i>Baseline: 77% (2019); Target: 87% (2025)</i> 	<p>Parliament of Georgia, the Gender Equality Council at the Parliament of Georgia, the Inter-Agency Commission on Gender Equality, Violence against Women and Domestic Violence; Human Rights Council Secretariat; the Ministry of Internal Affairs; the Ministry of Education, Science, Culture and Sport; the Public Defender’s Office of Georgia, local self-governance bodies, Youth Agency, civil society, private sector, academia, media.</p>	<p>\$2.4 million (\$0.3 million from regular resources and \$2.1 million from other resources)</p>
<p>NATIONAL PRIORITY: Production of statistical information to support evidence-based decision-making (National Strategy for the Development of the Official Statistics of Georgia, 2020-2023, Objective 1.1). Protection, promotion and respect of the rights of older people, support of their full participation in all spheres of public life and support their contribution to the economic and social development of the country (draft State Strategy for Protection of Human Rights, 2021-2030, Goal 3.6)</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 1: By 2025, all people in Georgia enjoy improved good governance, more open, resilient and accountable institutions, rule of law, equal access to justice, human rights, and increased representation and participation of women in decision-making.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Disaggregated data from Population and Housing Census 2023 publicly accessible online for evidence-based policy making, mapping and addressing inequalities and SDG monitoring <i>Baseline: No (2020); Target: Yes (2025)</i> 	<p><u>Joint UNSDCF Output 3.</u> Inclusive national and local governance systems have greater resilience and capacities to mainstream gender, migration and ensure evidence-based and participatory policy-making, map and address inequalities and deliver quality services to all.</p>	<ul style="list-style-type: none"> Number of analytical reports, communication and information materials on population dynamics developed based on 2020 round Census data <i>Baseline: 0 (2020); Target: 3 (2025)</i> Number of municipal centres for older people implemented best standards of active ageing centres <i>Baseline: 1 (2020); Target: 5 (2025)</i> 	<p>National Statistics Office of Georgia; Human Rights Council Secretariat; local self-governance bodies in pilot municipalities; academia; civil society organizations, media, private sector</p>	<p>\$0.8 million (\$0.3 million from regular resources and \$0.5 million from other resources)</p>