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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Ukraine

Proposed indicative UNFPA assistance:	\$78 million: \$7.5 million from regular resources and \$67.5 million through co-financing modalities or other resources
Programme period:	Five years (2025-2029)
Cycle of assistance:	Fourth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2029

I. Programme rationale

1. Ukraine's path since independence in 1991 has been marked by significant political, economic, and social changes. The full-scale invasion by the Russian Federation in February 2022 and ongoing war have caused widespread damage and unprecedented levels of displacement, destruction, human suffering and death. As of 2024, over 14.6 million people – about 40 per cent of the estimated Ukrainian population – need humanitarian assistance. Around 5.9 million Ukrainian refugees have been recorded across Europe. About 40 per cent of young people have been displaced from their homes. Two million have left the country. Families face increased challenges stemming from military conscription. Female-headed and single-earner households are expected to grow, along with a rise in households with individuals with disabilities. In 2020, before the full-scale invasion and the COVID-19 pandemic, the average life expectancy was 71.4 years, the lowest rate in Europe. These demographic changes require a focus on strengthening demographic resilience. Safeguarding and investing in human capital empowering women, promoting gender equality and creating a more inclusive economy and society, to facilitate the recovery and promote sustainable development.

2. The poverty rate increased from 5.5 per cent in 2021 to 24.1 per cent in 2022, pushing an additional 7.1 million people into poverty, and reversing 15 years of progress. The war has exacerbated pre-existing economic structural weaknesses, devastating the economy, with the gross domestic product (GDP) declining by 29.2 per cent in 2022 alone. The estimated direct damage has reached almost \$152 billion, and recovery and reconstruction needs are estimated at \$486 billion, which is approximately 2.8 times the estimated nominal GDP for 2023. The war has undone many development gains and necessitated a shift in focus and posture by the Government of Ukraine towards defence, humanitarian response, recovery and reconstruction. The Ukrainian authorities, including local levels of public administration, have demonstrated resilience and capacity in leading and coordinating the crisis response and governance efforts. The Government is leading early recovery and restoration efforts alongside an ambitious reform and modernization agenda, in line with its European Union integration efforts.

3. Gender-based violence (GBV) is recognized as a critical concern, and a serious human rights violation. Two-thirds of women have experienced some form of GBV in their lifetime. Before the full-scale invasion, Ukraine had made significant strides towards a 'zero tolerance of GBV'. The ongoing war sharply increased the risks of multiple forms of GBV, including intimate partner violence, conflict-related sexual violence (CRSV), sexual exploitation and abuse, and trafficking in persons. Registered cases of domestic violence in 2023 increased by 20 per cent compared to 2022. Municipal-level GBV-specialized services are strained by significant funding gaps and the lack of qualified personnel. Rural and frontline communities are the most underserved. GBV, including CRSV, is underreported. Addressing GBV is a top priority. In May 2022, a Framework of Cooperation on the Prevention and Response to CRSV between the Government of Ukraine and the United Nations was signed to create a holistic and survivor-centred approach to responding to cases of CRSV at the state and local levels. The Parliament of Ukraine ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention) in November 2022.

4. As noted in the Common Country Analysis (CCA), war-related damage to health infrastructure and facilities, the loss of staff through displacement and/or conscription, and a lack of transportation, particularly in rural areas, has limited the access to primary and secondary healthcare services. Maternal and newborn care services are unavailable in 23 per cent of facilities due to a lack of staff, while mental health and psychosocial support is unavailable in a third of facilities because of an absence of qualified personnel. The provision of sexual and reproductive health (SRH) services is highly centralized, and consequent structural barriers in accessing SRH services persist. SRH is not systematically integrated into Primary Health Care, which negatively impacts Universal Health Coverage. The situation is similar to cervical cancer screening – due to the lack of continuity of care, nurses in rural areas do not conduct timely and regular examinations. Despite national progress, challenges exist in advancing human papillomavirus (HPV) vaccination and screening programmes. Cervical cancer ranks as the fourth most frequent cancer among women in Ukraine and the second most frequent cancer among women between 15

and 44 years of age. For people residing in remote locations and close to the frontline, war-related threats create additional barriers to access specialized SRH services, and SRH and GBV services are institutionally siloed. According to national statistical data, the maternal mortality ratio increased during the COVID pandemic to 42,7 per 100,000 live births in 2021, and it is estimated to decrease to 15 maternal deaths per 100,000 live births in 2023. At the same time, the war has led to a 24 per cent decrease in childbirths, and in some regions, it has dropped by 50-70 per cent. There is an increase in sexual transmission of HIV. It accounts for more than 70 per cent of all new HIV infections, including mother-to-child HIV transmission. The war has increased the number of women and men with disabilities, including among young people. SRH, and barrier-free access to services for people with disabilities, is a priority. In 2021 the adolescent fertility rate was 16 per thousand, and access to reproductive rights, including contraception, among vulnerable groups, is a systemic challenge.

5. Women and young people play a key role in the humanitarian response and recovery efforts. At the same time women, especially those affected by GBV and other vulnerabilities, and young people, often remain excluded from meaningful participation in decision-making, public policy processes, the labour market, and overall contribution to the recovery of their communities. 85 per cent of the population still hold one or more gender biases. A UNFPA study in 2023 revealed that only one per cent of young people are involved in recovery efforts in their communities, while 72 per cent are willing to contribute.

6. The CCA highlights the new categories of vulnerable groups created by the war. Vulnerabilities are often intersecting and increasingly affecting those already marginalized, excluded or at risk. The potential of those often excluded needs to be tapped into by fostering their meaningful participation in the workforce and society at large.

7. Lessons from the previous country programme include the importance of adopting a localized approach, which empowered municipal-level GBV systems to be responsive and relevant to local needs, and produced bottom-up policy outcomes at the national level. The technical cooperation and partnership between municipal-level authorities and UNFPA provided an effective entry point for UNFPA to scale up its humanitarian response. An integrated SRH/GBV approach in the current humanitarian response is an evidence-based best practice as it is demonstrably increasing service uptake, including among the most vulnerable.

8. The new country programme will build upon the existing success of UNFPA where it can leverage its comparative advantage to build human capital through localized capacity investments in SRHR and GBV. UNFPA will strengthen population data systems, and the usage of these systems, for demographic change analysis, the evaluation of policy responses to demographic change, and ultimately the formulation of evidence and rights-based population policies that build human capital and demographic resilience. A range of initiatives – notably youth-led, male-engagement, and gender-transformative initiatives – will facilitate and strengthen social cohesion, community recovery and, ultimately, sustainable peace.

II. Programme priorities and partnerships

9. The country programme is aligned with the UNFPA Strategic Plan, 2022-2025. It primarily focuses on Outcome 3 of the Strategic Plan (reduction in GBV and harmful practices), and supporting Ukraine to deliver on its Sustainable Development Goal (SDG) targets and its voluntary commitment, made at the Nairobi summit, to achieve ‘zero tolerance’ to GBV. The programme contributes to Outcomes 1 and 2 by supporting health systems resilience and addressing specific gaps in availability and access to SRH services, including access for the most vulnerable women and girls, especially in war-affected remote regions. The programme contributes to accelerating achievement of the three transformative results of UNFPA: (a) ending unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices.

10. The programme will focus on safeguarding and investing in human capital and supporting the Government and its people in building demographic resilience. The programme will share the overall approach of the UNSDCF, 2025-2029, by integrating international standards and best

practices. It will contribute to UNSDCF Priority 1 (human capital and population dynamics) and Priority 4 (peace, justice and strong institutions). This will involve: (a) strengthening legal and policy frameworks to prevent and respond to GBV; (b) ensuring barrier-free access to SRH services (including in the context of the war); (c) improving the availability and use of population data for humanitarian and recovery planning; and (d) developing and testing of community-based solutions to advance egalitarian social norms for the inclusion and empowerment of women, girls and young people, as well as those on the margins of society into post-war recovery at the community level. The country programme contributes to fulfilling the 2030 Agenda for Sustainable Development by supporting achieving Goals 3, 5, 10, 16 and 17.

11. The programme is the result of extensive consultations during the development of the UNSDCF. It involved a wide range of stakeholders, including government institutions at national and subnational levels, academia, civil society and community-based organizations, including representatives of the furthest left-behind populations, women and young people. It is aligned with the national Sustainable Development Goals targets, and the Ukraine Recovery Plan priorities, including for European Union integration.

12. The programme will leverage the technical expertise of the UNFPA regional demographic resilience programme to support the Government of Ukraine to operationalize and implement its new National Demographic Development Strategy. By applying a demographic resilience approach, UNFPA will support the Government to effectively address a complex set of demographic challenges exacerbated by the war that may impede early recovery efforts, pose threats to the demographic future and jeopardize the achievement of its national development priorities, including the three transformative results.

13. The security situation in Ukraine is likely to remain volatile and will require intersecting humanitarian, recovery and development responses over the next programme cycle. UNFPA will build on its humanitarian response, anchored in national and local systems and capacities strengthening, to facilitate coherence and complementarity between life-saving interventions and development activities. In the territories close to the front line, the programme will primarily focus on addressing immediate humanitarian needs. In the areas retaken by Ukraine in the northern, eastern and southern parts of the country, as well as in the central and western regions (hosting the most internally displaced persons [IDPs]), UNFPA will leverage humanitarian efforts to consolidate resilient development gains.

14. The country programme will use five modes of engagement: (a) evidence-based advocacy and policy dialogue and support; (b) knowledge management; (c) capacity development; (d) coordination and partnership; (e) service delivery to respond to humanitarian needs.

15. The country programme will deploy the following accelerators: (a) leaving no one behind, targeting vulnerable groups as identified by the CCA, including LGBTQI+ groups; (b) gender-transformative approaches to place women and girls at the centre of policies and programming, including men's engagement in interventions aimed at fostering gender-equitable and nonviolent attitudes and behaviours among men; (c) innovative solutions, particularly digital solutions and interactive tools, to remove barriers to access GBV and SRH services; (d) data and evidence; (e) enhance and utilize the power of partnerships with government entities at the national level and strengthen partnerships at the municipal level, including with women-led and youth-led organizations, civil society and community-based organizations, particularly networks or groups that are representative of the furthest left-behind populations, as well as with professional associations, academia, centres of excellence and think tanks, the media and the private sector. To add complementarity and ensure coordination and coherence, UNFPA will work closely with United Nations organizations, including the World Health Organization (WHO), UN-Women, UNDP, International Organization for Migration (IOM), and UNICEF.

A. Output 1: Enhanced national and subnational institutional capacities to develop and implement evidence-driven legislation, policies, programmes and accountability frameworks to ensure barrier-free access to SRH services and more resilient and better-targeted GBV (including CRSV) prevention and response services.

16. This output contributes to UNSDCF Outcomes 1 and 3, and three of UNFPA Strategic Plan outputs: policy and accountability; quality of care and services, and humanitarian action. It will support the Government to strengthen GBV prevention and response by enhancing legislation, policies, programmes and accountability frameworks to bolster the national GBV prevention and response system. This will address the increased GBV risks resulting from the war, including CRSV and other forms of violence. The output contributes to the improvement of barrier-free access to SRH services through integration of SRHR into universal health coverage policies and programmes. This will enhance service quality, inclusion, targeting and coverage in both humanitarian and post-war contexts.

17. To achieve this output, UNFPA will: (a) provide technical expertise and facilitate policy dialogue to develop and implement a new costed National Programme on Domestic and Gender-based Violence; (b) advocate for and provide technical expertise to reinforce national and subnational GBV coordination, policies for comprehensive survivor-centred services and safe, ethical handling of GBV, including CRSV cases and data management, and implementation of behavioural change and awareness-raising programmes to achieve zero tolerance to GBV in society; (c) provide technical expertise and support for the development of a national system of continuous GBV service providers training, including response to CRSV, integrating innovative knowledge management approaches and digital solutions; (d) advocate for and provide technical expertise to enhance universal access to SRH services during the war and recovery, especially life-saving services, including health system response to GBV, with a focus on the needs of vulnerable groups; (e) advocate for and provide support to enhance reproductive cancer prevention policies and programmes, with a focus on the introduction of national HPV vaccination programmes and more effective HPV screening; (f) ensure the realization of desired fertility and reproductive rights by advancing policies and programmes, promoting access to family planning services, including modern contraception; (g) strengthen humanitarian preparedness for delivering the Minimum Initial Services Package (MISP) for SRH and GBV-related services in emergencies.

B. Output 2: Strengthened capacities of national and subnational actors to utilize modern data systems and evidence on population changes for the development, implementation and monitoring of public policies and programmes for recovery and demographic resilience.

18. This output contributes to UNSDCF Outcome 1, and UNFPA Strategic Plan Output 4 on population change and data. This will strengthen capacities to develop and implement policies and programmes to address demographic challenges; enhance the availability and use of data and evidence-based decision-making at national and subnational levels and lay down the foundation for a successful register-based census in the future.

19. To achieve this output, UNFPA will: (a) provide technical expertise and support to the implementation of the National Demographic Strategy, based on the concept of demographic resilience to enable positive, anticipatory and integrated responses to ongoing demographic changes; (b) support sex-age disaggregated humanitarian baseline population estimates through annual updates of the Common Operational Datasets for Population Statistics (COD-PS) to inform evidence-based humanitarian planning, early recovery policies and projection modelling for the National Demographic Strategy; (c) advocate for and facilitate the preparation of a future register-based Census, provision of technical expertise, and support to generating population estimates using non-conventional methods and conduct localized surveys to gather household-level socio-demographic information; (d) develop the capacity of the central Government and local authorities in utilizing demographic intelligence for evidence-based decision-making in humanitarian response, early recovery and development policies; (e) supporting modernization

and use of the UNFPA-led municipal youth well-being index platform to inform youth and women-centred local recovery programmes; and (f) strengthen capacity to use population data and projections to understand the changing characteristics, needs and location of people and project future demand for essential public goods and services, including water, energy, housing, transport, medical services and schools. There is a need to examine the resilience of social protection systems to new demographic realities and adapt these systems in ways that strengthen their resilience.

20. In response to the population decline, and in response to the need for human capital in the reconstruction phase and beyond, emphasis will be placed on the development of human capital, and on integrating all members of society, women and men, young and old, migrants and minorities.

C. Output 3: Enhanced institutional capacities at the regional and municipal levels to provide high-quality, comprehensive GBV and SRH services tailored to the needs of vulnerable population groups.

21. This output directly supports UNSDCF Outcomes 1 and 4 and the UNFPA Strategic Plan outputs 2 (on quality care and services) and 5 (on humanitarian action). UNFPA will utilize its partnerships, technical expertise and experience in humanitarian response to enhance the resilience of health systems and address gaps in availability, quality, and access to SRH information and services, especially in remote war-torn regions, and to strengthen municipal-level GBV services. This will address wartime gaps and challenges, including those related to maternal and neonatal care and other essential SRH services, GBV, male survivors of sexual violence, early warning systems, prevention within vulnerable communities, and support for rural and frontline areas. SRH and GBV services, established in response to the ongoing war and embedded in national systems, will be gradually transferred to national authorities for financing and full ownership.

22. To achieve this output UNFPA will: (a) deliver life-saving SRH services (including outreach and barrier-free SRH/GBV response); (b) strengthen primary healthcare through SRH integration, enhanced referral pathways and midwife-led service models in war-affected and remote regions; (c) secure uninterrupted SRH access by supplying essential medicines, commodities and equipment to healthcare facilities; (d) enhance capacities of healthcare workers in gender-responsive, survivor-centred service provision, addressing barriers to comprehensive SRH/GBV care; (e) provide comprehensive emergency GBV prevention and response through specialized services; (f) expand the “Cities free from domestic violence” network, enhancing municipalities’ capacity to establish stable and effective GBV prevention and response systems and deliver sustainable, high-quality services, coordination and intersectoral responses tailored to emerging GBV risks, such as CRSV and vulnerable groups; (g) develop capacities of civil society organizations (CSOs), municipalities and municipal-level actors, the national police and specialized service providers to ensure an effective GBV response, including to CRSV, during the war and in post-war recovery.

D. Output 4: Enhanced institutional capacities of municipal authorities and local civil society organizations to integrate youth-led initiatives, men-engagement and gender-transformative approaches to develop and implement programmes aiming at community recovery, resilience and social cohesion.

23. This output directly supports UNSDCF Outcomes 1 and 4 and contributes to the UNFPA Strategic Plan outputs 3 (on gender and social norms) and 6 (on adolescents and youth). The programme will support the target municipalities in prioritizing human capital development based on demographic resilience in local recovery and development plans. UNFPA will leverage experience and lessons learned from successful community-based models developed during the previous programme cycle. UNFPA will advocate for, broker and facilitate partnerships between authorities, local CSOs, the private sector and international partners, and provide technical expertise and capacity development related to these partnerships, to support egalitarian social norms, prevention of violence, social cohesion, skills-based education, psychological

rehabilitation, enhancement of job and income opportunities, particularly by harnessing the capabilities of women, youth and men from all backgrounds.

24. UNFPA will, by leveraging diverse funding, support target municipalities to adapt and sustain: (a) the men-engagement community-based model of ‘TatoHubs’ and capacity building of established ‘TatoHubs’ teams to implement GBV prevention, responsible fatherhood, sexuality education, psycho-social support and resilience programming, with a particular focus on supporting vulnerable families (war veterans and IDPs); (b) youth-led model initiatives aimed at resilience building, including prevention of violent and toxic relationships, and provision of sexuality education and skills-based education; and (c) effective models of comprehensive community-based participatory GBV prevention programmes, including those to help vulnerable women achieve economic independence (‘VonaHub’ model).

III. Programme and risk management

25. UNFPA, as part of the UNSCDF coordination mechanisms, will contribute to UNSDCF results groups and other relevant interagency groups, as part of the internal country team coordination mechanisms towards the achievement of the SDGs, and support the aspiration of the Government related to European Union accession.

26. UNFPA will partner with government institutions, the private sector, academia and civil society, including non-governmental and community-based organizations, to deliver the programme outputs. A harmonized approach to cash transfers will be used, following the risk and capacity assessment of each implementing partner. The partners will be selected using competitive and strategic partnership approaches.

27. UNFPA is committed to delivering a programme that is both integrated and intersectional, emphasizing a tailored approach to uphold its strategic position and enhance results-based management.

28. Existing staff capacity will be evaluated to identify potential efficiency gains. This involves streamlining processes, enhancing cross-sectoral collaboration and optimizing resource allocation to ensure that the organizational structure is agile and aligned with the programmatic goals, ensuring the team possesses the requisite expertise and capacity. This includes investment in national staff capacity to progressively replace international staff.

29. The country office configuration is designed to adapt dynamically to both emerging challenges and shifting priorities, maintaining a balance between immediate humanitarian responses and long-term recovery and development objectives. This includes leveraging country office strengths in gender-responsive programming, population data analytics and SRH services to address unique needs. Financial and human resources will be recalibrated and redirected toward more urgent emerging humanitarian or development needs as they arise. UNFPA will continue to draw technical assistance and knowledge sharing through the regional office and UNFPA headquarters. This will enhance the ability of the country office to be innovative and pilot new models effectively. The multidisciplinary expertise of the United Nations country team (UNCT) presents a significant opportunity for synergy. By engaging in strategic partnerships within the UNCT, specialized skills and resources can be harnessed across various sectors, thereby enhancing the impact of the programme.

30. UNFPA will explore opportunities to leverage critical expertise from national partners, other development or humanitarian actors, regional technical hubs, think tanks and academic institutions. These collaborations will help to fill any existing gaps in expertise and introduce fresh perspectives and innovative approaches to the programme. UNFPA will regularly assess operational and programmatic risks, given the fluidity and fast-changing situation, and will make any adjustments required. Key risks are associated with the war itself, and its continuous impact on the humanitarian situation and for potential new emerging needs, damages to civilian infrastructure, which may deteriorate the economy and compromise the country’s ability to cover basic social needs. UNFPA recognizes the dynamic risks, emphasizing the need for flexible response strategies to address multifaceted challenges in the evolving landscape. UNFPA will work to expand partnerships, diversify its donor base and identify alternative financing mechanisms to adapt to the complex landscape of recovery and development in a post-war

scenario. Overall programme planning, monitoring, reporting and quality assurance will adhere to UNFPA policies and procedures, including protection from sexual exploitation and abuse and sexual harassment (PSEAH) prevention and response measures.

31. The 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. Accountability of managers at the country, regional, and headquarters levels with respect to the country programme are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework. The programme is guided by management commitments to ensure tailored and effective governance.

IV. Monitoring and evaluation

32. UNFPA, with Government counterparts, will monitor the implementation of the programme through annual reviews and regular meetings with line ministries. UNFPA, as part of the United Nations country team, will contribute to the establishment of a framework to monitor and evaluate UNSDCF implementation and participate in the midterm and end-of-cycle UNSDCF evaluations. The programme will be monitored to assess the impact, effectiveness and efficiency of the strategic interventions, tracking and reporting on programme results, as well as ensuring greater accountability and ownership.

33. Considering the highly volatile and unpredictable situation, UNFPA will focus on agile and flexible implementation guided by annual workplans. Toward the end of the second year of implementation, a robust midterm review will be undertaken. The review will be conducted in close consultation with the Government and other stakeholders and serve as a critical assessment of the country programme progress and its continued relevance. It will identify challenges, highlight successful strategies and recommend adjustments to align with evolving government priorities, the needs of the people and the prevailing funding situation.

34. UNFPA will strengthen its results-based management system and the alignment between the different monitoring and reporting tools, especially the field monitoring and reporting tools, with the UNFPA enterprise resources planning system (Quantum), and the UNInfo reporting platform. UNFPA will support implementing partners in integrating these monitoring tools into their routine monitoring processes and use their outputs to adjust project implementation. In parallel, UNFPA will continue to provide information through the Global Cluster system. A monitoring and evaluation framework will be deployed alongside the corporate enterprise resources planning system (Quantum Plus), to periodically track progress and make adjustments, through a set of specific and measurable performance indicators, in line with strategic plan requirements and evolving country needs.

35. UNFPA will support strengthening national statistical capacities to produce reliable population statistics and follow European Union accession requirements. UNFPA will regularly update COD-PS to be used for humanitarian planning purposes. UNFPA, jointly with other United Nations organizations and national counterparts, is committed to conducting high-quality surveys to gather the most relevant data on International Conference on Population and Development (ICPD) and SDG indicators and beyond, filling a gap in evidence for effective decision-making. UNFPA will support the overall contribution of the United Nations to voluntary national reviews, universal periodic reviews and Committee on the Elimination of Discrimination against Women reporting plans.

RESULTS AND RESOURCES FRAMEWORK FOR UKRAINE (2025-2029)

<p>NATIONAL PRIORITY: Ukraine Recovery and Development Priorities: Human Capital -- EU acquis: Chapter 3: Right of establishment and freedom to provide services; Chapter 10: Digital transformation and media; Chapter 18: Statistics; Chapter 19: Social policy and employment; Chapter 23 Judiciary and fundamental rights; Chapter 24 Justice, Freedom and Security Chapter 26: Education and culture; Chapter 28: Consumer and health protection. Accountable institutions, rule of law -- EU acquis: Chapter 23 Judiciary and fundamental rights; Chapter 24 Justice, Freedom and security.</p>				
<p>UNSDCF OUTCOME(S): By 2029, people benefit from a strong economic recovery and decent work, with inclusive labour force participation, increased productivity, and reduced regional disparities. By 2029 society is more inclusive and cohesive with an active civic space and more effective, accountable institutions that enable reform and recovery and safeguard rule of law, human rights and gender equality.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated; 2. By 2025, the reduction of preventable maternal deaths has accelerated; 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>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Coverage of essential health services <i>Baseline: 76 (2021); Target: 76 (2029)</i> Reduce gender-based and domestic violence: (1) Number of established specialized support services for victims of domestic violence <i>Baseline: 941 (2022); Target: 2000 (2029)</i> Proportion of young people (15-35) empowered to make informed choices to participate in decision making process at all levels (Scaled 0-100) <i>Baseline: Nationally: 31 (32 male, 30 female), Municipal: 0.73 (2021); Target: Nationally: 35 (35 male, 35 female), Municipal: 0.80 (2029)</i> Number of normative acts revised or adopted to provide men and women with equal rights and opportunities and 	<p><u>Output 1:</u> Enhanced national and subnational institutional capacities to develop and implement evidence-driven legislation, policies, programmes and accountability frameworks to ensure barrier-free access to SRH services and more resilient and better-targeted GBV (including CRSV) prevention and response services.</p> <p><u>Output 2:</u> Strengthened capacities of national and subnational actors to utilize modern data systems and evidence on population changes for the development, implementation and monitoring of public policies and programmes for recovery and</p>	<ul style="list-style-type: none"> New costed National Programme on Domestic and Gender-Based Violence adopted <i>Baseline: No (2024); Target: Yes (2029)</i> Functioning safe and ethical GBV information management system for GBV incident monitoring and case management in place <i>Baseline: No (2024); Target: Yes (2029)</i> Proportion of girls aged 9-14 years covered by the HPV vaccination in the national immunization schedule <i>Baseline: 0% (2024); Target: 20% (2029)</i> Number of enhanced/revised national health policies and regulatory documents that regulate access to barrier-free SRH services, including CMR compliant with international guidelines <i>Baseline: 0 (2024); Target: 5 (2029)</i> <ul style="list-style-type: none"> Number of national and subnational actors with improved capacity to use population data systems and demographic evidence <i>Baseline: 0 (2023); Target: 500 (2029)</i> Number of sample surveys to analyse changes in family structures and vulnerabilities as a result of war conducted <i>Baseline: 0 (2023); Target: 3 (2029)</i> The National Demographic Strategy and its costed implementation action plan, including communication strategy, is developed based on the concept of demographic resilience <i>Baseline: No (2023); Target: Yes (2026)</i> Number of municipalities which use youth well-being index and/or 	<p>Office of the Deputy Prime Minister (DPM) for European and Euro-Atlantic Integration, Office of the First Lady of Ukraine, Ministry of Social Policy, Ministry of Interior, National Police, Ministry of Health, National Health Service of Ukraine, National Academy of Public Administration, Government Commissioner for Gender Policy, Ukrainian Parliament Commissioner for Human Rights, UN agencies, civil society organizations (CSOs).</p> <p>Ministry of Social Policy, State Statistics Service of Ukraine, Ptoukha Institute for Demography and Social Studies, UN agencies.</p>	<p>\$10.0 million (\$2.0 million from regular resources and \$8.0 million from other resources)</p> <p>\$10.0 million (\$2.0 million from regular resources and \$8.0 million from other resources)</p>

<p>to prevent discrimination against women and girls <i>Baseline: 44 (2022); Target: 54 (2029)</i></p>	<p>demographic resilience.</p>	<p>other population survey results to inform local recovery and development policies and programmes <i>Baseline: 22 (2024); Target: 40 (2029)</i></p>		
	<p><u>Output 3:</u> Enhanced institutional capacities at the regional and municipal levels to provide high-quality, comprehensive GBV and SRH services tailored to the needs of vulnerable population groups.</p>	<ul style="list-style-type: none"> • Proportion of clinical districts with SRH services integrated into PHC facilities, according to national health system standards <i>Baseline: 0% (2023); Target: 50% (2029)</i> • Proportion of health facilities in UNFPA-supported regions offering, as part of the referral pathways, the integrated, barrier-free SRH/GBV services, including clinical management of rape <i>Baseline: 0% (2023); Target: 70% (2029)</i> • Proportion of reported GBV cases that received comprehensive GBV services, including case management in UNFPA-supported municipalities. <i>Baseline: 8% (2023); Target: 70% (2029)</i> • Number of municipalities with the dedicated local budget to maintain service providers capacity to respond to the GBV risks caused by the war <i>Baseline:25 (2023); Target: 60 (2029)</i> 	<p>Ministry of Social Policy, Ministry of Interior, National Police, Ministry of Health, National Health Service of Ukraine, National Social Service, state regional military administrations, municipalities, communities, CSOs.</p>	<p>\$35.0 million (\$1.0 million from regular resources and \$34.0 million from other resources)</p>
	<p><u>Output 4:</u> Enhanced institutional capacities of municipal authorities and local civil society organizations to integrate youth-led initiatives, men engagement and gender-transformative approaches to develop and implement programmes aiming at community recovery, resilience and social cohesion.</p>	<ul style="list-style-type: none"> • Number of municipalities supported by UNFPA implementing community recovery programmes that integrate a demographic resilience approach. <i>Baseline:0 (2024); Target: 25 (2029)</i> • Number of municipalities with community-based and volunteer-led participatory GBV prevention support programmes, including those focusing on the economic independence of vulnerable women <i>Baseline:8 (2024); Target: 25 (2029)</i> 	<p>Ministry of Social Policy, Ministry of Youth and Sports, National Social Service, Government Commissioner for Gender Policy state regional military administrations, municipalities, communities, CSOs.</p>	<p>\$18.5 million (\$1.0 million from regular resources and \$17.5 million from other resources) Programme coordination and assistance: \$1.5 million from regular resources</p>