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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Uzbekistan**

Proposed indicative UNFPA assistance: \$13.3 million: \$4.3 million from regular resources and \$9.0 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Fifth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle The Republic of Uzbekistan and the United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.7	3.0	4.7
Outcome 2	Gender equality and women's empowerment	1.1	2.0	3.1
Outcome 3	Population dynamics	1.0	4.0	5.0
Programme coordination and assistance		0.5	-	0.5
<b>Total</b>		<b>4.3</b>	<b>9.0</b>	<b>13.3</b>

## I. Programme rationale

1. The new Government of the Republic of Uzbekistan launched transformative reforms to lift the country from lower middle-income to upper middle-income status by 2030. According to the Common Country Analysis, the Government is well resourced, demonstrates political will for reforms, is openly interacting with human rights bodies and civil society, and maintains peace and security. However, key barriers that may threaten reforms include the lack of policy coherence, administrative and civil society capacities, and statistical gaps in addressing inequalities, which may pose significant impediments to achieving the Sustainable Development Goals (SDGs).
2. Despite significant progress in decreasing the poverty rate from 27.5 per cent in 2011 to 11.4 per cent in 2018, there remain huge disparities between urban and rural areas (with poverty rates at 8.4 per cent and 14.3 per cent, respectively), and between regions (with poverty rates at 0.4 per cent in Tashkent and 25.9 per cent in Karakalpakstan).
3. The socio-economic disparities are observed in the health sector, with rural areas having poorer access and lower-quality health services. Karakalpakstan, which has been particularly hit hard by the drying of the Aral Sea, climate change and toxic dust storms, leading to large-scale health concerns. However, granular data at subregional levels is not available for effective evidence-based policymaking to address the socioeconomic inequalities and ensure reforms reach those furthest behind.
4. The significant efforts of UNFPA in building health-sector capacity, specifically in addressing the health needs of vulnerable women and girls in Karakalpakstan, is a comparative advantage, as noted in the country programme evaluation, which recommended further enhancing health services and ensuring policies and programmes are data-informed to reach the most marginalized in rural areas of Uzbekistan. UNFPA works with national and local partners to generate data to assess the quality and accessibility of sexual and reproductive health (SRH) services in Karakalpakstan and other rural parts of Uzbekistan.
5. The health sector in Uzbekistan has been undergoing large-scale reforms since 2018, in line with the SDGs. UNFPA has been instrumental in the passing of legislation and by-laws related to SRH, including a law on the protection of SRH, and presidential resolutions on improving maternal health, and improving obstetric, gynaecological and medical services for women and girls. This gives UNFPA a comparative advantage in further advancing SRH policies and programmes to ensure that they reach those furthest behind, including during humanitarian crises.
6. As noted in the Common Country Analysis, Uzbekistan is prone to natural disasters such as earthquakes and flooding as well as cross-border influx of refugees, as happened during the clashes in the Osh region of Kyrgyzstan. These humanitarian risks disproportionately affect women and children and need to be taken into consideration in policy and planning.
7. The most recent humanitarian crisis is the COVID-19 pandemic, which has impacted especially the poorest and most vulnerable populations. Growth is forecast to slow down to 1.5 per cent of gross domestic product in 2020, from 6.5 per cent in 2019. An additional 1.3 per cent of the population – about 448,000 people – is estimated to have already fallen into poverty as a result of the pandemic. Socially and economically marginalized groups, including women and girls, adolescents and youth, returning migrants and people living with HIV, experience most acutely the impact of the pandemic, and face difficulty in accessing SRH services, as the health system is overloaded. It jeopardizes the achievement of the SDGs for all, particularly Goal 3 (Good Health and Well-Being), Goal 5 (Gender Equality) and Goal 10 (Reduced Inequalities).
8. Uzbekistan achieved a low maternal mortality ratio (20.2 per 100,000 live births). But this level has not changed much over the past decade. Maternal death audits show that 60 per cent of mothers who died at district maternities could have been referred to and saved at better equipped hospitals. Therefore, further improvement of the quality of care, strengthened referral and addressing a punitive culture in the event of a maternal death are key areas of

concern. The pandemic raises the risk of maternal deaths, as health facilities close or limit services, and women refrain from visiting health facilities due to fear of COVID-19 exposure or movement restrictions.

9. The country achieved commodity security of contraceptives through targeted allocation of the national budget. The preferred method is heavily skewed towards intrauterine devices, representing 87 per cent (2017) of the method mix. Anecdotal evidence shows both users and service providers are biased against hormonal contraceptives, and, therefore, rely heavily on intrauterine devices that are not suited for all, especially in Uzbekistan, with high anaemia rates among women. This results in high levels of unmet needs for family planning (12.8 per cent, FP2020 estimates) and a heightened risk of unintended pregnancies. Around 40,000 abortions are registered annually in the past 10 years – although the full scale of it is unknown due to data gap.

10. Cervical cancer morbidity and mortality continue to present serious challenges to women's health. Awareness of cervical cancer is low, especially among rural women, despite ranking as the second-most frequent cancer among women in Uzbekistan and third in terms of cancer mortality among women. UNFPA, in collaboration with the Ministry of Health and the World Health Organization, has been developing a new innovative national cervical cancer screening based on the HPV testing and care programme. Support in rolling out this programme, targeting poor and marginalized women, needs to be a priority.

11. The AIDS Centre in Uzbekistan reported an increase in new HIV infections in recent years, believed to be driven by sexual transmission and through migrant youth. According to a recent UNFPA-supported survey conducted by a government-owned think tank, close to half of the adolescents and youth do not have sufficient knowledge on HIV. With 33 per cent of the population below 18 fully covered by the mandatory secondary education system, the school is the best place to deliver health education to young people to benefit them and the following generations.

12. With support from UNFPA, the Government mandated healthy lifestyle education in schools by law, and the programme is being rolled out nationwide. There is a need to build on this momentum, ensuring that marginalized youth in rural and remote regions are reached. Relatedly, UNFPA has provided guidance on the development of youth-friendly SRH services. The next step is to develop capacity for their delivery, incorporating HIV prevention and response in youth-friendly SRH services, and ensuring that they are routinely available and accessible, including in rural and remote areas, as well as during humanitarian crises.

13. Uzbekistan made significant progress in promoting gender equality. In 2019, two laws on gender equality and violence against women, which were supported by UNFPA in drafting, were passed; a national gender equality strategy was developed; the legal age of marriage for women increased (from 17 years to 18 years, and now on par with men); and a presidential resolution commits the Government to monitor the United Nations Minimum Set of Gender Indicators.

14. Since UNFPA is the leading organization supporting multisectoral prevention and response to gender-based violence (GBV) in Uzbekistan, it has a comparative advantage in ensuring that the implementation of new laws and resolutions targets the most vulnerable and marginalized, and are enforced during humanitarian crises.

15. During COVID-19, the stay-at-home orders and movement restrictions increased women's and girls' exposure to violent partners, since economic stress caused by the pandemic resulted in mounting household tensions. In the early weeks of pandemic, demand for hotline support in response to GBV increased fivefold. GBV services, such as a shelter for women hotline, were established in 2019 with UNFPA support, although the COVID-19 pandemic has led to funding challenges. These interventions need to be strengthened and sustained through partnerships with the Government and civil society. Crucially, the absence of national data on GBV prevalence hampers the national capacity to raise public awareness and inform policy and programmes to eliminate GBV.

16. In February 2019, a presidential resolution was issued for conducting a population and housing census in 2022, the first time in 30 years. An assessment conducted by UNFPA reveals capacity gaps in national institutions to undertake the census in accordance with the United Nations principles and recommendations on a population and housing census. The use of the census and other data sources to generate demographic intelligence for decision-making is weak, hampering the country's ability to monitor progress on the SDGs and form coherent policies, including on SRH and GBV.

17. Uzbekistan ranks among the lowest in Central Asia in statistical capacity, and data is available for only 64 of the 206 SDG indicators. Therefore, strengthening statistical capacity and evidence-based policymaking is among the highest priorities of the Government. The National Master Plan on Statistics, 2020-2025 aims to improve data and statistical potential, and ensure the generation of high-quality and relevant data in a timely manner, in line with SDG target 17.19. The availability of data and analytical capacity will help to map demographic disparities and socioeconomic inequalities, and identify the best entry points for addressing the complex challenges related to GBV and the SRH needs of key populations, as recommended in the country programme evaluation.

18. The country programme evaluation recommended the following for future programming: (a) accelerating actions to end unmet needs for family planning; (b) finding programme entry point to eliminate child marriage and address early and forced marriages; (c) strengthening administrative and survey data on GBV; (d) making youth-friendly SRH services available and accessible; (e) strengthening youth participation in sustainable development; (f) seizing new entry points and new partners for addressing the SRH needs of HIV key populations; and (g) supporting timely and quality implementation of the population and housing census.

19. UNFPA chairs the United Nations Gender Theme Group and is a lead agency in supporting the Government's efforts to prevent and address GBV, as well as broader gender equality in the country. UNFPA has also played a key role in reducing maternal deaths through regionalization of perinatal service, and developing health system capacities. UNFPA is co-chair of the United Nations Youth Task Force and plays a key role in empowering youth to have their voice heard through the newly established Youth Advisory for the United Nations and the Youth Parliament with national partners. UNFPA is also coordinating development partners' efforts to support the first population and housing census in Uzbekistan, and will produce updated population projections to inform government and private-sector planning and investment decisions.

## II. Programme priorities and partnerships

20. The overall vision of the fifth UNFPA country programme for 2021-2025 in Uzbekistan is to make significant progress towards a more just, equal and resilient society, as envisioned in the United Nations Sustainable Development Cooperation Framework (UNSDCF) for 2021-2025 and the achievement of the national SDGs in Uzbekistan. The high-level aim of the programme is to support the Government in achieving its commitment to reduce maternal mortality by one third – by strengthening evidence-based policymaking capacity and empowering women and girls to exercise their reproductive rights. Special attention will be given to socially and economically marginalized women and girls, including migrant youth, people living with HIV, and those in rural and remote regions of Uzbekistan, in order to prioritize leaving no one behind.

21. The country programme will deliver on its commitments through three integrated and interlinked pillars: (a) sexual and reproductive health and rights (SRHR) fully integrated in health system reforms for universal health coverage; (b) increased multisectoral capacity to prevent and respond to GBV; and (c) improved national capacities to mainstream demographic intelligence for inclusive and sustainable development. Strengthening evidence-based policymaking capacity will be a central focus throughout the country

programme, especially to enable the delivery of results in SRHR, gender equality and women's empowerment, and monitoring and assessment of population dynamics.

22. The country programme pillar (a) will contribute to the UNSDCF strategic priority area on "Inclusive human capital development leading to health, well-being and resilient prosperity", and pillars (b) and (c) will contribute to UNSDCF strategic priority area on "Effective governance and justice for all". The country programme intervention in population dynamics, including support to census and population projections, will contribute to all UNSDCF pillars and outcomes to set proper baselines, monitor progress and formulate evidence-based policies targeting the needs of marginalized groups.

23. The country programme is fully aligned with the UNSDCF, 2021-2025, the UNFPA Strategic Plan, 2018-2021 and the national SDGs, as well as with the United Nation Youth Strategy. It supports the attainment of commitments made by the Government at the Nairobi Summit to zero GBV, zero unmet need for family planning and zero preventable maternal deaths, as well as to integrate SRH services into universal health coverage.

24. The country programme has been developed in light of the COVID-19 pandemic and the Consolidated Multilateral COVID-19 Socioeconomic Response and Recovery Offer for Uzbekistan, delivered by 16 United Nations entities and 6 international financial institutions, to ensure that a 'build back better' approach is mainstreamed in pursuit of the 2030 Agenda and the national SDGs.

25. In preparation for the impact of climate change and the likelihood of rising humanitarian crises, the country programme will work closely with the Ministry of Health and other relevant authorities, and with the United Nations system, to jointly develop evidence-based measures to protect and build the resilience of marginalized and vulnerable groups, and strengthen the emergency preparedness of health systems and GBV programmes.

26. The country programme will be implemented in partnership with key government partners, including line ministries and sectoral commissions under the Senate of Uzbekistan, with civil society organizations, academic institutions and think tanks. Strategic partnerships will be forged with United Nations agencies, international financial institutions and development partners in the areas of health-sector reform, GBV, and implementation of the national statistics strategy to promote synergies and avoid duplications. UNFPA will engage with beneficiaries, and ensure that the needs of women, girls and youth, especially those furthest behind, are voiced, analysed and incorporated into programme activities.

27. The country programme has been developed through a participatory consultation process with key government partners, academia, think tanks and civil society. It benefited from the consultation processes organized for the UNSDCF and several rounds of meetings to discuss the draft Voluntary National Report of Uzbekistan on the SDGs.

#### **A. Sexual and reproductive health**

28. *Output 1. The sexual and reproductive health and rights of most vulnerable groups are fully integrated in health system reforms for universal health coverage. This output will contribute to achievement of UNSDCF Outcome 4 and UNFPA Strategic Plan Outcome 1.*

29. UNFPA, in collaboration with strategic partners, will continue to support the Government in achieving universal health coverage and integrating SRHR in health system reforms. To address the weak capacity of the health system to undertake reforms towards universal health coverage, priority will be given to improving the quality of education programmes to upgrade the skills of the health-sector workforce, particularly in rural and remote regions, and in servicing vulnerable women and girls, adolescents and youth, during both normal times and humanitarian crises.

30. Due to the lack of high-quality data and analytical capacity for evidence-based policymaking, emphasis will be placed on strengthening this aspect through studies and surveys in maternal health, and analysis of maternal death audit and near-miss case review data to improve emergency obstetric care.

31. The country programme will adopt a multi-pronged strategy to enhance the provision and quality of SRH services across the population, and generate demand for them. Specifically, interventions will include: (a) supporting the development and implementation of a midwifery pre-service curriculum based on the International Confederation of Midwives and World Health Organization standards; (b) strengthening capacity to assess, plan and monitor SRH commodities and ensure resilient supply chains; (c) strengthening capacity to effectively respond to unmet needs for family planning; (d) providing technical assistance to develop and implement a national cervical cancer screening and care programme based on the results and lessons learned from the pilot; (e) strengthening a health education system that responds to gender and age needs and SRHR; (f) scaling up the healthy lifestyle education to raise awareness of youth on HIV/AIDS, to improve their knowledge on their reproductive health; and (g) strengthening advocacy capacity of youth and enabling their greater participation in policy dialogues on SRH, SDGs, gender equality and peacebuilding.

## **B. Gender equality and women empowerment**

32. *Output 1. Increased multisectoral capacity to prevent and respond to gender-based violence. This output will contribute to the achievement of UNSDCF Outcome 1 and UNFPA Strategic Plan Outcome 3.*

33. The country programme will continue to strengthen the United Nations system-wide policy support for the implementation of recommendations from the Fifth Committee of the Convention on the Elimination of All Forms of Discrimination against Women. This will include the development of a costed implementation plan for the National Gender Equality Strategy.

34. The country programme will convene partners to mobilize resources for a multisectoral response to GBV and harmful practices such as child/early marriage in both development and humanitarian settings, including as part of COVID-19 recovery. This will involve capacity development at national, regional and local levels in adopting, coordinating and scaling up the multisectoral mechanism to eliminate GBV and child/early marriage.

35. Emphasis will be placed on enhancing the collection, management and analysis of administrative and survey-based data on gender and GBV to inform policies and monitor programmes. This will include the creation of a GBV baseline and end-line data, and the data needed for SDG 5 monitoring.

36. The coverage, quality and efficiency of existing service delivery mechanisms for response to GBV, such as shelters and hotlines, will be assessed and strengthened, in line with recommendations from pilot interventions. Strategic partnerships for sustained financing of GBV services will be established.

37. Partnerships with the Government and civil society, including faith-based organizations, will be strengthened to address prevailing social norms and gender discrimination that perpetrate GBV and child/early marriage, and to catalyse community-led prevention actions. Specifically, interventions will include: (a) strengthening the capacity of national partners to collect, analyse and use data for evidence-based policymaking in preventing and responding to GBV; (b) building the capacity of civil servants and local specialists on gender equality; (c) strengthening the capacity of service providers to implement multisectoral prevention and response to GBV; (d) developing a curriculum on SRHR and gender equality for religious educational institutions; and (e) integrating gender-equality principles in healthy lifestyle education programmes for secondary schools.

## **C. Population dynamics**

38. *Output 1. Improved national capacities to mainstream demographic intelligence for inclusive and sustainable development. This output will contribute to the achievement of UNSDCF Outcome 2 and UNFPA Strategic Plan Outcome 4.*

39. The country programme will strengthen national statistical capacity, including the use of data to generate demographic intelligence for evidence-based policymaking that leaves no

one behind and addresses multidimensional inequalities in both development and humanitarian settings.

40. Focus will be given to convening national and international partners to mobilize support and provide technical assistance in conducting the population and housing census in 2022, and producing high-quality reports and thematic analyses of complex challenges related to SRH, youth, gender and migration, and for SDG monitoring.

41. Knowledge transfer and the application of information and communications technologies and innovations will be promoted for the collection, analysis and dissemination of population data. Specifically, interventions will include: (a) strengthening the capacity of national partners to conduct the census in line with United Nations principles and recommendations, and producing a range of relevant reports; (b) integrating census data, population projections and UNFPA data visualization innovations to sector development and investment planning processes; and (c) supporting knowledge platforms for population and development, in cooperation with the Government, think-tanks and academia.

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

42. UNFPA will strengthen its cooperation with the Parliament of Uzbekistan, the National Gender Commission, line ministries and regional authorities, civil society, academia, think tanks and youth organizations, and foster cooperation with religious authorities.

43. The country programme will build on these strong partnerships, existing corporate and local expertise, and the progress already made by UNFPA and partners to transform the landscape on gender, improve health systems, empower youth, and strengthen technical and analytical capacities to generate and use population data. UNFPA will review implementation modalities to promote national execution of the programme.

44. UNFPA will: (a) reconfigure its organizational structure; (b) invest in staff capacity and link better to corporate and local expertise; (c) streamline and increase effectiveness of operational processes; (d) deliver programme results in an efficient manner and at the required quality level; (e) strengthen partnerships with United Nations agencies, and national and international partners; and (f) seek South-South cooperation opportunities to bring in the best international expertise.

45. UNFPA will listen to and bring in the voices of beneficiaries, and ensure that the needs of women, girls and youth, especially those furthest behind, are voiced, analysed and incorporated into programme activities through established platforms and forums for women, girls and youth, including the United Nations Youth Advisory Board. UNFPA will also partner with social media influencers, religious authorities and prominent people to raise public awareness on the importance of SRHR, gender equality, youth empowerment and intergenerational relations.

46. Based on its experience in response to COVID-19 outbreak and lockdown measures, UNFPA will continue to support the health system with updated protocols to meet the needs of pregnant women and mothers, and will advocate for prioritization of maternal health systems accessing protective and life-saving equipment. UNFPA will also continue to advocate and mobilize support for shelters and the hotline, which are underresourced to help survivors of GBV. Based on its experience of supporting the health system, shelters, the hotline, and other national partners through online means, UNFPA will introduce more technology-based, innovative tools such as telemedicine and online training.

47. UNFPA will monitor political and economic risks relevant to programme areas, and continuously engage with relevant authorities and international partners to address issues and challenges. All programme areas are integrated with national and international partner engagement platforms, and UNFPA will rely on its experience and partnerships to assess programme risks and develop mitigation strategies.

48. SRHR and maternal health are integral to the health-sector reforms and UNFPA is part of the United Nations Health Sector Group. In gender equality and women's empowerment, UNFPA chairs the United Nations Gender Theme Group and engages closely with the

National Gender Equality Commission and the Ministry of Mahalla and Family Support. Related to youth empowerment, UNFPA co-chairs, together with UNICEF, the United Nations Youth Task Force. UNFPA and UNICEF, in coordination with the Ministry of Health, have also been promoting the Adolescent Health Initiative. Under population dynamics, UNFPA, in coordination with the State Statistics Committee, created and co-chairs the Development Partners' Group, comprising key donors and national institutions. This mechanism ensures that a broad range of partners support and have a stake in the successful implementation of the census. UNFPA will use these platforms to assess and propose collective actions to mitigate risks and contribute towards accelerated achievement of the SDGs.

49. This country programme document outlines UNFPA contributions to national results, and UNSDCF, 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**

50. The monitoring and evaluation of the country programme will be firmly grounded in the theory of change, with the set of outcome and output indicators that contribute to the attainment of the UNSDCF, the UNFPA strategic plan and the national SDGs.

51. UNFPA will cooperate with other United Nations agencies in the monitoring and evaluation of the country programme, and as the chair of the United Nations Gender Theme Group, co-chair of the United Nations Youth Task Force and the Monitoring, Evaluation and Data Group, as well as a member of the Results Groups, UNFPA will make sure that perspectives of beneficiaries inform the monitoring and evaluation process.

52. UNFPA will plan, monitor and document results, and collect and analyse data to assess if the country programme is achieving the intended results and meeting the needs of beneficiaries. UNFPA will commission an independent evaluation during the fourth year of the country programme to assess its relevance, effectiveness, efficiency and sustainability through an inclusive and participatory approach.

53. UNFPA will strengthen country programme review, and adapt to the changing context and national development priorities through scanning of the environment, analysis of trends and emerging issues/opportunities, and joint reviews with national stakeholders.

54. UNFPA will strengthen the national institutional capacity of the State Statistics Committee to produce disaggregated population data, and programme baselines and targets in a user-friendly format. UNFPA will also collaborate with other national partners to collect and use data for better monitoring of the country programme and the SDGs.



## RESULTS AND RESOURCES FRAMEWORK FOR UZBEKISTAN (2021-2025)

<p><b>NATIONAL PRIORITY:</b> In the Law of the Republic of Uzbekistan on the Protection of Reproductive Health of Citizens, the main directions stated in Article 5 are: improvement of the reproductive health-care system; creation of conditions to ensure equal opportunities for men and women in the exercise of their reproductive rights; and improvement of citizens' knowledge on reproductive health. In Article 6, the State guarantees citizens: realization of their reproductive rights; free primary health care; and independent decision-making to realize their reproductive rights. Article 13 mandates: conducting sexuality education and preparing youth for family life; and providing information on reproductive health in an anonymous and confidential manner.</p>				
<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> Outcome 4: By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p>				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>● Maternal mortality ratio per 100,000 live births <i>Baseline:</i> 21 (2017); <i>Target:</i> 15 (2025)</li> <li>● Incidence of anaemia per 100,000 pregnant women <i>Baseline:</i> 2,761.8 (2018); <i>Target:</i> decreased by 25% (2025)</li> <li>● Proportion of women of reproductive age (aged 15-49 years) who have their need for modern contraception fully met <i>Baseline:</i> 51% (2018); <i>Target:</i> 55% (2025)</li> </ul> <p><u>UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>● Engagement of adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025)</li> </ul>	<p><u>Output 1.</u> The sexual and reproductive health and rights of the most vulnerable groups are fully integrated in health system reforms for universal health coverage</p>	<ul style="list-style-type: none"> <li>● Number of policy/training programmes developed based on quality assessment to improve sexual and reproductive health and rights <i>Baseline:</i> 0 (2020); <i>Target:</i> 3 (2022)</li> <li>● Percentage of women in rural areas satisfied with family planning services in primary health care facilities <i>Baseline:</i> no survey conducted (2020); <i>Target:</i> 90%(2025)</li> <li>● Number of public health clinics offering HPV-based cervical cancer screening <i>Baseline:</i> 0 (2020); <i>Target:</i> 14 (2025)</li> <li>● Number of primary health care providers whose capacities for provision of quality-assured, youth-friendly integrated sexual and reproductive health services are strengthened <i>Baseline:</i> 0 (2020); <i>Target:</i> 400 (300 female; 100 male by 2025)</li> <li>● Sexual and reproductive health and gender-based violence response in humanitarian emergencies are integrated into the Ministry of Health emergency preparedness and response plan <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025)</li> </ul>	<p>Ministry of Health, National Chamber of Innovative Medicine, Ministry of Public Education, Ministry of Higher and Secondary Specialized Education, Ministry of Mahalla and Family Support, International Agency on Cancer Research, Youth Union, AIDS Centre, NGOs, youth, parliamentarians, volunteers</p>	<p>\$4.7 million (\$1.7 million from regular resources and \$3.0 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> In the Law of the Republic of Uzbekistan on the Protection of Women from Harassment and Violence, the main directions stated in Article 5 are: developing gender policy, state programmes and strategies to protect women from harassment and violence; promoting 'zero tolerance' towards harassment and violence; ensuring the protection of rights, freedoms and legitimate interests of women in cases of harassment and violence; developing effective mechanism of prevention, identification, stopping harassment and violence against women; and adopting measures that address the conditions perpetrating harassment and violence. The Presidential Resolution 3827, issued on 2 July 2018, stipulated the following: development and adoption of multisector coordination provisions to prevent and respond to violence against women; creation of centres of rehabilitation for survivors of violence and prevention of suicides; development of guidelines for state authorities to work with perpetrators of violence; and development of methodological recommendations for religious authorities on prevention of violence.</p>				

<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> Outcome 1: By 2025, all people and groups in Uzbekistan demand and benefit from enhanced accountable, transparent, inclusive governance systems and rule of law institutions for a life free from discrimination, violence and threats</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p>				
<p><b>UNSDCF Outcome indicator(s):</b></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 by a current or former intimate partner in the previous 12 months, by form of violence and by age (NSDG 5.2.1) <i>Baseline: to be determined (2020); Target: to be determined (2025)</i></li> <li>Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence (NSDG 5.2.2) <i>Baseline: to be determined (2020); Target: to be determined (2025)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>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 (2020); Target: Yes (2025)</i></li> </ul>	<p><b>Output 1.</b> Increased multisectoral capacity to prevent and respond to gender-based violence</p>	<ul style="list-style-type: none"> <li>Number of sectors institutionalized standard operating procedures for multisectoral prevention and response to gender-based violence <i>Baseline: 0 (2020); Target: 4 (2025)</i></li> <li>Costed programme to implement and monitor the National Gender Equality Strategy, including prevention and response to violence against women, developed and endorsed by the Government and stakeholders <i>Baseline: Strategy drafted (2020); Target: Costed programme launched (2021)</i></li> <li>Number of partnerships/programmes launched in line with CEDAW recommendation on social norm change related to gender <i>Baseline: 0 (2020); Target: 2 (2024)</i></li> </ul>	<p>National Gender Commission, Ministry of Mahalla and Family Support, Ministry of Internal Affairs, Ministry of Health, Republican Centre for Rehabilitation of Survivors of Domestic Violence and its branches, NGOs, Committee on Religious Affairs, Muslim Board of Uzbekistan, Tashkent International Islamic Academy, Ministry of Public Education, Ministry of Higher and Secondary Specialized Education, Youth Union</p>	<p>\$3.1 million (\$1.1 million from regular resources and \$2.0 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> In the Law of the Republic of Uzbekistan on Census, the goal stated in Article 4 is to obtain reliable information about the situation and dynamics of the population structure of Uzbekistan to develop and implement state policy on social, economic and political development of the country. As stated in Article 5, the main outputs of the census will be: a baseline to estimate the structure of the population, policies to improve the health of the people, and living conditions of women and children, and improved social assistance; short, medium and long-term forecasts and programmes for the socio-economic development of cities and other settlements, placement and use of labour resources; current count of the population and forecasts of population in inter-census periods; and scientific research on the socioeconomic development of the country. The Presidential Decree 5655, issued on 5 February 2019, mandated the Government to conduct the Population and Housing Census in 2022, established the Census Commission headed by the Prime Minister, designated the State Statistics Committee as the lead technical agency, and noted the importance of close collaboration with international partners.</p>				
<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> Outcome 2: By 2025, the population of Uzbekistan benefits from more harmonized and integrated implementation of the reform agenda due to strengthened policy coherence, evidence-based decision-making and financing for development, in line with the national SDGs</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 4: 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"> <li>The country (a) has conducted at least one population and housing census in the last 10 years; and (b) has achieved 100% birth registration and 80% death registration <i>Baseline: No; Target: Yes</i></li> </ul>	<p><u>Output 1.</u> Improved national capacities to mainstream demographic intelligence for inclusive and sustainable development</p>	<ul style="list-style-type: none"> <li>Number of census reports, including on SDGs, produced and disseminated based on data from the Population and Housing Census <i>Baseline: 0 (2020); Target: 6 (2025)</i></li> <li>Number of ministries adopting evidence-based programmes based on population data <i>Baseline: 0 (2020); Target: 3 (2025)</i></li> <li>Number of policy briefs produced through policy dialogue platform on population and development <i>Baseline: 0 (2020); Target: 10 (2025)</i></li> </ul>	<p>State Statistics Committee, Ministry of Economy and Poverty Reduction, Ministry of Public Education, Ministry of Health, universities, think tanks</p>	<p>\$5.0 million (\$1.0 million from regular resources and \$4.0 million from other resources)</p>
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