Picity accs 4,5 and 6 above an the fertoinitiatives within the

2000in2021. UNFPA also supported the strengthened capacity of Members of Padianert, the Ministry of Halth, health care institutions and civil society organisations on program hulp ting and medium term expenditure frameworks (MIEF). Further, the Costed Implementation Han (CIP) on Family planning (FP) for the period 2021-2024 was embred consisting of a road map of the McHonhow to achieve the FP taggets especially for women in vulnerable situations. In order to maintain avaieness regarding the mediform productive health services during the COVID 19 partenic and ensure that women's basic health meds are met, key messages and health education materials on information about COVID 19 pisses for women and female health workers were disseninated

UNFPA also contributed to

The Spatight Initiative delivers mach needed services which are in line with World Health Organisation and United Nations guidelines to prevent the speed of COVID 19

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In , UNFPA, incollaboration with UN Wonen and WHO, have jointly developed "Data Collection on Vidence against Wonen and COVID 19 Decision Thee" toggide actors to decide when and how to best collect data on wonen's experiences of vidence and their access and use of relevant services during the COVID 19 partenic.

In , UNEPA suported the Government to improve the health system exponse to GBV survivors through the development of a package of dirical protocols and technical narrels for nusces, psychologists and social workers in order to provide care for GBV survivors at the primary health care have used to a superied the development of distance based training courses for primary health care provides on providing basic carefor GBV survivors. In the context of a regional initiative in Central Asia to achieve GBV, UNEPA also supported the government to improve the mechanisms of a milities who are subjected to GBV in Kazakhstan. Information on equivalent to the art government of property based violence was adapted into different disability friendly formats (sign large eq. wideo and or Braille and Easy to read formats).

In , the Central Asian initiative on GBV, was rolled out by engaging health professionals, police and social sector actors to ensure the access to and scaling up of the refenal pathways to whereable girls and women UNFPA also supported the Government in the implementation and monitoring of the second National Action Planon Genter Equality for 2021-2025, which had some and the access of the UN Committee on CEDAW, other international humaning its chligations relating to genter equality, the assessment results of the first Action Planfor 2016 2020, and relevant SDG gents and taggets linked to genter equality committed to by the government. UNFPA continued to advocate for improving netional legislation to prevent constic violence in line with the international mons and standards

UNFPA's interventions included data generation and analysis to monitor the health system response to sexual and reproductive health and gender based violence in ; provision of support to the governments of and to address legal fiameworks related to reducing domestic violence, GBV, and improving gender equality.

In , UNFPA continued to support the government to address the needs of women and gits in the development of two key policy documents the law on Revention of Vidence Against Women and Donestic Vidence, which was aligned with the Istarbul Convention and the National Halth 2000 Strategy and engage injoint programming initiatives with an genices induring UNICEF, WHO, UNDP, civil society organisations induce the Red Cross and Y-PEER, development patness namely the the European Union and the United Kingdom UNEPA also designed and deployed life saving mobile sevel and epochetion induces in movative and fully integrated into the match system, for those left behind in unterserved areas, severely affected by COVID19 perdenic.

This section will provide key recommendations to accelerate the implementation of the Vierna Programme of Action based on the analysis provided in the report

reconnerciations based on dellerges experienced related to the implementation of the initiatives highlighted in Sections 3 and 4

The United Nations systems hould continue to provide support has don't exclement priorities of LLDCs, particularly within the context of the response and recovery from the COVID 19 pandemic, regional and global initiatives such as the 2020 Agenda and the "Roachap for Accelerated Implementation of the Vierna Programme of Action for LLDCs" in the Remaining Five Yeas. The implementation of the roachap should account for enhancing capacity and building resilience in the retional health, economic, social, hamessing the demographic dividend and governme systems through data collection and analysis on the overall COVID 19 case management and socio economic situations

Interpresento COVID 19 and otherwises, government policynakers, rongovernmental patters, the private sector; academia, UN system furth and programmes and specialised agencies, and other development patters should account for the lessons learned from innovations employed and challenges experienced during the particular, and respective responses and recovery efforts Interventions should account to the implementation of relevant development frameworks such as the SDCs and the DPoA for LDCs to achieves

, including the use of population data to effectively utilise evidence based appoaches to planning for development, disaster risk reduction and humanitation interventions

services arenat discupted

to ensue that learning opportunities are not

, to ensue that supply deins and posision of

dsuptedinformal archinformal education settings

that are also gender responsive,

in a der to ensue pasars who are employed in infamal and formal economics, particularly women, yourg people and people with disabilities are not overlocked in recovery efforts

and GBV refenal systems are functioning according to national guidelines that achiess the needs of persons at high risk of experiencing violence

, nental health, and

psychosocial support, and

inodertocultivate

conpession raise avaleness of and potention from the virus, promote healthy behaviour and social norm charge, reduce stigna and ciscoin insticutive hille supporting the building of safer non-resilient communities