

# UNFPA

## Eastern Europe and Central Asia



## Independent Evaluation of UNFPA's Regional Intervention Action Plan 2014-2017

March, 2017

## **Disclaimer**

This evaluation report was prepared by a team of two Consultants: Laura Wedeen, International Consultant and Evaluation Team Leader, and Arlette Campbell White, International Consultant and Evaluation Team Member. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Board or member states.

## **Acknowledgements**

The Evaluation Team would like to extend its very sincere thanks to the staff of the UNFPA Eastern Europe and Central Asia Regional Office and Country Offices and to key Headquarters staff who contributed so much information and many ideas to this Evaluation. Special thanks are due to Mr. Mahbub Alam who guided and facilitated the Evaluation Team during design, field work and report preparations. In addition, our very heartfelt thanks go to Ms. Tsovinar Harutyunyan, whose exceptional logistical and moral support were truly remarkable.

## Abbreviations and Acronym

A&Y	Adolescents and youth	MPA	Minimum preparedness actions
AFPPD	Asia Forum of Parliamentarians on Population and Development	MSM	Men who have sex with men
AIDS	Acquired Immune Deficiency Syndrome	MSMIT	Implementing Comprehensive HIV and STI Programmes Among Men Who Have Sex with Men
ACR	Assistant Country Representative	MSR	Multi-sectoral response
APRO	Asia and Pacific Regional Office	MTCT	Mother-to-child transmission
ARO	Area of responsibility	MTR	Mid-term review
ARV	Antiretroviral (drugs)	NGO	Non-governmental organisation
ART	Antiretroviral therapy	NPO	National Programme Officer
AWP	Annual work plan	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	OEE	Organisational effectiveness and efficiency
CIS	Commonwealth of Independent States	PCB	UNAIDS Programme Committee Board
CO	Country Office	PD	Population and Development
COB	Concluding Observations of the CEDAW Committee on the implementation of the CEDAW Convention	PETRI	Centre of Public Health and Analyses (Sofia, Bulgaria)
CPD	Country Programme document	POA	Programme of Action (of ICPD)
CPE	Country Programme Evaluation	PWID	People who inject drugs
CPR	Contraceptive prevalence rate	PPM	Policies and Procedures Manual
CR	Country Representative	PSA	Population situation analysis
CSE	Comprehensive sexuality education	PSE	Population size estimate
CSO	Civil society organisation	RCSS	Regional Contraceptive Security Strategy
CU	Charles University	RH	Reproductive health
DAC	Development Assistance Committee (of the OECD)	RHCS	Reproductive health commodity security
DGM	Division of Governance and Multilateral Affairs	RHTS	Reproductive Health Training Centre (in Moldova)
EBCOG	European Board and College of Obstetrics and Gynaecology	RIAP	Regional Intervention Action Plan
EC	European Commission	RIWGG	Regional Interagency Working Group on Gender
ECOM	Eurasian Coalition on Male Health	RMO	Resource Mobilisation Officer
ECUO	East European and Central Asia Network of People Living with HIV	RO	Regional Office
EECA	Eastern Europe and Central Asia	RP	Regional programme
EECARO	UNFPA Eastern Europe and Central Asia Regional Office	RST	UNAIDS Regional Support Team
EEIRH	East European Institute for Reproductive Health	SDG	Sustainable Development Goals
EHP	EECARO HIV Programme	SIS	Strategic information system
		SP	Strategic plan

EPF	European Parliamentary Forum on Population and Development	SOP	Standard operating procedures
ERG	Evaluation Reference Group	SRH(R)	Sexual and reproductive health (and rights)
ESA	Eastern and Southern Africa	SRO	Sub-regional office
EU	European Union	STI	Sexually transmitted infection
EWNA	Eurasian Women's Network on AIDS	SW	Sex worker
FBO	Faith-based organisation	SWAN	Sex Workers' Rights Advocacy Network
FGC	Female genital cutting	SWIT	Implementing Comprehensive HIV and STI Programmes Among Sex Workers
FGD	Focus group discussion	SWOT	Strengths, weaknesses, opportunities and threats
FP	Family planning	TA	Technical assistance
GBV	Gender-based violence	TMA	Total market approach
GRI	Global and regional interventions	TOP	Technical, operational and programmatic
HIV	Human Immunodeficiency Virus	TOR	Terms of Reference
HQ	Headquarters	TOT	Training of trainers
		UBRAF	Unified Budget and Results Accountability Framework
HP	Humanitarian Programme (the Humanitarian Settings component of the EECA SRH Programme)	UNDAF	United Nations Development Assistance Framework
IAPPD	International Advisory Panel on Population and Development	UNECE	United Nations Economic Commission for Europe
ICPD	International Conference on Population and Development	UNEG	United Nations Evaluation Group
IDP	Internally displaced person	UNDG	United Nations Development Group
IP	Implementing partner	UNICEF	United Nations Children's Fund
IPPF	International Planned Parenthood Federation	UNFPA	United Nations Population Fund
JPMS	UNAIDS' joint programme monitoring system	UPR	Universal Periodic Review on Implementation of Human Rights
KP	Key populations	WB	World Bank
MDG	Millennium Development Goal	WHO	World Health Organization
M&E	Monitoring and evaluation	WHS	World Humanitarian Summit
MARA	Most-at-risk adolescents <sup>1</sup>	YKP	Young key populations
MHSE	Moscow Higher School of Economics	YouAct	European Youth Network on Sexual and Reproductive Rights
MIC	Multi-Indicator Cluster Survey	YP	Young person
MISP	Minimum initial service packages (for RH in crisis situations)	Y-PEER	Youth Peer Education Network
MOU	Memorandum of Understanding	YSAFE	Youth Sexual Awareness for Europe

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<sup>1</sup> It should be noted that this terminology is now outdated and is only being used in this instance because it is the title of a programme intervention that was initiated prior to the change in terminology; and the accepted common terminology is young key populations, vulnerable and marginalised young people.

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# EXECUTIVE SUMMARY

## Background

This Report presents the results of the independent evaluation of UNFPA's Eastern Europe and Central Asia Regional Programme 2014-2017. The Evaluation was commissioned by the EECA Regional Office to inform decision-making and next cycle programme development as per the Biennial Budgeted Evaluation Plan 2015-2016. Key evaluation criteria include the Development Assistance Committee criteria of relevance, effectiveness, efficiency and sustainability, as well as the positioning criteria of UN coordination and added value.

UNFPA's EECA Regional Programme is currently in the third year of implementing the revised Regional Intervention Action Plan 2014-2017. The Regional Plan is fully aligned with the global UNFPA Strategic Plan 2014-2017 and contributes to its renewed focus on women's Sexual Reproductive Health and Rights, including HIV, and the response to Humanitarian Crises; Adolescent and Youth issues; Gender Equality; and Population and Development--related policies for countries' national development agendas. In addition, cross-cutting areas of the Regional Programme include Capacity Development; Monitoring and Evaluation; Advocacy and Communications; Resource Mobilisation; Partnership and; Finance and Operations.

The EECA Regional Intervention Action Plan was revised in 2016 to reflect some important areas of programme evolution, but principally to adjust for a significant reduction in both core and non-core budget. Originally approved at over US \$9 million/year, significant budget cuts were imposed in 2015 and 2016, and very recently for 2017. The total Regional Programme budget was reduced from US \$37.8 million to US \$29.8 million over the four-year period of implementation.

## Context

The EECA region comprises 17 countries in three sub-regions (Eastern Europe, Caucasus and Central Asia) with vastly different economic structures, languages and cultures which share the recent experience of a profound transformation of their political, economic and social systems. Economic expansion has had a significant positive impact on social development but the recent financial and economic crises continue to affect investments in health, education and social protection throughout the region. Unemployment and poverty remain high, as does the escalation of conflicts and the humanitarian crises within the region, and the resulting population movements and migration, disproportionately affecting the middle class, young people and vulnerable populations.

## Evaluation Scope and Methodology

The Evaluation covered the Regional Intervention Action Plan 2014-2017 for the three-year period 2014 to 2016 in its entirety. The geographical scope covered all 17 EECA countries where Regional Intervention Action Plan activities are being implemented and included four country visits to better understand the working relationships and perceived value of the Regional Programme to Country Offices. In total, the Evaluation Team conducted 129 interviews with regional and Country Office staff, implementing partners, programme beneficiaries, regional staff of other UN organisations and UNFPA HQ staff.

The Evaluation employed various approaches to triangulate data to optimise reliability, as well as to add depth and richness in analysis. The following five methods were used:

1. Desk review of documents, financial and other pertinent programme data, including from the EECARO Strategic Information System and the Atlas System;
2. In-depth Interviews using a structured, qualitative interview framework;
3. Electronic survey questionnaire using largely Likert-type scaled responses;

4. Focus Group Discussions on thematic questions; and
5. Direct observation in cases where the Evaluation Team was able to attend meetings or training sessions developed or hosted by the Regional Office.

The limitations of the Evaluation include: 1) a limited time-frame for a sub-optimally-sized team to conduct data collection and write the Evaluation Report; 2) multiple constraints on staff time given the conduct of the Evaluation at the end of the year when there were numerous competing activities competing; 3) a paucity of Regional Programme-specific outcome level data and the sharing of existing outcome data very late in the evaluation process; and 4) sub-optimal results of the staff survey resulting from a variety of factors.

## Evaluation Conclusions

### Relevance

Overall, the Regional Programme is considered to have strong relevance to the regional context. The Regional Programme has been implemented purposefully to ensure relevance, at times treading in unknown waters to reflect regional issues and evolving priorities. Furthermore, the Regional Programme has adapted to important emerging issues in the region by mobilising funding for significant HIV and Humanitarian operations, and by working to reposition family planning in a region increasingly prone to conservatism and pro-natalism.

The Regional Programme is closely aligned with UNFPA policies and strategies as well as global priorities, including the goals of the International Conference on Population and Development Programme of Action and the Millennium Development Goals. Where alignment with UNFPA policies and strategies has been challenging is in conforming to the UNFPA business model for middle-income, 'pink' countries. There is a strong sense that limiting engagement exclusively to policy and advocacy can significantly constrain both the relevance and effectiveness of regional programming. Most significantly, capacity development and knowledge remain critical needs in the region and a cornerstone of Regional Programme value added.

The Country Offices' perception of the relevance of the Regional Programme varies. Findings suggest that the Regional Intervention Action Plan planning processes could be better aligned to favour country needs and priorities, and better involve Country offices to consult more effectively in the development of the Regional Intervention Action Programme. Moreover, Country Offices perceive the relevance of the Regional Programme when there is a strong alignment of programming and strong Regional Office technical engagement. With new leadership in the region in 2015-2016, there is a universal sense that Regional Programme-Country Programme collaboration overall, and consultation processes more specifically, are moving in a positive direction.

It is further frequently noted that the diversity of the region makes it very difficult for regional-level interventions to meet the needs of all countries. Vastly different national priorities, political systems and cultural backdrops, including language, makes it difficult for thematic programmes to be equally relevant to all Country Offices. More tailored approaches to the specific needs of different sub-regions favours organisation of country clusters for key thematic intervention areas and approaches.

### Effectiveness

The EECA Regional Office has largely accomplished its intended objectives and planned results and is considered a high performing programme overall. New rigour in monitoring of outputs against targets is an important system-wide improvement for UNFPA, although indicators are not consistently well aligned with actual programming priorities and targets are not always meaningful.

The overarching constraint to the Regional Programme's effectiveness is the low overall budget allocation and the repeated reductions in core budget during the life of the Regional Programme cycle. The assumption that regions characterised by larger numbers of middle-income countries will be able

to mobilise resources from within the region has not been proven to date, and needs to be assessed. At the same time, the cuts in the Regional Programme budget in 2015 and 2016 have put significant pressure on the Regional Programme. Rather than cut back significantly on outputs, the Regional Programme has largely adapted by stretching itself thin, resulting in programme fragmentation, less than thorough interventions, and unclear accountability for outcomes.

The Evaluation Team found that the Regional Programme's engagement of highly respected Implementing Partners is a key element of the Programme's success overall. These Partners, many from within the region, are widely considered to be both technically strong and politically influential, making their voices as advocates highly powerful. On the other hand, an area of real concern is the lack of rigour in follow-up of capacity building interventions across programme areas. Lack of follow-up results in lost benefits of capacity building endeavours on the one hand, and poor accountability for results on the other.

Finally, it needs to be stressed that linkages between Regional Programme inputs and programme and policy changes at country levels are generally not well understood. Policy tracking is not routinely undertaken by the Regional Office and thematic evaluations to review experience, attribute results and draw lessons are rarely conducted, due to resource limitations.

### **Efficiency**

Despite significant budget cuts, for the most part the Regional Programme met its expected targets. The most likely explanation for this is a combination of imprecise target setting, scaled-back scopes of work and exceptionally hard work by regional programme staff overall. The Regional Programme uses almost all its full funding allocation. In 2014 and 2015, expenditure rates were 94% and 98%, respectively.

In recent years, the Regional Programme has been successful in leveraging resources through some of its Implementing Partners, and sister UN agencies. This is considered a very promising resource mobilisation strategy for the Regional Programme, particularly as it faces continued austerity in mobilising core programme support.

The Regional Programme also achieves efficiencies through integrated, cross-programme approaches. There are several very good examples of such integration within the Regional Programme, including the integration of gender-based violence tools and approaches within Humanitarian Response interventions, addressing needs of young key populations in HIV programming, and providing evidence on youth needs as a critical demographic in population policy making. Overall, important areas of the Gender and Adolescent & Youth programmes have achieved some level of integration, while the Population and Development programme supports quality data generation across all thematic areas.

At the same time, examples also exist of poor coordination and missed opportunities for integration and synergy across programme components; and, importantly, many Country Office staff interviewed perceive silos in the management of Regional Programme component programmes. Importantly, the Regional Programme is currently exploring putting in place 'issue based' teams that take a holistic approach to a problem, and direct resources (human and financial) from different programmes.

Finally, the Regional Programme has taken early steps to expand use of communications technologies to optimise efficiencies for convening Regional Programme meetings and for an online training course.

### **Sustainability**

UNFPA's health system-based approaches, and the emphasis on policy advocacy in the EECA region in particular, are important pre-requisites for sustained results. Government ownership of results is fostered through close working relationships at both regional and country levels. Capacity building too is used by EECARO as a critical approach to achieve sustainable outcomes.

Sustainability is threatened in contexts of political change and instability as characterised in certain countries of the region. Important too in the EECA region is the rising conservatism which threatens to roll back progress on key areas of the Programme of Action agenda. The Regional Programme takes steps to mitigate these political and social changes by engaging in strategic partnerships with key influencers (e.g. faith-based organisations, parliamentarians), and by engaging with different types of institutions across government and civil society.

However, it is noted that the region's important focus on advocacy and policy is not sufficiently supported by sustainable civil society engagement. In a region with increasingly limited financing, where countries are transitioning from being UNFPA beneficiaries at a time of deepening conservative values, the importance of leaving behind sustainable, indigenous civil society leadership to continue to advance UNFPA's mandate, and to serve as 'watchdogs', cannot be overstated.

Similarly, sustainability of some implementing partners has not been sufficiently emphasised to date and contributes to a vulnerability of these institutions, and therefore the programmes they support, in the long term. To date, strategic planning and business planning has not been a core component of UNFPA's association with these organisations.

## **UN Coordination**

UNFPA is a strong contributor to UN Coordination in the region. Coordination involves Regional Programme leadership and all component areas of the Regional Programme in different ways. UNFPA's engagement in UN Coordination is generally recognised and valued by other UN agencies, although positioning is at times competitive, and sensitivities about potential encroachments on scope are not uncommon.

UN Coordination takes considerable time and energy. According to the Evaluation Team's interviews, programmatically, its major benefit is avoiding duplication, and speaking with one voice. Very little focus is placed on normative programme collaboration, resulting in many missed opportunities for joint programming.

## **Added Value**

UNFPA adds value in the region by being the primary promoter and defender of the ICPD agenda, a unique and highly relevant human rights platform. The sensitivity of the agenda in the context of an increasingly conservative EECA region makes UNFPA's unwavering leadership an essential component of the human rights landscape.

In addition, UNFPA's country and regional presence are critical advantages, giving UNFPA a deep understanding of country and regional issues, ample opportunity to deliver at scale and the ability to create an enabling environment regionally.

There are ongoing questions and frustrations about the most appropriate modalities for UNFPA in the region; in particular, a singular focus of advocacy and policy, according to the UNFPA Strategic Plan. However, overwhelmingly, the Regional Programme has used its positioning to bring thought leadership, capacity development and knowledge brokering to affect policy change at both country and regional levels.

In the context of intense resource scarcity, there is real pressure for the Regional Programme to demonstrate its added value through ensuring complementarities with country priorities, strategic approaches to capacity building, partnership and knowledge management, and targeted thematic evaluations linking programme approaches to Strategic Plan outcomes.

## **Recommendations**

The Evaluation Team makes the following 15 recommendations:

1. Maintain and enhance current management practices such as consultative annual planning;

Consider establishing a Regional Programme country or cluster focal point role to assist Country Offices with cross-cutting programme implementation; and strengthen organisation of sub-regional clusters for better nuanced programming and support.

2. Undertake a Regional Investment Case to assist in identifying regional gaps and best practice, and the areas for minimal strategic investment and high return, for directing core funds to HIV as well as supporting UNFPA in seeking new sources of non-core funds for HIV.
3. Analyse the added value of the Regional Programme's engagement in behaviour change communication in order to engender specific attitudes and behaviours necessary to advance ICPD and Sustainable Development Goal agendas.
4. A combination of strategic clarity, programme consolidation and more ambitious resource mobilisation strategies and targets are required to improve the effectiveness of the Regional Programme. In preparation for the next programming cycle, develop a comprehensive, outcome-driven Capacity Development strategy that takes into consideration regional priorities, Country Programme plans and staff needs; and aligns with the UNFPA business model. The strategy should include specific attention and identification of resources for follow up, including both monitoring and continued support as needed to sustain capacities and promote an enabling environment for capacities to be applied.
5. Invest in outcomes documentation, through well-designed thematic evaluations and rigorous tracking of policy change. Maximise communications – internal and external - to publicise notable achievements and best practice.
6. Assess root causes of the persistence in delays in planning and disbursement of Regional Office resources. Put in place concrete management measures at the regional level – 'carrots and stick's - to solve the delays in effective planning.
7. Develop a specific cross-programme strategy to address the needs of marginalised populations, taking into consideration the Regional and Country Programmes' experience with young key populations, Roma, migrants and refugees, including internally displaced persons. Embed the strategy in the 2030 Agenda, including mapping to key approaches and expected outcomes.
8. Take a learning approach to early experience organising 'issue-based' teams, involving different Technical Advisors as team leaders managing integrated, cross-programme workplans and budgets. As teams and with Country Office partners, reflect on the pros and cons of the approach and lessons learnt (including financial and technical efficiencies) for potential wider application of the approach in 2018-21.
9. While leveraging of funding is considered a very promising approach, significant care must be taken to align approaches – including through formal partnership mechanisms such as Memoranda of Understanding and other modalities – in order to ensure synergies and complementarities. Tracking of leveraged funding should be pursued to demonstrate the value of the approach and its contribution to overall resource mobilisation.
10. Diversity partnerships with civil society organisations based on a robust landscaping of civil society actors at country and regional levels. Cast a wide net to include organisations that may not be explicitly focused on ICPD but have complementary interests (e.g. human rights, data transparency, multi-sectoral youth policy). Align engagement to Regional Programme expected results and embed partnerships within the regional partnership strategy recommended below. Include attention to Implementing Partner sustainability as explicit and robust element of the partnership strategy, including strategic planning and business planning, and exist strategies as components.
11. Accelerate rigorous sustainability planning for key Implementing Partners such as the Centre for Public Health and Analyses in Bulgaria, and the Asia Forum of Parliamentarians on Population and Development AFPPD.

12. Engage key UN agencies (e.g. WHO, IOM, UNESCO, UN Women) early in Regional Intervention Action Plan development with a view to leveraging technical and financial resources for joint programming which optimises each agency's capacities and positioning.
13. Develop a holistic partnership strategy that is objective-driven, complements country strategies and includes attention to both civil society and government partnerships, defines appropriate partnership modalities for different situations and includes attention to evaluation.
14. Give considerable attention in the design of the next Regional Programme to refreshing the strategic approaches of the Adolescent and Youth Programme, assuring that they are aligned with the orientations of the Sustainable Development Goals, fully consider regional and sub-regional trends and potentials for effective new partnerships.
15. Give due attention to the implications of the United Nations Office for the Coordination of Humanitarian Affairs Regional Office's departure from the region at the end of 2017 and consider ways to both mitigate challenges and position UNFPA to take on a more significant role in Emergency Preparedness and Humanitarian Response.

# CHAPTER 1: INTRODUCTION

## 1.1 Regional Context Overview

The UNFPA Eastern Europe and Central Asia (EECA) region comprises 17 countries<sup>2</sup> in three sub-regions (Eastern Europe, Caucasus and Central Asia) with vastly different economic structures, languages and cultures which share the recent experience of a profound transformation of their political, economic and social systems.<sup>3</sup> Economic expansion has had a significant positive impact on social development, but the recent financial and economic crises continue to affect investments in health, education and social protection throughout the region. Unemployment and poverty remain high, as does the escalation of conflicts and the humanitarian crises within the region and the resulting population movements and migration, disproportionately affecting the middle class, young people and vulnerable populations

### 1.1.1 Sexual and Reproductive Health

Except for a few countries, mainly in Central Asia, the region met the Millennium Development Goal (MDG) Target 5 on maternal health, with significant progress over the past decade in reducing maternal mortality from 64 to 34 deaths per 100,000 live births, by achieving almost universal access to antenatal care (at least one visit), 95 percent of births attended by skilled health personnel, and reducing the adolescent birth rate from 35 to 29 per 1000 women aged 15-19.<sup>4</sup> The region has successful practices supported by UNFPA in emergency obstetric and new-born care, effective perinatal care and confidential enquiry into maternal deaths, which could be scaled up and institutionalised. However, more support is required to improve access to integrated sexual and reproductive health (SRH) services in remote and rural areas and challenges remain in improving the quality of care and reducing inequities in access to maternal health services for disadvantaged and vulnerable women such as rural residents, ethnic minorities, migrants, women with disabilities, most-at-risk youth and unmarried young women.

The use of modern methods of contraception has decreased over the past ten years, especially in Eastern Europe but also in a few Central Asia countries.<sup>5</sup> Despite a significant fall in abortion rates, abortion still continues to be an over-utilised method of fertility regulation, especially in Eastern Europe. The need to reposition family planning (FP) is also evident from the state of reproductive health commodity security (RHCS) in EECA. Currently, only eight countries have some state support for the provision of contraceptives, leaving the other ten entirely dependent on donors and/or individuals buying reproductive health commodities.<sup>6</sup>

A high incidence of cervical cancer, with associated female mortality, is a serious concern across the region. The mortality of women of reproductive age due to cervical cancer is ten times higher in EECA countries compared to European Union countries. The incidence of cervical cancer among women varies across the region from 27.5 in Bulgaria to 3.5 in Turkey per 100,000 women<sup>7</sup>. Rising HIV prevalence exacerbates this trend, with increased incidence and progression of cervical cancer in HIV-positive women. Many of the women in the region know little about cervical cancer or how to prevent it; and many countries do not consider cervical cancer in their national policies and action plans.

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<sup>2</sup> Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyz Republic, the Former Yugoslav Republic of Macedonia, Republic of Moldova, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan.

<sup>3</sup> It should be noted that the UNFPA humanitarian settings component also operates in Greece.

<sup>4</sup> UNFPA (2016). *Eastern Europe & Central Asia Revised Regional Intervention Action Plan 2014-2017*. February 2016: Istanbul.

<sup>5</sup> *Ibid*, p. 11.

<sup>6</sup> *Ibid*, p. 11.

<sup>7</sup> *Ibid*, p. 11.

Institutional capacities to provide organised screening and treatment in accordance to international standards and guidelines are still very weak.

Table 1 below provides a summary of the reproductive health situation in the region over the three years of the evaluation period.

**Table 1: Reproductive Health in Eastern Europe and Central Asia, 2014-2016**

	2014	2015	2016
<b>Maternal mortality ratio</b>	27	25	25
<b>Birth attended by skilled health personnel (%)</b>	96	98	98
<b>Adolescent birth rate</b>	30	30	31
<b>Contraceptive prevalence rate (CPR) any method</b>	65	65	65
<b>CPR modern method</b>	47	47	47
<b>Unmet need for FP, modern methods</b>	-	-	11
<b>Proportion of demand satisfied, women aged 15-49</b>	85	85	86
<b>Proportion of demand satisfied with modern methods, women 15-49</b>	-	-	62

Note: Some data were not updated on an annual basis.

Source: UNFPA (2014, 2015, 2016) *State of World Population*. UNFPA: New York

#### **1.1.1.1 HIV**

Data from WHO confirm that the EECA region has the fastest-growing HIV epidemic globally, with significant increases in AIDS-related mortality. An estimated 1.5 million people were living with HIV in 2015, double the number in Western Europe. EECA was the only region in the world not to achieve MDG 6 - halting and reversing the AIDS epidemic.

Specific key populations (KPs) which are at higher risk of HIV exposure and infection are: people who inject drugs (PWID), men who have sex with men (MSM), sex workers (SWs), prisoners and migrants; and their sexual partners. PWID are at particular risk in Eastern Europe, where it was estimated that 57 percent of all new HIV infections in 2013 were attributable to sharing of syringes and needles.<sup>8</sup> However, although three years later the epidemic remains concentrated among PWID, there is a dramatic shift to sexual transmission of HIV particularly through SWs and their clients, MSM and their male partners and their wives.<sup>9</sup> Also noteworthy is a recently published research paper that shows that prisoners are likely to be the primary risk group for HIV infections in Eastern Europe in the next 15 years.<sup>10</sup>

There are four key factors accounting for the continued spread and high mortality rate of HIV in EECA:

1. HIV testing and counselling among KPs remains insufficient, which leads to delayed diagnosis of HIV infections and late treatment initiation;
2. Inadequate coverage of prevention measures and antiretroviral (ARV) drug therapy results in the continued rise of HIV and AIDS cases;
3. Access to harm reduction services - including opioid substitution therapy and needle and syringe exchange programmes - remains limited; and

<sup>8</sup> UNAIDS Report on the Global AIDS Epidemic 2013. UNAIDS: Geneva, 2013.

<http://www.unaids.org/en/resources/campaigns/globalreport2013/globalreport>

<sup>9</sup> HIV/AIDS surveillance in Europe 2012. ECDC, 2013. <http://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/publications/2013/hiv-aids-surveillance-in-europe-2012>

<sup>10</sup> 'The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia' by Frederick Altice et al in *The Lancet*.



4. The existence of punitive laws and policies, and stigma and discrimination, which negatively affect access to, and uptake of, HIV services.

### **1.1.1.2 Humanitarian**

Today, the scale of human suffering is greater than at any time since the Second World War. More than 130 million people around the world need humanitarian assistance to survive. In response to this troubling global situation, for the first time in the 70-year history of the United Nations, the UN Secretary-General convened the World Humanitarian Summit (WHS) to generate commitments to reduce this suffering and deliver better for people in crisis around the globe. The Summit took place in Istanbul on 23-24 May 2016 and brought together 9,000 participants from around the world to support a new shared Agenda for Humanity and act to prevent and reduce human suffering. The Summit generated more than 3,000 commitments to action and launched more than a dozen new partnerships and initiatives to turn the Agenda for Humanity into meaningful change for the world's most vulnerable people.

People living in countries in the EECA region are vulnerable to humanitarian emergencies sparked by conflict both within the region itself and in neighbouring countries, and to those created by natural disasters. The Syrian refugee crisis that has spread into Turkey and onwards into Europe and the armed conflict in Ukraine both continue to test the readiness of humanitarian response efforts in the region, while floods and earthquakes remain a constant threat to many countries.

Until recently, the EECA Region had not been as affected by conflict and displacement to the extent that it now is. Among the challenges affecting implementation of the International Conference on Population and Development (ICPD) agenda is the migration and refugee crisis with 1.4 million men, women and children making the hazardous journey to Europe between 2015 and 2016, in the pursuit of safety and dignity. Indeed, in 2016, Turkey became the country with the highest number of refugees, estimated to be around three million; even more than Pakistan, which hosts more than two million Afghan refugees.

In any kind of emergency, women and girls are among those most affected. Displaced women and girls are particularly vulnerable to high-risk and unwanted pregnancies, miscarriages, new-born complications, unsafe abortions, unsafe deliveries and resulting deaths, sexual and gender-based violence and exploitation, early and forced marriage, and HIV and other sexually transmitted infections. These issues, however, are often not sufficiently addressed in traditional humanitarian responses, which tend to focus primarily on ensuring basic services for provision of food and water, shelter, sanitation and first aid.<sup>11</sup> While data are limited, gender-based violence (GBV) to girls and women is of particular concern, while those working in humanitarian crises responses note that they have seen an increasing number of boys and young men who have also been victims of sexual violence, which brings a new dimension to the situation.

### **1.1.2 Gender**

Gender discrimination and patriarchal attitudes towards the roles of women and men still characterise many spheres of life in the region. Women therefore continue to disproportionately shoulder most of the burden of child care in addition to working outside the home. Decreased public investment in childcare, the elderly and disabled care (for example, day-care facilities, personnel and training) generate the growing reliance of families and states on unpaid care provided by women and girls. The high dependency of families on women's unpaid labour keeps women, even those who are educated and highly skilled, away from formal employment and good career opportunities, and undermines their ability to accumulate savings. This also has the potential of weakening attention to girls'

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<sup>11</sup> Addressing the Needs of Women and Girls in Humanitarian Emergencies in Eastern Europe and Central Asia. A regional overview supplementing UNFPA's State of the World's Population Report 2015. December, 2015.

education, reinforcing the low value ascribed to the female sex compared to men, and preventing women and girls from realising their full economic, social and political potential.

The political will to promote gender equality has been largely declarative but has not promoted real change.

Indeed, over the past ten years funding for gender equality policies and political attention to gender equality have both declined throughout the region. Increasing conservatism and controversial discussions about values and norms associated with gender equality have slowed, even sometimes reversed, progress. Existing gender relations and cultural barriers foster a gap between desired fertility (two children) and aggregate fertility.

Although difficult to measure, online published data, mostly several years out of date, shows GBV in the region to be widespread<sup>12</sup>, and targeted violence against sexual minorities, bride kidnapping and honour killings are reportedly on the rise in some countries. The persistence of GBV, particularly intimate partner violence, is a crucial issue in EECA and one of the ubiquitous and entrenched indicators of gender inequality. Young girls continue to be exposed to harmful traditional practices such as early and forced marriage in some countries and sub-regions; and female genital cutting (FGC) is still practiced in parts of the region. Gender-biased sex selection persists in parts of Eastern Europe, the South Caucasus and Central Asia,<sup>13</sup> and has already resulted in an estimated 171,000 'missing' girls. Critically, the practice both reflects and perpetuates a culture of devaluing girls. Moreover, within two decades it will translate into a demographic imbalance affecting men's marriage prospects, while at the same time increasing the likelihood of human trafficking, GBV and political unrest.

While important progress has been made in recent decades, GBV is still not sufficiently recognised as a multisectoral or health-related issue and is mainly characterised as a law enforcement concern. Despite decades of raising awareness and interventions to address GBV, only a few countries have dedicated legal instruments that address domestic violence, and victims still have limited access to justice and health services and face the risk of being re-victimised. Laws addressing GBV in many countries still lack strong implementation and monitoring mechanisms. Victims of sexual and other forms of violence often suffer stigma and social shame in the community. The absence of comprehensive referral mechanisms to support victims of GBV and dearth of links with the health sector overall – and SRH services specifically – is a significant gap in the EECA region.

The paucity of sex-disaggregated data and focused studies addressing gender issues undermines the ability to design evidence-based advocacy in the region. The use of gender statistics in setting of national development priorities and policy formation remains quite limited. Added to this, in humanitarian and conflict settings there is weak preparedness and lack of a coordinated response that results in the absence of GBV data and services. The benefits of a demographic dividend can be seriously limited if women and girls are not equipped with the relevant education and skills.

Finally, EECA is experiencing a 'feminisation' of poverty among the elderly. Population aging affecting countries in Western and parts of Eastern Europe and the South Caucasus has a key gender dimension: women will constitute most of the aging population and this will further increase women's load of unpaid care work. It will also expose elderly women to the multiple risks of the pension gap between men and women, increased health risks and mental health risks exacerbated by inadequate healthcare services, increased economic dependency and vulnerability to domestic violence.

### **1.1.3 Adolescents and Youth**

The situation of young people in the region is dynamic, diverse and complex. Rapid development and changing political systems in many countries have created challenges for civil society engagement and

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<sup>12</sup> See, for example: [http://www.health-genderviolence.org/sites/default/files/download/table\\_4.pdf](http://www.health-genderviolence.org/sites/default/files/download/table_4.pdf)

<sup>13</sup> Skewed sex ratios registered in Azerbaijan (second only to China), Armenia, Georgia, Albania, Montenegro, the Former Yugoslav Republic of Macedonia, Turkey and the Kosovo (UNSCR 1244).

youth representation in leadership and policy development. Young people are leading increasingly digital lives, in which much of their behaviour, choices, education and social networking are accessed, influenced and determined electronically.

Poor economic growth in some countries has constrained the labour market's ability to absorb the significant number of young people who are entering the workforce for the first time. The youth unemployment rate is currently much higher than ten years' previously in all countries of the region and, also, much higher than for the total adult population. The negative outlook for young people is a formula for discontent, unrest and despair. Young women and ethnic minorities are very likely to be out of both formal and informal education, including training, and 'unemployed' and are over-represented in the less secure informal economy.

The gender dimension is also very important: poverty and a lack of opportunities for young women and girls make them more vulnerable to exploitation, and consequently more susceptible, to unwanted pregnancy and other health risks. Gender discrimination and GBV also exist among groups of young people. Moreover, other forms of sexual and gender-related exploitation (such as the trafficking of girls and young women) is a significant issue in countries with a high illegal female migration rate. Harmful practices such as child marriage, bride kidnapping and some practice of FGC highlight the considerable overlap between issues which impact on both gender and youth in the region, as well as the importance of recognising and reflecting these connections in the development of joint programming in these two areas.

Young people from KPs – young MSM, young transgender people, young people who sell sex and young people who use drugs – face risks and vulnerabilities to HIV and sexually transmitted infections (STIs).

The health status of young people in the region is compromised by insufficient education and awareness of healthy SRH behaviours, increased risk-taking coupled with low health-seeking behaviours, and poor access to youth-friendly preventive and curative services. A major reason is the lack of comprehensive sexuality education (CSE) in schools and other evidence-based prevention programmes. Overall, young people in the region face significant legal, institutional and cultural barriers to accessing core SRH and HIV prevention services.<sup>14</sup>

#### **1.1.4 Population and Development**

While ageing, urbanisation and migration are all relevant issues for countries across the world, EECA's demographic and socio-economic features are unprecedented in the world's history. Although population is on the rise in many parts of the world, many countries in Eastern Europe are facing population decline. The proportion of the population older than 60 in Eastern Europe is expected to increase to 31 percent by 2050, posing a significant challenge of rapid ageing<sup>15</sup>. High male adult mortality is contributing to the feminisation of ageing. In addition, most countries in the EECA region are losing population due to emigration. At the same time, some economic migrants, returning to their countries of origin after many years working away, return infected with HIV.

These population movements have a particularly negative impact on women. Nearly 54 percent of all international migrants in South Eastern Europe, Eastern Europe and Central Asia are women. Women and girls are more likely to end up in unregulated migration channels and become victims of sexual violence and sexual exploitation, both during the journey and at the place of arrival. These trends have critical implications for development, causing gaps in the labour force, increasing pressure on social safety nets and services, reducing intergenerational solidarity and creating barriers for a healthy family life. Conversely, Central Asia's population is projected to grow by approximately 30 percent by the year 2050 due to fertility rates well above replacement level.

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<sup>14</sup> UNFPA (2016), *op. cit.* (p. 14)

<sup>15</sup> UNFPA (2016), p. 20, based on data from the UN Department of Economic and Social Affairs (UNDESA)

Population and development (PD) in many EECA countries, particularly in Eastern Europe, are a cause for much concern to their governments. This tends to be based on a limited understanding and often short-term vision of the implications of the present demographic trends. Some countries are implementing pro-natalist policies that not only curtail the right to reproductive choice but also require significant investments against doubtful returns; and, of course, have considerable implications in terms of gender and women's rights (not to be seen and treated as baby-manufacturing machines). Many policies fail to recognise that it is not the quantity of people that counts but rather the 'quality' in terms of health, education and productivity. This understanding of demographic processes challenges the core principles of the ICPD agenda. Every effort needs to be made at the country and regional levels to support evidence-based arguments and data explaining the linkages between SRH, reproductive rights, PD, the needs of young and old people, gender equality, and development. The region lacks gender-disaggregated statistics; few mechanisms are in place to enable the collation of such data and, specifically, there is a paucity of data regarding GBV and violence against women. Key elements of support to countries therefore need to include quality data collection and in-depth data analysis and dissemination whereby the data are disaggregated by age, sex and key socioeconomic parameters to better facilitate and support SDG implementation, learning programmes on PD for national partners, demographic research and policy analysis.

## **1.2 UNFPA Regional Programme 2014-2017 Overview**

### **1.2.1 Regional Programme Principles, Aims and Budget**

UNFPA's EECA Regional Programme (RP) is currently in the third year of implementing the revised Regional Programme Intervention Plan (RIAP) 2014-2017. The preparation of the RIAP was guided by the ICPD beyond 2014 review outcomes, the post-2015 development framework, and global and regional programme resource availability.

The region comprises mostly middle-income countries, ranging from those which have joined the European Union (EU), to emerging donors with their own regional ambitions, to poorer, landlocked countries which have been significantly impacted by multiple crises and conflict and where the population still lacks access to certain basic services.

RIAP is fully aligned with the global UNFPA Strategic Plan 2014-2017 and contributes to its renewed focus on women's reproductive health and rights (RHR); adolescent and youth issues (A&Y); gender equality; and PD-related policies for countries' national development agendas. It is guided by six principles:

1. National ownership of the ICPD agenda;
2. Human-rights-based approach;
3. Programmatic relevance and focus on results;
4. Adding value for money based on comparative advantage and complementarity;
5. Joint programming and delivering as one; and
6. Accountability and transparency.

At the same time, the UNFPA business model integral to the Strategic Plan (SP) 2014-2017 provides an updated framework for UNFPA's global and regional resource allocation, establishing greater clarity on the programming strategies that should be used by Country Programmes in different settings. Specifically, the framework identifies different modes of engagement according to the potential for country and regional financing, and levels of need. According to this model, the EECA region is characterised by upper-middle and high- ability to finance, and medium- to low need. As such, the region's chief mode of engagement is limited to 'Advocacy and Policy Advice'.

Within this broader framework, the RP aims to deliver the four RIAP strategic outcomes:

1. SRH: Increased availability and use of integrated SRH services (including family planning, maternal health and HIV) that meet human rights standards for quality of care and equity in access;

2. A&Y: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of CSE and SRH;
3. Gender: Advance gender equality, women's and girls' empowerment and reproductive rights through advocacy, implementation of laws, policy, tools and promoting services for the most vulnerable and marginalised women and girls; and
4. PD: Strengthened national policies and international development agendas by integrating evidence-based analysis on PD and their links to sustainable development, SRH and reproductive rights, HIV and gender equality.

The EECA RIAP was revised in 2016 to reflect some important areas of programme evolution, but principally to adjust for a significant reduction in both core and non-core budget (see Table 2). Originally approved at over US \$9 million/year, significant budget cuts were imposed in 2015 and 2016 and very recently for 2017.

**Table 2. Comparison of Original Budget Allocation vs Revised Budget 2014-2016**

RIAP Budgets		2014	2015	2016	2017	Total 2014 - 2016
Original	Core	7,556,000	7,556,000	7,556,000	7,556,000	30,224,000
	Non-Core	2,146,830	1,723,126	1,844,480	1,893,592	7,608,028
	Total	9,702,830	9,279,126	9,400,480	9,449,592	37,832,028
Revised	Core	7,473,571	6,964,908	5,401,180	3,837,760	23,677,419
	Non-Core	1,875,806	1,333,087	1,554,172	1,431,214	6,194,279
	Total	9,349,377	8,297,995	6,955,352	5,268,974	29,871,698
Difference	Core	(82,429)	(591,092)	(2,154,820)	(3,718,240)	(6,546,581)
	Non-Core	(271,024)	(390,039)	(290,308)	(462,378)	(1,413,749)
	Total	(353,453)	(981,131)	(2,445,128)	(4,180,618)	(7,960,330)

Source: UNFPA EECARO, December 2016

Not surprisingly, the budget cuts required adjustments to the Programme. Occurring at the mid-term of the RIAP, the opportunity was taken to review progress and adjust activities, targets and, in some cases, indicators according to the programme's evolution as well<sup>16</sup>. Some important changes were made in scope and products. Overall, however, it is noteworthy that very few targets were adjusted downwards to reflect the cuts in budget.

### 1.2.2 Outcome1: Sexual and Reproductive Health

Strategic Plan Outcome 1: on SRH is the increased availability and use of integrated sexual and reproductive health services (including FP, maternal health and HIV) that meet human rights standards for quality of care and equity in access. Outcome 1 has the following outputs under the RP:

#### Output 1.1 (contributing to SP Output 1)

UNFPA Country Offices (COs), policymakers and national partners are provided with the evidence and tools for formulation of rights-based policies for integrated SRH services.

#### Output 1.2 (contributing to SP Output 2)

UNFPA COs, policymakers and national partners are better supported to reposition FP/RHCS through innovative approaches, high-level advocacy generated evidence.

#### Output 1.3 (contributing to SP Output 4)

UNFPA COs, civil society networks and national partners are better equipped with knowledge and skills to advocate for rights-based responses addressing the needs of KPs.

<sup>16</sup> UNFPA (2016), *op. cit.*

#### Output 1.4. (contributing to SP Output 5)

The Minimum initial service packages (for reproductive health in crisis situations), MISP, integrated within national preparedness action plans through provision of technical, operational and programmatic (TOP support).

### **1.2.3 Outcome 2: Adolescents and Youth**

Strategic Plan Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of CSE and SRH. Outcome 2 has the following outputs under the RP:

#### Output 2.1 (contributing to SP Output 6)

UNFPA COs, policymakers and regional youth networks/fora have the skills and tools to conduct evidence-based advocacy for incorporating A&Y rights into national laws, policies and programmes, including in fragile contexts.

#### Output 2.2 (contributing to SP Output 7)

Youth networks, educational institutions, policymakers and UNFPA COs are supported to formulate and implement community- and school-based CSE, including HIV education, that promote human rights and gender equality.

#### Output 2.3 (contributing to SP Output 8)

State institutions, non-governmental organisations (NGOs), academia and communities in EECARO countries have the knowledge, skills and resources to advocate for, support, design and implement comprehensive programmes to reach marginalised adolescent girls, including those at risk of child marriage.

However, while the RP has a separate Outcome on Adolescents and Youth, this is also a population group whose needs should be addressed and mainstreamed throughout all the RIAP Outcomes, in much the same way as Gender, HIV and Humanitarian interventions should be. Activities directed at this group, therefore, should be cross-cutting to the extent possible and supported by other programmes as appropriate. This issue is discussed later in the report.

### **1.2.4 Outcome 3: Gender**

Strategic Plan Outcome 3: Advance gender equality, women and girl's empowerment, and reproductive rights, especially for the most vulnerable and marginalised women, adolescents and youth. Outcome 3 has the following outputs under the RP:

#### Output 3.1 (contributing to SP Output 9)

UNFPA COs and national partners are provided with cross-country evidence and tools to advocate for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights.

#### Output 3.2 (contributing to SP Output 10)

UNFPA COs and national partners are provided with evidence and tools to promote laws, policies and programmes for a comprehensive multisectoral response to GBV and to prevent harmful practices and other forms of gender discrimination.

### **1.2.5 Outcome 4: Population and Development**

Strategic Plan Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality.



It is noteworthy that the outputs for PD are regionally-defined, rather than defined in the global SP. Outcome 4 has the following outputs under the RP:

Output 4.1 (RP output)

UNFPA COs and national partners are provided with the knowledge and tools to collect and disseminate census data and population statistics.

Output 4.2 (RP output)

UNFPA COs and national partners are equipped with the knowledge and tools to produce evidence for policymakers and national partners through cutting-edge analysis on population and development, with a focus on disadvantaged and vulnerable populations.

Output 4.3 (RP Output)

Policymakers and national partners are supported to formulate and implement rights-based policies that integrate evidence on PD, SRH and HIV.

## **1.2.6 Operational Efficiency and Effectiveness (Cross-Cutting Areas)**

In addition to the four programme outcomes, the RP includes attention to the following six cross-cutting areas that contribute to all focus areas and are considered vital to the achievement of the UNFPA strategic plan:

1. Capacity Development;
2. Monitoring and evaluation (M&E);
3. Partnerships;
4. Advocacy and communications;
5. Resource mobilisation; and
6. Finance and Operations

### **1.2.6.1 Capacity Development**

Capacity development is a cross-cutting component that aims to address the region's remaining capacity gaps to enable national ownership of the ICPD agenda. Capacity development within the RP is measured by the output: Effective mechanisms in place for continuous transfer of knowledge, skills and good practices between national institutions, Southern partners and UNFPA COs, all contributing to stronger national capacity to implement the ICPD agenda.

### **1.2.6.2 Monitoring and Evaluation**

The RP provides M&E support by combining the following three UNFPA frameworks which serve to enhance the effectiveness of regional and country programmes:

1. The UNFPA Evaluation Policy, which defines evaluation principles, roles and responsibilities, quality assurance, capacity development, dissemination, follow-up and reporting of evaluations;
2. The *Programme and Policy Manual*, which provides guidance on programme design, monitoring and oversight; and
3. The RIAP's integrated results framework, which outlines goals, outcomes, outputs and indicators with baselines and targets.

The regional results framework identifies enhanced effectiveness, efficiency and accountability of regional and country programmes by improving quality assurance, monitoring and evaluation and technical support as the output measure of the RP's M&E support.

### **1.2.6.3 Partnerships**

Partnerships are an integral component of the RP's efforts to advance ICPD beyond 2014 and Agenda 2030. The RIAP calls for strengthened partnership with strategic institutions, civil society and academia to advance the implementation of ICPD agenda across the EECA region. EECA's partnership work is both cross-cutting and includes specific region-wide partnership interventions aimed at high-level advocacy support in the region. Cross-cutting UN coordination efforts are also managed under the

partnership portfolio. In addition, thematic regional committees, networks, and partnerships are managed by regional technical advisers.

#### **1.2.6.4 Advocacy and Communications**

The overall aim of the EECARO regional advocacy and communications strategy and planned interventions is to:

1. Raise awareness of, and generate support for, the ICPD agenda and UNFPA activities in the region; and
2. Strengthen UNFPA's profile and recognition as a thought leader and catalyst for action on ICPD-related issues in EECA, both internally and externally.

#### **1.2.6.5 Resource Mobilisation**

Resource mobilisation enables the RP to finance interventions at regional level and to assist countries in mobilising resources for their programmes. A dedicated Resource Mobilisation Advisor joined the EECA team in November 2016. The regional results framework measures improved mobilisation of financial and non-financial resources across all thematic areas.

#### **1.2.6.6 Finance and Operations**

Finance and operations reflect basic practices for financial accountability and human resources management within the RP. Finance and operations functions of the RP ensure improved management of resources in support of ICPD agenda through an increased focus on planning, evaluation, systematic risk management, and value for money.

Given the programmatic focus of the RP Evaluation Terms of Reference (TOR), which can be found in Annex 1, a minimum emphasis was given to evaluating the finance and operational performance of the RP. Finance and operational issues which surfaced during the Evaluation are addressed under efficiency criteria.



## CHAPTER 2: METHODOLOGY

### 2.1 Purpose and Objective of the Regional Evaluation

The Evaluation succeeded in conducting 129 interviews (see Annex 3 for a complete list of key informants), two focus group discussions (FDGs)<sup>17</sup> (evaluation tools can be found in Annex 7) and a rapid survey (tool outlined in Annex 6). In accordance with the Evaluation TOR, the purpose of the EECA RP Evaluation was to inform the development of the next EECA Regional Programme by providing lessons learnt and recommendations from the 2014-2017 RIAP. In addition, the Evaluation assesses how the RIAP has contributed to the outcomes of the UNFPA Strategic Plan 2014-2017 and contributes to the development of the forthcoming RIAP 2018-2021 to be prepared by EECARO together with its key stakeholders.

More specifically, the objectives of the Evaluation included:

- Determining the extent to which the RP is achieving its expected outcomes and outputs, including organisational effectiveness and efficiency (OEE);
- Providing insights into the factors facilitating and hampering the achievement of expected RP outcomes and outputs;
- Analysing the positioning of UNFPA's RP interventions within the EECA region (UN regional coordination and UNFPA added value); and
- Determining the extent to which the UNFPA RP is using human rights-based approaches and principles of gender equality in programme design and implementation.

### 2.2 Scope of the Evaluation

The Evaluation's geographical scope covered all 17 EECA countries where RIAP interventions are being implemented. In addition, the UNFPA consultant in Bulgaria was also consulted and the Evaluation Team visited four countries (Bosnia and Herzegovina, Moldova, Tajikistan, and Ukraine) to better understand the working relationships and perceived value of the RP to the COs.

The Evaluation covered the RIAP 2014-2017 for the three-year period 2014 to 2016 in its entirety. This encompassed its objectives, strategies, and interventions, including integrated technical, programmatic and operational support provided by the regional team. The Evaluation Team also met with representatives of regional institutions and other organisations who collaborated with UNFPA in the delivery of interventions, and other RP interventions financially supported by Trust and Thematic Funds e.g., the Unified Budget Results and Accountability Framework (UBRAF) for HIV/AIDS. The Evaluation is forward-looking and considers the most recent UNFPA SP and UNFPA EECA programming orientations.

Directly reflecting the scope of the RP and its results framework, the Evaluation covered the core programme components related to: (1) SRH, including HIV and Humanitarian; (2) Gender Equality, (3) A&Y; and (4) PD. It also covered the cross-cutting areas related to OEE: (i) capacity development; (ii) M&E; (iii) partnerships; (iv) advocacy and communications; (v) resource mobilisation; and (vi) operations and finance.

Importantly, the Evaluation considered the RP contributions at both regional and country levels, reflecting the dual engagement of the RO in support of country programmes as well as the region as a whole.

The Evaluation followed the theory of change approach utilised by the RP in defining indicators of achievement of results linked to programme-specific outputs and outcomes. At the same time, the Evaluation considered the contextual factors that may have affected the implementation of RP

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<sup>17</sup> One of the two FDGs had only two participants and the other had only four.

interventions and their potential to bring about desired outcomes. Where regional outcome-level data were lacking, the Evaluators were limited in assessing the extent to which interventions have contributed to the achievement of results.

Finally, the Evaluation was a highly participatory process involving UNFPA EECARO, HQ and COs, implementing partners (IPs) and other partners, including other UN agencies, as well as beneficiaries in selected countries.<sup>18</sup> Preliminary evaluation findings were presented and discussed at an RO meeting in Istanbul in December 2016 and at the Regional Planning Meeting in January 2017. Evaluation findings have been shared openly to both validate the accuracy of the Evaluation Team's analysis and so that challenges and proposed solutions or corrective measures can be addressed in the next RIAP.

## **2.3 Methodology**

### **2.3.1 General Considerations**

The Evaluation was designed to be transparent, inclusive, participatory, as well as gender- and human-rights responsive. The Evaluation utilised mixed methods and drew on quantitative and qualitative data. These complementary approaches were deployed to ensure that the Evaluation:

- a) Responded to the needs of users and their intended use of the Evaluation results;
- b) Integrated gender and human rights principles throughout the Evaluation process including participation of and consultation with key stakeholders to the extent possible; and
- c) Utilised both quantitative and qualitative data collection and analysis methods to provide credible information about the extent of results and benefits of support for groups of stakeholders, especially vulnerable and marginalised groups.

The Evaluation followed the guidance on the integration of gender equality and human rights principles in the Evaluation focus and process as established in the United Nations Evaluation Group (UNEG) Handbook, *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance*. The Evaluation followed UNEG Norms and Standards for Evaluation in the UN system and abides by UNEG *Ethical Guidelines and Code of Conduct* and other relevant ethical codes.

### **2.3.2 Evaluation Methods**

The Evaluation employed various approaches to triangulate data to optimise reliability, as well as to add depth and richness in analysis. The following five methods were used:

1. Desk review of documents (see Annex 4), financial and other pertinent programme data, including from the EECARO Strategic Information System (SIS) and the Atlas System;
2. In-depth Interviews using a structured, qualitative interview framework (see Annex 5);
3. Electronic survey questionnaire using largely Likert-type scaled responses; (see Annex-6);
4. FGDs on thematic questions (see Annex-7); and
5. Direct observation in cases where the Evaluation Team was able to attend meetings or training sessions developed or hosted by the RO.
6. Four country visits were undertaken to allow the evaluators more intensive contact and contextual understanding. To protect confidentiality, country visit findings are fully embedded in overall evaluation findings, rather than presented separately.

### **2.3.3 Evaluation Criteria**

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<sup>18</sup> For example, in Ukraine the Evaluation Team met with a group of sex workers who were beneficiaries of the RP's technical intervention through the IP SWAN, and in Moldova the Evaluation Team met with trainees of the Population and Development course offered through Charles University.

In accordance with UNFPA evaluation guidance, the Evaluation applied four Development Assistance Committee (DAC)<sup>19</sup> criteria and two additional criteria, as shown in Table 3. Criteria were applied to each of the RP outcome areas to solicit input on the performance of each area, as well as any facilitating and constraining factors.

**Table 3: UNFPA RIAP Evaluation Components and Evaluation Criteria**

Evaluation Against Outcomes and Outputs (including Humanitarian)	Analysis of UNFPA Positioning within the EECA Region
Evaluation Criteria	Evaluation Criteria
Relevance	Regional coordination with UN agencies
Effectiveness	UNFPA value added at regional and country levels
Efficiency	
Sustainability	

An interview framework (Annex 5) was developed which set out the key questions to be answered for each of the six evaluation criteria. The framework was particularly applicable to UNFPA RO and CO staff.

**2.3.4 Evaluation Tools and Analysis**

Based on the interview framework, three different instruments were developed for the different types of evaluation methods and populations interviewed; and attention to gender equality and human rights was paid in developing the interview tools.

The Evaluation instruments were:

1. A qualitative interview framework used for interviews with UNFPA Regional HQ and CO staff, as well as for interviews with implementing and other partners. This guide included a set of 18 open-ended questions, adapted from the questionnaire framework, based on the population representative being interviewed. A limited number of additional questions were added as new themes emerged;
2. A largely quantitative online survey instrument used as a complement to the qualitative methods. The survey was developed and disseminated to all staff in EECA COs using *SurveyGizmo*. Questions used a five- and three-point Likert scale to respond to statements about the Regional Programme, based on the DAC criteria. Some questions included an option to explain their response, using a comment box. Respondents had the choice as to whether to complete the questionnaire anonymously or to identify themselves.
3. FGD guides that included eight to ten open-ended questions adapted for different thematic discussion groups. Themes generally followed the questionnaire framework and were linked to core RIAP outcome areas. However, some specific themes were added as issues arose during the interviews conducted with UNFPA staff during the first week of interviews.

**2.3.5 Stakeholders Interviewed**

Broad stakeholder participation formed the major component of the Evaluation design. The approach ensured active engagement of key stakeholder groups involved in the implementation of the RP. These included: UNFPA staff at headquarters, regional and country levels; implementing partners; other UN agencies; and programme beneficiaries. Stakeholders were identified by RO technical staff through

<sup>19</sup> OECD (1991), *DAC Principles for the Evaluation of Development Assistance*,

the stakeholder mapping exercise conducted in preparation for the RP Evaluation, and during the Evaluation itself. Where samples were selected from broader groups, gender balance was considered in selecting participants to be interviewed. The sampling framework that was applied is shown at Annex 5.

A list of the persons interviewed is attached at Annex 3.

### **2.3.6 Methodological Limitations and Considerations**

The Evaluation had the following limitations:

1. Initially, 135 person days were envisioned to complete the Evaluation. Shortly before commissioning the Team, one of the selected specialists withdrew and that person's tasks were distributed between the other two specialists. However, due to the need to complete the Evaluation within specific deadlines, the total person-days contracted was only 106 days.
2. Due to late notification and the time of year, only two FDGs could be held instead of the six originally planned;
3. A paucity of RP specific outcome level data constrains the ability to evaluate the impact of the RP; existing outcome data were available very late in the evaluation process;
4. The rapid survey provided only a very crude measure of the COs' perceptions of the RP. The response rate was low, ranging from 60 respondents (30 percent of the total) for the general section and 18-29 respondents (9.1 percent to 14.7 percent of total) for the programme-specific sections. Furthermore, it proved difficult to judge the level of programme understanding of the respondents and their personal views due to the high percentage of "don't know" and "undecided" responses; and
5. Originally, three to four country case studies were planned when the Evaluation Team would have been comprised of three Evaluators. However, although there were only two Evaluators, the Evaluation Team did manage to visit four countries. Unfortunately, at two days each per country, the Team were unable to collect in-depth data although very useful information was gleaned which complemented the key respondents' information and provided triangulation for the data already collected.

Limitations were mitigated to the extent possible through triangulation of data and with support from UNFPA staff, the UNFPA Regional M&E Advisor and the UNFPA Armenia Programme Officer who supported the Evaluation Team.

### **2.3.7 Ethical Considerations, Conflicts of Interest**

Throughout the assignment, the Evaluation Team has complied fully with the Ethical Code of Conduct for UNEG/UNFPA Evaluations and confirms that no conflicts of interest arose.

The Evaluation Team obtained oral permission from each interviewee and provided assurance that interviewee responses would remain confidential and any specific information or opinions provided would not be attributed. For interviews with outside stakeholders, no UNFPA staff were present. A professional (non-UNFPA) interpreter was used for interpretation of external stakeholder interviews during country visits.

Further, the rapid survey was entirely anonymous, and responses were only reviewed by the Evaluation Team.

## **2.4 Evaluation Report Format**

The next section of this report (Section 3) presents findings from analysis of the core programme components of the RP. These include the 4 thematic areas of SRH, A&Y, Gender and PD, as well as the key cross-cutting components of the programme (per Section 1.2.6 above). Because of the importance of the RP's HIV and growing Humanitarian portfolios, and in line with the Team Members' TOR, the Evaluation Team has decided to give equivalent attention to these sections of the report,

rather than considering them only as part of the SRH Programme. Consistent with the evaluation questionnaire framework organised according to the criteria set out in Table 2, the following questions are examined:

**1. Relevance:**

- EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?
- EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?
- EQ 1C To what extent was the RO able to respond to changes in the regional development context?

**2. Effectiveness:**

- EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?
- EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?
- EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?
- EQ 2D What are the strengths and weaknesses of the RIAP?
- EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?
- EQ 2.F. How should the new RIAP better reflect the SDGs in the region?

**3. Efficiency:**

- EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the RP?
- EQ 3B What could be done to ensure a more efficient use of resources in supporting COs and in the RP context?

**4. Sustainability:**

- EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?
- EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

In addition, the Evaluation Team assessed UN coordination and EECARO added value at regional and country levels with respect to each of those programmes and EECARO more generally:

**5. UN Coordination:**

- EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?
- EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

**6. Added value:**

- EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?
- EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?
- EQ 6C What is the main UNFPA added value in the EECA's context as perceived by regional and national stakeholders?

In each of the RP areas these questions are addressed whenever relevant. Section 4 then presents the Evaluation Team's conclusions and recommendations.

## CHAPTER 3: EVALUATION FINDINGS

### 3.1 Sexual and Reproductive Health

#### 3.1.1 Relevance

EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?

EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?

EQ 1C To what extent was the regional office able to respond to changes in the regional development context?

**Finding 1: The SRH Programme’s focus on assisting countries to develop clinical guidelines which are consistent with international standards is appropriate and relevant, as is work on cervical cancer and contraceptive commodity security.**

Many of the countries in the region are newly created or reformed, and have health systems which are barely 20 years old, with evolving regulatory frameworks. Several countries’ health systems are still based on the older Semashko -style models of delivering health care and are in the process of being modernised. One of many priorities for the governments of these countries is to elevate standards of healthcare by putting in place medical guidelines commensurate with international standards as the basis for SRH service delivery. As such, the SRH Programme has a relevant focus on clinical guidelines and standard operating procedures (SOPs) in a context where standards have lagged. Ensuring consistency with international standards has succeeded in bringing countries in the region up to the same level and provided governments with a sense of ownership and sustainability through making sure that updated policies and guidelines are adopted by countries’ ministries of health (MOH). Continuation of work on contraceptive security/commodities and the repositioning of FP remain essential for the region, particularly in the light of threats from increasing conservatism.

At national and regional EECA levels, the SRH Programme has contributed to UNFPA’s global priority for an improved reproductive health policy environment for RHCS, including FP, through supporting the repositioning of FP through evidence-based FP advocacy, inclusive and rights-based FP counselling, promoting market-shaping regional initiatives for accessible and equitable markets for FP commodities.

The SRH Programme has also responded to requests from Balkan COs for tailored support for maternal health, implementing maternal mortality audits, repositioning their FP programme and assisting countries with developing guidelines for cervical cancer screening, policy development and commodity security. Strong, evidenced-based attention to new areas of concern, such as cervical cancer, has demonstrated the SRH Programme’s willingness to adapt to new regional priorities.

**Finding 2: The growing importance of male SRH and issues of method choice were noted as insufficiently emphasized in the design of the RP.**

In discussions with key informants, especially at the country level and from NGOs implementing programmes for young male refugees, a recurring concern was the need for expanding activities to better address male sexual health. UNFPA successfully advocated for the inclusion of male sexual health in the SRH Action Plan (see below). The programme also produced a CD-Rom training tool for health professionals, a manual in English and Russian for health professionals on *Sexual and Reproductive Health Services for Most-at-risk Adolescents and Young People*, including attention to both male and female RH. Otherwise there was neither the time nor the budget for the overstretched programme to be able to pay attention to male sexual health, the health of young men and young male

KPs. It was noted that activities for these groups were not part of the SRH Programme’s mandate under the current RP, and service development and implementation was the responsibility of the A&Y Programme, since most-at-risk adolescents (MARA)<sup>20</sup>, whether boys or girls, fall under that Programme. However, given the work in HIV and Humanitarian Settings, this is an area which has assumed greater importance since the RIAP was designed in 2013 and is an example of a missed opportunity for mainstreaming joint interventions, with the HIV and Humanitarian Programmes as well as with Gender.

Also noteworthy is that several key respondents noted that, due to low fertility in many countries, FP repositioning has resulted in growing concerns about issues such as limited contraceptive choice and dislike of hormonal methods. They noted that these important emerging issues are not explicitly addressed by the SRH Programme.

**3.1.2 Effectiveness**

- EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?
- EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?
- EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?
- EQ 2D What are the strengths and weaknesses of the RIAP?
- EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?

**Finding 3: The SRH Programme has met, and in most cases exceeded, its intended objectives and targets.**

As with many programmes in EECARO, the volume of outputs produced by the SRH Programme is impressive and staff dedication is noteworthy. Table 4 shows that the SRH Programme met or exceeded the output targets when reported, although reported figures were not available for some indicators.

**Table 4: SRHR Programme: Indicators and Targets Met 2014-2016**

Output	Indicator		2014	2015	2016	2017 Planned
Output 1.1 (contributing to SP Output 1 and 3): UNFPA COs, policymakers and national partners are provided with evidence and tools for formulation of rights-based policies for integrated SRH services	Indicator 1.1.1. Number of countries in which the RP supports the development of national policies for integrated SRH services in at least two of the following areas: (i) Evidence-based guidance on antenatal and perinatal care; (ii) GBV referral to SRH services and provision of comprehensive SRH services to GBV survivors; (iii) elimination of MTCT; (iv) Systems to monitor maternal mortality that include confidential audit; and (v) cervical cancer prevention	Target	5	10	15	17
		Reported	5	12	16	

<sup>20</sup> The term MARA is that used by the SRH programme’s CD-Rom on *SRH Services for Most-at-risk Adolescents and Young People*.



	Indicator 1.1.2. Number of countries in which the RP supports the development of guidelines, protocols, standards and quality of care mechanisms for the provision of integrated SRH service (cumulative)	Target	12	14	16	17
		Reported	12	16	17	
Output 1.2 (contributing to SP Output 2): UNFPA COs, policymakers and national partners are better supported to reposition family planning/RCSS within the region through innovative approaches, high-level advocacy and generated evidence	Indicator 1.2.1. Number of countries that uses interactive learning package for evidence-based FP developed by RO (cumulative)	Target	0	5	8	9
		Reported		6	8	
	Indicator 1.2.2. Number of countries that confirm adaptation and utilisation of Regional Contraceptive Security Strategy (RCSS)*(cumulative)	Target	NA	NA	0	4
		Reported	NA	NA	0	

Source: UNFPA EECARO SRH Programme, December 2016

\* The strategy was developed and finalised in November 2016.

**Finding 4: The RP has contributed to enhanced results at both country and regional level through judicious partnerships with the right organisations. However, lack of training follow up compromises overall effectiveness.**

The SRH Programme's IPs are very well-chosen: most of them are based in EECA and are highly respected at the global level, such as the East European Institute for Reproductive Health (EEIRH) in Romania. Others such as the European Board and College of Obstetrics and Gynaecology (EBCOG) bring best practice from an organisation which is internationally recognised for setting guidelines and standards. In 2015, UNFPA and EBCOG collaborated in launching the Professional Development Scholarship for EECA health professionals working in SRH. Recognising the need for the region to have its own capacity to be able to update and train staff on SRH guidelines in the future, as well as provide training on other clinical issues, UNFPA is working with partners such as the Reproductive Health Training Centre in Moldova to establish regional capacity building courses on evidence-based SRH guidelines which are grounded on international best practice and experience, in both English and Russian.

However, concerns mentioned by key informants emphasised the RP's lack of investment in training follow-up. While the regional/sub-regional workshops have been appreciated for their quality, it was noted that there was often a lack of training follow-up and mentoring or support. Several COs said that they were often left uncertain about the next steps because they were waiting for the RO to come back to them; this was not only demotivating but would affect sustainability if knowledge acquired was then not applied. Some respondents also noted that they would have appreciated more guidance/pro-activism from the RO in relation to cervical cancer and other maternal health issues.

**Finding 5: The SRH Programme generally aligns with and has contributed to the outcomes of UNFPA's Strategic Plan.**

Repositioning FP to reduce unmet need for modern contraception and maintaining the reproductive rights of couples and individuals are important areas of UNFPA's work in the EECA region which align closely with ICPD beyond 2014 and MDG five. The *Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in the WHO European Region -*

*leaving no one behind*<sup>21</sup> (SRH Action Plan), in reaffirming the ICPD agenda is a key achievement of the RP. The RP also supported the development of the RCSS which was finalised in 2016, as well as the Communication Action Plan on Contraception, both of which were developed by the RO in close collaboration with some COs.

**Finding 6: SRH interventions have not had a clear focus on marginalised populations and would benefit from greater integration with the HIV, Humanitarian, Youth and Gender programme components.**

The SRH Programme has paid some attention to the SRHR needs of the most vulnerable Roma populations in the region, working with COs and other stakeholders from Albania, Bosnia and Herzegovina, Turkey, Former Yugoslav Republic of Macedonia, and the Territory of Kosovo, and exploring opportunities for collaboration with the Council of Europe (Europe's leading human rights organisation), WHO and other international development partners. In addition, the SRH Programme's attention to the total market approach in family planning is noteworthy in that it attempts to strengthen engagement of government at the bottom of the economic pyramid. However, overall, the needs of other vulnerable populations are considered to have been neglected.

### 3.1.3 Efficiency

EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?

EQ 3B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

**Finding 7: The RP SRH Programme has successfully leveraged resources of partner organizations to expand the scope and reach of its work.**

The selection of strong regional and national partners, as well as globally recognised institutions such as EBCOG, have helped the SRH Programme to leverage regional SRH interventions – through working with WHO on areas of strategic importance where WHO was able to influence the outcome (the adoption of the Regional Action Plan on SRH, for example) and EBCOG contributed some of its own resources for the development/revision and implementation of policies/clinical guidelines for nascent and/or revitalised MOHs. A forthcoming partnership with the University of Lausanne, the European leader on youth-friendly services will enable the RP to access free-of-charge access to all of their materials over the coming five years.

**Finding 8: Collaboration between the SRH Programme and other RP components has not been optimised.**

It is noteworthy that the SRH Programme has not been able to build up its collaborative work with other programmes in the RO, including the HIV and Humanitarian portfolios that are components of the SRH Programme. In particular, many respondents perceived a lack of cohesion and partnering between the SRH Programme and the Humanitarian Programme and felt that more involvement of SRH was needed.

In addition, the Evaluation Team was informed by several people that SRH services for A&Y are the remit of the SRH Programme. The SRH programme staff, however, consider that SRH services for A&Y are the mandate of the A&Y Programme and that the SRH Programme's work in this area stopped with the production in 2015 of the CD-Rom on SRH Services for MARA. Since this training manual for health professionals had been produced nearly two years ago – with SRH Programme staff investing a

<sup>21</sup> [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/319114/66rs07e\\_SRH\\_160767.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0019/319114/66rs07e_SRH_160767.pdf?ua=1)

significant amount of time in its development – it had not been used, since the SRH Programme felt that it was now the responsibility of the A&Y Programme to implement it. However, the A&Y Programme, although aware of the CD-Rom’s existence, do not know if or how it is being used at the country level; and the responsibility for following up on its use appears to have fallen through the cracks as both the SRH and A&Y Programmes feel it is the other’s responsibility. The development of a learning tool and then giving it to another programme to implement is not an example of creating linkages or integrating/mainstreaming: it implies that programmes still think vertically.

These examples suggest a lack of communication between programmes as to what can be reasonably expected, and what is actually being done. It also raises the issue of human resource capacity and, given limited staffing, how much all programme staff – not solely SRH programme staff - are able to contribute to other programmes for joint or complementary activities.

**Finding 9: The SRH Programme is taking important steps to be more efficient with resources through new programming approaches.**

To ensure a more efficient use of resources, in 2017 the SRH Programme is planning to shift classroom training to online platforms. The existing SRH online training (available in both English and Russian) is extremely comprehensive and very well developed. Moving from face-to-face training to internet-based courses will contribute to efficiency. The RO will continue to budget for staff time in monitoring the use of the training, trouble shooting and updating content on a regular basis, according to changes in international standards and best practice.

In addition, the SRH Programme plans to decrease the number of regional workshops to a minimum, shorten the courses they plan to run and invest more in training follow up. Whether this results in an efficient use of resources without compromising quality is unclear and merits assessment.

### 3.1.4 Sustainability

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?

EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

**Finding 10: The SRH Programme has taken steps to ensure sustainability through fostering national ownership for updating medical guidelines, policies and procedures**

There is an inherent sustainability in the SRH Programme’s approach in building national capacity to update their policies and procedures on a regular basis, since governments themselves then adopt the new guidelines and SOPs, embedding the new standards in the MOHs and thus creating national ownership. Thereafter the MOHs themselves are responsible for updating guidelines, policies and protocols in accordance with the latest international standards set by WHO and other global organisations.

**Finding 11: Overall, the withdrawal of donor support in the region and the pronatalist policies of certain countries threaten national ownership and the sustainability of existing SRH programmes, especially FP.**

As indicated in Section 4.2 below, it is highly noteworthy that between 2015 and 2016, there was a decline in the availability key maternal health medicines and in contraceptive commodities consistently available at country levels. Specifically, the number of countries with at least 95% of service delivery points having seven life-saving maternal/RH medicines from the WHO priority list declined from 79% to 53% and countries in which at least 60% of service delivery points have had not stock-out of contraceptives in the past six months declined from 67% to 41%. These trends merit

further understanding but raise important questions about sustainability of the ICPD agenda in the region, and in particular, whether governments are moving quickly enough to pick up costs of basic RH and MH commodities, as UNFPA and other donors reduce or withdraw funding. Instruments like the SRH Action Plan and ongoing advocacy efforts of the RP are critical.

### 3.1.5 UN Coordination

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?  
EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

**Finding 12: The adoption by 50 of the 53 WHO member countries of the Regional Action Plan on SRH is not only a significant achievement but it leverages UN collaboration and partnership.**

A significant contribution of the RP was the development of the Regional Action Plan on SRH. Recognising the strategic opportunity to have the Action Plan ratified by member states at the 2016 WHO Regional Committee meeting, the RP collaborated closely with World Health Organisation (WHO) in developing and advocating for the Plan. The SRH Programme was not concerned that the Plan would be identified as a WHO initiative; the important issue for UNFPA was to have it recognised and implemented in the region. This is a major achievement for the SRH Programme.

In addition, UNFPA has collaborated with UNAIDS, UNDP, UNICEF, the World Bank and WHO on the UN One Health Model, designed in response to countries’ demands for capacity building in costing SRH policies and programmes. A regional workshop held in June 2015 has helped to build EECA country capacity in health system planning and costing, contributing towards participant countries having a better understanding of the required investments needed in the health system for delivery of services for cervical cancer, FP, HIV and maternal health.

### 3.1.6 Added Value

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?  
EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?  
EQ 6C What is the main UNFPA added value in the EECA’s context as perceived by regional and national stakeholders?

**Finding 12: UNFPA is the lead UN agency working to ensure that the ICPD POA is implemented in the region.**

UNFPA has shown the valuable role it plays in the region in promoting and defending the ICPD POA, developing the RCSS; and, supporting the repositioning of FP, among other areas. This has been particularly challenging given the growing conservative climate and UNFPA should be commended for its ability to navigate these difficult waters.

UNFPA will continue to play the lead role in implementing the ICPD beyond 2014 agenda. The SRH Programme has made strenuous efforts to ensure that the linkages between ICPD and the SDGs have been widely discussed and analysed through two mechanisms: (i) the SRH Regional Conference in Sofia in 2015; and (ii) with WHO through the Minsk Ministerial and Regional SRH Action Plan. However, the specific linkages between ICPD and SDGs may require further elaboration, in particular with regard to non-clinical elements. The SRH Programme might consider following the example of the Gender

Programme which has prepared a Guidance Note on how regional gender work will be incorporated into the SDGs (Section 3.5.2). This might also provide ideas for further collaborating in cross-cutting areas such as GBV and male sexual health.

**Finding 13: While appreciated, the SRH Programme’s clinically-focused work positions UNFPA indistinctly vis a vis the work of WHO.**

The SRH programme has undertaken capacity building in clinical areas – updating of clinical standards and protocols, cervical cancer screening and case management, and maternal health – with recognized technical quality of training curricula and material. The added value of UNFPA’s engagement in these areas, in particular, in comparison to WHO’s clinically-focused expertise and predominance is worthy of consideration.

Particularly in the largely “pink” EECA region, UNFPA’s added value is considered most significant in addressing the context and culture which determines sexual behaviour, informs and upholds rights-based SRH policies and promotes equity of access to quality services for marginalised populations. This is especially true in a region battling the complexities of increasing conservatism and adverse shifts in the way women’s roles, child-bearing and FP are viewed, as well as an influx of migrants from very different cultures.

## 3.2 HIV

Although HIV is an integral part of the SRH Programme, because of its cross-cutting implications and non-core funding status, as reflected in the Evaluation TOR, the component merits separate attention.

### 3.2.1 Relevance

EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?

EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?

EQ 1C To what extent was the regional office able to respond to changes in the regional development context?

**Finding 1: Despite the region’s growing HIV prevalence, funding from all sources for HIV is becoming considerably more limited; yet it is critical to maintain - if not build on and increase – regional investments in HIV.**

Given the HIV trends in the region, the EECARO HIV Programme (EHP) is essential. All new Country Programme documents (CPDs) in 2015 and 2016 included KPs among their target groups. The EHP’s focus on KPs and young people, and capacity strengthening of regional networks of MSM and SWs, speaks directly to the priorities outlined in the RIAP and in support of CO efforts to address the needs of KPs.

Initially it was sometimes challenging to persuade countries to address the needs of KPs in their planning documents. As an example, the Belarus CO was unsure about including KPs in its CPD; however, following a mission from EECARO EHP in 2016, the CPD was redrafted to reflect the KPs. Belarus also benefits from the presence of a strong and dynamic UNAIDS CO presence; and UNICEF has also been active in the area of young people, including working on YKPs. This has provided both the CO and EECARO with solid partnerships for their activities with KPs and could be used by other countries as an example of good practice.

The Moldova United Nations Development Assistance Framework (UNDAF) includes references to KPs. According to key informants, the UNDAF places more emphasis on PWID and is weak in the area of

interventions for other KPs such as SWs and MSM. However, the mention of KPs in the Moldova UNDAF enhances their visibility and provides EECARO with an entry point for collaboration.

UBRAF is often seen as a special and separate fund which has not always been to the benefit of the EHP. This is because of a perception that the EHP does not need core budget support as it has its own funding. On the plus side, UBRAF can also be used as an enabler and catalyst for action and EHP has benefitted from it. For example, it has allowed UNFPA to cover the costs of four HIV focal points in UNFPA COs in the region: National Programme Officers (NPOs) in Georgia, Kyrgyzstan, Tajikistan and the Ukraine, and previously in Uzbekistan. Should HIV continue to spread unabated, there are several other countries in the region which may need to consider implementing an effective HIV programme in the future such as Armenia, where 72% of all new HIV infections are among migrant men returning from the Russian Federation (two years previously this rate was 35% but in just one year has risen by almost 50%).<sup>22</sup> The region has a significant amount of population movement, be it due to migration for economic prospects, humanitarian crises or internally displaced populations (IDPs), as well as Roma. These and other factors, supported by evidence from countries such as Armenia, Belarus and Moldova clearly indicate that the region is – and will continue to be – at increasing risk of rising HIV prevalence rates. This in turn has the potential to threaten the success of UNFPA country programmes, especially those with components addressing vulnerable groups.

Unfortunately, the November 2014 Regional Planning Meeting reviewed the reported poor implementation rate of 10% in (2014) and ranked EHP as the “most irrelevant and non-performing programme ever”. At the global level, HIV was removed as an outcome area in the UNFPA strategy 2104-2017 and demoted to an output under the SRH component. This led to a complete downgrading of HIV in every region, not just EECA. The global UBRAF grant went from US\$ 5.5 million to US\$ 2.25, and only US\$ 1.5 million has been promised to UNFPA for 2017. Together with the paucity of core resources for HIV, the future for HIV programming in the region looks bleak.

**Finding 2: The EHP’s regional partnerships with KP networks not only address the needs of vulnerable populations and strengthening civil society but, through partnering with the most appropriate organisations, has also leveraged other strategic partners and funding opportunities. UNFPA/EECA has demonstrated that it is uniquely placed to address the needs of KPs in the region and can fill major gaps caused by the withdrawal of donors.**

The current EHP has been influenced and guided by the ICPD beyond the 2014 review and the post-2015 development framework. Interventions under the EHP focus on addressing inequalities, supporting marginalised groups and strengthening civil society organisations (CSOs), all key objectives under the post-MDG agenda. One way in which EHP works in this area is through its support of two IPs: (a) the Sex Workers’ Rights Advocacy Network (SWAN) which currently comprises 28 organisations in 18 countries of which 11 are led by SWs; and (b) the Eurasian Coalition on Male Health (ECOM), an umbrella network of 57 members who work with marginalised KPs in 13 countries in the region.

An example of the HIV Programme’s ability to respond to changes in the global HIV financial architecture is the small amount of seed money that EHP provided to ECOM to bring regional stakeholders together to develop and submit an application for Global Fund support under the New Funding Mechanism (NFM). Thus the EHP enabled ECOM – a relatively young and unknown civil society network founded in 2011 and legally registered in Estonia in 2013 – to obtain a Global Fund grant of US\$ 3 million for five countries<sup>23</sup> over three years. This was an unprecedented achievement.

Another significant challenge affecting regional ICPD implementation is the migration and refugee crisis which, in 2015 alone, affected more than one million men, women and children journeying to Europe. In response, the EHP has been able to identify and provide financial support to Montenegro

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<sup>22</sup> [http://www.unaids.org/sites/default/files/country/documents/ARM\\_narrative\\_report\\_2016.pdf](http://www.unaids.org/sites/default/files/country/documents/ARM_narrative_report_2016.pdf)

<sup>23</sup> The five countries are Armenia, Belarus, Georgia, Former Yugoslav Republic of Macedonia, and Kyrgyz Republic.

and Serbia for Syrian refugees, demonstrating its ability for innovative, flexible and targeted implementation mechanisms.

**3.2.2 Effectiveness**

EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?  
 EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?  
 EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?  
 EQ 2D What are the strengths and weaknesses of the RIAP?  
 EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?

**Finding 3: Comparing HIV outputs to targets, all the expected HIV results have been consistently attained since 2014; and proactive leadership has given the EHP a new visibility in the region.**

The EHP has gone from strength to strength in the past two years and this regional regeneration has had a consequential effect at the country level, where key informants mentioned that new leadership has energised and motivated them. As an example: it was noted above that the HIV component implementation rate at the beginning of 2014 was 10%. However, new regional staff was appointed, remaining UBRAF funds were rolled over to 2015, and by the end of that year the implementation rate had risen to 97%. Since 2014 the HIV Programme has met its RIAP target – see Table 5.

**Table 5: HIV Programme: Output Indicators and Targets Met 2014-2016**

Output	Indicator		2014	2015	2016	2017 planned
Output 1.3 (SP Output 4): UNFPA COs, civil society networks and national partners are better equipped with knowledge and skills to advocate for rights-based responses addressing the needs of key populations	1.4.1 Number of countries that have at least one community-led organisation from key populations engaged in HIV programming addressing the SRH needs of key populations (cumulative)	Target	6	8	9	10
		Reported	6	8	12	
	1.4.1 Number of countries that have at least one youth-led organisation engaged in design, implementation and monitoring of programmes that address the HIV and SRHR needs of YP, including YKP (cumulative). Note: the focus has been on young people and not YKP until 2015. Thus, the YKP work is still evolving.	Target	6	8	16	17
		Reported	6	8	16	

Source: UNFPA EECARO HIV Programme, December 2016

\* Planned

Many stakeholders may still be unaware of the EHP’s recent work at the regional level in, for example, developing the *Implementing Comprehensive HIV and STI Programmes among Sex Workers* tool (SWIT) and the *Implementing Comprehensive HIV and STI Programmes among Men who have Sex with Men Tool* (MSMIT), and leveraging a substantial amount of Global Fund support for the ECOM, and so on. Part of this problem may be attributed to the EHP’s reporting constraints (c.f. section below on



Efficiency). More effective liaison with the EECARO communications team may be required on how to share knowledge about the successes of the EHP and get the messages out to COs, regional teams and other multi-sectoral partners working on HIV.

**Finding 4: EHP has become more visible during the past two years through leveraging the right partnerships and employing an innovative team management model that is highly appreciated.**

EHP has provided technical assistance and programme development aimed at HIV and KPs, YKPs and marginalised populations including Egyptian and Roma minority groups. A successful partnership at the regional level that has helped raise EECARO's profile has been the joint initiative with the International Planned Parenthood Federation (IPPF) to host 57 FDGs among 569 YPs who sell sex, YPs who use drugs, young MSM, young transgender people, YPs living with HIV and YPs who have been imprisoned, all between 18 and 24 years of age. Other work on HIV and SRHR of YKPs has brought together government officials, community members and service providers from eight countries. There are many other examples of where the EHP has been able to influence country-level work on HIV and MSM/SWs, policy and public advocacy for condom demand generation, and outreach methodology on STI prevention and management.

Thematic streams across the COs have proved to be a successful way of fostering synergies between COs working on similar issues, giving CO focal points thematic responsibilities to share experiences, problem-solve and identify best practice. HIV focal points and other staff in COs talk enthusiastically about how the move from working in isolation to team working through being encouraged to take on issue-based responsibilities and run cross-CO technical working groups (TWGs) – Ukraine on truck drivers, Ukraine and Tajikistan on STIs, Turkey leading in HIV in humanitarian settings) – has succeeded in renewing motivation of regional HIV staff.

This is an effective and low-cost way of providing in-service capacity building and team management, and has contributed significantly to the achievement of targets.

**Finding 5: There is a poor understanding of the difference between linkages, integration and mainstreaming. Staff may believe that HIV has been successfully integrated because there is a joint module which includes HIV, e.g. SRH and HIV or Gender and HIV, but this is far from being an adequate and meaningful integration and mainstreaming of HIV throughout other programme components.**

There is no doubt that the proactive approach of the EHP, with consistent and ongoing mentoring and monitoring, has had the effect of galvanising both regional and national HIV work. It is a pity therefore that the potential reach of the EHP has been constrained by its isolation vis a vis other components of the RP. Moreover, STIs are under the aegis of the EHP rather than as a sub-component of the SRH Programme (although of course it must be remembered that officially EHP is treated as a subset of the SRH programme). However, STIs and HIV should both be addressed as an integral part of *all* SRHR. It is clear that linkages exist between the EHP and SRH Programme but they could be considerably stronger. There is poor mainstreaming and integration not just with SRH but with other components – Youth, PD and, to a lesser extent, Gender, and Humanitarian Settings. This hampers the potential effectiveness of the EHP.

Some CO staff working in a more integrated model<sup>24</sup> mentioned that EECARO encourages them to work horizontally and promotes the benefits of integrated working and cross-fertilisation of programmes, when EECARO itself is perceived as working more vertically than most field offices and 'should practise what it preaches'. Key informants and others working on HIV at both the regional and country level are of the opinion that 'engagement across portfolios is not welcomed'. However, the Evaluation Team feels that, in spite of this prevailing feeling, there is a willingness to integrate HIV into other interventions; indeed, some of these other programmes genuinely believe that integration is already

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<sup>24</sup> For example, Gender has a standalone Programme but is expected to be mainstreamed across all core components.



underway or has been accomplished. However, this mistaken belief is due to the misunderstanding of the difference between forming linkages between programmes and integrating cross-cutting components into standalone programmes. Moreover, the funding modality (separate HIV funding through UBRAF) is certainly part of this problem, and there may be real or perceived operational constraints to integrating or mainstreaming UBRAF funds.

**Finding 6: Through the EHP's work with SW and MSM networks, as well as PLHIV associations, it targets the relevant populations at a regional level and has developed an impressive set of collaborative tools for any type of organisation to start or expand its scope of work.**

Where COs have identified SWs and MSM as KPs for targeted activities in their CPDs and UNDAFs, EHP is right to direct most of its interventions to these vulnerable groups. Its ground-breaking work in the development of state-of-the-art tools for working with SWs and MSM, designed with help from these KPs not only in the region but globally, has earned the EHP universal recognition and provided an important vehicle for leveraging partnerships with other key organisations, including potential donors. Moreover, it has brought the experiences and best practice of other regions and fostered greater knowledge-sharing and south-south collaboration.

The SWIT and MSMIT toolkits are available for SWs and MSM respectively. The development of the SWIT tool is described in Box 1.

**Box 1: Leveraging Regional Partnerships to Develop Tools for Key Populations**

SWs and MSM have been among the populations most affected by HIV since the beginning of the epidemic, for reasons that include the number of sexual partners, unsafe working conditions, barriers to the negotiation of consistent condom use and unequal access to health services. Laws, regulations and policies criminalising sex work and homosexuality, and discriminating against SWs and MSM, also increase their vulnerability and risk - as do violence, alcohol and drug use in some settings.

In 2012, UNFPA EECARO in partnership with UNAIDS and the Global Network of Sex Work Projects developed a guidance document on *Prevention and Treatment of HIV and Other STIs for SWs in Low- and Middle-Income Countries*. This set out technical recommendations on effective interventions for the prevention and treatment of HIV and other STIs among SWs.

Dissemination of the recommendations led to requests for detailed information on how to implement them. In response, *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions* (SWIT) was developed as a tool aligned with the 2012 guidance document that offers practical advice on implementing HIV and STI programmes for and with SWs. It is an evidence-based state-of-the-art tool based on the latest global information that contains examples of good practice from around the world that support efforts in planning programmes and services, and describes what issues to consider and how to overcome challenges. The tool is designed for use by public-health staff, managers of AIDS and STI programmes and NGOs, including CSOs. It is also intended for use by international funding agencies, health policy-makers and advocates.

This tool was the product of collaboration between SWs, service providers, researchers, government officials and NGOs from around the world. Its development was guided by the NSWP, UNAIDS, UNFPA, the World Bank, WHO and development partners from the United States, including the Bill & Melinda Gates Foundation.

**Finding 7: The EHP has shown that UNFPA can provide direction and leadership in the HIV field. It has contributed towards the development of an enabling environment for communities of SWs and MSM and strengthened their involvement in the design and use of tools that will directly improve their working conditions and, as a result, their lives.**

Leading by example, the HIV Programme has helped these communities to develop human rights-based responses that have received accolades not just within their own region but from other regions.

Using a small amount of funding to leverage significantly more, as EHP did through supporting ECOM, provides an example for working with other KP networks.

**Finding 8: The EHP’s good practices with KPs is directly related to the goals of the SDGs; and extending ongoing work with YKPs will take on even more significance as the HIV epidemic continues to expand in the region.**

The SDG chant of “Leave No-one Behind” could have been composed for HIV interventions. The current RIAP notes that “human rights- based policy, advocacy and programming must be at the heart of an integrated HIV response” and challenges the accepted status quo of traditional family composition and values, a narrow definition of sexuality, and conservatism. The EHP has already successfully moved in this direction by addressing issues key to the SDGs such as inclusivity, inequality, universality and community empowerment. This is a bold commitment in a very diverse region encompassing three very different sub-regions with countries which are becoming increasingly conservative. In spite of this, since 2015 UBRAF funds have enabled eight countries<sup>25</sup> to develop activities for YKPs; but from 2017 onwards there will be no more funds for these small but important activities. The challenge is how the EHP can continue to build on lessons learnt during the current RP, focusing on expanding best practice, while at the same time addressing the needs of PLHIV, vulnerable populations other than SWs and MSM such as transgender populations, PWID, migrants and adolescent girls and young women, partnerships and capacity strengthening and, in particular, YKP.

The section above amply demonstrates that the EHP has been designed to utilise a human rights-based approach and incorporate principles of gender equity in the programme’s design and implementation. Indeed, any work in HIV would be impossible to implement successfully without human rights and gender considerations.

### 3.2.3 Efficiency

EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?

EQ 3B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

**Finding 9: Since the EHP receives no core funding, its activities are not reported in UNFPA’s information management system. The result is that the impression is given that the EHP does no work in the region; and this has doubtless contributed to the low profile of regional HIV work.**

The EHP not only reflects UNFPA’s corporate HIV response (both regionally and globally) but is also tailored to UNAIDS’ regional work. UNFPA’s regional positioning vis-à-vis HIV is thus an efficient use of human, financial and technical resources. Unfortunately, however, the global donor response to HIV has led to a dramatic contraction in funding. 50 percent of regional funding for HIV programming was cut between 2015 and 2016, and for 2017 the EHP envisages a 90 percent reduction in funding.

Since the EHP receives no RP funds, the EHP cannot report its activities in GRI.<sup>26</sup> This is a major problem as it means that anyone reading the GRI reports is given the impression that EECARO does no work on HIV. The EHP reports to UNAIDS through its online management tool, the Joint Programme Monitoring System (JPMS), a comprehensive system that allows narrative reporting. Hence EHP is able to describe in detail the actual interventions and results under the Programme. However, there are problems in using the JPMS for reporting. As it is a joint agency reporting tool, the UNAIDS Programme Committee Board (PCB) sees all results as the results of the UNAIDS Secretariat alone. There is a great deal of

<sup>25</sup> Albania, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Former Yugoslav Republic of Macedonia, Serbia, Tajikistan and Ukraine.

<sup>26</sup> GRI is UNFPA’s system for reporting on its global and regional interventions.

controversy concerning how the JPMS has been used politically to promote the UNAIDS Secretariat and position the co-sponsors as irrelevant. The situation will worsen, since post 2016 there will no longer be thematic reporting from each co-sponsor at the regional level. Instead, there will be one combined report (for *all* co-sponsors) of 1,500 words under the aegis of the UNAIDS Regional Support Team (RST). This will mean that co-sponsors will have even less opportunity to report on their hard work.

### 3.2.4 Sustainability

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?

EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

#### **Finding 10: Strategic use of small amounts of money succeeded in leveraging more funds in support of a regional network of MSM.**

Through providing a small amount of seed money to ECOM to bring stakeholders together to develop a Global Fund Concept Note, the EHP was able to assist ECOM to obtain a significant grant for its regional activities. The funding that was awarded was strongly aligned with UNFPA/UNAIDS priorities at the regional level, viz. programming for KPs; indeed, it is hard to see how the EHP could have made better use of the scant funds it received. The EHP has squeezed out every last cent in mobilising human, financial and technical resources at the country, regional (KP networks, cross-office issue-based TWGs, humanitarian work) and even the global level (through partnerships to develop SWIT and MSMIT).

Thanks to UNFPA EECARO's seed money, SWAN is now able to fund itself using GF grant money. Since sustainability planning is a key component of GF support to upper-middle income countries, such as those represented through SWAN country members, GF support will enable SWAN to assist its members with sustainability planning, development of investment cases for national funding, and so on. Hence EHP's work has been successful in assisting regional and national KP organisations in ensuring their sustainability in the short-term; after which the organisations themselves will have to take control.

#### **Finding 11: The EHP's sustainability is doubtful unless UNFPA commits some of its regular resources towards HIV interventions. In addition, more effective mainstreaming of HIV into SRH, Gender, Humanitarian Settings and Youth would ensure that HIV remains visible and addressed in those components.**

There are two issues which impact on programme sustainability: (i) the source of funding for human resources and interventions; and (ii) the degree to which HIV can be mainstreamed into core programmes such as SRH, Gender, PD and Youth, and continue its work using other component funds.

At the time of writing this report, 2017 funding for HIV was unknown. The loss of UBRAF funds means that CO HIV focal points previously covered under UBRAF will need to be supported by other financial sources or cut. The uncertainty of funding has a negative impact on morale and this is likely to have a consequential detrimental effect on programme delivery. Secondly, as previously discussed, HIV has not been effectively integrated into the RP's core programmes except in rather superficial ways. Better mainstreaming of HIV throughout other programmes' interventions could enable the EHP to continue and even scale up its important work on HIV.

### 3.2.5 UN Coordination

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?

EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

#### **Finding 12: The EHP maximises opportunities for inter-agency collaboration as well as with other non-government partners.**

The UNAIDS Strategy and the UBRAF underpin all HIV work for UNAIDS co-sponsors and the UNAIDS Secretariat globally and in all regions and countries. UNFPA is a signatory to both the strategy and the budget at the Executive Director (ED) level. Both are approved by UNFPA's PCB and results are reported to UNFPA and the UNDP Executive Board on an annual basis

Based on UNAIDS' division of labour, UNFPA is responsible for four areas: gender (with UNDP and UN Women), sexual transmission (with the World Bank), young people (with UNICEF) and MSM, SWs and transgender people (including migrants) with UNDP.

Agency priorities are set at the time of the UBRAF's design and approval. EECARO HIV priorities are set by UBRAF and the UNAIDS Strategy, tailored to the specific priorities of the region.

Work is being undertaken involving several co-sponsors and the UNAIDS RST. For example, the Optima studies were an excellent case in point of an EECA project led by the WB with the Global Fund and engagement with UNAIDS RST, UNDP, and WHO, and civil society and governments in 11 countries. UNFPA was invited to an early meeting in 2014 but not included as a relevant organisation. However, lobbying on the part of the EHP's new management resulted in UNFPA being represented at the Review Meeting in early 2015 which, in turn, led to UNFPA being involved in many more regional discussions.

UNFPA's priorities differ from the UNAIDS EECA RST regional priorities in some areas. For example, the RST is pushing test and treat and 90/90/90. Furthermore, in common with the Global Fund, the RST views the EECA epidemic as one of PWID and, as a result, their primary focus is on the Russian Federation. UNFPA, supported by UNDP, UNICEF and WHO, has tried to deepen and broaden UNAIDS' vision and focus to include all KPs and, in some specific locations, migrants.

The EHP is pushing for the solid joint approach that UNFPA has led with UNDP at the global level but it has not yet happened in the region. According to key informants, there is limited interest among many of the co-sponsors in this region for joint work. A significant factor is the very limited UN financial resources for regional and country work; hence the Global Fund determines what happens with regard to HIV in the region.

UNFPA has a strong focus on its KP community partners. It is currently working with ECOM and SWAN, and previously worked with the East European and Central Asia Network of PLHIV (ECUO) and the Eurasian Women's Network on AIDS (EWNA). Therefore, despite having little money to assist them in funding their activities, UNFPA is seen as a reliable ally.

### 3.2.6 Value Added

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?

EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?

EQ 6C What is the main UNFPA added value in the EECA's context as perceived by regional and national stakeholders?

**Finding 13: The epidemic in EECA has moved from one of PWID to one where the most common route of transmission is sexual. As regional funding from the Global Fund and UNAIDS diminishes, UNFPA remains the sole actor in terms of the SRH needs of KPs and YKPs, and can also bring to the table its knowledge and experience of GBV.**

The 'value added' of EHP's advocacy work in the region is apparent through the influence it has exerted in persuading COs to include KPs in their CPDs and UNDAFs. Its innovative and cutting edge development of tools for SWs and MSM has leveraged partnerships beyond the geographic ambit of the region.

The existence of the team of four dedicated HIV NPOs and other CO staff which include HIV within their general portfolio means that, at the country level, EECA is able to focus on HIV linked with broader SRHR, youth, gender, PD, humanitarian settings and human rights; as such UNFPA/EECA is recognised as the lead agency in several countries. For example: (a) in Georgia and Tajikistan, UNFPA is a key agency working on HIV; (b) in Kyrgyzstan, UNFPA is the lead agency on SWs and MSM; (c) in Ukraine, the Government relies on UNFPA to deliver HIV prevention among YPs, truck drivers and in humanitarian settings; and (d) in Albania, Moldova and Turkey UNFPA has been at the forefront of community engagement and innovative approaches in HIV.<sup>27</sup>

## 3.3 Humanitarian

### 3.3.1 Relevance

EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?

EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?

EQ 1C To what extent was the regional office able to respond to changes in the regional development context?

**Finding 1: Given the possibility of further humanitarian crises arising due to conflicts in the region, and the focus of the SDGs on addressing the needs of marginalised populations, the Humanitarian Programme (HP), comprising the Humanitarian Response and Emergency Preparedness, is extremely relevant to the needs of the region and its countries.**

When the RIAP was developed in 2013, few countries in the region were facing the challenge of how to address the needs of migrant populations affected by conflict and crises. Hence; the original RIAP only contained one reference to Preparedness, and this was related to the readiness of COs to implement the MISP at the onset of the humanitarian crisis. This is the reason why Preparedness was initially included under the SRH-related output. However, within two years, largely due to the civil wars in Syria and Ukraine joining the list of ongoing conflicts, the situation changed considerably.

<sup>27</sup> UNFPA (2016), *2015 Annual Report – EECA Regional Office*. Finalised 28 January 2016. Istanbul: UNFPA.

Countries such as Belarus, Greece, Turkey, Ukraine and some of the Balkan countries (for example, Former Yugoslav Republic of Macedonia and Serbia) found themselves having to deal with large numbers of refugees from within and outside the region.

When the RIAP was revised in 2015, an additional component on Preparedness (which is cross-cutting on both a thematic (A&Y, Gender, HIV and PD) and operational (Communication, Human Resources, M&E, Operations and Resource Mobilisation (MR)) level, was added to the existing Preparedness under SRH Output 1.4. While this was undoubtedly the easiest and quickest way of incorporating an expanded humanitarian response, it should be noted that, as with HIV, the 'Humanitarian Response and Emergency Preparedness' component of the RP is not restricted to its SRH-related 'home', even if it appears under the SRH Programme Outcome and Output.

Some of this change was reflected in the updated RIAP of 2016 which, although it only refers briefly to the needs of women and girls in humanitarian settings, included a focus area on SRH Services in Humanitarian Contexts (Output 1.4 under the SRH component, contributing to the RIAP's Output 5) and also produced a four-page factsheet, *Focusing on Women and Girls in Humanitarian Settings in EECA*, outlining the key issues of concern and UNFPA's work in the region.

The HP provides UNFPA with an opportunity to demonstrate its collaboration with other UN agencies, NGOs and community service providers to the extent that country, regional and global partners, such as the United Nations High Commissioner for Refugees (UNHCR), and several other partners working in this area, have noted the value and quality of UNFPA's work, particularly in the areas of GBV and SRH. As with the EHP, the HP interventions showcase its work in cross-cutting issues (gender, HIV/STIs, human rights and A&Y/YP) in a humanitarian context. It also highlights the core business of SRH (UNFPA's mandate) while addressing SDG issues of universality, marginalisation, vulnerable populations and the mantra of 'Leave No-one Behind'.

**Finding 2: At surprisingly short notice, the HP was able to mobilise services in countries with conflict and crises.**

UNFPA – a UN agency which does not usually work in the humanitarian sphere but has over the past few years gained considerable experience at the global level through work in other regions – is able to mobilise some activities at short notice when the process of hiring of staff is not involved. For example, the Evaluation Team visited Bosnia and Herzegovina where the Government still remembers that, after the floods of 2014 which decimated the country, UNFPA was the first UN agency to provide support through much needed dignity kits and other consumables to be dispensed through the International Organisation for Migration. More recently, IPs in Greece acknowledge the ability of UNFPA to provide assistance to support work with young people in refugee camps; and the multi-donor sub-cluster hub in Ukraine working on GBV.

UNFPA was quick to recognise the impact of humanitarian crises on already vulnerable populations, and especially adolescent girls and young women, and the need for SRH and gender interventions tailored to this context since, in 2014 (prior to the implementation start of the current RIAP), UNFPA had placed a Humanitarian Response Specialist (HRS) in the Kazakhstan Sub-regional Office in anticipation of a possible deterioration of the situation in Afghanistan with the withdrawal of NATO and the forthcoming presidential elections. This could have led to an influx of refugees into Central Asia. Although the envisaged deterioration of the situation did not take place, the Humanitarian Response Specialist remained in the duty station, Almaty, which unfortunately was very remote to the ongoing crises in Northern Syria, Turkey, Ukraine, and the refugee crisis in Europe, as well as the main EECARO office in Istanbul. This remote location hampered a timely response to emerging crises and limited the ability of the HR Specialist to work effectively within a team, both in the RO and with the various involved COs.

It is thus surprising that the 2016 revised RIAP document has so little on the humanitarian efforts needed in the region. Nonetheless, as the unrest in Ukraine was joined by crises in other countries and the Syrian refugee emergency worsened, after 18 months the HRS post was moved to EECARO in

April 2016 where work in earnest started in Greece. Greece is an EU member and classified as being a high-income economy<sup>28</sup>; hence it is not generally covered by EECARO activities except those of the HP because it is host to a large number of refugees and migrants, hosted in informal settlements in urban settings and through scores of unofficial camps and official sites.

However, key informants have mixed views on the ability of both UNFPA globally and at the region level to move quickly. Some mentioned the lengthy time taken to issue MOUs and contracts for working with CSOs or bringing staff on board. Others highlighted feelings that, in general, UNFPA is slow and disorganised, especially in resource mobilisation and providing the requisite manpower.

Some key informants also noted that, while the RO's preparedness planning was adequate, it was not well-designed and had missed opportunities to include more on GBV; whereas HIV and STIs were not mentioned. Another CO representative noted that the MISP programming is perceived to be hampered by late planning and an uneven pace of implementation.

Moreover, working in humanitarian settings may require a different set of skills and experiences, including first-hand experience of working in crisis situations. It is an action area like no other in the RP and demands a response which entails a very different mind-set and one that cuts across every aspect of UNFPA's work. Accordingly, the HP staff work as needed with technical colleagues from Gender, HIV, PD and SRH to implement interventions addressing SRH, GBV, HIV and data in crisis situations. Collaboration within EECARO's cross-cutting team to set up the Humanitarian Response were efficient and results-oriented, especially with regard to RM and Communications.

### 3.3.2 Effectiveness

EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?

EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?

EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?

EQ 2D What are the strengths and weaknesses of the RIAP?

EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?

**Finding 3: The HP has significantly exceeded its targets during the period 2014 to 2016 , for both the Minimum Initial Service Package for SRH in Crises (MISP) and Minimum Preparedness Action. However, challenges – particularly operational bottlenecks – remain to effective implementation.**

TOP support was provided to all UNFPA COs and counterparts, such that each country has been better able to plan their activities (MPAs) and incorporate MISP readiness into national preparedness action plans. A MISP readiness tool (comprised of 38 indicators linked to the five MISP priorities) was rolled out to 19 countries (the 17 ECA region countries plus Bulgaria and Romania). This has certainly contributed to enhanced results at the country level and the achievements of the RP. Many other activities have taken place to the extent that the HP has consistently and substantially exceeded its MISP targets between 2014 and 2016, while it well exceeded its 2016 MPA targets regarding its support to COs to launch the implementation of their MPAs – see Table 6.

<sup>28</sup> World Bank classification accessed on 6 January 2017:

<http://econ.worldbank.org/WBSITE/EXTERNAL/DATASTATISTICS/0,,contentMDK:20421402~menuPK:64133156~pagePK:64133150~piPK:64133175~theSitePK:239419,00.html>



**Table 6: Humanitarian Response: Output Indicators and Targets Met 2014-2016**

Output	Indicator		2014	2015	2016	2017 Planned
Output 1.4 (contributing to SP Output 5): MISP integrated within national preparedness action plans through provision of technical, operational and programmatic support	Indicator 1.4.1: Number of countries in which UNFPA supports MISP integration into national preparedness plan	Target	3	6	8	10
		Reported	19	19	19	19*
	Indicator 1.4.2: Number of Country Offices supported by the RP to develop their Minimum Preparedness	Target	n/a	5	10	17
		Reported		5	17	17*

Source: UNFPA EECARO Humanitarian Programme, December 2016

\* Planned

With regard to strategic engagement, consistent advocacy and the persistent positioning of UNFPA as a viable actor in the humanitarian sphere, coupled with the recognition of SRH and GBV as priorities in an emergency situation, has had the desired results. For example, SRH is included in the Sendai Framework for Disaster Risk Reduction 2015-2030, there are specific commitments to women and girls from the WHS held in May 2016, and UNFPA will take on the sole leadership for the GBV Area of Responsibility (AOR). Each year so far, UNFPA has continued to mobilise more resources for its humanitarian work. It should be noted that the efforts and the results achieved are largely the result of strong leadership from UNFPA HQs, with EECARO supporting this global effort.

In spite of these successes, the HP has identified factors that constrained the possibilities for even greater achievement. These are: (i) for many organisations, including UNFPA, preparedness efforts are often considered to be an additional activity to be conducted once all other programmatic plans have been conducted. This relates to (ii) as an example of how the humanitarian response is viewed – an Institutional Capacity Assessment Review was held at HQs which showed that staff working on humanitarian issues are not at the same grade as Advisors for the other components although to all intents and purposes they are seen as, and treated at, the same level (this applies to all ROs, not just EECARO); (iii) resource allocation which, although rising since EECARO began to work in this field, is still small and hampers effective implementation and; (iv) staffing levels are not being adjusted to reflect the scale of the increasing work in this area.

**Finding 4: The HP is strongly grounded in human rights and gender equality approaches. However, while migrants and refugees are targeted with interventions in SRH and GBV, as well as MISP and response preparedness, IDPs appear to have been overlooked.**

A rights-based approach is the foundation of the updated RIAP with regard to marginalised populations, including migrants and refugees and their rights to quality SRHR, HIV combination prevention and measures to address GBV; hence, the mandate for this work exists and regional-level work on humanitarian settings started more than two years ago.

One respondent commented that more needs to be done for IDPs which are a significant problem in his country (numbering about 700,000) but seemed to have fallen through the cracks and whose needs are not being addressed either by SRHR, HIV or the humanitarian component.



**Finding 5: The UNFPA Humanitarian Results Framework and the work of UNFPA EECARO in humanitarian settings speak directly to the broader context of the SDGs (“Leave No-one Behind” and Reach the Furthest First”).**

SDGs 3 and 5 make no reference to interventions delivered with a humanitarian context. However, the HP is already addressing the SDGs through its work with the most vulnerable and marginalised populations. The HP’s MISP, combined with the recently rolled-out Minimum Standards for GBV in Emergency, are the core elements of a package for long-term preparedness which will help to save lives, and this is certainly in harmony with the overall intentions of the SDGs.

**3.3.3 Efficiency**

EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?  
EQ 3B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

**Finding 6: The HP could work more efficiently if better integration with other RP programmes could be achieved.**

The HP Programme staff recognises that the Programme is not as efficient as it could be. The HP teams that UNFPA has trained to respond are gradually coming together and functioning in a better way, working together to imbue team members with a sense that this is not just an emergency response to a sudden situation, but that long-term processes must be instilled into their work. However, they have not yet reached that point in terms of having the right equipment, approach and personal mind-set. Key informants feel that all or at least most activities in the other programmes should complement the humanitarian response and that, where this is not happening, it is not the best use that could be made of human, financial and technical resources.

Occasional missions, technical assistance (TA) and involvement in regional response teams, while valuable contributory activities, do not necessarily mean that integration has been achieved. Although the HP is cross-cutting and impacts – or has the potential to do so – on each of EECARO’s four standalone thematic areas, key respondents do not feel that humanitarian concerns are well-integrated into these areas with the exception of HIV and gender, the latter with regard to GBV. This is the same situation as the EHP, which also perceives itself as isolated and non-integrated.

**3.3.4 Sustainability**

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?  
EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

**Finding 7: Unlike other programmes, there should be no intention to sustain a humanitarian programme when the objective of an intervention is to provide temporary relief while supporting actions to resolve the crisis.**

The HP is definitely one programme which would like to find itself ‘out of business’ because this would mean that there are no humanitarian crises to respond to. However, this seems unlikely in the near future and hence the COs in 17 countries in the region (plus the team in Greece) working on SRH with local NGOs and government partners (usually the MOH) are, with TA from EECARO, doing their best to embed emergency protocols into the work of governments and their partners.

That said: (1) it is essential that UNFPA maintains the capability to respond to emergency situations; and (2) when refugees move out of camps into urban settings, some need for assistance may still be required to help realignment to new situations, including the changes in demand for SRH and related services.

It would be a significant breakthrough for UNFPA to be able to align its HR functions with Operations so that the right people with the precise skills could be recruited to train existing staff and improve their capacity; but this is clearly a work in progress. And staff rotation threatens gains from in-service training. Nonetheless, once MISP has been incorporated into national development plans, a foothold for sustainability has been created – a door has been opened that cannot be closed.

### 3.3.5 UN Coordination

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?  
EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

**Finding 8: UNFPA has shown itself to be relatively flexible compared to other donors (in the opinion of key informants from outside the RO), allowing realignment of services as the situation changes, and has demonstrated the capacity to work with other UN agencies, thus ensuring good coordination and UNFPA added value.**

UNFPA is a member of the Regional Interagency Standing Committee (RIASC) led by a OCHA regional office and which meets quarterly. Members include the European Commission Humanitarian Office (ECHO), which acts as the EU donor for humanitarian crises), the International Federation of the Red Cross, UNDP, UNHCR, UNICEF, UNWOMEN, the World Food Programme ( WFP), and a few international NGOs working in the region. UNFPA also works with the WHO RO in Copenhagen (covering 53 countries), the OCHA RO in Almaty (covering eight countries in Central Asia and Caucasus) and UNHCR HQs in Geneva, as well as the UNICEF RP in Geneva who has emergency response teams in Almaty and Istanbul. The entire ethos of UNFPA’s humanitarian response is founded in collaboration with other agencies and could not be delivered without this high level of cooperation.

### 3.3.6 Value Added

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?  
EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?  
EQ 6C What is the main UNFPA added value in the EECA’s context as perceived by regional and national stakeholders?

**Finding 9: The regional TA provided by the HP has been appreciated by CO staff. The MISP and Surge<sup>29</sup> training courses are relatively well positioned and have raised UNFPA’s profile in the region.**

Key respondents from several other UN agencies mentioned that they looked to UNFPA to provide the components on SRH and GBV. Several mentioned the need to address sexual violence towards boys and men, and that this would be a huge value added that UNFPA could build on in its existing work in this area through NGOs such as PROMUNDO.

<sup>29</sup> This is a roster of staff who have been trained to be deployed within 72 hours to any crisis area.

The thematic area of humanitarian work is still not yet embedded in UNFPA’s organisational mandate and needs repositioning. In the opinion of key respondents, it is such an important area that it should be institutionalised within UNFPA and provided with enough funding or help with resource mobilisation to expand its work. If this is not possible, then UNFPA should decide whether or not it can continue with a programme which addresses a growing need – not just in EECA but in other regions as well – if UNFPA cannot provide adequate resources.

### 3.4 Adolescents and Youth

#### 3.4.1 Relevance

EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?  
EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?  
EQ 1C To what extent was the regional office able to respond to changes in the regional development context?

**Finding 1: EECARO’s A&Y Programme priorities on CSE and strengthening youth representation are highly relevant to the needs of the region.**

Persistent high rates of adolescent fertility, low contraceptive prevalence, high abortion rates, and raising rates of HIV infection among youth emphasise the importance of SRH programming for young people in the region. Furthermore, in the context of demographic situation in countries, governments increasingly recognise the importance of the age group 10-24 in terms of broader concerns for economic growth and social stability.

The RP’s work in A&Y has prioritised interventions to increase capacity and amplify the voices of youth to promote the ICPD beyond 2014 and 2030 Agendas, and to advance CSE at country levels. The reaffirmation of CSE in the recently-approved SRH Action Plan for Europe represents a significant milestone and creates important momentum for this agenda. Consistent with the UNFPA business model, CSE has largely been addressed through advocacy for policy development and the institutionalisation of CSE in school curricula across the region.

In interviews with country programme staff, the RP’s selection of CSE as a focus of advocacy support was widely cited as appropriate, given significant challenges in moving forward this agenda in the conservative regional context. Several interviewees specifically noted the consultative process that the RP used to prioritise CSE, drawing directly from country prioritisation of potential advocacy topics. This was noted as good practice for regional planning more generally which contributed to the strong alignment of country programming and regional support.

**Finding 2: Attention to marginalised youth has not been prioritised in the RP.**

While the SRH needs of marginalised youth are widely recognised as an area of need across the region and a focus for SDG realisation, EECA’s aspirations for reaching marginalised young people in the 2014-2017 RIAP were limited, with little resource and programmatic effort applied here. Less than 10% of the A&Y programme budget (2014 through the third quarter of 2016) was expended on activities related to marginalised youth.

The RP has done some important groundwork to understand and share information on some key issues, including adolescent pregnancy, young people with disabilities, and child marriage in the region. Factsheets and policy briefs have been well prepared and presented, and can be seen as investments for future programming in support of marginalised A&Y populations at both country and regional levels.

UNFPA’s positioning in the area of marginalised A&Y is constrained in part by long-term partnerships with limited capacity to serve vulnerable young people. In interviews, core partners such as the Centre of Public Health and Analyses (PETRI) in Sofia, Bulgaria and the Youth Peer Education Network (Y-PEER) spoke openly about challenges in working with vulnerable youth. For example, PETRI referenced a less successful training of Roma youth leaders which was hampered by language and cultural barriers. New regional partnerships focusing on marginalised adolescents and youth have not yet been vigorously explored.

It is also noted that the SRH and RR needs, especially HIV-related, of growing numbers of young key populations are addressed within the rubric of the RP’s SRH/HIV programming. Given the strong performance of this programme and its financial resources during the current RIAP, this is considered an appropriate management approach.

### 3.4.2 Effectiveness

- EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?
- EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?
- EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?
- EQ 2D What are the strengths and weaknesses of the RIAP?
- EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?

**Finding 3: EECARO is on track to realise its expected outputs and activities in A&Y. However, there are questions on the effectiveness of core approaches and how it contributes to the Programme outcome.**

According to the Regional Results Framework, the RP has largely been implemented according to plan, a noteworthy achievement in view of the significant budget cuts across the three programme outputs in 2015-2016 on the one hand, and the fact that 2016 has been a year of transition of the outgoing and in-coming Regional Youth Specialist.

The RP’s progress in achieving the outcome of “Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased the availability of CSE and SRH” is also emerging. Aligning with output indicator 2.1.3 (see Table 7), it is impressive that the number of countries that have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services has increased from two in 2014 to sixteen in 2016. The specific nature of the laws and policies, their implementation status, any prioritisation of young adolescent girls and specific attribution to RP-supported interventions is not clear, but as a crude measure, this is certainly an encouraging outcome.

**Table 7: A&Y Programme: Output Indicators and Targets Met 2014-2016**

Output	Indicator		2014	2015	2016	
Output 2.1 (contributing to SP Output 6): UNFPA COs, policymakers and regional youth networks/ forums have skills and tools to conduct evidence-based advocacy for incorporating adolescent and youth rights into national laws, policies, and prog., including in fragile contexts	2.1.1. Regional communication package for evidence-based advocacy is developed and available to all COs in the region	Target	No	Yes	-	
		Reported	Yes	Yes	Yes	
	2.1.2. Regional youth advocacy platform is established that advocates for increased investments in marginalised adolescents and young people within development and health policies and includes a Plan of Action to establish or strengthen national platforms	Target	Yes	Yes	Yes	
		Reported	Yes	Yes	Yes	
	2.1.3. Number of countries where UNFPA advocates for allowing adolescents and young people to access quality sexual and reproductive health counselling and HIV services (cumulative)	Target	12	13	17	
		Reported	15	16	16	
Output 2.2 (contributing to SP Output 7): Youth networks, educational institutions, policymakers and UNFPA COs are supported in formulating and implementing community- and school-based comprehensive sexuality education, including HIV education, that promotes human rights and gender equality	2.2.1. Number of publications with good practices on formulating and implementing community- and school-based sexuality education that are collected and available for all countries (cumulative)	Target	1	2	2	
		Reported	1	2	2	
	2.2.2. Number of countries supported to undertake review of comprehensive sexuality education curriculum to align it with international standards (cumulative)	Target	5	6	7	
		Reported	4	6	9	
	2.2.3. Number of countries which involve regional experts and/or institutions (cumulative)	Target	2	4		
		Reported	0	5		
	2.2.4. Number of established South-South cooperation initiatives on comprehensive sexuality education (cumulative)	Target	1	2	3	
		Reported	1	3	3	
	Output 2.3 (contributing to SP Output 8): State institutions, NGOs, academia and communities in the EECA countries have knowledge, skills and resources to advocate for, support, design and implement prog. to reach marginalised adolescent girls, including those at risk of child marriage	2.3.1 Number of established South-South cooperation on programming for marginalised adolescent girls and youth (cumulative)	Baseline	2	4	4
			Reported	2	4	8 <sup>30</sup>
2.3.2 Number of surveys conducted and analysed on marginalized adolescents and youth (i.e. Roma) (cumulative)		Target	NA	1		
		Reported	NA	1		

Source: UNFPA EECARO A&Y Programme, December 2016

<sup>30</sup> The work of the EHP on young key populations is considered an achievement against this milestone.

Priority A&Y Programme components – capacity development of young people to engage in policy advocacy on youth issues, and advancing CSE – are arguably extremely complex and ambitious. However, interviews with CO leadership and implementing partners revealed strong concern that approaches need to be refreshed in both these areas.

For CSE, a number of interviewees expressed frustration that overall, very little progress has been made in institutionalising CSE in national education systems. They noted that curricula are often more than ten years old, and that efforts to develop policies and institutionalise curricula in schools have been weak. COs have been looking to HQ and the RP for guidance and finding little leadership. In summing up the RP's approach to CSE, one country level interviewee referred to the quote from Albert Einstein "the definition of insanity: doing the same thing over and over again and expecting a different result." Several respondents further emphasised the need for flexibility in the use of language of CSE, and some referenced a time when the RO had been inflexible in using the term. They noted that the term CSE is perceived as "radical" and translation is difficult. Current flexibility about using terms such as "healthy lifestyles" or "life skills education" is important and, in some countries such as Bosnia & Herzegovina, is the only way in which CSE can be implemented.

Two RP *Policy Briefs on Sexuality Education in EECA* developed by the RP IP The Federal Centre for Health Education (BZgA) is a noteworthy effort on the part of the RP to compile lessons learned for advocacy in the region. However, the briefs draw only nominally from programme or policy experience in the EECA region. The RP's very recent commissioning of BZgA to conduct an overview and short analysis of the state of sexuality education in eight selected countries of the region (Albania, Bosnia and Herzegovina, Belarus, Kazakhstan, Moldova, Tajikistan, Turkey, Turkmenistan) and Kosovo, (UNSCR 1244) promises to help the region more fully understand the state of CSE and to target specific components that may be more readily advanced.

Another core element of the RO's A&Y Programme, capacity building of youth leaders, has mobilised and trained youth across the region for the ICPD beyond 2014 and 2030 development agendas. Training focuses on Y-PEER members, who are trained by the RP IP, the PETRI Centre in Sophia, Bulgaria. The courses focus on training of Y-PEER members to be peer educators, particularly for HIV, family planning, and GBV. Social theatre, advocacy for the SDG agenda, and management are among specialised courses offered by the Centre.

Y-PEER structures and functionality at country level vary considerably across the region. Relationships with UNFPA COs tend to be strong, and country programmes often pick up on the capacity of young people trained by PETRI through the RP to engage in country-level advocacy and communications activities. While there are certainly elements of a shared agenda, according to a number of interviews with youth, IPs and CO staff, there is also a sense that UNFPA's relationship with youth organisations, and particularly with Y-PEER, is designed to serve UNFPA's advocacy agenda rather than a "bottom up" effort to support the defined needs of young people, and youth civil society groups more specifically. In the case of Y-PEER, this is partially an inevitable product of the historical relationship with UNFPA. Referring to the Youth Voice campaign, one youth advocate noted "UNFPA has very well targeted objectives in population and development, reproductive health etc. We have managed to support".

While the RO's engagement with young people adds visibility and legitimacy to UNFPA's youth agenda, one youth leader lamented the very diffuse and elusive country level advocacy goals being pursued through the SDGs in particular. The advocate noted that it is "very difficult to bring issues to a personal level", that there is "nothing concrete to monitor" in the country, and "if we can't see change we will become demotivated".

The lack of systematic tracking of policy change is discussed in the M&E section below. The impact of youth advocacy and participation on policy processes or outcomes is not well understood. However, there is little doubt that the A&Y Programme is having an impact on the preparation of a new generation of youth leaders. Youth leaders interviewed noted an important range of skills, confidence,

and exposure gained through their association with Y-PEER and the UNFPA RP more generally. Of particular note is the participation on these leaders in regional advocacy opportunities such as the high-level meeting to adopt the SRH Action Plan in Copenhagen in September, 2016.

**Finding 4: Important momentum has been gained through the Youth Voice Campaign.**

A very significant undertaking of the RP in 2014-2015 was the implementation of the Youth Voice Campaign. Youth Voice worked to ensure a broad consultation and coordination with the young people in the region and the active participation of youth in ongoing discussions about the post-2015 development framework. The campaign focused at both regional and national levels and brought together youth organisations and networks from around the region including ASTRA Youth, YSAFE, Y-PEER, YouAct, Youth Coalition, in a close collaboration with the Youth Cluster in the RO and COs. Through Youth Voice, the RO and COs organised a variety of activities aimed at mobilising youth and engaging with decision makers.

A multi-media communications package was developed for the campaign, with regional materials adapted and translated at country levels. A dynamic web platform was developed and still exists, but based on few recent updates is not in active use. The campaign and the platform more specifically provided a useful space to share key A&Y documents developed by the RO (*Youth in CIS: A Statistical Portrait*, developed by the Interstate Statistical Committee of the Commonwealth of Independent States, and *Investing in Young People in EECA, Adolescent Pregnancy, Child Marriage, and Sexuality Education* policy briefs).

Momentum from the campaign and, in particular, exposure that the youth organisations and networks gained from their collaboration during the campaign, led to the formation of the Europe and Central Asian Youth Alliance. The Alliance is a formal network bringing together four youth organisations/entities comprising You Act, Astra Youth, YSAFE and Y-PEER. The alliance adds credibility to the work of each group and has potential to allow broader, more global vision and action. While early in its development, a new Youth SRHR advocacy strategy has been developed through this Alliance and is expected to contribute to accelerate youth policy achievements in 2017 and beyond. It is a very promising initiative that merits strong monitoring and support in the longer term.

### 3.4.3 Efficiency

EQ 3.A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?

EQ 3.B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

**Finding 5: A&Y issues are effectively addressed across the RP but integration is not consistently optimised.**

In addition to the work specifically implemented by the A&Y Programme, A&Y issues are also addressed across other components of the RP. The PD Programme has effectively integrated youth issues through: the *Statistical Abstract on Youth*; training in PD covering topics such as youth, education and human capital situation and trends in Europe, and adolescents and youth in transition to adulthood: education, labour, family and gender vulnerabilities; and the development of a thematic analysis *Addressing the Needs of Adolescents and Youth* based on the ICPD Beyond 2014 Global Survey for EECA. A&Y issues have also been addressed through other Programmes: Gender (attention to GBV among girls); HIV (YKPs; Advocacy and Communications (focus on CSE, Youth Voice Campaign); SRH (CSE and youth SRH were important discussions of the SRH Action Plan) and Partnerships (collaboration with IPPF, Europe and Central Asian Youth Alliance formation). This is consistent with the global strategic plan's focus on young people's SRH at the centre of the bull's eye.



On the other hand, integration of youth-focused work requires strong collaboration across components, which has not been consistently achieved. An example of the development of a manual on YFS illustrates this point. Through the RP’s work in SRH, a manual for health professionals on *Sexual and Reproductive Health Services for Most-At-Risk Adolescents and Young People* was developed by the International Children’s Centre. The manual is understood to have real relevance for a number of countries working to address the quality of services of young vulnerable populations. However, a lack of collaboration between the SRH and A&Y Programmes on the development and introduction of the manual reduced its uptake and utility. It was not clear to the Evaluators or to key regional staff if this manual is being used at country levels or even if there is a plan to do so.

**3.4.4 Sustainability**

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?  
 EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

**Finding 6: The RP’s tendency to create organisational partners adds significant pressure on sustainability.**

Sustainability is an inherent challenge in youth programming. Youth themselves age out of programmes requiring the constant capacity building of new cohorts to take the place of those who no longer qualify as youth. The same is not necessarily true, however of organisations serving youth.

The RP, by creating new organisational structures as partners rather than investing in existing, financially viable ones, adds to pressures of ensuring sustainability of these entities. PETRI is an example of an organisation created by UNFPA in order to fulfil its need for a training partner for training YPEER educators and advocates. Today, PETRI is almost exclusively funded by UNFPA, and in the context of budget austerity will be at high risk of not being financially viable. If that proves to be the case, the region will have lost an important partner for capacity development of youth. While discussions with PETRI have recently been initiated on strategic planning and sustainability, late and insufficient attention to strategic and business planning, marketing, and resource mobilisation underpins this dilemma. It is a responsibility of both UNFPA and its partners itself to invest in order to ensure sustainability of key institutional resources in the region.

**3.4.5 UN Coordination**

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?  
 EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

**Finding 7: There are missed opportunities for joint programming among UN partners in A&Y.**

EECARO participates in UN coordination fora at regional level, through the adolescent health working group and an issue-based coalition on youth. With a very ambitious and sensitive agenda, and important areas of shared concern among UN agencies – particularly around CSE (UNESCO, UNICEF), youth friendly services (UNICEF and WHO), violence against girls (UN Women) and youth participation (many UN agencies) – cooperation and collaboration could be extremely advantageous in the regional youth arena. Current practices, however, generally favour coordination rather than joint programming



and, except on the topic of violence against girls, the specific outcomes that UNFPA seeks for its A&Y programme are not areas of engagement under the coordination mechanisms. This is considered a missed opportunity, especially given the potential complementarities in implementation modalities among partners (e.g. UNICEF is not limited to policy advocacy, they continue to support service delivery) and the potential for synergising budgets or joint resource mobilisation.

### 3.4.6 Added Value

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?

EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?

EQ 6C What is the main UNFPA added value in the EECA's context as perceived by regional and national stakeholders?

#### **Finding 8: UNFPA has a critical role to play in A&Y programming in the region.**

As one of the few UN organisations with a specific mandate to address the needs of A&Y, UNFPA has critical positioning in the region. EECARO's broad platform of youth issues ranging from demographic considerations to advocacy for youth services and participation positions it to have significant potential influence on youth policy and programming. This is a key area of programming in the RP and merits prioritisation.

Overall, the 2014-2017 A&Y Programme has not reached its potential to add value in the regional context. Reflecting their perspectives on HQ and RP leadership in this area, several COs reported feeling "stuck" in old approaches and wanted to break out of current models in order to "dream" and push boundaries. Several respondents, including one IP, shared a perception that the RP has not been very present at country levels to understand the challenges of youth programming. A significant gap in filling the A&Y TA position certainly contributed to this.

## 3.5 Gender

### 3.5.1 Relevance

EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?

EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?

EQ 1C To what extent was the regional office able to respond to changes in the regional development context?

**Finding 1: The needs and expectations of the COs are based on global and regional priorities – which vary between countries and sub-regions – and the Gender Programme (GP) is tailored to these needs, albeit with different dimensions. Hence the GP is working on human rights, GBV, male involvement and harmful practices (child marriage and FGC) – topics that are very appropriate at the national, regional and international level.**

Gender is of course central to the ICPD POA and cuts across all the MDGs and the post-MDG development agenda, as well as having its own MDG. The GP responds to these imperatives by working in several areas which directly mirror global as well as regional and national priorities and needs; policy level interventions, TA and capacity development, and working to change social norms through advocacy and awareness raising activities; and has produced tools and provided expertise which is highly appreciated both within and beyond the region.

CEDAW was ratified by all EECA countries but most of these statements of intent have not been translated into action. Thus, the GP has prioritised TA to assist countries with CEDAW implementation. The GP conducted a mapping exercise to develop a matrix on countries' TA needs and works through country groups to combine the Universal Periodic Review on Human Rights with CEDAW, thus involving not only Ministries of Welfare but also of Foreign Affairs. Based on the findings, the GP collaborated with the OHCHR Regional Office to organise a regional workshop to bring together 16 countries on reporting on the Universal Periodic Review on the implementation of Human Rights (UPR), the COB Concluding Observations of the CEDAW Committee on the implementation of the CEDAW Convention) and CEDAW, with a particular focus on SRHR. Following the regional workshop the focus of technical assistance was shifted to the CO level, in particular Albania, Armenia, Azerbaijan, Tajikistan, Turkmenistan, Serbia and Uzbekistan.

With regard to GBV: Some 25 to 30 percent of global GBV occurs in the EECA region and some countries in the region are thought to have among the highest levels in the world. However, there is a lack of GBV services. The GP together with the Violence against Women European Network, an umbrella organisation of more than 150 NGOs, has developed a resource and training package for the health sector, targeting healthcare workers and policymakers on how to respond to GBV.

The scale and difficulty of working on GBV is reflected in published data which shows the most recent data on intimate partner violence suffered by women in the region.<sup>31</sup> Not only are the data out of date but there are many gaps; and there are even more gaps in the data on violence committed by others.

As part of the EU Daphne Project called IMPLEMENT coordinated by Austria Women's Shelters Network (AÖF) (in cooperation with WAVE), the UNFPA-WAVE resource package served the basis for implementing capacity building in six EU countries (Austria, Bulgaria, France, Italy, Germany, and Romania) to strengthen specialised support for victims of GBV in emergency and obstetrical care, through the development of training packages tailored to national needs. The resource package will be part of an EU intervention for those countries motivated to incorporate a systems-based approach to support victims in various healthcare settings.

This work was extended in 2016 through the provision of TA to the Basque region of Spain, on implementation of the Global Standards on Essential Services for adolescent girls and young women (AGYW) victims of violence, and this work stream will be further expanded in 2017.

Early marriage: The GP has worked with NGOs working with minorities, and research institutions from five countries (Austria, France, Germany, Portugal and the United Kingdom), to develop an EU referral system to NGOs for cases of early marriage.<sup>32</sup>

The RO has supported national qualitative studies in all countries which have been disseminated and led to the implementation of some recommendations at country level; the provision of Fact Sheets; advocacy at the policy level; and research – the results of this can be seen on the EECARO website.

Through EECARO's participation in another EU Daphne project on harmful practices, the 'EU Roadmap on Referral Pathways Addressing Early/Forced Marriage for Frontline professionals', together with other West European partners, the GP is able to extend its coverage to five EU countries in terms of technical guidance and sharing best practices.

This is clearly an issue in which there could and should be greater collaboration with the A&Y Programme; but the potential for linkages is recognised by GP staff and, now there is an A&Y Advisor in place, it is expected that the development of cross-programme work in this field will be explored and appropriately developed.

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<sup>31</sup> For example, see: [http://www.health-genderviolence.org/sites/default/files/download/table\\_4.pdf](http://www.health-genderviolence.org/sites/default/files/download/table_4.pdf)

<sup>32</sup> Child marriage is defined as marriage under the age of 18 years, although the reality in the region is that it involves children of a much younger age.

Policy level: The Programme has been working to ensure publicity for the various range of issues impacting on women. Hence, the GP has participated in many key regional meetings such as the Beijing+20 Conference, the Regional Intergovernmental Conference on Human Capital and others, in collaboration with many other agencies. UNFPA has facilitated meetings on: (i) Taking a Stand Against Practices that Harm Women, which focused extensively on legal frameworks; and (ii) Health-Sector Response to GBV. Throughout the period of the RP, the GP has been engaged in working with member states to promote gender equality issues through regional and global events such as the ICPD and Beijing reviews, and the Post 2015 development assistance consultations but also through permanent missions, NGOs, academia, parliamentarians and other actors. In 2016, as co-chair of the UN Regional Gender Working Group, the GP facilitated the development of an Inter-agency<sup>33</sup> GBV advocacy package

FGC is a concern in the region but, to date, EECARO has only provided TA Georgia to link the country to a global programme on FGC with tools developed from experiences in Africa.

**Finding 2: In addition to emerging issues in the region such as those mentioned above, the GP has been able to adapt and expand its scope of work to include interventions to address male sexual health and male responsibility in GBV, as well as for men as victims of sexual violence in the humanitarian setting.**

The word ‘gender’, of course, applies to both sexes. And while acknowledging that AGYW and women in general have been at the forefront of efforts to address the inequalities that shape the life of women in the region, the GP has also been cognizant of the need to involve men and boys in this process, as well as men as victims of sexual violence. Hence, to promote programmatic and advocacy-related sustainability with regard to gender-transformative approaches within national contexts, the GP partnered with the IP PROMUNDO to support research, programme implementation and policy advocacy on gender, particularly with respect to engaging men and boys in the EECA region. Through a workshop in 2014, COs were informed of the findings of the regional mapping to assess Gender-Transformative Programming (GTP) in the EECA Region in the 17 countries covered by EECARO. The Gender Transformative Newsletter was produced on a regular basis to provide national stakeholders with information on GTP developments in the EECA region. A regional roster of GTP experts was developed to assist COs and national stakeholders implementing GTP commitments and initiatives.

EECA GP provided TA for four countries and their partners on how to implement the International Men and Gender Equality Survey, as well as how to collect data about both sexes’ practices, perceptions and knowledge of gender equality.

In 2016, EECA developed the Men Engage Platform to bring together different stakeholders committed to engaging men and boys to address stereotypical gender norms, eliminate violence against women and girls, combat harmful practices and increase access to and utilisation of SRHR services. This activity is coordinated by EECARO, NGO representatives and two UNFPA COs (Belarus and Georgia), with the aim of handing it over to CSOs in the future.

Finally, the GP has also developed a *Policy Brief on the State of EECA’s Fathers* which focuses on the burden of care and domesticity on the part of women, aimed at government policymakers and others who are interested and involved in formulating or influencing family policy.

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<sup>33</sup> UNDP, UNFPA, UNICEF and UNW

### 3.5.2 Effectiveness

EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?

EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?

EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?

EQ 2D What are the strengths and weaknesses of the RIAP?

EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?

**Finding 3: The Programme has met, and mostly exceeded, its targets, as can be seen in Table 8 below. Activities at country level have assisted countries with much needed information, strategies, mechanisms and tools to be able to address issues of concern relating to CEDAW implementation, GBV, GTP and other key areas.**

Table 8 indicates that the GP has had no problem in meeting or surpassing its planned targets during the period of RP. There is no doubt that this achievement has been facilitated by the dedication and commitment of the two-person team and their connections to other agencies which has contributed to the breadth of the work. Moreover, UNFPA is extremely well-known a national, regional and international level for its decades of work in support of women, not only in regard to SRHR but in GBV and other issues which impact on health-seeking behaviour. This has also contributed to the high standing of the EECARO within the region, and in terms of forming partnerships with other UN agencies and NGOs working on gender. However, the key factor at the level of the RO must be that Gender is the most integrated – if not mainstreamed – programme within other programmes. Treating Gender as standalone, as well as an integral part of all other programmes, has undoubtedly influenced its success. Together, programmes can be stronger.

**Finding 4: Gender issues are central to all the work in the region and should have more prominence in the regional work plan.**

However, the fact that the GP has been able to meet or exceed its targets does not mean that there have not been any constraints to the GP's work. Key respondents talked frankly about issues that are felt to have restricted the GP's delivery and should be addressed to facilitate an even higher implementation rate. They perceive two internal (RO) constraints. First, gender is not always understood by other programmes yet the GP's portfolio is cross-cutting and central to the RO's work (and also addresses both sexes, something that is easily forgotten). However, Partnership and RM are both handled separately by staff who are not gender experts. Gender is a sensitive issue and not an easy one to address. Gender may be an entry point for many other concerns but is also a difficult area in which to work, which is why GP staff would like to be included more in discussions relating to Partnerships and RM. The GP staff also felt that more feedback from Partnership and RM units was essential, since they attend many external meetings which GP staff are not privy to.

Secondly, SRH is the prominent programme according to the UNFPA bull's eye and central to everything, whereas, in the opinion of several respondents as well as the GP staff, the cross-cutting issues such as Gender, HIV, Humanitarian and A&Y should be central and the standalone programmes should circulate around the bull's eye. Key informants from other programmes also noted what they call an 'argument' between the SRH Programme and the GP as to who should have pole position in the bull's eye. This has created a tension in the atmosphere which is not conducive to effective partnering.

**Table 8: Gender Programme: Output Indicators and Targets Met 2014-2016**

Output	Indicator		2014	2015	2016	2017 Planned
Output 3.1. (Contributing to SP Output 9): UNFPA COs and national partners are provided with cross-country evidence and tools to advocate for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights	3.1.1. Number of countries which confirm receiving TA relevant to UNFPA mandated area of implementing CEDAW COBs	Baseline/Target	17	17	N/A	N/A
		Reported	17	17	N/A	N/A
	3.1.2 Regional gender transformative programme platform established which provides technical assistance to EECA countries	Baseline/Target	No	YES	YES	
		Reported	No	Yes	Yes	
Output 3.2 (Contributing to SP Output 10): UNFPA COs and national partners are provided with evidence and tools to promote laws, policies and programmes for a comprehensive multi-sectoral response to GBV and to prevent harmful practices and other forms of gender discrimination	3.2.1. Number of countries which confirm receiving technical assistance on addressing harmful practices, specifically child and forced marriage and gender-biased sex selection per year	Baseline/Target	8	8	4	4
		Reported	14	12	6	
	3.2.2. Number of countries which confirm receiving technical assistance on multi-sectoral and health-sector response to GBV per year	Baseline/Target	3	4	2	2
		Reported	9	6	11	

Source: UNFPA EECARO Gender Programme, January 2017

Facilitating factors which have improved effectiveness included the GP's excellent relationship with COs, who appreciate the GP interventions and the quality of the country-level TA provided by the Programme, the strength of the RO team and the fact that Gender was able to work effectively with several other programmes, especially Humanitarian. There is no doubt that a strong knowledge of the region and the ability to work in two languages, English and Russian, has also helped in programme delivery.

**Finding 5: All GP interventions correspond to countries' CDPs and UNDAFs and are aligned with the COs' annual work plans. Co-sharing expenses with COs for activities such as the project on *Strengthening Health System responses to GBV in EECA* means the COs have greater ownership and engagement. At the regional level, the GP is in line with the RIAP's planned indicators.**

Working with EEIRH, also one of the SRH Programme's IPs, the GP has developed a package of SOPs addressing legal, health and psychosocial components, as well as a multi-sectoral response service package comprising modules for the management of multi-sectoral coordination efforts, developed through mobilising additional funds for this from UNFPA HQs. The two approaches were combined into one and this integrated model was so successful that Spain rolled it out to six non-EECA countries.

This combination package is a very different working model for the RO, focusing as it does on the country-level multi-sectoral response; an approach that has been appreciated by the COs, who prefer to use one tool rather than several separate ones. The success of the approach resulted in an

interregional workshop held in Turkey in 2015 and brought together several regions (Asian and Pacific (APO), Eastern and Southern Africa (ESA), Latin America and the Caribbean (LAC), the Arab States and HQs), and subsequently resulted in multi-sectoral teams of experts applying the training tool in selected countries.

It has also been expanded to include a humanitarian response – the Conflict Response in Developed Countries. Through the multi-agency GBV Sub-cluster based in Ukraine, it is anticipated that the training will be rolled out in the Ukraine.

**Finding 6: All interventions in the GP’s portfolio correspond to RIAP and Strategic Plan outputs and outcomes and are designed to be cross-cutting.**

The GP’s portfolio has been designed to meet the outputs and outcomes described in the RIAP which are based on those in the UNFPA Strategic Plan, tailored to regional needs. Moreover, since structural drivers of gender equality also impact on the risk of unwanted pregnancy and STIs (poverty, alcohol use, single-parent families, migration, etc.), the GP should continue to push for intervention integration with every one of the RP’s other programmes, both standalone and cross-cutting

As an example of how the cross-cutting approach to GBV can be applied to any programme, the workshop that was delivered in 2016 on the Multi-Sectoral Response to GBV in Humanitarian Settings will be delivered again in 2017 but this time in the context of a module on HIV.

**Finding 7: The GP has a head start on being able to identify how its ongoing and future work is mapped to the SDGs; and will be able to portray this very clearly in the forthcoming RIAP.**

The GP, in collaboration with other UN agencies in the region, is in the process of defining exactly how the various agencies’ gender programmes, including the EECARO GP, will align its future work with the SDGs. The UN Regional Interagency Working Group on Gender<sup>34</sup> has drafted a *UN Interagency SDGs and Gender Equality Guidance Note for the EECA Region* to be finalised in January 2017<sup>35</sup>. It states that “The Guidance Note is intended to present a clear, comprehensive and user-friendly guide on how to support the integration of gender equality considerations and women and girls’ empowerment” in the process of fostering country ownership of the SDGs in the region. The document is aimed at “UN Country Teams in the region, and could be shared with regional partners (such as the ADB, the EU and the World Bank) to leverage policy and programmatic synergies”. The *Guidance Note’s* emphasis will be on regional trends, with country examples provided to illustrate points, thus the Note will not be able to reflect every country context in the region.

The *Guidance Note* covers the role of gender equality within the 2030 Agenda for Sustainable Development, comprising sub-sections on: (a) gender equality from the MDGs to the SDGs; (b) the SDGs and gender equality (these include a description of key changes to the gender equality agenda within SDGs in comparison to MDGs, the expanded concept of gender equality, an inclusive approach encompassing marginalised groups and a focus on structural factors); and (c) reaching gender equality through an integrated agenda which also lists the gender equality-relevant targets of respective SDGs.

**3.5.3 Efficiency**

EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?  
EQ 3B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

<sup>34</sup> The UN Regional Interagency Working Group consists of 11 UN agencies/entities (FAO, ILO, UNDP, UNECE, UNEP, UNESCO, UNFPA, UNICEF, UN Women, WFP and WHO).

<sup>35</sup> UN Regional Interagency Working Group, EECA (2016), *UN Interagency SDGs and Gender Equality Guidance Note for the EECA Region*. Draft document.

**Finding 8: The regional GP has optimised its use of staff and resources through strategic partners with existing collaborative networks inside and outside the region, using innovative best practice to successfully lobby for increased funding and to use its partners to communicate and spread its successes.**

The GP chose to collaborate with internationally renowned organisations who had just started or had a track record of work in emerging areas of mutual concern. This gave the Programme instant access to a pool of technical expertise and new media – such as NGO and network websites – to showcase the interventions and gain the maximum visibility. One of its partners, for example, was WAVE, an umbrella organisation for 150 NGOs, all with their own websites and thus providing another 150 sources of information and publicity. Successful lobbying of HQs resulted in pilot funds to launch a regional version of the *Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia - A Resource Package*. The resource package and training guide were so well received that countries outside the region began to show interest and the project, now known as the Health Sectors Response Project in the EU, widened its scope to involve six EU countries plus trainers from the UK and other countries.

**Finding 9: There are opportunities stemming from the GP’s work integrating gender interventions into SDP Goal 5 for all the RO programmes to come together as a team to address SDG priorities**

The Regional Interagency Working Group on Gender (RIWGG) has produced an Issue Brief No. 4 which outlines very clearly the factors that will inhibit the successful achievement of SDG Goal 5 unless steps are taken to address these issues through UN partner agencies’ programmes at country and regional level. The Issue Brief highlights key regional trends regarding achieving gender equality and empowerment of women and girls and concludes the following:<sup>36</sup>

1. Economic opportunities and women’s economic empowerment remain limited;
2. Gaps in social protection threaten to further exacerbate gender inequality and stop women and girls from accessing services;
3. The migration of women and girls remains largely unregulated and carries multiple risks;
4. A conservative wave is on the rise in the region and harmful traditional practices continue;
5. Space for women’s civil activism and political participation is shrinking in parts of the region;
6. Demographic dividend and population aging present challenges and opportunities for regional gender equality agenda;
7. Levels of GBV/violence against women are high and have presumably increased in parts of the region due to military crisis and refugee in-flow; and
8. Gaps in the availability, accessibility, analysis and use of gender statistics and sex/age-disaggregated data.

As can be seen from the list above, every one of these conclusions presents a unique opportunity for the RP to work together, as one, to address these issues. The Issue Brief outlines potential areas for action under each heading; and shows very clearly how different stakeholders could become involved. The GP could hold cross-cutting workshops on selected issues, prioritised in advance by joint RO team discussion, and develop a roadmap for addressing each topic.

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<sup>36</sup> Regional Interagency Working Group on Agenda (2016), *Issue Brief 4: Gender Equality, Women’s Rights and Women’s Empowerment in Europe and Central Asia (ECA)*

### 3.5.4 Sustainability

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?

EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

**Finding 10: Every aspect of the GP’s work involves collaboration, cooperation and partnership with at least two or more partners, be they UN agencies, NGOs, IPs or others. Cost-sharing with the COs should ensure that results are institutionalised at country level, as well as through regional and global partners.**

The GP has been able to maximise collaboration with IPs to develop two ongoing projects with EU partner institutions and in 2017 will start another project with EU funding, described under Finding 1 above. As with the other two projects, UNFPA will act as an associate partner, the project will be coordinated from Romania and its focus is on the multi-sector response (MSR) in maternal health services. The GP’s choice of IPs (long-established, well-respected, already with a standing in their areas of work) has ensured a degree of sustainability after the GP’s component has been delivered (as can be seen from the Health Sectors Response project in the EU) but it is impossible to say to what extent.

### 3.5.5 UN Coordination

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?

EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

**Finding 11: The GP has contributed considerably to regional coordination.**

In 2015, in collaboration with UNDP, UN Women and the UN System Staff College, organised a regional Training of Trainers (TOT) on Gender and the SDGs, which brought together gender equality experts from the UN system in EECA. UNFPA co-leads the ECA Regional Working Group on gender together with UN Women, which includes developing the annual work plan based on inputs of other UN agency members.

The GP also contributed to an inter-agency Issue Brief on “Gender Equality, Women’s Rights and Women’s Empowerment in Europe and Central Asia”. This issue brief was developed jointly with the members of the ECA Regional Inter-Agency Working Group on Gender.

Some difficulties in inter-agency cooperation have arisen, notably with UN Women. This was not only mentioned by GP staff but was a recurring theme among many respondents who referred to the lack of coordination or willingness of UN Women to ‘play nicely’. UN Women has succeeded in totally rebranding itself and this has led to what some perceive as inordinate assertiveness on its part as it tries to insert itself into areas which are the mandate of other agencies (such as UNFPA). This has caused confusion among partners (c.f. UNHCR misunderstanding the respective roles of UNFPA and UN Women vis-à-vis GBV in a humanitarian context).



### 3.5.6 Value Added

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?

EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?

EQ 6C What is the main UNFPA added value in the EECA’s context as perceived by regional and national stakeholders?

#### **Finding 12: UNFPA’s role in mobilising countries around CEDAW and human rights is widely recognised within the region.**

Until UN Women reinvented themselves, UNFPA was the only agency working on GBV (especially in humanitarian settings). There is enough work in the region for multiple agencies – even if it is not matched by the funding – and implementation on a number of levels will be enhanced if each agency is able to identify its comparative strengths and agree on how to collaborate.

EECA RO GP-produced tools and expertise is recognised not just within the region, but also beyond – as is evidenced by the work that the GP has been doing with the Western European countries (c.f. Finding 1 : The GP has worked with NGOs working with minorities, and research institutions from five countries (Austria, France, Germany, Portugal and the United Kingdom), to develop an EU referral system to NGOs for cases of early marriage and the provision of TA); and the possibility for replicating models and best practice in these other countries.

Finally, Gender is clearly a subject which flows throughout all other programmes, but there could and should be greater collaboration in particular with the A&Y Programme; however, the potential for linkages is recognised by GP staff and, now there is an A&Y Advisor in place, it is expected that the development of cross-programme work in this field will be explored.

## 3.6 Population and Development

### 3.6.1 Relevance

EQ 1A To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners?

EQ 1B To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs?

EQ 1C To what extent was the regional office able to respond to changes in the regional development context?

#### **Finding 1: The interventions of the PD component make unique and valued contributions in the region.**

UNFPA is addressing highly relevant PD issues in the region and indeed, in some countries is driving new ways of thinking about population dynamics. Interviews with government partners in Moldova and Ukraine, as well as the PD component IPs, noted emphatically that UNFPA’s focus on ageing of populations and the demographic dividend are critical contributions to regional population policy development. According to one PD implementing partner “UNFPA is asking the right questions” and another implementing partner noted “UNFPA support is essential in this area (demographic analyses). UNFPA understands Central Asia, in terms of political, economic and social policy”. While less “cutting edge”, the RP’s work on gender disaggregation of data, as well as support for censuses and improving systems for vital registration are also understood as essential to the quality of public policy and planning in the region.

Among (non-PD) CO staff the relevance of the population and development work is somewhat controversial. The Strategic Plan’s depiction of PD in support of UNFPA’s core mandate of addressing the SRHR of women and youth, combined with the region’s overarching resource scarcity, has generated some debate within UNFPA COs about the extent to which the PD agenda is relevant to SRH itself; and to the bull’s eye of the strategic plan in particular. The concern can be understood with respect to the RP’s work on ageing, where UNFPA does not have a corporate position on ageing, or support programmes that address the SRHR of ageing populations. At the same time, many see this misalignment as a limitation of the Strategic Plan, rather than a question of relevance of PD.

**Finding 2: Unclear UNFPA corporate positioning on migration has contributed to a tentative approach to this important issue.**

Migration is another area of significant relevance for the region. Emigration and immigration of both men and women have an undeniable impact on population structures in many countries in the region and are insufficiently considered in population policies. The PD Programme has addressed migration in a number of interventions, including a joint programme with UNECE on capacity building on migration statistics, but it has not been a focus of its support. Several interviewees, including IPs and a government representative in Moldova indicated that UNFPA’s engagement in this thematic area would add significant value. However, UNFPA has been tentative in being more active. There is specific concern that migration is the core mandate of the IOM. However, the complementarities of the two organisations’ agendas and capacities have not yet been sufficiently explored. Robust, well-positioned regional engagement would be a significant contribution to the region, and an area where EECA could lead the way for UNFPA globally.

**Finding 3: Upcoming censuses represent an important opportunity for intensive engagement, likely requiring new, country-based approaches to TA.**

It is widely recognised that the censuses to be conducted in 2020 in a number of countries in the region will provide an important opportunity for UNFPA to invest in the quality of basic demographic data. Here, several respondents noted that, while work has progressed on more sophisticated statistical concepts and tools, there are still important gaps in countries’ abilities to collect basic census and vital events data.

**3.6.2 Effectiveness**

- EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?
- EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?
- EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?
- EQ 2D What are the strengths and weaknesses of the RIAP?
- EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?

**Finding 4: Expected outputs in PD have been consistently achieved or surpassed, but broader outcomes are not well understood.**

Table 8 shows that the RP’s interventions in PD have been implemented and output targets largely reached or surpassed. Where targeted output indicators were not achieved, revisions or omissions have been justified.

**Table 8: PD Programme: Output Indicators and Targets Met 2014-2016**

Output	Indicator		2014	2015	2016
Output 4.1 (RP Output): UNFPA COs and national partners are provided with knowledge and tools to collect and disseminate census data and population statistics	4.1.1. Number of countries with reduced data gaps against a core set of indicators on emerging issues with RP support (cumulative)	Target	4	8	12
		Reported	1	8	12
	4.1.2. Number of countries with documented experiences on good practices and lessons learned on 2010-round census (cumulative)	Target	8	12	12
		Reported	2	12	12
	4.1.3. Number of countries with an online database platform to generate outputs from the 2010-round census data (cumulative)	Target	4	4	
		Reported	0	0	
4.1.5. Number of countries with a national action plan to strengthen CRVS (less than five years old) (cumulative)	Target	1	2	4	
	Reported	2	4	4	
Output 4.2 (RP Output): UNFPA COs and national partners are equipped with knowledge and tools to produce evidence through cutting-edge analysis on population dynamics, with a focus on disadvantaged and vulnerable populations	4.2.1. Number of studies and publications on challenges of population dynamics and disadvantaged and vulnerable populations (cumulative)	Target	2	4	6
		Reported	2	4	6
	4.2.2. Number of studies conducted on intraregional inequalities (cumulative)	Target	0	1	2
		Reported	0	2	2
	4.2.3. Number of countries where updated population projections (less than five years old) are available (cumulative)	Target	2	5	7
		Reported	5	6	7
Output 4.3 (RP Output): Policymakers and national partners are supported to formulate and implement rights-based policies that integrate evidence on population dynamics, SRH and HIV	4.3.1. Percentage of participants who successfully completed the PD course (institutional course)	Target	80%	80%	80%
		Reported	100%	100%	-
	4.3.2. Percentage of PD training and workshop participants who apply the course materials in their job	Target	75%	75%	75%
		Reported	75%	100%	-
	4.3.3. Number of policy briefs issued as a result of dialogue meetings	Target	0	4	4
		Reported	2	4	4
	4.3.4. Number of countries that have implemented a localised version of Population Situation Analysis (PSA) to identify priorities and formulate policies and programmes	Target	0	2	5
		Reported	0	2	5

Source: UNFPA EECARO PD Programme, December 2016

Notably, the PD component has evolved considerably since the definition of indicators, emphasising new concepts and approaches to the analysis of population dynamics, with a focus on the economic implications of ageing and, to a lesser extent, migration and unemployment. In particular, the PD component has introduced concepts and methodologies related to the demographic dividend and

national transfer accounts in order to better inform national policies, particularly in contexts where fertility is low and populations are rapidly ageing.

Monitoring of the achievement of the expected PD outcome of “strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRHR, HIV and gender equality” has been ad hoc to date, limited by the general assumption that its theory of change - increased capacities will affect the quality and use of data – will bear out. Where PD has contributed to improvements in quality of census data and other regular surveys, this assumption may very well be valid. Important examples exist of advocacy products (particularly policy briefs) that have utilised improved PD methodologies and approaches. However, accountability for outcomes is weak, both in terms of the component’s contribution to the SP goal, as well as in understanding if capacity fostered through training and other capacity building interventions is sustained (see below).

**Finding 5: The PD component has brought together high level, well-placed partners who provide expert assistance and political leverage, and bring significant visibility to UNFPA’s PD work.**

Overall, the implementing partners selected by EECARO are widely recognised as leaders in the area of PD. Charles University (CU) and Moscow Higher School of Economics (MHSE) in particular are recognised as leading academic institutions in the region; and UNFPA’s association with these universities adds significantly to the visibility of its population and development agenda in EECA. The UNECE is considered a highly strategic partner given its important convening role in Europe, Central Asia and North America. Collaboration on preparation for the 2020 round of censuses, workshops on gender statistics for country level policy makers, and the development of an active aging index have been very important products of the RP.

The courses offered by CU and MHSE – Population and Development and Population Projections - are widely considered to be of very good quality and, because of the reputations of these two institutions, highly attractive to both course participants and their employers. According to beneficiaries, the Population and Development course, offered in both Russian and English, provides a “broad and comprehensive” overview to priority PD issues in the region, a lens through which to consider the key currents in PD. The 72- hour course, offered annually by the two institutions, typically includes 20 participants per course, appropriately and carefully targeting staff in government statistical offices, research centres and line ministries.

The course on Population Projections and Forecasting is more applied in nature, combining conceptual learning with practical exercises. In 2015, the course pre-selected participants based on their institutions’ plans to engage in the production of national population projections. As such, the two-week training not only covered the basics and principles of population projections but also included work on actual national data.

In addition, the International Advisory Panel on Population and Development (IAPPD), a mechanism that brings together highly prestigious institutions (including but not limited to PD IPs), offers an innovative model of high level engagement for policy action to address new and important areas of PD. Originally an idea of the Moldova Country Programme, the Panel brings “state of the art” thought-leadership to countries. The focus was initially on Moldova, with experts attending high-level meetings with Government officials to discuss population trends and policy implications. The initiative has also worked, through increasingly virtual modalities, with Georgia, and has plans to work with Kyrgyzstan in 2017. The intervention brings significant visibility to UNFPA’s work in these countries.

### 3.6.3 Efficiency

EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?

EQ 3B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

#### **Finding 6: Through its IPs, PD has effectively leveraged resources for the RP.**

Through strategic partnerships with well-placed IPs, the PD Programme makes very efficient use of limited resources. Engagements with the IAPPD and CU are examples of the RP leveraging significant and highly valued technical assistance for the benefit of countries. The expertise of the resource persons from the IAPPD are made available free of charge to the RP. CU, through its relationship with the Czech Development Agency uses its own resources to support countries in ways that are generally highly complementary to the RP's PD agenda. Close relationships with the major regional technical institutions means that key actors are seeing issues from the same perspectives and approach work in very complementary and synergistic ways.

Partnerships with these regional institutions have strategic importance for both parties. For the partner institutions and their donors with an interest in expanding their footprint and influence in the region, UNFPA offers access to country governments and potential for direct policy engagement which are of significant value to them.

At the same time, close coordination is key in these instances. An example of poor coordination led to an unfortunate instance of non-alignment in delivery of a CU intervention to the Government in Moldova, with a CU intervention on market segmentation analysis, where better communication and harmonisation of work planning was of clear value.

It is noteworthy that despite its direct relevance to the programme, this kind of financial leverage is not currently recognised as resource mobilisation by UNFPA.

#### **Finding 7: Innovative approaches to capacity building of IPs creates long term efficiencies, and ultimately contributes to the sustainability of new interventions in the region.**

Market segmentation analysis is a highly-specialised technique for using data to understand how different economic segments of the population access services, and has implications for policies to enhance equity of access through public and private sector modalities. It is a relatively new and innovative approach where global capacity is limited.

In order to introduce the approach in the region, EECARO called upon a highly specialised global institution, Avenir Health, with expertise in this area. Rather than have Avenir train directly in the region, UNFPA engaged Avenir to introduce the technique to existing regional partners so that they would be able to integrate market segmentation analysis in their ongoing programmes. Avenir worked closely with these partners in the development of tailored curricula for the region, and piloted the course with CU and MHSE, effectively handing over this work to the regional institutions to carry it forward.

### 3.6.4 Sustainability

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?

EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

**Finding 8: While the PD training interventions are considered to be of very high quality, training follow-up at country levels has been under-emphasised to date.**

According to the regional results framework, 100% of participants successfully completed the PD training courses. As noted above, the courses were considered both relevant and effective in their conduct and in targeting appropriate participants; and have been favourably evaluated, as indicated in course evaluations.

However, it is important to note that little is known about how course participants have used their new knowledge and skills. Training follow-up at country levels has been ad hoc and little is known if or how the courses have affected PD analytics or policy development in countries. One attempt to assess the application of learning material among course alumni was superficial to the point of being unusable. In 2014, MHSE sent a post training questionnaire to 30 participants from its 2013 courses on Population and Development and Population Projections; it received a total of 14 responses. The questionnaire included two yes/no questions about students’ application of learning from the courses: (1) Was the course useful for the work you performed during the past year? and; (2) Did you use any training materials in the work you performed in the past year? Of the 14 respondents, 12 answered ‘yes’ to the first question and 11 answered ‘yes’ to the second question. However, this rare example of post training course monitoring does not begin to help UNFPA to assess the effectiveness or sustainability of programmes and is a poor example of accountability.

**3.6.5 UN Coordination**

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?  
EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

The PD Programme is highly engaged with regional UN bodies (most notably UNECE) and coordinates with CRVS but the Evaluators are not aware of its specific engagement in coordination activities. Specifically, PD worked on coordination around civil registration and vital statistics activities with WHO, Economic and Social Commission for Asia and the Pacific, UNECE, UN Statistical Division and UNICEF. Census week at UNECE is the primary platform for knowledge exchange and coordination of census related activities among countries in the region. In 2016, discussions with IOM were held on possible collaboration on migration issues, but failed to yield significant interest in collaboration.

**3.6.5 Added Value**

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?  
EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?  
EQ 6C What is the main UNFPA added value in the EECA’s context as perceived by regional and national stakeholders?

**Finding: The Population and Development Programme adds significant value to evidence-informed policy making in the region.**

State of the art analyses, new approaches to considering important regional economic and social policy issues, and support for country-led initiatives to improve the quality of data position EECARO’s PD very prominently in the region. Thought leadership on aging and the demographic dividend in particular

are considered highly significant contributions. Furthermore, engagement of highly respected IPs and leveraging of their resources through programme alignment brings added visibility to the RP's agenda.

## 3.7 Cross-Cutting Areas

### 3.7.1 Capacity Building

#### **Finding 1: The RP lacks a comprehensive, strategic approach to capacity development in the region.**

While the UNFPA business model the UNFPA Strategic Plan 2014-2017 does not prioritise capacity building as a mode of engagement for middle income countries, in a 2014 guidance note<sup>37</sup> on the new business model, the Strategy, Standards and Policy Branch, the Programme Division and EECARO jointly identify a number of appropriate actions for capacity development in line with the new business model for EECA's mostly "pink" countries. Illustratively, these include, but are not limited to:

- Formulation of policy frameworks for capacity development, including assessment of needs and key policy issues and gaps to be addressed;
- Support of advocacy action planning and conceptualisation of theories of change and chains of interventions, starting from capacity development to achieving strategic interim results and the ultimate advocacy and policy goals;
- Mobilisation of various groups in society for policy dialogue and thus increasing their capacity through this involvement. This represents capacity development as "learning by doing"; and
- Advocacy for systematic and long-term investment in capacity development to include both national resources and external donor contributions.

The revised RIAP (2016) notes the need for RO-led capacity development as a complement to the efforts of country programmes. It recognises a wide range of capacity development approaches that add value to country level approaches and which support effective policy and advocacy development in the region. These include supporting mechanisms for generating and disseminating a multi-country evidence base; regional level advocacy and policy advice; brokering regional institutional cooperation, knowledge sharing, learning and training; introducing innovative approaches and methodologies otherwise not available or accessible to individual countries in the region; fostering interregional exchange and South–South and triangular cooperation on common issues; facilitating strategic partnerships and resource mobilisation for country-specific and regional-level initiatives; ensuring UNFPA's visibility regionally and facilitating effective internal communications; and providing a full range of TOP services to COs, including strengthening the capacity of UNFPA staff to deliver country programmes.

The Regional Programme Evaluation (2008-2013) identified a lack of a strategic approach to capacity building, citing in particular, inattention to critical areas of capacity development such as organisational capacity and sustainability<sup>38</sup>. Despite management acceptance of the Regional Programme Evaluation finding and intentions to develop "a regional capacity building strategy with specific and measurable goals", as well as expectations articulated in the RIAP 2014-2017, short of a draft concept note and a very tentative Powerpoint presentation on sustainability planning, there is no evidence that the RP has moved forward with a unified approach to capacity development.

The Revised Results and Resource Framework (2006) defines capacity building as "Effective mechanisms in place for continuous transfer of knowledge, skills and good practices between national institutions, Southern partners and UNFPA COs, all contributing to stronger national capacity to implement the ICPD agenda". The framework further defines four indicators to capture capacity

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<sup>37</sup> Operationalizing the Shift to Upstream Engagement in Middle-Income Countries. Guidance Note. Strategy, Policy and Standards Branch (SPB), Programme Division and EECARO. December, 2014

<sup>38</sup> UNFPA EECA Region Evaluation (2008-2013)



development: (1) number of regional programme implementing partners with the overall IPCAT<sup>39</sup> weighted score above 3.5 (or 2.8 if financial and procurement sections omitted); (2) number of implementing partners with integrated sustainability plans; (3) number of publications on regional good practice and South-South cooperation produced and disseminated; and (4) number of thematic evaluation studies. These very disparate indicators themselves can be seen to be indicative of a haphazard approach and lack of coherence in approaching capacity development at a regional level.

Two “think pieces” of note have been tempted by the RO in recent years. One is a concept note on capacity development which puts forward definitions, processes and key considerations in building national capacity, but stops far short of adapting an approach (or set of approaches) for UNFPA’s work in the region. The second speaks primarily to the recognition of capacity development as a component of institutional sustainability and in particular, to UNFPA’s engagement towards exit strategies (per indicator #2 above). Initial thinking in this regard was presented at an EECARO programme meeting in September 2016. This work holds considerable interest for its potential to strengthen partnership practices around issues of sustainability, including national ownership and business planning, particularly for IPs for whom UNFPA is a sole or major financial contributor. This work is nascent and represents an important piece of the broader partnership context moving forward.

**Finding 2: Little is known about the impact of ongoing capacity development efforts. Insufficient attention is paid to monitoring of capacity development interventions or to training follow-up in particular.**

Despite the ambiguities of the UNFPA global business model regarding “pink” countries and its regional role in capacity development, and despite the lack of a coherent capacity development approach for the region, it is clear and important that EECARO supports significant capacity building, across all areas of the RP. Capacity building focuses on national partners and on CO staff and is well aligned with the policy and advocacy focus of the region. Capacity development takes many forms including classroom and (recently) internet-based training, development and dissemination of technical and policy guidance, thought leadership and knowledge management, to name a few. Training is a widely-used form of capacity building in the SRH, A&Y, Gender and PD Programmes.

While few would argue that training in and of itself is enough to change behaviour or apply newly-learned skills, the RP neglects post training investments. These investments would focus on two areas: (1) training follow-up to support trainees to apply their learning in real-life situations and; (2) monitoring of the longer-term benefits and application of training interventions to determine whether they have led to the desired/expected changes. Good coordination and complementarity between RO and CO programming strongly favours training follow-up and monitoring but is not approached in a systematic or rigorous way.

Examples of post training monitoring are extremely limited. As explained in Section 3.6.4, the example from the MHSE in 2014 was remarkably superficial. In interviews with the RHTC in Moldova, leadership lamented having no understanding about the extent to which participants from their courses on developing RH clinical standards and protocols were using the approaches in developing new protocols in their countries.

Where RO staff, CO staff or IPs specifically engage with beneficiaries of training or other capacity development activities for the purpose of solidifying or sustaining the capacities, post training follow-up appears to be very ad hoc. One EECA IP in PD specifically noted growing interest in providing ongoing, hands on support to former trainees, and encouraging networking and peer support among course alumni in countries. Where capacity building focuses on UNFPA staff, opportunities for training follow-up are built in to ongoing relationships between RO Advisors, IPs and country focal points, and are likely to be reasonably effective.

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<sup>39</sup> The Implementing Partner Capacity Assessment Tool is primarily a tool for assessing financial risk to UNFPA



### 3.7.2 Monitoring and Evaluation

#### **Finding 1: The M&E support, including support for normative planning processes provided by the RO, is considered satisfactory by COs.**

As part of its mandate, the RO provides support to COs to improve M&E of country programmes and to support normative planning processes (e.g. CPDs, annual work plans) undertaken at country and regional levels. The CPD review process is a peer-driven process coordinated through M&E which is quite intensive, involving a thorough country analysis, attention to resource mobilisation, partnership planning and future evaluation planning. Importantly, since 2013, all EECA CPDs have been rated “good”.

RO support for planning has become more robust in recent years, with introduction of a peer review system for reviewing country annual plans and monitoring reports. It is noteworthy that many of the 2015 CO annual plans were reviewed as unsatisfactory. The peer review report noted inconsistencies in definitions and approach and recommended greater RP support for the annual planning exercise. The peer review mechanism promotes capacity building through a rotational system of review of annual and programme monitoring reports including intermediate results/milestones, supported by the global M&E Network Group. The regional M&E function also supports common country analyses that are part of UNDAF coordination.

Similarly, during this RP cycle, six country programme evaluations were successfully conducted<sup>40</sup> and rated “good”. In addition, the RO commissioned a synthesis of seven country programme evaluations conducted from 2013-2016 in order to: (1) learn and inform the development of future UNFPA country programmes and; (2) identify opportunities for further improving the quality and optimizing the use of CPEs. Importantly, the RO and COs were very successful in implementing country and regional programme evaluation recommendations. About 95% of evaluation recommendations due in 2016 were implemented.

Importantly, significant effort was given to the roll-out of the global Strategic Information System (SIS) at both country and regional levels during this cycle. This involved alignment of outputs, activities and indicators and institutionalisation of procedures to track results. Significant consultation was required in development of indicators. The RO M&E Officer sits on the Global M&E Network Group, which has been instrumental in advancing this system within the organisation globally.

In interviews, CO leadership consistently indicated overall satisfaction with the level of support they received from the RO with regard to M&E. Specifically mentioned were appreciation for the RO’s sharing and provision of evaluation TORs, and for support in sourcing of evaluation consultants. In response to the rapid survey question on M&E, close to 50% (48.4%) of 60 respondents indicated that the RP has provided “an adequate level of support to address my Country Programme’s monitoring and evaluation needs”. Moreover, 58.3% of 60 respondents disagreed or strongly disagreed with the statement “The Regional Programme has NOT provided sufficient support in the development of my country’s Country Programme Document (CPD)”.

#### **Finding 2: The new rigour in the SIS monitoring systems is important, but is not yet optimised as a useful tool for tracking real programme progress and achievement.**

The regional results framework represents an important step in tracking results at all levels of the organisation and at fostering continuity across business units. Within EECARO, the framework, as operationalised through the SIS, appears to be functioning to offer basic regional data on programme outputs across components. It is maintained and updated regularly and represents an important achievement in global results monitoring.

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<sup>40</sup> Armenia (2015), Azerbaijan (2015), Tajikistan (2014), Turkmenistan (2015), Turkey (2014) and Uzbekistan (2014).

At the same time, it is noted that within many RP intervention areas, the definition of indicators and their attribution to outputs often does not adequately capture important areas of programming or reduces them to the point where they have little value. For example, under the Population and Development component, the indicator “Number of studies conducted on intraregional inequalities (cumulative)” is intended to contribute to Output 2.2 “UNFPA COs and national partners are equipped with knowledge and tools to produce evidence through cutting-edge analysis on population dynamics, with a focus on disadvantaged and vulnerable populations”. The activity conducted under this indicator is a market segmentation analysis conducted in two countries, an important body of work, whose benefits are largely country focused. Or, within the Adolescent and Youth component, the indicator “Regional youth advocacy platform is established that advocates for increased investments in marginalised adolescents and young people within development and health policies and includes a Plan of Action to establish or strengthen national platforms” is simply monitored in the system as “No” or “Yes”. While there is a reasonable intention to keep indicators simple, the poor value of the indicators themselves is perceived by a number of Regional Advisors to lead to a practice of simply “ticking boxes” rather than meaningfully capturing the work that is being undertaken.

**Finding 3: The RP has continued to leverage funding for M&E Capacity Building through the International Program for Development Evaluation Training (IPDET)**

During the RP cycle, collaboration with the International Program for Development Evaluation Training (IPDET) continued in 2014 and 2015, with the RO sponsoring participants from country offices as well as from government ministries. EECARO provides participants with 20 percent of the daily subsistence allowance and covers the cost of their travel to and from Ottawa, where the training occurs. IPDET then provides the training without cost to EECARO or the participants. Twenty-four scholarships were provided during the two-year period.

**Finding 4: There is insufficient attention within the RP to understanding linkages between programmes and outcomes.**

Standardised Programme outcomes are defined by the UNFPA SP. RP contributions to the achievement of SP outcomes are assessed on a biennial basis by the RP, and refer in simple terms to high level changes expected from UNFPA programming, with little differentiation of RP or CP roles. As such, SP outcomes indicators do not allow for clear attribution of RP programme effectiveness. The lack of accountability at the outcome level impedes understanding of programme effectiveness in fundamental ways. Thematic evaluations are critical for understanding programme outcomes but have not been prioritised in the RP to date.

### **3.7.3 Advocacy and Communications**

**Finding 1: Advocacy priorities are considered relevant.**

With a regional focus on policy advocacy as the principle mode of engagement for the EECA region, the RP’s work in advocacy and communications is understood to be a critical cross-cutting area. Following development of a Regional Priorities and Implementation Note in 2015, the advocacy and communications work at regional level were strategically linked to ensure that communications supports programme/advocacy goals (rather than following its own track as has been so often the case). At CO level, this is reflected in the integrated advocacy and communication plans that were developed for the first time in 2016 all COs. Further, with the engagement of a Programme Specialist in Policy and Advocacy, this area has been emphasised during the RP cycle and is gaining an important degree of credibility through its support and relevance to COs.

The perceived relevance of the RP’s advocacy work was greatly aided by the “bottom up” approach used in determining the advocacy priorities for the region, linking directly to the priorities identified by COs in their national advocacy and communications plans, and consulting directly with CO leadership and focal points. Out of 17 COs, nine gave a priority to issues related to modern contraceptive use and nine to CSE.

The setting of priorities further allowed the teams to focus resources and develop a comprehensive package of support, drawing on country experiences and building in significant consultation across offices. Quite intentionally, the initiative sought to test an issue-based working modality, break down silos and foster a culture of cooperation within the RO, and between the RO and COs in order to address underlying challenges faced in making/contributing to change at country level.<sup>41</sup> Issue-based teams for contraceptive use and CSE were led by the Deputy Regional Director and the CR for Moldova respectively. Evaluation of the working modality was outside the scope of this evaluation but appears to hold promise, based on enthusiasm for the advocacy work articulated in a number of interviews.

Capacity development and consultation across COs is also valued. A 2015 workshop brought together RO advisors, CO Reps and Assistant Reps, and advocacy and communication focal points to build overall advocacy and communication capacities in the region through exchanging knowledge and experience and thinking together on how to move forward with the ICPD agenda in a complex environment. The workshop enabled participants to reflect on how best to incorporate the SDGs into their upstream policy advocacy and communication work at both the regional and country levels. In addition, all country participants embarked on developing a two-year advocacy and communication action plan for their countries based on their context specific identified priorities.

Finally, another area of focus for the advocacy work has been on the development and regular (now quarterly) updating of environmental scans. Linked to a global initiative of the Division of Governance and Multilateral Affairs (DGM) the scans look at major political, economic, social regional events/trends and political or policy positions, as well as their risks and opportunities for UNFPA, and possible mitigation strategies. With support from the RO, the scans are developed and maintained at CO and RO levels and are understood as an important way to monitor and communicate critical political developments. The scans are seen to be particularly useful in the development of country programme documents. Questions remain, however, about how to make the scans of maximum usefulness to countries on an ongoing basis.

**Finding 2: High quality communications materials produced at regional level add significantly to UNFPA's visibility and create efficiencies for countries.**

In addition to supporting the work of advocacy regionally and at country levels, the communications function of the RP works in support of country communications needs, and serves as an important bridge between HQ and countries, with the aim of harmonising messaging and increasing visibility and support for ICPD beyond 2014 and Agenda 2030. The communications function also enhances UNFPA positioning in the region, vis à vis other UN agencies and development actors.

It is recognised that the RP communications work is challenged by the anomalies of the EECA region. On the one hand, the audiences for the RP are diverse and scattered and, on the other, because of the economic and social particularities of the region, there is a recurrent need to adapt global messages to maximise relevance for different countries in the region.

The RP has produced a significant amount of material for the region. In particular, eight issue briefs (e.g. on CSE, investing in young people, combatting violence against women and girls) four brochures (e.g. gender equality and women's empowerment, women and girls in humanitarian emergencies), 16 newsletters (general and specific to Ukraine humanitarian issues), three factsheets and infographics and five videos on different topics have been developed and disseminated. Significantly, a number of the materials have been developed in collaboration with regional stakeholders (e.g. WHO, Federal Centre for Health Education, European Parliamentary Forum on Population and Development).

COs use this material and consider it an efficient way to approach communications at country levels. For example, rather than developing its own material, the Moldova CO reported translating nine products developed by the RP.

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<sup>41</sup> Regional Advocacy and Communications Strategic – Regional Priorities and Implementation Note. 2016.

Country officers further recognise the value of the RP communications function in terms of helping to communicate country success stories to the global level, helping to adapt global messages to country contexts, and aligning countries around key events such as world population day.

### 3.7.4 Resource Mobilisation

#### **Finding 1: The new emphasis on RM is highly warranted.**

With significant challenges in funding for the region, the recent assignment of a Resource Mobilisation Officer (RMO) to the region is enormously welcomed at both regional and country levels. The position is unique to the EECA region and recognises the additional burden of middle-income countries in raising external funding in a challenging context. It also recognises that mobilisation of core resources has been dramatically affected by the economic downturn in many countries in the region as well as the humanitarian crises which are diverting significant funds. Globally, the balance of core vs. non-core (co-financing) resources has shifted significantly in recent years with core resources now representing less than 40% of the total. This shift puts important new demands on UNFPA in terms of accountability and reporting.

It is noteworthy that only 25.4% of respondents (N=59) to the rapid survey indicated that the RO had been instrumental in helping with RM in their countries. Interviews with country leadership indicate that COs see significant potentials in this role, in particular to assist in identification of donors, development of multi-country thematic proposals, and in capacity development for RM at country levels. These expectations are well in line with the RO objectives for resource mobilisation cited in the revised RIAP (2016), and articulated as follows:

- Increase the contributions (core and co-financing) of emerging and new donors in the region (programme and non-programme countries);
- Guide, support and build the capacity of COs to raise sufficient resources to implement their programmes; and
- Create opportunities and build alliances to fulfil UNFPA's mandate in the region, including with the private sector.

The EECA regional RM strategy considers traditional and emerging new donors, joint programmes and the private sector. Key support provided by the RP to countries has included the adaptation of a resource mobilisation guide from the ESA region, mapping of donors in EECA, a strategic workshop conducted with CSOs from countries in the Central Europe that became new EU member states in 2004 or later to explore potentials for triangular cooperation and development of a roadmap for engagement with Central European donors. In 2015, a Regional Resource Mobilisation Workshop was held to bring together Resource Mobilisation Focal Points from the EECA region to discuss strategies and strengthen capacities for more effective RM in the region, with a special focus on programme country co-financing and RM action plan /strategies.

Table 10 summarises RM targets for countries and for the RP in 2015 and 2016. Despite the only recent posting of the RMO (November, 2016), the region as a whole came very close to meeting its target non-core revenue in 2015 and has already exceeded by 75% its target non-core revenue (pre-year's conclusion) in 2016. 84% of the RO's modest target of \$592,000 has been achieved to date in 2016.

**Table 10: Resource Mobilisation Targets for EECA Countries and the RP 2015-2016**

Budget Holder	2015 Target (US\$)	2015 Revenue (US\$)	% of 2015 Revenue vs Target	2016 Target (US\$)	2016 Revenue (US\$)	% of 2016 Revenue vs Target
Albania	200,000	374,678	187%	200,000	173,250	87%
Armenia	425,000	-	0%	120,000	-	0%
Azerbaijan	20,000	16,447	82%	200,000	-	0%
Belarus	500,000	-	0%	149,000	376,568	253%
Bosnia & Herzegovina	527,000	295,335	56%	240,000	117,163	49%
EECA Regional Office	-	229,859		592,000	500,000	84%
Georgia	1,500	174,319	11621%	496,000	520,717	105%
Kazakhstan	304,000	300,665	99%	10,000	74,778	748%
Kosovo	250,000	85,250	34%	75,000	85,250	114%
Kyrgyzstan	248,000	248,401	100%	20,000	-	0%
Former Yugoslav Republic of Macedonia	70,000	-	0%	400,000	-	0%
Moldova	52,000	40,232	77%	100,000	56,644	57%
Serbia	230,000	-	0%	940,000	-	0%
Tajikistan	503,000	705,570	140%	800,000	1,216,470	152%
Turkey	6,159,000	5,234,168	85%	5,500,000	13,169,939	239%
Turkmenistan	45,000	1,000,000	2222%	201,000	-	0%
Ukraine	1,770,000	1,770,416	100%	500,000	2,102,464	420%
Uzbekistan	17,000	17,189	101%	154,000	298,000	194%
<b>Total:</b>	<b>11,321,500</b>	<b>10,492,530</b>	<b>93%</b>	<b>10,697,000</b>	<b>18,691,243</b>	<b>175%</b>

Source: EECARO, 2016

### 3.7.5 Partnerships

#### **Finding 1: The partnership work of the RP has played an important role in promoting regional dialogue and understanding about the SDGs and its links with SRHR.**

Two important meetings were convened by the RP, in 2014 and 2015, to promote the ICPD beyond 2014 agenda and to advance thinking about SRH in the context the SDGs. The meetings served to map progress and discuss the way forward for achieving universal access to SRHR as part of the post-2015 development framework. In particular, a two-day event in Sophia Bulgaria in 2015, hosted by EECARO and the Ministry of Foreign Affairs and the Ministry of Health of the Republic of Bulgaria brought together more than 150 ministers and government officials, parliamentarians, civil society leaders, youth activists, and experts. The meeting culminated in the development of a consensus document stating the priorities and commitments of the EECA region for ensuring universal access to SRHR. The “Sofia Declaration” is a key contribution of the EECA region to the discussions on the future development framework, was delivered to the Secretary-General of the United Nations and the co-chairs of the inter-governmental negotiating process on the post-2015 development agenda. The Declaration was an important advocacy tool, contributing to the ratification of the SRH Action Plan in 2016.

**Finding 2: While there is no doubt of the potential for added value from strategic regional partnerships, more consideration should be given to defining measurable objectives, determining the most cost effective partnership modalities and understanding the tangible outcomes of these partnerships.**

Strategic partnerships are designed to influence policy at country levels as well as to influence regional intergovernmental processes related to ICPD, and SDGs, thereby contributing to an enabling environment regionally. Regional partnership is a way to amplify the voices of champions, nurture consensus and share experience across countries. EECA has created a number of regional platforms to position its advocacy agenda including with parliamentarian networks, faith-based organisations (FBOs), youth networks, and IPPF European Network, an important regional ICPD advocacy actor. On many occasions the strategic partnerships have been contributed to protecting and advancing the ICPD beyond 2014 and 2030 agendas as well as national, regional and intergovernmental processes.

Partnerships with the governments of Bulgaria, Romania and the Russian Federation are also being developed by the RP, breaking with convention in partnering with EU member states. The partnerships are being designed in very iterative ways to leverage these countries' rich experience, technical expertise and regional influence on a number of ICPD issues. The approach is understood to be experimental and in early stages of development, particularly for Romania and Russia. In Bulgaria a full-time UNFPA consultant based in Sofia liaises with Parliament and the Ministry of Foreign Affairs, monitors the press on issues related to ICPD and SDGs, supports the RP's work with PETRI, and the organisation of study visits, among other functions.

Modalities for EECA's partnership are numerous, including funded partnership agreements/AWPs, MOUs, and more informal mechanisms that bring key actors together on an occasional basis, e.g. through conferences, meetings, workshops, and study tours or generate research or strategic analyses.

Under the partnership component, EECA's most robust and formalised partnerships are with the Asia Forum of Parliamentarians on Population and Development, its sister, the European Forum of Parliamentarians, and with IPPF. Each of these organisations act as IPs for the RP and IPPF and AFPPD receive among the highest budget allocations from regional resources (EFP is generally funded at a lower level). The AFPPD has strong historical and financial ties to UNFPA that date back to the early 1980s, while the EFP started as an IPPF project and has a more recent relationship with EECARO (since approximately 2000).

The activities of these organisations – working with their respective constituencies to ensure understanding and support for ICPD (in IPPF's case, the targets are IPPF's member associations) – are understood to be critical to both country policy development and to regional consensus building. A recent example of country level success can be seen in AFPPD's support in Kyrgyzstan. A new version of the *Law on Protection and Defence from Family Violence of the Kyrgyz Republic* was developed by an MP who participated in the AFPPD workshop in Kyrgyzstan; the Bill was supported by the members of the National Committee of Kyrgyzstan on Population and Development (NCKPD) and passed the first Parliament hearing in 2016.

EECARO's partnership with the EPF is also yielding important results. Working closely with the Parliamentary Assembly of the Council of Europe, EPF works to advance legislative actions in support of ICPD. In 2016, key interventions included motions for resolutions on universal access to maternal healthcare; female genital mutilation in Europe, and reproductive health and women's rights in Poland. Importantly, partnership with EPF helps position the RP in Europe and allows strategic linkages to the drivers of policy change underpinning countries' European accession plans and aspirations.

While mechanisms to track policy change are generally weak and attributions of policy influence are not sufficiently well understood or documented, importantly recently, EECARO and AFPPD have been

working to strengthen policy monitoring and analysis. The AFPPD Secretariat developed a tool that was piloted during the parliamentary workshop in Kyrgyzstan. AFPPD is further working to regularly update a database of MPs, who are supportive of the ICPD agenda and to profile parliamentarians and their positions on key ICPD-related issues. As a result, National Committees fact sheets were produced and AFPPD Central Asia E-news was revamped and re-branded as *Policy Round Up Central Asia*. Furthermore, AFPPD conducted two country visits: one to Kyrgyzstan and the other to Tajikistan to conduct high-level meetings to influence parliamentary and government leaders and participated in policy oversight activities.

The EECA region's work with faith based organisations dates from 2009, involving multiple UNFPA offices<sup>42</sup> and over 25 FBOs and institutions in order to "contribute to advancement of population well-being and development of the region through enhanced interfaith and regional collaboration around the issues of family well-being and HIV/AIDS". A network newsletter *Together* serves as a platform for information flow among the Network members, and is produced in both English and Russian. Thematically, the partnership has focused on GBV. To its credit, EECA supported a survey aimed at "strengthening and expanding partnerships between UNFPA and FBOs in the region of Europe and Central Asia through recognition of available experience and identification of perspectives and necessary conditions for such cooperation". The survey reaffirmed the perception that FBOs are "valuable partners with capacity for transforming people's mind and approach to various sensitive and taboo issues...", and concluded that "Overall the engagement with FBOs is effective and sustainable particularly provided there is a long-term commitment and comprehensive approach to such partnerships". Unfortunately, however, the survey was not sufficiently strong methodologically to support any real insights or conclusions about the way forward.

**Finding 2: The RP's relationships with civil society are evolving in important ways.**

UNFPA's interest in civil society partnerships is growing. Increasing focus here is warranted in a context of increasingly conservative government policies and the risks they represent to human rights generally and reproductive rights in particular. Also contextually important is the growing number of countries where UNFPA will not have a presence in the future, given economic development and EU accession/association. Civil society plays a critical watchdog role in these contexts, and in support of marginalised populations as well. As such, strong, sustainable civil society partnerships are key to sustainable gains in the ICPD and SDG agendas.

The European Network of IPPF is an important advocacy partner of the RP, in addition to collaborating on MISP in the region. Through regional collaboration, member associations of IPPF and their partners in the region are supported to serve as country level advocates for ICPD beyond 2014 and the 2030 agenda. In particular, the RP has worked with IPPF to build capacity to develop effective advocacy messages on SRHR in relation to the implementation of the SDGs in their national contexts. In country level visits, the Evaluation Team was not exposed to joint advocacy activities between UNFPA and IPPF member associations.

It is noteworthy that the RP has taken some early steps to address sustainability of its partnerships. Recent engagement with AFPPD to support strategic planning and resource mobilisation is an important step towards encouraging the sustainability of this long-term partner. In addition, the expansion of a regional network on youth, which includes new partners less closely affiliated with UNFPA will offer opportunities for enrichment on both sides.

**3.7.5.1 UN Coordination**

**Finding 1: UNFPA has contributed significantly to UN coordination and cooperation at the regional level.**

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<sup>42</sup> Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyzstan, Former Yugoslav Republic of Macedonia, Moldova, Romania, Russia, Serbia, Switzerland, Tajikistan, Turkey, Ukraine and United Kingdom.

UNFPA is a very active member of the UN community in the region and contributes significantly to UN coordination. UNFPA is a member of the Regional United Nation Development Group (UNDG) team, a platform where dialogue and discussions among different UN entities take place, and should lead to common positions on key strategic issues, including the UN roles in different countries' contexts. The ultimate result that the EECA R-UNDG strives to achieve its strengthened, relevant and high quality UN contribution to countries in achieving their national priorities in the context of and in alignment with the 2030 Agenda on Sustainable Development and unfinished MDGs<sup>43</sup>. UNFPA also chairs the Peer Support Group for UNCT/UNDAF development.

At the thematic level, UNFPA co-chairs, with UN Women, the EECA Regional Gender Theme Group and takes an active role in the implementation of the joint workplans. UNFPA chairs the issue-based coalition on youth, with UNICEF as Co-chair. In 2016, UNFPA co-organised, again with UN Women, a retreat on SDG implementation in the region with participation from multiple UN agencies at both country and regional levels. EECARO also participates in joint campaigns, including sharing resources, for example "16 Days of Activism Against GBV", and is very active in UNAIDS Theme Groups.

It is noteworthy that much of the engagement that takes place among UN agencies is outside normative programme implementation. Coordination seeks to avoid duplication and ensure that agencies are appropriately bringing their positioning to an issue or activity. According to UNDP, cooperation goes further, is more active and looks to "build on value added". Collaboration may be considered a third modality, whereby UN agencies co-implement interventions which draw on specific capacities. This is discussed below.

**Finding 2: The RP is playing an important role in UN Coordination for SDGs**

In 2016, the regional UN system in Europe and Central Asia (the Regional UN Development Group for Europe and Central Asia (R-UNDG) and the Regional Coordination Mechanism (RCM)) developed a joint Regional Advocacy Paper "*Building more inclusive, Sustainable and Prosperous Societies in Europe and Central Asia: A common UN vision for the Post-2015 Development Agenda.*" The Regional Advocacy Paper provides the overall vision of the UN entities active in the region on the UN development agenda beyond 2015 and focused on 14 development issues identified as priorities in the region. UNFPA was leading the preparation of the Issue brief on population issues and contributed to the one related to health, gender, youth and partnership.

EECA RO has also prepared a case study related to ICPD indicators in the context of Regional SDG indicators framework and in late 2016, coordinated a SDG retreat for regional UN system. UNFPA has been co-chair of Gender WG and IBC on Youth and member of UN PSG group on UNDAF preparation. In addition, the RP has substantively contributed to the preparation of Regional report "Looking Back, Leaping Forward" which was focused on moving from MDGs to SDGs in Europe and Central Asia. The printing of the report has been funded by UNFPA and it has been officially launched at a side event during the 2016 High Level Political Forum.

**Finding 3: UNFPA programmatic collaboration with other UN agencies has been productive and represents an important opportunity for the future.**

Two examples of collaboration or partnership – where there is specific alignment of programmatic work and execution of budget with other UN agencies – exist within the RP. One is with WHO and covers development and dissemination of "Entre Nous" and policy collaboration in the context of the Regional SRH Action Plan for Europe. The other collaboration, with UNECE, supports gender disaggregation of statistics, development of training curricula on gender responsive data collection, and compilation of recommendations from 2010 round censuses, among other work.

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<sup>43</sup> Regional UNDG Team for Europe and Central Asia - TOR



While both of these examples rely on funding from UNFPA to the other UN partners, the reverse could also be true, and may be considered a component of the regional resource mobilisation strategy. In particular, a number of UN agencies are not as constrained in service delivery as is UNFPA in the region. This may make for practical complementarities, both at regional and country levels. It also has potential to promote multi-sectoral work, in line with a coordinated response to the SDGs. Early exchange with other agencies of draft UNFPA regional action plans, and co-creation of programming ideas would undoubtedly promote this collaboration.

### 3.7.6 Finance and Operations

The finance and operations functions of the RP support programme implementation and accountability. A specific review of finance and operations systems and processes is beyond the scope of this Evaluation. It is noteworthy that the RP's finance and operations - including human resources - output targets were met or exceeded during the RIAP cycle.

**Finding: UNFPA financial screening processes place a significant burden on IPs, considering very small budgets.**

IP feedback on working with the RP brought attention to a heavy burden perceived in financial accountability for receiving UNFPA funds. While most understood the processes themselves as fair and professional, the effort required given very limited budgets was noted as an irritation by a number of grantees.

## 3.8 Other Considerations

### 3.8.1 Knowledge Management

**Finding: Knowledge management is central to the work that EECA does, but a deliberate and comprehensive approach is lacking.**

According to the UNFPA strategic plan, there is an expectation that regions dominated by middle income countries (EECA and LAC in particular) will “move towards a comprehensive approach to knowledge management, marking a gradual transition from provision-of-knowledge to knowledge-brokering”. Establishing regional mechanisms for knowledge transfer between country offices, regional institutions and national partners will be central to interventions in these two regions.

Significant emphasis is placed on knowledge management, including the provision of knowledge and knowledge brokering. This can be seen across the RP components and cross cutting areas. Knowledge management is really central to how the office engages with CPs and its relationships with its IPs. EECA's cultivation of regional partners as knowledge management institutions is also critical to the region's knowledge management approach.

Less clear is how the region fosters knowledge brokerage between COs and national partners. For the former, there are at least two examples – in Advocacy and in HIV - where the RO has encouraged and facilitated ongoing dialogue of cross-country teams for the purpose of CO-strategising, and sharing knowledge and experience. In both cases, interviews with CO staff often highlighted these mechanisms as valuable. The knowledge assets managed by the SRH Programme through “myunfpa” provides a potentially good model for sharing resources with national partners. This database includes hundreds of documents under 13 different topics relevant to SRH, Human Rights, HIV, Humanitarian response etc. and are accessible to staff and external partners. Knowledge transfer with national partners is also achieved through implementing partners. Cross-national networks of national partners have not evolved in the region to date, but could be considered.

### 3.8.2 Innovation

**Finding: There is momentum behind UNFPA efforts to promote innovation.**

Globally, UNFPA is in the process of exploring how innovation is promoted and adds value across the organisation. UNFPA embraces innovation for its potential “to accelerate progress towards some of the most pressing issues we face, allowing us to continuously strive to deliver the best responses to the challenges at hand, and to remain adaptable, agile and responsive in a rapidly changing world”.<sup>44</sup> Ultimately, it seeks to foster a culture of innovation across the organisation.

Efforts to date have been largely globally driven. Key mechanisms to introduce practicing innovation within the organisation include: (1) assignment of a regional focal point within the RO (in EECA’s case, this is a Programme Analyst) and a country focal point in one country per region, to comprise an Innovation Team which meets quarterly; (2) establishment of an innovation fund provided by the Government of Denmark which finances small projects on a competitive basis; (3) encouragement of “Innovation Days” to be held in each business unit; and (4) a toolkit to support innovation.

A recent innovation retreat in the Eastern and Southern Africa region brought together participants from all COs in the ESA region, three regional offices and HQ. The retreat encouraged UNFPA business units to create non-traditional spaces for innovation (walks, coffee talks etc.). An ESA Action Plan for Innovation was reviewed. During this meeting, EECA followed its practice of establishing a process for sharing ideas in EECARO and the whole region by placing an ideas box in both kitchens in the office, and on the intranet.

These small measures are considered highly promising as UNFPA addresses a range of new and challenging issues in a rapidly changing context. Nonetheless, the Evaluation Team is concerned that, in the absence of a clear approach, the potential to fully promote innovation risks being lost or compartmentalised in ways that will ultimately compromise the potential for transformative programming through innovation.

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<sup>44</sup> <http://www.unfpa.org/innovation>

## CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

The following section presents conclusions and recommendations according to the criteria and questions utilised in this evaluation. Overarching conclusions and recommendations are made when issues are common to a number of programme areas. Programme-specific conclusions and recommendations are made on a very selective basis, when key findings are not adequately represented in over-arching conclusions and recommendations.

### 4.1 Relevance

#### 4.1.1 Relevance Conclusions

**EQ1A** To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners? Are there needs that are not being addressed?

Overall, the RP is considered to have strong relevance to the regional context, and to country programmes in particular. The RP has been implemented purposefully to ensure relevance, at times treading in unknown waters, for example in the case of the PD Programme working on ageing, or advocacy addressing low fertility to reflect regional issues and evolving priorities.

At the same time, CO perception of the relevance of RP varies. While the RO's use of the "relevance questionnaire" planning tool in 2014 and 2015 is considered good practice, the rapid survey supports country interviews in suggesting that RIAP planning processes could be better aligned to favour country needs and priorities and consult more effectively in the development of the RIAP. Only 60% of respondents felt supported in the development of CPDs.<sup>45</sup> Moreover, COs perceive the relevance of the RP when there is a strong alignment of programming and strong RO technical engagement. With new leadership in the region in 2015-2016, there is a universal sense that RP-CP collaboration overall, and consultation processes more specifically, are moving in a positive direction.

It is further frequently noted that the diversity of the region makes it very difficult for RP interventions to meet the needs of all countries. Vastly different national priorities, political systems and cultural backdrops, including language makes it difficult for thematic programmes to be equally relevant to all COs. More tailored approaches to the specific needs of different sub-regions favours organisation of country clusters for key intervention areas and approaches.

**EQ1B** To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Program of Action and the MDGs?

The RP is closely aligned with UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Programme of Action and the MDGs. The reaffirmation of the ICPD agenda through the development and ratification, by 50 member states of the WHO Regional Committee for Europe, of the SRH Action Plan in 2016 is a major strategic and political achievement.

Where alignment with UNFPA policies and strategies has been challenging is in conforming to the UNFPA business model for middle-income, "pink" countries. There is a strong sense that limiting engagement exclusively to policy and advocacy can significantly constrain both the relevance and

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<sup>45</sup> 43.4% of country office staff (N=60) responded that "the RP gave adequate attention to my country offices' needs and priorities" (6.7% strongly agree; 36.7% agree). 50% believe that EECARO "consulted effectively in the design of the RIAP" and 58.3% disagreed or strongly disagreed that the "RP did NOT provide sufficient support in the development of my country's CPD".

effectiveness of regional programming. Most significantly, capacity development and knowledge remain critical needs in the region and a cornerstone of RP value added (although efforts to strengthen this area are suggested, see 4.2B below). Across multiple areas, the RP has invested in relevant areas

EQ1C To what extent was the regional office able to respond to changes in the regional development context?

of capacity development and knowledge management in line with the policy foci of the programme components. This has been an appropriate adaptation to the Global SP and ensures the RP's relevance.

EECARO has distinguished itself in its response to the Humanitarian crises in the region in recent years. This work fills critical gaps, often overlooked, with regard to SRH and RR, and GBV in particular. EECARO has positioned itself effectively within the regional humanitarian response infrastructure and contributes in ways not being addressed by other agencies. Needs in the humanitarian arena are likely to increase as conflicts and crises arise and/or expand. Continued agency-wide support for this response will be an important prerequisite to effective programme implementation and sustainability. The implications for increased financial and human resources are significant.

Similarly, UNFPA's work in HIV is increasingly critical in a region where HIV prevalence is rising dramatically, particularly among vulnerable populations. HIV is inextricably linked to the ICPD beyond 2014 agenda as an integral component of sexual health, reproductive health and rights, gender and human rights. The growing percentages of affected young people and young key populations also point to the importance of youth programming in HIV. Diminishing global funding for HIV presents a real challenge for the region and will demand significant effort to maintain current levels of programming. Of particular relevance for the region, with UBRAF coming to an end and the Global Fund transitioning out of middle-income countries, it is critical that UNFPA identifies the next generation of HIV support. At the same time, the weakening of an existing HIV architecture presents an opportunity for UNFPA to step forward and fill an important gap.

Finally, and very importantly, the RP is implemented against a backdrop of growing social and political conservatism on the one hand, and countries' recent, progressing and aspirational EU accession plans. Pro-natalism and government concerns about fertility decline are shifting conversations about family planning, population policies and the role of youth and religious institutions. Growing authoritarianism in the region is raising questions about the role of civil society more generally. European accession interests furthermore redefine countries economic and policy orientations and strategic alliances in important ways.

Overall, the RP has adapted to these changes thoughtfully through tailored approaches in advocacy and communication, new ways of analysing demographic data and consultation within strategic partnerships. It is understood that to date, communications approaches have largely focused on advocacy message development and sharing of programme learning. However, given societal changes, broader messaging for the purpose of changing public attitudes and behaviours may be considered highly complementary. In addition, through partnership with the EPF, the RP considers the advocacy and policy opportunities and challenges related to countries' EU accession plans and aspirations.

#### 4.1.2 Relevance Recommendations

1. Maintain and enhance current management practices such as consultative annual planning; the regional newsletter; and expand multi-country technical working groups, building on the experience of advocacy and communications and HIV. Consider establishing a RP country or cluster focal point role to assist CO with cross-cutting programme implementation and strengthen organisation of sub-regional clusters for better nuanced programming and support **(Priority-High)**
2. Undertake a Regional Investment Case to assist in identifying regional gaps and best practice, and

the areas for minimal strategic investment and high return, for directing core fund to HIV as well as supporting UNFPA in seeking new sources of non-core funds for HIV. **(Priority- High)**

3. Analyse the added value of the RP engagement in behaviour change communication in order to engender specific attitudes and behaviours necessary to advance the ICPD beyond 2014 and SDG agendas. **(Priority- High)**

## 4.2 Effectiveness

### 4.2.1 Effectiveness Conclusions

EQ 2A Has the RIAP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?

EECA has largely accomplished its intended objectives and planned results. The results tables included in each of the thematic sections of the Evaluation Report attest to a high performing Programme by most output measures. New rigour in monitoring of outputs against targets is an important system-wide improvement for UNFPA. At the same time, it is noted that indicators are not consistently well aligned with actual programming priorities and targets not always meaningful. The HIV programme's exclusion from the Global and Regional Interventions reporting system compromises the visibility of this important work.

The RP has met with several important challenges. Most importantly, perhaps, is the low overall budget allocation and the repeated reductions in core budget over the life of the RP cycle. EECARO is a significantly under-resourced business unit. The assumption of the SP that regions characterised by larger numbers of middle-income countries will be able to mobilise resources from within the region has not been proven to date, and needs to be assessed. Recent assignment of a dedicated Resource Mobilisation officer is an important step and will require time to assess the return on investment. At the same time, the cuts in the RP budget, in 2015 and 2016 have put significant pressure on the RP. Rather than cut back significantly on outputs, the RP has largely adapted by stretching itself thin. Overall, given its resources, the RP tries to do too much, resulting in programme fragmentation, less than thorough interventions, and unclear accountability to outcomes.

As noted above, a second important constraining factor is the growing political conservatism in the region. This effects key components of the RP in important ways, most notably sensitive areas such as contraceptive commodity security, CSE, and work with marginalised populations. A number of policy successes including the ratification of the SRH Action Plan as mentioned above, the increases in national budgets for RH commodities (see Table 11 below) and advances in legal frameworks for SRH, A&Y, Gender and HIV in a number of countries suggest the effectiveness of well-adapted RP and CP advocacy approaches.

EQ 2B Have the RIAP activities contributed to enhanced results at country level? At regional level? In what ways?

The RP has contributed to enhanced results in different countries in different ways, depending on alignment of priorities. Significant results, can be seen across Programme areas. Despite RP and CP inputs in many settings, little overall progress in the area of CSE is understood to relate to underlying and growing conservatism in the region and underscores the need for new approaches.

The RP's engagement of highly respected IPs is a key element of the Programme's success overall. IPs, many from within the region, are widely considered to be both technically strong and politically

influential, making their voices as advocates highly impactful. In interviews, COs and partners consistently affirmed the quality and overall value of technical assistance engaged by the RPs.

On the other hand, an area of real concern is the lack of rigour in follow-up of capacity building interventions across programme areas. Outside ongoing follow up with CP staff, the Evaluation Team found almost no evidence of training follow up, for example, to determine applicability of training content at country levels, or needs for further capacity building. Lack of follow-up results in lost benefits of capacity building endeavours on the one hand, and poor accountability for results on the other.

Finally, it needs to be stressed that linkages between RP inputs and programme and policy changes at country levels are generally not well understood. Policy tracking is not routinely undertaken by the RO and conduct of thematic evaluations to review experience, attribute results and draw lessons are rarely conducted, due to resource limitations.

**EQ 2C To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?**

Table 11 on the next page summarises RP performance against SP outcomes. These data must be understood to relate to the situation very generally in the region, and cannot attribute achievement to any partner or distinguish the contribution of any particular UNFPA business unit towards the outcome (e.g. CO or RO). As such, they are a very crude reflection of the RP.

Nevertheless, these data suggest important progress in the region across many SP indicators, particularly with regard to policy achievement in the form of laws, policies, action plans and generation of improved quality data for policy use. These achievements cut across all thematic areas of the RP. Highly discouraging, however, is the data on availability of key maternal health and contraceptive commodities (indicator 1.1 and 1.4) consistently available at country levels. These data suggest, importantly, that UNFPA’s expectations of national governments and other partners’ to ensure access to key commodities may not be in place, as UNFPA withdraws from financing and distribution of these commodities. Stock-outs and limitations in choice of a full range of contraceptive methods are understood to be a key elements of quality RH and maternal health programmes and will need UNFPA’s future attention.

**EQ 2D What are the strengths and weaknesses of the RIAP**

The Evaluation Team believes that this question is answered through each of the six questions related to effectiveness in this section of the report. Here, however, the Team would like to highlight the persistence of operational management delays that compromise the quality of programme implementation. Repeatedly, the Evaluation Team heard from both COs and IPs, that delays in allocating annual budgets have very real negative consequences for planning while also adversely affecting CO and IP perception of RP management. Late planning and delays in receiving funds translates into a bunching of activities after April/May, with most taking place in the fourth quarter of the year. This both creates tremendous end-of-year pressures and contributes negatively to the quality of programming.

**Table 11: EECARO Outcome Report 2014-2016**

Outcome/Indicator		2014		2015		2016	
		No. Countries	Percent	No. Countries	Percent	No. Countries	Percent
1.1	Countries with at least 95% of service delivery points having seven life-saving maternal/RH medicines from the WHO priority list	13	79	13	79	9	53
1.4	Countries in which at least 60% of service delivery points have had not stock-out of contraceptives in the past six months	11	67*	11	67*	7	41
1.8	Countries that have increased the national budget for SRH by at least 5 percent	5	29	6	35	8	47
2.2	Countries that have laws and policies that allow adolescents (regardless of marital status) access to SRH services	2	12	3	18	16	94
3.1	Countries with gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations	1	6	2	12	9	53
4.1	Countries that had at least one census of good quality that was processed, analysed and disseminated following internationally agreed recommendations (during the last 10 years)	4	24	4	24	14	82
4.2	Countries that have collected, analysed and disseminated a national household survey that allows for the estimation of key population and RG indicators (in the last 5 years)	9	53	10	59	12	71
4.3	Countries that have completed evaluations on strategic interventions around SRH and adolescents and youth	4	24	4	24	11	65
<b>Regional and Global Level</b>		Number	Percent	Number	Percent	Number	Percent
1.9	Resolutions adopted by regional bodies that include specific commitments on SRH	2		3		3	
4.4	Outcome documents of high-level global and regional intergovernmental meetings that address SRH, reproductive rights, gender equality, the needs of adolescent and youth, and population dynamics	10	59	11	65	13	76



**EQ 2E To what extent did the RIAP utilise a human rights-based approach and incorporate principles of gender equity in programme design and implementation?**

There is widespread agreement that the RP uses a human rights-based approach and incorporates principles of gender equity in programme design and implementation. In the rapid survey, 71.2% of 59 respondents indicated that the RP's approaches are rights-based. Certainly, these approaches are readily identifiable in programmes that speak to vulnerable and marginalised populations; mobile (Roma and other), migrant, refugee and internally displaced populations; other key and vulnerable populations such as MSM, PWID and SWs; and KYPs. Hence the Gender, HIV and Humanitarian components, in particular, reflected these rights considerations.

Similarly, gender equity is routinely considered in the RP, particularly as a matter of development of women and girls. Greater attention to male engagement and to male SRH needs came up frequently in interviews. Resources permitting, consideration of male perspective merits full integration in the RP, particularly as it affects SRH of women and girls.

**EQ 2F How should the new RIAP better reflect the SDGs in the region?**

The current core components of the RP are still very much based on complementarity with the MDGs, having been designed prior to the development of the SDGs. The SDGs provide a much broader understanding of the meaning of sustainable development with emphasis less on thematic issues (although they still exist) and more on the beneficiaries – the marginalised, the vulnerable, the at-risk, the excluded, the discriminated.

A number of the RP programme outcomes align with the philosophy of the 2030 Agenda, aimed at marginalised and vulnerable populations, inclusion and the tenet of 'Leave no-one behind'. However, this work is considered both uneven across the regional programmed, and would benefit from greater strategic framing and cross-programme collaboration. To date, the Humanitarian, HIV and Gender Programmes have been significantly more engaged.

Finally, important steps have been taken by the GP to map their programme components to the SDGs and consider how their interventions might speak more directly to the relevant SDGs. As noted above, the GP, through the interagency working group on gender, together with its UN counterparts, has further produced an Issue Brief which has in detail identified and described how gender will be addressed in each SDG, in what ways and by which agency. This 'head start' will very much assist them in designing the gender component of the forthcoming RP. In addition, the GPs work to develop and promote multi-sectoral approaches aligns strongly with SDG interest and provides an important model for the RP more generally.

#### **4.2.2 Effectiveness Recommendations**

1. A combination of strategic clarity, programme consolidation, and more ambitious resource mobilisation strategies and targets are required (including leveraged resources) to improve effectiveness of the RP. In preparation for the next RP cycle, develop a comprehensive, outcome-driven Capacity Development strategy that takes into consideration regional priorities, CP plans, staff needs and aligns with the UNFPA business model. The strategy should include specific attention and identification of resources for training (and other CD intervention) follow up, including both monitoring and continued support as needed to sustain capacities, and promote an enabling environment for capacities to be applied. **(Priority- High)**
2. Invest in outcomes documentation, through well-designed thematic evaluations and rigorous tracking of policy change. Maximize communications – internal and external - to publicize notable



achievements and best practice. **(Priority- High)**

3. Assess root causes of the persistence in delays in planning and disbursement of RO resources. Put in place a concrete management measures at the regional level – carrots and sticks - to solve for the delays in effective planning. **(Priority- High)**
4. Develop, a specific cross-programme strategy to address the needs of marginalised populations, taking into consideration the RP and CP experience with Y/KPs, Roma, migrants and refugees, including IDPs; and embed the strategy in the 2030 Agenda including mapping to key approaches and expected outcomes. **(Priority- High)**

## 4.3 Efficiency

### 4.3.1 Efficiency Conclusions

EQ 3A To what extent did the EECARO make good use of its human, financial and technical resources in implementing the Regional Programme?

Despite significant budget cuts, for the most part the RP met its expected targets. The most likely explanation for this is a combination of imprecise target setting, scaled-back scopes of work and exceptionally hard work by regional programme staff overall, rather than by an excess of allocated resources. The RP uses close to its full funding allocation. In 2014 and 2015, expenditure rates were 94% and 98% respectively.

Nonetheless, it is noted that there is considerable sensitivity, particularly among COs, about the cost of the RP. While perception of added value is largely agreed, demonstration of cost effectiveness and efficient programming modalities has not been prioritised to date.

Over recent years, the RP has been successful in leveraging considerable resources through some of its IPs, and sister UN agencies. For example, resources have been leveraged for PD programming through UNECE, and Charles University, for SRH through WHO, and for M&E capacity building through IPDET. This is considered a very promising resource mobilisation strategy for the RP, particularly as it faces continued austerity in mobilising core programme support.

EQ 3B What could be done to ensure a more efficient use of resources in supporting country offices and in the Regional Programme context?

The RP also achieves efficiencies through integrated, cross-programme approaches. There are several very good examples of such integration within the RP, including the integration of GBV tools and approaches within Humanitarian Response interventions, addressing needs of young key populations in HIV programming, and providing evidence on youth needs as a critical demographic in population policy making. Overall, important areas of the Gender and A&Y programmes have achieved some level of integration, while the PD programme supports quality data generation across all thematic areas.

At the same time, a number of examples also exist of poor coordination and missed opportunities for integration and synergy across programme components, and importantly, many CO staff interviewed perceive silos in the management of RP component programmes. Importantly, the RP is currently exploring putting in place “issue based” teams that take a holistic approach to a problem, and direct resources (human and financial) from different programmes.

Finally, the RP has taken early steps to expand use of communications technologies to optimise efficiencies for RP convening (largely to facilitate more frequent contact with COs) and for an

international standard cervical cancer prevention online training course. The SRH programme has indicated its intention to expand use of online training platforms in the future.

### 4.3.2 Efficiency Recommendations

1. Take a learning approach to early experience organising “issue-based” teams, involving different TAs as team leaders managing integrated, cross-programme workplans and budgets. As teams and with CO partners, reflect on the pros and cons of the approach and lessons learned (including financial and technical efficiencies) for potential wider application of the approach in 2018-21. **(Priority- High)**
2. While leveraging of funding is considered a very promising approach, significant care must be taken to align approaches – including through formal partnership mechanisms such as LOUs and other modalities – in order to ensure synergies and complementarities. Tracking of leveraged funding should be pursued to demonstrate the value of the approach and its contribution to overall resource mobilisation. **(Priority- High)**

## 4.4 Sustainability

### 4.4.1 Sustainability Conclusions

EQ 4A To what extent did the RIAP incorporate measures to ensure sustainability of the results over time?

UNFPA’s health system-based approaches and the emphasis on policy advocacy in the EECA region in particular, are important pre-requisites for sustained results. Government ownership of results is fostered through close working relationships at both regional and country levels. Capacity building too is used by EECARO as a critical approach to achieve sustainable outcomes. The RP’s work at the regional level to create an enabling environment for achievement of ICPD and Agenda 2030 outcomes at country levels further contributes in important ways to sustainability.

Sustainability is threatened in contexts of political change and instability as characterised in certain countries of the region. Important too in the EECA region is rising conservatism which threatens to roll back progress on key areas of the ICPD agenda. Importantly, the RP takes steps to mitigate these political and social changes by engaging in strategic partnerships with key influencers (e.g. FBOs, parliamentarians), and by engaging with different types of institutions across government and civil society.

The RPs deliberate practice of selecting well-placed, regional implementing partners is furthermore very important for long-term sustainability of programming and policy making. The RP takes a long-term view of partnership, in some cases, contributing to their capacity development, in order to foster change within the region.

While UNFPA is just now taking steps to consider to sustainability of IPs, particularly those created by UNFPA (YPeer, AFPPD), this has not been sufficiently emphasised to date and contributes to a vulnerability of these institutions, and therefore the programmes they support, in the long term. To date, strategic planning and business planning has not been a core component of UNFPA’s association with these organisations. Strong, sustainable IPs contribute to the resiliency of both organisations and agendas.

Finally, as noted in the effectiveness section above, insufficient attention to training follow-up and follow-up of other capacity building interventions among programme beneficiaries in particular represents a missed opportunity to ensure that new capacities are being applied, and embedded to the extent possible in health systems.

EQ 4B To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed? Please give examples.

At the same time, the region's important focus on advocacy and policy is not sufficiently supported by sustainable civil society engagement. The RP's civil society partners often have strong historical links to UNFPA and are highly dependent on UNFPA for financial support, institutional positioning and strategic direction. In a region with increasingly limited financing, where countries are transitioning away from being UNFPA beneficiaries at a time of deepening conservative values, the importance of leaving behind sustainable, indigenous civil society leadership to continue to advance ICPD beyond 2014 and SDGs, and to serve as "watchdogs" cannot be overstated.

#### 4.4.2 Sustainability Recommendations

1. Diversity partnerships with CSOs based on a robust landscaping of civil society actors at country and regional levels. Cast a wide net to include organisations that may not be explicitly focused on ICPD but have complementary interests (e.g. human rights, data transparency, multi-sectoral youth policy). Align engagement to RP expected results, and embed partnerships within the regional partnership strategy recommended below. Include attention to IP sustainability as explicit and robust element of the partnership strategy, including strategic planning and business planning, and exist strategies as components. **(Priority- Medium)**
2. Accelerate rigorous sustainability planning for key IPs, PETRI, AFPPD. **(Priority- Medium)**

### 4.5 UN Coordination

#### 4.5.1 Coordination Conclusions

EQ 5A To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?

UNFPA is a strong contributor to UN Coordination in the region. Coordination involves RP leadership and all component areas of the RP in different ways. UNFPA's engagement in UN Coordination is generally recognized and valued by other UN agencies, although positioning is at times competitive, and sensitivities about potential encroachments on scope are not uncommon, particularly with UN Women.

EQ 5B To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?

UN Coordination takes considerable time and energy. According to interviews, at a programmatic level, its major benefit is avoiding duplication, and speaking with one voice. Very little focus is placed on normative programme *collaboration*. There are many missed opportunities for joint programming.

#### 4.5.2 Coordination Recommendations

1. Engage key UN agencies (e.g. WHO, IOM, UNESCO, UN Women) early in RIAP development with a view to leveraging technical and financial resources for joint programming which optimizes each agency's capacities and positioning. **(Priority- High)**

## 4.6 Added Value

### 4.6.1 Added Value Conclusions

EQ 6A What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?

UNFPA adds value in the region by being the primary promoter and defender of the ICPD agenda, a unique and highly relevant human rights platform. The sensitivity of the agenda in the context of an increasingly conservative EECA region makes UNFPA's unwavering leadership an essential component of the human rights landscape.

In addition, UNFPA's country and regional presence are critical advantages, giving UNFPA deep understanding of country and regional issues, ample opportunity to deliver at scale, and the ability to create an enabling environment regionally. Regional partners including UNECE and Hacettepe University readily indicated the value of partnership with UNFPA EECA in order to leverage its country presence.

There are ongoing questions and frustrations about the most appropriate modalities for UNFPA in the region, in particular, a singular focus of advocacy and policy, according to the UNFPA SP. However, overwhelmingly, the RP has used its positioning to bring thought leadership, capacity development, and knowledge brokering to affect policy change at both country and regional levels. Further, the RP's advocacy and communications work is widely considered an important comparative strength in the region.

EQ 6B Are these strengths a result of UNFPA corporate features or are they specific to the RO features?

As noted above, strategic partnerships developed at regional level are critical to creating an enabling environment for achievement of the ICPD beyond 2014 agenda. The RP has engaged in robust partnerships with UN organisations, advocacy groups, NGO networks, and to a lesser degree, faith based organisations to advance important components of the agenda. While generally believed by the Evaluation Team to add significant value to the RP, the specific contributions of these partnerships to EECA results is not well understood.

In addition, the Evaluation Team notes that the Humanitarian Response programme adds significant value in a region with significant threats to stability. Yet this programme area is not yet fully embedded in UNFPA's organisational mandate and needs strengthened positioning at the global level in order to ensure its effectiveness in the long term. In the area of humanitarian assistance, the Evaluation Team supports the conclusions and recommendations derived from the outcomes of the biannual 2016 Humanitarian Consultation as follows: (i) Align HR capacity to deliver in humanitarian contexts; (ii) Strengthen humanitarian advocacy and communications; (iii) Increased investment in humanitarian data, risk/resilience/vulnerability analysis and information management to deliver the UNFPA mandate; (iv) Promote strategic partnerships to implement a Grand Bargain recommendations at all levels; (v) Integrate humanitarian into the Strategic Plan; (vi) Commit to effectively take on leadership of GBV AOR; (vii) Revamp funding mechanisms in UNFPA to effectively and efficiently finance humanitarian operations; (viii) Increase the operational flexibility of COs to be able to take action in protracted emergencies, in fragile contexts and particularly in high-security settings; and (ix) Strengthen supply chain management to be more responsive in humanitarian contexts.

EQ 6C What is the main UNFPA added value in the EECA's context as perceived by regional and national stakeholders?

In the context of intense resource scarcity, there is real pressure for the RP to demonstrate its added value. The rapid survey suggests that COs are aware of the costs of the RP and expect its benefits to be tangible at country levels.<sup>46</sup> It has never been more important for the RP to demonstrate its value add, through ensuring complementarities with country priorities, strategic approaches to capacity building, partnership and knowledge management, and targeted thematic evaluations linking programme approaches to SP outcomes.

In terms of its thematic programme components, UNFPA appears to be particularly regarded for its unique contributions in areas of HIV, Population and Development and increasingly, Humanitarian Response. Each of these Programmes are recognized for being proactive, pushing new boundaries and engaging effectively with multiple partners. In addition, the GP has created a community of practice which not only spans the region but also involves other countries across the world. The quality of the GP's work has been recognised by UNFPA HQs and the EU.

Given the importance of a range of emerging youth issues in the region, UNFPA is well positioned to contribute substantively in this arena in the future. However, additional strategic work is necessary to consider key areas of institutional advantage and effective engagement approaches.

For SRH, while quality and productivity are considered high overall, the Programme's added value is less distinct due to its clinical emphases, which approach the work of WHO. Overall, the added value of the SRH Programme appears to be in its less clinical interventions such as contraceptive commodity security and the SRH Action Plan.

#### 4.6.2 Added Value Recommendations

1. Develop a holistic partnership strategy that is objective-driven, complements country strategies and includes attention to both civil society and government partnerships, defines appropriate partnership modalities for different situations and includes attention to evaluation. **(Priority-High)**
2. Give considerable attention in the design of the next RP to refreshing the strategic approaches of the Adolescent and Youth Programme, assuring that they are aligned with the orientations of the SDGs, fully consider regional and sub-regional trends and potentials for effective new partnerships. **(Priority- High)**
3. Give due attention to the implications of the OCHA RO's departure from the region at the end of 2017 and consider ways to both mitigate challenges and position UNFPA to take on a more significant role in Emergency Preparedness and Humanitarian Response. **(Priority- Medium)**

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<sup>46</sup> 26.7% and 15% of respondents (N=60) agreed and strongly agreed respectively that "Overall, too much money is spent for the Regional Programme. It would be better to use these resources at country levels".

# Terms of Reference for the Evaluation of the Eastern Europe and Central Asia Regional Intervention Action Plan 2014-2017

## United Nations Population Fund Istanbul, Turkey

### 1. Introduction

The UNFPA Evaluation Policy states three main purposes that support the organisation's drive to achieve results. First, evaluation is a means to demonstrate accountability to stakeholders on invested resources and its contributions to achieving development results. Second, evaluation supports evidence based decision making, where utilisation-focused evaluations can provide credible information to support such decision-making. Third, evaluation contributes important lessons learned on how UNFPA can best support programmes within its mandate areas, striving to contribute to the SDGs. To do this, the UNFPA evaluation function, and evaluations conducted for UNFPA needs to adhere to Independence and impartiality, Intentionality and quality (including the principle that all evaluations should meet the minimum quality standards and criteria defined by the Evaluation Office), Transparency and Ethics.

The UNFPA Eastern Europe and Central Asia Regional Office (EECARO) will conduct an independent evaluation of the Regional Intervention Action Plan (RIAP) 2014-2017 to inform decision-making and next cycle programme development as per the Biennial Budgeted Evaluation Plan 2015-2016.

The evaluation will take place between November 2016– January 2017 and will be presented to the UNFPA Management along with the new RIAP 2018-21 in April 2017. The present TORs were prepared by the Evaluation Advisor based on a document review and initial consultations with stakeholders. They aim to provide key information about the context and background of RIAP interventions in the EECA region, the preliminary scope of the evaluation, the methodological approach and the expected deliverables. The selected team of evaluators is expected to conduct the evaluation in conformity with the TORs, under the overall guidance from the Evaluation Advisor and the Evaluation Reference Group (ERG).

### 2. Rationale

As the current programme cycle is approaching completion, EECARO, in collaboration with the UNFPA Evaluation Office, is planning to conduct an independent evaluation of the second UNFPA RIAP 2014-2017. The RIAP evaluation will provide an independent assessment of relevance, performance and effect of EECARO support provided to the EECA region, as well as an analysis of various facilitating and constraining factors influencing programme delivery.

The evaluation will focus on the achievement of planned results of the regional intervention at the output and outcome levels. The findings, analytical conclusions and recommendations of the evaluation will be used as inputs for the development of the new global and regional programme (GRI) the new UNFPA Regional Intervention Action Plan for EECA for 2018-2021.

### 3. Users of the Evaluation

The evaluation will serve programming and management purposes and will generate important findings, lessons and recommendations that will be of use to a variety of stakeholders. The main users of the evaluation include UNFPA (at the global, regional and country level), strategic and implementing partners of EECARO (including government agencies, civil society organisations (CSOs) and academic institutions), as well as member states.

### 4. Programme Background and planned results

The EECA RIAP was formulated and approved by the Programme Review Committee in May 2013, with a total budget of \$34.8 million (core 30 and non-core 4.8 million) for the four years. The RIAP was approved by the Executive Board at its June 2014 annual session. The RIAP was revised in February 2016 with some adjustments in programme results, indicators and budget.

UNFPA works in 17 countries in the EECA Region. The EECARO, established in 2010, is located in Istanbul, Turkey, and the Sub-Regional Office (SRO) for Central Asia is in Almaty, Kazakhstan. Both the EECARO and the SRO provide strategic support and technical expertise to the country offices (COs) that work on the front lines of development. EECARO works with 21 implementing partners (IPs) to deliver programme results. EECARO has also signed MOUs with strategic partners e.g. professional associations, to advance the ICPD agenda in the region.

The EECA RIAP is guided by six key principles: National ownership of the ICPD agenda; Human-right-based approach; Programmatic relevance and focus on results; adding value for money based on comparative advantage and complementarity; Joint programming and delivering as one; and Accountability and transparency.

The regional programme covers all four programme outcome areas of the 2014-2017 UNFPA Strategic Plan:

- i. Sexual and Reproductive Health and Rights;
- ii. Gender Equality and the Empowerment of Women;
- iii. Adolescents and Youth; and
- iv. Population and Development.

The RIAP sets out a framework of 18 programme and cross-cutting results that:

- a) Increase availability and use of integrated sexual and reproductive health services, including in the context of HIV and humanitarian settings
- b) Increase priority on adolescents in national development policies and programmes
- c) Advance gender equality, women's and girls' empowerment and reproductive rights; and
- d) Strengthen national policies and international development agendas by integrating evidence-based analysis on population and development and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and Gender.

## **5. Evaluation Purpose, Objectives and Scope**

### **a. Purpose**

The purpose of the evaluation is to assess the performances and related strategies over the period 2014-2016, and how these have contributed to the UNFPA Strategic Plan outcomes. The evaluation report will contribute to the new RIAP which will be prepared by EECARO and key stakeholders.

### **b. Objectives**

The evaluation will be guided by the following objectives

- To determine the extent to which UNFPA regional programme results were achieved and the factors that facilitated or hampered achievements;
- To determine the extent to which UNFPA's regional programme takes into consideration cross-cutting issues such as inequality and human rights based approaches, and gender equality in programme design and implementation; and
- To compile lessons learned and recommendations to inform and guide UNFPA's contribution towards the next Regional Programme.

### **c. Geographical Scope**

The evaluation will cover the UNFPA EECARO RIAP from 2014 to 2016. The evaluation will be forward-looking and will take into account the most recent strategy and UNFPA programming orientations.

The geographical scope will include all countries where RIAP interventions were undertaken in EECA region.

EECARO has conducted an initial analysis based on the delivery of results in countries, prior good quality country programme evaluation (CPE) and representation of geographical country clusters to form a basis for sampling of countries where country case studies will be conducted. However, the evaluation team will review and finalise its choice of four countries selected during the evaluation design phase.

### **d. Thematic Scope**

The evaluation will encompass: the RIAP and its strategies, integrated technical, programmatic and operational support provided by Regional Team, regional institutions and other sources of expertise, and interventions of Trust/Thematic Funds, e.g. UBRAF, UNFPA supplies etc.

### **e. Evaluation Criteria and Indicative Questions**

The evaluation will examine the achievements of results (delivery of outputs and their contribution to outcomes), the strategies for achieving the results, unintended effect of the RIAP, and identify challenges and strategies for

the next RIAP. The core set of criteria shown below will be applied in assessing the results (indicative evaluation questions identified below to be finalised during the evaluation design phase).

Each of four outcome areas will be examined in relation to four of the five Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency, and sustainability. Questions will be addressed individually with related DAC discussed under each question.

- **Relevance:** How relevant is the Regional programme (RP) to the priority needs of the region and countries? To what extent did the RIAP support align with the Strategic Plan and business model? How flexible is the RIAP in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances? What have been the critical gaps in the RP?
- **Effectiveness:** Has the RP accomplished its intended objectives and planned results? Have the RP activities contributed to enhanced results at country level? To what extent has the human rights-based approach been implemented in RIAP supported interventions? What are the strengths and weaknesses of the RP? How should the new RIAP reflect better the context of Agenda 2030?
- **Efficiency:** How well did EECARO use its human and financial resources to realise its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?
- **Sustainability:** Did the RP incorporate measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

In addition to the four DAC criteria, the evaluation team will also assess UN coordination and EECARO added value at regional and country levels.

- **UN Coordination:** To what extent did EECARO contribute to coordination mechanisms in the UN Mechanism at regional level? To what extent did EECARO contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?
- **Added value:** What are the main UNFPA comparative strengths in EECA region, particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the regional office features? What is the main UNFPA added value in EECA's context as perceived by national stakeholders?

The wording of evaluation questions (including rationale; assumptions to be assessed; and corresponding qualitative and/or quantitative indicators) will be performed during the design phase when the evaluation team will have acquired a clear understanding of RIAP intervention logic/rationale during the period under review. The evaluation team will also take into account issues raised by key informants. The potential usefulness as well as feasibility of each proposed question will be assessed in close collaboration with the reference group with a view to determining the final set of evaluation questions.

## 6. Evaluation Methodology

The evaluation will be transparent, inclusive, participatory, as well as gender and human rights responsive. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary approaches will be deployed to ensure that the evaluation:

- a) responds to the needs of users and their intended use of the evaluation results;
- b) integrates gender and human rights principles throughout the evaluation process including participation and consultation of key stakeholders to the extent possible;
- c) utilizes both quantitative and qualitative data collection and analysis methods to provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

Data will be disaggregated by relevant criteria (age, sex, etc. wherever possible). The evaluation will also be sensitive to fair power relations amongst stakeholders.

The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.



The evaluation will utilize a theory of change approach to the evaluation of RIAP support to countries -- its intended outcomes, the results delivered to achieve those outcomes, and the contextual factors that may have had an effect on implementation of RIAP interventions and their potential to bring about desired outcomes. Where outcome-level data is lacking, evaluators will assess the extent to which programmes and interventions have contributed to the achievement of results foreseen in RIAP strategies.

EECARO will conduct a stakeholders mapping exercise to prepare a basic map of stakeholders to identify both RIAP direct partners as well as stakeholders who do not work directly with EECARO, yet play a key role in a relevant outcome or thematic area in the regional context. Results of this mapping exercise will be used to draw samples and also for validation of evaluation findings and conclusion. The mapping exercise will include UNFPA country offices, regional programme partners (strategic and implementing partners), national institutions and civil society stakeholders that have participated or benefited from the regional programme, and the other stakeholders which may include the regional economic, social and political commissions and institutions, Governments, civil-society organisations, the private-sector, UN organisations, other multilateral organisations, bilateral donors, and most importantly, the beneficiaries of the programme.

The evaluation team will design evaluation methods and tools that will allow the evaluation to answer the questions and to come up with an overall assessment backed by clear evidence. The methodological design will include: an analytical framework; a strategy for collecting and analysing data; a series of specifically designed tools; and a detailed work plan.

The main elements of the methodology will be further developed during design phase in line with the agreed evaluation questions and related analytical framework; they should include the following:

**Documentary review and secondary data:** A preliminary list of relevant documentation (together with electronic copies) including key documents related to RIAP interventions, reports from other stakeholders and existing literature produced by the EECARO and access to these documents will be made available at the beginning of the exercise.

Previous RIAP evaluations, reviews, audits, surveys and assessments carried out by EECARO and key partners should be used to inform the present exercise. The evaluators will also take into account documentation produced by other donors, experts, and international institutions. In addition, evaluators will be responsible for identifying and researching further information (both qualitative and quantitative) at global, regional and country levels. The available documentation will be reviewed and analysed during the design phase to determine the need for additional information and finalisation of the detailed evaluation methodology.

**Interviews with key informants:** Interviews will be conducted by the evaluation team. Key staff from EECA countries and global/regional advisors and specialists, thematic experts will be interviewed during the design phase. During the field phase, interviews will be conducted with experts, RO and Implementing/strategic partner staff involved in delivering programme results. Additional interviews will be conducted with RIAP beneficiaries. Interviews will also be held with staff of other agencies that contribute to, and partner in UNFPA interventions at regional and/or national levels.

**Survey:** Two internet-based surveys (one programmatic, one financial) will be administered which focuses on EECA countries. Survey questionnaires will be designed to assess achievements, adequacy of guidance and technical support, challenges and needs, programme expenditures, etc. The survey(s) will be used to generate additional information from programme countries for the evaluation. The justification, scope and timing of such survey(s) will be provided in the design report.

**Country case studies:** the evaluation team will assess RIAP support at regional and country level. The team will conduct 4 country case studies (involving field visits) to provide an in-depth assessment and illustrate RIAP support at country level as well as analysing to what extent EECARO support country offices in terms of guidance, technical, programmatic and operational support. The evaluation team, during the design stage, will choose among and provide justification for the sampling options which EECARO has developed based on an analytical assessment of countries' needs and RIAP interventions.

### ***Stakeholders' Involvement***

The evaluation will be a participatory process involving UNFPA EECARO and COs to preserve the sense of ownership and set the stage to openly address issues and challenges and propose solutions or corrective measures to be addressed in the next RIAP. UNFPA supports that the success of the evaluation is very much dependent on full stakeholder participation, consultations and participatory evaluation that allows for

meaningful participation of all partners and other relevant stakeholders. Broad Stakeholder participation forms a critical component of the evaluation design and planning, information collections, documentation of findings, development of the evaluation report and dissemination of the evaluation results and recommendations.

The participation of the different stakeholders should be done at different stages of the evaluation process and should also be done separately as their interest and involvement in RIAP implementation is different. The key stakeholders would be UNFPA COs, other UN agencies, implementing partners. The methodology on how best to capture the input and views of the partners should be discussed during the design meeting using as background document the evaluation questions.

### ***Ethics***

The evaluation will be conducted in accordance with the principles outlined in the UNEG “ethical guidelines for evaluation”. Ethical consideration should include:

- Respect to local customs, beliefs and practices; respect to people’s right to provide information in confidence and ensuring that sensitive information cannot be traced to its source;
- Informing interviewees in advance on what the interview ground rules are and obtaining their informed consent for participation;
- Right to privacy and minimizing demands on time of the people participating in evaluation

To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

### ***Follow-up and Dissemination***

Management Response – the regional office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. Communication and dissemination – The evaluation report will be shared with Programme Division and Evaluation Office at UNFPA headquarters, RIAP partners, and EECA COs. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Regional Programme Document in 2017. The report and the management response will be published on the UNFPA website.

## **7. Evaluation Process**

The evaluation process is categorized under five stages as follows:

### ***Preparatory phase:***

This phase will include:

- The nomination of the evaluation manager
- The constitution of the evaluation team
- The gathering of initial documentation regarding the RIAP

### ***Design phase (Homebased and Istanbul)***

- Documentary review: all relevant documents shall be made available to the evaluation team leader for review;
- Stakeholders mapping: Identification of partners and stakeholders to be considered for interview for the purpose of the evaluation;
- Identification of key performance measures and its effectiveness to guide the judgment on the RIAP evaluation;
- Development of the evaluation matrix including evaluation assumptions, specific questions based on the evaluation purpose and criteria;
- Identification of appropriate methods and development of tools for data collection, outline of country case studies and the development of a concrete work plan for the field phase.

At the end of the design phase, the evaluation team leader will present a design report (including design matrix, data collection and analysis methods) based on the template provided in the UNFPA Handbook “How to design and conduct a country program evaluation at UNFPA”.

***Field work phase (Istanbul, and countries selected for case studies)***

After the design phase, the evaluation team will undertake a three-week mission to Istanbul and selected programme countries for case studies as well as virtual interviews to collect and analyze the data required in order to test evaluation assumptions and answer the evaluation questions included in the evaluation matrix prepared at the design phase.

At the end of the field phase, the evaluation team will provide the Regional Office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

***Analysis and report writing phase (Homebased)***

In this phase, additional inputs from the debriefing together with other information coming from the analysis of collected data are expected to feed into the development of a first draft review report. This draft will be shared with all RO technical and programme staff and submitted to the Reference Group for review and comments which will then allow the Evaluation Team to make the final draft report.

The final draft evaluation report will be shared with all ERG members. Inputs and comments arising from the ERG discussion shall form the basis for making the final report.

**8. Composition of the Evaluation Team**

The evaluation will be undertaken by a team of three evaluators with expertise in programme evaluation within the UN context. The evaluation team will comprise a team leader who ideally has experience conducting Programme Evaluation, as well as two team members, whose knowledge and skills complement those of the team leader. The Team Leader will liaison with and report to the Evaluation Manager. The evaluation Team Members will report to the Team Leader.

The evaluation team will be supported by a RO staff and translator, wherever necessary.

**Evaluation Management and Oversight – Roles and Responsibilities**

The evaluation will be managed by an Evaluation Management Team (EMT) comprising of the following staff:

- (i) EECARO Regional Director
- (ii) EECARO Deputy Regional Director
- (iii) M&E Advisor

The evaluation team will work under the overall guidance of the Regional Director. The ET will work under the supervision and in collaboration with the M&E Advisor on day to day management and coordination, and fulfillment of deliverables. The RO will provide support in logistics. The Regional Director may decide at any time during the evaluation process to include or co-opt other members to the evaluation management team. Should a dispute arise within the evaluation team or between the evaluation team and EECARO the process of reconciliation (non-legal) shall be decided by the Regional Director.

The evaluation will be overseen by the Evaluation Reference Group (ERG) comprised of the following individuals:

- (i) EECARO Deputy Regional Director
- (ii) EO/Other RO representative
- (iii) 2 UNFPA representatives
- (iv) 2 CO M&E focal point

The ERG will be responsible for the following roles and tasks:

- (i) Provide overall technical guidance and quality assurance on the evaluation;
- (ii) Review and endorse the evaluation terms of reference;
- (iii) Short list, selection and endorsement of consultants/evaluation team;
- (iv) Review and endorse design report; and
- (v) Review and approve evaluation report.

The EECARO M&E Advisor will be the Evaluation Manager and will be responsible for the following key roles:

- (i) Responsible for overall quality assurance of the evaluation in accordance with UNFPA and UNEG Evaluation guidelines.
- (ii) Overall coordination of the Consultants/Evaluation Team;
- (iii) Coordinate UNFPA internal review and ERG processes (CO and EECARO review and comment on ToR, Design Report, and final report);
- (iv) Coordinate with UNFPA management approval of all evaluation deliverables.

## **9. Evaluation Timeline and Estimated LOE**

The evaluation is expected to take place during the three months of November 2016 to January, 2017. The number of working days by each consultant is temporarily set at Team Leader and two Team Members (45 days each). The Key evaluation dates in the design, implementation and reporting/dissemination include:

### **Dates Milestones**

#### October 2016

- Draft terms of reference (9th September)
- Formation of Evaluation Management Group (9th September)
- Formation of Evaluation Reference Group (9th September)
- Finalization of terms of reference (26th October)
- Hiring of evaluation consultants (31st October)

#### November 2016

- Desk review (7th -11th November)
- Finalization of evaluation design (14th-18th October)
- Submission of design report (18th October)

#### November- December 2016

- Data collection including field missions (28th November- 16th December)
- Briefing on draft evaluation findings and preliminary recommendations (16th December)

#### December 2016

- Submission of the 1st draft report by the evaluation team (23rd December)

#### January 2017

- Review of draft report by ERG and provide feedback (30th December)
- Submission of the second draft report (9th January)
- Submission of the final report (18th January)

#### February 2017

- Preparation of management Response by EECARO

## **10. Logistical Support**

The UNFPA RO will be the base for the evaluation team and where the team would meet depending on need, during the evaluation process: at the beginning of the evaluation to clarify role and methodology, agree on the TOR and stakeholders and to prepare the Evaluation Design Report and also at the end of the evaluation to present the findings and report of the evaluation.

During their stay in Istanbul, the evaluation team will visit and meet UN agencies, interview regional organizations, beneficiaries and stakeholders. The team would also meet with relevant UNFPA RIAP staff for briefing and discussions on the project and its implementation.

The evaluation team will be supported by the Programme Associate during the duration of the evaluation who provide logistics and administrative support related to the conduct of the evaluation.

The evaluation team will be expected to work six (6) days a week, the seventh (7) day is optional. UNFPA RO will make available office space. Members of the evaluation team will be expected to bring their own laptops however.

## **11. Deliverables**

Following the review of the proposed TOR and relevant documents project and discussing the evaluation with ERG, the team leader of the evaluation team should submit an Evaluation Design Report. The design report describes the conceptual framework the evaluation team will use in conducting the evaluation. It details the evaluation methodology that is how each question will be answered by way of data collection methods, data sources, sampling and indicators. It also provides a clear indication of how the Consultants/Evaluation Team view and understand their tasks and plans to achieve the objectives of the evaluation.

The Evaluation Manager will coordinate the internal review and approval of the design report from the ERG.

The evaluation team will be remunerated according to the following schedule:

The deliverables for the evaluation team include:

Deliverable            Payment

Design Report

(20% payment upon EECARO acceptance of Design Report)

Field visits

Payment is made along with the first draft report (RO to pay travel and DSA)

Presentation of preliminary findings and recommendations to UNFPA CO/ERG Payment is made along with second draft report

First draft Report            Payment is made along with the second draft report

Second draft Report        70% payment upon EECARO determines 90% of work accomplishment

Final Report

(10% payment upon RO acceptance of Final Report) (upon UNPA acceptance of final report)

Design Report. The evaluation team will make oral or written presentation/briefing of the design report to RO and its stakeholders. RO's Evaluation Manager will obtain written comments on the design report from the ERG to the Consultants/Evaluators within 5 days of the report's submission or completion of the oral presentation, whichever comes later. RO reserves the right to modify the TOR in response to the design report. The outline of the design report is contained in Annex 3.

Draft Evaluation Report. The evaluators will submit an electronic copy of a draft evaluation report to UNFPA's evaluation manager. The draft report should be thoroughly copy edited to ensure that comments from the UNFPA and other stakeholders on content, presentation, language, and structure can be reduced to a minimum. The ET should review the UNFPA Evaluation Quality Assessment (EQA) Template and Forms to understand a key element of UNFPA's peer review and assessment process of the evaluation it supports (see Annex X).

After RO and stakeholders' review of the draft report, the evaluation manager will coordinate written comments on the draft report from ERG, RO, and relevant stakeholders and submit these to the Consultants/Evaluators. Based on these comments, the Evaluation Team will correct all factual errors and inaccuracies and make changes related to the report's structure, consistency, analytical rigor, validity of evidence, and requirements in the TOR. The Evaluation Team will not be required to make changes to conclusions and recommendations unless they are regarded as qualitative improvements. The recommendation should however be prepared in consultation of the RO and ERG that that they are understood, actionable, and as highly relevant to the RP. After making the necessary changes, the Evaluation Team will submit a revised draft evaluation report, which may lead to further comments from UNFPA. After the second round of review and, if necessary, further revision to the draft evaluation report, the Evaluation Team can then submit the final report for RO approval.

The draft evaluation report will also be shared with EECARO for their review and comments on the quality of the report as per established UNFPA and UNEG evaluation guidelines and standards.

Final Report. The recommended structure of the final report needs to follow UNFPA Evaluation Report Format, with the final format agreed upon by the ET and RO in the Design Report. The report must contain a self-contained executive summary that provides a clear, concise presentation of the evaluation's main conclusions and key recommendations and reviews salient issues identified in the evaluation. All deliverables must be in English.

Presentation of Preliminary Results. The Consultant/Evaluator will make a presentation to the RO and ERG before the Team Leader finishes field phase.

**Annexes:**

**Annex 1: Evaluation Team profile, roles and responsibilities**

**Annex 2: List of Documents reviewed for this evaluation (not limited to)**

**Annex 3: Outline of the Design Report (to be finalized)**

**Annex 4: Structure of Evaluation Report (to be finalized)****Annex 5: Ethical Code of Conduct for UNEG/UNFPA Evaluations****Annex 6: UNFPA Evaluation Quality Assessment template and explanatory note****Annex 1: Evaluation Team profile, roles and responsibilities**

Evaluation team leader (TL) will be responsible for the production and timely submission of the expected deliverables of the evaluation including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the evaluation team members and will also be responsible for the quality assurance of all evaluation deliverables. The Team Leader will be responsible for covering some of the components of the Regional Programme (to complement those of the evaluation team members so that all RIAP areas are covered). The Evaluation Team Leader will be an international expert in evaluation of development programmes with the following necessary competencies:

- Extensive (at least 7 years) previous experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset;
- The evaluation team leader should have excellent knowledge of the global and regional development context, issues and challenges in the region.
- Familiarity with UNFPA's work and mandate;
- Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA);
- Excellent analytical, communication and writing skills;
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Fluency in English is required.

Evaluation Team Members will have in-depth knowledge and experience of some components of UNFPA programmatic areas (to complement those of the TL so that all components are covered) and good knowledge of the global and regional development context, issues and challenges in the region. She/he will take part in the data collection and analysis work during the design and field phases. Evaluation team member will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation Team Member in the entire evaluation process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance. The necessary competencies of Evaluation Team Member will include:

- Extensive (at least 5 years) previous experience in evaluation;
- The evaluation team member needs to have demonstrated expertise in either sexual and reproductive health, population and development, Gender equality, adolescent and youth health;
- Familiarity with UNFPA's work and mandate;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills in English;
- Fluency in English is required.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

**Annex 2: List of Documents reviewed for this evaluation (not limited to)**

- A. UNFPA Global Document
  1. Strategic Plan 2015-2017
  2. Strategic Plan Integrated Results and Resource Framework 2014-2017
  3. UNFPA Business Model
  4. UNFPA Funding arrangements
- B. EECARO Regional Intervention Action Plan
  1. RIAP 2014-17\_August 2013\_Original
  2. RIAP 2014-17\_Amendment 1
  3. RIAP 2014-17\_Consolidated 8 Feb (Revised RRF)
  4. RIAP 2014-17\_Revised\_Feb2016\_Amendment 2
  5. DP.FPA.2014.8.Add.1Addendum to the strategic framework for the GRI

6. DP.FPA.2014.8Strategic framework for global and regional interventions.2014-2017
- C. RIAP Programme documents
  1. Evaluation of the UNFPA's Eastern Europe and Central Asia Regional Program 2008-2012 (July 2013)
  2. Regional Planning Meeting Reports for 2014, 2015 and 2016
  3. Office Management Plan 2014
  4. Business Unit Annual Plans for 2015 and 2016
  5. Workplans
    - All IP Workplan and revisions 2014, 2015, 2016
    - RIAP Workplans and revisions (2014, 2015 and 2016)
    - Monitoring Reports: ROAR 2014, EECARO Monitoring reports SIS (all quarters)- 2015, 2016; Project Monitoring Reports (for all quarters/ Cognos)- 2014, 2015, 2016
    - IP Quarterly narrative reports for 2014, 2015, 2016
    - IP FACE Forms (all quarters for 2014, 2015, 2016)
  6. Regional/Global Events Conducted - Matrix of Events (2014, 2015 and 2016)
  7. EECARO Technical Assistance Reports
- D. Programme outcome documents (example: Regional or inter-governmental documents produced with UNFPA support for example Regional SDG document, Action Plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, ICPD Regional Reviews etc.)
- E. Output documents produced by UNFPA and IPs in 2014, 2015 and 2016
- F. EECA Region UN coordination documents

### **Annex 3: Outline of the Design Report (to be finalized)**

This design report will include but not be limited to:

- Explain the evaluator's understanding of what is being evaluated and why;
- Describe the strategy for ensuring the evaluation's utility and applicability to the needs of UNFPA and those of key stakeholders;
- Review and strengthen the evaluation methodology, describing the plans to engage and involve stakeholders in the design (e.g., questions, objectives, methods, data-collection instruments), data collection, data analysis, and development of recommendations;
- Explain how the evaluation questions will be addressed with respect to all evaluative criteria indicated above by way of proposed methods, evaluation designs, sampling plans, proposed sources of data, and data-collection procedures; Note: The Consultants/Evaluators are encouraged to suggest refinements to the TOR and to propose creative or cost- or time-saving approaches to the evaluation and explain their anticipated value.
- For each of the evaluative criteria, describe the measurable performance indicators or standards of performance that will be used to assess progress towards the attainment of results, including outcomes;
- Discuss (a) the limitations of the proposed methods and approaches, including sampling, with respect to the ability of the evaluation team to attribute results observed to UNFPA efforts especially in the absence of a valid counterfactual and (b) what will be done to minimize the possible biases and effects of these limitations;
- Explain the Consultant's/Evaluator's procedures for ensuring quality control for all deliverables;
- Explain the Consultant's/Evaluator's procedures to ensure informed consent among all people to be interviewed or surveyed and confidentiality and privacy during and after discussion of sensitive issues with beneficiaries or members of the public;
- Indicate familiarity with an agreement to adhere to (a) the requirements of the Standards for Evaluation in the UN System, and (b) UNFPA's Evaluation Quality Standards, which will be provided to the TOR Annex; and,
- Provide a proposed schedule of tasks, activities, evaluation methodologies and deliverables consistent with this TOR.

### **Annex 4: Structure of Evaluation Report (to be finalized)**

### **Annex 5: Ethical Code of Conduct for UNEG/UNFPA Evaluations**

### **Annex 6: UNFPA Evaluation Quality Assessment template and explanatory note**

## Sampling Framework

Population	Sample	Number of Interviewees	Method
Regional/Sub Regional Office Staff	All senior management and technical staff from RO and SRO	17/17	In-depth Interviews
Country Leadership	All Country Representatives and Assistant Representatives; UNFPA staff in Bulgaria	23/24* Vacancy in Kazakhstan	In-depth Interviews
Representatives from Implementing Partner Agencies	1 appropriate staff leader from all current IPs (based on stakeholder matrix and recommended by Technical Advisors based on level of engagement with RIAP)	21/21	In-depth Interviews
Other Partners	1 appropriate staff leader from 50% of current other partners by programme area (recommended by Technical Advisors based on level of effort/ country engagement). Five respondents must come from UN agencies.	20	In-depth Interviews
Country Office Technical Staff	Advisor recommendation by programme component/outcome area and OEE area (cross-cutting)	8 discussion groups of 8 people = 64	Focus Group Discussions
All Country Office Staff	All staff in all country offices	197/197	Survey
Country Case Studies including Interviews with staff, government partners, implementing partners, beneficiaries (trainees)	<p>Sampling approach favoured representation from large, medium and small country offices; Representation from CIS/Central Asia and Balkan countries and management diversity (country clusters).</p> <p>*Turkey was omitted from sampling because of conflicting commitments during the time of the field work.</p>	<p>4/17 offices 10 govt. partners 10 beneficiaries</p> <p>Countries: Bosnia and Herzegovina, Kyrgyz Republic, Ukraine, Uzbekistan</p>	In-depth Interviews during country visits



## List of Persons Interviewed

### UNFPA, EECARO, Istanbul, Turkey

1. Alanna Armitage, Regional Director
2. Ian McFarlane, Deputy Director
3. Mahbub Alam, Regional M&E Advisor
4. Ali Shirazi, Policy and Advocacy Specialist
5. Ruslan Saparaliyev, International Operations Manager
6. Maria-Katia Sanchez, Human Resources Strategic Partner
7. Jennifer Butler, Senior Regional Advisor on HIV
8. Tamar Khomasuridze, SRH Advisor
9. Teymur Seyidov, SRH Programme Specialist
10. Nigina Muntean, Special Assistant to the Regional Director
11. Louise Dann, Resource Mobilisation and Partnerships Adviser
12. Jens-Hagen Eschenbaecher, Communications Advisor
13. Emmanuel Roussier, Humanitarian Response Specialist
14. Nigina Abaszade, Technical Advisor on Gender
15. Nurgul Kinderbaeva, Gender Program Specialist
16. Eduard Jongstra, PD Advisor
17. Rune Brandrup, Programme Specialist on Youth
18. Marta Diavolova, Programme Adviser
19. Michelle Sahal Estime, Program Analyst

### Countries

20. Karl Kulesa, UNFPA Representative for Turkey, Country Director for Georgia, Azerbaijan
21. Mieko Yabuta, UNFPA Representative, UNFPA Uzbekistan CO
22. Manuela Bello, Assistant Representative, UNFPA Albania CO
23. Garik Hayrapetyan, Assistant Representative, UNFPA Armenia CO
24. Farid Babayev, Assistant Representative, UNFPA Azerbaijan CO
25. Elena Kasko, Assistant Representative, UNFPA Belarus CO
26. Lela Bakradze, Assistant Representative, UNFPA Georgia CO
27. Raimbek Sissemaliyev, Assistant Representative, UNFPA Kazakhstan CO
28. Meder Omurzakov, Assistant Representative, UNFPA Kyrgyzstan CO
29. Visare Mujko-Nimani Assistant Representative, UNFPA Kosovo Office
30. Sonja Tanevska, Assistant Representative, UNFPA Former Yugoslav Republic of Macedonia CO
31. Zeynep Basarankut Kan, Assistant Representative, UNFPA Turkey CO
32. Bayramgul Garabayeva, Assistant Representative, UNFPA Turkmenistan CO
33. Fuad Aliiev, Assistant Representative, UNFPA Uzbekistan CO
34. Marija Rakovich, Program Analyst, UNFPA Serbia CO
35. Elena Zlatanova, UNFPA Bulgaria

### Country Visit: Ukraine

#### UNFPA Country Office

36. Caspar Peek, UNFPA Representative
37. Pavlo Zamostian, UNFPA Assistant Representative
38. Ekaterina Kristesashvili, GBV Sub-cluster Coordinator
39. Andrey Poshtaruk, HIV Programme Officer

## Government

40. Olena Fartushna, Focal Point, Project on Ageing, Ministry of Social Policy

## Implementing Partners

41. Galyna Maystruk, Executive Director, NGO Woman Health & Family Planning (IPPF Affiliate)
42. Tetiana Slobodian, Project Manager, NGO Woman Health & Family Planning (IPPF Affiliate)
43. Iryna Skorbun, Project Manager, NCD Prevention
44. Nataliia Isaieva, Director, NGO Legalife – Ukraine (SW Association)
45. Olena Fiskova, Staff, NGO Legalife – Ukraine (SW Association)

## **Country Visit: Moldova**

### UNFPA Country Office

46. Rita Columbia, UNFPA Representative
47. Natalia Cojohari, UNFPA Assistant representative
48. Eugenia Berzan, Programme Analyst of Reproductive Health and Youth
49. Eduard Mihalas, Programme Analyst on Population and Development and Gender
50. Diana Selaru, Administrative and Finance Associate
51. Anna Iovchu, Communication Officer

### Government

52. Veaceslav Albina, Department for Gender Equality, MoLSPF
53. Aliona Cretu, Head of Department for Demographic and Migration policies, MoLSPF
54. Vitalie Stirba, MoLSPF
55. Natalia Bargan, MoLSPF
56. Irina Pahomii, (Braga) MoLSPF
57. Liliana Cusmir, MoLSPF
58. Galina Morari, Head of Hospital Healthcare Department, MoH (gender focal point in the MoH)
59. Liliana Iasan, Deputy Minister of Health, MoH
60. Tatiana Zatic, Head of the Primary, Emergency and Community Health Care Department, MoH
61. Rodica Scutelnic, Secretary of State, MoH
62. Olga Gagauz, Head of the Demographic Research Center
63. Diana Valuta, Head, Monitoring of Screening Programmes Division, National Health Insurance Company
64. Uliana Tabuica, Associate professor, State University on Medicine and Pharmacy “Nicolae Testemitanu”

### NGOs

65. Rodica Comendant, Director, NGO Reproductive Health Training Center (EECARO IP)
66. Eleonora Grosu, Programme Coordinator of the NGO “Women’s Law Center”
67. Constantin Ciaronovschi, President of NGO “Generation with Initiative” and
68. Anna Susarenco, President of NGO “Y-PEER Moldova”

## **Country Visit: Tajikistan**

### UNFPA Country Office

69. Aziza Hamidova, Assistant Representative, UNFPA Tajikistan CO
70. Nargis Rakhimova, NPO RH, UNFPA Tajikistan CO
71. Khurshed Irgitov, Programme Associate on FP/RHCS, UNFPA Tajikistan CO
72. Parviz Boboev, Communication and Advocacy Officer, UNFPA Tajikistan CO
73. Firuz Karimov, HIV National Programme Officer, UNFPA Tajikistan CO

## Government

74. Mohtob Odinaeva, MEDT
75. Ravshan Tohirov, TFPA
76. Jonona Alierovna Hayridinova, Post-graduate Medical Institute
77. Bunafsha Jonova, Republican Teaching and Clinical Center on Family Medicine
78. Zukhra Abdurakhmanova, Association of Midwives

## UN Agencies

79. Igor Pokanevich, WHO
80. Ulughbek Aminov, UNAIDS
81. Yuki Suehiro, UNICEF
82. Niso Kasymova, UNICEF

## **Country Visit: Bosnia and Herzegovina**

### UNFPA Country Office

83. Doina Bologa, UNFPA Representative
84. Gabrijela Jurela, Assistant Representative
85. Zelijko Blagojevic, M&E Programme Analyst
86. Fatima Cengic, SRH Programme Analyst

### Governments

87. Goran Cerkez, Assistant Minister, Ministry of Health, FBiH, Federation Entity
88. Jasminka Vuckovic, Head, Department for Primary Health Care, Ministry of Health and Social Welfare, Republika Serbska
89. Dalibor Pejovic, Head, Department in Sector for Health in Ministry of Civil Affairs, Department for Analysis, Statistics & Reporting in Health, State-level Government, BiH
90. Emina Osmanagic, Director, NGO Asocijacija XY (IPPF affiliate)
91. Fedja Mehmedovic, CSE Expert, NGO Asocijacija XY (IPPF affiliate)

### UN Agencies

92. Dr Nead Seremet, Director, UNDP PMU for HIV, GFATM
93. Dr Mirza Palo, National Project Officer, WHO

## **UNFPA Headquarters**

94. Ugochi Daniels, Chief of Humanitarian and Fragile Context Branch, UNFPA HQ
95. Ilya Zhukov, Technical Analyst, HIV/AIDS Branch, EECARO HIV Focal Point, UNFPA HQ
96. Noemi Espinoza, Post 2015 Specialist (Political/Partnerships), UNFPA HQ
97. Natalia Dinello, Political Environment Scanning Adviser, Multilateral Affairs Branch, UNFPA HQ
98. Nkeiruka Didigu, Post 2015 Specialist (Technical), UNFPA HQ
99. Michael Reynolds, International Evaluation Consultant, UNFPA Corporate Evaluation

## **Implementing Partners/Other Partners**

100. Lena Luyckfasseel, IPPF European Network
101. Mahmood Tahir, European Board and College of Obstetrics and Gynecology
102. Helene Reemann, Project Manager, Federal Centre for Health Education, WHO Collaborating Centre for Sexual and Reproductive Health, BZgA
103. Petros Passas, Head of Programs, International Medical Corps
104. Mikhail Denissenko, Higher School of Economics in Moscow
105. Olga Remenets, Interstate Statistical Committee of CIS
106. Vitaly Djuma, ECOM
107. Svitlana Moroz, EWNA
108. Banu Ergocmen, Hacettepe University
109. Tomas Kucera, Charles University

- 110. Anina Chileva, National Center for Public Health and Analyses
- 111. Dr. Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, WHO
- 112. Ionela Horga, East European Institute for Reproductive Health
- 113. Dr. Mihai Horga, East European Institute for Reproductive Health
- 114. Bill Winfrey, Avenir Health
- 115. Olesya Kochkina, Asian Forum of Parliamentarians on Population and Development
- 116. Jane Kato-Wallace, Senior Program Officer, Promundo
- 117. Gerasimos Kouvaras, ActionAid Hellas
- 118. Petar Mladenov, Expert on Youth, SRHR and Project Development
- 119. Dan Biswas, FAROS
- 120. Neil Data, European Parliamentary Forum on Population and Development
- 121. Dr Theofilos Rosenberg, Hellenic Center for Disease Control and Prevention (KEELPNO  
in Greek)
- 122. Stasa Plecas, Executive Director, SWAN

### **UN Agencies**

- 123. Rastislav Vrbensky, Manager, UNDP Regional Hub for Europe and the CIS
- 124. Ingibjorg Solrun Gisladdottir, Regional Director for Europe and Central Asia  
Representative to Turkey, UN Women
- 125. Fumie Nakamura, Strategic Planning and Coordination Specialist, UN Women Europe  
and Central Asia Regional Office
- 126. Maha Muna, Regional Gender Advisor, CEE/CIS, United Nations Children's Fund
- 127. Andres Vikat, United Nations Economic Commission for Europe (UNECE)
- 128. Mr. Xavier Creach, Head of Emergency Protection Unit, UNHCR's Europe Bureau in  
Geneva
- 129. Mr. Karim Amer, Senior Operations Manager, UNHCR's Europe Bureau in Geneva

## Background Documents Reviewed

### I. RIAP Document

1. RIAP 2014-17\_August 2013\_Original
2. RIAP 2014-17\_Amendment 1
3. RIAP 2014-17\_Consolidated 8 Feb (Revised RRF)
4. RIAP 2014-17\_Revised\_Feb2016\_Amendment 2
5. DP.FPA.2014.8.Add.1 Addendum to the strategic framework for the GRI
6. DP.FPA.2014.8Strategic framework for global and regional interventions.2014-2017

### II. RIAP General Documents

1. Evaluation of the UNFPA's Eastern Europe and Central Asia Regional Program 2008-2012 (July 2013)
2. Regional Planning Meeting Reports for 2014, 2015 and 2016
3. OMP 2014
4. BU Annual Plans for 2015 and 2016
5. Workplans
  - 5.1 All IP Workplan and revisions 2014, 2015, 2016
  - 5.2 RIAP Workplans and revisions (2014, 2015 and 2016)
6. Monitoring Reports
  - 6.1 ROAR 2014
  - 6.2 EECARO Monitoring reports SIS (all quarters) 2015, 2016
  - 6.3 Project Monitoring Reports (for all quarters/ Cognos)- 2014, 2015, 2016
  - 6.4 IP Quarterly narrative reports for 2014, 2015, 2016
  - 6.5 IP FACE Forms (all quarters for 2014, 2015. 2016)
7. Regional/Global Events Conducted - Matrix of Events (2014, 2015 and 2016)
8. EECARO Technical Assistance
  - 8.1 Technical Assistance Management System (TAMS) Report for 2014, 2015, 2016
  - 8.2 EECARO Consolidated Matrix for Comments and Review for 2014, 2015, 2016 TA
  - 8.3 Regional Interventions Survey (2014, 2015) results

### III. Programme outcome documents (example: Regional or inter-governmental documents produced with UNFPA support for example Regional SDG document, Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, ICPD Regional Reviews etc. )

Responsible people to coordinate uploading the below listed background documents:

- Cross-cutting:
- Outcome 1 (SRH):
- Outcome 2 (Adolescents and Youth):
- Outcome 3 (Gender):
- Outcome 4 (PD)

### IV. Output documents produced by UNFPA and IPs in 2014, 2015 and 2016

**For example:** Training/Meeting reports, Conference Outcome Documents, Technical Report and Publications produced, Factsheets produced, Toolkits/Resource documents produced, Donor Reports (if applicable)

- SRH Outputs
- Adolescent and Youth
- Gender outputs
- PD outputs

- RP Capacity development
- SP OEE1
- SP OEE3
- SP OEE4

V. **UN coordination (RCM, R-UNDG etc.)**

VI. **RO and HQ collaboration e.g. working group representation, document contribution etc.-  
Human Resources (organogram, management structure RO and SRO etc.).**

## Interview Framework

Evaluation Criteria	Evaluation questions drawn from TOR	
<b>COMPONENT 1: ANALYSIS BY FOCUS AREAS (STRATEGIC OUTCOMES) and ORGANISATIONAL EFFECTIVENESS AND EFFICIENCY (CROSS CUTTING AREAS)</b>		
<b>Relevance</b>		Q#
All 4 Focus Areas (FAs)	EQ 1.A. To what extent and in what ways is the current programme responsive to the needs and expectations of the country offices and partners? Are there needs that are not being addressed?	1
	EQ 1.B. To what extent does the current programme reflect UNFPA policies and strategies as well as global priorities, including the goals of the ICPD Program of Action and the MDGs?	2
	EQ 1.C. To what extent was the regional office able to respond to changes in the regional development context?	3
<b>Effectiveness</b>		
All 4 FAs	EQ 2.A. Has RP accomplished its intended objectives and planned results? What were the constraining and facilitating factors and the influence of context on the achievement of results?	4
All 4 FAs	EQ 2.B. Have the RP activities contributed to enhanced results at country level? At regional level? In what ways?	5
	EQ 2.C. To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes?	6
All 4 FAs	EQ 2.D. What are the strengths and weaknesses of the RP?	7
	EQ 2.E. To what extent did the RIAP utilize a human rights based approach and incorporate principles of gender equity in programme design and implementation?	8
	EQ 2.F. How should the new RIAP better reflect the SDGs in the region?	9
<b>Efficiency</b>		
All 4 FAs	EQ 3.A. To what extent did the EECARO make good use of its human, financial and technical resources in implementing the regional programme.	10
All 4 FAs	EQ 3.B. What could be done to ensure a more efficient use of resources in supporting country offices and in the regional programme context?	11
<b>Sustainability</b>		
All 4 FAs	EQ 4.A. To what extent did the RP incorporate measures to ensure sustainability of the results over time?	12
All 4 FAs	EQ 4.B. To what extent are conditions and mechanisms in place so that the benefits of EECARO interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed? Please give examples.	13

<b>COMPONENT 2: ANALYSIS OF UN REGIONAL TEAM COORDINATION AND ADDED VALUE</b>		
<b>UN Coordination</b>		<b>#</b>
	EQ5.A. To what extent and in what ways did EECARO contribute to UN coordination mechanisms at regional level?	14
	EQ5.B. To what extent and in what ways did EECARO contribute to ensuring programme complementarity, seek synergies and undertake joint initiatives among UN funds and programmes?	15
<b>Added Value</b>		
	EQ6.A. What are the main UNFPA comparative strengths in the EECA region – particularly in comparison to other UN agencies?	16
	EQ6.B. Are these strengths a result of UNFPA corporate features or are they specific to the RO features?	17
	EQ6.C. What is the main UNFPA added value in the EECA's context as perceived by regional and national stakeholders?	18



## UNFPA EECA Region Staff Survey for Regional Intervention Action Plan (2014-2017) Evaluation

### Introduction and Instructions:

The purpose of this survey is to obtain input from UNFPA staff working in the countries of the EECA region regarding the relevance, effectiveness, efficiency and sustainability of the different components of the UNFPA Regional Programme. Results will contribute to the evaluation of the Regional Programme (Regional Intervention Action Plan 2014-2017), and to the development of the upcoming Regional Programme (2018-2021).

The survey is completely anonymous. The questionnaire includes a general section and then specific sections related to the key Regional Programme components: Sexual and Reproductive Health; Gender; Adolescents and Youth; Population and Development and; Humanitarian Assistance.

Please answer questions in the general section and as many programme component sections as possible. After completing one section, you will be prompted to complete additional sections. Each section will take approximately 10 minutes to complete.

Please read all questions very carefully - some wording is tricky! Your inputs are highly appreciated before close of business on December 7, 2016.

Thank you so much for your responses.

Sincerely,

RIAP Evaluation Team

Laura Wedeen

Arlette Campbell White

## General Questions:

**1. The Regional Office consulted effectively with my Country Office in developing the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**2. Planning for the Regional Programme gave adequate consideration to my Country Programme's needs and priorities.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**3. Overall, too much money is spent for the Regional Programme. It would be better to use these resources at country levels.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**4. The Regional Office has been instrumental in helping in resource mobilisation for my Country Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. The advocacy priorities of the Regional Programme are NOT relevant in my country context.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. My country's communication interventions are much improved because of the support of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**6. The Regional Programme has provided an adequate level of support to address my Country Programme's monitoring and evaluation needs.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**7. The Regional Programme has NOT provided sufficient support in the development of my country's Country Programme Document (CPD).**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**8. The Regional Programme has provided sufficient guidance to Country Programmes on advancing the ICPD agenda, the MDGs and the SDGs.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**9. The Regional Programme implementing partners (IPs) have provided very useful guidance to Country Programme's on advancing ICPD agenda, the MDGs and the SDGs.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**10. The Regional Programme has utilized human rights-based approaches in programme design and implementation.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

11. I hope that in the next Regional Programme (2018-2021)..... \_\_\_\_\_

**Will you respond to questions related to SRH?**

**I. Sexual and Reproductive Health**

**1. The SRH interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**2. The Regional Programme's interventions in SRH are NOT well aligned with the UNFPA Global Strategy.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**3. The Regional Programme was flexible in adapting to changes in my country in order to meet evolving SRH needs.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**4. The regional SRH component has fully accomplished its intended objectives and planned results.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. The results of the SRH component of my Country Programme are NOT AT ALL attributable the support of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**6. HIV interventions were adequately included in the SRH component of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**7. Humanitarian preparedness (MISP) interventions were NOT adequately included in the SRH component of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**8. EECARO made excellent use of its financial resources in implementing the SRH components of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**9. EECARO made excellent use of its human resources in implementing the regional SRH components of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**10. The SRH implementing partners working with the Regional Programme provide very useful support to my Country Programme's SRH work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**11. To what extent are conditions and mechanisms in place so that the benefits of EECARO SRH interventions are sustained and owned by national institutions, civil society and stakeholders after the interventions are completed?**

To a large extent • To some extent • Not at all • I Don't know

**12. To what extent did the SRH component of the Regional Programme incorporate principles of gender equality in programme design and implementation?**

To a large extent • To some extent • Not at all • I Don't know

**13. The coordination mechanisms and partnerships that were developed at regional level were NOT AT ALL useful to the SRH work in my country.**

To a large extent • To some extent • Not at all • I Don't know

**14. EECARO's SRH work is highly valued by external stakeholders in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**15. I hope in the next Regional Programme (2018-2021), that SRH interventions will...\_\_\_\_\_**

### **Will you respond to questions related to Gender Equality?**

#### **II. Gender Equality**

**1. The Gender Equality-related interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**2. The Regional Programme's interventions in Gender Equality are NOT well aligned with the UNFPA Global Strategy.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**3. The Regional Programme was flexible in adapting to changes in my country in order to meet evolving gender equality needs.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**4. The Regional Programme's Gender Equality component has fully accomplished its intended objectives and planned results.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. The results of my Country Programme in Gender Equality are NOT AT ALL attributable to the support of the Regional Programme's Gender Equality interventions.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**6. EECARO made excellent use of its financial resources in implementing the Gender Equality components of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**7. EECARO made excellent use of its human resources in implementing the Gender Equality components of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**8. The Gender Equality implementing partners working with the Regional Programme provide very useful support to my Country Programme's gender work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**9. To what extent are conditions and mechanisms in place so that the benefits of EECARO Gender Equality interventions are sustained and owned by national institutions, civil society and stakeholders after the interventions are completed?**

To a large extent • To some extent • Not at all • I Don't know

**10. The coordination mechanisms and partnerships that were developed at regional level were NOT AT ALL useful to the Gender Equality work in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**11. EECARO's Gender Equality work is highly valued by external stakeholders in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**12. I hope in the next Regional Programme (2018-2021), Gender Equality interventions will...\_\_\_\_\_**

### **Will you respond to questions related to Adolescents and Youth?**

#### **III. Adolescents and Youth**

**1. The Adolescents and Youth interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**2. The Regional Programme's interventions in Adolescents and Youth are NOT well aligned with the UNFPA Global Strategy.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**3. The Regional Programme was flexible in adapting to changes in my country in order to meet evolving needs of Adolescents and Youth.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**4. The Regional Programme's work on Adolescents and Youth has fully accomplished its intended objectives and planned results.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. The results of my Country Programme in Adolescents and Youth are NOT AT ALL attributable to the support of the Regional Programme's Adolescents and Youth interventions.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**6. EECARO made excellent use of its financial resources in implementing the Regional Programme's Adolescents and Youth work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**7. EECARO made excellent use of its human resources in implementing the Regional Programme's Adolescents and Youth work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**8. The Adolescent and Youth implementing partners working with the Regional Programme provide very useful support to my Country Programme's adolescent and youth work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**9. To what extent are conditions and mechanisms in place so that the benefits of EECARO Adolescents and Youth interventions are sustained and owned by national institutions, civil society and stakeholders after the interventions are completed?**

To a large extent • To some extent • Not at all • I Don't know

**10. To what extent did the Regional Programme's Adolescents and Youth component incorporate principles of gender equality in programme design and implementation?**

To a large extent • To some extent • Not at all • I Don't know

**11. The coordination mechanisms and partnerships that were developed at regional level were NOT AT ALL useful to the Adolescents and Youth work in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**12. EECARO's Adolescents and Youth work is highly valued by external stakeholders in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**13. I hope in the next Regional Programme (2018-2021), Adolescents and Youth interventions will... \_\_\_\_\_**

**Will you respond to questions related to Population Dynamics?**

**IV. Population Dynamics**

**1. The Population Dynamics interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**2. The Regional Programme's interventions in Population Dynamics are NOT well aligned with the UNFPA Global Strategy.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**3. The Regional Programme was flexible in adapting to changes in my country in order to meet evolving needs in the area of Population Dynamics.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**4. The Regional Programme's Population Dynamics component has fully accomplished its intended objectives and planned results.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. The results of my country programme in Population Dynamics are NOT AT ALL attributable to the support of the Regional Programme's Population Dynamics interventions.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**6. EECARO made excellent use of its financial resources in implementing the Regional Programme's Population Dynamics work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**7. EECARO made excellent use of its human resources in implementing the Regional Programme's Population Dynamics work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**8. The Population Dynamics implementing partners working with the Regional Programme provide very useful support to my Country Programme's population dynamics work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**9. To what extent are conditions and mechanisms in place so that the benefits of EECARO Population Dynamics interventions are sustained and owned by national institutions, civil society and other stakeholders after the interventions are completed?**

To a large extent • To some extent • Not at all • I Don't know

**10. To what extent did the Regional Programme's Population Dynamics component incorporate principles of gender equality in programme design and implementation?**

To a large extent • To some extent • Not at all • I Don't know

**11. The coordination mechanisms and partnerships that were developed at regional level were NOT AT ALL useful to the Population Dynamics programme in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**12. EECARO's Population Dynamics work is highly valued by external stakeholders in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**13. I hope in the next Regional Programme (2018-2021), Population Dynamics interventions will**

...\_\_\_\_\_

**Will you respond to questions related to Humanitarian Assistance?**

**V. Humanitarian Assistance**

**1. The Humanitarian interventions of the UNFPA Regional Programme were highly responsive to the needs of my Country Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**2. The Regional Programme was flexible in adapting to changes in my country in order to meet evolving humanitarian needs.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**3. The Regional Programme has been quick to respond to humanitarian needs in the region.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**4. The Regional Programme's Humanitarian work has fully accomplished its intended objectives and planned results.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**5. The results of my Country Programme in humanitarian preparedness and response are NOT AT ALL attributable to the support of the Regional Programme.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**6. EECARO made excellent use of its financial resources in implementing regional Humanitarian work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**7. EECARO made excellent use of its human resources in implementing regional Humanitarian work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**8. The Humanitarian implementing partners working with the Regional Programme provide very useful support to my Country Programme's humanitarian work.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know



**9. To what extent did the Regional Programme's Humanitarian work incorporate principles of gender equality in programme design and implementation?**

To a large extent • To some extent • Not at all • I Don't know

**10. The coordination mechanisms and partnerships that were developed at regional level were NOT AT ALL useful to the Humanitarian programme in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**11. EECARO's Humanitarian work is highly valued by external stakeholders in my country.**

Strongly Agree • Agree • Undecided • Disagree • Strongly Disagree • I Don't know

**12. I hope in the next Regional Programme (2018-2021), Humanitarian Assistance interventions will...\_\_\_\_\_**

**THANK YOU**

## Focus Group Discussion Questions

### 1. Accessing High-quality, Appropriate TA Through the RO

Introduction: The RO provides a significant amount of TA and advocacy support to country offices. This FDG discusses if the TA is the right TA and identifies the best mechanisms for accessing TA which is responsive to the country context.

- Are you aware of the types of TA that can be provided by the RO?
- Is the TA provided by the RO appropriate to your country's needs?
- What are the relative benefits/advantages of different modalities - organising workshops, specific missions, sharing knowledge, mobilising others to provide it, etc.
- Is the RO proactive enough with regard to your country's needs? Is the RO quick to respond to your needs?
- How can TA be better aligned and what are the implications for the next RIAP 2018-2021?

### 2. Maximising UNFPA's Effectiveness in the Humanitarian Response

Introduction: This is a relatively new area for UNFPA and humanitarian crises appear to be growing in the region. This FDG seeks to elicit CO views on the relative importance of this component compared to other core components of UNFPA's work; and how Humanitarian Response could be mainstreamed into existing and future programmes.

- Should UNFPA be working in this area? Why/Why not?
- Where do you see the greatest complementarity and synergy across the 4 core UNFPA programme components and the Humanitarian work?
- Where do you see the least complementarity across the four programme areas?
- How could this/these area/areas achieve greater complementarity and synergy?
- Does your country office have the tools and skills needed to work in this area?
- What could be done to improve your CO's delivery of activities in this area?
- Should this component be an integral part of the next RIAP 2018-2021?

### 3. Addressing the Needs of Marginalised Populations

Introduction: The Region has significant disparity in terms of population groups in urban and rural settings. How are CO programmes dealing with this? Also, new focus on SDGs demands that no-one should be left behind, and advocates for universality of programme response.

- In what specific ways can the CPD contribute to meeting the SDG targets?
- How is UNFPA positioned to address the needs of marginalised/vulnerable key populations? How are the COs identifying these groups and addressing their needs in collaboration with the RO? What does it mean for UNFPA partnerships with CSOs?
- What tools and advice do you need from the RO to enable you to better address programming for marginalised populations?
- How should these populations be addressed in the next RIAP 2018-2021?

### 4. The Ideal CO-RO Relationship

Introduction: Having a strong working relationship between Country Offices and the Regional Office is important. During our interviews over these past weeks, a number of people have spoken to the working relationship and how it affects them in their day-to-day lives. This is a visioning exercise of sorts. In the first part of the exercise, I will ask you to imagine the ideal. In the second part of the discussion, I will ask you what you think needs to happen to approach this ideal.

1. What would it *feel* like to have an ideal relationship between CO and RO? (15 min)

- What is the most important feeling that you want from this relationship?
  - How would having the ideal relationship affect your sense of personal satisfaction?
  - How would having the ideal relationship affect your professional satisfaction?
2. What current practices facilitate or encourage these feelings? (10 min)
  3. What current practices constrain or hamper these feelings? (10 min)
  4. What could the regional office do differently to promote the ideal relationship? (10 min)
  5. What could the country office do differently to promote the ideal relationship? (10 min)

## 5. Complementarities and Synergies Across Programme Components

Introduction: This FGD seeks to draw out ideas about complementarities and synergies in two ways – first between program components; that is, the extent to which program areas – specifically SRH (including HIV and Humanitarian), Gender, Youth and PD – work together to create greater impact, and if they do, in what particular ways. The second set of questions relates to the ways that the regional office and country office work together in different thematic areas to maximize impact at country and regional levels.

- Where do you see the greatest complementarity and synergy across programme components (20 min)
  - Within SRH, where are the most significant complementarities with HIV
  - Within SRH, where are the most significant complementarities with UNFPA’s Humanitarian work
- Where do you see the least complementarity across the four programme areas? (20 min)
  - *How* could this/these area/areas achieve greater complementarity and synergy?
- In what programme areas do you see the strongest complementarities between RO and CO programming? (5 min)
- In what programme areas do you see the weakest complementarities between RO and CO programming. (15 min)
  - How could the RO strengthen their response to maximize complementarity and synergy?

## 6. What Lessons Does EECA Have to Share?

Introduction: We know that the EECA region has some unique characteristics that affect the nature of its programming. This FGD explores these areas and seeks to identify the adaptive mechanisms used and their relevance moving forward.

- In what specific ways do the needs and opportunities of the EECA region **NOT** align well with UNFPA’s global strategic plan?
- It is said that necessity is the mother of innovation. How has the region adapted to the challenges it faces?
- What messages are most important for EECA to share about its experience? With UNFPA globally? Within the region?
- What are the implications of these challenges for the design of the 2018-2021 RIAP?