

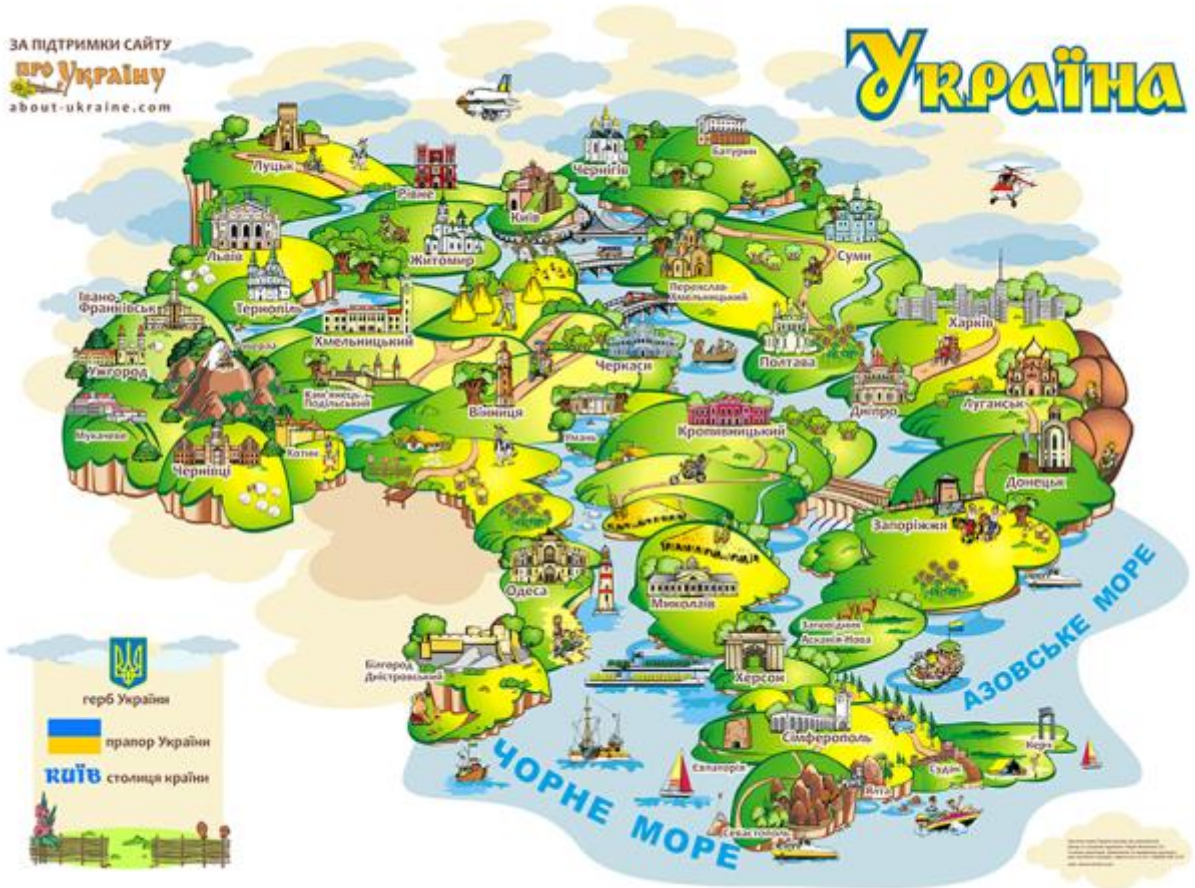


# **Evaluation of the 2nd UNFPA Country Programme for Ukraine (2012-2017)**

***FINAL EVALUATION REPORT***

**January 2017**

# Ukraine Country Map<sup>1</sup>



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<sup>1</sup> <http://about-ukraine.com/index.php?text=2585>

## Ukraine Country Map<sup>2</sup>



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**Acknowledgements**

The authors wish to acknowledge with their sincere thanks the numerous staff members from the various Government of Ukraine Ministries and related institutions, the UN collaborating agencies, donor agencies and a wide range of CSOs for providing time, resources and materials to permit the development and implementation of this evaluation. We appreciate the participation of members of the Evaluation Reference Group, especially those who took time to attend briefings and provided comments. We are particularly grateful to the UNFPA Ukraine staff members who, despite a very heavy load of other pressing commitments, were so responsive to our repeated requests, often on short notice. We would also like to acknowledge the many other Ukrainian stakeholders and client/beneficiaries, including experts in P&D, health, youth, gender and aging and the dedicated staff at the primary health care level, who helped the implementation of this evaluation despite their busy schedules. It is the team's hope that this evaluation and recommendations presented in this report will positively contribute to building a sound foundation for future UNFPA Ukraine supported programs in collaboration with the Government of Ukraine.

**Disclaimer**

This evaluation report was prepared by a team of three consultants: Lyubov Palyvoda, Evaluation Team Leader, Artem Miroshnichenko and Volodymyr Kupriy, Evaluators. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or member states.

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## **EXECUTIVE SUMMARY**

**Overview.** The overall purpose of this Country Programme Evaluation (CPE) is to conduct an independent end of program cycle evaluation of the 2nd United Nations Population Fund (UNFPA) Country Programme for Ukraine. This evaluation is an essential step to identify the major achievements as well as challenges encountered while implementing the current UNFPA Country Program (CP) and to ensure that the lessons learned are reflected in the forthcoming UNFPA CP for 2017-2021. This report covers results from 2012 to 2016 in five focus areas: 1) Sexual and Reproductive Health (SRH) 2) Youth, 3) Gender, 4) Population and Development (PD), and 5) Humanitarian Response. The initial CP budget of \$6.5 million (\$5.0 regular \$1.5 other) was increased to \$7.25 million by 2017 (\$2.7 regular and \$4.55 other).

The overall objectives of the CPE are to provide: 1) enhanced accountability of UNFPA to its donors, partners and other stakeholders for the relevance and performance of the country programme, and 2) broadened evidence base, including lessons learned and practical recommendations, for the design of the next UNFPA programme cycle for 2018-2022. The evaluation has three specific objectives: First, to provide the UNFPA national stakeholders, UNFPA Country Office in Ukraine, UNFPA EECARO, UNFPA Headquarters, as well as wider audience, with an independent assessment of the relevance and performance of the 2<sup>nd</sup> UNFPA Country Programme for Ukraine for 2012-2017, vis-à-vis the expected outputs and outcomes set forth in the programme results framework. Second, to provide an assessment of the UNFPA country office's positioning within the development community and national partners, with regard to its ability respond to national needs while adding value to the country's development. And third, to draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

The evaluation covers all activities planned and/or implemented during the period 2012-2017 within each programme area (reproductive health and rights, youth, population and development, gender equality and humanitarian response). The CPE analyse the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2008-2013 and 2014-2017, the UN-Ukraine partnership Framework for 2012-2017, and national development priorities and needs. The evaluation reconstructs the programme intervention logic and assesses the extent to which the ongoing country programme has chosen the best possible modalities for achieving the planned results in the current development context. The evaluation examines the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value, and covers both the development and humanitarian interventions.

The CPE took place during the period December 2016 – January 2017.

**Evaluation Approach.** The CPE follows the structure provided in the UNFPA Handbook (UNFPA October 2013) to assess the UNFPA CP using two separate components. First, is an analysis of the UNFPA CP Outcomes and Outputs within the five focus areas (SRH, Youth, Gender, P&D, and HR). This component employs four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assesses the positioning of the UNFPA CP in the country based on two criteria: UNCT coordination, and value added (comparative strengths in the country). The evaluation covers the five-year CP programme period (2012 - 2016). It focuses on the 15 outputs and 4 outcomes within the CP Results and Resources Framework that was updated 2014 to be aligned with the UNFPA Mid Term Strategic Plan (MTSP) for 2014-2017.

**Methodology.** The evaluation was conducted by a three-person national team (team leader and two evaluators). The evaluation is based on non-random samples of respondents with qualitative data collection methods. All interviews followed informed consent procedures as required by the UN ethics guidelines for evaluators. The collection of evaluation data was implemented using three main methods: 1) Desk review; 2)



Key informant semi- structured group and individual interviews; and 3) Site visits to CP targeted areas in two regions. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned three evaluation activities. Limitations of the evaluation include the timing of evaluation falling into holiday season, access to sources of information as of government restructuring and high turnover, and time resource spent on clarifying linkages between outcomes, outputs, indicators as of their three realignments in last five years. All interviews were done without the presence of UNFPA staff.

### **Key Findings - Overview of Achieved Results**

**Relevance:** All five programme areas were found to be of high relevance. Virtually all activities fit well within national priorities and strategies and are consistent with the needs of beneficiaries and implementing partners. There was strong evidence that activities were developed based on sound assessments as well as consultation with partners and beneficiaries. All five programme areas were implemented in a manner that was reflective of UNFPA global strategy, Ukraine’s Millennium Development Goals, and the Ukraine – United Nations Partnership Framework (2012-2016).

**Effectiveness:** Despite drastic changes in 2014 in the political context in Ukraine followed by the armed conflict in eastern Ukraine and expansion of the UNFPA activity in four programme areas to humanitarian response projects there was good progress for all programme areas. Only three major indicators were not achieved: i) Draft National SRH action programme pending approval; ii) National population census was canceled and is currently planned for 2020; and iii) only two out of three legal acts regulating delivery of social services to older were approved and the third is in the pipeline to be reviewed again as according to the legal procedure with new government taking office all regulatory documents should undergo review process from start. However, the third standard was piloted at regional level and will be submitted for endorsement.

**Efficiency:** Overall, the activities implemented toward the achievement of outputs for all programme areas appeared to be reasonable for the amount of resources expended. Most respondents were unable to comment on the question of efficiency in details, but of those who did, most felt that UNFPA has been careful to manage its funds efficiently. UNFPA used two financial methods in working with its partners (direct and indirect). Indirect method of finance was especially useful in working with civil society organizations in situation of humanitarian crisis and need for prompt reaction. UNFPA was successful in raising other donor funds to activities within its mandate that are needed in military conflict settings, namely – GVB, thematic population survey, social services for elderly. The final amount from regular sources was received two times less, but funds from other sources were tripled to what was expected.

**Sustainability:** There is evidence of both short- and long-term sustainability of programme results from program activities in all programme areas. In addition to establishing an effective policy dialog with national ministries that has resulted in important long-term national strategies and guidelines, there are examples of sustainability of UNFPA activities with the long-term scale up of UNFPA pilot projects and institutionalization of training and protocols. UNFPA has consistently made it clear that rather than support services, it is more focused on capacity building and longer term policy and strategy development. Through an ongoing constructive dialogue between the UNFPA and its partners UNFPA ensures the ownership of results by its partners.

**Program Area Findings:** UNFPA achieved important results for the **SRH** focus area through: the establishment and operationalization of a multi-stakeholder Reproductive Health Partners Group, introduction of a Total Market Approach to expand access to SRH products, reform of perinatal health care and training of staff of perinatal health care centres, development of new clinical guidelines on SRH, implementation of the WHO “Beyond the Numbers” methodology, development of youth-friendly services network, clinical training on family planning and youth-friendly approaches, development and rollout of a “Grow Healthy” safe behaviour training curriculum in vocational schools, prevention of STI/HIV among truck drivers, introduction on

syndromic approach to STI diagnostics and treatment, market analysis and affordability survey for contraceptives, training on MISAP for health and emergency services, production of educational videos on HIV prevention and safe behaviour for young people for web TV channels, integration of HIV and SRH/FP services for women who use injectable drugs, and provision of large supplies of condoms for youth-friendly clinics across Ukraine. The **Youth** focus area activity was focused on better address the needs and rights of young people, a youth survey to inform youth policy development, and expert assistance to the development of the youth policy. UNFPA chaired the UN Working Group on Youth and oversees the work of UN Youth Advisory Panel. Also, UNFPA established a partnership with the Kremenchug municipality and Youth Parliament of Kremenchug in Poltava region to foster young people's participation in decision making. The **Gender** focus area has made important contributions toward the implementation of the national programme on ensuring equal rights and opportunities for women and men, analysis of current legislation for gender equality provisions and their implementation, achievement of gender equality in the national labour legislation, delivery of a public awareness and communication campaign "Four Hands Happiness" to promote equal distribution of domestic duties between women and men, improvement of national CEDAW reporting, support of the "16 days of Activism against Gender Violence" campaigns, development and institutionalization of an advanced training curriculum on gender analysis and mainstreaming for civil servants, etc. Also, UNFPA has chaired the UN Gender Working Group during 2011-2015. The **P&D** programme was focused on integrating population and development linkages in various development agendas and frameworks through technical support for the preparation of the 2010 national census before it was finally cancelled by the government in 2012, organization and commissioning a number of studies on most pertinent demographic processes and features (including data collection to guide humanitarian response). Moreover, UNFPA worked on strengthening national response to population ageing as the most remarkable demographic process of nowadays in the country. More specifically, UNFPA promoted the ICPD agenda in the work of the UN Country Team in Ukraine, ensured Ukraine's participation in the global Post-2104 review process, assisted Ukraine in the implementation of and progress reporting on the Madrid International Plan of Action on Ageing, and contributed to the improvement of selected social services for older persons. Within the **humanitarian response** programme, UNFPA launched a complex programme of support to enhance national response to GBV in 5 regions of Ukraine most affected by the armed conflict in the east, and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflicts. UNFPA established and led a GBV Sub-Cluster under the Protection Cluster of the Humanitarian Country Team's architecture, provided hygienic kits and warm clothing to IDPs most in need, including older persons, beds for residential care institutions that hosted older and disabled persons evacuated from the armed conflict-affected areas, organized youth summer camps for young people moved from Lugansk province and delivered safe behaviour communication programmes to them, conducted a needs assessment among IDPs focused on the needs of women and older persons, and provided RH kits to health care facilities in the conflict-affected areas to improve the quality and coverage of SRH services in humanitarian settings.

**United Nations Country Team Coordination:** The UN-Ukraine Partnership Framework reflects the interests, priorities and mandate of the UNFPA in Ukraine and spells out the UNFPA contributions to the social development area of the Partnership Framework. The UNFPA activities clearly contributed to better coordination of the UN agencies in Ukraine. The UNFPA leads several working groups activity (on gender, youth, GBV) and plays an important role in ensuring outreach to all interested stakeholders. However, in general, joint programming and coherent work among the UN Agencies remain a challenge in Ukraine. Most respondents mentioned the lack of cooperation among agencies, little interest in each other activities as well as high competition for donor resources and recognition.

**Added value:** The value added of the UNFPA country programmes includes both corporate UNFPA comparative advantages, which are part of its mandate and mission, as well as features specific only to the country office. Among them are the UNFPA staff and their attitude to partners, desire to listen and support needs-oriented initiatives proposed by partners, thorough work and technical expertise. The respondents



commented on the UNFPA approaches aimed at system changes, targeting cause of problems but not their consequences, persistence in finding allies and/or building support base for introducing new approaches. The respondents appreciated the UNFPA high demand for quality work but also the organization's transparency and results reporting to stakeholders. The added value of the UNFPA country programme includes new knowledge and skills received by partners, modern approaches to problem solving, attention and support received in all UNFPA programmes' areas. However, UNFPA visibility remains an issue.

**Strategic Level Conclusions:** Over a period of its work in Ukraine, UNFPA has established close working relationships with key Government Ministries, state agencies, CSOs and media at national and regional levels that needed for annual program planning and effective and efficient programme implementation. However, Ukrainian context brought up important constraints and challenges for UNFPA work. Country Office had to adjust its activity to frequent changes in governments, a political situation and economic recession, military conflict and humanitarian crisis in eastern regions of Ukraine. Despite these constraints and challenges, UNFPA has made continuing progress toward the achievement of the CP outputs and SP outcomes.

**Program Area Conclusions:**

**Sexual and Reproductive Health:** The SRH component proved to be highly relevant to country context and responsive to emerging challenges. The Programme response combined well-established approaches such as advocacy and training activities with introduction of innovative approaches such as TMA, BTM, Syndrome approach which allow to achieve greater changes with relatively small spending. The ability of UNFPA CO team to find partners and build coalitions is remarkable. It helped keeping SRH as a country priority and reaching some of country MDGs (5a and 5b). However new country context led to reduction of the efforts: the SRH coalition weakened as most of the strong international organizations worked in the country gone, the MOH lack leadership in SRH area, and the new challenges such as health care reform, high level of internal migration, conflict in the East and economical decline put the recent achievements in SRH sphere at risk. UNFPA CO remained the only international organization with mandate in SRH and FP. There is a strong need to continue advocacy efforts in SRH and FP areas, support newly introduced approaches, build on achieved results and accumulated human capital and look for new strong partners.

**Youth and Adolescents:** UNFPA support to Ukraine was fully in line with the current needs and aligned with the national priorities. UNFPA Ukraine carried out effective interventions resulted in incorporation of the rights and interests of youth and adolescents in the national policies and programmes. In particular, the national youth policy has been significantly improved and this is supported by real data, a number of other programmes and mechanisms that stipulate higher recognition of youth participation and their role in the decision making in the area of social-economic development have been elaborated. UNFPA established itself as a leader in the field of youth activities that include promotion of youth participation, protection of rights and interests of youth. In addition, UNFPA contributed to promoting health-seeking behavior among youth in order to improve the sexual and reproductive health.

**Gender Equality:** Given the lack of policy preconditions and gender-mainstreaming in the national policy in various areas of social development and also due to the lack of effective intergovernmental coordination UNFPA managed to make an important progress in achieving planned results and promoted equal rights and opportunities for women and men through various policy, advocacy, capacity building and communication activity.

**Population and Development:** Cancellation of the national population census and rejection of government institutions to grant access to administrative database impacted the achievement of planned results within the framework of this programme area and, moreover, influenced all areas of the UNFPA activities. The population and development studies managed to only partially substitute the missing data. However, the UNFPA managed to provide rapid responses to these challenges by increasing its focus on capacity building

of the State Statistics Service and its institutional development that would enable the organization to work on more ambitious tasks in the future. The UNFPA strategic work on strengthening national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system was fully in line with the needs of Ukraine and aligned with the national priorities.

**Humanitarian Response:** The UNFPA work on gender-based violence issues contributed to a better understanding of this topic, to increased access to respective social services in this field and to rendering assistance and support to victims and witnesses of violence. At the same time the work of UNFPA and its partners in five eastern regions identified the need to expand this work to the whole country and to address the issue of a poor work and at times the lack of such work with a perpetrator and poor understanding of other types of violence such as sexual, psychological etc. by the population.

**Recommendations at the Strategic Level:** The next UNFPA National programme for Ukraine should consider to narrow the number of programme areas to two-three in total (for example, youth, gender, aging) and make themes like population and development, SRH, GBV, HIV/AIDs as a cross-cutting issues to major programme areas. While programming legislative and policy work focused it is important to remember that this type of activity is cumbersome, lengthy and out of control of UNFPA and consider careful planning of timeframe, human resources and 'right' selection of targets, partners, and allies to give more control of the policy processes to UNFPA. Moreover, it is important to involve CSOs more to policy and advocacy activity as they have more human and time resources and are more flexible and creative. To ensure sustainability and national ownership of the UNFPA results both for the short- and long-term perspective it is important to continue involvement of IPs and beneficiaries into strategic and operational programming process, policy and advocacy activity and continue building their organizational and individual capacity. Moreover, UNFPA should extent activities at regional and local levels further. Despite the number of interventions and the produced many tangible results, the visibility and level of attribution of certain results of the UNFPA work by population in Ukraine is still very low. UNFPA has to strengthen its capacity to communicate results of its work and to define clearly attributable "signature" products in order to raise the its visibility, particularly among potential donors, private sector and groups of supporters.

#### **Program Area Recommendations:**

**Sexual and Reproductive Health:** It is important to keep SRH and FP issues for the new country Programme, to find a way strengthening SRH coalition, to establish new reliable focal points in MOH and other key state institutions that involved in SRH and FP, to continue efforts on supporting innovative approaches introduced during 2nd Country Programme, and supporting emergency response in SRH and FP spheres for the oblasts most affected by the conflict. It is crucial to renew interventions in advocacy and sensitization of officials and managers in terms of SRH at the Ministry of Healthcare.

**Youth and Adolescents:** UNFPA should be more engaged in advocacy work in order to improve the local youth policy. As the same time, UNFPA should continue rendering expert support to the Ministry of Youth and Sport in the development its monitoring and evaluation capacity and building effective partnership with youth CSOs. UNFPA should provide support to the activities of the UN Youth Advisory Panel and continue rendering support to the local initiatives aimed at behavioral changes in the context of sexual and reproductive health.

**Gender Equality:** UNFPA should support efforts of Government officials and local civil servants in developing gender sensitive programs and plans. It is recommended to focus on local authorities when planning future interventions and to include interventions aimed at improvement of the quality evidence-based programme documents on gender issues; to help them build skills in programmes' preparation and development of programme performance indicators and M&E of these programmes. Taking into consideration the decentralization reform that stipulates for delegation of powers to the local level in the area of social

development of local communities, it is recommended to consider a possibility to provide expert support to the amalgamated communities when it comes to promotion of gender mainstreaming in the preparation and implementation of the local development programmes

**Population and Development:** UNFPA should strengthen its leadership on P&D and data issues. It is important to continue working with the Government as regards the importance of granting access to administrative data in order to get a better understanding of the demographic developments in Ukraine. It is recommended to focus on practical utilization of findings of studies on population and development, which can be very applicable for political and management decisions. It is important to engage public authorities at the stage of preparation of scope of work/terms of reference of such studies. Within the framework of the strategic area related to ageing, it is recommended to draw attention to family work, protection of property rights of senior people, activities that will ensure employment of senior retired people and contribute to overcoming ageing stereotypes.

## **CHAPTER 1: INTRODUCTION**

### **1.1 Purpose and objectives of the country programme evaluation**

In accordance with the UNFPA 2013 evaluation policy, the UNFPA Country Office ordered the evaluation of 2<sup>nd</sup> UNFPA Country Programme for Ukraine (2012-2017).

The overall objectives of the evaluation are:

- Enhanced accountability of UNFPA to its donors, partners and other stakeholders for the relevance and performance of the country programme;
- Broadened evidence base, including lessons learned and practical recommendations, for the design of the next UNFPA programme cycle for 2018-2022.

Towards the achievement of the overall objectives, the evaluation have the following specific objectives:

- To provide the UNFPA national stakeholders, UNFPA Country Office in Ukraine, UNFPA EECARO, UNFPA Headquarters, as well as wider audience, with an independent assessment of the relevance and performance of the 2<sup>nd</sup> UNFPA Country Programme for Ukraine for 2012-2017, vis-à-vis the expected outputs and outcomes set forth in the programme results framework;
- To provide an assessment of the UNFPA country office's positioning within the development community and national partners, with regard to its ability respond to national needs while adding value to the country's development;
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

### **1.2 Scope of the evaluation**

The evaluation covers all activities planned and/or implemented during the period 2012-2017 within each programme area (reproductive health and rights, youth, population and development, gender equality and humanitarian response). Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects. The CPE should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2008-2013 and 2014-2017, the UN-Ukraine partnership Framework for 2012-2017, and national development priorities and needs. The evaluation reconstructs the programme intervention logic and assesses the extent to which the ongoing country programme has chosen the best possible modalities for achieving the planned results in the current development context. The evaluation examines the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value, and covers both the development and humanitarian interventions.

The main audience and primary users of the evaluation includes the UNFPA Country Office in Ukraine, national partners of UNFPA (including government agencies, civil society organizations and academic institutions), the UN Country Team in Ukraine and donors operating in Ukraine. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

### **1.3 Methodology and process**

#### **1.3.1 Evaluation criteria and evaluation questions**

The evaluation was structured around the following evaluation criteria:

- four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability<sup>3</sup>;

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<sup>3</sup> The OECD-DAC evaluation criterion, the impact, is not considered in UNFPA country programme evaluations, due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution.

- two criteria specific to UNFPA, with a view to assessing the strategic positioning of UNFPA within the Ukraine UN Country Team (UNCT): coordination and added value .

Based on these evaluation criteria, the evaluation team used the following evaluation questions, which guided the data collection and analysis work throughout the evaluation process.

### Relevance

**EQ1:** To what extent are the objectives of the 2<sup>nd</sup> Country Programme (CP 2012-2017): 1) adapted to the needs of women, youth, people at risk of HIV infection, and older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework, as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?

**EQ2:** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

**Effectiveness** questions (EQ 3, 4, 5, 6, and 7) will address: 1) To what degree were the Country Programme's intended outputs and outcomes achieved? 2) To what extent did the outputs contribute to the achievement of the outcomes? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

**EQ3:** To what extent did UNFPA contribute to sustainably improving access to and demand for high quality **reproductive health**, HIV and SRH/FP services, especially for the most vulnerable groups?

**EQ4:** To what extent have the interventions supported by UNFPA in the field of **gender equality** (GE) contributed toward the ensuring equal rights and opportunities for women and men, with special focus on achieving gender equality in the national labour legislation and promotion of equal distribution of domestic duties between women and men?

**EQ5:** To what extent have the interventions supported by UNFPA on behalf of **youth** contributed to development of the youth policy, including young people's participation in decision-making?

**EQ6:** To what extent the interventions supported by UNFPA in the field of **population and development** (P&D) strengthened the national capacity to address population ageing, improved social services for older persons and produced disaggregated population data for policy making, programming and public use?

**EQ7:** To what extent have the interventions supported by UNFPA in the framework of **humanitarian response** within a GBV Sub-Cluster under the Protection Cluster of the Humanitarian Country Team's architecture, contributed to improvement the quality and coverage of SRH services in humanitarian settings, and enhance national response to GBV in 5 provinces of Ukraine most affected by the armed conflict in the east, and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflicts?

### Efficiency

**EQ8:** To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches used?

### Sustainability

**EQ9:** Are programme results sustainable in short and long-term perspectives? To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

## Coordination

**EQ10:** To what extent has UNFPA contributed coordination mechanisms in the UN system (UNCT and HCT) in Ukraine? To what extent does the UN-Ukraine Partnership Framework reflect the interests, priorities and mandate of UNFPA in Ukraine? To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Ukraine?

## Added Value

**EQ11:** To what extent has UNFPA made good use of its comparative strengths to add value to the development results in Ukraine? In particular: 1) What are the main UNFPA comparative strengths and added value in the country, particularly in comparison to other UN agencies?? 2) Are these strengths a result of UNFPA corporate features or are they specific to the country office features? 3) To what extent would the results observed within the programmatic areas have been achieved without UNFPA support? 4) What is the main UNFPA added value in Ukraine's context as perceived by national stakeholders?

In addition, the evaluation team will look at key lessons and recommendations in order to improve current and future action as well as best practices of the UNFPA activities.

### 1.3.2 Methods for data collection and analysis

The evaluation methodology is based primarily on standards and guidance described in *How to Design and Conduct a Country Programme Evaluation at UNFPA*<sup>4</sup> throughout the phases of the evaluation. Suggested and prescribed tools, such as the evaluation matrix, were adapted for the country programme context. Evaluation methods were both quantitative and qualitative, including documentary review, group and individual interviews, field visits to programme sites. The collection of evaluation data was carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and groups discussions. The evaluators take into account ethical considerations when collecting information.

The data collection tools were designed around the assumptions and indicators proposed in the evaluation matrix<sup>5</sup> and included:

- **Desk review and analysis.** A review, prior to fieldwork, of relevant documents including government and UNFPA policy and strategy documents, the the Ukraine-United Nations Partnership Framework, (2012-2016), the UNFPA 2nd Country Programme (2012-2017) documents, including the Work Plans, Country Office Annual Reports (COARs), the Master Work Plan, the M&E matrix, monitoring reports and relevant secondary data. The **Evaluation matrix** was developed during and after the in-country data collection to help evaluators consolidate in a structured manner all collected information corresponding to each evaluation question. The table also makes it easier to identify data gaps in a timely manner, and to collect all outstanding information.
- **Key informant interviews, interview guides and interview logs.** Separate semi-structured interviews were designed using interview guides for key informants (UNFPA staff, government counterparts, donors, other UN agencies, national and international implementing partners – IPs) in Kyiv and selected sites in Ukraine. The means of interviews were mostly face-to-face, whereas skype interviews were also used. Interview logs were kept by each evaluator in order to share data and record it effectively. All interviewees were assured by the evaluation team of the confidentiality of their responses. The team closely adhere to the UN Evaluation Group Code of Conduct and Ethical

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<sup>4</sup> Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, October 2013.

<sup>5</sup> Evaluation Matrix is presented in the Annex 4

Guidelines for Evaluations (2008).

- **Site Visits.** The selection of sites outside of Kyiv were based on purposive sampling combined with the knowledge of groups, their characteristics, and the purpose of the study. The chosen locations were illustrative of the UNFPA portfolio in Ukraine and include three sites on the Eastern part of Ukraine where UNFPA and its partners implement activity within humanitarian response programme area.

Evaluators assessed the extent to which programme results effects have been already achieved, but also look into the prospects. By conducting retrospective assessments for the most part, analysing *what* has happened and the reasons *why*, evaluators used prospective assessments as well. It is important for the next programme cycle in order to take into account lessons learned from the current situation and understand how the existing knowledge base can be used for the development of the new UN-Ukraine development partnership framework and the new UNFPA Country Programme for Ukraine for 2018-2022 and to accelerate the implementation of the ICPD Programme of Action.

The evaluators use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data was sought through regular exchanges with the UNFPA programme staff. Counterfactual analysis was applied wherever possible to explore the cause-to-effect relationships within the programme being evaluated.

### 1.3.3 Selection of the sample of stakeholders

The UNFPA country programme involves/affects a wide range of stakeholders. The evaluation adopted an inclusive approach, involving a broad range of partners and stakeholders. During the preparatory phase the evaluation manager performed a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders include representatives from the government, civil society organizations, the private sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

Based on the stakeholder mapping and the stakeholder sample was selected by using the following stakeholder selection criteria<sup>6</sup>:

- Stakeholders involved in seemingly good performing and poor performing interventions of the country programme.
- All type of stakeholders for each given output / outcome - i.e., implementing partners, execution agencies, other partners, direct and indirect beneficiaries, and donors.
- For each output/outcome, stakeholders associated to on-going activities as well as with activities (AWPs) that have already been completed.
- The sample should include both stakeholders related to parts of the programme implemented in the country capital and other parts implemented in other regions/ provinces/ districts.
- The sample should include both stakeholders associated with financially large and financially modest AWP.
- The sample should include both stakeholders associated to regular actions and pilot interventions.
- Stakeholders involved with the national execution modality and with the direct execution modality.
- Stakeholders associated with soft-aid activities carried out by the country office.
- Stakeholders associated to regional interventions.
- Whenever relevant, stakeholders that have been involved with interagency projects.

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<sup>6</sup> Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, October 2013



The list of all persons/institutions met is presented in the Annex 2.

An Evaluation Reference Group (ERG) was established by the UNFPA Country Office in Ukraine comprising key programme stakeholders (national governmental and non-governmental counterparts, UNFPA Regional Advisor on Monitoring and Evaluation, Evaluation Manager from the UNFPA Country Office in Ukraine). The ERG reviewed and provided inputs to the CPE terms of reference, including list of evaluation questions, provide inputs for selecting the evaluators, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the final report at the draft stage.

#### **1.3.4 Evaluation Process**

The country programme evaluation was implemented in five sequential phases, each of them including several steps, with respective deliverables as follows:



##### **1. Preparation**

This phase, managed by the UNFPA Country Office in Ukraine, includes:

- Drafting of country programme evaluation (CPE) terms of reference (ToR)
- Establishing an Evaluation Reference Group (ERG)
- Receiving comments from the ERG on the CPE ToR
- Receiving comments on the CPE ToR from the UNFPA EECARO
- Receiving approval of the CPE ToR from the UNFPA Evaluation Office
- Selecting potential evaluators
- Receiving pre-qualification of potential evaluators from the UNFPA Evaluation Office
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader
- Preparing the initial set of documentation for the CPE, including list of Atlas projects and stakeholder map

##### **2. Design**

During the design phase, the Evaluation Team performed the following tasks:

- Documentary review of all relevant documents available at the UNFPA Country Office in Ukraine, Regional Office and Headquarters levels regarding the UNFPA Country Programme for Ukraine for 2012-2017
- Mapping of stakeholders relevant to the CPE, including state and civil society stakeholders and indicating the relationships between different sets of stakeholders; the stakeholder map will be used for stakeholder sampling for data collection
- Reconstruction of the intervention logic of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme
- Finalization of the list of evaluation questions and preparation of the *evaluation matrix*
- Development of a data collection and analysis strategy, as well as a concrete workplan for the field phase.

Once all the interviewees and field trips have been identified by the evaluators, the UNFPA Evaluation Manager (together with the country office staff) set a preliminary agenda for the field phase and run the required logistical arrangements.

##### **3. Fieldworks**

After the design phase, the Evaluation Team undertook a three-week mission in Ukraine to collect and analyse the data required in order to answer the evaluation questions consolidated at the design phase, and to analyze the findings with a view to formulate the preliminary conclusions and recommendations of the evaluation. At the end of the field phase, the Evaluation Team provided the UNFPA country office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating these preliminary findings and testing tentative conclusions and/or recommendations.

#### **4. Reporting**

During this phase, the Evaluation Team continued the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the country office at the debriefing meeting. This *first draft final report* was submitted to the Evaluation Reference Group for written comments. Comments made by the ERG and consolidated by the UNFPA Evaluation Manager allowed the Evaluation Team to prepare a *second draft final evaluation report*. A formal evaluation quality assessment (EQA) took place at the reporting phase.

This second draft final report was disseminated among key programme stakeholders (including key national counterparts) and presented in a stakeholder workshop for final comments. The *final report* was drafted shortly after the workshop, taking into account comments made by the programme stakeholders.

#### **5. Dissemination and Follow-Up**

During this phase, the country and regional offices, as well as relevant divisions at UNFPA headquarters were informed of the CPE results. The evaluation report, accompanied by a document listing all recommendations, was communicated to all relevant units within UNFPA, with an invitation to submit their response.

##### **1.3.5 Evaluation limitations**

Evaluation had the following limitations:

- The *timing of the evaluation*. First, it is evaluation length that is too short and instead of planned six months evaluation was conducted in two months. The timing of the evaluation falls into holiday period when many stakeholders were out of reach. This limitation was mitigated by careful planning and good logistical support and division of labour among the evaluation team members as well.
- The *access to sources of information* (both documentary sources and stakeholders) as of government restructuring after the Revolution of Dignity. Changes of key personnel in some national counterpart institutions (Ministry of Health, Ministry of Social Protection, State Statistics Agency) affected institutional memory and made it sometimes difficult to obtain accurate and representative data for the period under evaluation. In order to mitigate these limitations the evaluation team used secondary data and purposive sampling approach to identify 'right' key informants (some of them retired or moved to other institutions).
- During the 2<sup>nd</sup> National Programme the quantity and essence of programme areas, global outcomes and outputs changed three times in order to reflect the 2011 mid-term review of the UNFPA Strategic plan, the UNFPA 2014-2017 Strategic Plan and country contributions to youth development and humanitarian and recovery response. All those re-alignments resulted in changes in country documents (number and numbering of outputs and inconsistency of their formulation, inconsistency in indicators and their meaning year by year) and those changes were not so easy to follow. More time than originally planned was spent clarifying linkages between the outcomes, outputs and correspondent indicators.

## CHAPTER 2: UN / UNFPA RESPONSE AND PROGRAMME STRATEGIES

### 2.1 UN and UNFPA response

UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to achieve universal access to sexual and reproductive health care, realize reproductive rights and reduce maternal mortality to improve the lives of women, adolescents and youth, enabled by profound analysis of population dynamics, observance and protection of human rights, and promotion of gender equality. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

UNFPA recognizes the strategic plan as the key tool for directing the work of UNFPA in supporting countries in implementing the ICPD Programme of Action and the Key Actions for the Further Implementation of the ICPD Programme of Action (ICPD+5) and in advancing the Millennium Development Goals. The UNFPA Strategic Plan for 2008-2013 has been approved by the Executive Board in 2007. Following the mid-term review (2011) of the UNFPA Strategic Plan (DP/FPA/2011/11), UNFPA globally adopted a set of **seven interrelated outcomes** no longer strictly associated with the three previous programmatic areas (Figure 1).

**Figure 1. UNFPA response**



The new UNFPA Strategic Plan for 2014-2017 reaffirmed the strategic direction set out in the midterm review of the 2008 - 2013 strategic plan, and presented a set of organizational changes that support its attainment. It sets out a vision for the changes in the lives of women, adolescents, and youth.

The UNFPA Strategic Plan 2014-2017, which was formally approved at the Executive Board Second Regular Session 2013, is focused squarely on addressing the unfinished agenda of Cairo, with a particular concentration on sexual and reproductive health and reproductive rights. The starting point for this is the substantive strategic direction set out in the Mid Term Review, which has been retained

and reaffirmed in the 2014-2017 Strategic Plan and which is represented by the bull's eye. The bull's eye is the goal of UNFPA: the achievement of universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction in maternal mortality. The work of the organization is centred on attaining this goal, particularly through an enhanced focus on family planning, maternal health, and HIV/AIDS. Reaching this goal would bring enormous benefits to people across the world by accelerating progress on the ICPD agenda, and would make a major contribution to the MDGs. MDG 5a and 5b on maternal mortality and reproductive health are the central focus of the Fund's work, but it is important to recognize that improving maternal health has a number of broader developmental impacts for the other MDGs. Women, adolescents and youth are the key beneficiaries of UNFPA work. The organization will prioritize the most vulnerable and marginalized, particularly adolescent girls and also indigenous people, ethnic minorities, migrants, sex workers, persons living with HIV, and persons with disabilities. UNFPA will work to improve their health and their ability to participate in the decision-making process on the issues that affect their lives, whether those decisions are made at the individual, familial, community, or national levels. The outer ring of the bull's eye contains the key factors that enable the attainment of the goal. Respect for human rights is a principle that

underpins all of the Fund's work. A human rights-based approach can be seen in how UNFPA operates, such as in the emphasis on ensuring that family planning services are free of coercion or that HIV/AIDS interventions are stigma-free.

UNFPA has been operating in Ukraine since 1996 through standalone projects mostly focusing on supporting the national family planning and reproductive health programmes and on developing systems for the prevention of sexually transmitted infections, including HIV infection. The first UNFPA Country Programme for Ukraine has been implemented in 2006-2011 and addressed three key programmatic areas of reproductive health, gender equality, and population and development. Starting from 2012, UNFPA and its national counterparts have been delivering the second UNFPA Country Programme for Ukraine that extends through 2017.

The second UNFPA Country Programme for Ukraine was developed in 2010-2011, a period when Ukraine, a lower middle-income Eastern European country, was slowly recovering from the effects of the global economic crisis of 2008-2009. After a decrease in GDP of 14.8% observed in 2009, by 2011 Ukraine was only able to return to the GDP figures of 2006 with an annual GDP growth rate of 4-5%. In 2012-2013 the Ukraine's GDP stagnated and then drastically decreased in 2014 following the deep political and economic crisis that has lingered since November 2013. However, according to the World Bank data, the per capita GDP for Ukraine (PPP) has demonstrated a moderate growing trend from \$8,282 in 2011 to \$8,666 in 2014, and is expected to further grow to \$9,358 for 2015 following a nearly triple devaluation of Ukraine's national currency in 2014-2015. In 2011, 24.3% of the Ukrainian population lived in poverty according to the national poverty criterion; this share is projected to increase to 25% in 2015. There are significant income inequalities; population groups most vulnerable to poverty include families with children, residents of small towns and rural areas, and older persons. There are no significant gender differences in poverty levels in Ukraine, except for single mothers, rural women and older women.

## **2.2 UNFPA response through the country programme**

### **2.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements**

Since mid-1990s Ukraine has suffered through a demographic crisis, a combination of rapid depopulation and deterioration of people's health and wellbeing. The demographic situation of Ukraine features below replacement fertility, high mortality (especially among working-age men), relatively low longevity with solid gender disparities in life expectancy, population ageing and growing development and quality of life gap between rural and urban areas. In 2006 a strategy of demographic development of Ukraine has been adopted by the government for the period until 2015, with a respective action plan. While the strategy addressed the main national demographic issues and concerns, its implementation and monitoring have been a challenge due to poor costing, funding and follow-up from the government.

In the period 2010 to 2015, Ukraine's population has decreased from 45.8 to 42.8 million people (the latter figure excludes the population of the Autonomous Republic of Crimea and Sevastopol). The majority of Ukrainians (69%) live in urban settlements. The female to male ratio for Ukraine is roughly 54/46. The total fertility rate in Ukraine was 1.459 in 2011 and 1.498 in 2014, demonstrating an upward trend from the 2001 absolute low at 1.078. Fertility in rural areas is roughly 1.5 times higher than in towns and cities. As of 2009, 71% of Ukrainian families had only one child (61% in 2000), and many couples opted not to have children for economic reasons. The most prevalent family in Ukraine consisted of two persons (35.9 per cent), while families of three had a 30% share. Average life expectancy at birth in Ukraine has slightly increased from 71.02 years in 2011 to 71.37 years in 2014. It has long had significant gender disparities: 66.25 years for men and 76.37 years for women. The healthy life expectancy at age 60 is 13.8 years for both sexes. About one third of people in Ukraine would die early, before the age of 65. Some 55% of such early deaths in the working age

are potentially preventable. The shares of older persons in Ukraine are 21.8% (60+) and 15.6% (65+). The average life expectancy at age 65 was 16.76 years for women and 12.81 years for men in 2014. The demographic load of below- (0-15) and above-working-age (60+) population groups on the working age population groups (16-59) is 607 per 1,000 with a significant prevalence of the above-working-age population. According to population projections, by 2050 every third resident of Ukraine will be over 60 years of age. Meanwhile, the number of children and working age population will decrease almost twice. Among older people, there will be 1.5 times more women than men. In 2012-2013 the officially registered external migration flows counted for some 1.5 million people annually, while the World Bank's estimates were closer to 3 million – Ukraine-Russia and Russia-Ukraine were the second and third world's largest migration corridors. The migration flows are poorly measured, especially after the loss of governmental control over national borders in eastern territories in 2014.

Ukraine has been unable to conduct a national population and housing census of the 2010 round. The existing population information is mainly based on the 2001 census data and vital statistics plus registered migration statistics thereafter. After a cut-off of population-related statistics flows from the Autonomous Republic of Crimea, Sevastopol municipality and non-government controlled areas in Donetsk and Lugansk provinces, and following the massive and mostly unmeasured displacement of people fleeing the conflict-affected territories, the accuracy of available population data in Ukraine became compromised. Ukraine plans to conduct the next national population census in 2020, however as of mid-2016 there were no preparations underway.

In the first decade of the new century, reproductive health of Ukrainians has been improving, except for rise of HIV infections and infertility. Coverage of pregnant women with antenatal care by health professionals stood at 98.5% and skilled attendance at birth at over 99%. The prevalence of labour and delivery complications was 33.3% in 2010, down from its peak of 69% in 1998. The maternal mortality ratio in Ukraine was 23.5 deaths per 100,000 live births in 2010, and went down to 15.2 in 2014, though remaining well above the European Union averages. In 2014, the main causes of maternal deaths were extra genital pathology (22.7%), sepsis (19.7%), pulmonary embolism (16.7%) and haemorrhage (15.2%). Cases of maternal deaths were usually investigated in a prosecuting manner without examination of the root causes and factors other than clinical. The infant mortality rate was 9.1 per 1,000 live births in 2010 and decreased to 7.8 per 1,000 live births in 2014. Previous achievements in family planning contributed to a decrease in the abortion rates in Ukraine, from 34.1 abortions per 1,000 women of reproductive age in 2000 to 15.1 in 2010, then down to historical low of 10.4 in 2014 and up to 15.1 again in 2015. Modern contraceptives are widely available in Ukraine through commercial outlets, though their financial affordability has significantly decreased as most of them are imported. According to the 2012 MICS, 40% of women of reproductive age used a modern contraception method, and the total unmet need for contraception was 4.9%.

Before the commencement of the 2<sup>nd</sup> UNFPA Country Programme for Ukraine, the country has had the highest HIV adult prevalence rate (1.3%) among countries of Europe and Central Asia. The HIV epidemic was initially concentrated among young people who use injecting drugs and sex workers, but sexual transmission is increasing among the general population. The mother-to-child HIV transmission rate was 6.2%. Only around one half of the Ukrainian young people aged 15-24 years had correct comprehensive knowledge of HIV/AIDS: 44.8% among women and 42.8% among men. Furthermore, knowledge on HIV infection prevention, reproductive health, substance abuse, including alcohol and tobacco seldom transformed into safe behavioural practices. Youth at primary schools, college and university students were not covered by any systematic prevention interventions facilitated at the national level. Lack of training curricula and well-trained teachers has limited the implementation of consistent and comprehensive HIV awareness programmes in Ukrainian schools: only 58.7% of schools had teachers able to provide students with a good knowledge for developing life-saving skills.

Ukraine made significant progress on its way to achieving gender equality by establishing the core elements of an appropriate legal and institutional framework. Ukraine has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol, and has endorsed the Beijing Platform of Action adopted at the Fourth World Conference on Women (1995). Nevertheless, due to ineffective implementation of the various legal instruments and the persistence of stereotypical notions regarding the status and roles of men and women, true gender equality is far from being a reality in Ukraine. The majority of the MDG 3 targets for Ukraine have not been achieved in full, despite the availability of institutional and financial resources to deliver gender equality programmes. The most challenging tasks of increasing women's representation in the Parliament (8% in 2010 and 12% in 2014) and reducing the gender pay gap (77.8% in 2010 and 76.3% in 2014) remained unfulfilled. While reliable national statistics are scarce, a sociological research commissioned by UNFPA in 2014 revealed that 19% of women of reproductive age survived at least one episode of physical violence since age of 15, and 8% suffered sexual violence. More than two thirds of violence survivors never sought assistance. The gender inequality index value for Ukraine was 0.335 in 2010, ranking the country 57<sup>th</sup> of 187 countries, and improved to 0.286 in 2014, although the country rank remained the same.

The legal basis for the relationship between the Government of Ukraine and UNFPA is set forth by the Standard Basic Assistance Agreement (SBAA) between the Government of Ukraine and the United Nations Development Programme (UNDP) dated 18 June 1993 and the exchange of letters between the Government represented by the Ministry of Foreign Affairs of Ukraine and UNFPA dated 22 March 2006, whereby the SBAA provisions are applied to UNFPA activities and personnel, *mutatis mutandis*.

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to achieve universal access to sexual and reproductive health care, realize reproductive rights and reduce maternal mortality to improve the lives of women, adolescents and youth, enabled by profound analysis of population dynamics, observance and protection of human rights, and promotion of gender equality. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

UNFPA has been operating in Ukraine since 1996 through standalone projects mostly focusing on supporting the national family planning and reproductive health programmes and on developing systems for the prevention of sexually transmitted infections, including HIV infection. The first UNFPA Country Programme for Ukraine has been implemented in 2006-2011 and addressed three key programmatic areas of reproductive health, gender equality, and population and development. Starting from 2012, UNFPA and its national counterparts have been delivering the second UNFPA Country Programme for Ukraine that extends through 2017.

UNFPA coordinates its activity with both UN agencies and bilateral partners. The main UN partners include WHO, ILO, UNICEF, UNDP, and UNAIDS. UNFPA achieves results through complementary and well-coordinated activities with the above-mentioned UN agencies. For example, for maternal health UNFPA supports the adaptation and implementation of WHO's "Beyond the Numbers" approach. UNFPA complements the work of UNICEF in the area of EMTCT by strengthening the implementation of the family planning component of EMTCT services. In the area of gender equality UNFPA partners with ILO and UNDP. Reaching out to communities with RH information and services UNFPA conducts by using mechanisms and processes established under the UNDP supported Community Based Assistance programme. UNFPA participates in the UNAIDS Joint Team in reducing sexual transmission. Bilateral partners include USAID, SIDA,

and the European Commission. They are involved into the UNFPA CP implementation as external advisory and expert bodies, as well as co-financing partners.

### 2.2.2 Current UNFPA country programme

The 2<sup>nd</sup> UNFPA Country Programme Document for Ukraine (DP/FPA/DCP/UKR/2) has been approved by the UNDP/UNFPA/UNOPS Executive Board at its second regular session in September 2011. The programme initially covered the period from 2012 to 2016, but has been extended at no cost for 1 year through 2017 (DP/FPA/2015/14) following the respective extension of the UN-Ukraine Partnership Framework.

The initial programme results framework has incorporated the outcomes of the Ukraine-UN Partnership Framework for 2012-2016 as programme outcomes. Following the mid-term review (2011) of the UNFPA Strategic Plan (DP/FPA/2011/11), UNFPA globally adopted a set of seven interrelated outcomes no longer strictly associated with the three previous programmatic areas, and the country programme results framework was subsequently realigned in 2012 to reflect the programme contributions to the revised corporate outcomes. More specifically, the country programme contributed to Strategic Plan's outcomes 1, 3 and 7. The new UNFPA Strategic Plan for 2014-2017 is organized under 4 global outcomes and 15 outputs, and the country programme was realigned again to link its outputs to the outputs and outcomes of the new Strategic Plan. During this process, in December 2014 two new outputs were added to reflect the programme contributions to youth policy development and humanitarian and recovery response.

The second UNFPA Country Programme (CP) for Ukraine contributes to the achievement of the Ukraine's Millennium Development Goals (MDGs) for reducing poverty, promoting gender equality, improving maternal health and slowing down the spread of HIV and other STIs. The programme supports the implementation of the following on-going national policies and programmes:

- National Programme "Reproductive Health of the Nation" for period until 2015 (approved by the resolution of the Cabinet of Ministers of Ukraine of 27 December 2006 No. 1849);
- National Programme on HIV Infection Prevention, Treatment, Care and Support of People Living with HIV and AIDS (2009-2013);
- Strategy of Demographic Development for period until 2015 (approved by the resolution of the Cabinet of Ministers of Ukraine of 24 June 2006 No. 879).

Country Programme Document (CPD) for Ukraine includes three broad programmatic areas: reproductive health and rights; population and development, and gender equality. The programme was aligned with: (a) the national programme of economic reforms of Ukraine for 2010-2014; (b) the national Millennium Development Goals; (c) the UNFPA strategic plan, 2008-2013 (DP/FPA/2007/17); and (d) the Ukraine-United Nations Partnership Framework, 2012-2016, particularly its thematic areas of social development and governance.

In the programmatic area of **reproductive health and rights**, UNFPA supported the establishment and operationalization of a multi-stakeholder Reproductive Health Partners Group, introduction of a Total Market Approach to expand access to SRH products, reform of perinatal health care and training of staff of perinatal health care centres, development of new clinical guidelines on SRH, implementation of the WHO "Beyond the Numbers" methodology, development of youth-friendly services network, clinical training on family planning and youth-friendly approaches, production of information, education and communication materials on SRH and family planning, development and rollout of a "Grow Healthy" safe behaviour training curriculum in vocational schools, prevention of STI/HIV among truck drivers, training on syndromic approach to STI diagnostics and treatment, market analysis and affordability survey for contraceptives, training on MISIP for health and emergency services, production of educational videos on HIV prevention and safe behaviour for young people for web TV channels, integration of HIV and SRH/FP services for women who use injectable drugs, and provided large supplies of condoms for youth-friendly clinics across Ukraine.



To promote **gender equality**, UNFPA provided support to the implementation of the national programme on ensuring equal rights and opportunities for women and men, analysis of current legislation for gender equality provisions and their implementation, contributed to achieving gender equality in the national labour legislation and closing the pay gap between women and men, developed and delivered a public awareness and communication campaign “Four Hands Happiness” to promote equal distribution of domestic duties between women and men, provided on-site advisory and policy support to the Ministry of Social Policy of Ukraine, consistently ensure Ukraine’s participation in the sessions of the UN Commission on the Status of Women, improved national CEDAW reporting and sensitized parliamentarians on Istanbul Convention, supported the “16 days of Activism against Gender Violence” campaigns, developed and institutionalized an advanced training curriculum on gender analysis and mainstreaming for civil servants, and contributed to the development and review of the National Human Rights Strategy. UNFPA has chaired the UN Gender Working Group during 2011-2015.

To help Ukraine better address the needs and rights of **young people**, UNFPA supported a youth survey to inform youth policy development, and provided expert assistance to the development of the youth policy. UNFPA established a partnership with the Kremenchug municipality and Youth Parliament of Kremenchug to foster young people’s participation in decision making, which has resulted in numerous joint activities, like national youth fora and most recently a youth meeting on Sustainable Development Goals.

In the area of **population and development**, UNFPA focused its work on integrating population and development linkages in various development agendas and frameworks, and on strengthening national response to population ageing as the most remarkable demographic process of nowadays in the country. More specifically, UNFPA provided technical support for the preparation of the 2010 national census before it was cancelled by the government due to lack of budgetary funding, organized and commissioned a number of studies on most pertinent demographic processes and features (including data collection to guide humanitarian response), promoted the ICPD agenda in the work of the UN Country Team in Ukraine, ensured Ukraine’s participation in the global Post-2104 review process, assisted Ukraine in the implementation of and progress reporting on the Madrid International Plan of Action on Ageing, and contributed to the improvement of selected social services for older persons.

The armed conflict in eastern Ukraine (several areas in Donetsk and Lugansk provinces), has led to massive and severe violations of human rights, resulted in large-scale population displacements and dramatically changed the domestic policy environment of Ukraine since spring 2014. Among the largest and most vulnerable population groups suffering from consequences of internal displacement are women and older persons who make up the majority among internally displaced persons (IDPs), but also among those who remained at their homes: in some villages along the contact line women account for the majority of the adult population and lead almost 30% of households. The UN Humanitarian Country Team in Ukraine delivers a consolidated humanitarian response helping conflict-affected people and communities cope with their hardships and return to normal life. In the humanitarian response architecture, UNFPA is working as part of the Health and Protection Clusters chairing and supporting the work of the gender-based violence (GBV) sub-cluster at the central level and in the field. The national capacity gaps in monitoring the humanitarian situation based on a solid methodology and objective indicators, as well as in gauging the needs of conflict-affected population groups, became exposed. The lack of evidence, including population data, compromises the quality of humanitarian response. This lack of data is being addressed mostly by non-state humanitarian actors.

In the framework of **humanitarian response**, UNFPA established and operationalized a GBV Sub-Cluster under the Protection Cluster of the Humanitarian Country Team’s architecture, provided hygienic kits and warm clothing to IDPs most in need, including older persons, beds for residential care institutions that hosted older

and disabled persons evacuated from the armed conflict-affected areas, organized youth summer camps for young people moved from Lugansk province and delivered safe behaviour communication programmes to them, conducted a needs assessment among IDPs focused on the needs of women and older persons, helped the municipality of Berdyansk in developing a project proposal to meet the growing need in social services of this southern city that had received a large population of IDPs, provided RH kits to health care facilities in the conflict-affected areas to improve the quality and coverage of SRH services in humanitarian settings, and launched a complex programme of support to enhance national response to GBV in 5 provinces of Ukraine most affected by the armed conflict in the east, and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflicts.

Envisioned outputs under each area of CPD were as follows<sup>7</sup>:

### ***Reproductive health and rights component***

Output 1: Improved national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care. This output was expected to be achieved by following activities:

- (a) reviewing and revising existing policies, programmes and standards of care to advance the policy and regulatory environment for reproductive health and rights;
- (b) supporting the development of a new national reproductive health programme;
- (c) improving coordination and monitoring and evaluation mechanisms for reproductive health and family planning services;
- (d) improving the reproductive health data management systems;
- (e) promoting advocacy, policy dialogue and technical support to ensure the availability of reproductive health commodities for the most vulnerable population groups;
- (f) developing a strategy and an operational plan to respond to emergency situations.

Output 2: Improved quality of maternal health and family planning services in underserved rural areas. To achieve this output, the programme intended to:

- (a) develop the capacity of health professionals to plan, manage and deliver high-quality maternal health services;
- (b) support the adoption and implementation of 'Beyond the Numbers', part of a package of maternal health tools developed and adopted by the World Health Organization;
- (c) strengthen reproductive health and family planning services, including youth-friendly clinics, in underserved rural areas;
- (d) strengthen the linkages between reproductive health and HIV programmes, including the integration of reproductive health and family planning services for women living with HIV.

Output 3: Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health. This output should have been achieved by:

- (a) developing and implementing behaviour change communication interventions for young people and marginalized groups, including sex workers;
- (b) promoting sexual and reproductive health and rights education in secondary and vocational training institutions, including peer education programmes.

### ***Population and development component***

Output 1: Availability of disaggregated population data for national and sectoral development policymaking, programming and public use. Planned activities included:

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<sup>7</sup> Draft country programme document for Ukraine. Approved by Annual session 2011. 6 to 17 June 2011, New York Docs\_for Evaluators\CPD\_UNDAF\Ukraine UNDAF\_CPD\_CPAP\CPD Ukraine (DP FPA DCP UKR 2).doc

- (a) supporting the planning and implementation of the 2012 national population census, as well as disseminating census data and promoting its use;
- (b) facilitating scientific research on population processes and trends to provide data for policies and programmes.

**Output 2:** Strengthened national capacity to address emerging population issues. This output was expected to be achieved by following activities:

- (a) developing an advocacy strategy to mainstream population issues in national development strategies;
- (b) supporting the development and implementation of the national policy on population ageing in accordance with the International Plan of Action on Ageing and United Nations principles relating to older persons;
- (c) strengthening national capacity to implement social policies that enable older people to lead active and healthy lives.

### ***Gender equality component***

**Output 1:** Women's empowerment and gender equality promoted through gender-sensitive policies and the prevention of gender-based violence. Activities under this output included:

- (a) improving national legislation on domestic and gender-based violence;
- (b) supporting research for evidence-based advocacy to ensure the incorporation of gender equality in policies and programmes;
- (c) undertaking advocacy campaigns to prevent gender-based violence, including campaigns that promote male involvement;
- (d) building the capacity of the national mass media to portray women and girls in a gender-sensitive manner;
- (e) preventing gender-based violence at the community level and providing integrated support services in selected regions for vulnerable groups.

**Programme results framework** has incorporated the outcomes of the UN-Ukraine Partnership Framework for 2012-2017 as programme outcomes. Following the mid-term review (2011) of the UNFPA Strategic Plan (DP/FPA/2011/11), UNFPA globally adopted a set of **seven interrelated outcomes** no longer strictly associated with the three previous programmatic areas, and the **country programme results framework was subsequently realigned in 2012** to reflect the programme contributions to the revised corporate outcomes. More specifically, the country programme contributed to Strategic Plan's outcomes 1, 3 and 7:

**Outcome 1:** Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies

**Outcome 3:** Increased access to and utilization of quality maternal health and family planning services for individuals and couples according to reproductive intentions

**Outcome 7:** Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality

**The new UNFPA Strategic Plan for 2014-2017** reaffirmed the strategic direction set out in the midterm review of the 2008 - 2013 strategic plan, and presented a set of organizational changes that support its attainment. It is organized under **4 global outcomes**<sup>8</sup> (provided below) and 15 outputs.

**Outcome 1:** Increased availability and use of integrated SRH services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access

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<sup>8</sup> UNITED NATIONS POPULATION FUND THE UNFPA STRATEGIC PLAN, 2014-2017. Source file: Docs\_for Evaluators\CPD\_UNDAF\UNFPA Strategic Plan, 2014-2017.pdf

**Outcome 2:** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services

**Outcome 3:** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

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

In 2014 **the Country Programme was realigned again** to link its outputs to the outputs and outcomes of the new Strategic Plan. Realigned set of Country Programme outputs is listed below:

**Output 1:** Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care

**Output 2:** Improved quality of maternal health and family planning services in underserved rural areas

**Output 3:** Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health

**Output 4:** Strengthened national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system

**Output 5:** Women's empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence

**Output 6:** Availability of disaggregated population data for national and sectoral development policymaking, programming and public use

During this process, in December 2014 **two new outputs** were added to reflect the programme contributions to **youth policy development** and **humanitarian and recovery response**.

**Output 7:** Human rights and needs of adolescents and youth are incorporated in national laws, policies and programmes

**Output 8:** UNFPA programming comprehensively addresses humanitarian and recovery issues

**The Country Programme Action Plan (CPAP)** was developed to **operationalize** the programme jointly by UNFPA and its **key national counterparts**. Although the CPAP has been **substantively endorsed by the line ministries of Ukraine through exchange of letters**, the document **has not been officially signed by the government coordinating agency** (Ministry of Economic Development and Trade of Ukraine) for international technical assistance because of the position of the Ministry of Justice of Ukraine that considered the CPAP an international treaty of Ukraine requiring ratification by the Parliament of Ukraine (the same situation relates to the CPAP of the UN Development Programme). The issue of signing the UNFPA CPAP has not been resolved despite escalating it to the level of UNFPA Headquarters and Ukraine's Permanent Mission to the United Nations.

### 2.2.3 The financial structure of the programme

The UNFPA financial commitment over 5 years towards the Country Programme was approved at \$5 million from regular resources. UNFPA also committed to mobilize \$1.5 million from other resources to co-fund the programme. The original financial structure approved in 2011 presented in Table 1A below<sup>9</sup> (in millions of \$). This budget made a major commitment (73%) to SHR component.

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<sup>9</sup> Draft country programme document for Ukraine. Approved by Annual session 2011. 6 to 17 June 2011, New York  
Source file: Docs\_for Evaluators\CPD\_UNDAF\Ukraine UNDAF\_CPD\_CPAP\CPD Ukraine (DP FPA DCP UKR 2).doc

As a consequence of the revised programme based on the global UNFPA SP for 2014-2017, the revised 2014 budget, shown below in Table 1B, is quite different from the initial planned budget, shown below in Table 1A. These new results and resources framework contributes to all four of the global UNFPA SP Outcomes and relevant Outputs and decreased the SHR related budget from 73% to 32% of the total (See Table 1B below). In addition to existing funds, UNFPA Ukraine allocated resources to strengthen Gender component - Humanitarian Response Programme, what is shown in the table as initial part of the Gender component respectively.

**Table 1. Original UNFPA Ukraine Budget as of 2011 and Revised Budget in 2014, (in USD)**

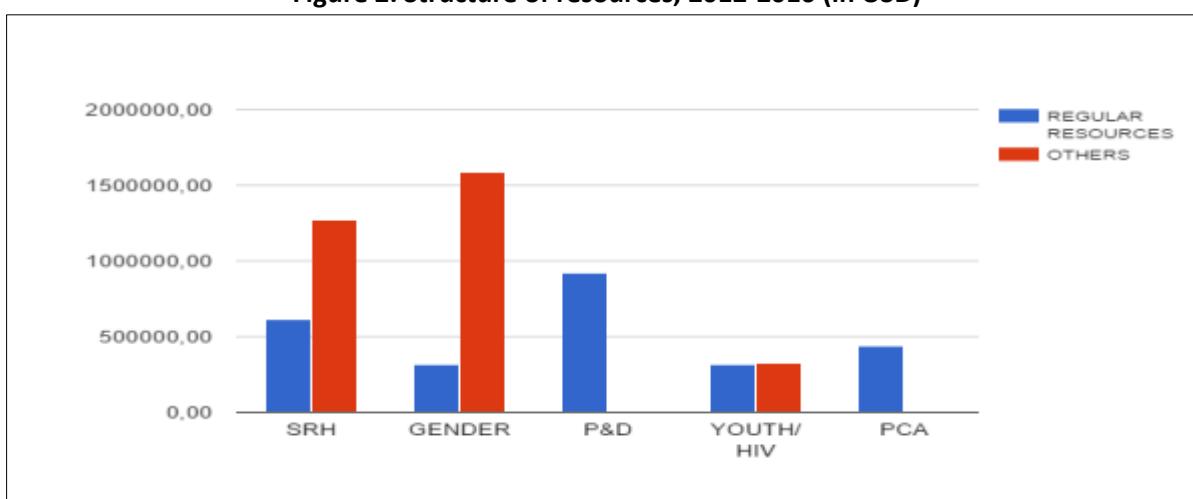
<b>1A ORIGINAL UNFPA UKRAINE BUDGET AS OF 2012 IN US MILLION</b>					
<i>Programme components and areas</i>	<i>Regular resources</i>	<i>Other</i>	<i>Total</i>	<i>% of overall Budget</i>	
Reproductive health and rights (or SRH - sexual and reproductive health)	3.75	1.0	4.75	73%	
Population and development	0.50	0.3	0.80	12%	
Gender equality	0.50	0.2	0.70	11%	
Programme coordination and assistance	0.25	–	0.25	4%	
<b>Total</b>	<b>5.00</b>	<b>1.5</b>	<b>6.50</b>	<b>100%</b>	
<b>1B ACTUAL UNFPA UKRAINE BUDGET AS OF 2014</b>					
<i>Programme area and outputs</i>	<i>Regular resources</i>	<i>Other</i>	<i>Total</i>	<i>% of overall Budget</i>	<i>Budget utilization rate</i>
<b>Output 1.</b> Strengthen National Capacity of SRH Policies and Programmes. Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care.	140,463.00	0	140,463.00	2,63	138,901.00
<b>Output 2.</b> Improves quality of maternal health and family planning services in underseved rural areas	139,870.00	160,500.00	300,370.00	5,62	298,305.00
<b>Output 3.</b> Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health	163,826.00	201,718.00	365,544.00	6,84	364,158.00
<b>Output 4.</b> Response to emerging population. Strengthened national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system	209,889.00	0	209,889.00	3,93	208,084.00
<b>Output 5.</b> Gender equality promotion. Women's empowerment and gender equality promoted through gender-sensitive policies and prevention of gender - based violence	86,058.00	0	86,058.00	1,61	82,482.00
<b>Output 6.</b> Availability of disaggregated population data for national and sectoral development policymaking, programming and public use	435,753.00	0	435,753.00	8,15	429,529.00
<b>GENDER:</b> Output 09 (Protection systems), Output 10 (GBV and harmful practices), Output 14 (Rights-based policies)	383,337.91	2,308,618.44	2,691,956.35	37,12	2,610,946.51
<b>YOUTH/HIV:</b> Output 04 (HIV), Output 05 (SRH in Emergencies), Output 06 (Adolescents and youth)	213,529.00	195,569.32	409,098.32	5,64	386,176.69
<b>P&amp;D:</b> Output 10 (GBV and harmful practices), Output 12 (Data on Population and Development), Output 13 (Analysis on population dynamics), Output 14 (Rights-based policies)	410,424.49	59,908.00	470,332.49	6,49	459,884.75
<b>SRH:</b> Output 01 (SRH Services), Output 02 (Family Planning), Output 05 (SRH in Emergencies)	523,607.00	1,618,538.29	2,142,145.29	29,54	1,727,014.98
<b>TOTAL</b>	<b>2,706,757.40</b>	<b>4,544,852.05</b>	<b>7,251,609.45</b>	<b>100</b>	<b>6,705,481.93</b>
<b>Programme Coordination and assistance</b>	441,150.60	0	441,150.60		417,430.10

As it is shown on the Figure 2, within the period of 2012-2016 years, UNFPA Ukraine allocated additional funds, basically in order to support implementation of all areas of a country programme, including P&D component (this amount was too small to be shown in the figure below, but it is mentioned in the Table 2). No additional funds were allocated for the PCA needs.

**Table 2. Original CP 2012-2016 budget by program area and budget source, (in USD)**

	REGULAR RESOURCES	OTHERS
SRH	803,940.00	1,779,038.29
GENDER	469,395.91	2,308,618.44
P&D	1,056,066.49	59,908.00
YOUTH/HIV	377,355.00	397,287.32
PCA	441,150.60	0

**Figure 2. Structure of resources, 2012-2016 (in USD)**

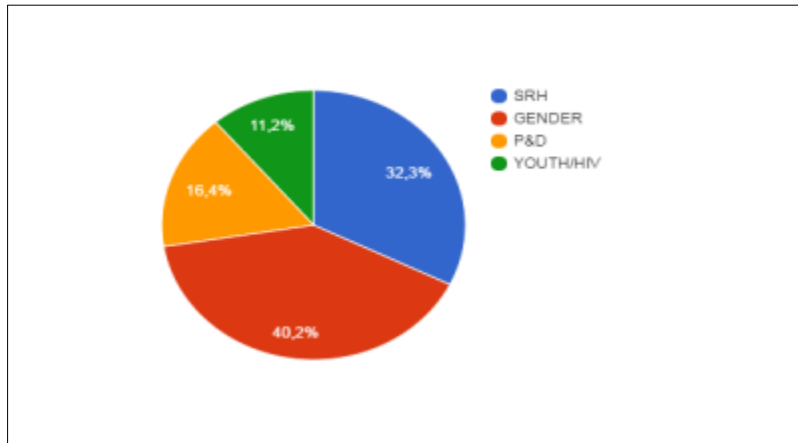


The total expenditure evolution table (see Table 2&3) and the related figure (Figure 3, 4) depict the cumulative total budget versus expenditure distribution in the CP for the initial five-year period of 2012 -2016. The overall actual allocations of expenditures for SHR within the whole period consisted of 32,3%, 40,2% for the Gender and Humanitarian Response, 16,3% and 11,2% for P&D and HIV/YOUTH components respectively.

**Table 3. Expenditure evaluation, 2012-2016 (in USD)**

	TOTAL BUDGETED	TOTAL EXPENDED	% OF EXPENDED	% OF TOTAL EXPENDED
SRH	2,582,978.29	2,164,220.98	0,8378781147	0,3227539799
GENDER	2,778,014.35	2,693,428.51	0,9695516908	0,4016756048
P&D	1,115,974.49	1,097,497.75	0,9834434029	0,1636717184
YOUTH/HIV	774,642.32	750,334.69	0,9686208339	0,1118986969
TOTAL	7,251,609.45	6,705,481.93		1

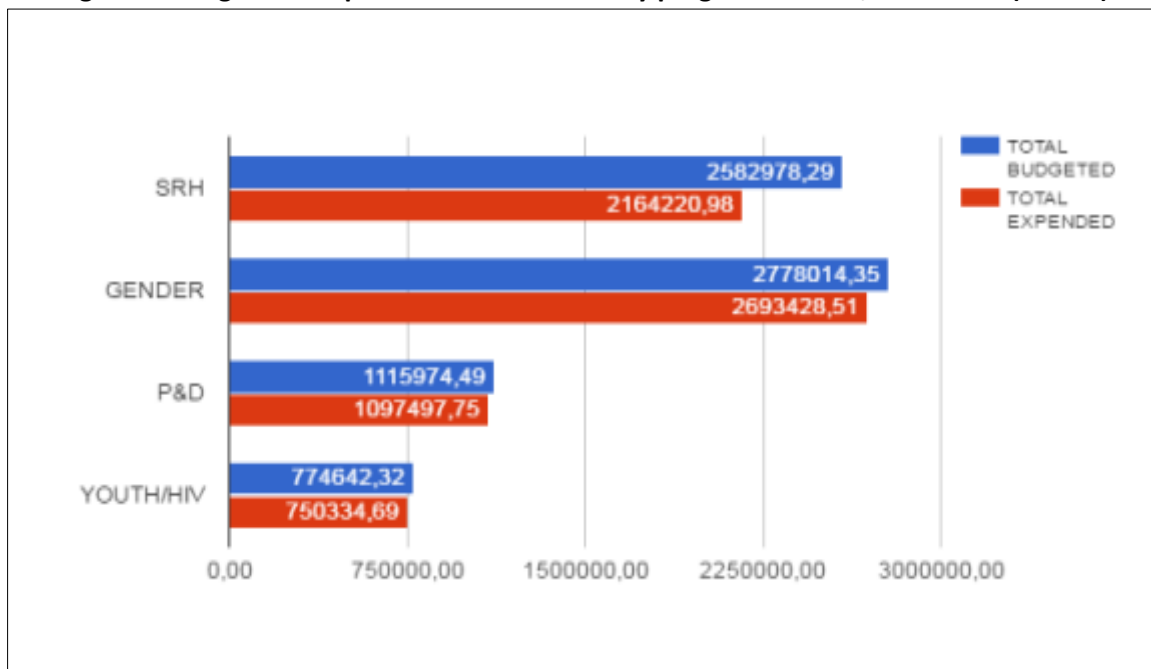
**Figure 3. Total expenditure area, 2012-2016 (in USD)**



Percentage of Budget Expended: A snap-shot comparison of the cumulative budget versus cumulative expenditure shows very little under-utilisation of allocation throughout the Country Programme period 2012-2016 in the following programme areas: Gender and HS, P&D, HIV/YOUTH. At the same time, the under-utilization level is higher for the SRH component. The graph below (Figure 4) shows budget distribution and expenditure distributions by programme area.

As shown on the Figure 4 below and Table 3 above, all but one-programme areas are expended at 96% or more. At the same time, PCA component is 95% expended (Data for PCA are shown in the Table 1).

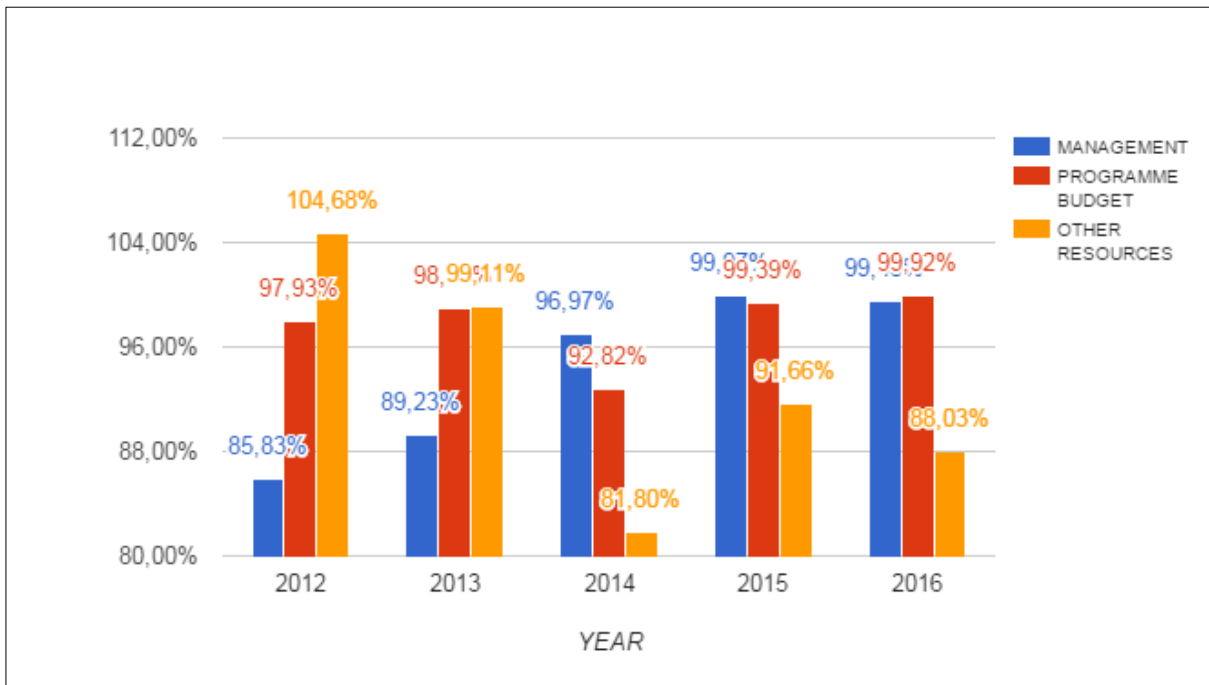
**Figure 4. Budget and expenditure distribution by programme area, 2012-2016 (in USD)**



As shown below in Figure 5, when disaggregated by source of funding, the percentage of budget expended exceeds 90% for all funding sources, except in 2012 and 2013 for UNFPA Program management, which was 14% and 11% under-expended respectively, also - programme budget and allocated funds in 2014, 2015 and 2016 years.

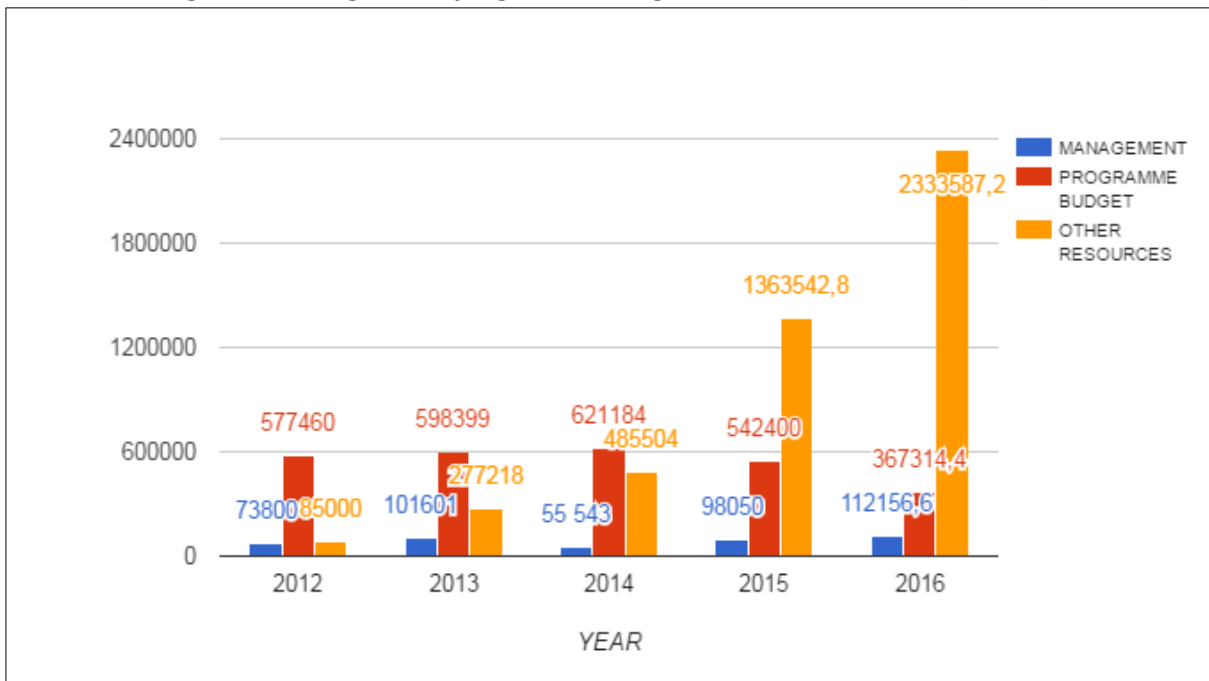
**Figure 5. Management, programme budget and other resources (in %)**





Diversification of funding sources: As shown below on the Figure 6, UNFPA Ukraine has been successful in securing funding from Mobilized resources, especially in 2015 and 2016. The proportion of funds secured from mobilized resources went from 11,54% in 2012 to 78,06% in 2016. This was mainly due to the large support in line up with the Humanitarian Response Programme.

**Figure 6. Management, programme budget and other resources, (in USD)**



## **CHAPTER 3: FINDINGS: ANSWERS TO THE EVALUATION QUESTIONS**

### **3.1 SEXUAL AND REPRODUCTIVE HEALTH**

**EQ3:** To what extent did the UNFPA contribute to sustainably improved access to and demand for high quality **reproductive health**, HIV and SRH/FP services, especially for the most vulnerable groups?

Since 2012 the UNFPA CO Programme activities under the component Sexual and Reproductive Health have been aimed at:

- Strengthening national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care
- Improving quality of maternal health and family planning services in underserved rural areas
- Promoting health-seeking behavior among young people and key populations in selected regions to improve sexual and reproductive health.

These three program outputs advanced the achievement of the UNFPA strategic outcomes:

- Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access, and
- Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in the national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

The activities supporting the achievement of the expected Country Programme outputs and SP outcomes differed from year to year during the Programme cycle, but in general for the past 5 years they included:

- Support of the establishment and operationalization of a multi-stakeholder Reproductive Health Partners Group
- Introduction of a Total Market Approach to expand access to SRH products
- Market analysis and an affordability survey for contraceptives
- Reform of perinatal healthcare and training of staff of perinatal healthcare centres
- Development of new clinical guidelines/protocols on SRH
- Implementation of the WHO “Beyond the Numbers” methodology
- Development of a youth-friendly services network, clinical training on family planning and youth-friendly approaches, production of information, education and communication materials on SRH and family planning
- Development and rollout of a “Grow Up in Good Health” safe behaviour training curriculum in vocational schools
- Production of educational videos on HIV prevention and safe behaviour for young people for web TV channels
- Prevention of STI/HIV among long-distance truck drivers
- Training on syndrome approach to STI diagnostics and treatment
- Training on MISP for health and emergency services
- Integration of HIV and SRH/FP services for women who use injectable drugs and delivery of large supplies of condoms for youth-friendly clinics across Ukraine.

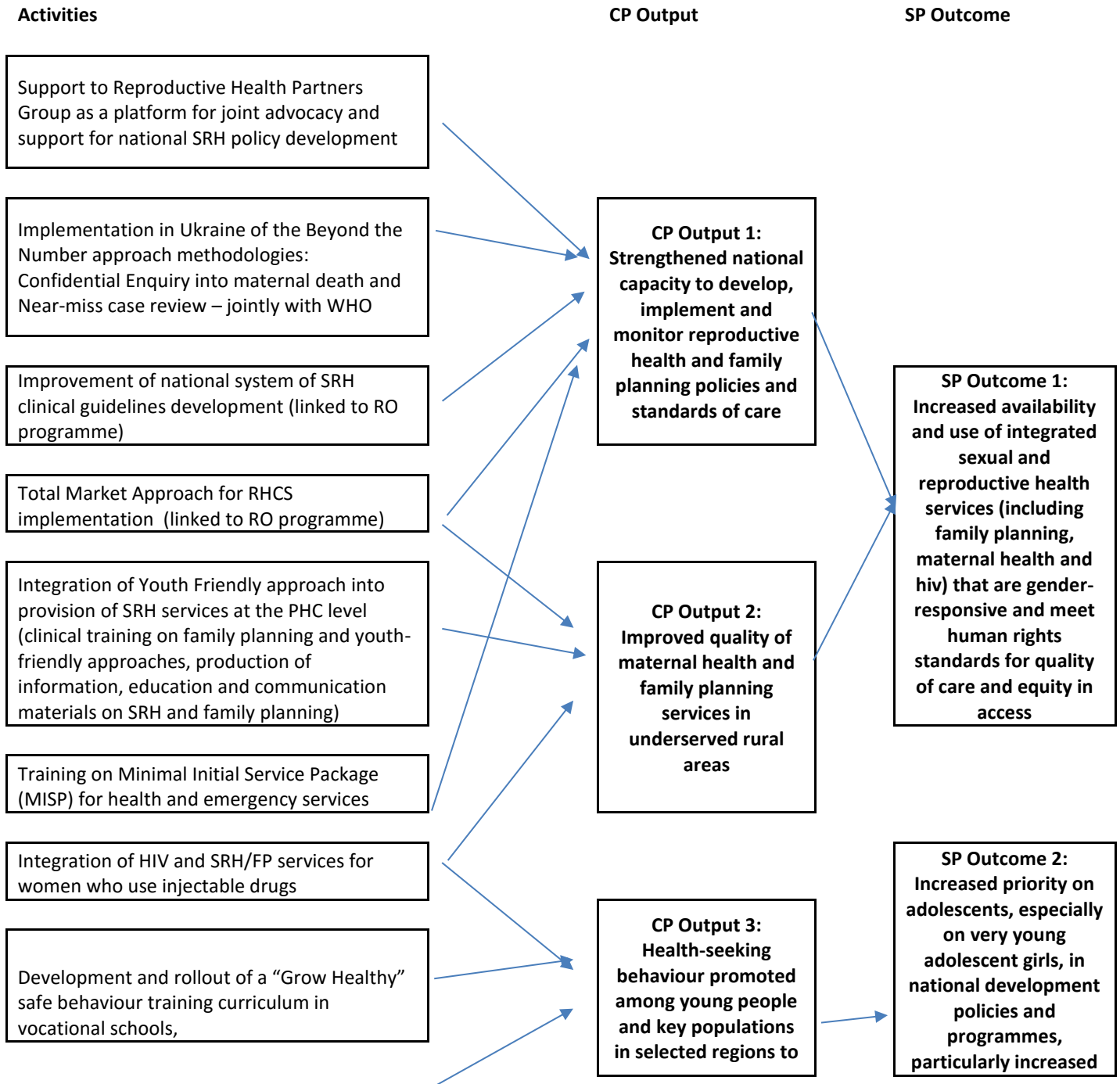
Development of the second Country Programme was supported by lessons learnt from the first programme cycle identified by the end-line programme evaluation. In particular, the design of the SRH component of the second Country Programme was shaped: (a) to improve positioning of the UNFPA agenda with the Government at the national and regional levels; (b) to strengthen the UNFPA interventions in the area of

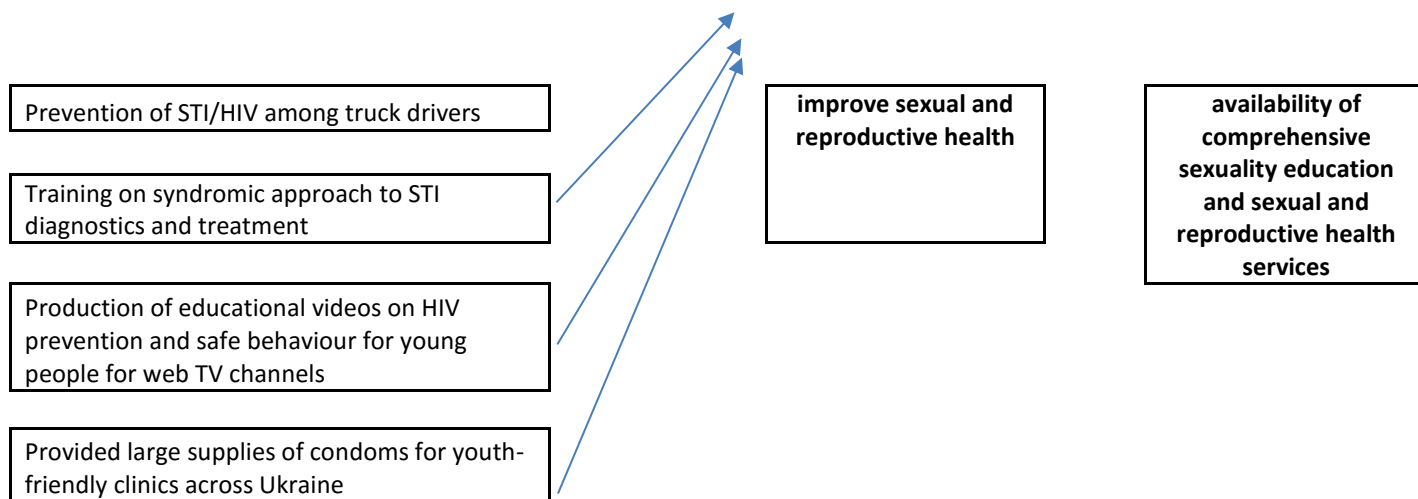
maternal health and family planning; (c) to ensure synergy programmatic and policy support to utilize available resources with a focus on defined rural areas and populations that are most at risk.

**The logical model of the SRH component**

Reconstruction of the Logical model of the SRH component was based on the Draft country programme document for Ukraine; the Country Programme Action Plan between the Government of Ukraine and the UNFPA for 2012-2016; the UNFPA Strategic Plan for 2014-2017; annual program reports and interviews with stakeholders.

**Figure 7. Logic Model of SRH Component**





## RELEVANCE

**EQ1:** To what extent are the objectives of the 2<sup>nd</sup> Country Programme (CP 2012-2017): 1) adapted to the needs of women, youth, people at risk of HIV infection, and older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework, as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?

**EQ2:** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

### Summary Findings – Relevance of SRH component

The SRH component of the second UNFPA Country Programme (CP) for Ukraine proved to be highly relevant to the country context and challenges, national and international development priorities. It contributes to the achievement of the Ukraine’s Millennium Development Goals (MDGs) for improving maternal health and slowing down the spread of HIV and other STIs and supported the implementation of the following national policies and programmes: the National Programme called “Reproductive Health of the Nation” (2006-2015); the National Programme on HIV Infection Prevention, Treatment, Care and Support of People Living with HIV and AIDS (2009-2013) and the Strategy of Demographic Development (2006-2015). The component result framework also reflected the changes in the UNFPA Strategic Plan first time after the 2011 mid-term review of the SP for 2008-2013 and then after the adoption of the new UNFPA Strategic Plan for 2014-2017. The Country Programme was updated with new objectives reflecting the emergent humanitarian needs in the Eastern oblasts of Ukraine in order to respond to changes in the national development context.

The Analysis of the program documents clearly demonstrates the high level of alignment of the Sexual and Reproductive Health (SRH) component with the national priorities and policies stated in the National Programme called “Reproductive Health of the Nation” (2006-2015); the National Programme on HIV Infection Prevention, Treatment, Care and Support of People Living with HIV and AIDS (2009-2013) and the Strategy of Demographic Development (2006-2015). The UNFPA policies and strategies (the UNFPA strategic plan, 2008-2013 and UNFPA Strategic Plan, 2014-2017) and the UN-Ukraine Partnership Framework were also aligned with the program objectives at the stage of the program design and reflected in the Country Programme Action Plan between the Government of Ukraine and the UNFPA for 2012-2016. The alignment of the Country Programme tasks, the UNFPA Strategic plan and the National and International development priorities of Ukraine on national international levels is presented in the Table 4 below.

**Table 4. Linkages between UNFPA CP Outputs and UNFPA SP Outcome, Ukraine-UN NPF Outcomes, NDP**

2 <sup>nd</sup> UNFPA Country Programme Output	UNFPA Strategic Plan Outcome	Ukraine-United Nations Partnership Framework Outcome	National Development Priority
<b>Output 1:</b> Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care	<b>Outcome 1:</b> Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	<b>Social Development Outcome 1:</b> Improved access to and utilization of high-quality health, education and social services	<b>Goal 5A:</b> Improve maternal health by halving the maternal mortality ratio <b>Goal 6A:</b> Reduce and slow down the spread of HIV/AIDS by decreasing the HIV prevalence rates by 13 per cent
<b>Output 2:</b> Improved quality of maternal health and family planning services in underserved rural areas	<b>Outcome 3:</b> Increased access to and utilization of quality maternal health and family planning services for individuals and couples according to reproductive intentions	<b>Social Development Outcome 1:</b> Improved access to and utilization of high-quality health, education and social services	<b>Goal 5A:</b> Improve maternal health by halving the maternal mortality ratio <b>Goal 6A:</b> Reduce and slow down the spread of HIV/AIDS by decreasing the HIV prevalence rates by 13 per cent
<b>Output 3:</b> Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health	<b>Outcome 3:</b> Increased access to and utilization of quality maternal health and family planning services for individuals and couples according to reproductive intentions	<b>Social Development Outcome 3:</b> More people adopt healthy and safe behaviour	<b>Goal 5A:</b> Improve maternal health by halving the maternal mortality ratio <b>Goal 6A:</b> Reduce and slow down the spread of HIV/AIDS by decreasing the HIV prevalence rates by 13 per cent

The high level of alignment was reached thanks to thorough analysis of challenges that country faced in the field of SRH and Family Planning at the stage of development of the second UNFPA Country Programme utilizing a wide range of available research and statistical data that is reflected in the CPAP (2012-2016) and also owing to lessons learned during the first programme cycle, as identified by the end-line programme evaluation, and thanks to close contacts and consultations with national partners representing state institutions, civic organizations and international bilateral and multilateral organizations. The interviews with key stakeholders conducted in the course of the Evaluation confirmed this conclusion.

**Table 5. Main country challenges in sphere of SRH identified in preparation of the second UNFPA Country Programme and Programme response:**

Country challenges	Programme response through SRH component
Ukraine's maternal mortality exceeds the average level of the EU countries. The main causes of maternal deaths are non-obstetric causes, haemorrhage and obstetric embolism. Cases of maternal deaths are usually investigated in a prosecuting manner without examination of the root causes and factors other than clinical.	<ul style="list-style-type: none"> <li>• Reform of perinatal health care and training of staff of perinatal health care centres</li> <li>• Development of new clinical guidelines on SRH</li> <li>• Implementation of the WHO "Beyond the Numbers" methodology,</li> </ul>
Ukraine's abortion rates remain more than twice as high as those of the EU countries (15.1 per 1,000 women in 2010). Many women still rely on abortion as a family planning method is likely to be indicative of unmet need and/or ineffective or inappropriate use of modern contraception.	<ul style="list-style-type: none"> <li>• Introduction of a Total Market Approach to expand access to SRH products</li> <li>• Market analysis and affordability survey for contraceptives</li> </ul>

<p>The national programme “Reproductive Health of the Nation” (2006-2015) envisages budgetary support for procurement of RH commodities and designates four vulnerable groups. Programme implementation is often challenged due to lack of consistent funding and institutional support.</p>	<ul style="list-style-type: none"> <li>• Introduction of a Total Market Approach to expand access to SRH products,</li> <li>• provided large supplies of condoms for youth-friendly clinics across Ukraine.</li> </ul>
<ul style="list-style-type: none"> <li>• The national programme “Reproductive Health of the Nation” (2006-2015) does envisages funds to update training of FP providers, promote modern FP methods, and implement public education activities or support of institutional capacity building.</li> <li>• The availability and accessibility of reproductive health and family planning services, including information services and commodities, are still insufficient. Access to services is not universal and with a few exceptions limited to major cities. The right to health of rural populations remains compromised by such access limitations.</li> <li>• Studies conducted in 2010 demonstrated that about one third of general practitioners and family doctors provide family planning. An increase in the number of family medicine doctors, as well as provision of complete family planning training for them could improve the extent and quality of family planning in Ukraine dramatically</li> </ul>	<ul style="list-style-type: none"> <li>• Development of youth-friendly services network, clinical training on family planning and youth-friendly approaches, production of information, education and communication materials on SRH and family planning</li> </ul>
<p>According to estimates, cases of sexually transmitted infections are under-reported in Ukraine. Insufficient and inaccurate reporting of STI, especially of gonorrhoea, is very common for patients treated privately. The incidence of syphilis is more than 7.5 times higher than the European Union average, and the incidence of gonorrhoea is more than 4.5 times as high.</p>	<ul style="list-style-type: none"> <li>• Training on syndromic approach to STI diagnostics and treatment</li> </ul>
<p>Ukraine has the highest HIV adult prevalence rate (1.3 per cent) among countries of Europe and Central Asia. In 2007 the proportion of HIV cases due to sexual transmission rose above the proportion associated with use of injecting drugs, and sexual transmission continues to increase as HIV bridges out from people using drugs to their sexual partners (predominantly female), with a concomitant increase in the proportion of women who are infected in Ukraine.</p>	<ul style="list-style-type: none"> <li>• Prevention of STI/HIV among truck drivers</li> <li>• Integration of HIV and SRH/FP services for women who use injectable drugs, and provided large supplies of condoms for youth-friendly clinics across Ukraine</li> </ul>
<p>Only around one half of the Ukrainian young people aged 15-24 years have correct comprehensive knowledge of HIV/AIDS. Knowledge and awareness however does not appear to be increasing among the population during 2006-2010.</p>	<ul style="list-style-type: none"> <li>• Development and rollout of a “Grow Healthy” safe behaviour training curriculum in vocational schools</li> <li>• Production of educational videos on HIV prevention and safe behaviour for young people for web TV channels,</li> </ul>

It worth noticing that due to the mid-term review (2011) of the UNFPA strategic plan, 2008-2013 the country programme results framework was realigned in 2012 to reflect the programme contributions to the revised corporate outcomes. In 2014 the Country Programme was realigned again to link its outputs to the outputs and outcomes of the new UNFPA Strategic Plan for 2014-2017. The country program was responsive enough to incorporate all necessary realignments to match the renewed strategic priorities several times, and use this opportunity to add new country output as a response to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine.

**Output 7:** Human rights and needs of adolescents and youth are incorporated in national laws, policies and programmes

**Output 8:** UNFPA programming comprehensively addresses humanitarian and recovery issues

## EFFECTIVENESS

**EQ:** 1) To what degree were the Country Programme's intended outputs and outcomes achieved? 2) To what extent did the outputs contribute to the achievement of the outcomes? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

### Summary Findings – Effectiveness of the SRH component

The UNFPA CO proved to be effective in achieving results of the SRH component by implementing a number of good interventions that addressed most pressing issues at that time. In particular, the ability of the Programme to identify leverage points in the area of reproductive health that would enable to achieve the best effective results with little money should be mentioned. For instance, the establishment of the Reproductive Health Partners Group that included key donors and national non-governmental organizations that managed to keep the SRH as a priority of the national agenda for a long time and to raise significant technical and financial resources from the state and the international development community. In its turn it has contributed to launching the national network of perinatal centers and ensuring capacity development of its specialist. At present these centers are considered to be the centers of excellence that deal with the hardest cases. The UNFPA made a big contribution to the development of high quality SRH/FP services by identifying and supporting the pool of experts to develop clinical guidelines/protocols. The introduction of approaches that were new to Ukraine and were related to confidential investigations of hard cases and instances of maternal death has resulted in low rates of maternal death, fewer cases of surgical operations. These approaches also helped increase the number of conservative surgeries. The facilitation of a dialogue between private pharmaceutical companies, the state and the third sector within the framework of the Total Market Approach made contraceptives more available, including to the most vulnerable groups. Support and sharing of knowledge on SRH and family planning with the help of the youth-friendly approach at the youth friendly hospitals and in the primary care institutions facilitated the adjustment of services to the needs of youth. The introduction and testing of the Syndrome approach demonstrated the potential of effective and money-saving mechanism for STDs prevention at the domestic level. The introduction of another money-saving mechanism for providing information to long-distance truck drivers (as a bridge group) on risky sexual behavior turned out to become the know-how of the project, which was later used by other countries in the region.

There is a lot of evidence that outputs of the SRH component contributed to SP Outcome 1 - Increased availability and use of integrated sexual and reproductive health services (including FP, MH and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. In particular, through strengthening the national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care (CP Output 1). The major **results achieved** under this output are as follows:

The UNFPA CO initiated and supported the **Reproductive Health Partners Group** as a coordination mechanism and platform for advocacy, policy dialogue, partnership development, information sharing, joint programming, design and implementation of joint activities and resource mobilization. The Partner Group included the UN-agencies (the UNFPA, the WHO, the UNAIDS, the UNICEF), the World Bank, bilateral donors: the USAID and the USAID implementing Agencies (JSI, PATH), the Swiss Agency for Development and Cooperation (SDC) - "Mother and Child Health Programme" and national NGO's - Woman Health and Family Planning Foundation –IPPF member, the HIV/AIDS Alliance, the PLWHN. The group helped coordinate and



support efforts of donors, share costs and have a stronger voice to advocate for changes at the national level. All partners from the Reproductive Health Group were contacted in the process of the Evaluation including the counterparts in the MOH, who highly assessed the work of the Partners Group and gave numerous examples of benefits that have come from work of the Group. All that would be presented in the description of the Programme activities further. The members of the Partners Group were involved in the Evaluation of the National Programme called “Reproductive Health of the Nation” (2006-2015) and participated in the development of the new State program called “Reproductive Health of the Nation” for the period 2016-2020. The new State program has not been approved yet. However, during the meeting with Evaluation team the current MOH team responsible for the development of the National Programme, recognized the importance of the UNFPA input in both National programs and expected further support.

Another important input the UNFAP made in the **development of national system of perinatal centers**, supporting the National Project called “New Life” that envisaged the reform of the national system of perinatal healthcare initiated by the government of Ukraine back in 2011. The reform stipulated for the creation of perinatal centers in each oblast of Ukraine that would use modern perinatal technics and equipment in order to significantly reduce infant and maternal morbidity and mortality. The Programme provided support in the development of system of quality of perinatal healthcare monitoring indicators used by the MOH and the Administration of the President to monitor progress in implementing the perinatal healthcare reform and also it conducted trainings on Monitoring and Evaluation. The UNFPA CO also assisted in capacity building of the medical personnel such as ObGyn, neonatologists, midwives and nurses through a 5-day in-service workshop. The workshop covered modern perinatal practices with a special focus on the specific role of midwives and mid-level care providers in delivering quality services. In addition to the workshop, the programme organized study tours, engaged the international experts, promoted adherence to use of evidence based practices and development of the EB clinical guidelines/protocols of care.

The efforts of the Programme were also focused on **enhancing the national system of evidence-based clinical guidelines/protocols development** in Ukraine. In partnership with the SDC the UNFPA CO has provided support in organizing the BCOG Master class on clinical guidelines/protocols adaptation for 30 health professionals, who formed a core pool of experts engaged into the work of multidisciplinary teams to develop clinical protocols in the country and local protocols at the facility level. The team Ukraine also actively participated in the regional project on the Development and Implementation of Clinical Guidelines/Protocols and ensured its high-level national support. The UNFPA jointly with the USAID supported revision of the MOH regulation on FP services system and revised clinical protocol on FP services provision. As a result, the new updated Clinical guidelines on family planning, which incorporated the latest WHO recommendations, were developed, approved by the MOH and came into effect in 2014. The clinical protocol on hypertension was developed and approved.

At the time of the evaluation the UNFPA CO continued rendering support to the development of the SRH evidence-based guidelines and protocols of care.

While supporting the continuous quality improvement of the SRH services and new perinatal centers, the UNFAP CO jointly with the WHO introduced and implemented “**Beyond the Number**” (BTN) 2 maternal morbidity and mortality case reviews methodologies: Confidential Enquiry into maternal death (CEMD) and Near-miss case review (NMCR) in Ukraine. Both methods are aimed to replace the punishment-based system of perinatal mortality investigation with confidential audit methodologies. The implementation of the “Beyond the Number approach” allows to discover clinical and non-clinical reasons for critical situations that could pose a significant threat to mother or infant or lead to death, and to elaborate practical recommendations for eliminating these reasons either via management and operational procedures or by improvement of the clinical protocols. The international technical expertise was deployed jointly with the WHO to develop capacity of the regional and national level health care managers and practitioners in order

to support a full-scale implementation of the BTN methodology, including development and adoption of the necessary legal framework.

The NMCR was successfully piloted in 4 oblasts and then expanded to 15 centers, although 4 facilities had to postpone implementation after annexation of Crimea by the Russian Federation and the armed conflict in Donetsk and Luhansk. Only one center dropped out due to the lack of support from the facility management. At present the NMCR methodology is implemented in 10 oblasts of Ukraine. Participating centers were supported through supervision and technical guidance provided by the international expert (via skype teleconferences and annual supervisory visit) as well as methodological support provided by the national NMCR coordinators. This includes identification of facility based indicators to monitor impact of the NMCR practice on facility performance. The national coordinators received necessary international trainings and supervision (including training on newly released guidelines on NMCR by the WHO (2016) through a webinar with international expert Dr Stelian Hodoroagea) and are able to continue their work on the NMCR without expert support from the UNFPA CO now. However, they still rely on the financial support from the Programme in order to cover travel expenses to 10 hospitals implementing the NMCR.

The CEMD methodology is fully prepared for the implementation and further incorporation into the legal framework. The necessary information on maternal death has been collected since 2015. The only obstacle for the full implementation of the EIMD methodology is related to the MOH capacity to form and appoint the review Committee (the national expert group on reviewing maternal death cases). During the meeting with the representatives of the MOH the Evaluation team was assured that this obstacle should be resolved at the beginning of 2017.

As a result of the implementation of the NMCR methodology, hospitals decreased the number of Caesarian, uterus removal, blood transfusions and increased the number of organ-preserving/conservative surgery. The review findings serve as a basis for the development of local clinical protocols. Another aspect identified by the respondents from the hospital is changes that occurred in the organizational culture, in particular, lesser fear of punishments, bigger openness in terms of case revealing/sharing, willingness to find out what was done wrong and how the process could be improved.

There is a possibility to ensure sustainable use of this method but it does require further support from the UNFPA in order to take roots, to gain more popularity among practitioners and to cascade from oblast to the city/town and district institutions. The current support does not require significant finance from the Fund but reimbursement of travel expenses for the national coordinators who pay supervisory visits. Without these visits the progress made can be stopped or even rolled back. In the opinion of coordinators, it will be reasonable to have supervisory visits to each institution at least twice a year.

**The Total Market Approach (TMA)** is yet another example of promising initiative implemented by the UNFPA CO in Ukraine that capitalizes on initial interventions made by the USAID. The TMA is an innovative partnership mechanism for advocacy and policy dialogue for the government budget allocation for procurement of modern contraceptives and implementation of the family planning interventions to improve access to, and equity of, RH/FP services for marginalized and otherwise underserved populations. The UNFPA CO used the Reproductive health partners Group for discussion with key stakeholders, including the international organizations, the Government and private sector to prepare a plan of actions for development of the TMA in Ukraine.

As a source of evidence for the TMA advocacy and in order to fill in the gap in data on market segmentation the UNFPA CO initiated and conducted the **Willingness and Ability to Pay Study (WAPS)**. Over 11 thousand women took part in the survey. Utilization of the same methodology and core questions that were used in a similar survey initiated by the USAID in 2004 allowed analyzing changes in the use of contraceptives over a

decade. It is also important that along with the survey the analysis of availability and selling rates of contraceptives on the market was conducted with the help of the pharmacy retail audit. As the data on demand and supply side of contraceptives was made available it increased arguments for a dialogue with the pharmaceutical companies to persuade them to offer more affordable contraceptives and to demonstrate the unmet demand on the market. The evaluators recognize the value of successful partnership of the UNFPA CO with SMD marketing market research company, which became not only a research provider, but also helped to facilitate a dialogue with pharmaceutical companies, using own knowledge and experience in working with pharmaceutical market. The SMD helped identify the ungrounded fears and stereotypes of pharmaceutical companies about the Ukrainian contraceptives market and find necessary arguments to persuade them to provide more affordable categories of contraceptives.

In spite of the hardship caused by the economic crisis and the armed conflict in the country, the private sector partners got engaged in a dialogue to identify solutions for accessibility and affordability of family planning services and contraception in Ukraine. As a result, the coalition of RH partners facilitated by the UNFPA (the Ministry of Healthcare of Ukraine and regional health care authorities, the USAID, the JSI, NGO and private sector partners) has agreed to promote the introduction of the concept of “Minimal Available Package of Contraceptives” (agreed by the State and Private sector list of contraceptives (2-3 items per each contraceptive group) to be made available in each point of sales (at the pharmacies) and included into essential drug list or other list of medicines used for the national medicines reimbursement schemes.

While promoting the achievements of the TMA the UNFPA CO jointly with the USAID/JSI developed an Advocacy package on Family planning that was used for advocacy at the national and regional levels, including for advocating for allocation of regional budget resources for contraceptives procurement. Advocacy materials included simple one page infographics that was distributed to stakeholders at the regional level (e.g. regional family planning centers, NGO partners).

The evaluators are positive thanks to the program data and stakeholder interviews that results of above described activities significantly advanced the achievements of desired **CP Output 1 - Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care**, and also influenced the achievement of the **CP Output 2 - Improved quality of maternal health and family planning services in underserved rural areas, by promoting availability of contraceptives at the regional level** due to the TMA, enhanced quality of services in perinatal centers, which serve significant number of pregnant women from rural areas. Besides there was a separate set of Programme activities aimed at integration of the Youth Friendly approach into provisions of SRH services at the PHC level, which also covered rural areas.

These activities resulted in several **major achievements**:

- In 2012-2103 with support from the UNFPA CO the in-service training package was developed including a 5-day training curriculum and distribution reference materials for PHC practitioners in youth friendly approaches for SRH care provision for young people. Both Curriculum and Reference book adopted from the WHO Desk Reference Tool “Adolescents Job Aid” were officially endorsed by the MOH of Ukraine. The UNFPA CO has supported TOT for 25 national trainers to facilitate workshops for PHC practitioners (doctors and nurses) according to the newly developed curriculum.
- Since 2014, at the request of the MOH of Ukraine, UNFPA has been organizing workshops for PHC practitioners in the regions to catalyze on-job re-training of PHC practitioners on the above set of skills. As a result, 155 PHC institutions upgraded their capacity to provide youth-friendly and integrated SRH/FP and STI/HIV services according to the national standards and protocols.
- In order to initiate institutionalization of the curriculum by the national system of postgraduate medical training institutions the UNFPA supported the TOT workshop for teaching staff at these

institutions. As a result, the curriculum was integrated in 9 postgraduate institutions ensuring sustainability of the initiative.

- Thanks to support of the UNFPA CO 139 Youth Friendly Clinics have been certified in Ukraine. All personnel at these clinics is obliged to take the necessary education on youth friendly approaches. According to the informants, around 500 health care practitioners have participated in these trainings since 2012.
- The UNFPA CO in partnership with the USAID provided co-funding to develop the web-site on Family Planning ([www.planA.org.ua](http://www.planA.org.ua)) for public and health care practitioners. They ensured printing and distribution of posters (7500 copies), leaflets (20 000 copies) and pocket books on modern contraception methods among the FP service provision points in rural areas.
- Finally, in order to ensure that policies and standards of care in the area of FP are adherent to the current requirements of the healthcare system the UNFPA CO jointly with the USAID supported the MOH in the revision and updating of the national regulatory framework in the area of RH FP, including the national clinical protocol on FP, which was approved by the MOH and came into effect in 2014.

The summary of achievements under SP Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

**Table 6. SRH Indicators, SP Outcome 1**

Indicators	Baseline	Target/ Actual result	Remarks
<b>CP Output 1: Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care.</b>			
SP Output 1, Indicator 1 Guidelines, protocols and standards for health care workers for the delivery of quality sexual and reproductive health services for adolescents and youth exist	Yes (2011)	Yes / Yes (2015)	n/a
SP Output 1. Indicator 2 Costed integrated national sexual and reproductive health action plan exists	No (2015)	Yes / No (2016)	Previous National programme expired in 2015. New draft developed and pending approval. However, budget allocations still on-going based on previous Programme, including limited amount for provision of free of charge contraception for vulnerable women.
CP Output 1. Indicator 1 National system of CEMD/NMCR developed and operational	No (2011)	Yes / Yes (2016)	NMCR fully functional in 10 regional level facilities (mostly perinatal centers). CEMD not yet fully in place.
CP Output 1 – Indicator 2 National RH partner group functional	No (2011)	Yes / Yes (2016)	RH group priority is to advocate for approval of the New National SRH Strategy.
<b>Output 2: Improved quality of maternal health and family planning services in underserved rural areas.</b>			
CP Output 2 – Indicator 1 Guidelines for PHC practitioners on YFC in SRH/FP developed	No (2011)	Yes / Yes (2015)	n/a
CP Output 2 – Indicator 2 Percentage of PHC facilities in UNFPA programme regions having capacity to provide youth-friendly and integrated SRH/FP and STI/HIV services according to national standards and protocols	0 (2011)	40/ 40 (2015)	n/a

SP Output 2 – Indicator 2 Country has trained all levels of personnel to implement the new family planning human rights protocol	Yes (2014)	Yes / Yes (2015)	New updated Clinical protocol approved in 2014 and distributed to all service delivery points.
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The **second Strategic outcome** for the UNFPA CO in Ukraine was increased priority on adolescents, especially on very young adolescent girls, in the national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services (SP Outcome 2). The Country Programme addressed this outcome via set of activities grouped around CP Output 3: **Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health**. These activities included:

- Prevention of STI/HIV among long-distance truck drivers as clients of Sex Workers in Ukraine
- Training on syndrome approach to STI diagnostics and treatment
- Integration of HIV and SRH/FP services for women who use injectable drugs
- Empowerment of key populations to address HIV/STI and reproductive health needs
- Development and rollout of a “Grow Up in Good Health” safe behavior training curriculum in vocational schools
- Production of the educational videos on HIV prevention and safe behavior for young people for the web TV channels.

The evaluators saw impressive results achieved by most of these activities. The **major achievements** are:

- **Decreased demand for unprotected sex, raising awareness on HIV and safe behavior among long distance truck drivers** as clients of sex workers. In 2013 the UNFPA supported the adaptation of the global ILO training toolkit on **HIV prevention for long distance truck drivers** to the Ukrainian context and partnered with the Training Center of the Ukrainian Association of International Cargo Transporters (UAICT) to institutionalize the adapted HIV prevention course into their existing training programmes for long distance truck drivers as a mandatory training course. The UAICT unites over 3500 of transport companies in Ukraine (with approximately 200 000 drivers). So now annually from 3000 to 10000 truck drivers who attend the Certificate Courses of the UAICT Training Center for Long Distance Truck Drivers receive information on HIV prevention and safe behavior practices. The UNFPA also supported three workshops for managers of 30 local transport companies on prevention of HIV and formation of healthy lifestyle among long distance truck drivers. Trained managers became resource persons in their own companies advocating for safe behavior and providing training on HIV prevention to long distance truck drivers. Also the Programme helped with the production of information materials (booklet "Health on the Road") and provided condoms to be distributed among long distance truck drivers. This intervention demonstrates successful example of effective collaboration between the Government, private sector and NGOs and the ability of the UNFPA CO to produce efficient solution for HIV prevention, which was expanded to the regional level including Moldova, Georgia and Turkey.
- **The Introduction of syndrome approach to STI treatment.** Since 2013 the UNFPA CO have been investing resources in the introduction and advocacy work for application of the syndrome approach to STI treatment as a strong tool for timely STI treatment especially for high-risk groups to ensure effective prevention of sexually-transmitted infections. During 2013-2015 the UNFPA CO organized three 2-day training workshops for STDs and skin specialists from regional STI clinics and AIDS centers and also series of trainings for 90 local PHC practitioners (family doctors) advocating and equipping them with the latest information on main principles and methods of syndrome approach to STI. They obtained basic skills on the necessary protocols. The STDs and skin specialists were also trained in screening microscopy (during primary visit of a patient with the STI syndrome) as a part of syndromic approach; microscopes for use in screening microscopy were procured and provided for STI specialists to use in their everyday practice. These activities laid the ground for recognition of syndrome

approach among the medical community and helped build solid partnerships with the WHO and the relevant Government institutions such as the State AIDS Service, the State Dermatovenerology Service. However, to institutionalize the syndrome approach at the national level it is necessary to prepare a respective clinical protocol that should be approved by the MOH. Therefore, more efforts are required from the UNFPA CO to support institutionalization of this initiative. In his interview with the Evaluation team the respondent representing the “Center for Public Health MOH” expressed his willingness to support the institutionalization of syndrome approach at the national level should the UNFPA CO address the Center with such initiative.

- **Integration of RH/FP into their existing HIV services** for people who inject drugs and their sexual partners in 3 pilot regions: Kiev, Mykolaiv and Kirovohrad.
  - The UNFPA CO supported an assessment of the existing chains of service provision to women IDUs and their sexual partners that resulted in an analytical report with conclusions and recommendations, highlighting main bottlenecks and gaps that need to be addressed. Based on the findings of the assessment, a procedure of service delivery chain for women IDUs and their sexual partners was developed and pre-tested among all key stakeholders. The procedure was then used to increase the capacity of the government and NGO partners to integrate and deliver on effective RH/FP/STI services for women IDUs and their sexual partners through conduction of 3 training workshops in Kiev, Mykolaiv and Kirovohrad.
  - The UNFPA CO also supported the AIDS center in Uzhgorod to introduce a full-scale integration of RH/FP into their existing HIV services. The Center acts as a "one-stop shop" not only for their primary target group (HIV positive and key populations), but also for general population and youth. Reaching general population and youth, as well as decreasing stigma around the AIDS center as providing services to HIV-infected people, was possible thanks to the introduction of RH and FP services, which are not directly associated with HIV infection. As of today the Center offers a full range of RH/FP/HIV services, including latest reproductive technologies for HIV positive and discordant couples, allowing those who are HIV-positive to safely get pregnant and deliver healthy children.
- **Empowerment of key populations to address HIV/STI and reproductive health needs.**
  - The UNFPA CO conducted 7 small focus-group discussions in 4 regions of Ukraine among 80 representatives of young key populations (SWs MSM, TGs). The results and recommendations from the focus groups were presented and discussed at the regional meeting in Istanbul and at the national round table with key stakeholders. Specific actions required to effectively address SRH/FP/HIV needs of young key populations were identified with the Youth Friendly Clinics as primary service provider.
  - Capacities of community organizations and networks of sex workers and men who have sex with men to address HIV/STI and reproductive health issues in line with international standards and latest developed guidelines (SWIT and MSMIT) were improved by the UNFPA CO by rolling-out of the SWIT through training of members of SW network and local communities (2-day training for 30 people, representatives of local branches of NGO "LegaLife-Ukraine" and self-organized SW community initiative groups). The UNFPA also supported the roll-out of MSMIT through its introduction at the special satellite session at IX National LGBT Conference (30 leaders of MSM organizations and networks participated), and conduction of a 2-day training for 20 representatives of local MSM community networks and service NGOs. The UNFPA strengthened partnerships (All-Ukrainian NGO “Gay Alliance of Ukraine”, the RESPOND project, the PEPFAR) with agreements to use MSMIT and SWIT in their respective programming.
- **Safe behavior and healthy lifestyle promotion among youth:**

- In 2012 the UNFPA CO supported development and roll-out of the "Grow Up in Good Health" curriculum for adolescents of 14-17 age attending secondary and vocational schools in which SRH and HIV/STI preventive education were integrated into a broader healthy lifestyles concept. In doing this the UNFPA is capitalizing on the previous experiences of the UN in Ukraine support to the development of HIV preventive and healthy lifestyle promotion under the peer-to-peer education programmes. The curriculum developed is based on the recent UN recommendations for SRH education and offers attractive for young people interactive training methodology which stimulates and engages young people into peer-to-peer exchange of information and practices. The curriculum was endorsed by the Ministry of Education and Science, Youth and Sports of Ukraine. Every regional Institute of post-graduate education of teachers received this TOT to ensure national ownership and sustainability of the programme. Annually over 100 teachers from all over Ukraine receive such post-graduate professional training.
- The UNFPA CO jointly with the ILO and the UNAIDS implemented initiative called "HIV prevention and VCT at workplace" that covered 3,862 students from 2 technical vocational schools and 1 university in Cherkassy region by conducting awareness raising activities on HIV prevention and VCT during 6 training workshops. Around 22 health workers (doctors and nurses) from enterprises and educational institutions were trained on the principles of pre- and post-test counseling. Around 65 students and teachers from 3 educational institutions were trained on HIV awareness and VCT@Work for further promotion and advocacy of VCT for HIV among students and peers.
- The UNFPA CO developed a series of the Web-TV programmes (36 series) for young people raising awareness on HIV prevention, condom promotion, safe behavior, tolerance, compassion and reducing fear, stigma and discrimination towards PLWHA among adolescents and youth. This innovative approach entailed creation of short interactive thematic programs involving young people, PLWHA and local celebrities. Thanks to the use of the Web TV and other social networks, such as Youtube and Facebook, the programme is in position to reach those rapidly growing groups of young people who use Internet as their primary channel of information and communication and who rarely use other information sources such as TV, radio and press.

The Summary of achievements under SP Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

**Table 7. SRH Indicators, SP Outcome 2**

Indicators	Baseline	Target/ Actual result	Remarks
<b>CP Output 3: Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health</b>			
CP Output 3 – Indicator 1 Percentage of truck drivers covered by HIV/STI prevention programmes	20 (2015)	25 / 25 (2016)	Target of 25% of all truck drivers covered with HIV Prevention information was achieved through institutionalizing of a special training course into the curriculum of Truck Driver Training and Counseling Center and preparing of a team of trainers instructors. Sustainability of the results is ensured by the national ownership of the training programme.
CP Output 3 – Indicator 2 Number of educational institutions covered by VCT for HIV promotion programmes	0 (2011)	3 / 3 (2016)	n/a
CP Output 3 – Indicator 4 Number of community-level health seeking behavior programmes implemented by CBOs	5 (2015)	10 / 10 (2016)	Achievement of this indicator is greatly attributed to an effective partnership that UNFPA was able to build with local government authorities, youth council and youth networks. This ensured full local ownership that resulted in allocations of funds for community programmes from local budgets.
Output 4, Indicator 1 Number of Youth Friendly Clinics capable to address SRH/HIV needs of young key populations	0 (2015)	5 / 5 (2016)	In consultations with the RO (mid year) it was agreed to substitute the originally planned training with round table discussions on the results of the focus groups with young key populations on access to SRH/FP/HIV services, and to come up with specific actions required to address the issues involving Youth Friendly Clinics as main service provider.
Output 4, Indicator 2 Number of CBOs and networks of key populations capable to implement SWIT and MSMIT	1 (2015)	4 / 9 (2016)	Capacities of the following CBOs and networks of Key populations were built to effectively use SWIT, MSMIT in their programming processes: NGO "Legalife-Ukraine", NGO "Gay Alliance-Ukraine", NGO "Blago", NGO "Gender-Z", Initiative group "Pride", NGO "People of Bukovyna", NGO "Union of Tolerant People", NGO "Istok", NGO "Dzherela".
Output 4 indicator 3 Country has at least one community based sex worker-led organization engaged in the design, implementation, and monitoring of programmes that address HIV and sexual and reproductive health needs of sex workers	Yes (2011)	Yes / Yes (2016)	n/a

### Challenges

The general challenge related to the development of reproductive and sexual health and family planning in Ukraine is less prioritized SRH and FP on the national agenda and by the development community, as many polled stakeholders noted. Surprisingly, when Ukraine managed to achieve one of the Millennium Goals in 2012-2013 such as decrease of maternal mortality, the issues of SRH and FP lost their relevance. Besides, current pressing health challenges such as extremely low vaccination rate, HIV and TB epidemic, high NCD mortality, etc. and long outstanding need to reform system of health system financing, including fight



corruption in the area of medicines procurement is pushing back SRH issues from the MOH priority list.

The developments are complicated by the fact that the consequences of decreased focus on issues of SRH and FP are not visible immediately but in the mid-term perspective. The informants express their concern that the representatives of the MOH are not always competent in the issues related to the reproductive health. Therefore advocacy efforts are required to explain why it is crucial to focus on SRH and FP and how these two areas impact the indicators, which are important for the country, such as maternal mortality. Otherwise, there is a risk that the reform process of the healthcare system, the priority of reproductive health might not be included to the basic service package against the background of prevention of non-communicable diseases and the introduction of the medical insurance. Therefore, while most of the donor-funded programs in the area of SRH are finished, the UNFPA remains the only strong international advocate for SRH issues in the country that should keep the focus on SRH and FP.

**The national programme on reproductive health** was finished in 2015. The new programme was developed together with the UNFPA. However, it is pending its approval. The representatives of the MOH think that the programme has to be elaborated in terms of its economic justification. There is a risk that the adoption of the programme might be delayed and this will also influence what priority the SRH and FP have at the national level.

The activities of the **Reproductive Health Partners Group**. The Ukrainian organization called “Foundation of Woman’s Health and Family Planning” is taking the lead in the group and this is a big achievement as it enables to ensure proper national ownership of the initiative. On the other hand, the group has been weakened by the withdrawal of international partners such as the USAID and the SDC projects. Therefore the group requires regular international support that will ensure the attention of the state to the Group’s activities and will add weight to the communications and recommendations prepared by the group.

**Protocols’ development:** The adopted clinical guidelines/protocol on family planning is valid until 2017 due to the circumstances described before. But the question is: Will the MOH have the capacity to update or develop new Protocol?

While the large majority of reproductive health indicators enjoyed positive dynamics or remain unchanged, the breast cancer and cervical cancer indicators saw negative developments. Some informants believe that prevention is key in this context as well as early diagnostic, screening, identification since the amount of finance that can be spent on cancer prevention is much lower than the amount needed for cancer treatment, especially, the gynecology cancer.

In 2014 the UNFPA CO highlighted this issue in its annual report and it was going to develop the National Guidelines on Cervical Cancer Screening and Development and implementation of pilot regional (oblast level) cervical cancer prevention programmes. Other reports prepared by the Fund do not indicate whether any work was done in this area and what results were achieved.

Some stakeholders comment on the latent problems related to the activities of the perinatal centers that help save lives and take care of immature babies who might have special care and treatment needs once they are released from the center. At the same time there is no infrastructure in place to ensure respective care and treatment, there is a lack of specially trained pediatricians. Therefore, the respondents believe that there is a need to develop special medical services for babies with special needs until they turn five years old.

**Beyond the numbers** – the NMC methodology was tested, it received respective recognition and is successfully implemented in 10 institutions having decreased the instances of maternal mortality and surgical operations and having increased the instances of saving the organs. However, the methodology is not fully

integrated to the healthcare system and it requires further support. The UNFPA CO should continue its support in this area. Advocacy and further communication activities are required to promote the methodology among a bigger number of institutions. During the evaluation the informants also stressed on the importance of having more supervisory visits to the centers that use the methodology, at least twice a year, and to continue proper technical support that is rendered to the teams since the motivation can go down in case lower attention. As for the second approach CEMD, proper legislative framework is in place, over the past two years relevant information has been collected for research and analysis. However, the MOH has not yet approved the composition of the review committee. At the same time, when meeting the Evaluation team, the representatives of the MOH assured that in 2017 the committee will be approved since its composition is clear now and it will have to be finalized with the UNFPA CO. The Fund should continue its communication with the MOH and strengthen its advocacy efforts aimed promotion of this methodology.

The **Total Market Approach** by the UNFPA CO is a promising initiative, which has the potential to deliver high quality contraceptives to large groups of population including the most vulnerable groups. However, it requires engagement and cooperation with many actors from the private and state sectors that makes the process complicated and lengthy. It should be noted that the UNFPA is supported by the SMD marketing company that has a good understanding of the “language” of commercial companies and knows what arguments to use to make them interested in cooperation.

A slow progress of the Healthcare reforms, including PHC level, creates uncertainty in the positioning of the existing **Youth friendly clinics** and service delivery points in some regions. In some case such clinics were erroneously assigned to secondary (specialized level of care), while de-facto they continue to function as primary care institutions. Functions of PHC have not yet fully determined as well, thus challenging advocacy to integrate the Youth friendly approach, as practitioners still prefer to refer adolescents to pediatric care or other specialized healthcare institutions. The access to health services is especially challenging for vulnerable groups of adolescents. Although youth friendly clinics are capable to provide full range of friendly services to adolescents, they are hardly accessible for rural youth and young people living in remote towns. As role of primary health practitioners in provision of health services is growing with ongoing healthcare reform, they will need to be able to provide services to adolescents, including FP, HIV/STI etc. counseling in a friendly way adhering to key principles of the Youth friendly approach. As experience has shown, in most cases the PHC practitioners lack any skills and knowledge in this field. Therefore there is a big need for in-service capacity development. At the same time health education should include youth friendly counseling skills in their curriculum for family doctors and nurses.

**Syndrome Approach** – There is a pool of trained specialists across the country, including the representatives at the central level in the Center for Control over Public Health Hazards. But the approach was not institutionalized and supported by relevant documents. There were no new actions taken to promote this approach in 2016. The majority of specialists who have been trained at the center either do not work or are engaged in other areas. In other words, there is no institutional memory left. The representatives of the Center propose to “generate a demand”, i.e. to prepare a set of documents that should be adopted at the national level in order to integrate this approach to the healthcare activities.

**Prevention of STI/HIV among long distance truck drivers** – That was a very successful initiative in terms of its institutionalization. This is the initiative on safe behavior that should prevent HIV/AIDS, STDs via the groups-bridges. However, while the system has been introduced and made sustainable, it does not monitor how the drivers who have participated in the trainings changed their knowledge and respectively changed their attitudes and behavior. The training course does not include any tests or exams. The certificate is given when a person attends the course for a certain number of hours. Perhaps, it would be feasible to envisage follow-up mechanisms or other mechanisms for collecting relevant data on how the course has changed knowledge, attitudes and behavior of the target group.

The **new UNAIDS strategy “90-90-90”** leaves prevention behind (including triple protection by condom) and looks at treatment as prevention. This poses a risk of rise in unsafe behavior (especially among youth) and decrease in condom use.

**Introduction of the MSMIT** – According to the informants, the translation will have to be proof-read and localized in terms of the examples. The respondents representing the MSM comment on the gap in terms of studies and programme interventions in the area of men’s health.

Some respondents comment that the UNFPA should develop mechanisms that would increase the recognition of/awareness about the Fund and promote its public image. This can be done, in particular, via social networks so the participants of events and trainings visit the page of the event, put their likes, write hashtags etc.

### **Constraining and facilitating factors and the country context**

Over the past five years the country’s context and its challenges have greatly changed. At the beginning of the 2<sup>nd</sup> Country Programme back in 2012 the context for the development of SRH and FP services was rather favorable due to high engagement of international organizations that supported large-scale interventions on SRH and FP development (back then they were designed for 12-15 years), the commitment of the government and the national priorities to prevent maternal mortality at the country level and good communications with the line ministry, in particular, the Ministry of Healthcare. In 2014-2015 the context drastically changed. A number of constraining factors emerged that impacted the promotion of SRH and FP. They were as follows: big donors reprogrammed their activities to different areas, the new Government had other big priorities related to the conflict with the Russian Federation (the armed conflict in Donbas and annexation of Crimea) plus economic, energy, humanitarian and security factors that limited the support to the area of SRH and FP. The financial crisis resulted in low purchasing power of the population. Since the beginning of 2014 to the end of 2016 the local currency has devaluated approximately by three times. Therefore imported goods have become three times more expensive and the large number of contraceptives is imported. The frequent changes in the management of the MOH and long periods without the Minister of Healthcare in the office have significantly reduced the responsiveness of the Ministry in communicating with non-governmental and international organizations. The large majority of respondents noted that over the past two years the capacity of the Ministry to have constructive communication has gone down. Besides, the MOH have announced reforms in many areas of healthcare, which are at the top of the list. They include reform of finance system, reform of the primary health care, non-communicable disease control that include cardio-vascular diseases. Due to the healthcare reform process and poor sustainability of approaches to this process and its inadequate communication displayed by various teams working in different times in the MOH, there is a big uncertainty that hampers strategic planning process for the international organizations. It goes without saying that these factors limit current programme activities and make it impossible to plan any future interventions. On the other hand, the selected reform priorities open up possibilities to strengthen the Family Planning component and SHR, especially the activities that are related to prevention of STDs, HIV, unplanned pregnancy and abortions, working with the youth by prioritizing prevention interventions in the reform. The setting up of a new entity that would be responsible for this area, in particular, the Center for Public Health at the Ministry of Healthcare of Ukraine, clearly calls for the establishment of a partnership and engagement of this body in the implementation of the UNFPA strategic programme’s priorities.

### **EFFICIENCY**

**EQ8:** To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches

used?

#### **Summary Findings – Efficiency of SRH component**

The analysis of the interviews with the respondents and desk studies conducted within the framework of the Evaluation, demonstrate that the most peculiar feature of the UNFPA Ukraine' activities under the **SRH** component is the attempt to identify the leverage points and windows of opportunities as well as to build partnerships that help the Fund achieve most results using little resources. Besides, the UNFPA CO managed to allocate significant amount of additional non-programme funds to support its activities. Although the burn rate of funds allocated for SRH component is not the highest comparing to other Programme components.

*“This is the peculiarity of the UNFPA. They do very good and big projects for little money”<sup>10</sup>.*

During interviews the respondents would provide examples of activities, in which the Fund shared its costs with other partners, or contributed with technical expertise or helped coordinate efforts and conducted advocacy work. These examples include the UNFPA CO work within the Reproductive Health Partners Group that was initiated and supported by the Fund. The Total Market Approach strategy was initiated and implemented within the framework of this group. The programme was designed to ensure the availability and accessibility of contraceptives, including to the most vulnerable groups, thanks to the mechanisms of public-private partnership.

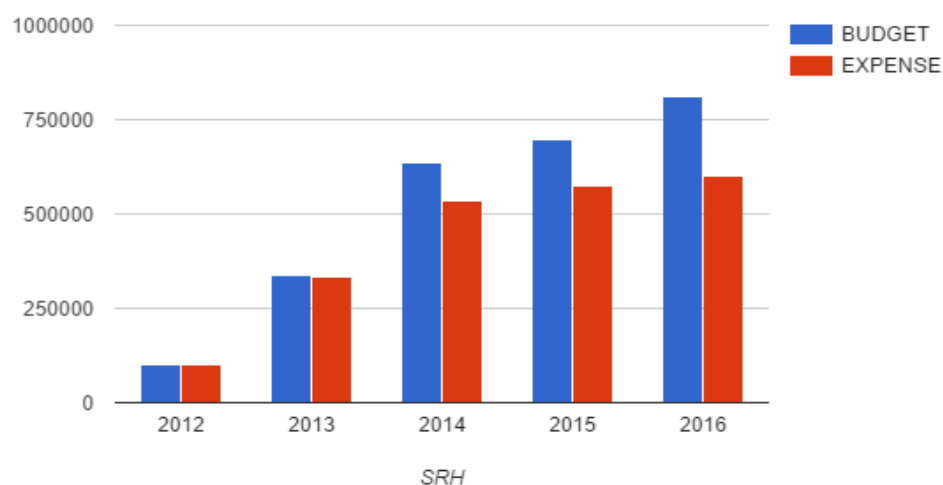
When initiating bilateral partnerships with the Group members, the Fund shared costs for the development and implementation of training programmes and courses, implementation of information and advocacy campaigns, in particular, production of information materials and development of websites, engagement of foreign experts, providing finance to study tours etc. However, it should be mentioned that some group members had far greater resources for Family Planning than the UNFPA. The Fund also tried to find organizations that were not part of the group to engage them in the SRH activities, although they might not be directly engaged in SRH per say. For instance, the Training Center of the Ukrainian Association of International Cargo Transporters (UAICT) became the partner of the UNFPA. The Center integrated the training module on HIV prevention to its training course, which is part of the curriculum, free of charge. This Center works with thousands long distance truck drivers on an annual basis without attracting any resources from the UNFPA CO.

It is worth mentioning that the budget for the SRH component was significantly decreased during the revision of the programme in 2014. The original Country Programme 2012-2016 approved in 2011 had a total budget of \$6.5 million for the 5-year programme with 73% of budget committed to the SHR component. Due to realignment to the new results and resources framework according to the UNFPA SP for 2014-2017 the SHR related budget decreased from 73% to 32.3%. In spite of the decreased of budget from regular resources the UNFPA CO managed to attract 1 779 038,29 USD of additional funds for activities in the SRH area. It should be noted that the burn rate of funds allocated for the SRH component in a period 2012-2016 is lower comparing to other Programme components. The overall burn rate of the SRH component for 2012-2016 is 83% while other Programme components demonstrates level of 95% or even higher. As shown below on Picture 8, the noticeable lag in the budget spent in the SRH area started in 2014 and was increasing until 2016.

**Figure 8. SRH Budget Versus Expenditure 2012-2016.**

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<sup>10</sup> Female respondent from Kyiv



Detailed data on yearly budget and expenses of SRH component is presented in Table 7.

**Table 7. SRH Budget and Expenses by years, (in USD)**

Year	BUDGET	EXPENSE	Balance
2012	102,900.00	102,343.00	- 557.00
2013	337,933.00	334,864.00	- 3,069.00
2014	634,501.00	535,442.00	- 99,059.00
2015	697,666.35	590,535.20	- 107,131.20
2016	809,977.90	601,037.60	- 208,940.30
<b>Total</b>	<b>2,582,978.25</b>	<b>2,164,221.80</b>	<b>- 418,756.50</b>

## SUSTAINABILITY

**EQ9:** Are programme results sustainable in short and long-term perspectives? To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

### Summary Findings – Sustainability of SRH component

The sustainability of many results achieved by the Programme under the SRH component is rather high in long-term perspective, in particular, for activities that were related to the development and integration of thematic modules to training programmes or to the development and adaption of treatment standards such as clinical protocols and supporting the operations of the perinatal centers. The interviews and desk studies show that these interventions will continue to have influence without further support from the UNFPA CO, although the UNFPA CO's support could increase their effectiveness. Some accomplishments under the SRH component were not found that sustainable in the long-run at the time of the evaluation, while they are sustainable in the short-term perspective. They include the following initiatives related to the introduction of various approaches: «Beyond the numbers», «Syndrome approach», the Total Market Approach, and to some extent the **Reproductive Health Partners Group**. These initiatives require attention and development in the next programme cycle since their results can be lost for good without further support.

Some results achieved under the SRH component managed to ensure their long-term sustainability by institutionalizing their impact via investing efforts in the newly-established institutions that will be funded by the state such as perinatal centers or via integrating modules to the training programmes, or by developing

and adopting treatment standards such as new clinical protocols that are in position to influence even without the UNFPA CO's support. At the same time if these interventions are supported, they could increase their effectiveness. In particular:

- Integration of the Walk of Life training module to the curriculum of the Training Center of the Ukrainian Association of International Cargo Transporters as a mechanism of prevention of STI/HIV among long distance truck drivers. At present the module is used as an integral part of training delivered to all long distance truck drivers who have to undergo certification before international travel. Re-training of trainers who come to work at the Center and then leave with time, trainings for transport companies managers and assessment of the training effectiveness could strengthen the impact of this particular intervention.
- The Development and roll-out of the "Grow Up in Good Health" curriculum for adolescents of 14-17 age that was endorsed by the Ministry of Education and Science, Youth and Sports of Ukraine and introduced in curricula of every regional Institute of teachers' post-graduate education through conduction of a TOT and providing electronic and printed versions of studying materials. Now the course is available as an optional subject for every teacher that undergoes the post- graduate education. According to the interviewed informants, the course is very popular and more than 100 teachers choose it annually.
- The Development of the in-service training for the PHC practitioners in youth friendly approaches for SRH care provision for young people and integration of curriculum was done in 9 postgraduate institutions ensuring sustainability of the initiative.

While other achieved results demonstrate certain sustainability, they are rather sensitive to irreversible changes if they are left behind the focus of the UNFPA CO during the next programme cycle, for instance:

- The work of the **Reproductive Health Partners Group** that was initiated, chaired and supported by the UNFPA CO. Now it is the national organization called the Foundation of Woman's Health and Family Planning that chairs the group and this is a big achievement as it enables to ensure both sustainability of this initiative and the country ownership of it. On the other hand the **Partners Group** has been weakened by the withdrawal of large international partners such as the SDC- and the USAID-funded projects. Therefore it is crucial for the international community to continue support to this initiative, in particular, for the UNFPA CO, since it gives more weight to communications and recommendations produced by the groups and ensures that the area of the **Reproductive Health** remains on the national agenda.
- **Development of Guidelines/Protocols:** The adopted clinical guidelines/protocol on family planning is valid until 2017 due to the circumstances described before. But the question is: Will the MOH have the capacity to update or develop new Protocol?
- **The Beyond the numbers Approach** – the NMCR methodology was tested, recognized as important and it reached certain level of sustainability. It is currently implemented in 10 institutions, primarily perinatal centers. The institutions have issued special orders to create and to ensure regular operations of working groups on NMCR, therefore one can state that the intervention is sustainable. At this stage the UNFPA CO provides finance to cover the travel costs of the national coordinators who visit the regions in order to ensure supervision and support the working groups. In the opinion of coordinators, the activities of these working groups require further supervision that would motivate the NMCR-related activities as the working groups have not additional incentives from the state. There is a risk that the groups will stop its activities or they will become rather superficial if no support is available. There is a need to identify approaches for NMCR sustainability and further dissemination of practice to lower level institutions. The process needs a better national ownership and clear motivation factors for the health facilities to adopt the practice. The second methodology called the CEMD has a potential for further implementation and for becoming sustainable once the review committee for processing respective cases is approved.

- The introduction of the **Total Market Approach** also requires further support from the UNFPA CO since the findings of the evaluation have shown that the approach has strong allies but there is no other “champion” that would promote it at the national level.
- **The Syndrome approach** – over the past two years the project implementers have managed to identify approaches to convince the healthcare community to introduce the syndrome approach for the most vulnerable groups, to conduct TOTs and to find the allies. However, in order to ensure sustainability there is still a need to adopt the national protocol that would legalize the application of syndrome approach by the specialists. According to the interviewed informants, it would be good to organize a national conference on the application of the syndrome approach to promote the adoption of the national protocol and to invite influential and respected national and international specialists to the event. It is recommended to continue advocacy campaigns on promotion of syndrome approach as an effective way to prevent STDs at the domestic level. This is in line with the national healthcare priorities. In order to ensure that, it is essential to build contact and cooperate with the Center of Public Health at the MOH of Ukraine, which is one of the parties responsible for the implementation of this policy.

### 3.2 YOUTH

**EQ5:** To what extent have the interventions supported by UNFPA on behalf of **youth** contributed to development of the youth policy, including young people’s participation in decision-making?

Since 2012 the UNFPA’s activities in Youth Programme Area were focused to increase priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly to increase availability of comprehensive sexuality education and sexual and reproductive health services.

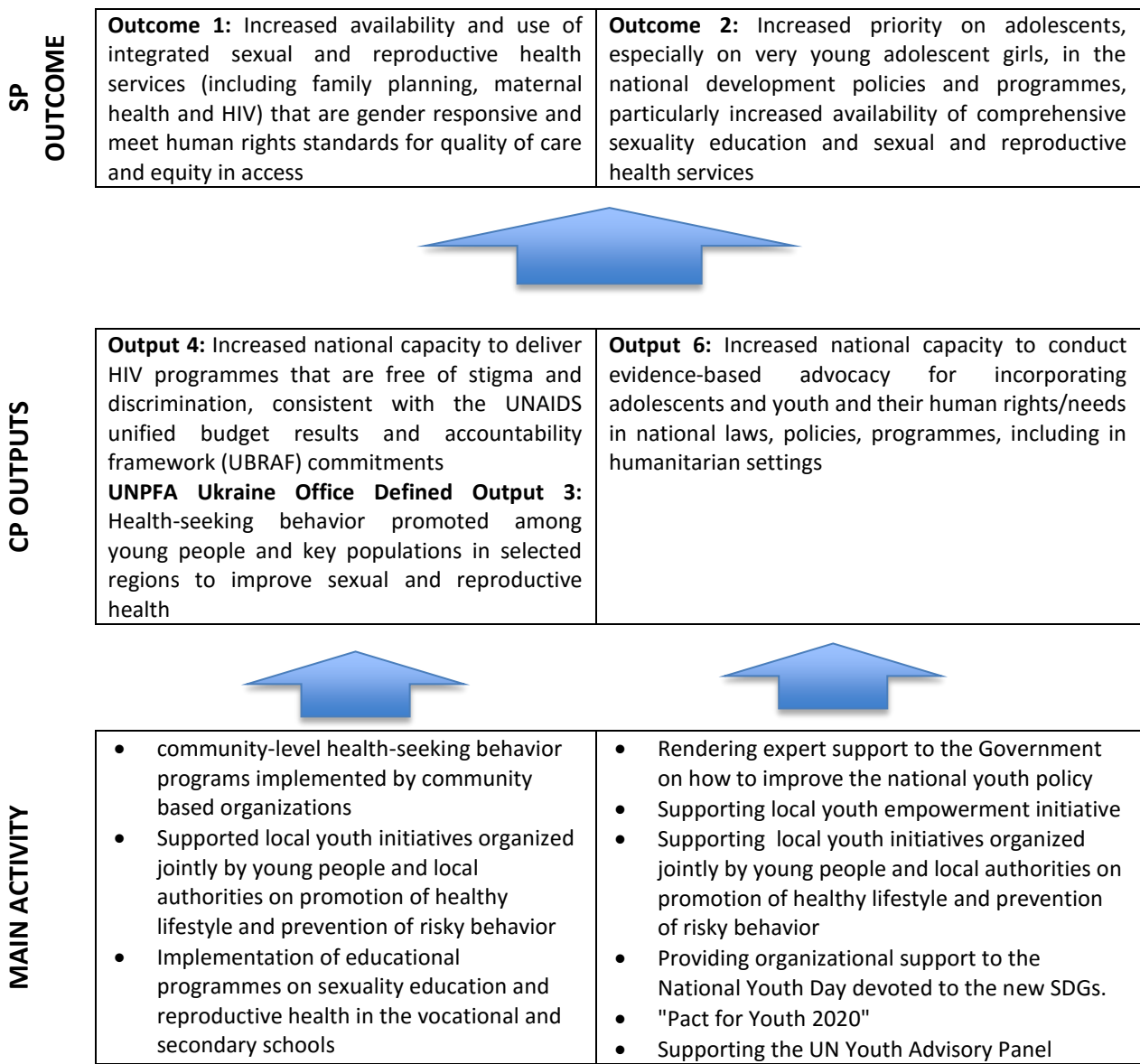
The activities of the Fund were aimed at achieving the following results: i) Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health; ii) Human rights and needs of adolescents and youth incorporated in national laws, policies and programmes; and iii) Increased national capacity to deliver HIV programmes that are free of stigma and discrimination and consistent with the UNAIDS (Figure 9). The activities included advocacy work in the interests and with the engagement of youth in order to improve the current national youth policy, delivery of expert and other support to the public and non-governmental institutions and also the knowledge management. In addition to that, the work on engaging youth in promoting and raising its awareness about the SDGs was organized.

In order to achieve these objectives the UNFPA worked together with the Ministry of Youth and Sports, the Ministry of Education and Science, the municipal authorities from the city of Kremenchuk, research and development institutions, civil society organizations and donors. During the programme implementation the UNPFA Ukraine ensured support and facilitation of the UN Youth Advisory Panel in the country; it took part in the work of the UN Youth Working Group (was the coordinator of its activities) and of the UN joint group on HIV/AIDs (was the member of the group).

**Figure 9. Logic Model of the Youth Programme, 2012 - 2017<sup>11</sup>**

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<sup>11</sup> The UNFPA strategic plan for 2014-2017 and the 2<sup>nd</sup> Country Programme Action Plan between the GoU and the UNFPA for 2012-2016



**RELEVANCE**

**RQ1:** To what extent are the objectives of the programme 1) adapted to the needs of women, adolescents and youth, people at risk of HIV infection and older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework, as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?

**RQ2:** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

**Summary Finding – Relevance of the Youth Program Area.** Over the evaluation period there was evidence of a growing recognition of the importance of adolescents and youth in the UNFPA strategic plans and policies. The UNFPA support in Ukraine is aligned with the UNFPA strategies on adolescents and youth. Evidence demonstrates that country programme was aligned with country commitments on adolescents and youth sexual and reproductive health, HIV and youth issues. The UNFPA support was found to be generally well-aligned with relevant government plans, strategies and policies on adolescents and youth



and the UNFPA supported governments to develop national policies and strategies that reflected adolescents and youth needs. The UNFPA has made significant efforts to ensure that support corresponded to the needs of adolescents and youth (as articulated by civil society and adolescents and youth organisations themselves and supported by evidence). The UNFPA Ukraine supported programs are highly relevant in part due to the fact that they are based on in-depth analysis of data on youth and active consultations with youth. The UNFPA CO collaborates closely with key youth advocate stakeholders within the UNICEF, UNDP, UNAIDs and the IOM, Ministry of Youth and Sports. The CP's youth oriented initiatives and its activities are closely aligned with the best practices for youth. Generally the Youth Program is fully in line with the priorities of the national youth policy and the country's needs.

The UNFPA CP Youth Program area is based on intensive efforts to understand the needs and constraints faced by youth in Ukraine through both quantitative and qualitative assessments prior to and during the current CP cycle. According to the findings of the Youth of Ukraine Study<sup>12</sup> the issues of social involvement and youth development in Ukraine were reflected in the CAP 2012-2016<sup>13</sup>. The interventions by the UNFPA Ukraine aimed at promoting healthy lifestyle among youth, supporting adolescents and young people that experience hardships, bringing together the efforts of business and the state to help employ young people meet the needs of the youth.

Besides, the UNFPA Ukraine conducts surveys among the partners<sup>14</sup> and stakeholders. The findings of these studies help the organization define its priorities and decide on what youth initiatives should be supported. Based on the findings of a survey held in 2016 one can say that the activities conducted by the UNFPA Ukraine in the area of youth are relevant. The survey has shown that the following activities were extremely pertinent: promotion of healthy lifestyle and safe behavior among youth to prevent STDs/HIV, support of the youth initiatives aimed at promotion of healthy lifestyle, engagement of young people in decision making at various level and improvement of the youth policies and programmes.

The CPAP objectives are fully in line with the national priorities and policy in the field of youth. The Government of Ukraine has outlined the need to reform/update the national youth policy<sup>15</sup> as one of its programme goals. The UNFPA Ukraine has made a significant contribution to the introduction of this reform. The UNFPA Ukraine assisted with the engagement of key stakeholders, including the representatives of the youth non-governmental organizations, various social groups, in consultations on the development of the new national youth policy.

The activities of the UNFPA Ukraine correspond to the priorities defined by the Government of Ukraine – United Nations Partnership Framework 2012-2016<sup>16</sup> in the area of Social Development. The UNFPA Ukraine is expected to contribute to the improved national youth policy and relevant regulations to enable its implementation, to support studies on youth needs and challenges they face, to conduct events to promote healthy lifestyle and safe behavior. All these things are in line with the expectations from existing partnership of the Government of Ukraine and the UN, in particular, to be assisted with the improvement of the national policy in the social field, with ensuring access to quality social and health care services and with promoting

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<sup>12</sup> The Youth of Ukraine 2015: A Survey by the GFK Ukraine at the request of the Ministry of Youth and Sports of Ukraine with the support of the UNFPA, UNDP, UNICEF, UNV.

[https://www.gfk.com/fileadmin/user\\_upload/dyna\\_content/UA/Molod\\_Ukraine\\_2015\\_UA.pdf](https://www.gfk.com/fileadmin/user_upload/dyna_content/UA/Molod_Ukraine_2015_UA.pdf)

<sup>13</sup> The 2<sup>nd</sup> Country Programme Action Plan between the GoU and the UNFPA for 2012-1016

<sup>14</sup> The Questionnaire Survey of the UNFPA Partners, August 2016

<sup>15</sup> The Programme of the Cabinet of Ministers of Ukraine. [http://www.kmu.gov.ua/control/uk/publish/article?art\\_id=247809587](http://www.kmu.gov.ua/control/uk/publish/article?art_id=247809587)

<sup>16</sup> Government of Ukraine – United Nations Partnership Framework 2012-2016

<http://un.org.ua/en/publications-and-reports/un-in-ukraine-publications/3473-ukraine-united-nations-partnership-framework-2012-2016>

healthy lifestyle and prevention of HIV.

The UNFPA CP includes initiatives that encourage youth participation in programs that address the MDGs and ICPD Post 2015 development agenda. For example, the UNFPA supported the “The World We Want” national consultations that were part of a project to present the youth priorities for the Post-2015 development agenda<sup>17</sup>. The UNFPA CP Youth programs help the Government of Ukraine pursue the following national priorities in the development context, in particular, the MDGs such as MDG 5 “Improve maternal health”, MDG 6 “Reduce and slow down the spread of HIV/AIDS” and the SDGs.

The UNFPA CP Youth programs are entirely consistent with youth needs and expectations, in part because of the UNFPA’s consistent effort to actively consult with youth as part of its programs, such as the lead up to the UNFPA supported UN Youth Advisory Panel. The UNFPA CP collaborates closely with key youth advocate stakeholders, including UNICEF, UNDP, UNAIDs and the IOM, Ministry of Youth and Sports. The CP’s youth-oriented initiatives and its activities are closely aligned with the best practices for youth. The 2012-16 CP is entirely reflective of the UNFPA Strategic Plan (2014-2017) Outcome 2 with an increased priority on adolescents.

The UNFPA Ukraine managed to provide a rapid response to the latest challenges the Ukrainian youth had to face as a result of the armed conflict in eastern Ukraine. That was possible thanks to the available survey data, its close cooperation with the Government and other UN agencies that operate in Ukraine. During 2014-2016 the organization planned its activities with a focus on certain groups of youth, including the adolescent girls, young women and vulnerable young people representing IDPs. The Fund provided assistance related to their sexual and reproductive health and helped them get access to certain types of social services.

## EFFECTIVENESS

**EQs:** 1) To what degree were the Country Programme’s intended outputs and outcomes achieved? 2) To what extent did the outputs contribute to the achievement of the outcomes? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

**Summary Finding- Effectiveness of the Youth Programs.** The UNFPA Ukraine CP youth outputs are likely to be achieved. The work of the UNFPA Ukraine could be qualified as effective since it brought together the efforts at the national and regional levels. The organization managed to improve the national youth policy as well as to render support to a number of local initiatives together with the local authorities. The support rendered at the local level helped the UNFPA build capacity of CSOs in the implementation of the health-seeking behavior programmes. Another success was the introduction of sexuality education and reproductive health programmes in the educational institutions. The training programme is recommended by the Ministry of Education and Science. It is rather popular and it is carried out at different levels. The evaluation has also shown how effective the UNFPA has been in chairing the UN Working Group on Youth and overseeing the work of UN Youth Advisory Panel.

The new UNFPA Strategic Plan for 2014-2017 envisages higher priority on adolescents, especially on very young adolescent girls, in the national development policies and programmes. In particular, this can be achieved by building the national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings. A new output “Human rights/needs of adolescents and youth are incorporated in national laws, policies, programs” was added to the Country Programme in 2014 in order to achieve this objective. The implementation of this objective is closely linked to the implementation of objectives within the framework

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<sup>17</sup> National Report, ‘Post-2015 Ukraine: The Future We Want’, Kyiv, 2013.  
[http://www.un.org.ua/images/documents/3713/Post\\_2015\\_Ukraine\\_eng.pdf](http://www.un.org.ua/images/documents/3713/Post_2015_Ukraine_eng.pdf)

of the UN-Ukraine Partnership Framework for 2012-2017 (Social development Outcome 1 “Improved access to and utilization of high-quality health, education and social services” and Social development Outcome 3 “More people adopt healthy and safe behavior”) and the national Millennium Development Goals (MDG5 and MDG6).

While being focused on outcome 6, the needs of young people (including adolescents) are addressed across all CP outcomes. The UNPFA is to strengthen its work with Government and other partners to advocate for increased health, education and livelihood investments for young people, and for seizing demographic windows of opportunity, while also addressing the critical issues of SRH services, HIV prevention and gender equality. The youth component is also part of the activities within the framework of the UNPFA programming that addresses humanitarian and recovery issues.

Based on interviews with stakeholders as well as desk reviews and analysis of secondary data, the CP Youth program is clearly contributing to the overall **SP Outcome 2** for “Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.” The activities within the Youth Programme, in particular, some indicators, also contribute to the achievement of **SP Outcome 1** “Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access» (See Table 8. Youth Programme Indicators).

The 2nd UNFPA Country Programme Action Plan for 2012-2016 defined **CP Output 3** and introduced three indicators that are directly linked to the Youth Area. It is correlated with **SP Output 4** “Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments”. According to the received data one can say that Indicator 2 under **SP Outcome 1** was implemented beyond expected results and Indicator 4 was implemented only to some extent. In general, all these activities contribute to the improved accessibility and use of comprehensive services in the area of sexual health and HIV prevention. The Fund’s efforts were focused on supporting the community-level health-seeking behavior programs implemented by the community-based organizations, implementation of educational programmes on sexual and reproductive health in vocational and secondary schools. These efforts yielded tangible results; in particular, the training module was prepared. The UNFPA rolled out an in-service training programme that offered youth-friendly approaches for PHC practitioners and developed guidelines for PHC practitioners in rural areas on youth-friendly RH counselling. Throughout the year UNFPA advocated for increased quality SRH and HIV services for adolescents and youth in the system of the Youth Friendly Clinics.

There is an evidence of progress in **SP output 6** in support of **SP Outcome 2**. The program activities have been developed and implemented in support of the Youth Program outputs (CPAP). **Output 6** “*Human rights and needs of adolescents and youth are incorporated in national laws, policies and programmes*” was defined under the office defined/management outputs. The version of the Results and Resources Framework for Ukraine (Annex to the CPAP between the Government of Ukraine and UNPFA) that was submitted for the evaluation does not include this output. It was included to the CPAP only in 2015. However, thanks to big efforts of the UNFPA significant progress was made in this area. The UNPFA Ukraine made progress in planned **Output 6**. Indicators 1,1 have been mainly accomplished. Interventions supported by the Fund were aimed at making the national youth policy better by bringing young people in the process and making it in the interests of youth and at rendering support to the local youth empowerment initiatives. The UNPFA Ukraine supported the work of the UN Youth Advisory Panel and the joint government-business-civil society initiative “Pact for Youth 2020”: youth-adult partnership platforms for advocating youth involvement in the decision-making processes and investments in young people.

**Table 8. Youth Program Indicators**

Indicators	Baseline	Target/ Actual result	Comments
<b>SP Outcome 1:</b> Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender responsive and meet human rights standards for quality of care and equity in access			
<b>SP Output 4:</b> Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments			
<i>In order to implement SP Output 4 in the 2<sup>nd</sup> Country Programme Action Plan between the GoU and the UNFPA for 2012-1016 CP Output 3 was defined and three indicators were introduced that are directly related to the Youth Area. In the course of the implementation Indicator 1 was abolished (See in the Table below).</i>			
<b>CP Output 3:</b> Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health			
Indicator 1: Guidelines for policy-makers on health-seeking behavior promotion programming developed	0 (2015)	Yes/ <i>abolished</i> 2013	As a result of the program review it was decided to replace indicator 1 under CP Output 3 with a new indicator reflecting SRH service/education for youth (advocacy with the Ministry of Youth and Sports).
Indicator 2: Percentage of technical vocational and secondary schools in the UNFPA programme regions delivering SRH and reproductive rights peer-education programmes	0 (2011)	At least 30% / 44%	It should be noted that in the annual reports the indicator is measured in numbers and not in percentage («Number of educational institutions covered by VCT for HIV promotion programmes») The indicator was implemented beyond the planned range. A project was implemented in two pilot regions, in particular, Mykolaiv and Odesa oblasts), together with the UNDP. The UNAIDS project was funded via the UBRAF.
Indicator 4: Number of community-level health-seeking behavior programmes implemented by CBOs	0 (2011)	20/15	The indicator was partially implemented. The activities were carried out in partnership with the city council of Kremenchuk and the Kremenchuk Youth Parliament. Achievement of this indicator is attributed to an effective partnership that the UNFPA was able to build with local authorities, youth council and youth networks. That ensured full local ownership, which resulted in allocations of funds for community programmes from the local budgets.
<b>SP Outcome 2:</b> Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services			
<b>Output 6:</b> Human rights and needs of adolescents and youth are incorporated in national laws, policies and programmes			

Indicator 1: Participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes are in place	No (2011)	Yes/Yes	The indicator was fully achieved. The Government of Ukraine adopted a new earmarked social programme called “the Youth of Ukraine for 2016-2020” <sup>18</sup> . Expert support was rendered as well to advance the secondary legislation on the implementation of the youth policy. The study held by the public institutions and called “the Youth of Ukraine” <sup>19</sup> was financed in partnership with other UN agencies in 2015. The UNFPA was chairing the UN Working Group on Youth and overseeing the work of UN Youth Advisory Panel.
Indicator 2: The UNFPA country office has advocated during the year for allowing adolescents and youth to have legal access to quality sexual and reproductive health counselling and HIV services	Yes (2014)	Yes/Yes	In general the indicator was achieved. The UNFPA was actively involved in the advocacy work at both central and local levels. It was also a member of the UN Joint Team on HIV/AIDS. The UNFPA advocated for increased quality SRH and HIV services for adolescents and youth in the system of Youth Friendly Clinics.

**Major results** achieved within health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health (**Output 3**) include:

**Safe behavior and healthy lifestyle promotion among youth:**

- A number of local youth initiatives organized jointly by young people and local authorities in Kremenchuk city on promotion of healthy lifestyle and prevention of risky behavior (public events “Say No to Drugs”, “Say No to Smoking”, youth volunteer academy, short video contest, youth IDP initiative "Safe Zone") were supported. A total of 5,000 young people participated in the above-mentioned events. Around 300 school, college and technical vocational schools students (including IDP youth) engaged in “Zoryaniy” youth summer camp were trained in basics of healthy lifestyle and safe behavior, including HIV/STI prevention.
- Psychosocial rehabilitation was supported together with building safe behavior skills of youth from Eastern parts of Ukraine (Donetsk and Luhansk) who were affected by the military conflict (during the 21-day summer youth camp).
- Local youth empowerment initiatives were supported, in particular, the Inter-regional Youth Forum in Kremenchuk that brought together 200 young activists from different regions of Ukraine to discuss youth participation in such issues as social life, health, education, governance and employment.

**Empowerment of youth to address HIV/STI and reproductive health needs:**

- Round table discussions on the results of the focus groups (conducted in 2015) with young key populations on access to SRH/FP/HIV services were held with key stakeholders. Specific actions required to effectively address SRH/FP/HIV needs of young key populations were identified with Youth Friendly Clinics as a primary service provider.
- The institutional capacity of local youth non-governmental organizations was advanced in the area of project management with the help of respective training sessions. After the trainings the youth NGOs developed projects and received finance from the city council of Kremenchuk to implement them.
- The training module called Grow Up In Good Health was prepared and introduced in schools with the UNFPA support. The module is aimed at promotion of healthy lifestyle and preservation of reproductive healthy among youth and adolescents. It should be noted that the training module was approved and recommended for further introduction by the Ministry of Education and Science. This training was well

<sup>18</sup> [http://dsmsu.gov.ua/media/2016/03/12/7/povnij\\_tekst\\_ostatochno\\_\\_1\\_.pdf](http://dsmsu.gov.ua/media/2016/03/12/7/povnij_tekst_ostatochno__1_.pdf)

<sup>19</sup> <http://www.unfpa.org.ua/publications/540.html>

received by teachers and parents of school pupils and it is continued to be taught as part of the professional development training for the teachers.

- Students from 42 technical vocational schools in Odesa, Mykolaiv and Cherkasy regions were reached with the help of awareness raising activities on HIV prevention and VCT during 6 training workshops on methodologies and techniques for disseminating information among students, in particular, the information on HIV prevention, safe behavior promotion, non-discrimination and tolerance towards PLWHA.

**Facilitating factors** of the UNFPA activity include:

- The availability of the national HIV/AIDS counteraction programme.
- The availability of a mechanism to provide funding to projects and programmes of CSOs from the public finance available to the local communities and to allocate money in the local budgets to support some youth initiatives.
- The number of HIV/AIDS counteraction programmes has increased. The HIV/AIDS counteraction programme under the umbrella of the UN agencies is one of the most successful ones. Therefore the UNFPA has more possibilities for its prevention activities with youth.
- The UNFPA is very active in the work of the UN Joint Team on HIV/AIDS, within the framework of its Youth Programme.
- Cooperation and joint activities of different state and non-state actors.
- Capacity building support of partner organizations.

**Challenges:**

- The new UNAIDS strategy “90-90-90” leaves prevention behind (including triple protection by condom) and looks at treatment as prevention. This poses a risk of rise in unsafe behavior of youth and decrease in condom use.
- Raising additional resources from donors outside the UN-family is limited by the fact that donor organizations require very close cooperation of the UN agencies. The cooperation of various UN agencies is very poor due to internal competition for resources.
- Workshops for youth on promoting the use of condoms are very complicated as the issue of condom use is rather sensitive among the young Ukrainians due to certain deeply-rooted cultural barriers in the Ukrainian society.

There were several major **context issues** that influence the achievement of results. Unfortunately there is a high level of stigma in Ukraine. The public authorities do not think much of HIV prevention and the level of state engagement in prevention work is rather low. Issues of safe behavior, such as condom use for prevention of HIV, can be quite sensitive for youth, especially for IDP youth from eastern parts of Ukraine (whose knowledge about HIV and means of its prevention is lower than among youth in central and western parts of Ukraine).

**Major results** achieved within human rights and needs of **adolescents and youth (Output 6)** include:

**Improved National Youth Policy:**

- The UNFPA supported the Ministry of Youth and Sports of Ukraine with development of the National Youth Policy. The Government of Ukraine adopted a new programme until 2020 called “the Youth of Ukraine”.
- The UNFPA supported the Ministry of Youth and Sports of Ukraine with development of a number of legislative and regulatory documents to operationalize the new National Youth Policy 2016-2020: i) Order of the Ministry of Youth and Sports of Ukraine “On approval of the selection criteria for the award of the Cabinet of Ministers of Ukraine for significant achievements of youth in the development of Ukraine” developed and approved by the Cabinet of Ministers; ii) Order of the Cabinet of Ministers of Ukraine on

“Statute of Youth Centers” developed; iii) Order of the Ministry of Youth and Sports of Ukraine on “Approval of the quality criteria for Youth Centers” developed.

- In 2015 the Fund together with other UN agencies provided support to the public institutions and research and development centers in conducting the youth survey «State of Youth in Ukraine 2015». The survey assessed the areas of social development among modern young people, mechanisms of personal fulfillment and active inclusion of youth in social processes as well as compliance of the state youth policy with the current needs of Ukrainian youth: social, economic, cultural and public aspects. Thanks to the survey Ukraine has the baseline information about issues young people have to deal with as they grow up and develop as personalities and it can be used in the development and implementation of the national youth policy and when interacting with young people.
- The Fund supported "Pact for Youth 2020" - a joint initiative of the Ministry of Youth and Sports and the Center for Corporate Social Responsibility that aims at joining efforts of business, government and educational sector to provide first employment and internship opportunities for young people. In 2016 the Pact was signed by 35 business companies and organizations in Ukraine that pledged to facilitate creation of a minimum of 100 partnerships between business and educational sector, and to create 10,000 openings for internships and first work places for youth by 2020. The UNFPA also supported a direct dialogue between youth and business in order to improve employment opportunities for young people during an innovative "Business-Youth: WOW effect from cooperation" forum.

#### **Empowerment of youth:**

- The UNFPA together with other UN agencies provided support to the preparation of the National Youth Day devoted to new SDGs. The event successfully mobilized around 8,000 young people and people of different age that participated in the Quest on SDGs, graffiti contest “Peace in Ukraine”, festival of youth cultures - global cities.ua, and a lecture on “Ukraine is made by you”. Indirectly this activity corresponds to **CP output 6**. This activity has mainly contributed to increased participation of youth in decision making and better awareness of the SDGs. It should be mentioned that these efforts are reasonable as they meet the existing needs.
- The city council of Kremenchuk and the Youth Parliament of Kremenchuk built partnership to ensure wider engagement of youth in decision making. The UNFPA supported local youth empowerment initiative - Inter-regional Youth SDG Forum in Kremenchuk that brought together 250 young activists from different regions of Ukraine to discuss youth involvement and participation in achieving SDGs at the local level. Youth developed specific action plans for implementation of SDGs in their communities in the areas of health, education, governance, employment and peace-building.
- The activities of the UN Youth Advisory Panel were supported. This is a platform established to strengthen the dialogue between the UN and young people in order to advise the UN on the strategic opportunities and necessary actions for addressing adolescent and youth issues. Youth participation and youth voice in the decision making process was strengthened and the decisions are to be made for the youth and together with the youth.

#### **Facilitating factors** of the UNFPA activity include:

- High priority and interest of the Government of Ukraine in youth issues. This contributed to promoting changes to be made to the current national youth policy. The changes were prepared together with the UNFPA Ukraine’s experts. The appointment of the new Minister and his deputies in 2015 was beneficial since the new team revived the process of the national youth policy preparation and ensured its update and improvement.
- The cross sectoral attention to promotion of national response to adolescents and youth. This enabled the Fund to carry out activities that were focused on youth issues in various thematic programmes of the UNFPA Ukraine. In particular, this factor resulted in achievement of indicators in the activities related to HIV prevention among youth.

- The cooperation and joint activities of different state and non-state actors. This has had a significant impact on achievement of results and raising of additional resources for the implementation of particular activities at the regional level.
- Capacity building support of partner organizations.
- Ensuring quick access to competent and professional experts. In particular, their engagement guaranteed good quality of documents and papers they were supposed to develop.
- The UNPFA Ukraine chaired the UN Working Group on Youth during the period, which is subject to this evaluation. The UN agencies recognize the UNPFA Ukraine as a leader in working with youth.

#### **Challenges:**

- The lack of a realistic Joint Action Plan within the framework of the UN Working Group on Youth and the respective joint budget. These two factors impact the overall effectiveness of the Youth Programme.
- Raising additional resources from donors outside the UN-family is limited by the fact that donor organizations require very close cooperation of the UN agencies. Such cooperation of various UN agencies is very poor due to internal competition for resources.
- The approach when the implementation partners would be engaged to carry out certain activities was not used in the programme. At the same time the Humanitarian programme that deploys such approach, has shown that the engagement of partners in particular activities can be very effective and it helps achieve better results for less money (more for less principle).
- The weak inter-ministerial coordination capacity (the Ministry of Health, the Ministry of Education, the Ministry of Social Policy) can jeopardize successful and timely implementation of the National Youth Programme.
- The success in the implementation of the National Youth Programme greatly depends on understanding of local governments about the importance of investing in and empowering of youth.
- The weakness of the Ministry of Youth and Sports in terms of regular change in senior management, poor coordination with other ministries that deal with youth (such as the Ministry of Social Policy, the Ministry of Health and the Ministry of Education).
- Due to the planning process particulars in the UNPFA Ukraine and the Ministry of Youth and Sports as a public body, other partners lack understanding of plans for the upcoming year at the end of the year. This complicates the process of priorities coordination from the side of the Ministry and the UNPFA Ukraine and makes forecasting resources and technical assistance to be provided by the UNPFA Ukraine a challenge.

There were several major **context issues** that influence the achievement of results. Youth non-governmental organizations do not have a unified representative body that could be the voice of youth when interacting with donors and the Government. Changes developed to the second legislation have to go through a long period of endorsement and implementation due to imperfect procedural rules in the Government. This is something outside the scope of the UNPFA Ukraine and something the organization cannot influence. The public institutions have unreasonably high expectations about the resources that can be provided by the UNPFA Ukraine. The Fund mandate and possibilities are limited.

#### **EFFICIENCY**

**EQ8:** To what extent has UNPFA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches used?



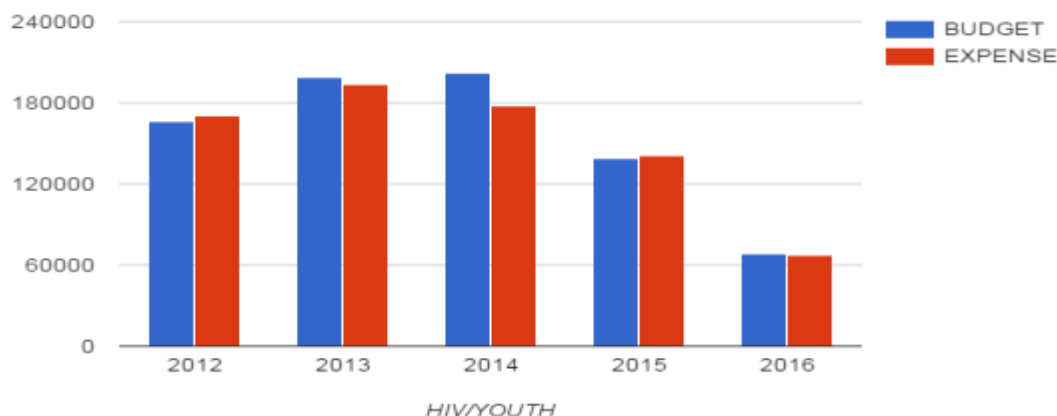
**Summary Findings – Efficiency of Youth.** Overall, the activities implemented toward the achievement of outputs for the Youth Programme area appear to be reasonable for the amount of resources spent. Most respondents were unable to comment on the question of efficiency, but the majority of those who did, felt that “Despite being a relatively small UN agency with a small budget they are cost effective.” The programme had limited resources since the expenditures for this area were defined by other components. That limited the capacity to achieve bigger results and reach out to more representatives of the target group.

As shown below in Figure 10, the total expenditures for the youth portfolio of program activities varied, with maximum amount of \$193,516 in 2013 and minimum of \$67,664.71 in 2016. The share of expenditures allocated to the implementation of the Youth Programme amounts to 11.2% of the total budget of the programme expenditures of the UNFPA Ukraine and it is the lowest amount when compared to expenditures for other thematic programmes. The UNFPA Ukraine allocated additional funds basically in order to support implementation of Youth areas of a country programme (regular resources \$377,355; others \$397,287<sup>20</sup>) According to the stakeholder interviews, document reviews and financial analysis, overall the activities implemented toward the achievement of outputs for the Youth Program area appear to be reasonable for the amount of resources expended.

The evaluation has shown that the available resources were used effectively, in a manner that enabled to receive good results within the framework of the results of the Youth Programme. The expenditures for events were planned within the framework of other areas. However, despite the limited resources, impressive results were achieved in terms of the improvement of the national youth policy, which was developed in the interests and with participation of the youth. The programme managed to raise local resources to conduct some activities. For instance, the Fund financed capacity building interventions for the local youth non-governmental organizations and the Kremenchuk Community supported the implementation of their projects from the public budget.

Limited resources did not enable the Fund to achieve bigger results under the Prevention of HIV STI among Youth area. It was the UNAIDS that provided finance via the UBRAF mechanism. Similar to that, the limited resources did not enable the Fund to strengthen the results received in the introduction of the SRH and reproductive rights peer-education programmes in the vocational schools from the selected regions.

**Figure 10. HIV/YOUTH Budget Versus Expenditure, 2012-2016 (in USD)**



<sup>20</sup> Table X7 Original CP 2012-2016 budget by program area and budget source 193,516.

**Table 9. HIV/Youth budget and expenses by years (in USD)**

HIV/YOUTH	BUDGET	EXPENSE	BALANCE (budget/expenses)
2012	166,740.00	170,642.00	- 3,902.00
2013	198,804.00	193,516.00	- 1,488.00
2014	202,335.00	177,853.20	- 6,121.70
2015	138,593.32	140,658.71	3,936.04
2016	68,170.00	67,664.71	390.19
<b>TOTAL</b>	<b>774,642.32</b>	<b>750,334.62</b>	<b>- 5,057.93</b>

**SUSTAINABILITY**

**EQ9:** Are programme results sustainable in short and long-term perspectives? To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

**Summary of Findings: Sustainability** – The Fund ensured sustainability of achieved results both in short- and long-term perspective by strengthening capacity of its partners, giving them access to the best international practices and methods/know-how and supporting their participation in the international trainings and conferences, conducting legislative and policy work at the national level and information and public awareness campaigns in the regions. The Fund managed to ensure the ownership of results by the executive partners by engaging them in needs assessment and scoping the areas of cooperation exercises, which they do on their own and by having a constructive dialogue on a regular basis.

The results achieved by the Programme are sustainable both in long- and short-term perspective. The sustainability stems from the following factors: 1) The surveys of youth and adolescents, which are used to develop political and policy papers; 2) The capacity building activities for the Ministry of Youth and Sports and delivery of expert support to the Ministry with the development and elaboration of policy and secondary legislation, supporting partners' participation in the international events and helping them build new international contacts; 3) The UNFPA Ukraine carries out diversified activities that include the preparation of educational and training programmes, public awareness campaigns, rendering support to the local projects implemented by the youth CBOs and also have other activities at the national and regional levels.

Certain activities that were initiated and/or supported by the UNFPA Ukraine are continuing without the support from the UNFPA Ukraine. For instance, the Ministry of Youth and Sports provides finance to the annual thematic studies on youth issues at the account of the public finance. The training course called "Grow Up In Good Health" that aims at buildup and promotion of healthy lifestyle and preservation of reproductive health among youth and adolescents is a part of curriculum at various organizations that work on professional development of school teachers. The people who have prepared this course raise funds on their own and promote it among other people working with educational issues. The course is very popular among the teachers and parents since it talks about sensitive issues in a very nice way and is not purely focused on how to use condoms.

The Fund is a leading actor in keeping up the work of the UN Working Group on Youth and overseeing the work of UN Youth Advisory Panel. That helps attract proactive young leaders in the youth policy making, receive their feedback as regards planning and implementation of interventions by the UN agencies.

Some events were financed with a help of co-funding available from the local sources. In particular, all projects prepared by the local youth organizations were funded by the city authorities of Kremenchuk. This activity was further reflected in the local programme for youth development and support and it was written down that the city of Kremenchuk would allocate relevant finance for it. The Ministry of Youth and Sports

continues to conduct surveys on issues and challenges youth face at the account of public finance.

The UNFPA Ukraine has effective cooperation with its partners and it builds its work on a constructive dialogue with partners and around their needs and interests. The Fund is not always in position to oversee the work of its partners representing the public authorities and to demand from them timely implementation of various tasks.

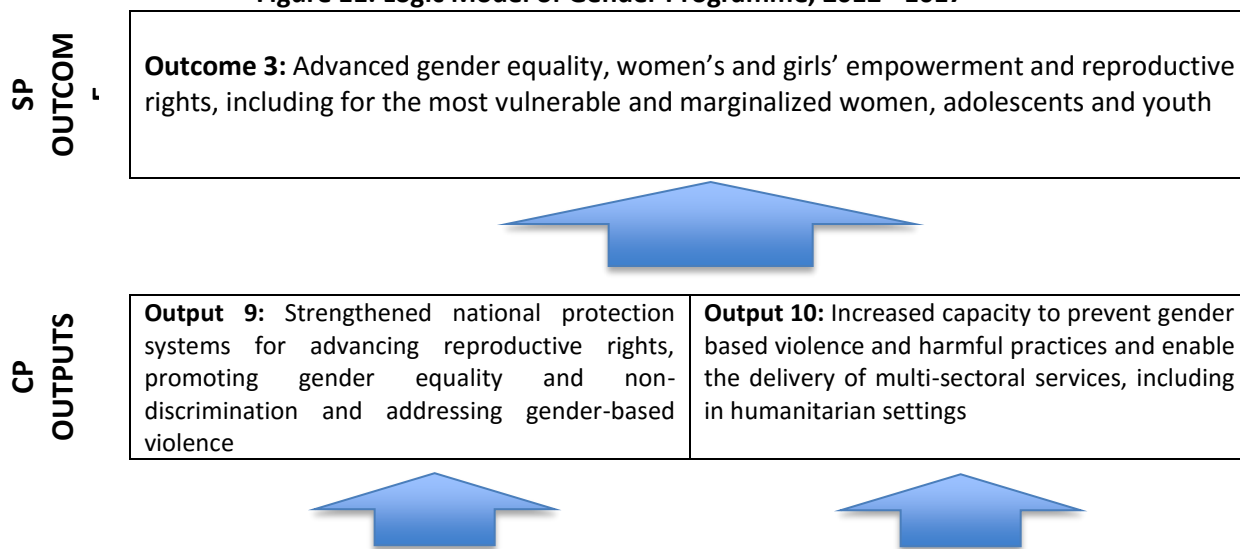
The respondents commented that in order to improve the sustainability of results the Fund should have the youth area as its separate priority.

### 3.3 GENDER EQUALITY

**EQ4:** To what extent have the interventions supported by the UNFPA in the field of **gender equality (GE)** contributed toward the ensuring equal rights and opportunities for women and men, with special focus on achieving gender equality in the national labour legislation and promotion of equal distribution of domestic duties between women and men?

Since 2012 the work of the UNFPA Ukraine in the area of Gender was focused on women’s empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence. The activities of the Fund were designed to achieve the following results: i) improved legal tools, policies and programmes that promote gender equality; and ii) increased awareness of the general population on gender equality; iii) incorporating gender mainstreaming in trainings delivered to the public servants; iv) supporting the coordination mechanism on the GBV and expanding the access to GBV-prevention services for target groups (Figure 11). The system of the CP outputs stipulates that five outputs contribute to the accomplishment of SP Outcome 3. In order to achieve set objectives the Fund worked together with the Parliament, the Ministry of Social Policy, the Ministry of the Interior, local authorities, higher educational institutions, civil society organizations and donors.

**Figure 11. Logic Model of Gender Programme, 2012 - 2017<sup>21</sup>**



<sup>21</sup> The 2<sup>nd</sup> Country Programme Action Plan between the GoU and the UNFPA for 2012-2016

MAIN ACTIVITY

<ul style="list-style-type: none"> <li>• Legal instruments, policies and programmes promoting GE analyzed and provided with evidence-based recommendations for improvement</li> <li>• National training curriculum on gender quality and mainstreaming incorporated in the educational programme for civil servants at the National Academy of Public Administration</li> <li>• Communication campaign aimed at promotion of gender equality</li> </ul>	<ul style="list-style-type: none"> <li>• A functioning inter-agency gender-based violence coordination body exists as a result of the UNFPA guidance and leadership</li> <li>• Service providers available in the target regions, capacitated to provide GBV prevention and response services</li> </ul>
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**RELEVANCE**

- RQ1.** To what extent are the objectives of the programme 1) adapted to the needs of women, adolescents and youth, people at risk of HIV infection and older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?
- RQ2.** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

**Summary Finding – Relevance of Gender Program Area.** The interventions supported by the UNFPA are in line with the priorities of the Government of Ukraine (GoU) policies on ensuring GE and protection of women, mothers and children. These priorities are reflected in the UNFPA global mandate. The country programme (CP) has included a wide range of the interventions to address gender equality issues. There is a close harmonization of activities between the Government policies and the UNFPA programme activities within the Programme of Cooperation. The Fund’s interventions included activities aimed at the development of draft national programmes, preparation of the 8<sup>th</sup> CEDAW report, ratification of respective international documents on promotion of gender equality, incorporation of gender mainstreaming in the training programmes designed for civil servants. The system of the GBV prevention and response services was rolled out to meet the existing needs. These activities can be qualified as a response to the emerged humanitarian needs that the number of regions faced as a result of the armed conflict in eastern Ukraine. Besides, a public awareness campaign on gender equality was introduced and implemented following the findings of the respective survey.

The UNFPA CP Gender Program area is based on intensive efforts aimed at better understanding of the needs and constraints faced by Ukraine. These efforts include both quantitative and qualitative assessments held prior to and during the current CP cycle. The relevance of the Gender Programme can be explained by the fact Ukraine had to strengthen the national mechanism for ensuring the implementation of equal rights of women and men irrespective of the Law of Ukraine On Ensuring Equal Rights and Opportunities of Women and Men that was adopted back in 2005 and the Constitution of Ukraine that guarantees equal rights of men and women. That requires the advancement of existing state policies and programmes, capacity building of respective public authorities and non-governmental organizations.

Despite big efforts made by the previous state and non-state actors, there is more resistance in the Ukrainian society against the promotion of gender equality, which is displayed by different civil movements and religious organizations. The weakening of the national mechanism for ensuring equal rights and opportunities of men and women back in December 2010 can be attributed to organizational issues related to the re-organization of the administration as well as to attempts of certain forces to undermine the gender policy as an integral part of the Pro-European ideology of Ukraine. At present the Ukrainian society lacks strategic vision of benefits of the gender policy; the role of social-economic development programmes and sectoral

programmes is overrated; vulnerable women are not subject to the development programmes prepared at the country, regional, city and village levels. The driving force behind gender transformations consists of the Ukrainian civil society organizations, international organizations and numerous technical assistance projects focused on gender issues that are funded by external donor organizations. The lack of experts in Ukraine is another issue in the gender policy development. As some experts comment *“today, at the national level, we do not have enough specialists who have a good understanding of “gender-balanced representation in the local bodies/administrations” and people who can freely use this term; specialists who can mainstream gender when developing, implementing and evaluating social-economic programmes and projects. And there are even less of them at the local level”*<sup>22</sup>.

Besides, Ukraine needs support with the ratification and implementation of a number of international agreements/treaties, in particular, the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention), the implementation of the United Nations Security Council Resolution 1325 on Women, Peace and Security until 2020. That requires interaction with high level decision makers and members of the parliament. The Government of Ukraine should be assisted with the development of respective implementation programmes to fulfill its obligations within the framework of these documents.

These challenges were reflected in the programme activities of the UNFPA Ukraine in the Gender area. The CPAP stipulates for respective activities that would be aligned to the national development priorities, in particular, ensuring gender representation at the level of 30%/70% in the representative branch of power and the high level bodies, at the top decision making level and bridging the wage gap between men and women.

The CPAP includes a separate output 5 “Women’s empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence”. The achievement of planned indicators under this output makes a relevant contribution to the achievement of SP outcome 3 “Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth”. During the interviews conducted at the time of the evaluation the common opinion was that the UNFPA Ukraine succeeded in providing timely response to issues the Ukrainian authorities could not handle in terms of the implementation of obligations related to the introduction of effective mechanisms for ensuring gender equality.

It should be mentioned that both representatives of public and non-governmental organizations commented in their interviews that the activities of the UNFPA Ukraine have demonstrated that the Fund’s leadership and management have a good and deep understanding of gender issues in Ukraine and their specific nature, they are aware of the needs and they take on a leadership role among other institutions that also work with gender issues. The focus of the UNFPA Ukraine on promotion of gender equality is highly appreciated by key stakeholders and is considered to be the advantage of the Fund when compared to other donors. At the same time there is a lack of coordination between various UN agencies in working with gender issues in Ukraine.

## **EFFECTIVENESS**

- EQs:**
- 1) To what degree were the Country Programme’s intended outputs and outcomes achieved?
  - 2) To what extent did the outputs contribute to the achievement of the outcomes?
  - 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

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<sup>22</sup> Report on the Implementation in Ukraine of the UN Convention on the elimination of all forms of discrimination against women (CEDAW), <http://www.unfpa.org.ua/files/articles/5/59/CEDAW%20report%20ukr.pdf>

**Summary Finding- Effectiveness of Gender Program.** The UNPFA Ukraine CP gender outputs are likely to be achieved. The activities of the UNPFA Ukraine were effective since they brought together the efforts made at the national and regional levels. Thanks to the expert support and advocacy work the organization managed to make some progress with the improvement of legal framework on gender equality and to develop draft laws, programmes and secondary legislation. Successful public awareness campaigns were carried out, although they were somewhat general. These campaigns will have to be focused and their target groups and topics will have to be clearly defined and narrowed down. A lot of work was done to improve training on gender issues and/or overcoming GBV that were designed for public servants and for personnel of the National Police. These training programmes have not yet been fully incorporated to the training and professional development programmes for civil servants. The GBV sub-cluster has been established and maintained.

According to stakeholder interviews as well as desk review and analysis of secondary data, the CP Gender program is clearly contributing to the overall SP Outcome 3 Advanced gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth”. There is evidence of progress in SP output 9, output 10 in support of SP Outcome 3. The program activities have been developed and implemented in support of the Gender Program outputs (CPAP).

Based on the data shown in Table 10 one can say that progress was made in all planned indicators. Meaningful results have been achieved in the component of ensuring access to relevant social services in the area of GBV for target groups in certain regions of Ukraine that were affected by the armed conflict in eastern Ukraine. These activities correspond to the activities held under the Humanitarian response component. The activities under strengthening the national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence produced more or less expected results both at the national and local levels (in some regions). Efforts made to support surveys and studies on gender issues resulted in the production of a reliable data essential for planning, development of evidence-based policies and programmes. This work is also aligned with the population and development data and research component.

**Table 10. Gender Program Indicators**

Indicators	Baseline	Target/ Actual	Remarks/Comments
<b>SP Outcome 3:</b> Advanced gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth			
<b>SP Output 9:</b> Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence			
<b>CP Output 5 – Indicator 1</b> Number of national legal instruments, document policies and programmes promoting GE analyzed and provided with evidence-based recommendations for improvement	0 (2011)	1/ 8 (2016)	In particular the following policies and laws: National Programme on Domestic Violence Prevention, on Equal Opportunities, on Poverty Prevention, on People with Disabilities, on Shelters, on Register of GBV cases; order 537 on standard of help provision to those in difficult life circumstances; draft law on domestic violence prevention and Istanbul Convention Ratification; re inter-sectoral cooperation to prevent GBV; provisions on gender policies advisors
<b>CP Output 2 - Indicator 2</b> National training curriculum on gender quality and mainstreaming incorporated in the educational programme for civil servants at the National	No (2011)	Yes/Yes	The prepared online training module “Basic principles of gender-sensitive approach to public administration” developed and reviewed by the National Academy of Public Administration under the President of Ukraine

Academy of Public Administration			
<b>CP Output 5 – Indicator 5</b> Percentage of population reached through a communication campaign aimed at promotion of gender equality	10 (2015)	11/ 11	<ul style="list-style-type: none"> <li>• 10% of population were reached by the information campaign “4 Hands Happiness”</li> <li>• Number of demonstrations of the photo exhibition "Women and Conflict in Ukraine"</li> <li>• "16 days against GBV" campaign supported by a public event</li> </ul> <p><i>Comment – Indicator measurement of baseline/target (numeric) is different from one in the indicator description (%)</i></p> <p><i>This indicator also includes relevant results in the area of “Supporting the GBV Study in Humanitarian Setting within P&amp;D Area”</i></p>
<b>SP Output 10: Women’s empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence</b>			
Country has been affected by a humanitarian crisis during the year and a functioning inter-agency gender-based violence coordination body exists as a result of the UNFPA guidance and leadership	Yes	Yes	<p>The GBV sub-cluster in Ukraine, chaired by the UNFPA, is a coordination mechanism composed of the UN agencies, NGOs and Government partners who strive to coordinate prevention and response services for women, men, boys and girls living in the eastern conflict areas.</p> <p>Activities to achieve this result were implemented under the Humanitarian Response Program. Detailed information and analysis are available in the respective chapter of the HR Program.</p>

**Major results** achieved within Women’s empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence include:

**Improvement of the national policy and state programmes:**

- Technical support to the Ministry of Social Policy was provided to improve the national gender policies, in particular on development of the National Program for Ensuring Equal Rights and Opportunities for Women and Men (2017-2021). So far the Government of Ukraine has adopted the Concept of the Program. The adoption of the Program itself was put on hold due to the decision of the Government to freeze state programs due to the limited financial resources available for their implementation.
- Technical support to the Ministry of Social Policy was provided to improve the national legislation in support of the Draft Law of Ukraine "On Prevention and Combatting Domestic Violence". A number of documents were drafted, including draft typical provisions about the institution providing assistance to people who survived domestic violence and draft procedure for issuing an emergency barring order. The national expert in cooperation with MoSP colleagues also drafted documentation for the National Programme for prevention and combatting domestic violence 2016-2020: a concept paper and full text of the program. The draft of the new version of the Law of Ukraine "On Prevention and Combatting Domestic Violence" was submitted to the Parliament for further consideration and endorsement.
- The support was provided with the preparation of the VIII Ukraine’s CEDAW report. The report was presented at the CEDAW Committee with the help of the UNFPA. Specific support provided included Technical assistance rendered through national experts on the CEDAW reporting process itself as well as thematic areas such as GBV and discrimination.
- Advocacy work related to the ratification of the Istanbul Convention was organized. The Convention has not been ratified yet as of the end of 2016. The Parliament postponed its ratification.
- Technical support was provided to the Ministry of the Interior that included the development and implementation of the National Action Plan on the Implementation of the UN Security Council Resolution 1325 on Women, Peace and Security until 2020.

- The UNFPA advocated for elimination of gender stereotypes and combatting gender-based violence as a basis for development and implementation of a harmonized national policy on family by participating in Parliamentary Hearings on Family Policy (June 2016).
- Gender equality and gender-based violence issues duly reflected in the National Strategy on Human Rights (approved by the President in August 2015) and the national action plan on its implementation (adopted in November 2015).
- Developed Methodological recommendations “Gender and HIV” for “Mainstreaming gender policy into regional programmes on HIV/AIDS” (2013).
- The support in conducting studies and surveys on gender issues includes the following work:
  - ✓ Support was rendered to the specialized research and development organizations that conducted a number of gender-related studies, in particular, “Gender-based violence in the regions affected by the conflict”, “Prevalence of violence against women and girls”, “Early marriages in Ukraine”, “Analytical study on women’s representation in the Ukrainian labor force”.
  - ✓ Within the framework of the preparation of the periodic report on the Implementation in Ukraine of the UN Convention on the elimination of all forms of discrimination against women, the UNFPA provided support in conducting some thematic studies. They were “Functioning of the national mechanism for gender policy implementation”, “Availability of social services to women who have suffered abuse”, “Assessment of awareness about the UN Convention on the elimination of all forms of discrimination against women and other related laws”.
- The UNFPA Ukraine provided assistance to the Government of Ukraine in representing Ukraine in various international events:
  - ✓ Ukraine’s priorities and achievements in gender equality promotion and GBV combating were presented during the High-level forum called “Ending Violence against Women: Building on Progress to Accelerate Change” (Istanbul, Turkey, 9-10 December 2015). Participation of the Deputy Minister of Social Policy was ensured.
  - ✓ Participation of the Ukrainian delegation in the fifty-ninth session of the Commission on the Status of Women (the United Nations Headquarters, New York, 9-20 March 2015) was ensured. Gender equality priorities and targets for Ukraine in the context of the 59th Session of the UN CSW outcomes were identified and discussed during a multi-stakeholders follow up discussion meeting (April 2015).

#### **Capacity building of civil servants:**

- Training module “Basic principles of gender-sensitive approach to public administration” was developed by the UNFPA jointly with the National Academy of Public Administration under the President of Ukraine. Scientific and Methodological Council of the Academy approved the training module and recommended it for use in the training/retraining of public servants and local government officials. The training materials were piloted at the School of Senior Public Service (15 participants) and at the Senior Executives Retraining Institute of the Academy (30 participants). However, the training module is not that common yet. It requires further integration in the educational system to be delivered to public servants of various levels.
- The training programme on GBV prevention was developed for the office of the Ministry of the Interior and the National Police.
- Capacity of senior officials of the Ministry of Social Policy strengthened thanks to the study tour to Sweden, Stockholm (June 2016).

#### **Public awareness campaigns**

- The concept of importance of equal distribution of family responsibilities (taking care of children and performing other domestic tasks) and a responsible fatherhood was promoted through conduction of a media campaign “4 Hands Happiness”. The campaign included outdoor advertising in 5 cities of Ukraine,



social media component, management and promotion of the web-site, a number of TV and radio programmes and articles in printed media as well as public opinion monitoring activities.

- Photo exhibition called “Women and Conflict in Ukraine” was organized together with the Ministry of Social Policy and different women non-governmental organizations. This is a mobile exhibition. It was shown in different regions of Ukraine during 2014-2016.
- "16 days against GBV" campaign was supported by conducting a public event.

**Establishment and management of the GBV sub-cluster at various level** - described in the Humanitarian response programme

#### **Challenges:**

- Due to the crisis some behavioral change initiatives such as multi media campaigns for gender equality and equal participation of women and men in all spheres of life had to be postponed.
- The capacity of the Government to provide adequate response to the situation and arising needs is still low.
- Gender stereotypes with regard to the role of a woman as a mother and caregiver and a man as a breadwinner are still deeply rooted in the Ukrainian society. These stereotypes are a root cause for discrimination and as a result gender-based violence is still prevalent.
- The low capacity of the Government and a lack of political will of the members of the Parliament to ratify the Istanbul Convention in November 2016.
- The UNFPA has had to advocate incessantly for gender issues to be included in the UN response to the humanitarian crisis.
- Changing harmful gender stereotypes is a long-term objective and it requires substantial financial contribution. Achieving visible change in short term is almost impossible.
- The gender component is rather wide and other UN agencies are also engaged in it thus complicating the fulfillment of the UNFPA mandate.

**Facilitating factors** of the UNFPA activity include:

- Big interest of central and local authorities in building up their capacity in terms of proper implementation of the Ukraine’s obligations to promote gender equality. Ukraine has the basic legislation on ensuring equal rights of men and women, although it is not that perfect. However, it does enable to conduct various activities to promote gender equality.
- Big interest displayed by the respective line ministries and local authorities to receive expert support with the development of different programmes and policies.
- Cooperation and joint activity of different state and no-state actors.
- Capacity building support of partner organizations.
- Provision of timely access to professional experts.
- The UNFPA Ukraine has high quality gender-related studies. This is the strength of the organization.
- The UNFPA Ukraine’s team responsible for gender issues is very knowledgeable and has a good understanding of the country’s needs, current developments in Ukraine and takes a lead in promoting gender issues among the UN agencies.

There were several major **context issues** that influence the achievement of results. Unfortunately gender failed to become the cross-cutting theme and it has a mixed perception in the Ukrainian society, which is rather one-sided. Gender mainstream is often neglected at the level of various public and non-governmental institutions and in the development programmes. Gender and the Government’s reforms in different fields do not go hand in hand yet. That can be explained by increased anti-gender propaganda promoted by different non-governmental organizations. The existing national mechanism for ensuring gender equality is

imperfect and it is beyond the mandate of the UNFPA Ukraine to improve it, the organization does not have respective possibilities and obligations to work on that.

During the implementation of the UNFPA strategic plan for 2014-2017 and the 2nd Country Programme Action Plan between the GoU and the UNFPA for 2012-2016 in Ukraine the State Program on *Ensuring Equal Rights and Opportunities for Women and Men, 2013- 2016*, was adopted by a Decree of the Cabinet of Ministers of Ukraine as of 26 September 2013. The programme created the policy framework for activities that would ensure achievement of results related to promotion of gender equality. Similar programme until 2021 has not been adopted yet. The Government endorsed only a concept of the state programme in 2016. Due to the political decision of the Government to freeze state programmes, this state programme, which is based on the adopted concept, is pending its approval.

The system of social service delivery is not that effective in Ukraine. State providers of social services lack competence to provide timely and quality services and to meet current needs and challenges. Another factor that complicates the work of the UNFPA Ukraine in the gender area is that the large majority of topics within this area are covered by activities of other UN agencies and the UNFPA mandate is limited in that field.

The focus on the Ministry of Social Policy is not justified. It limits the capacity of the Fund to expand its activities. However, nothing can be done to change it as the central government system simply does not have the inter-ministerial coordination and cooperation when it comes to gender mainstreaming and promotion and combating of domestic violence. The lack of personal contacts and consequently partnerships between the top-management of the UNFPA and members of the Parliament who are members of the For Equal Rights Caucus reduced possibilities of successful advocacy efforts taken to adopt necessary laws or to ratify basic international agreements in the field of gender equality and GBV counteraction. Besides, frequent restructuring at the Ministry of Social Policy resulted in certain “pauses” in effective communication and interaction. Therefore some joint activities were delayed as well as the expert support from the UNFPA Ukraine.

Opening of the UN Women office created a challenge of mandate competition and at the same time an opportunity for common and joint programming based on clear and recognized niches and division of labor.

The lack of joint programs by various UN agencies does not enable to receive big and more impressive results in the field of gender. However, past experience has shown that joint programmes were a success and produced quality results of the large scale and ensured great synergies. The lack of an effective mechanism of inter-donor coordination has a negative impact on gender-related programmes’ implementation as well.

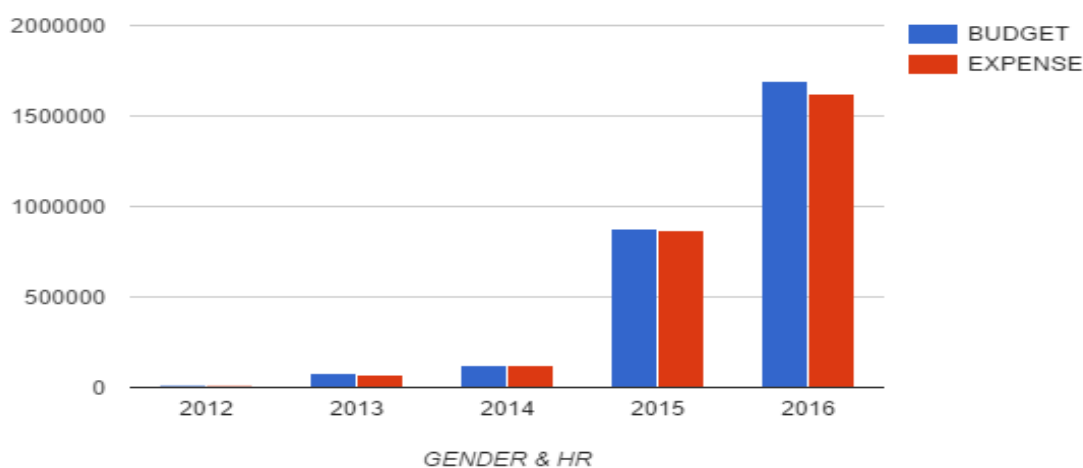
## **EFFICIENCY**

**EQ8:** To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches used?

<p><b>Summary Findings – Efficiency of Gender Programme Area activity.</b> Overall, the activities implemented toward the achievement of outputs for the Gender Program area appear to be reasonable for the amount of resources spent.</p>
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The respondents felt that UNFPA has used resources in an efficient way. Data on Figure 12 shows that the budget and expenditures for the implementation of the Gender Programme have grown on a yearly basis in the period of 2012 to 2016. The most significant increase was observed in 2015 and was related to the beginning of activities within the HR Programme, where the large share of expenditures was related to the activities within the GBV cluster.

**Figure 12. Gender Program Budget Versus Expenditure<sup>23</sup>, 2012-2016 (in USD)**



**Table 11. Gender & HR Budget and expenses by years (in USD)**

GENDER & HR	BUDGET	EXPENSE	BALANCE (budget/expenses)
2012	10,950.00	9,174.00	-1,776.00
2013	75,108.00	73,336.00	-1,772.00
2014	126,524.00	123,232.50	-3,291.50
2015	873,874.13	865,840.91	-8,033.22
2016	1,691,558.22	1,621,873.10	-69,685.12
<b>TOTAL</b>	<b>2,778,014.35</b>	<b>2,693,456.51</b>	<b>-84,557.84</b>

The share of expenditures for activities under the Gender and HR Area amounts to 40,2% of the total budget of the UNFPA Ukraine and constitutes the largest amount when compared to expenditures in other thematic areas. On the basis of stakeholder interviews, document review and financial analysis, overall the activities implemented toward the achievement of outputs for the Gender Program area appear to be reasonable for the amount of resources expended.

The evaluation has demonstrated that the available resources were used in a manner that enabled to receive noticeable results within the framework of the Gender Programme results. However, there is a problem with this aspect since various agencies work with gender issues and that complicates fundraising activities and calls for the development and implementation of joint programmes and interventions. The implementation of joint programmes will ensure higher efficiency in gender equality promotion. At the same time, the development of joint programmes is difficult to have due to a high competition for resources among various UN agencies.

## SUSTAINABILITY

**EQ9:** Are programme results sustainable in short and long-term perspectives? To what extent have the

<sup>23</sup> Includes Humanitarian response funds as well

partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

**Summary of Findings: Sustainability** – The Fund guaranteed sustainability of results primarily in the short-term perspective by strengthening the capacity of its partners, providing them access to the best international practices and know-how, supporting their participation in the international events, conducting legislative and policy work at the national level and information and public awareness activities at the regional level. The Fund guaranteed the ownership of results by its executive partners by engaging them in independent needs assessment and identification of cooperation areas on their own and by having an ongoing constructive dialogue with them.

The programme results are sustainable both in short- and long-term perspectives. This can be attributed to several factors. Gender-related studies are of high quality and they provide unique information and evidence-based data for the development of policies, programmes and projects. The expert support rendered to the public authorities creates preconditions for their institutional development and capacity building so they can prepare quality policy and legislative papers and gender-related programmes that are in line with common standards.

The support rendered to the initiative to create deputies' caucus at the representative bodies was very instrumental as these groups serve as a good foundation for successful advocacy campaigns. For instance, the deputies' group (caucus) called "For Equal Rights" was created in the city of Kharkiv; it is chaired by the mayor. For example, the inclusion of gender issues in the curricula in the training programme for civil servants on the premises of the National Academy of Public Administration ensures some sustainability toward building capacity on gender issues within the public service sector. The developed training programmes have been tested. They can be integrated to the training programmes of other institutions that are engaged in training and re-training of civil servants of various levels provided that there is a better awareness about its importance for the professional development of a public servant.

The activities within the GBV sub-cluster created preconditions for the local authorities to support and to use the model of the GBV mobile units. However, there is an issue of proper and sustainable infrastructure for such units. While the respondents commented on certain dependency of the units on funding available from the UNFPA, they still stated that these units managed to improve their sustainability.

The UNFPA Ukraine managed to establish good cooperation with its partners. It builds its work on a constructive dialogue with its partners and around their needs and interests. The Fund is not always in position to oversee the work of its partners representing public authorities and demand from them timely implementation of certain tasks.

It must be acknowledged, however, that changing cultural norms is inherently a long-term process. Respondent stressed: *"unfortunately, the Ukrainian society is still in the grip of Soviet stereotypes or it is very close-minded when it comes to gender issues"*<sup>24</sup>. The question on long-term sustainability (greater than 5 years) was a challenge to most of the respondents.

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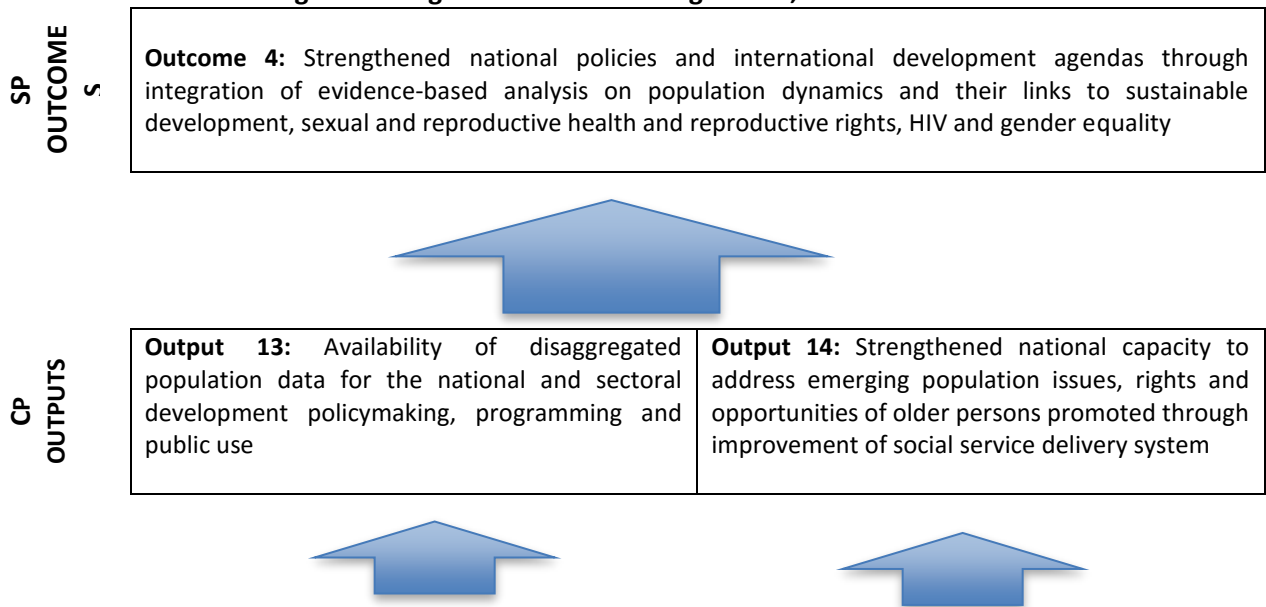
<sup>24</sup> Interview, December 2016

### 3.4 POPULATION AND DEVELOPMENT

**EQ6:** To what extent did the interventions supported by UNFPA in the field of **population and development** (P&D) strengthen the national capacity to address population ageing, improve social services for older persons and produce disaggregated population data for policy making, programming and public use?

Since 2012 the UNFPA activities in the field of P&D have been focused on strengthening national policies and international development agendas through integration of evidence-based analysis on population dynamics. The work of the Fund was aimed at achieving the following results: i) ensuring the availability of the disaggregated population data for the national and sectoral development policymaking, programming and public use; and ii) strengthening national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system (Figure 13). In order to achieve the goals the UNFPA worked together with the State Statistics Service, the Ministry of Social Policy, designated research institutions, civil society organizations and donor organizations.

**Figure 13. Logic Model of P&D Programme, 2012 - 2017<sup>25</sup>**



<sup>25</sup> 2<sup>nd</sup> Country Programme Action Plan between the GoU and the UNFPA for 2012-2016

MAIN ACTIVITY

<ul style="list-style-type: none"> <li>• Supporting the planning and implementation of the 2012 national population census as well as disseminating census data and promoting its use</li> <li>• Facilitating scientific research on population processes and trends to provide data for policies and programmes, including for humanitarian response</li> <li>• Promoting the icpd agenda in the work of the un country team (mdg reporting, mics, human rights activities, humanitarian response, un summer schools)</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting national reporting on the implementation of the Madrid international plan of action on ageing</li> <li>• Supporting the development of a national policy/strategy on ageing based on the Madrid international plan of action on ageing aligned with the national context</li> <li>• Fostering regional collaboration and developing national capacity in policy making and programming on population ageing (central and provincial levels)</li> <li>• Supporting the development of national standards of social care for older persons (home-based care, inpatient care, social adaptation)</li> <li>• Supporting the social institutional care reform</li> <li>• Promoting healthy ageing and active longevity</li> <li>• Providing humanitarian relief items to older IDPs (dignity kits, warm clothing, beds)</li> </ul>
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**RELEVANCE**

**EQ1:** To what extent are the objectives of the 2<sup>nd</sup> Country Programme (CP 2012-2017): 1) adapted to the needs of older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?

**EQ2:** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

**Summary of Findings:** P&D Relevance. The activities of the UNFPA were in line with the strategic priorities defined by the 2<sup>nd</sup> Country Programme, with partners’ needs and the developments in the country. The Fund managed to provide rapid responses to challenges related to rescheduling of the national population census by increasing its focus on capacity building of the State Statistics Service and its institutional development that would enable the organization to work on more ambitious tasks in the future. Against the background of the aggravated humanitarian situation in Ukraine the Fund proved to be quite flexible in meeting the needs of the most vulnerable groups, in particular senior people. The necessity to have disaggregated and sectoral data and to monitor the SDGs indicators urged the UNFPA to stress the importance of P&D among its partners.

The analysis of the UNFPA’s work and meetings with the key stakeholders showed that the work of the Fund in Ukraine was relevant to the existing situation in Ukraine at that time; it addressed pressing needs of the beneficiaries and was consistent with the strategic priorities of the UNFPA for 2012-2016. Since the national population census scheduled for 2011 was postponed until 2020 the Fund focused on capacity building of its partners, in particular, the State Statistics Service. The representatives of the body were introduced to the latest census techniques and learned about the new methods used to study demographics; their communication skills were strengthened in order to ensure better outreach activities and understanding of the importance and meaning of the national population census by the general population and the introduction of the EU standards and procedures in the area of population statistics. The Fund also worked on strengthening the capacity of its partners in monitoring; in particular, in developing the SDGs benchmark indicators. It also helped the State Statistics Service develop thematic websites/domains. That work is important as the UNFPA selected 15-16 indicators from the list of over 100 SDGs indicators to be monitored in Ukraine, although this activity is included to the Strategic Plan.

The Fund managed to adjust its priorities in a very flexible fashion in order to respond to the developments of 2014 in the country and to conduct relevant research and to monitor the humanitarian situation in Ukraine.

The development monitoring system served as a basis for the national monitoring of strategic development goals and sectoral monitoring systems. These activities were clearly pertinent to UNFPA's mandate.

Accelerated ageing of the Ukrainian population is a big pressing issue. The Fund's activities were crucial in this respect since they included the development of the national strategic papers in this area as well as interventions aimed at improving the system of social service delivery to elderly people. In March 2016 the Poverty Reduction Strategy for 2016-2020 was adopted with the support of the UNFPA. Back in 2014 the Fund provided immediate response to emerging needs of elderly people by rendering respective humanitarian aid and taking part in the reform of care homes for senior people at the initial phase. In particular, the Fund helped to conduct an audit of the existing care homes and to develop the reform concept.

The activities aimed at highlighting and underlining the areas of human population, youth, gender equality (advancing the ICPD in terms of MDG reporting, MICS, human rights activities, humanitarian response, etc.) and organized together with the Fund's partners were extremely vital when preparing the 5-year Partnership Framework of the UN and Ukraine. The evaluation has demonstrated that the activities of the Fund in the P&D area are important to the national and sectoral development policymaking, programming and public use. Therefore strengthening statistics and ensuring greater availability of data (especially disaggregated by population groups, sectors of economy, territory etc.) is essential and that improvements are needed in several statistical domains, including demographic statistics.

## EFFECTIVENESS

**EQs:** 1) To what degree were the Country Programme's intended outputs and outcomes achieved? 2) To what extent did the outputs contribute to the achievement of the outcomes? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

**Summary of Findings: Effectiveness** – The evaluation has shown that the Fund's activities were aimed at achieving set goals. The activities were effective since they combined the development of the national legal, policy and programme documents through involvement of different stakeholders, studies important for the informed decision making, capacity building of its partners and their support and proactive engagement in the international processes with practical activities at the regional and local levels. The UNFPA was quick and effective in adjusting its work in Ukraine against the background of the military conflict in the eastern Ukraine by changing and shifting its programming priorities in order to understand better the overall humanitarian situation and needs of its target groups, in particular, senior people. The lack of political will, changing governments together with top officials at key partner line ministries, limited finance and legislative framework did not enable the organization to conduct the planned national population census and to receive data about the Ukrainian population as well as to adopt and prepare essential political and programme documents in good time. The evaluation has demonstrated that it is not enough to have a lot of data to make decisions; the data has to be updated on a regular basis and the organization should have access to the administrative data in order to be able to understand the quantity and state of the population when no data is available. The focus of the UNFPA on senior people is unique and crucial for "ageing" Ukraine.

In order to achieve indicators defined in **Output 13: Availability of disaggregated population data for national and sectoral development policymaking, programming and public use**, the interventions made by the Fund were aimed at supporting the national population and housing census (2012-2013), data collection and research on most pertinent population processes and features, including for humanitarian response<sup>26</sup> and promoting the ICPD agenda in the work of the UN Country Team. Not all efforts of the Fund resulted in achievement of the expected outcomes when it comes to conducting the national population census (See

<sup>26</sup> The list of P&D studies presented in Annex 3

Table 12). That happened due to circumstances beyond one's control. In particular, political will of the country's leadership and lack of funding. The planned number of studies was conducted and that contributed to the achievement of the outcome 4. However, evaluation of their impact on planning, implementation and monitoring of the national policymaking requires more time, development of the national M&E system as well as local trained experts and expertise.

The UNFPA succeeded in the implementation of the expected results as regards **Output 14: Strengthened national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system.** The volatile environment in Ukraine due to the situation in eastern Ukraine and occupation of Crimea as well as frequent changes of the government impacted the implementation of objectives related to the adoption of the national policy/strategy on ageing and the development of national standards of social care for older persons (home-based care, inpatient care, social adaptation) and not all planned targets were met. The UNFPA work on supporting national reporting on the implementation of the Madrid International Plan of Action on Ageing, promoting healthy ageing and active longevity and the social institutional care reform were successful and reached (in some cases overreached) the planned indicators (Table 12).

**Table 12. Population and Development Indicators**

Indicators	Baseline	Target/ Actual result	Remarks
<b>Output 13: Availability of disaggregated population data for national and sectoral development policymaking, programming and public use</b>			
Indicator 1 - National population census is implemented successfully and data is disseminated according to the international standards	In progress	Complete / Not complete	After several delays (from 2011 to 2012, then to 2013) Ukraine has skipped the 2010 round of population and housing censuses. The national population census is currently planned for 2020 (Ref. Resolution of the Cabinet of Minister of Ukraine No. 1323-r of 16 December 2015 - <a href="http://www.kmu.gov.ua/control/uk/cardnpd?docid=248721497">http://www.kmu.gov.ua/control/uk/cardnpd?docid=248721497</a> )
Indicator 2 - Number of population and development studies conducted resulting in policy recommendations	9	17 / 17	17 studies were conducted
<b>Output 14: Strengthened national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system</b>			
Indicator 1 - National policy on population ageing adopted by the Government	No	Yes / No	Not achieved yet as the preparation and endorsement of the national programme on ageing were delayed by the recent change of cabinet (April 2016) that has restarted the respective procedures, and then the cabinet banned the development of new national programmes (October 2016) as one of the austerity measures. This resulted in the need to redesign the national programme on ageing into the national strategy on ageing, which was only completed by mid November 2016. Currently the draft national strategy on ageing is pending official endorsement by the Ministry of Social Policy before submission to the cabinet for official adoption. UNFPA strongly advocated at all levels to expedite the adoption, but influence is limited.
Indicator 2 - Number of legal acts that inter alia regulate delivery of social services to older persons	0	3 / 2	Two out of three national standards of social services for older persons - for home-based care and social adaptation) developed with support from UNFPA, have been officially endorsed. The third standard is still pending due to frequent changes of the government in Ukraine - according to the established procedure,



			when the new government takes office, all regulatory documents in the pipeline have to pass the review process from scratch. The third standard currently has gone through piloting at the province level and will soon be submitted for inter-ministerial review and endorsement. Home-based care - <a href="http://zakon5.rada.gov.ua/laws/show/z1990-13">http://zakon5.rada.gov.ua/laws/show/z1990-13</a> ; Social adaptation - <a href="http://zakon5.rada.gov.ua/laws/show/z0665-15">http://zakon5.rada.gov.ua/laws/show/z0665-15</a>
Indicator 3 - Country provides national report for the third cycle of MIPAA/RIS appraisal	No (2016)	yes	The national MIPAA progress report includes the first Ukraine's active ageing index.
Indicator 4 - Number of public awareness initiatives on healthy and active longevity and intergenerational solidarity	4 (2016)	8	Four more initiatives have been implemented in 2016:- Review, analysis and presentation of local level projects for active and healthy longevity- Social advertisement campaign on active and healthy longevity, supported by Facebook publications at the UNFPA Ukraine page- Exhibition of artworks by older persons- Building a national active ageing index presented at an international conference on policy responses to ageing and included in the national MIPAA progress report.

**Major results** achieved within Population and development data and research (Output 13) include the following.

In achieving Indicator 1 on **census**:

- Strengthened capacity of the State Statistics Service personnel through their participation in the UNECE census workshops, meetings and representation at the international census-related events to establish partnerships and share experience, south-south cooperation between the State Statistics Service and census managers from Turkmenistan, international expert support in the drafting of census programme (questionnaire), on census planning and census quality assurance.
- Developed a census geographic information system (GIS) and built electronic maps of Ukraine for census mapping. Trained IT staff and census managers in using GIS systems for census planning and management.
- Developed a methodology for working with census micro-data files and ensuring confidentiality.
- Developed a national information/awareness campaign to ensure public support of the population census, including census branding and multimedia materials. Trained staff from central and regional State Statistics Service offices in communications and media relations.
- Supported the development of technical documentation required for the tendering procedures to ensure the availability of data processing hardware and software for the census.
- Supported the public debate over the census programme (questionnaire).
- Supported reflection of the population and development issues in the national MDG report for 2000-2015 and suggested as priorities for the 2030 development agenda.
- Supported the participation of the national statistical office in the regional process designing the indicator framework for measuring the progress towards the SDGs led by the UNFPA EECARO.

**Studies conducted in the area of population and development** resulted in the following policy recommendations:

- Supported the population assessment exercise aimed at the technical evaluation of currently available sources of population information and building a justified methodology for a population assessment in Ukraine in terms of numbers and sex/age structure at the national and provincial (oblast) levels. The methodology developed as part of the exercise shows the way to produce population estimates in a manner coherent with the currently available information and by using multiple sources. The technical

report on the population assessment provides specific recommendations for improving national population statistics in Ukraine.

- Supported the GBV Study in Humanitarian Settings as part of the UNFPA humanitarian response covered 5 provinces of Ukraine most affected by the armed conflict in Donbas (Donetsk, Luhansk, Dnipro, Zaporizhzhia and Kharkiv).
- A project proposal for developing and operationalizing a national system of humanitarian situation monitoring (based on the human security concept) has been developed in partnership with the Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine.
- Embarked on a pioneering study of economic costs of gender- based violence in Ukraine.

There were several **constraining factors** that influenced effectiveness of the UNFPA activity. First of all, there is a limited capacity and a limited number of local experts who can identify and assess trends using the demographic data and analyze the existing data generated by studies on planning and implementation of the national policies. Besides, the national M&E system is not well established and that prohibits the collection of data to be used for better decision making and results-oriented management. Second of all, as that was the case with the population assessment exercise, despite efforts of the UNFPA project team, the government did not officially provide access to a number of administrative data sources due to a very cumbersome endorsement process. The government inability to provide access to the administrative databases for the research team resulted in the significant data gaps and affected the building of working population dynamics models and getting actual population estimates for Ukraine. Third of all, the highly volatile political situation in Ukraine and the lingering conflict in Donbas along with uncontrolled external and internal migration restrain the organization from a full-fledged population census (or a quasi-census) in order to get realistic population estimates for Ukraine, at least for next two years.

Moreover, in the humanitarian situation of Ukraine, most donors are focused on serving the basic and most urgent humanitarian needs of concerned populations. And securing external funding for more development-oriented proposals like research, capacity building activity becomes a difficult task. In addition, there is limited and/lack of resources to plan/implement several recommendations of the mid-term evaluation recommendations to develop the Ukraine's capacity to generate, map and use sub-national estimates of population, health and social data to advance policies and programmes to redress sub-national inequalities and to establish a comprehensive plan to generate, disseminate and report on the UNFPA-supported global SDG indicators.

The **facilitating factors** of the UNFPA activities include the organization's access to relevant and high level international experts and expertise, capacity building support of partner organizations, support of awareness events on research results distribution, flexible response to country situation by supporting most needed studies, provision of information to longitudinal studies where Ukraine is not participating. In addition, while the UNFPA programme was developed to be implemented by the Fund (direct execution support), engagement of implementation partners (IPs) via the NEC contributed to more effective studies and practical implementation of their findings by the IPs thanks to their access and impact on the decision makers.

**Major results** achieved in addressing emerging population issues, rights and opportunities of older persons (Output 14) include the following.

- Developed capacity of members of the Parliament, the government and education institutions, civil society in population ageing policy formulation, planning and implementation.
- Supported research studies concerning older population including an analysis of the national legislation related to older persons, a research on the situation with older women in Ukraine, emergency needs assessment among IDP women and older persons - residents of institutional care establishments.
- Supported Ukraine's joint and national reporting on the implementation of the MIPAA in 2012-2016, including the development of the first national active ageing index and presentation of the national report

at the UNECE working group on ageing session.

- Supported reflection of Human rights and development issues related to older persons in the final national MDG report.
- Supported awareness-raising activity to promote the concept of active and healthy longevity during annual International Day of Older Persons jointly with the Ministry of Social Policy of Ukraine and CSO partners.
- Drafted concept and the National Programme on Ageing for 2017-2022 with support of international experts followed up by the discussion within the inter-agency working group on ageing led by the Ministry of Social Policy of Ukraine.
- Assisted in finalization of the draft national strategy on population ageing, agreed with central and local level stakeholders that is pending approval by the Ministry of Social Policy before official submission for endorsement by the Cabinet of Ministers.
- Supported drafting a concept of older persons' institutional social care reform.
- Organized an international conference on policy responses to ageing with participation of experts from Armenia, Moldova and UNECE, to review progress made in Ukraine, learn from international experience and draft a roadmap for 2017.
- Suggested the population ageing priority for the Ukraine national development agenda until 2030.
- Supported drafting of three national standards of social services for older persons. Two standards, namely – home-based care and social adaptation - have been officially endorsed. The third standard for inpatient care currently is piloting at the province level before submission for the inter-ministerial review and endorsement.
- Supported humanitarian needs of older persons suffering from the armed conflict in eastern Ukraine with emergency kits/dignity kits and warm clothes.

Evaluation respondents mentioned the following constraints of the effective programme implementation. First, frequent changes of the government in Ukraine influence legislation process, as according to the established procedure, when the new government takes office, all regulatory documents in the pipeline have to pass the review process again from scratch. Second, a ban on new national programmes development imposed by the government (Resolution No.710 of 11 Oct 2016) as part of financial austerity measures resulted in transformation of the already ready for submission the National Programme on Ageing for 2017-2022 to the national strategy on population ageing that was time and human resource consuming. Even redesign was completed expediently and quickly. Change in the document status from national programme to national strategy poses the risk of under-financing of planned activities as there will be no funding guaranteed for a strategy. But redesign seemed to be the only viable solution to save the extensive work already done. Third, membership of working group matters. When it is an inter-agency working group it is important to take into account a potential significant group member turnover and weak responsiveness that might result in group's inability to produce expected documents. This is why it is better to comprise an expert working group for document drafting while involving representatives of related agencies to reviewing documents' details such as distribution of functions among different agencies and national/regional/local levels, coordination, funding, M&E, responsibility, etc. Moreover, no representatives of targeted groups like elderly were invited to draft policy documents. Fourth, there is a lack of research and data with focus on different social groups for decision making as already existed studies are obsolete and new data is needed. Moreover, there is a need in better data on social institutions like institutional care establishments for elderly that would serve as a basis for informed policy decisions and social reforms.

**Facilitating factors** of the UNFPA activity include high priority and interest of the Government of Ukraine in ageing issues; cross-sectoral attention to promotion of the national response to population ageing; cooperation and joint activities of different actors and speaking in one voice on aging issues; availability and access to the UN Principles for Older Persons, the Madrid International Plan of Action on Ageing and other

international legal instruments to guide policy work on ageing; combination of policy and advocacy work at the national level with practical project piloting at local level.

There were several major **context issues** that influence the achievement of results. First, policy and legislation review and endorsement procedures for the complex legal and regulatory acts (e.g. legislation proposals, national programmes) are cumbersome, lengthy and out of control of the UNFPA. Second, the programmatic shift towards the humanitarian response and towards the military conflict in eastern Ukraine has exerted the UNFPA human and financial resources, thereby decreasing contributions to supporting the national response to population ageing. For example, the project proposal for the older persons' institutional social care reform remains an unfinished task. Third, frequent changes in government top and middle level leaders/officials and specialists resulted in spending more time for building new contacts and relations. This influences programme activities and delays achievement of planned results. Fourth, the economic situation in Ukraine as a result of wide spread corruption at all levels, costly military operation in the industrial East, annexation of Crimea, high share of shadow economy along with high immigration of young people abroad and growing retirement expenses influence the Ukraine's government ability to fund real changes in social development, including health and education reforms. Instead they replace them with populists talks and steps.

### **EFFICIENCY**

**EQ8:** To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches used?

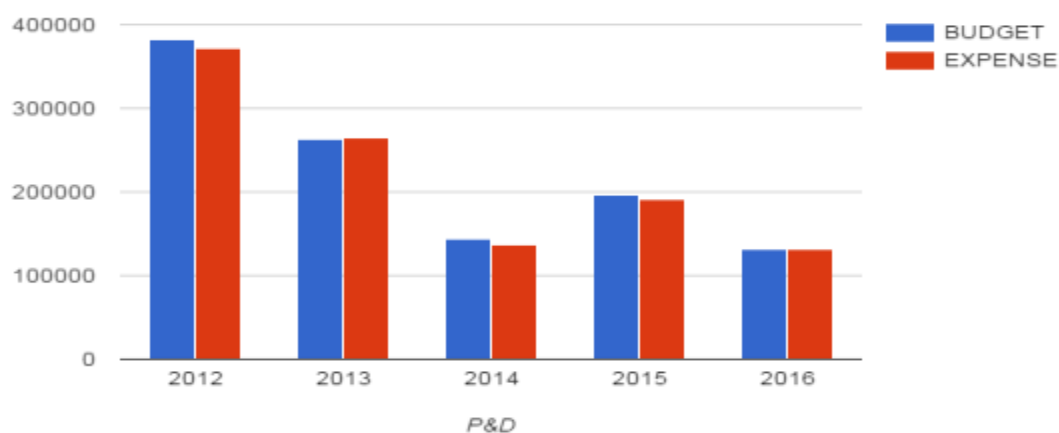
**Summary of Findings:** During the implementation of the 2<sup>nd</sup> National Programme funding of the Population and Development area has been decreased from year to year. By the end of the fifth year it constituted only one third of the funding of the first year. That was caused by cancellation of the national population census as well as the new political developments in Ukraine that resulted in frequently changing governments and consequently key staff turnovers at the state institutions that were the partners of the UNFPA. These challenges and the lack of political will did not enable the Fund to achieve planned results as regards the implementation of the national census and adoption of all three standards in social services delivery to elderly people. Speaking about other indicators, the Fund, however, managed to go beyond the expected results. Human, financial and physical resources were used effectively by the Fund and that produced some very impressive results. The UNFPA would re-allocate resources from one area to another depending on the need, although at times that was done with some delays. The effective use of resources was made possible thanks to various support mechanisms used by the Fund. They included direct support of its partners and indirect financial mechanisms.

The funds allocated to the Population and Development area have been decrease from \$372,353.00 in 2012 to \$130,805.30 in 2016 (Figure 14 and Table 13) with slight increase in 2015 to \$191,872.96 in 2015. The share of expenditures allocated to the implementation of the Population and Development Programme amounts to 16.4% of the total budget of the programme expenditures of the UNFPA Ukraine. Cancellation of the national population census and completion of preparatory works related to the census resulted in the reduced allocations for this area. The Fund used the money allocated to the census for capacity building of the State Statistics Service' staff in helping them learn how to use currently available sources of population information and build a justified methodology for a population assessment in Ukraine, to strengthen the communications unit of the Service and to provide new knowledge on the SDGs monitoring. In addition to that, the resources were allocated to the development of a census geographic information system (GIS), building electronic maps of Ukraine for census mapping as well as for training IT staff and census managers in using GIS systems for

census planning and management. These activities were not originally planned but they will be instrumental when conducting the national population census in the future.

More studies were completed by the Fund than it was originally planned. Studies and research were essential, in particular, taking into consideration the lack of population census and new political developments in the country that were observed after the occupation of Crimea and the beginning of military activities in the East. It goes without saying that the studies could not substitute the census data. However, they helped track down certain trends and needs. It should be noted that the UNFPA together with the European Union and the World Bank took part in the project called the Eastern Ukraine Recovery and Peace-building Assessment (RPA) in 2015<sup>27</sup>. Thanks to the indirect funding mechanism and engagement of additional resources, although they were not that significant, the UNFPA managed to achieve the abovementioned results in the most efficient way possible. While the national population census was not conducted and the Fund was not granted access to the administrative data to assess the Ukrainian population with the help of the new methodology, the UNFPA still managed to get flexible and re-focus its activities in order to use available resources for other things.

**Figure 14. P&D Budget Versus Expenditures, 2012-2016 (in USD)**



**Table 13. P&D Budget Versus Expenditures by year, 2012-2016 (in USD)**

P&D	BUDGET	EXPENSE	BALANCE (budget/expense)
<b>2012</b>	381,870.00	372,353.00	-9,517.00
<b>2013</b>	263,772.00	265,260.00	1,488.00
<b>2014</b>	143,328.00	137,206.30	-6,121.70
<b>2015</b>	195,809.00	191,872.96	-3,936.04
<b>2016</b>	131,195.49	130,805.30	-390.19
<b>Total</b>	<b>1,115,974.49</b>	<b>1,097,497.56</b>	<b>-18,476.93</b>

Since the activities of the Fund were closely connected to interaction with the public authorities who could be very unpredictable at times in terms of their performance pace, the Fund experienced certain delays in re-allocation/reprogramming of funds from one activity to another. For instance, reprogramming of funding from supporting the population assessment exercise to studying the economic effects of violence against women happened quite late because of hopes that access to administrative data would be granted to verify the population numbers. Taking into consideration the fact that the UNFPA has an annual planning cycle, it is

<sup>27</sup> Ukraine: Recovery and Peace-building Assessment (2015). The EU, the UN, the World Bank

crucial to reprogram finance on a timely basis so there is enough time to conduct planned activities. For instance, if it takes four months to conduct a study, then the finance has to be reprogrammed accordingly making allowance for the duration of the activity.

The evaluation has revealed that the Fund primarily used direct payments when working with its partners. That was reasonable since the support was provided via conducting meetings, trainings, contracting local and international partners. In 2015 the UNFPA used the indirect funding mechanism for its partner, in particular, when contracting the Ukrainian Social Reform Center to conduct studies. That was also economically feasible and enabled the Fund's staff focus on other issues. Finally it should be mentioned that all delays of activities or their postponement were due to the political context and situation that resulted from 2013-14 events on Maidan, frequent changes in government key personal, the lack of commitment on the part of government counterparts and shortage of funding.

## **SUSTAINABILITY**

**EQ9:** Are programme results sustainable in short and long-term perspectives? To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

**Summary of Findings: Sustainability** – The UNFPA ensured the sustainability of achieved results both for the short- and long-term perspective by building capacity of its partners, introducing them to the best international practices and methods, supporting their participation in the international conferences and trainings, conducting legislative and policy work at the national level and educational and information events at the regional level. The Fund engages its partners in needs assessments that they conduct on their own and they also define the areas of cooperation themselves. There is an ongoing constructive dialogue between the UNFPA and its partners. And that helps the Fund ensure the ownership of results by its partners.

Results achieved by the programme are sustainable both in the short-and long-term. This can be explained by several factors. First of all, studies that are focused on particular issues, for instance, senior women, that are used for the development of policy and programme documents. Second of all, capacity building of the Fund's partners, for example, the State Statistics Service, the Institute of Demography, and sharing the best international practices, methods and experience with them, connecting them with various experts and supporting their participation in the international events and helping them establish international contacts. The respondents commented on the possibility provided by the UNFPA to access data generated by different international studies in particular, since Ukraine, due to various reasons, does not take part in these studies. And it is extremely important for researches to compare the Ukrainian data/indicators with the data/indicators produced by other countries. Third of all, the UNFPA supports various activities that include the development of programmes and papers, advocacy campaigns and trainings. The organization is also active at the national and regional levels. Fourth of all, the Fund provides support to not only studies and research but also makes sure that results of these studies are shared and disseminated. This is very important as it helps promote the study itself as well as the idea that the informed decisions shall be made on the basis of impartial data and taking into consideration the opinions of people and certain target groups. This stand will facilitate proactive engagement of the general population in the national census and will improve people's understanding of the importance of having data about the state of the society. The indirect funding mechanism used by the UNFPA contributes to strengthening the capacity of the organization's partners, who are mainly CSOs and researches.

The Fund managed to establish good cooperation with its partners. It strives to have a constructive dialogue with its partners around their needs and interests. The UNFPA does not tell its partners what they have to do. With the help of the dialogue it helps them understand their needs and "inform" the Fund about their

activities. The Fund provides support to the partners and makes sure that they achieve the results by exercising the complex approach that will eventually guarantee the sustainable results. Everyone likes this approach because it makes the partners the owners of their results and failures, makes them responsible for what they do and what they achieve. Unfortunately some respondents, in particular, the representatives of the public institutions, would like to receive clear guidelines and proposals about potential cooperation with the Fund and they are unhappy when the Fund insists that they themselves have to identify the areas of cooperation. The UNFPA is not always in position to regulate the work of its partners who represent public authorities and demand from them timely implementation of different objectives. The respondents noted that it would be good to increase the number of studies and statistical data and to have a tighter control over the quality of received data, especially at the regional level, in order to strengthen the results sustainability.

### 3.5 HUMANITARIAN RESPONSE

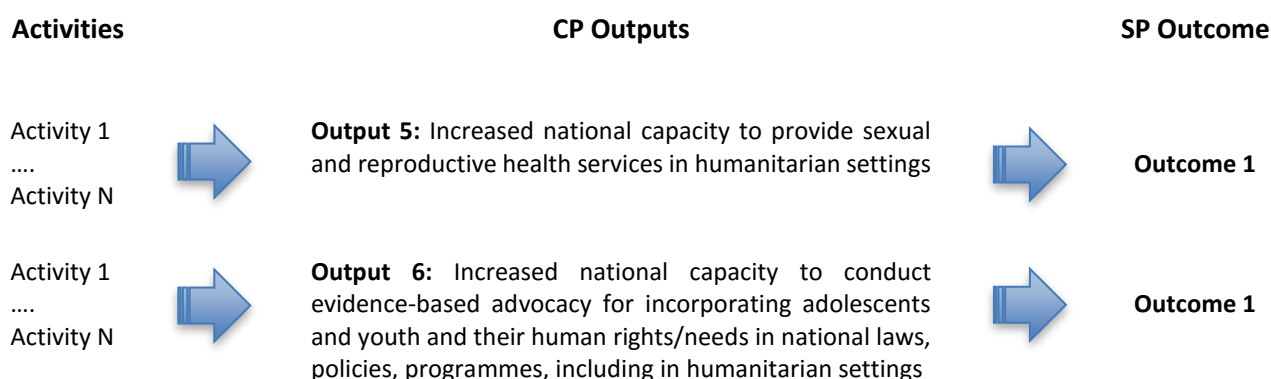
**EQ7:** To what extent have the interventions supported by the UNFPA in the framework of **humanitarian response** within a GBV Sub-Cluster under the Protection Cluster of the Humanitarian Country Team’s architecture, contributed to improvement of the quality and coverage of SRH services in humanitarian settings and enhance the national response to GBV in 5 regions of Ukraine most affected by the armed conflict in the east, and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflict?

The ongoing conflict in Ukraine has already impacted the lives of five million civilians. Almost one million of them have been forced out of their homes with little prospect of returning anytime soon. Over half a million of those who are displaced are elderly; almost a quarter of a million are children. Most of the internally displaced people (IDPs) from Eastern Ukraine were located within Donetsk, Luhansk, Kharkiv, Dnipropetrovsk and Zaporizhzhia regions and they remain the most vulnerable group to discrimination, violence and abuse. In January 2015, the UNFPA commissioned an in-depth Needs Assessment in 16 oblasts of Ukraine to provide accurate information on the situation of women IDPs and older women. The assessment confirmed that IDPs face various forms of violence including threat with weapon, psychological violence, sexual violence, intimidation and domestic violence. With the deterioration of the humanitarian situation the incidents of GBV and domestic violence prevalence rates have increased and remain a major concern.

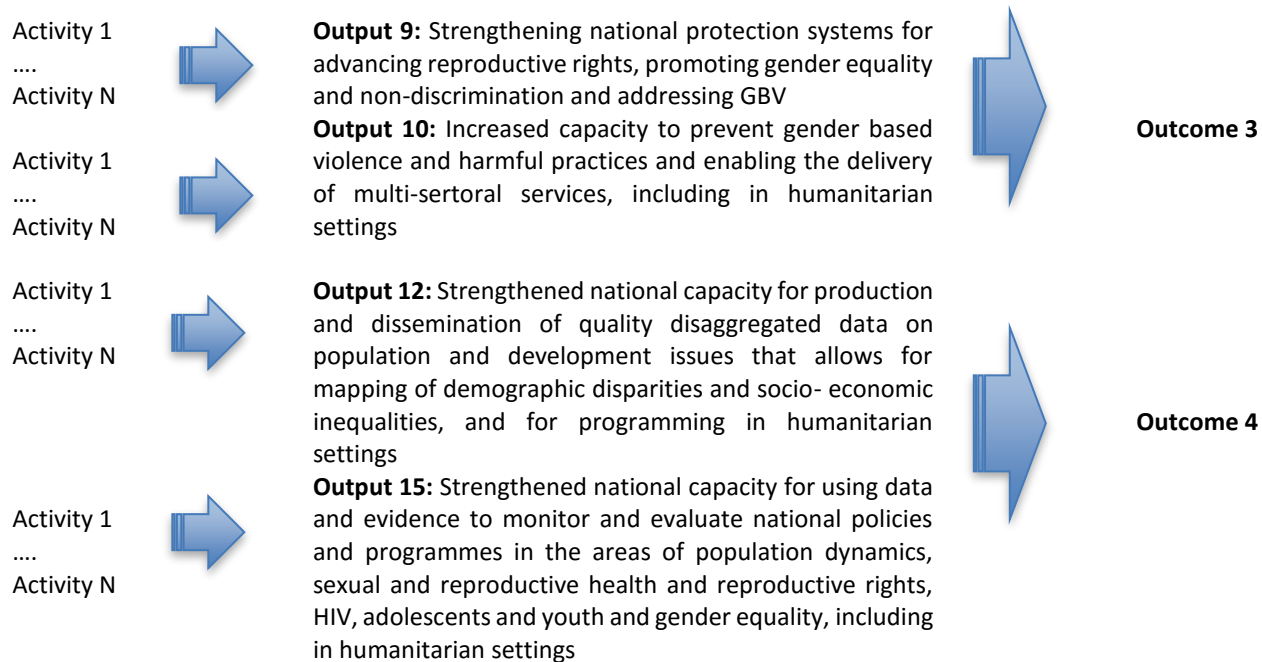
The humanitarian response is coordinated within eight clusters that currently operate across the country, with particular focus on eastern Ukraine and especially on areas close to the ‘contact line’ and beyond the government control. Cluster partners carry out joint response. The UNFPA Humanitarian Response (HR) Project is addressing humanitarian needs of most vulnerable women and female adolescents affected by the armed conflict in eastern Ukraine through strengthening of the multi-sectorial coordination, protection and prevention systems and enhancing access to legal, health and social-psychological care services for survivors of GBV. The project objectives focus on i) scaling up national multi-sectoral response to GBV including prevention, mitigation and management of GBV cases; and ii) providing inclusive access to good quality essential psychological, social and SRH services, and fostering a supportive environment at the community level to deal with GBV. The project is implemented in two phases: the first phase lasted from August 2015 to July of 2016 and the second one started in August 2016 and was continuing at the time of the evaluation.

Logic model of the UNFPA humanitarian response interventions is presented in Figure 15. The HR project activities contribute to four outputs of the 2nd Country Programme and four UNFPA 2014-2017 Strategic Plan outcomes. During realignment of the CP in December 2014 HR outputs were added to reflect the programme contributions.

**Figure 15. Logic Model of the Humanitarian Response Programme**







## RELEVANCE

**EQ2:** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

**Summary of Findings:** The UNFPA Humanitarian Response (HR) Project is highly relevant as it addresses humanitarian needs of the most vulnerable women and female adolescents affected by the armed conflict in eastern Ukraine. The project activities are in line with the Fund's mandate; they combine important policy work in five eastern regions of Ukraine with multi-sectoral coordination activities at the national level. The focus on GBV and domestic violence is relevant since these issues never enjoyed proper attention in Ukraine and now, against the background of the military actions, various forms of violence have aggravated, in particular, against women IDPs and older women. Strengthened protection and prevention systems and enhancing access to legal, health and social-psychological care services for survivors of GBV fully meet the developments in eastern Ukraine. The selected area (GBV) requires coordination of the development programmes and the state as well as the information support in order to increase awareness that any types of violence are the social cause/concerns each and everyone and not just the issue for the victim.

The HR project is a project that was not originally planned in the national programme. It has emerged as a response to the developments in Ukraine, in the East, as a result of the Russian aggression. The Fund's activities within the project are in line with the Fund's mandate. They address the most pressing needs of women IDPs and older women as regards GBV and domestic violence in five oblasts of eastern Ukraine that have the largest number of IDPs. Around 26 mobile teams together with the help-line provide psychological support to women who have been abused on both sides of the contact line. This support is available 24/7. The importance of these services, which are not delivered by the state, by the way, is evident from the fact that more and more women addressed for help, in particular, after they became available 24 hours and more calls were made in the evenings and during nighttime. The provision of lifesaving information to IDPs and population in general is important and essential part of the Fund's work. This information is available both in hard and electronic copies. The Fund provided an immediate response to the needs of health care institutions and women IDPs and older women by supporting them with medical kits, condoms, dignity kits and warm

clothing. The important thing was that the Fund did not wait for the problem to be solved at the national level in terms of issuing permits to bring medicines and medical equipment. Instead it did what it could at that moment. It also should be noted that the Fund established centers that provided essential services to people along the contact line and by doing so it brought services closer to their recipients and saved time for rendering these services.

The Fund engaged four local CSOs in working on the HR project. Thanks to their engagement the project was started quickly and no time was wasted on establishing and building contacts. The Fund's activities within the framework of the project aimed at building capacity of local CSOs to provide social and psychological support to women who have been abused and to assess needs together with local social centers are relevant and meet the needs of eastern regions. The Fund coordinates its work with other UN agencies and other international organizations, respective line ministries, in particular, the Ministry of Social Policy, and oblast administrations under the GBV Sub-cluster, which is part of the Protection cluster. Monthly meetings of the Sub-cluster give an opportunity to their participants to share information and respond to new challenges, in particular, to establish shelters for victims of violence and set up mobile teams. The humanitarian work is combined with legislative and policy work at the national level, which is aimed at the development of regulatory documents to ensure the work of mobile teams and shelters for violence victims. These documents are part of the draft law on violence prevention.

The evaluation respondents commented on the need to increase healthcare and psychological services rendered in eastern regions of Ukraine. This can be explained by the lack of ordinary local doctors and healthcare specialists as well as qualified staff since the majority of them left for other regions of Ukraine or went abroad. Moreover, the UNFPA support on east is very relevant in the light of the occupation of parts of Donetsk and Luhansk oblasts, where the health care system has been severely destroyed.

The issue of recognition of GBV as a social cause and not just a personal matter for a woman or a family is rather pressing. It will take wider and more targeted coverage of this topic by mass media and in social networks. There is also a need to establish an effective mechanism of inter-ministerial interaction.

## **EFFECTIVENESS**

**EQs:** 1) To what degree were the Country Programme's intended outputs and outcomes achieved? 2) To what extent did the outputs contribute to the achievement of the outcomes? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

**Summary of Findings:** The HR projects are the youngest area of the Fund's work in Ukraine. The projects were initiated as a response to the developments in Ukraine back in 2014. They were focused on the survivors of GBV, in particular, women IDPs and older women. The UNFPA Strategic plan went through re-alignment in 2014, which resulted in adding humanitarian response output with two indicators. However, the UNFPA humanitarian activities are cross-cutting issues for several other programmes' areas that contributed to six CP outputs and all four SP outcomes. All declared indicators were implemented and implemented beyond the planned results, except one as its implementation was not in the hands of the Fund. At the same time there were certain factors that hampered the achievement of objectives in the area of HR. They include the lack of recent statistical data, especially data on violence instances, unpreparedness of the state and poor coordination of public authorities and development agencies in the crisis conditions, ruined infrastructure of the health care system, bad access to and low awareness of people about these services etc. The contributing factors included high interest of the local authorities in social services development in the area of GBV, quality services delivered by the mobile teams, activities of the GVB Sub-cluster at the regional level. The large number of IDPs, especially, elder people who have settled down in five eastern oblast, destroyed system of health care and social services in Luhansk and Donetsk oblasts, extra pressure on health care institutions in adjacent to Donbas regions are the factors that impacted the

Fund's activities in general.
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The HR projects started in 2014 when the UNFPA Strategic plan went through re-alignment (finalized in December 2014) that influenced the number of outcomes and outputs. All outputs' indicators that contributed to different outcomes were collected in Table 14. As Figure 15 presented above shows that the HR projects activity contributed to six CP outputs and all four SP outcomes. In different years different activities contributed to various outputs at a different extent. In 2014 UNFPA contributed to **Outcome 1 Output 5: Increased national capacity to provide sexual and reproductive health services in humanitarian settings** by contributing to the (UN) Preliminary Response Plan with targeted preparedness and response actions (focused on protection of women, young females and older persons) and leading GBV Sub-cluster under protection sector. During the same year the UNFPA supported psycho-social rehabilitation and building of safe behavior skills of youth from Eastern parts of Ukraine (Donetsk and Luhansk) affected by the military conflict in 21-day summer youth camp that contributed to **Outcome 2 Output 6 Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings**. No specific indicators were developed for these outputs in 2014 but activities conducted under them contributed to achievement of respectful outcomes.

Further analysis of contributions of the UNFPA activity in 2014 and first part of 2015 as well as within of the HR project in 2015 and 2016 along with feedback from the evaluation respondents shows that humanitarian response programme contributes to different extent to all SP outcomes and six outputs. And while in December 2014 a separate humanitarian response output with two indicators was added, the UNFPA humanitarian activities are cross-cutting issue for several other programmes' areas. Besides, not all indicators were used consistently to measure contributions to the same output. In addition, it should be mentioned that all defined targets for different indicators were met (many to extent that was not expected) except one (humanitarian indicator 2) due to the issue, which was out of the UNFPA control.

**Table 14. Humanitarian Response Indicators**

<i>Indicators</i>	<i>Baseline (year)</i>	<i>Target/ Actual (year)</i>	<i>Remarks</i>
<b>Output 5: Increased national capacity to provide sexual and reproductive health services in humanitarian settings</b>			
N/A			
<b>Output 6 Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings</b>			
N/A			
<b>Output 9 Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence</b>			
<b>CP Output 5 - Indicator 1</b> Number of national legal instruments, documented policies and programmes promoting GE analyzed and provided with evidence-based recommendations for improvement	8 (2016)	1/ 8 (2016)	In particular the following policies and laws: National Programme on Domestic Violence Prevention, on Equal Opportunities, on Poverty Prevention, on People with Disabilities, on Shelters, on Register of GBV cases; order 537 on standard of help provision to those in difficult life circumstances; draft law on domestic violence prevention and the Istanbul Convention Ratification; re inter-sectoral cooperation to prevent GBV; provisions on gender policies advisors
<b>CP Output 5 - Indicator 5</b> Percentage of population reached through a communication campaign aimed at promotion of	10 (2015)	11/ 11	<ul style="list-style-type: none"> <li>• Number of demonstrations of the photo exhibition "Women and Conflict in Ukraine"</li> <li>• "16 days against GBV" campaign supported by conducting a public event</li> </ul>

gender equality			<i>Comment – Indicator measurement of baseline/target (numeric) is different from one in the indicator description (%)</i>
<b>Output 10:</b> Women’s empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence			
Country has been affected by a humanitarian crisis during the year and a functioning inter-agency gender-based violence coordination body exists as a result of the UNFPA guidance and leadership	Yes	Yes	The GBV sub-cluster in Ukraine chaired by the UNFPA is a coordination mechanism composed of the UN agencies, NGOs, and Government partners who strive to coordinate prevention and response services for women, men, boys and girls living in conflict areas in eastern Ukraine.
<b>OD Output 8 - Indicator 2</b> External resources mobilized to support humanitarian action	No (2015) 1 (2016)	Yes (2015) 1/ 6 (2016)	In 2016 CO mobilized 1 mln USD from USG/BPRM, 850, 000 UK Pounds from DFID and 196,473 EUR from GIZ. Two projects totaling over 3,2 mln USD have been vetted through HRP 2017
<b>OD Output 8 - Indicator 1</b> The UNFPA's support integrated into UN and government response plans and actions	No	Yes	2015 indicator
<b>Humanitarian Indicator 1</b> - Number of service providers available in the target regions, capacitated to provide GBV prevention and response services	21 (2015)	34/ 60 (2015)	The total number of service providers present in the target regions and capacitated to provide GBV prevention and response services is 60. This includes: (a) 26 PSS Mobile Teams that provide outreach psychosocial support (PSS) to more than 12,000 GBV survivors in 5 five target regions; (b) The national toll-free telephone hotline on Prevention of Domestic Violence, Trafficking and Gender Discrimination that provided psychological counseling and information to more than 38,000 survivors of violence; (c) 3 regional hotlines (Kharkiv regional center of social services for family, children and youth; Zaporizhzhya regional center of social services for family, children and youth; and hotline based on a Czech NGO "People in need"; (d) 30 centers of social services (oblast, city and district level). Capacity of the centers was raised through specialized trainings on GBV prevention and response services as well as multi-sectoral coordination
<b>Humanitarian Indicator 2</b> - Number of health services delivery points providing CMR, STI and safe delivery services supported with the UNFPA kits and capacity development	75 (2015)	120 /33 (2016)	33 SDPs were supported with the RH kits to provide emergency maternal and SRH services in 2016. The total number of emergency RH kits of different types (including for post rape treatment and other lifesaving RH) procured and distributed in 2016 is 249 covering 44,445 of people served with RH kits and HIV and STIs preventive goods in 2016. Due to limitation in access to NGCA there were no possibility to expand support there.
<b>Output 12</b> Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities and for programming in humanitarian settings			
Country has been affected by a humanitarian crisis during the year and a functioning inter-agency gender-based violence	Yes	Yes	Latest population data and location codes provided to the OCHA for humanitarian response mapping and planning Joint UN humanitarian situation and needs assessments in the conflict affected areas supported

coordination body exists as a result of the UNFPA guidance and leadership			
Number of databases with population based data accessible by users through web-based platforms that facilitate mapping of socio-economic and demographic inequalities	0	3 (2014)	<ul style="list-style-type: none"> <li>✓ National 2001 census database</li> <li>✓ Database of the State Statistics Service of Ukraine</li> <li>✓ MICS4 database</li> </ul>
<b>Output 15:</b> Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality including in humanitarian settings			
<b>Signature indicator</b> –Number of women and/or girls reached with sexual reproductive health and/or gender-based violence services in humanitarian settings (through reproductive health kits, rape kits etc.)		350,000 (2014)	The UNFPA has indicated an estimated figure of IDP women and most vulnerable women in conflict affected areas whose access to quality SRH services enhanced via provision of 10 RH kits # 6 A&B, 22 RH kit# 11A and 28 RH kit# 11B provided by the UNFPA and distributed to local health facilities in IDP receiving areas

### Humanitarian Response Project Results and Achievements (by main sets of activity)

#### Enhanced multi-sectoral coordination of humanitarian response to GBV

1. GBV Sub-cluster established in Kyiv and 5 eastern regions: Dnipropetrovsk, Kharkiv, Zaporizhzhia, Donetsk and Luhansk.
2. The Ministry of Social Policy supported with 2 experts to strengthen its coordination and leadership role to respond to GBV.
3. The development of the GBV Monitoring and Analysis System initiated through (1) comprehensive GBV survey; (2) establishment of GBV Information Management System Working Group.
4. Capacity development of partners enhanced through (1) 5 workshops on Gender Equality in Humanitarian Action; (2) 4 workshops on multi-sectoral response to GBV.

#### Raised awareness on GBV issues and available response services among target population

1. 89,800 GBV Referral Cards with contact information about service providers printed and distributed.
2. 248,000 information brochures on GBV awareness distributed in over 3,400 locations.
3. 10 round tables and trainings for local media to sensitize regional media on speaking on cases of GBV conducted within “Break the Circle” campaign.
4. Social media campaign communicating information in GCA and NGCA launched in local networks and groups.

#### Enhanced capacities of service providers to address needs of GBV survivors and persons at risk

1. 26 mobile teams (with 2 psychologists and 1 social worker) provide psychosocial support. As of January 2017 over 12,000 GBV survivors in more than 300 locations were served.
2. 175 psychosocial service providers were trained on GBV prevention and response in time of crisis.
3. 594 police officers were trained on SGBV management in affected regions.
4. “Hotline” for GBV survivors is now available 24/7 with more than 38,000 calls received and addressed through 2016.

#### Community-based GBV prevention actions supported in selected municipalities

1. 18 NGOs working with GBV survivors received mini grants and 21 centers of social services were supported with technical assistance.

#### Improved capacity of primary health care providers to address Emergency Sexual and Reproductive Health needs

1. Over 24,500 individual dignity kits, 395 reproductive health kits, 38,000 gynecological kits and 8,600 packages with warm cloth were delivered.
2. 669 health practitioners were trained in provision of health services to GBV survivors.
3. 229 health care providers were trained on STI diagnostic and treatment.
4. 3.3 million male condoms to prevent STIs and HIV transmission and 40,000 pregnancy tests were distributed among vulnerable population.
5. 30 fetal monitors and 6 infant incubators were delivered to maternity hospitals, allowing saving of up to 900 prematurely-born infants.

There is a number of **constraints** in addressing effective humanitarian response, which can be grouped as follows. Because of missing 2011 census data, there is a lack of official statistics on cases of GBV in the eastern part of Ukraine that considerably impedes adequate response to the situation with GBV. In rapid assessments, in-depth analysis opportunities are very limited and data on GBV is difficult to collect. Moreover, the national statistical data is not available in English and the international community cannot use it.

The overall challenge was that Ukraine never experienced any armed conflicts and mechanisms for effective coordination and collaboration were weak. The Government institutions were not ready to effectively address the needs of population in general and most-at-risk groups in this situation. The Government lacked capacity to provide adequate response to the situation in the East and to implement prevention measures. The situation became even more complicated due to the government turnover, which has resulted in the loss of institutional memory, and to the fact that areas which are not under the Ukrainian authority control are not accessible for assistance. In addition, complicated purchase and logistic processes did not allow for prompt delivery of humanitarian and medical assistance.

The armed conflict in the east of Ukraine with presence of military forces (uniformed personnel) and other armed groups significantly contributes to an increased transmission of HIV/STI. These groups along with youth from the military conflict zone, as well as with youth from IDP families relocated to safe parts of Ukraine need to be integrated in all HIV/STI prevention activities. A clear mechanism of coordination between different stakeholders such as the Ministry of Social Policy, the Ministry of Health, the Ministry of Education and the State Emergency Service should be established and made operational.

There is lack of awareness among population about existing services available to survivors of violence in Ukraine. The Ukrainian society is still full of gender stereotypes with regard to the role of a woman as a mother and caregiver. These stereotypes are a root cause for discrimination and as a result violence against women is still prevalent. Stigmatized attitude within the society (including from law enforcement bodies) leads to discrimination and violence against vulnerable groups of women, including women-IDPs and HIV-positive women.

Many international organizations and initiatives got engaged in providing support in eastern Ukraine. Many of them opened their offices in the regions of Ukraine close to the conflict area. Unfortunately there is a lack of responsibility and coordination within monitoring missions and the donor community. At the same time, due to the conflict situation the CO and respective national partners could not be part of the EECA regional initiative (on health system response to GBV). According to the UN rules, the war on east cannot be called a war but a conflict. That was fine back in 2014 but not now, when the UN often is blamed by the Ukrainians in hiding the truth.

Within one year and a half the Mobile Teams have become the flagships of the Fund in five oblasts. The success of these teams that provide help to those affected by the GBV/survivors, is widely recognized by those who work in this area, in particular, social protection services and departments, law-enforcement agencies, non-governmental organizations and centers for providing social services to families, children and youth. The teams have built a wide support network, to which they can refer their clients or they can receive information about violence cases from this network. However, these mobile teams face a number of challenges and potential threats. They are as follows:

- Limited possibility to work with a perpetrator or an “aggressor”. In most cases the teams work with a victim. When it is necessary they can isolate the victim, although it leads to many additional complications, especially if the victim has small children who have to be together with a mother or when she has to go to work. Legal mechanisms for isolating the perpetrator and any type of interaction with him are limited unless he agrees to do so. The existing state correction programmes lack specialists and the perpetrator is not obliged to pay visits to them. The legal framework should be developed to clearly regulate the work of the law-enforcement agencies and social services in cases of gender-based violence. *“There is a lack of framework for working with perpetrators: there is no judicial support, the police officer can send the person to correction training, but it is not available and nobody can force the perpetrator to attend it”<sup>28</sup>...*
- Financial support to the UNFPA CO mobile teams is available only until July 2017. After July it is unlikely that they will exist and operate in the same mode. While the representatives of the oblast authorities note that they have introduced the mechanisms of mobile teams and crisis centers in the adopted regional development programme designed until 2020, the large majority of stakeholders polled in Donetsk oblast are rather skeptical about the possibility to fund these mechanisms at the account of the local budget. Here comes the issue of sustainability of achieved results. The results of the teams’ activities together with the awareness campaign on gender-based violence conducted by them opened up a significant “hidden” or unthought-of/unconscious demand for social-psychological help in cases of GBV. Therefore it is important to have these services integrated to the public system or to have them divided between the local authorities and CSOs to make sure that they do not disappear once the funds run out.

The main challenge in the area of reproductive health is the need to re-organize the system of healthcare services’ provision in Donetsk and Luhansk oblast taking into consideration the loss of health care institutions that remained on the occupied territories. The labor migration of healthy practitioners is also part of this challenge when people tend to move to safer regions and the system suffers from significant understaffing. The capacity of the oblast health care department was undermined as well due to the move, poor infrastructure and facilities and the lack of computers. That makes it difficult to plan reproductive health development actions in the oblast. Because of the lack of the National Reproductive Health Programme it is hard to understand the amount of medicines that can be purchased by the state.

The reform of the social service delivery system undergoes constant changes. There is a limited number of social workers who can meet the current needs and the methods these people use are rather outdated and ineffective.

**The following factors have contributed** to achievement of the abovementioned results. The local authorities displayed high interest in the development of specific social services in the field of GBV. The effective cooperation of the Fund with the national and regional authorities has made this interest possible. The presence of the Fund’s coordinators in the regions as well as competent implementing partners representing CSOs ensure effective implementation of the humanitarian project in five regions.

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<sup>28</sup> An Interview, Donetsk Oblast, January 12, 2017

The work of the sub-cluster on gender-based violence at the regional level enables sharing pressing information in an expedient manner, learning what other do and coordinating activities, sharing cases and engaging partners when needed.

People who have used the services of the mobile teams very often promote these social services and disseminate information about the availability and usefulness of these social services.

The data base of women who have extra-genital pathology has been prepared in the area of reproductive health thanks to the SDC project. The project has also provided the software that enables to have cross-cutting management of all cases and it stipulates for the possibility for all specialists to be connected to the same database. But due to the beginning of the conflict the implementers could not purchase and install the server to run this program.

**The context**, in which the Fund operates, has an impact on the content and effectiveness of activities. Due to the occupation of parts of Donetsk and Luhansk oblasts, the health care system has been significantly damaged. That concerns the assistance rendered during the delivery. Since 2011 the system has been developed as a three-tier system, which stipulates that maternity houses (perinatal centers) of the 3d level (the highest level of three) assist with most difficult cases of delivery that might be accompanied by various complications. The cities of Donetsk and Luhansk still have these well-equipped perinatal centers. The healthcare infrastructure on the territories of Luhansk and Donetsk oblasts controlled by the Government has turned out to be unprepared for such a big pressure when receiving the largest number of IDPs when compared to other medical institutions of the country. The difficult patients had to be moved to perinatal centers in Kharkiv or Dnipro and that posed risks to the health of these individuals. At present there are talks to transform the perinatal centers of the 2<sup>nd</sup> level into the 3d level. The facilities will have to be reconstructed, additional equipment will have to be purchased and it will not happen overnight. So far the biggest challenge has been related to the lack of particular expensive medicines such as phospholipids, antibiotics, drugs and medications to stop obstetrical hemorrhage and equipment. However, it is more difficult to find competent health practitioners, especially qualified health workers such as vascular surgeons, neurosurgeons, anesthesiologists, neonatologists. Therefore, there is a pressing need for professional development of existing medical and management personnel (for instance, to work with monitoring issues at the Donetsk Oblast Health Care Department).

**Lessons Learnt from the Humanitarian Response project include:**

- Cooperation with the national authorities is necessary to provide adequate response to humanitarian crisis. And cooperation that embraces the representatives of the Government, the UN and NGO sector is the most effective.
- More thematic surveys on humanitarian, social, health and economic needs of women and older persons, youth and adolescent girls, IDPs affected by the humanitarian crisis are needed.
- Trainings on gender-based violence are well perceived by journalists and policemen. It is important to repeat them from time to time. Once is not enough in this context. The first trainings can be developed for various fields and repeat trainings can be organized for representatives of different territories to promote their networking. District police officers who have taken part in the trainings on gender-based violence attest that these trainings are needed as they serve as a good psychological preparation to meet and interact with violence victims and perpetrators.
- It is important to spread information to the general population and to raise awareness on GBV, HIV/STI issues to provide better access to knowledge about them, existing protection measures and available services more actively. For example, it is vital to inform people that there are 72 hours to protect oneself from HIV and pregnancy in case of sexual violence. The Fund hands out relevant kits but people seem to be unaware of that.



- New interventions need to be built on existent services. Clients of mobile teams highly assess the quality of rendered assistance and they are very critical and negative about social services rendered by the state. *“...I went to the state social services...I was given the brush-off saying that there are thousands of women like me and that I should go back to my husband and don’t be a fool, nobody is going to punish him”<sup>29</sup>.*
- There should be psychological services provided to the veterans of the ATO in order to prevent domestic violence. It will require respective psychologists that used to take part in combat operations or who have worked with veterans of other conflicts. Different respondents commented that the problem of domestic violence in the families of ATOs is just starting and we should expect more of such cases in the future. It is essential to ensure socio-psychological rehabilitation of the veterans to prevent violence.
- There should be ways to work with both parties of the conflict. We need psychologists who will work with perpetrators as well.
- It is very important to position the UNFPA as the agency that addresses GBV and supports comprehensive services for GBV survivors, particularly in conflict-affected areas as well as promotes gender equality and women’s empowerment in development context. The UNFPA can play a liaison and broker role between the humanitarian response structures and the national statistical office.

### EFFICIENCY

**EQ8:** To what extent has the UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes?

**Summary of Findings:** The evaluation has shown that the UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes. The resources were used in the most effective way possible by utilizing the comprehensive approach to address pressing issues and by combining tools and methods. The Fund cooperated with the Ukrainian civil society organizations by providing indirect funding to them in order to use resources effectively. This enabled the Fund to use the resources and experience already available in the regions and to save time, the most precious resource of all.

Resources for the Humanitarian Response Programme UNFPA Ukraine were allocated in Gender component, which efficiency was analyzed above (in Chapter 3.3). The finance for the Humanitarian Response Programme in 2014-2016 was received from various external sources (See Table 15). A small share of finance was allocated by the UNFPA emergency fund.

**Table 15. The HR Programme Financial Sources, 2014-2016**

Source	Amount (in different currencies)
The USA Government (via BPRM)	\$2,000,000
The UK Government (via DFID)	£1,350,000
The UNFPA emergency fund	\$41,7787
The UNAIDS (via UBRAF)	\$73,440
The GIZ (Germany)	EURO 196,473

The results achieved by the humanitarian project show that all resources of the Fund were used efficiently. The activities were carried out in five oblasts and the presence of local coordinators made the work of the Fund more effective. The project activities were implemented directly by the UNFPA with the support of the Government of Ukraine (the Ministry of Social Policy and the Ministry of Health) and through the Project implementing partners. (IPs). The indirect funding mechanism was applied to interact with the implementing partners. Brief description of projects implemented by partners and the amount of support are presented in Table 16.

<sup>29</sup> Interview, January 2017

**Table 16. The UNFPA Implementing Partners Projects, 2015**

Implementing partner	Project description	Amount (in USD)
Public Foundation of Health Foundation	Needs assessment of institutions providing socio-psychological assistance to survivors, establishment and operation of mobile teams, training for local social services providers, funds for local CSOs	326,260.00
La Strada	Hotline support to population in conflict zones	135,930.04
Women Health and Family Planning Charity Foundation	Guidelines, protocols and standards for health care workers for the delivery of quality sexual and reproductive health services for adolescents and youth	120,907
Ukrainian Centre for Social Reforms	Population and development studies	71,419.00
Ukrainian Women's fund	Production and distribution of information materials. GBV awareness social media campaign and events with national and regional media	95,150.00

Cooperation with the local implementing partners proved to be a success since it enabled the most effective and prudent use of resources of the humanitarian programme. According to the respondents, the work with the Fund helped them implement important activities and provide essential services to people and IDPs in five oblasts. All CSOs engaged in the cooperation focused their work in the most pressing areas and in which they had expertise and skills. At the same time, CSOs gained new experience, improved their knowledge and built capacity in working with most vulnerable groups in eastern Ukraine.

The UNFPA proved to be flexible when working with the public authorities on delivery of humanitarian aid to eastern Ukraine. At the time when there was a ban on delivery of medicine and equipment, the Fund would provide individual dignity kits, reproductive health kits, gynecological kits, packages with warm cloth as well as male condoms to prevent STIs and HIV transmission and pregnancy tests. As soon as the ban was lifted, the Fund provided 30 fetal monitors and 6 infant incubators to the hospitals. At the same time the Fund took the responsibility for customs clearance of the humanitarian aid and its delivery to the hospitals, thus simplifying the work for the Ministry of Health Protection and skipping all bureaucratic procedures.

Different stakeholders and implementing partners commented on the effective use of resources by the Fund. The Fund exercises the comprehensive approach to addressing problems and it uses various mechanisms and tools.

## **SUSTAINABILITY**

**EQ9:** Are programme results sustainable in short and long-term perspectives? To what extent have the partnerships established by the UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

**Summary of Findings:** The large majority of results achieved when implementing the humanitarian programme are sustainable both in short- and long-term perspectives. While certain outputs such as new knowledge, skills and equipment will be operational and available once the project supports stops, other outputs such as mobile teams, shelters and private counseling rooms will require further financial support. Local authorities are willing to support the mobile teams, shelters and private counseling rooms introduced by the project, provided that the Fund supports them with other equipment, vehicles etc. The Fund's activities were aimed at ensuring national ownership of results by its partners.

The evaluation has shown that the Fund's activities under the humanitarian area were important to Ukraine

in general. The experience gained by partners and stakeholders is essential not only today but will also be for their future. Many products generated by the Fund will continue to exist once the project comes to an end. And while the sustainability of some results such as knowledge, skills and equipment is ensured by their existence, other results will require legal and financial support.

The results of the Fund that can be qualified as sustainable and that can exist on their own include strengthened capacity of national and local CSOs to provide necessary assistance and services to people in the area of GBV; the CSOs' experience in cooperating with the Fund; new knowledge and skills of doctors when working with patients and strengthened capacity to provide help to victims of violence; capacity of the government institutions to prevent and respond to GBV in a non-discriminative manner; the mechanisms of cross-sectoral coordination and knowledge in documenting and analyzing data, reporting on victims of GBV; Inter-sectoral response guidelines (SoPs); the referral Directory for professionals enabling referrals between healthcare and psychosocial sectors.

The outputs of the Fund's activities that will require further support in the future include the system of mobile teams, shelters for victims of violence and private counseling rooms. While the legal documents that regulate the work of the mobile teams and shelters for victims of violence have been developed at the Ministry of Social Policy, there have to be financial mechanisms to ensure their work. The challenges the mobile teams will face have been described before. The local authorities, in particular, from Kharkiv city, are ready to support the mobile teams and institutions where the GBV survivors can temporarily stay, provided that the Fund renders additional support to them such as vehicles, equipment etc. The utilization of data on cases and victims of violence will require human, physical and financial resources.

In order to ensure the national ownership the Fund selected experienced partners and allocated resources to strengthen their capacity by delivering training, expert and financial support to them. The respondents commented on the attention and insistence on high standards by the Fund. The Fund treated its partners with respect and truly as partners and that helped build trust-based relations between the organizations. The organization strived to carry out their work as best as they could.

### 3.6 COORDINATION WITHIN THE UNITED NATIONS COUNTRY TEAM

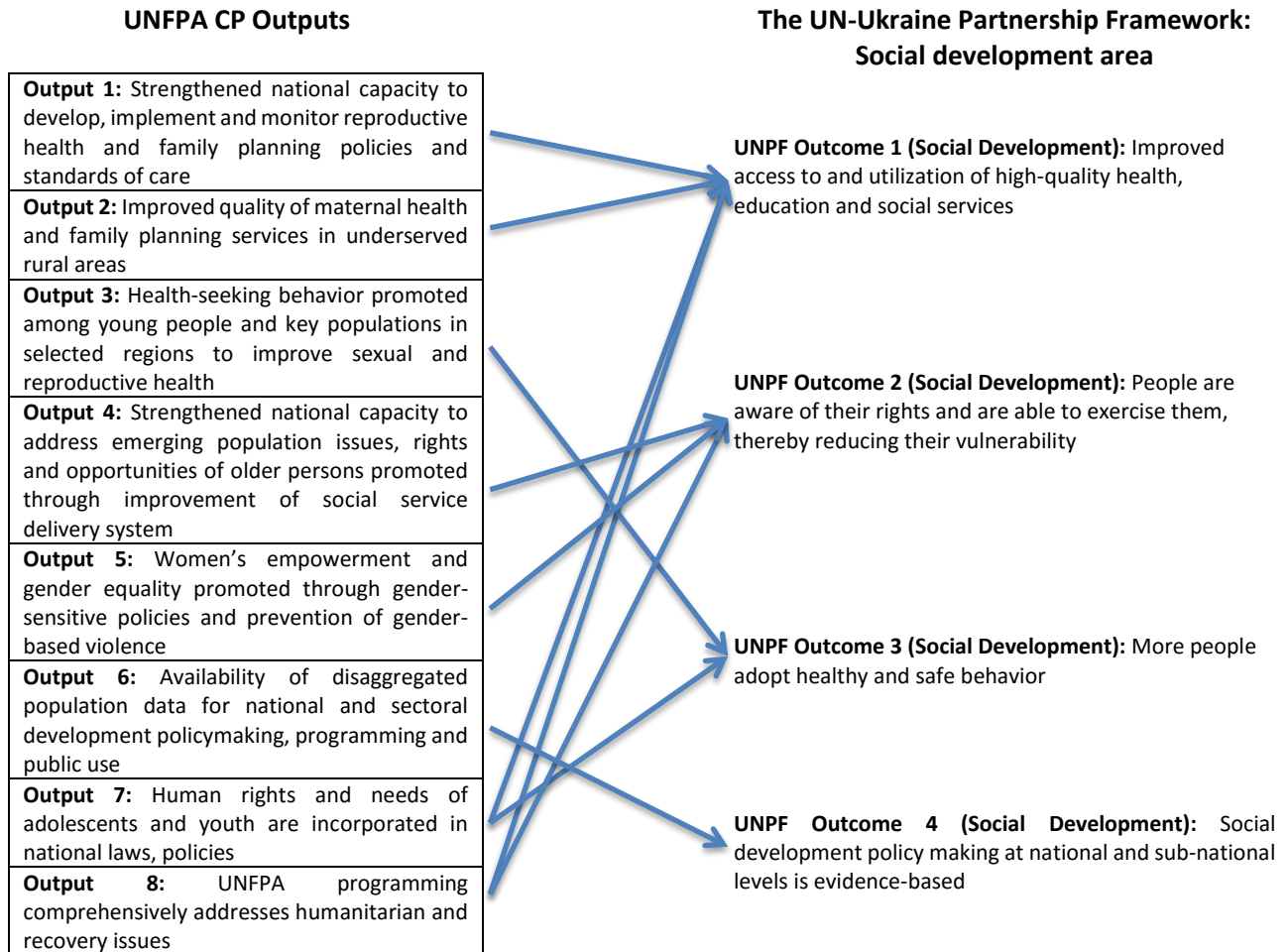
**EQ10:** To what extent has UNFPA contributed to coordination mechanisms in the UN system (UNCT and HCT) in Ukraine?

**Summary of Findings:** The UN-Ukraine Partnership Framework reflects the interests, priorities and mandate of the UNFPA in Ukraine and spells out the UNFPA contributions to the social development area of the Partnership Framework. The UNFPA activities clearly contributed to better coordination of the UN agencies in Ukraine. The UNFPA leads several working groups activity (on gender, youth, GBV) and plays an important role in ensuring outreach to all interested stakeholders. There are several UN institutions the UNFPA cooperates closely with (WHO, UNAIDs, UNICEF) and their joint activities are complementary and create synergies. However, in general, joint programming and coherent work among the UN Agencies remain a challenge in Ukraine. Most respondents mentioned the lack of cooperation among agencies, little interest in each other activities as well as high competition for donor resources. Respondents do not understand how activities of different UN agencies in one programme field differ but see duplication of activities and high competition for recognition.

Cooperation of Ukraine and the UN in 2012-2016 is regulated by the UN-Ukraine Partnership Framework, which defines four key thematic areas for UN support and cooperation with Ukraine. They include social development among other things and in this area the Fund plays an important role of the main contributor

to all four areas defined in the document’s outcomes. The priorities laid down in the UN-Ukraine Partnership Framework fully reflect the Fund’s activities in three areas outlined in the 2<sup>nd</sup> National Programme of the UNFPA designed for 2012-2016, in particular: population, reproductive health and gender equality. After several realignments of the UNFPA SP outputs their links to the social development Ukraine-UN partnership area outcomes presented in Figure 16.

**Figure 16. Contribution of the UNFPA SP Outputs to the Social Development area of the UN-Ukraine Partnership Framework (2012-2016)**



The UNFPA role in the UN-Ukraine Partnership Framework took into account the organization’s comparative advantages such as mandate and mission, experience and established contacts in Ukraine, availability of technical resources and recognized expertise as well as political neutrality and integration to the UN country system. The Partnership Framework reflected the UNFPA repositioning to new areas, namely – RH and rights, maternal health, family planning and prevention of HIV and other STIs. Besides several lessons from the first UNFPA programme cycle were considered as well. Among them were improving positioning of the UNFPA agenda with the Government at the national and regional levels and strengthening interventions with a focus on rural areas and populations that are most at risk. At time when the UN-Ukraine Partnership Framework was designed and approved it reflected the interests, priorities and mandate of the UNFPA in Ukraine to a great extent. However with latest significant changes in political, economic and social situation in Ukraine along with realignment of the UNFPA strategic outcomes and appearance of the new UN agencies in country (like UN Women), there were shifts in the roles of already established UN organizations that call for thorough revision and update of the UN-Ukraine Partnership Framework.

Lessons learned during the first UNFPA programme cycle pointed to the need “to strengthen the strategic linkages between programme components and improve coordination with other United Nations organizations and development partners”.<sup>30</sup> The main UN partners of UNFPA are WHO, ILO, UNICEF, UNDP, and UNAIDS. The UNFPA works with them within its programme areas by participating in different types of working groups (Table 17), joint programmes and events etc.

**Table 17. The UNFPA participation in working groups by programme areas, December 2016**

Programme areas	Groups	Participants	UNFPA role
RH and rights	<ul style="list-style-type: none"> <li>• Informal platform</li> <li>• The Coordination council under the Ministry of health on youth friendly clinics</li> <li>• Reproductive Health Partners Group</li> </ul>	UNFPA, WHO, UNAIDS, UNICEF, World Bank, USAID and USAID implementing Agencies (JSI, PATH), Swiss Agency for Development and Cooperation (SDC) - “Mother and Child Health Programme”, national NGO’s - Woman Health and Family Planning Foundation, HIV/AIDS Alliance, PLWHN.	Member Member Initiator and leader until 2015
Gender equality	<ul style="list-style-type: none"> <li>• The UN theme group on Gender (by 2015);</li> <li>• Gender group</li> </ul>	The Ministry of social policy The Ministry of the Interior, the UN Women, focal points in all UN agencies present in Ukraine	Leader of TGG by 2015; Member
Young people	<ul style="list-style-type: none"> <li>• The UN youth working group;</li> <li>• The UN youth advisory panel;</li> <li>• The UN joint group on HIV/AIDS</li> </ul>	The Ministry of Sport and Youth, UNICEF, UNDP, the Council of Europe, UNAIDS	Leader Member Member
Population and development	<ul style="list-style-type: none"> <li>• The inter-agency working group on ageing</li> </ul>	The Ministry of Social Policy of Ukraine, UNICEF, ILO, UN Women, the State Statistics Service, the Institute of Demography and social research, HelpAge	Member
Humanitarian response	<ul style="list-style-type: none"> <li>• The Protection cluster</li> <li>• The GBV sub-cluster</li> <li>• GBV Information Management System Working Group</li> </ul>	UNDP, UNI, ILO, WHO, UN Women, OCHA, the Ministry of Social Policy of Ukraine, Ministry of Health, ODAs, CSOs, Ombudsmen	Leader

The evaluation has shown that the Fund partners think highly of the Fund’s initiatives, willingness of leadership to jointly address pressing issues and/or raise issues that the Ukrainian government might find uneasy. The respondents commented on the leading role the Fund plays in groups on gender, youth and GBV. After new agencies and organizations came to Ukraine, in particular, the UN Women, the Fund handed over his leading role in this respect but remained an active actor in addressing gender issues and focusing on practical aspects in the field of GBV. The evaluation has demonstrated that the respondents appreciated the work of the Fund in the groups in particular, since the UNFPA made it possible for all stakeholders interested in addressing certain issues to take part in their work. In addition to the UN agencies, the new participants include representatives of CSOs, public institutions, technical assistance programmes, Embassies and others. At the initiative of the UNFPA Ukraine started to produce reports on the CEDAW. The external experts engaged by the UNFPA helped Ukraine prepare these reports. When the situation changed in Ukraine in 2014 the UNFPA increased its cooperation with the WHO, UNICEF, OCHA in the area of humanitarian aid to be rendered in eastern Ukraine.

In 2016 UNFPA provided support to the UN-wide initiatives and processes on SDG nationalization and the

<sup>30</sup> CP Action Plan between the GoU and the UNFPA for 2012-2016

CCA/UNDAF development and input to the UNDAF process. The following activities were performed:

- The survey of the UNFPA partners was conducted to identify potential priorities for the next programme cycle
- An assessment of the top priority national development issues of Ukraine for the next 5-10 years in the areas covered by the UNFPA's mandate to be addressed by the UNFPA country Programme and the UN-Ukraine development cooperation was conducted
- The survey on the UNFPA visibility was held to measure awareness and attitude of Ukrainians to the organization
- The UNFPA jointly with the UN Partners facilitated national and local discussions to identify the national SDG priority list.

Despite successful cooperation, joint programming and coherent work among the UN Agencies still remain a challenge in Ukraine. Most respondents mentioned little cooperation among the agencies, lack of interests in each other activities and low awareness about what each agency does. Mechanisms of cooperation among the UN agencies are not clear for majority of partners as well as division of responsibilities among different agencies working in the same areas. Also respondents commented on a high staff turnover in the UN agencies.

In some instances unhealthy competition between the UN Agencies for resources and leadership in certain programme areas may further compromise/undermine the UN ability to deliver as one. While the UNFPA has a good cooperation with the WHO that provides primary care to people and engages experts in the projects on maternal and child health, two agencies are competing against each other in the areas of humanitarian aid and GBV, both in terms of leadership and financial support. The competition is driven by the fact that each organization has its own mission and it has limited resources and very seldom this leads to co-finance and implementation of joint projects, but very often it stirs up competition for financial support from other international donor organizations. As a rule, the UN agencies should follow the UNDP financial management procedures when making financial decisions. The UNDP is the owner of the account of all UN agencies in Ukraine and the financial rules of this agency prevail.

However, it should be mentioned that there were several respondents that think that cooperation and coordination among the UN organizations in Ukraine is good. The evaluation has demonstrated that the UN agencies have better cooperation at the local level rather than at the national level. Human factor also plays an important role in that sense. Nearly all respondents commented on the previous country manager of the UNFPA, who was simply terrific. She was genuinely concerned about the Fund's work in Ukraine and she wanted it to be as effective and instrumental as as possible. The work of the UN joint group on HIV/AIDs is another example of the best practice that was recognized by the UN Director General as a successful joint effort in reaching MCG 6. And the availability of the online tool (that can be reached from every country) for joint programme support and events planning to respond to HIV needs as well as for reporting is crucial for reaching tangible results.

### 3.7 ADDED VALUE OF UNFPA COUNTRY PROGRAMME

**EQ11:** To what extent has UNFPA made good use of its comparative strengths to add value to the development results in Ukraine?

**Summary of Findings:** The value added of the UNFPA country programmes includes both corporate UNFPA comparative advantages, which are part of its mandate and mission as well as features specific only to the country office. Among them are the UNFPA staff and their attitude to partners, desire to listen and support needs-oriented initiatives proposed by partners, thorough work and technical expertise. The respondents commented on the UNFPA approaches aimed at system changes, targeting cause of problems but not their

consequences, persistence in finding allies or building support base for introducing new approaches. The respondents appreciated the UNFPA high demand for quality work but also the organization's transparency and results reporting to stakeholders. The added value of the UNFPA country programme includes new knowledge and skills received by partners, modern approaches to problem solving, attention and support received in all UNFPA programmes' areas. However, UNFPA visibility remains an issue.

Major UNFPA comparative advantages include its mandate, namely population and development challenges. The respondents noted that the Fund is the only international organization in Ukraine, which is consistently addressing the issues of ageing, youth policy, practical issues in the area of gender and gender-based violence, family planning, and reproductive and maternal health. The Fund's activities are not limited to one type of activities. The Fund uses a complex approach in addressing pressing issues when compared to other UN agencies that have clear-cut types of support. For instance, the WHO provides expert support, the UN Women works on policy development and advocacy. The support rendered by the UNFPA to thematic studies helps the Fund and its partners to define areas for policy work and institutional development. The expert support helps the Fund's partners gain new knowledge and skills, apply new approaches in addressing pressing issues. The distinctive feature of the Fund is its approaches for working with the partners. The UNFPA does not impose its vision on the partners. It rather motivates them to present own initiatives. Taking into consideration the small amount of finance the organization has at its disposal when compared to other UN agencies, the UNFPA manages to identify the most pressing issues that require solution and can produce effective results and then implements pilot projects around these issues. But some of these pilot projects can turn into full-fledged regional programmes as it was the case with the initiative to provide information on sexually transmitted diseases to long-distance lorry drivers.

The peculiar feature of the UNFPA is its ambition to operate in line with the UN principle "Delivering as One" via coordination, linking and involving different actors in activities. The Fund is a big promoter and supporter of cross-sectoral cooperation. The UNFPA is well aware of the strengths and weaknesses of the public authorities and it addresses the most pressing issues when interacting with the public authorities and other partners. The Fund monitors the performance of its partners very thoroughly and in its turn the Fund also reports to partners and expert groups every year and provides consultations on future cooperation. This also constitutes the distinctive feature of the Fund when comparing it to other UN agencies. Due to limited finance the Fund has only some activities at the regional level.

Much strength identified above are the result of the UNFPA corporate features. But respondents identified certain features, which are specific only to the country office. Among them is the staff of the Fund, who is very attentive to the needs of their partners; they can listen to them and hear what they say. As one of the respondents put it: *"The Fund plans its activities taking into consideration our needs and proposals. The Fund did not tell us what to do"*<sup>31</sup>. The Fund keeps track of activities of other donors so it does not overlap their work. It coordinates its activities by organizing and conducting joint events. The Fund adds activities to its mandate, which are relevant to Ukraine. The important thing is that the Fund works on small but system changes that eventually result in sustainable initiatives achieved thanks to capacity building efforts.

The Fund is flexible and persistent in pursuing its goals. For instance, when the Fund does not manage to find support at the national level, the Fund addresses the regions and looks for stakeholders interested in addressing particular issues. That was the case with the promotion of the Syndrome approach. The Fund's activities were supported at the regional level and the Fund started its work following the bottom-up approach and building the respective groups of supporters. The Fund's work can be also described by search for alternative and inexpensive but to the point approaches for addressing various issues. For instance, that was how the module on life-skills was developed for youth on the basis of the school course on healthy

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<sup>31</sup> Interviews, December 2016

lifestyle. When deciding on whether to support or not support certain initiatives, the Fund focuses on the roots of the problem and not its consequences. The dermatologists did not see any difference between syphilis and AIDS because they did not know how to use microscopes that they simply did not have. Therefore the Fund purchased microscopes and conducted trainings on how to use them and then the National Dermatology Institute in Kharkiv developed the official protocol for doctors. When providing trainings to the staff of healthcare institutions, the Fund teaches them how to work with patients from the moment when a patient enters the hospital to his/her release. When working with perinatal centers, the Fund teaches partners to take into consideration the opinion of not only the management but also of the lower echelon, in particular, the obstetricians. When introducing new methods, the Fund provides clear-cut procedures to the implementers, for instance, how to provide help in case of violence.

Much of this work could be done without the support of the Fund, but it would take more time and it would be done without the engagement of the best international experts.

The respondents appreciate the work of the Fund in Ukraine because the UNFPA is open to work with CSOs, it can clearly divide the responsibilities between the partners and itself, implement the projects together with partners, provide immediate response to emerging issues and make decisions, which are informed and carefully weighted, and define activities that would be realistic in terms of their implementation. As one of the respondents put it: *“With little funds the UNFPA has very focused priorities and many successful stories”*<sup>32</sup>.

The visibility and level of attribution of certain results of the UNFPA work by population in Ukraine is still very low. Despite the number of interventions and the produced many tangible results, the UNFPA partners and target population groups do not necessary attribute the interventions to the UNFPA and/or know about them. It should be noted that the general public knows more about UNICEF, UNDP and WHO and not the UNFPA. Therefore the Fund has to strengthen its capacity to communicate results of its work and to define clearly attributable "signature" products in order to raise the UNFPA visibility, particularly among potential donors, private sector and groups of supporters.

The main UNFPA added value in Ukraine's context as perceived by the national stakeholders includes the following. In the area of **P&D** the value added of the UNFPA Ukraine was the development of geo-information system (GIS) for the national population census and providing trainings on how to use it to the IT-specialists and the development of technical documentation for conducting public procurement related to the national census. The partners think highly of the Fund's work in the development of standards for processing micro-data and provision of services to elderly as well as initiating the preparation of the national ageing strategy.

In the field of **reproductive health** the value added of the UNFPA Ukraine consists of the following: i) creation of the communication platform called «Reproductive Health Partners Group» as a basis for partnership and advocacy that has a chance of keeping the priority of Reproductive Health at the national level; ii) introduction of new approaches in the reproductive health in Ukraine, in particular, «Beyond the numbers», “Total market approach”, «Syndrome approach”; iii) being focused on “friendly approach” when providing health care services to youth and training the health practitioners in that; iv) successful experience in the preparation and implementation of training courses on Reproductive Health and Family Planning; v) promotion of evidence based approach in health care, in particular, in the development of clinical protocols; and vi) capacity to build communication and mutually beneficial partnerships and the ability of the Fund to identify the most critical issues that can be effectively solved with interventions.

According to the respondents, the UNFPA Ukraine value added in the area of **Gender and GBV** includes highlighting the area of GBV itself since the issue of domestic violence only was in the spotlight in the past.

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<sup>32</sup> Interview, December 2016



Bigger focus and better awareness and understanding of gender issues have resulted in creating For Equal Opportunities Caucus at the Parliament of Ukraine.

The UNFPA activities in the area of **Youth** revived large-scale studies on youth that were abandoned back in 2009 and then started in 2015. The value added was that they were originally financed by the UNFPA and now the Government of Ukraine allocates money for these studies on youth. The UN Youth Advisory Panel established, as a part of the UNCT's commitment to the young people's empowerment and rights in accordance with basic human rights principles is also a value added in this area.

While the **Humanitarian response** is the youngest initiative of the Fund, its value added includes the following: i) provision of vital support to the maternity houses in the form of medicines and equipment as a response to the destruction of a 3-tier system for providing medical delivery assistance in Donetsk and Luhansk oblasts due to the armed conflict; ii) piloting mobile teams as a new approach to respond to cases of gender-based violence that enables to provide assistance even in the most remote areas, that helps open up the issue of violence, which is hidden or not thought of often. This project can be easily duplicated in other regions of Ukraine iii) iii) opening the private counseling rooms at the hospitals to provide assistance to GBV survivors and victims; iv) creating the database and collecting information about the instances of gender-based violence, which plays an important role in further analysis and mapping out/development of future programmes in this area; and y) coordination of partners within the GBV cluster.

## **CHAPTER 4. CONCLUSIONS**

### **4.1 Strategic level**

#### **Strategic Conclusions 1: Programme Area – All.**

Evaluation the 2nd Country Programme Action Plan between the GoU and the UNFPA for 2012-2016 showed that all five programme areas are important for Ukraine and address its national interest and needs. However, the UNFPA programme is being implemented through a large number of small projects and / or measures that may dilute office efforts and as a result, detract from the achievement of planned outputs. Measuring the effectiveness of each activity (policy work and advocacy, expertise and technical support, training and humanitarian aid, etc.) in five programme areas is a challenge for UNFPA, especially in the face of frequent changes in the UNFPA strategic document, annual activity planning, and unpredictable funding. And the evaluation of the effectiveness of any activity usually requires substantial human and time resources.

#### **Strategic Conclusions 2: Programme Area – SRH.**

The SRH component of 2nd Country Programme proved to be highly relevant to country context and responsive to emerging challenges. The Programme response combined well-established approaches such as advocacy and training activities with introduction of innovative approaches such as TMA, BTM, Syndrome approach which allow to achieve greater changes with relatively small spending. The ability of UNFPA Co team to find partners and build coalitions is remarkable. It helped keeping SRH as a country priority and reaching some of country MDGs (5a and 5b). However new country context does not allow to reduce the efforts: the SRH coalition weakened with most of the strong international organizations worked in the country gone, the MOH lack leadership in SRH area, and the new challenges such as health care reform, high level of internal migration, conflict in the East and economical decline put the recent achievements in SRH sphere at risk. UNFPA CO remained the only international organization with mandate in SRH and FP. There is a strong need to continue advocacy efforts in SRH and FP areas, support newly introduced approaches, build on achieved results and accumulated human capital and look for new strong partners.

#### **Strategic Conclusions 3: Programme Area – Gender.**

The Gender programme that was implemented under the 2nd Country Programme Action Plan between the GoU and the UNFPA for 2012-2016 is fully in line with existing needs of Ukraine and aligned to the national priorities. The planned results were achieved to some extent due to the lack of policy preconditions and gender-mainstreaming in the national policy in various areas of social development and also due to the lack of effective intergovernmental coordination.

#### **Strategic Conclusions 4: Programme Area – Youth.**

The Youth Programme that was implemented within the framework of the 2nd Country Programme Action Plan between the GoU and the UNFPA for 2012-2016, is fully in line with the current needs of Ukraine and aligned with the national priorities. According to the interviews and surveys conducted among the UNFPA Ukraine partners, one can state that the youth area is a highest priority. As a result of the social-political transformations such as change of the Government, prioritizing the youth policy in the Government Programme among key reforms, there are very favorable preconditions to update the national youth policy that would be in the interests of youth and with the engagement of youth. Having defined the key objectives in the context of existing needs and having utilized the window of opportunity in the country, the UNFPA Ukraine carried out effective interventions that in general resulted in achievement of the strategic goal such as incorporation of the rights and interests of youth and adolescents in the national policies and programmes. In particular, the national youth policy has been significantly improved and this is supported by real data (evidence-based public youth policy), a number of other programmes and mechanisms that stipulate for higher recognition of youth participation and their role in the decision making in the area of social-economic development have been elaborated. Eventually these activities lay the groundwork for expanding the

country's potential for the implementation of the youth policy that would take into consideration the rights and interests of youth. The key stakeholders define the UNFPA as a leader in the field of youth activities that include promotion of youth participation, protection of rights and interests of youth.

**Strategic Conclusions 5: Programme Area – Youth.**

The Youth Programme that was implemented within the framework of the 2nd Country Programme Action Plan between the GoU and the UNFPA for 2012-2016, with regard to promotion of healthy living among youth in order to improve sexual and reproductive health, is fully in line with the current needs of Ukraine and aligned with the national priorities, in particular, in the area of HIV/AIDS prevention. The UNFPA Ukraine facilitated the introduction of respective training programmes being the member of the UN Joint Team on HIV/AIDS and using the UBRAF mechanism. That contributed to a certain extent to promoting health-seeking behavior among youth in order to improve the sexual and reproductive health.

**Strategic Conclusions 6: Programme Area – P&D.**

The UNFPA Population and Development Programme is the only programme in Ukraine that works with population issues. Cancellation of the national population census and rejection to grant access to administrative database impacted the achievement of planned results within the framework of this programme area. The lack of data that could have been generated by the 2011 cancelled national population census and the lack of possibility to receive data from the administrative database have influenced all areas of the UNFPA activities. The population and development studies managed to only partially substitute the missing data. However, the UNFPA managed to provide rapid responses to these challenges by increasing its focus on capacity building of the State Statistics Service and its institutional development that would enable the organization to work on more ambitious tasks in the future.

**Strategic Conclusions 7: Programme Area – P&D.**

The strategic work of the UNFPA on strengthening national capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system was fully in line with the needs of Ukraine and aligned with the national priorities. This attention to aging theme is of great interest for Ukraine with high share of older population and UNFPA is the only programme in Ukraine that works with this issue.

**Strategic Conclusions 8: Programme Area – HR.**

The focus of the humanitarian programme on gender-based violence contributed to a better understanding of this topic, to increased access to respective social services in this field and to rendering assistance and support to victims and witnesses of violence. At the same time the work of UNFPA and its partners in five eastern regions identified the need to expand this work to the whole country and to address the issue of a poor work and at times the lack of such work with a perpetrator and poor understanding of other types of violence such as sexual, psychological etc. by the population and the importance to have violence prevention activities already in the families, schools etc.

**Strategic Conclusions 9: Programme Area – ALL.**

Engaging CSOs in the implementation of some UNFPA projects with the help of indirect funding mechanism contributes to the achievement of effective results and efficient use of human, material and financial resources. The experience has also proven that it is difficult to ensure system changes, in particular, in the field of legislation and policy work, without engaging CSOs in the implementation of programmes and projects.

**Strategic Conclusions 10: Programme Area – ALL.**

The UNFPA ensured the sustainability of achieved results both for the short- and long-term perspective by

building capacity of its partners, introducing them to the best international practices and methods, supporting their participation in the international conferences and trainings, conducting legislative and policy work at the national level and educational and information events at the regional level. Through an ongoing constructive dialogue between the UNFPA and its partners UNFPA ensures the ownership of results by its partners.

**Strategic Conclusions 11: Programme Area – ALL.**

The UNFPA activities clearly contributed to better coordination of the UN agencies in Ukraine. The UNFPA leads several working groups activity (on gender, youth, GBV) and plays an important role in ensuring outreach to all interested stakeholders. There are several UN institutions the UNFPA cooperates closely with several UN agencies (WHO, UNAIDs, UNICEF) and their joint activities are complementary and create synergies. However, in general, joint programming and coherent work among the UN Agencies remain a challenge in Ukraine. Most respondents mentioned the lack of cooperation among agencies, little interest in each other activities as well as high competition for donor resources. Respondents do not understand how activities of different UN agencies in one programme field differ but see duplication of activities and high competition for recognition.

**Strategic Conclusions 12: Programme Area – ALL.**

The value added of the UNFPA country programmes includes both corporate UNFPA comparative advantages, which are part of its mandate and mission as well as features specific only to the country office. Among them are the UNFPA staff and their attitude to partners, desire to listen and support needs-oriented initiatives proposed by partners, thorough work and technical expertise. The added value of the UNFPA country programme includes new knowledge and skills received by partners, modern approaches to problem solving, attention and support received in all UNFPA programmes' areas. However, the UNFPA visibility and recognition by population is still a challenge.

## **4.2 Programmatic level**

**SRH Conclusion 1: Criteria – Relevance/Effectiveness**

Major changes in the development context in Ukraine impact the area of reproductive health, in particular, the intensive reform of the health care system with hard-to-predict consequences, frequent changes of teams in the Ministry of Healthcare, new challenges emerged as a result of the armed conflict in eastern Ukraine, increased vulnerability of general population due to sharp economic slowdown, high number of IDPs, withdrawal of long-term reproductive health programmes from Ukraine (funded by the USAID and the SDC). These factors complicate the process of activities planning, reduce focus on SRH and limit the UNFPA's capacity to influence the overall developments. Against this background, it is essential to identify new partners that can strengthen the Reproductive Health Partners Group and become allies in SRH advocacy work at the country level. Establishing contacts with a new team at the Ministry of Healthcare is just as important in this context together with continuous advocacy to ensure that on-going health care reform includes SRH as a priority, particularly primary health care system incorporates basic SRH services. It is also important to ensure that HIV/STI prevention services (especially for key populations) are not left behind and are included to the primary healthcare.

**SRH Conclusion 2: Criteria – Effectiveness/Efficiency**

The UNFPA's activities related to the development and institutionalization of training courses have proved to be efficient and sustainable the most. The evaluation findings show that the impact of training courses continues for a long time and does not require further support from the CO. According to the informants, the training materials are of high quality, they are developed in line with the latest training methods and they are localized, i.e. they are based on the local context. At the same time, no data was found to impartially measure

the impact of training courses on the target groups.

**SRH Conclusion 3: Criteria – Sustainability**

The Fund initiated the implementation of several new approaches that were highly assessed by various specialists and that had the potential to lead to big changes in the field of reproductive and sexual health. They are «Beyond the Number», «Total Market Approach», «Syndrome approach to STI treatment». However, there is a risk that the results achieved within the framework of these initiatives are not sustainable without further support from the UNFPA.

**SRH Conclusion 4: Criteria – Sustainability**

The risk of significant drawback in signature SRH indicators exists in the eastern regions affected by the armed conflict (e.g. abortion rate among adolescents, maternal mortality, deliveries outside of health care institutions, gaps in antenatal care, etc.). Continuous efforts are needed to address these risks through humanitarian interventions and recovery of SRH system especially in 2 oblasts most affected by the conflict.

**Gender Conclusion 1: Criteria – Effectiveness.** No visible progress was made in the improvement of the national policy in the area of gender equality promotion. Despite big efforts made to provide expert support to the Government of Ukraine, to present Ukraine at the international events on gender equality, key political and regulatory papers were not adopted or advanced. The Istanbul Convention was not ratified, the State Programme on Ensuring Gender Equality was not adopted and changes to the legislation on domestic violence and gender-based violence counteraction were not approved. The advocacy work aimed at improving existing policies and legislation has not achieved its planned results to a great extent due to the lack of good understanding of the essence of gender equality and the necessity to promote it among the policy-makers, public servants and in the society. However, the overall situation is not that hopeless. It requires more efforts to overcome the preconditions that create the political environment, which is not conducive to achieve tangible results in the future.

**Gender Conclusion 2: Criteria – Effectiveness.** Activities and events aimed at providing information and raising awareness about gender issues contributed the best they could to the promotion of gender equality. However, these events were often of a general nature and did not target particular groups or categories or topics. At the same time, some public awareness campaigns such as “Happiness for 4 Hands” have been positively accepted and they show that there is a potential for increased awareness. The effectiveness of such campaigns can be significantly improved if various state and non-state actors unite their efforts and act together.

**Gender Conclusion 3: Criteria – Effectiveness/Sustainability.** The activities aimed at strengthening capacity of public servants have shown that they are very pressing and necessary. Both government officials and civil servants recognize the usefulness and relevance of such trainings. However, the implementation of the training programme is rather fragmented and it lacks sustainability. First and foremost, this context can be explained by the fact that knowledge in gender issues is not the main requirement when it comes to competences of the civil servants.

**Gender Conclusion 4: Criteria – Effectiveness.** Support rendered in conducting a number of studies on gender issues was very instrumental as it enabled to receive substantial evidence-based data that could be used in the development and adoption of policies and programmes. However, these efforts have to be strengthened and continued.

**Gender Conclusion 5: Criteria – Effectiveness/Sustainability.** The educational and information events contributed to the promotion of gender equality in the Ukrainian society. At the same time, it is deemed impossible to ensure changes in the awareness level and reception of gender issues in the Ukrainian society

within a short period of time since these changes require more time and united efforts of various actors, state and non-state institutions and business. The gender-related stereotypes are still rather strong and they have been recently strengthened by various anti-gender movements that became more active lately.

**Youth Conclusion 1: Criteria – Effectiveness/Sustainability.** The expert support provided by the UNFPA Ukraine to the Ukrainian public institutions made a difference in improving the capacity of public officials to introduce evidence-based national youth policy, to improve existing mechanisms of state support to you. All these steps enable youth to take a bigger part in the decision making process. The efforts made resulted in reasonable sustainability.

**Youth Conclusion 2: Criteria – Effectiveness/Sustainability.** Thanks to the support of the UNFPA Ukraine and its partnership with the local authorities the capacity of CSOs to implement health-seeking behavior activities was advanced as well as skills and knowledge of the youth leaders essential for advocacy work to protect the rights and interests of youth people in the decision making process. This activity ensured youth empowerment at the local level to some extent. The efforts made resulted in reasonable sustainability. However, youth is greatly dependent on the capacity of local authorities to support youth initiatives and to raise sufficient local resources for their implementation.

**Youth Conclusion 3: Criteria – Effectiveness/Sustainability.** The work of the UNFPA Ukraine contributed to the promotion of the training course on sexual and reproductive health in the educational institutions. The course has been introduced to the professional development programme of school teachers. That was made possible also due to the fact that the course is not focused on the issue of how to use condoms only but covers other areas and presents rather sensitive issues in a good way. This particular activity can be qualified as one of the most sustainable and effective ones.

**Youth Conclusion 4: Criteria – Effectiveness/Sustainability.** Interaction with youth via various youth and other non-governmental organizations on matters related to promotion of safe behavior and HIV prevention has proved to be less sustainable as it greatly depends on resources provided via the UBRAF system and that reduces the capacity of the UNFPA Ukraine to carry out activities related to HIV prevention.

**P&D Conclusion 1: Criteria – Effectiveness/Sustainability.** Reprogramming of the UNFPA activities in the light of cancellation of the national population census and focusing on capacity building of the State Statistics Service instead was very relevant and was in line with the general developments in the country. This work helped the State Statistics Services improve its infrastructure and gain new knowledge and communication skills that will make the operations of this body more effective, in particular, when conducting national population census in the future.

**P&D Conclusion 2: Criteria – Effectiveness/Sustainability.** The UNFPA work on supporting national reporting on the implementation of the Madrid International Plan of Action on Ageing, promoting healthy ageing and active longevity and the social institutional care reform were successful and reached (in some cases overreached) the planned indicators. Moreover, the focus of the UNFPA on senior people is unique and crucial for “ageing” Ukraine.

**P&D Conclusion 3: Criteria – Effectiveness/Sustainability.** The UNFPA supported studies in the area of population and development were useful and provided important data needed for policy decision towards specific groups (youth, elderly, IDPs, etc.) in situation of canceled census and on-going humanitarian crisis in Ukraine.

**P&D Conclusion 4: Criteria – Effectiveness/Sustainability.** The humanitarian situation of Ukraine influence availability of resources, including external, to develop the Ukraine’s capacity to generate, map and use sub-

national estimates of population, health and social data to advance policies and programmes to redress sub-national inequalities and to establish a comprehensive plan to generate, disseminate and report on the UNFPA-supported global SDG indicators.

**P&D Conclusion 5: Criteria – Effectiveness/Efficiency/Sustainability.** The UNFPA programme was developed to be implemented by the Country Office (direct execution support), engagement of implementation partners (IPs) via the NEC contributed to more effective studies and practical implementation of their findings by the IPs thanks to their access and impact on the decision makers.

**P&D Conclusion 6: Criteria – Effectiveness/Sustainability.** The UNFPA supported activities on ageing lied an important based for keeping the GoU attention on this topic and delivery of improved social services to elderly. Despite frequent changes of the government in Ukraine, a ban on new national programmes development imposed by the government, the UNFPA’s response to challenges was prompt and effective.

**P&D Conclusion 7: Criteria – Effectiveness/Sustainability.** While due to the cancellation of the national population census the UNFPA had to conduct surveys on different aspects of life of senior people, better data on social institutions like institutional care establishments for elderly, is needed.

**P&D Conclusion 8: Criteria – Effectiveness/Sustainability.** At policy level in the ageing priority area the UNFPA supports the inter-agency working group. However, the work of such group on drafting policy documents proves to be ineffective due to the high turnover of group members and their weak responsiveness as well as absence of representatives of the target groups (like elderly).

**P&D Conclusion 9: Criteria – Effectiveness/Efficiency/Sustainability.** Engagement of CSOs in studies and their participation in drafting policy papers on senior people and social services standards facilitated better programmes’ implementation by the Fund. The mechanism of indirect funding had a good impact on timely implementation of planned interventions and it contributed to achievement of effective results.

**HR Conclusion 1: Criteria - Relevance.** The UNFPA Humanitarian Response is in line with the Fund’s mandate and highly relevant as it addresses humanitarian needs of the most vulnerable women and female adolescents affected by the armed conflict in eastern Ukraine. The focus on GBV and domestic violence is relevant since these issues never enjoyed proper attention in Ukraine and now, against the background of the military actions, various forms of violence have aggravated, in particular, against women IDPs and older women. The UNFPA leadership in coordinating efforts of different actors in strengthening protection and prevention systems and enhancing access to legal, health and social-psychological care services for survivors of GBV is important to meet the developments in eastern Ukraine.

**HR Conclusion 2: Criteria – Effectiveness.** The HR projects were initiated as a response to the developments in Ukraine back in 2014. They were focused on the survivors of GBV, in particular, women IDPs and older women. The UNFPA Strategic plan went through re-alignment in 2014, which resulted in adding humanitarian response output with two indicators. However, the UNFPA humanitarian activities are cross-cutting issues for several other programmes’ areas that contributed to six CP outputs and all four SP outcomes. All declared indicators were implemented and implemented beyond the planned results, except one as its implementation was not in the hands of the Fund.

**HR Conclusion 3: Criteria – Effectiveness.** There were certain factors that hampered the achievement of objectives in the area of HR: the lack of recent statistical data, especially data on violence instances, unpreparedness of the state and poor coordination of public authorities and development agencies in the crisis conditions, ruined infrastructure of the health care system, bad access to and low awareness of people about these services etc. The facilitating factors included high interest of the local authorities in social services

development in the area of GBV, quality services delivered by the mobile teams, activities of the GVB Sub-cluster at the regional level. Challenges presented by the large number of IDPs, especially, elder people who have settled down in five eastern oblast, destroyed system of health care and social services in Luhansk and Donetsk oblasts, extra pressure on health care institutions in adjacent to Donbas regions impacted the Fund's activities in general.

**HR Conclusion 4: Criteria – Effectiveness.** The activities of the UNFPA Humanitarian Response have proven the effectiveness of comprehensive approach in addressing humanitarian challenges in crisis settings when local and international, state and non-state actors and stakeholders get engaged. The importance of understanding the context and needs defined the activities that were selected by the Fund and its implementing partners and that eventually ensured effective implementation of objectives. At the same time this experience should be analyzed and documented in order to draw conclusions and formulate lessons learnt for the future.

**HR Conclusion 5: Criteria – Efficiency.** The evaluation has shown that the UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes. The resources were used in the most effective way possible by utilizing the comprehensive approach to address pressing issues and by combining tools and methods. The Fund cooperated with the Ukrainian civil society organizations by providing indirect funding to them in order to use resources effectively. This enabled the Fund to use the resources and experience already available in the regions and to save time, the most precious resource of all.

**HR Conclusion 6: Criteria – Effectiveness/Efficiency.** When engaging implementing partners in various projects carried out in different programme areas it is necessary to organize regular coordination meetings of all partners in order to ensure information sharing and to enable partners to use experience and the best practices generated by other organizations in their activities. This will also facilitate the joint programming of UNFPA IPs.

**HR Conclusion 7: Criteria – Sustainability.** The large majority of results achieved within HR projects are sustainable both in short- and long-term perspectives. While certain outputs such as new knowledge, skills and equipment will be operational and available once the project supports stops, other outputs such as mobile teams, shelters and private counseling rooms will require further financial support. Local authorities are willing to support the mobile teams, shelters and private counseling rooms introduced by the project, provided that the Fund supports them with other equipment, vehicles etc.



## **CHAPTER 5. RECOMMENDATIONS**

### **5.1. Strategic Recommendations**

**Strategic Recommendation 1** (Linked to Strategic Conclusions 1: Programme Area – All). The next UNFPA National programme for Ukraine should consider to narrow the number of programme areas to two-three in total (for example, youth, gender, aging) and make themes like population and development, SRH, GBV, HIV/AIDs as a cross-cutting issues to major programme ares. To: Country Office  
Priority level: High

**Strategic Recommendation 2** (Linked to Strategic Conclusions 2: Programme Area – SRH). It is important to keep SRH and FP areas as one of the priorities for the new country Programme, to find a way strengthening SRH coalition, to establish new reliable focal points in MOH and other key state institutions that involved in SRH and FP, to continue efforts on supporting innovative approaches introduced during 2nd Country Programme, and supporting emergency response in SRH and FP spheres for the oblasts most affected by the conflict. To: Country Office  
Priority level: High

**Strategic Recommendation 3** (linked to Strategic Conclusions 3: Programme Area – Gender). To continue rendering expert and technical support to the Government as regards the improvement of the existing policy. It is also recommended to foresee interventions that would include both expert and technical support in order to improve the national mechanism for ensuring equal rights of men and women as well as to strengthen the capacity of local mechanisms such as intergovernmental institutions, intergovernmental interactions etc. Besides, the focus should be made on the members of the Parliament, deputies of the representative bodies of various levels in order to increase the number of so-called agents of change in the context of adoption and implementation of policy and legislation on gender equality promotion. It is deemed necessary to unite them into a separate target group and to identify the most effective operational methods for interacting with this group to overcome stereotypes and marginalization of the gender-related issues. To continue advocacy work aimed at further ratification of the Istanbul Convention and its implementation. To: Country Office  
Priority level: High

**Strategic Recommendation 4** (linked to Strategic Conclusions 3: Programme Area – Gender). Information and public awareness activities focused on gender issues should remain a priority for the activities aimed at gender equality promotion. However, it is important to remember when conducting information and public awareness campaigns, especially with the group of public servants, that gender is not a separate or independent topic. It should become a cross-cutting theme in the development policy and an integral part of other sectoral policies. To: Country Office  
Priority level: High

**Strategic Recommendation 5** (linked to Strategic Conclusions 4: Programme Area – Youth). The Youth Programme should become the priority area in the next programme cycle since the UNFPA Ukraine has been qualified as a leader in working with youth and it has the potential to attract high-level expertise to support the Government. At the same time, the area of youth, promotion of youth rights and interests is trendy at the moment and it meets the current needs as the youth policy is a key reform area of the Ukrainian Government. It is worth to focus on institutional building of public and non-governmental organizations and equip them with tools to To: Country Office  
Priority level: High

implement the national youth policy, to conduct monitoring and evaluation of the policy itself and also of various state programmes on youth development.

**Strategic Recommendation 6** (linked to Strategic Conclusions 5: Programme Area – Youth). It is recommended to continue the prevention activities with youth during the next programme cycle in order to improve sexual and reproductive health. The focus should be made on interventions (activities) that contribute to behavioral changes. To: Country Office  
Priority level: High

**Strategic Recommendation 7** (linked to Strategic Conclusions 6&7: Programme Area – P&D). The national population census should be organized only in the situation of stability. If there is no stability it will be necessary to continue working with the Government as regards the importance of granting access to administrative data in order to get a better understanding of the demographic developments in Ukraine. Since the Programme Area – P&D serves as a basis for all other programme areas it is recommended to make it cross-cutting and plan the P&D activities in each and every programme area. To: Country Office  
Priority level: High

**Strategic Recommendation 8** (linked to Strategic Conclusions 1&2&3: Programme Areas – ALL). While programming legislative and policy work focused it is important to remember that this type of activity is cumbersome, lengthy and out of control of UNFPA and consider careful planning of timeframe, human resources and ‘right’ selection of targets, partners, and allies to give more control of the policy processes to UNFPA. Moreover, it is important to involve CSOs more to policy and advocacy activity as they have more human and time resources and are more flexible and creative. To: Country Office  
Priority level: High

**Strategic Recommendation 9** (linked to Strategic Conclusions 1&2&3&7: Programme Area – ALL). It is essential to engage local and international experts and representatives of target groups and/or CSOs that represent their interests in the working groups on development of legislative and policy papers as much as possible. And the public authorities should have their right to review documents’ details such as distribution of functions among different agencies at national/regional/local levels, coordination, funding, M&E, responsibility etc. To: Country Office  
Priority level: High

**Strategic Recommendation 10** (linked to Strategic Conclusions 10: Sustainability). To ensure sustainability and national ownership of the UNFPA results both for the short- and long-term perspective it is important to involve IPs and beneficiaries into strategic and operational programming process, policy and advocacy activity and continue building their organizational and individual capacity. Moreover, UNFPA should extent activities at regional and local levels more. To: Country Office  
Priority level: High

**Strategic Recommendation 11** (linked to Strategic Conclusions 11: UN Coordination). It is recommended to improve coordination and joint funding programming of the UN agencies operating in Ukraine for better synergy and in order to avoid overlapping and duplication of efforts. To: Country Office  
Priority level: High

**Strategic Recommendation 12** (linked to Strategic Conclusions 12: UNFPA Value Added). Despite the number of interventions and the produced many tangible results, the visibility and level of attribution of certain results of the UNFPA work by To: Country Office  
Priority level: High

population in Ukraine is still very low. The UNFPA partners and target population groups do not necessarily attribute the interventions to the UNFPA and/or know about them. The general public knows more about UNICEF, UNDP and WHO and not the UNFPA. Therefore the Fund has to strengthen its capacity to communicate results of its work and to define clearly attributable "signature" UNFPA products in order to raise its visibility, particularly among potential donors, private sector and groups of supporters.

## 5.2. Programmatic level

**SRH Recommendation 1** (linked to SRH Programme Conclusion 1).

To: Country Office  
Priority level: High

It is crucial to renew interventions in advocacy and sensitization of officials and managers in terms of SRH at the Ministry of Healthcare. It is important not to have long training sessions but rather short training events at the workplace such as provision of information, advocacy; to show to the decision-makers why it is important to focus on reproductive health and family planning, what benefits it will produce in the future and what are the risks if this work is not done.

1.1. The potential strong partners of the UNFPA that can promote the SRH agenda include the Center of Public Health at the Ministry of Healthcare of Ukraine. The mandates of both organizations, meaning the Center and the UNFPA, have a lot in common. During the interview the representatives of the Center expressed their interest in cooperating with the Fund and their readiness to appoint a focal point to ensure regular communication with the UNFPA. The areas of cooperation the Center of Public Health is most interested in are listed below:

- Institutionalization of the "Syndrome approach"
- Rendering support to the Center in the development of department on "age peculiarities in service provision". The goal of the department is to render healthcare services to youth and senior people
- Rendering support to the Center in the area of reproductive health, in particular, youth reproductive health, including HIV and STDs prevention
- The Center representatives believe that the Center could contribute to the adoption of the national programme on reproductive health either as a separate programme or as a part of the general programme on Public Health
- Rendering support with conducting studies to find justifications for prevention measures, especially the studies that concern young people
- Rendering support to the Center with the introduction of gender-sensitive approach to delivery of social and health care services.

**SRH Recommendation 2** (linked to SRH Programme Conclusion 2) .

To: Country Office  
Priority level: High

Taking into consideration that the UNFPA has proven to be successful in the implementation and, what is more important, institutionalization of trainings courses and modules, the organization should use this ability to further develop the areas of SRH and Family Planning by developing and implementing respective training courses. It is vital to foresee mechanisms to measure the effectiveness of these training courses, how they change knowledge, influence attitudes and behavior. This can be done either as a pre- or post-test or in the way of follow up surveys.

**SRH Recommendation 3** (Linked to SRH Programme Conclusion 3).

It is crucial to continue support to the initiatives launched by the UNFPA, in particular, «Syndrome approach to STI treatment», «Beyond the Number», «Total Market Approach». According to the respondents, each initiative has a very good potential in its area, which has not been untapped yet. If no support is rendered to these initiatives anymore, there is a risk that the results achieved will not be sustainable, while previous efforts of the UNFPA created preconditions for these initiatives' sustainability.

To: Country Office  
Priority level: High

**SRH Recommendation 4** (Linked to SRH Programme Conclusion 4).

It is utterly important to continue humanitarian support in the area of SRH and to carry on with training activities in Donetsk and Luhansk oblasts that are aimed at revival of the institutional capacity of healthcare system in these regions to respond to challenges that emerged due to the armed conflict and occupation of some parts of Donetsk and Luhansk oblasts.

To: Country Office  
Priority level: High

**Gender Recommendation 1** (linked to Gender Programme Conclusions 1&3)

- 1.1. Capacity of Government officials and local civil servants in developing gender sensitive programs and plans still needs to be strengthened.
- 1.2. It is recommended to envisage interventions aimed at improving the capacity to develop evidence-based policy, indicators for assessing the effectiveness and validity of the programme, monitoring and evaluation system and programmes focused on the promotion of gender equality. And it is important to switch the focus from the interaction and partnership with the Ministry of Social Policy and to expand the circle of other state institutions that can receive support, for instance, the office of the Ombudsman, the Ministry of Education and Science, the Ministry of the Interior, the National Agency of Ukraine on Civil Service etc.
- 1.3. It is recommended to focus on local authorities when planning future interventions and to include interventions aimed at improvement of the quality evidence-based programme documents on gender issues; to help them build skills in programmes' preparation and development of programme performance indicators and M&E of these programmes. These activities will have to be accompanied by capacity building of local public servants that would target better understanding of the essence of gender equality and its role in the social development.
- 1.4. Taking into consideration the decentralization reform that stipulates for delegation of powers to the local level in the area of social development of local communities, it is recommended to consider a possibility to provide expert support to the amalgamated communities when it comes to promotion of gender mainstreaming in the preparation and implementation of the local development programmes.

To: Country Office  
Priority level: High

**Gender Recommendation 2** (linked to Gender Programme Conclusions 2&4)

- 2.1. The UNFPA needs to even further intensify efforts aimed at raising awareness of the gender inequalities and unequal power distribution as root causes for all manifestation of violence and support the Parliament, the Government and civil society. The capacity of state and non-state service providers to respond to and prevent GBV in a coordinated, inter-sectoral format needs to be further strengthened.

To: Country Office  
Priority level: High

- 2.2. The UNFPA should prioritize educational work in order to improve understanding of the essence of gender, to overcome stereotypes in understanding and perception of gender equality among the text writers of school textbooks.
- 2.3. To establish cooperation with the National Agency of Ukraine on Civil Service in order to incorporate the gender component to the training, re-training and professional development system for public servants. At the same time it will be necessary to develop programmes that would be focused on different target groups such as senior civil servants, groups (categories) of civil servants of lower level, municipal servants etc.

**Gender Recommendation 3** (linked to Gender Programme Conclusions 5)

To continue organizing and conducting public awareness campaigns. However, these campaigns should be diversified and cover different topics and target particular groups or territories (subcultures, regions, city and rural population etc).

To: Country Office  
Priority level: High

**Youth Recommendation 1** (linked to Youth Programme Conclusions 1&2)

- 1.1. To get more engaged in advocacy work in order to improve the local youth policy that would take into consideration the interests of youth and enable its participation in the process. To develop partnerships with a wide pool of local communities and local authorities bearing in mind the positive experience of partnership with the local community of Kremenchuk.
- 1.2. To beef up its leadership in the UN Youth Working Group on the basis of the successful facilitation of the group work during the previous programme cycle. That would ensure a better coordination of various UN agencies and the public, non-governmental institutions in the activities targeting youth and implemented together with youth.

To: Country Office  
Priority level: High

**Youth Recommendation 2** (linked to Youth Programme Conclusion 1)

- 2.1. To continue rendering expert support to the Ministry of Youth and Sports in the development of the capacity of the public servants to conduct monitoring and evaluation of the public policies and programmes, to build and keep up effective partnerships with youth non-governmental organizations. The expert support in the development of the MiO system on the implementation of the Youth of Ukraine All-Ukrainian Programme will be extremely pertinent.
- 2.2. To support activities aimed at conducting thematic studies and surveys on youth and youth environment that would not overlap the topics of the annual national survey. The availability of the data produced by such surveys would help identify needs more clearly and plan various programmes on the basis of evidence-based/reliable data.
- 2.3. To provide support to the activities of the UN Youth Advisory Panel as the Ministry of Youth and Sports recognizes the importance of engaging youth in decision making.

To: Country Office  
Priority level: High

**Youth Recommendation 3** (linked to Youth Programme Conclusions 2&4)

To continue rendering support to the local initiatives of the youth CBOs in the activities aimed at behavioral changes in the context of sexual and reproductive health. At the same time the emphasis should be made on capacity building of these organizations in the areas of needs assessment, project preparation and effective management of educational and information projects as well as their participation in the decision making process and community development.

To: Country Office  
Priority level: High

**P&D Recommendation 1** (linked to P&D Programme Conclusions 1&3&4&5&9)  
It is recommended to focus on practical utilization of findings of studies on population and development, which can be very applicable for political and management decisions. It is important to engage public authorities at the stage of preparation of scope of work/terms of reference of such studies.

To: Country Office  
Priority level: High

**P&D Recommendation 2** (linked to P&D Programme Conclusions 2&6&7&8&9)  
Within the framework of the strategic area related to ageing, it is recommended to draw attention to family work, protection of property rights of senior people, activities that will ensure employment of senior retired people and contribute to overcoming ageing stereotypes.

To: Country Office  
Priority level: High

**HR Recommendation 1** (linked to HR Programme Conclusions 1-3 ).  
The Mobile Teams that provide help to those affected by the GBV survivors have become the flagship of the Fund in five oblasts. The teams have built a wide support network, to which they can refer their clients or they can receive information about violence cases from this network. However, in addition to regulatory acts on the mobile team work there is a need to develop the legal framework to clearly regulate the work of the law-enforcement agencies and social services in cases of gender-based violence. Moreover, there is a need to ensure financial support to the mobile teams operation after July 2017 as well as integration of their services to the public system or to have them divided between the local authorities and CSOs to make sure that they do not disappear once the funds run out.

To: Country Office  
Priority level: High

## **ANNEXES**

Annex 1	Terms of Reference
Annex 2	List of persons / institutions met
Annex 3	List of documents consulted
Annex 4	The evaluation matrix
Annex 5	Abbreviation and acronyms
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**Terms of Reference  
for the  
Evaluation of the 2<sup>nd</sup> UNFPA Country Programme for Ukraine  
(2012-2017)**

**INTRODUCTION**

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The United Nations Population Fund (UNFPA) UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to achieve universal access to sexual and reproductive health care, realize reproductive rights and reduce maternal mortality to improve the lives of women, adolescents and youth, enabled by profound analysis of population dynamics, observance and protection of human rights, and promotion of gender equality. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

UNFPA has been operating in Ukraine since 1996 through standalone projects mostly focusing on supporting the national family planning and reproductive health programmes and on developing systems for the prevention of sexually transmitted infections, including HIV infection. The first UNFPA Country Programme for Ukraine has been implemented in 2006-2011 and addressed three key programmatic areas of reproductive health, gender equality, and population and development. Starting from 2012, UNFPA and its national counterparts have been delivering the second UNFPA Country Programme for Ukraine that extends through 2017.

As the current programme cycle is approaching completion, the UNFPA Country Office in Ukraine, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Evaluation Office, is planning to conduct an independent evaluation of the second UNFPA Country Programme for Ukraine (2012-2017) as part of the Country Office monitoring and evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2013/5). The UNFPA country programme evaluation (CPE) will provide an independent assessment of relevance, performance and impact of UNFPA support provided to Ukraine during 2012-2016, as well as analysis of various facilitating and constraining factors influencing programme delivery. As per the evaluation policy, the CPE will serve three main purposes:

- demonstrate accountability to stakeholders on performance in achieving development results and on invested resources;
- support evidence-based decision-making;
- contribute important lessons learned to the existing knowledge base on how to accelerate the implementation of the ICPD Programme of Action.

The evaluation will focus on the achievement of planned results of the country programme at the output and outcome levels. The findings, analytical conclusions and recommendations of the CPE will be used as inputs for the development of the new UN-Ukraine development partnership framework and the new UNFPA Country Programme for Ukraine for 2018-2022.

The main audience and primary users of the evaluation are the UNFPA Country Office in Ukraine, national partners of UNFPA (including government agencies, civil society organizations and academic institutions), the UN Country Team in Ukraine and donors operating in Ukraine. The UNFPA Regional Office for Eastern Europe



and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by the UNFPA Country Office's Evaluation Manager with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation and the UNFPA Evaluation Office, and in consultations with the Evaluation Reference Group and country office staff. A team of competitively selected independent evaluators will conduct the CPE and prepare the evaluation report.

## CONTEXT

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### Country Profile

The political environment of Ukraine in 2010-2016 has been very complex and turbulent, with two presidential, two parliamentary and two local elections held, five Cabinets of Ministers taking office (and seven Ministers of Health). The mass protests of 2013-2014 (known as the Euromaidan Revolution) resulted in numerous human casualties due a series of violent clashes between the protesters, riot police and unknown shooters, and culminated in the ousting of President Victor Yanukovich and subsequent changes in the socio-political system of Ukraine, including constitutional changes and early elections. These events triggered the annexation of the Autonomous Republic of Crimea and city of Sevastopol by the Russian Federation, pro-Russian unrest in several south-eastern provinces of Ukraine, and the armed conflict in Donetsk and Lugansk provinces that currently still dominates the country's political agendas. In June 2014, the newly elected President Petro Poroshenko signed the EU-Ukraine Association Agreement thus defining the development vector for the country aspiring EU membership in the long run, and launching a complex European Agenda for Reform translated into the national Sustainable Development Strategy "Ukraine 2020" approved in January 2015. Ukraine has already succeeded in implementing reforms across key areas such as economy, financial and banking sector, law enforcement, education and science, although a lot remains to be done: one of the most important reforms still pending is health care reform. Meanwhile, public opinion polls have consistently demonstrated that the majority of Ukrainians are not satisfied with the scale, depth and pace of reforms. The culture of evidence-based programming, results-based management, and thorough monitoring and evaluation culture are still lacking in Ukrainian governance systems. There have been significant changes in the organizational structure of the Ukrainian government since 2011 and still ongoing, which influenced the UNFPA programme implementation.

The 2011 UNDP Human Development Report ranked Ukraine 76<sup>th</sup> out of 187 countries with a human development index of 0.729, which was lower than average for Eastern European countries. The 2015 Human Development Report ranked Ukraine 88<sup>th</sup> of 188 countries with a human development index increased to 0.747.

The second UNFPA Country Programme for Ukraine was developed in 2010-2011, a period when Ukraine, a lower middle-income Eastern European country, was slowly recovering from the effects of the global economic crisis of 2008-2009. After a decrease in GDP of 14.8% observed in 2009, by 2011 Ukraine was only able to return to the GDP figures of 2006 with an annual GDP growth rate of 4-5%. In 2012-2013 the Ukraine's GDP stagnated and then drastically decreased in 2014 following the deep political and economic crisis that has lingered since November 2013. However, according to the World Bank data, the per capita GDP for Ukraine (PPP) has demonstrated a moderate growing trend from \$8,282 in 2011 to \$8,666 in 2014, and is expected to further grow to \$9,358 for 2015 following a nearly triple devaluation of Ukraine's national currency in 2014-2015. In 2011, 24.3% of the Ukrainian population lived in poverty according to the national poverty criterion; this share is projected to increase to 25% in 2015. There are significant income inequalities; population groups most vulnerable to poverty include families with children, residents of small towns and rural areas, and older persons. There are no significant gender differences in poverty levels in Ukraine, except for single mothers, rural women and older women.

Since mid-1990s Ukraine has suffered through a demographic crisis, a combination of rapid depopulation and deterioration of people's health and wellbeing. The demographic situation of Ukraine features below replacement fertility, high mortality (especially among working-age men), relatively low longevity with solid gender disparities in life expectancy, population ageing and growing development and quality of life gap between rural and urban areas. In 2006 a strategy of demographic development of Ukraine has been adopted by the government for the period until 2015, with a respective action plan. While the strategy addressed the main national demographic issues and concerns, its implementation and monitoring have been a challenge due to poor costing, funding and follow-up from the government.

In the period 2010 to 2015, Ukraine's population has decreased from 45.8 to 42.8 million people (the latter figure excludes the population of the Autonomous Republic of Crimea and Sevastopol). The majority of Ukrainians (69%) live in urban settlements. The female to male ratio for Ukraine is roughly 54/46. The total fertility rate in Ukraine was 1.459 in 2011 and 1.498 in 2014, demonstrating an upward trend from the 2001 absolute low at 1.078. Fertility in rural areas is roughly 1.5 times higher than in towns and cities. As of 2009, 71% of Ukrainian families had only one child (61% in 2000), and many couples opted not to have children for economic reasons. The most prevalent family in Ukraine consisted of two persons (35.9 per cent), while families of three had a 30% share. Average life expectancy at birth in Ukraine has slightly increased from 71.02 years in 2011 to 71.37 years in 2014. It has long had significant gender disparities: 66.25 years for men and 76.37 years for women. The healthy life expectancy at age 60 is 13.8 years for both sexes. About one third of people in Ukraine would die early, before the age of 65. Some 55% of such early deaths in the working age are potentially preventable. The shares of older persons in Ukraine are 21.8% (60+) and 15.6% (65+). The average life expectancy at age 65 was 16.76 years for women and 12.81 years for men in 2014. The demographic load of below- (0-15) and above-working-age (60+) population groups on the working age population groups (16-59) is 607 per 1,000 with a significant prevalence of the above-working-age population. According to population projections, by 2050 every third resident of Ukraine will be over 60 years of age. Meanwhile, the number of children and working age population will decrease almost twice. Among older people, there will be 1.5 times more women than men. In 2012-2013 the officially registered external migration flows counted for some 1.5 million people annually, while the World Bank's estimates were closer to 3 million – Ukraine-Russia and Russia-Ukraine were the second and third world's largest migration corridors. The migration flows are poorly measured, especially after the loss of governmental control over national borders in eastern territories in 2014.

Ukraine has been unable to conduct a national population and housing census of the 2010 round. The existing population information is mainly based on the 2001 census data and vital statistics plus registered migration statistics thereafter. After a cut-off of population-related statistics flows from the Autonomous Republic of Crimea, Sevastopol municipality and non-government controlled areas in Donetsk and Lugansk provinces, and following the massive and mostly unmeasured displacement of people fleeing the conflict-affected territories, the accuracy of available population data in Ukraine became compromised. Ukraine plans to conduct the next national population census in 2020, however as of mid-2016 there were no preparations underway.

In the first decade of the new century, reproductive health of Ukrainians has been improving, except for rise of HIV infections and infertility. Coverage of pregnant women with antenatal care by health professionals stood at 98.5% and skilled attendance at birth at over 99%. The prevalence of labour and delivery complications was 33.3% in 2010, down from its peak of 69% in 1998. The maternal mortality ratio in Ukraine was 23.5 deaths per 100,000 live births in 2010, and went down to 15.2 in 2014, though remaining well above the European Union averages. In 2014, the main causes of maternal deaths were extra genital pathology (22.7%), sepsis (19.7%), pulmonary embolism (16.7%) and haemorrhage (15.2%). Cases of maternal deaths were usually investigated in a prosecuting manner without examination of the root causes and factors other than clinical. The infant mortality rate was 9.1 per 1,000 live births in 2010 and decreased to 7.8 per 1,000

live births in 2014. Previous achievements in family planning contributed to a decrease in the abortion rates in Ukraine, from 34.1 abortions per 1,000 women of reproductive age in 2000 to 15.1 in 2010, then down to historical low of 10.4 in 2014 and up to 15.1 again in 2015. Modern contraceptives are widely available in Ukraine through commercial outlets, though their financial affordability has significantly decreased as most of them are imported. According to the 2012 MICS, 40% of women of reproductive age used a modern contraception method, and the total unmet need for contraception was 4.9%.

Before the commencement of the 2<sup>nd</sup> UNFPA Country Programme for Ukraine, the country has had the highest HIV adult prevalence rate (1.3%) among countries of Europe and Central Asia. The HIV epidemic was initially concentrated among young people who use injecting drugs and sex workers, but sexual transmission is increasing among the general population. The mother-to-child HIV transmission rate was 6.2%. Only around one half of the Ukrainian young people aged 15-24 years had correct comprehensive knowledge of HIV/AIDS: 44.8% among women and 42.8% among men. Furthermore, knowledge on HIV infection prevention, reproductive health, substance abuse, including alcohol and tobacco seldom transformed into safe behavioural practices. Youth at primary schools, college and university students were not covered by any systematic prevention interventions facilitated at the national level. Lack of training curricula and well-trained teachers has limited the implementation of consistent and comprehensive HIV awareness programmes in Ukrainian schools: only 58.7% of schools had teachers able to provide students with a good knowledge for developing life-saving skills.

Ukraine made significant progress on its way to achieving gender equality by establishing the core elements of an appropriate legal and institutional framework. Ukraine has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol, and has endorsed the Beijing Platform of Action adopted at the Fourth World Conference on Women (1995). Nevertheless, due to ineffective implementation of the various legal instruments and the persistence of stereotypical notions regarding the status and roles of men and women, true gender equality is far from being a reality in Ukraine. The majority of the MDG 3 targets for Ukraine have not been achieved in full, despite the availability of institutional and financial resources to deliver gender equality programmes. The most challenging tasks of increasing women's representation in the Parliament (8% in 2010 and 12% in 2014) and reducing the gender pay gap (77.8% in 2010 and 76.3% in 2014) remained unfulfilled. While reliable national statistics are scarce, a sociological research commissioned by UNFPA in 2014 revealed that 19% of women of reproductive age survived at least one episode of physical violence since age of 15, and 8% suffered sexual violence. More than two thirds of violence survivors never sought assistance. The gender inequality index value for Ukraine was 0.335 in 2010, ranking the country 57<sup>th</sup> of 187 countries, and improved to 0.286 in 2014, although the country rank remained the same.

The armed conflict in eastern Ukraine (several areas in Donetsk and Lugansk provinces), has led to massive and severe violations of human rights, resulted in large-scale population displacements and dramatically changed the domestic policy environment of Ukraine since spring 2014. Among the largest and most vulnerable population groups suffering from consequences of internal displacement are women and older persons who make up the majority among internally displaced persons (IDPs), but also among those who remained at their homes: in some villages along the contact line women account for the majority of the adult population and lead almost 30% of households. The UN Humanitarian Country Team in Ukraine delivers a consolidated humanitarian response helping conflict-affected people and communities cope with their hardships and return to normal life. In the humanitarian response architecture, UNFPA is working as part of the Health and Protection Clusters chairing and supporting the work of the gender-based violence (GBV) sub-cluster at the central level and in the field. The national capacity gaps in monitoring the humanitarian situation based on a solid methodology and objective indicators, as well as in gauging the needs of conflict-affected population groups, became exposed. The lack of evidence, including population data, compromises

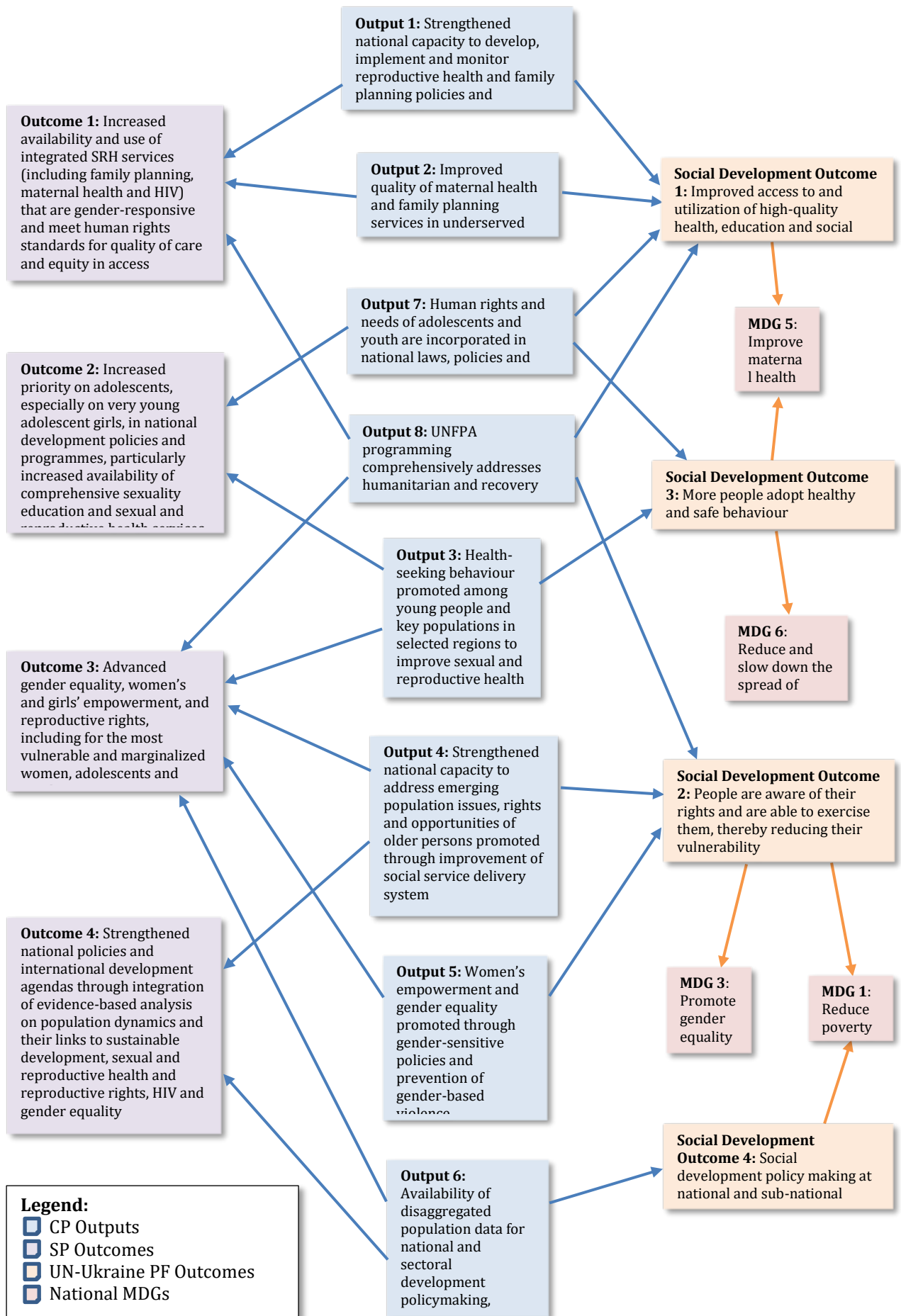
the quality of humanitarian response. This lack of data is being addressed mostly by non-state humanitarian actors.

### **UNFPA Country Programme Background and Design**

The legal basis for the relationship between the Government of Ukraine and UNFPA is set forth by the Standard Basic Assistance Agreement (SBAA) between the Government of Ukraine and the United Nations Development Programme (UNDP) dated 18 June 1993 and the exchange of letters between the Government represented by the Ministry of Foreign Affairs of Ukraine and UNFPA dated 22 March 2006, whereby the SBAA provisions are applied to UNFPA activities and personnel, *mutatis mutandis*.

The 2<sup>nd</sup> UNFPA Country Programme Document for Ukraine (DP/FPA/DCP/UKR/2) has been approved by the UNDP/UNFPA/UNOPS Executive Board at its second regular session in September 2011. The programme initially covered the period from 2012 to 2016, but has been extended at no cost for 1 year through 2017 (DP/FPA/2015/14) following the respective extension of the UN-Ukraine Partnership Framework. The UNFPA financial commitment over 5 years towards the programme was approved at \$5 million from regular resources (\$3.75 million for reproductive health and rights component, 0.5 million for population and development component, \$0.5 for gender equality component and \$0.25 for programme coordination and assistance). UNFPA also committed to mobilize \$1.5 million from other resources to co-fund the programme. The Country Programme Action Plan (CPAP) was developed to operationalize the programme jointly by UNFPA and its key national counterparts. Although the CPAP has been substantively endorsed by the line ministries of Ukraine through exchange of letters, the document has not been officially signed by the government coordinating agency (Ministry of Economic Development and Trade of Ukraine) for international technical assistance because of the position of the Ministry of Justice of Ukraine that considered the CPAP an international treaty of Ukraine requiring ratification by the Parliament of Ukraine (the same situation relates to the CPAP of the UN Development Programme). The issue of signing the UNFPA CPAP has not been resolved despite escalating it to the level of UNFPA Headquarters and Ukraine's Permanent Mission to the United Nations.

The country programme development was guided by the UNFPA Strategic Plan for 2008-2013 that defined three broad programmatic areas: reproductive health and rights, population and development, and gender equality, to all of which the programme contributed. The initial programme results framework has incorporated the outcomes of the UN-Ukraine Partnership Framework for 2012-2017 as programme outcomes. Following the mid-term review (2011) of the UNFPA Strategic Plan (DP/FPA/2011/11), UNFPA globally adopted a set of seven interrelated outcomes no longer strictly associated with the three previous programmatic areas, and the country programme results framework was subsequently realigned in 2012 to reflect the programme contributions to the revised corporate outcomes. More specifically, the country programme contributed to Strategic Plan's outcomes 1, 3 and 7. The new UNFPA Strategic Plan for 2014-2017 is organized under 4 global outcomes and 15 outputs, and the country programme was realigned again to link its outputs to the outputs and outcomes of the new Strategic Plan. During this process, in December 2014 two new outputs were added to reflect the programme contributions to youth policy development and humanitarian and recovery response. These changes of programme reference framework need to be taken into account during the CPE. The latest realigned linkages of the country programme results to the UNFPA Strategic Plan 2014-2017, the UN-Ukraine Partnership Framework for 2012-2017 and the national Millennium Development Goals are displayed in the effects chart below, while main programme interventions categorized by broad programme areas follow the chart.



In the programmatic area of **reproductive health and rights**, UNFPA supported the establishment and operationalization of a multi-stakeholder Reproductive Health Partners Group, introduction of a Total Market Approach to expand access to SRH products, reform of perinatal health care and training of staff of perinatal health care centres, development of new clinical guidelines on SRH, implementation of the WHO “Beyond the Numbers” methodology, development of youth-friendly services network, clinical training on family planning and youth-friendly approaches, production of information, education and communication materials on SRH and family planning, development and rollout of a “Grow Healthy” safe behaviour training curriculum in vocational schools, prevention of STI/HIV among truck drivers, training on syndromic approach to STI diagnostics and treatment, market analysis and affordability survey for contraceptives, training on MISIP for health and emergency services, production of educational videos on HIV prevention and safe behaviour for young people for web TV channels, integration of HIV and SRH/FP services for women who use injectable drugs, and provided large supplies of condoms for youth-friendly clinics across Ukraine.

To promote **gender equality**, UNFPA provided support to the implementation of the national programme on ensuring equal rights and opportunities for women and men, analysis of current legislation for gender equality provisions and their implementation, contributed to achieving gender equality in the national labour legislation and closing the pay gap between women and men, developed and delivered a public awareness and communication campaign “Four Hands Happiness” to promote equal distribution of domestic duties between women and men, provided on-site advisory and policy support to the Ministry of Social Policy of Ukraine, consistently ensure Ukraine’s participation in the sessions of the UN Commission on the Status of Women, improved national CEDAW reporting and sensitized parliamentarians on Istanbul Convention, supported the “16 days of Activism against Gender Violence” campaigns, developed and institutionalized an advanced training curriculum on gender analysis and mainstreaming for civil servants, and contributed to the development and review of the National Human Rights Strategy. UNFPA has chaired the UN Gender Working Group during 2011-2015.

To help Ukraine better address the needs and rights of **young people**, UNFPA supported a youth survey to inform youth policy development, and provided expert assistance to the development of the youth policy. UNFPA established a partnership with the Kremenchug municipality and Youth Parliament of Kremenchug to foster young people’s participation in decision making, which has resulted in numerous joint activities, like national youth fora and most recently a youth meeting on Sustainable Development Goals.

In the area of **population and development**, UNFPA focused its work on integrating population and development linkages in various development agendas and frameworks, and on strengthening national response to population ageing as the most remarkable demographic process of nowadays in the country. More specifically, UNFPA provided technical support for the preparation of the 2010 national census before it was cancelled by the government due to lack of budgetary funding, organized and commissioned a number of studies on most pertinent demographic processes and features (including data collection to guide humanitarian response), promoted the ICPD agenda in the work of the UN Country Team in Ukraine, ensured Ukraine’s participation in the global Post-2104 review process, assisted Ukraine in the implementation of and progress reporting on the Madrid International Plan of Action on Ageing, and contributed to the improvement of selected social services for older persons.

In the framework of **humanitarian response**, UNFPA established and operationalized a GBV Sub-Cluster under the Protection Cluster of the Humanitarian Country Team’s architecture, provided hygienic kits and warm clothing to IDPs most in need, including older persons, beds for residential care institutions that hosted older and disabled persons evacuated from the armed conflict-affected areas, organized youth summer camps for young people moved from Lugansk province and delivered safe behaviour communication programmes to them, conducted a needs assessment among IDPs focused on the needs of women and older persons, helped the municipality of Berdyansk in developing a project proposal to meet the growing need in social services of

this southern city that had received a large population of IDPs, provided RH kits to health care facilities in the conflict-affected areas to improve the quality and coverage of SRH services in humanitarian settings, and launched a complex programme of support to enhance national response to GBV in 5 provinces of Ukraine most affected by the armed conflict in the east, and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflicts.

### **UNFPA Country Programme Management**

The country programme is managed by the UNFPA Country Office in Ukraine led by a UNFPA Representative, with guidance and advisory support from the UNFPA Regional Office for Eastern Europe and Central Asia. The country office's programme unit comprises an assistant representative, programme officers for sexual and reproductive health, gender equality, HIV/AIDS, and population and development, youth and communications assistant, and most recently a communications officer. The operations unit consists of an administration and finance associate and a project associate. The humanitarian response programme is managed by a dedicated programme team located both in Kyiv and in the field. The programme is coordinated with the work of other UN agencies through the UN Country Team meetings and various UN working groups.

In 2012-2015 the country programme has been implemented through a direct execution (DEX) modality, i.e. the UNFPA Country Office in Ukraine was operationally implementing the programme activities in consultations with the national counterparts. The programme was mostly focused on collaboration with the governmental partners at the central level. Starting in summer 2015, UNFPA has also worked through national non-governmental implementing partners to deliver the humanitarian assistance programme.

In November 2015, the UNFPA Country Office in Ukraine hosted a UNFPA Internal Consulting Group's multi-disciplinary mission to review the programme delivery in the new changing and challenging environment, support the application of the resilience-based approach to country programming and identify opportunities for bridging the humanitarian and development interventions of UNFPA in the future.

### **OBJECTIVES AND SCOPE OF THE EVALUATION**

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In a nutshell, the country programme evaluation will contribute to the accountability of UNFPA for results, analyze the relevance and performance of the UNFPA Country Programme for Ukraine (2012-2017), as well as strategic positioning of the UNFPA Country Office in Ukraine during its implementation, facilitate organizational learning and support evidence-based programming. The CPE will assess the programme's contribution to achieving the development results at the country level, including constraining and facilitating factors of programme design and performance. **The evaluation will apply appropriate methodology for assessing the equity and vulnerability, gender equality and human rights in development and humanitarian programme.** It will be based on the guiding principles, norms and standards for evaluations adopted at UNFPA, and will use specific evaluation criteria and evaluation questions. The **overall objectives** of the evaluation are:

- Enhanced accountability of UNFPA to its donors, partners and other stakeholders for the relevance and performance of the country programme;
- Broadened evidence base, including lessons learned and practical recommendations, for the design of the next UNFPA programme cycle for 2018-2022.

The CPE results will also inform and improve the ongoing programme in 2017, the last year of its cycle, and will help UNFPA to become a better fit-for-purpose organization. Towards the achievement of the overall objectives, the evaluation will have the following **specific objectives**:

- To provide the UNFPA national stakeholders, UNFPA Country Office in Ukraine, UNFPA EECARO, UNFPA Headquarters, as well as wider audience, with an independent assessment of the relevance and

performance of the 2<sup>nd</sup> UNFPA Country Programme for Ukraine for 2012-2017, vis-à-vis the expected outputs and outcomes set forth in the programme results framework;

- To provide an assessment of the UNFPA country office's positioning within the development community and national partners, with regard to its ability respond to national needs while adding value to the country's development;
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

The evaluation will cover all activities planned and/or implemented during the period 2012-2017 within each programme area (reproductive health and rights, youth, population and development, gender equality and humanitarian response). Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects. The CPE should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2008-2013 and 2014-2017, the UN-Ukraine partnership Framework for 2012-2017, and national development priorities and needs. The evaluation will reconstruct the programme intervention logic and assess the extent to which the ongoing country programme has chosen the best possible modalities for achieving the planned results in the current development context. The evaluation will examine the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value, and will cover both the development and humanitarian interventions.

Based on the conclusions and recommendations of the CPE evaluation, the UNFPA country office will prepare a formal management response to ensure that all CPE recommendations are considered and/or acted upon.

## **EVALUATION CRITERIA AND EVALUATION QUESTIONS**

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In accordance with the methodology for CPEs as set out in the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation" (2012), the evaluation will be based on finding answers to a number of questions covering the following evaluation criteria:

### **Relevance**

- To what extent are the objectives of the programme 1) adapted to the needs of women, adolescents and youth, people at risk of HIV infection, and older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework, as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?
- To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?

### **Effectiveness**

- To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of the planned outcomes and what was the degree of achievement of the outcomes?
- What were the constraining and facilitating factors and the influence of the development context on the achievement of results?

### **Efficiency**



- Were the outputs achieved reasonable for the resources spent (funds, expertise, time etc.)? Could more or better results have been produced with the same resources? Could different interventions have solved the same problems at a lower cost?
- To what extent the country office made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of programme outputs?

### **Sustainability**

- Are programme results sustainable in short and long-term perspectives?
- To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

### **UNCT and HCT Coordination**

- To what extent did UNFPA contribute to coordination mechanisms in the UN system (UNCT and HCT) in Ukraine?
- To what extent does the UN-Ukraine Partnership Framework reflect the interests, priorities and mandate of UNFPA in Ukraine?
- To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Ukraine?

### **Added value**

- What are the main UNFPA comparative strengths in Ukraine, particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the country office features?
- To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?
- What is the main UNFPA added value in Ukraine's context as perceived by national stakeholders?

The generic questions listed above are provisional. The final list of questions, limited to a maximum of 10, will be agreed upon at the evaluation design phase following consultations with the Evaluation Reference Group, and presented in the evaluation design report.

## **EVALUATION METHODOLOGY AND APPROACH**

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### **Data Collection**

The evaluation will use a multiple-method approach to data collection (with preference to be given to quantitative methods), including documentary review, group and individual interviews, focus groups and field visits to programme sites as appropriate. The collection of evaluation data will be carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions. The evaluators will be required to take into account ethical considerations when collecting information.

### **Retrospective and Prospective Analysis**

Evaluators may assess the extent to which programme results effects have been already achieved, but also look into the prospects, i.e. the likelihood of results being achieved. Evaluators are expected to conduct retrospective assessments for the most part, analysing *what* has happened and the reasons *why*, but prospective assessments are also an option. However, whenever evaluators choose to conduct prospective

assessments they should explicitly indicate it in the methodological chapters of the design and final reports. Evaluators should also explain the reason why a prospective assessment has been chosen.

### **Validation Mechanisms**

The evaluators will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the UNFPA programme staff and the Evaluation Reference Group. Counterfactual analysis is to be applied wherever possible to explore the cause-to-effect relationships within the programme being evaluated.

### **Stakeholder Participation**

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluators will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil society organizations, the private sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

An Evaluation Reference Group (ERG) will be established by the UNFPA Country Office in Ukraine comprising key programme stakeholders (national governmental and non-governmental counterparts, UNFPA Regional Advisor on Monitoring and Evaluation, Evaluation Manager from the UNFPA Country Office in Ukraine). The ERG will review and provide inputs to the CPE terms of reference, including list of evaluation questions, provide inputs for selecting the evaluators, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the final report at the draft stage.

## **EVALUATION PROCESS**

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The country programme evaluation will be implemented in five sequential phases, each of them including several steps, with respective deliverables as follows:

### **1. Preparation**

This phase, managed by the UNFPA Country Office in Ukraine, will include:

- Drafting of country programme evaluation (CPE) terms of reference (ToR)
- Establishing an Evaluation Reference Group (ERG)
- Receiving comments from the ERG on the CPE ToR
- Receiving comments on the CPE ToR from the UNFPA EECARO
- Receiving approval of the CPE ToR from the UNFPA Evaluation Office
- Selecting potential evaluators
- Receiving pre-qualification of potential evaluators from the UNFPA Evaluation Office
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader
- Preparing the initial set of documentation for the CPE, including list of Atlas projects and stakeholder map

The preparation phase may include a short *scoping mission* to the UNFPA Country Office in Ukraine located in Kyiv by the Evaluation Team Leader to gain better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, identify potential sites for field visits etc.

### **2. Design**

During the design phase, the Evaluation Team will perform the following tasks:

- Documentary review of all relevant documents available at the UNFPA Country Office in Ukraine, Regional Office and Headquarters levels regarding the UNFPA Country Programme for Ukraine for 2012-2017
- Mapping of stakeholders relevant to the CPE, including state and civil society stakeholders and indicating the relationships between different sets of stakeholders; the stakeholder map will be used for stakeholder sampling for data collection
- Reconstruction of the intervention logic of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme
- Finalization of the list of evaluation questions and preparation of the *evaluation matrix*
- Development of a data collection and analysis strategy, as well as a concrete workplan for the field phase

Once all the interviewees and field trips have been identified by the evaluators, the UNFPA Evaluation Manager (together with the country office staff) will set a preliminary agenda for the field phase and run the required logistical arrangements.

At the end of the design phase, the evaluation team will produce an evaluation design report summarizing the results of the above-listed steps and tasks. This report must demonstrate how the evaluators have understood the purpose and objectives of the CPE, its scope and criteria, the country's development context and programme intervention logic, selected evaluation questions, and should convincingly illustrate how the evaluators intend to carry out the evaluation and ensure its quality.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the UNFPA Evaluation Manager and the ERG before the CPE field phase commences.

### **3. Fieldworks**

After the design phase, the Evaluation Team will undertake a two-week mission in Ukraine to collect and analyse the data required in order to answer the evaluation questions consolidated at the design phase, and to analyze the findings with a view to formulate the preliminary conclusions and recommendations of the evaluation. At the end of the field phase, the Evaluation Team will provide the UNFPA country office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating these preliminary findings and testing tentative conclusions and/or recommendations.

### **4. Reporting**

During this phase, the Evaluation Team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the country office at the debriefing meeting. This *first draft final report* will be submitted to the Evaluation Reference Group for written comments. Comments made by the ERG and consolidated by the UNFPA Evaluation Manager will then allow the Evaluation Team to prepare a *second draft final evaluation report*. A formal evaluation quality assessment (EQA) will take place at the reporting phase.

This second draft final report will be disseminated among key programme stakeholders (including key national counterparts) and presented in a stakeholder workshop for final comments. The *final report* will be drafted shortly after the workshop, taking into account comments made by the programme stakeholders.

### **5. Dissemination and Follow-Up**

During this phase, the country and regional offices, as well as relevant divisions at UNFPA headquarters will be informed of the CPE results. The evaluation report, accompanied by a document listing all recommendations, will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once filled, this document will become the *management response* to the evaluation. The UNFPA Country Office in Ukraine will provide the management response within six weeks of the receipt of the final evaluation report.

The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks since their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

## EXPECTED OUTPUTS / DELIVERABLES

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The Evaluation Team will produce the following deliverables during their evaluation assignment:

- Design report (MS Word/Excel as required, 50 pages maximum) including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) reconstructed programme intervention logic, and d) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase
- Debriefing presentation document (MS PowerPoint) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the country office during the debriefing meeting at the end of the field phase
- First and second draft final evaluation reports, second draft taking into account potential comments from the Evaluation Reference Group
- Evaluation presentation document (MS PowerPoint) for the dissemination workshop to be held in Kyiv during the CPE reporting phase
- Final report (MS Word, 70 pages maximum plus annexes) taking into account all the comments made during the dissemination workshop

All deliverables will be drafted in English. All reports should follow the structure and detailed outlines provided in the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. This reference document, as well as relevant graphs and tables for the design and final evaluation reports, is accessible at <http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>.

The final evaluation report and its presentation document will be translated into Ukrainian by the UNFPA Country Office in Ukraine.

## WORKPLAN / INDICATIVE TIMEFRAME

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The table below indicates the specific activities and milestones of the CPE process, their target dates and responsibilities for their completion/achievement.

	PHASES/DELIVERABLES	RESPONSIBLE	PARTNERS	DEADLINE
Preparation	Establishment of Evaluation Reference Group (ERG)	Evaluation Manager (EM), programme staff,	Key programme stakeholders	15 Aug 2016

		Personal Asst to the Rep		
	Finalization of ToR with inputs from programme staff (PS), ERG and RO M&E Adviser (M&EA); ToR approval by Evaluation Office (EO)	EM, ERG, PS	Rep, M&EA, EO	15 Sept 2016
	Selection of potential evaluators with inputs from RO M&E Adviser; pre-qualification of potential evaluators by EO; recruitment of external evaluators	EM, Administration and Finance Associate (AFA)	AFA, M&EA, EO	1 Nov 2016
	Compilation of initial list of documentation, stakeholder mapping and list of Atlas projects	EM, PS	AFA	1 Jul 2016
Design	Preparation and submission of a design report	Evaluators	EM, M&EA, PS, ERG	12 Dec 2016
	Review and approval of design report	Rep, EM	M&EA, PS	15 Dec 2016
Fieldworks	Data collection and analysis, including field trips as required	Evaluators	EM, PS, ERG, AFA	6, Jan 2016
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	Evaluators	EM, PS, ERG	16 Jan 2017
Reporting	Production of the first draft final report	Evaluators	EM	23 Jan 2017
	Written feedback by the ERG	ERG	EM	25 Jan 2017
	Production of the second draft final report	Evaluators		27, Jan 2017
	EQA of the second draft final report	EM	Rep, M&EA	30, Jan 2017
	Production of the final report	Evaluators		31, Jan 2017
	EQA of the final evaluation report	EM, M&EA	Rep	05, Feb 2017
Dissemination and Follow-up	Final EQA	EO	EM, M&EA	10, Feb 2016
	Management response submission	Rep	EM, PS	10 Feb 2017
	CPE report, final EQA and Management response published on CO website and UNFPA evaluation database	EM, Communications Officer	EO	15, Feb 2017

## COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be carried out by a competitively selected independent Evaluation Team consisting of an Evaluation Team Leader and two Evaluators who are external to UNFPA. The team members will combine knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA development and humanitarian programme .

The **Evaluation Team Leader** will hold the overall responsibility for the design and implementation of the CPE process. She/he will be responsible for the production and timely submission of all expected deliverables of the CPE, including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the Evaluation Team and ensure quality of the evaluation products. The Evaluation Team Leader will be

responsible for covering at least one programmatic area of the CPE. The Evaluation Team Leader should have the following qualifications:

- Advanced degree in social sciences, political science, public administration, economics or related fields
- Minimum 7 years of experience in leading complex evaluations, preferably in development aid for UN agencies or international development organizations
- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, youth policies)
- Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets
- Familiarity with UN and/or UNFPA mandate and activities
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams
- Excellent analytical, communication and writing skills
- Excellent command of both spoken and written English is required. Working knowledge of Russian/Ukrainian a plus.

Two evaluators (consultants), who will each provide expertise in one programmatic area of the evaluation. The evaluators will take part in the data collection and analysis work, and 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 evaluators in the CPE process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluators will include:

- Advanced degree in social sciences, political science, public administration, economics or related fields
- Minimum 3 years of experience in evaluation
- Expertise in one of the programmatic areas covered by the evaluation (complementary to the specialization of the Evaluation Team Leader)
- Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets
- Familiarity with UN and/or UNFPA mandate and activities
- Strong interpersonal skills and ability to work in a multi-cultural team
- Excellent analytical, communication and writing skills in English
- Excellent command of both spoken and written English and Ukrainian is required

All Evaluation Team members should have in-depth knowledge of UNFPA programmatic areas and issues and challenges in the country. All must be committed to respecting deadlines of delivering outputs within the agreed timeframe. All should be knowledgeable of issues pertaining to gender equality and human rights. The team might be assisted by a translator/interpreter, according to its needs

The work of the Evaluation Team will be guided by the Norms and Standards established by the UN Evaluation Group. 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.

## **REMUNERATION AND DURATION OF CONTRACT**

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The provisional allocation of workdays among the evaluation team will be the following:

<b>Evaluation Phase</b>	<b>Team Leader</b>	<b>Evaluator 1</b>	<b>Evaluator 2</b>
Design	5	5	5

Fieldworks	<b>15</b>	<b>15</b>	<b>15</b>
Reporting, including	<b>30</b>	<b>12</b>	<b>12</b>
<i>Contribution to first draft report</i>	<i>10</i>	<i>10</i>	<i>10</i>
<i>Consolidation and finalization of the final report</i>	<i>15</i>	<i>2</i>	<i>2</i>
<b>Total</b>	<b>50</b>	<b>32</b>	<b>32</b>

The exact number of workdays and workload distribution will be proposed by the Evaluation Team in the evaluation design report, subject to approval by UNFPA. Workdays will be distributed as necessary between the contract signing date and 15, February 2017.

Payment of the evaluation consultancy fees will be made in three tranches against the following milestones:

- 25%           Upon approval of the evaluation design report by UNFPA
- 50%           Upon acceptance of the first draft final evaluation report by UNFPA
- 25%           Upon acceptance of the final evaluation report by UNFPA

Daily subsistence allowance for the evaluators will be paid in accordance with the current UNFPA Duty Travel Policy using the applicable UN rates for the place of mission. Travel costs will be settled separately from the consultant fees.

## **MANAGEMENT AND CONDUCT OF THE EVALUATION**

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The CPE will be guided by these terms of reference approved by the UNFPA Evaluation Office, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The CPE will be conducted by an independent **Evaluation Team** whose members are pre-qualified by the UNFPA Evaluation Office, but will be managed by the UNFPA Country Office in Ukraine.

The UNFPA Assistant Representative in Ukraine will be designated as the **Evaluation Manager** and will perform as country office’s primary focal point for the evaluation exercise, with overall guidance from the UNFPA Representative in Ukraine. The Evaluation Manager will support the Evaluation Team in designing the evaluation, will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The Evaluation Manager provides Evaluation Quality Assessment for the final draft evaluation report and the final evaluation report in consultations with the Regional Monitoring and Evaluation Adviser, approves the CPE deliverables and sends the final CPE report and EQA to the UNFPA Evaluation Office. The Evaluation Manager also ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations, and leads the preparation of the management response to the evaluation.

The Evaluation Manager will be assisted by the **Evaluation Reference Group** composed of the programme officers from the UNFPA country office, representatives of key national counterparts in Ukraine, Monitoring and Evaluation Adviser from the UNFPA Regional Office for Eastern Europe and Central Asia, as well as representatives from relevant services of UNFPA Headquarters. The role of the reference group will be of a technical nature. Its main tasks will be to:

- Discuss the CPE terms of reference drawn up by the Evaluation Manager
- Provide the evaluation team with relevant information and documentation on the programme under assessment
- Facilitate the access of the Evaluation Team to key informants during the field phase
- Discuss and provide comments on the reports produced by the Evaluation Team
- Advise on the quality of the work done by the Evaluation Team

- Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation

The UNFPA country office will provide the Evaluation Team with all the necessary documents, reports and references to web-based materials. The UNFPA country office's management and staff will make themselves available for interviews and technical assistance as appropriate. The country office also commits to provide logistical support to the evaluators in terms of making appointments and arranging travel and site visits as may be required. Access to office space and IT infrastructure may be provided if needed.

The Evaluation Manager, Evaluation Team and Evaluation Reference Group will communicate mostly via e-mail, although "virtual" meetings (via tele or videoconference) may also be convened.

## **BIBLIOGRAPHY AND RESOURCES**

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1. UNFPA Ukraine website (<http://www.unfpa.org.ua/>)
2. UNFPA Country Programme Document for Ukraine for 2012-2017
3. UNFPA Country Programme Action Plan for 2012-2017
4. United Nations – Ukraine Partnership Framework for 2012-2017
5. UNFPA Strategic Plan (2008-2013) and its Mid-Term Review
6. UNFPA Strategic Plan (2014-2017)
7. UNFPA Work Plans for 2012-2016
8. Handbook "How to Design and Conduct a Country Programme Evaluation at UNFPA" (<http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)
9. UNFPA Evaluation Webpage (<http://www.unfpa.org/evaluation>)
10. National MDG Final Report (2015)
11. UNDP Human Development Reports for Ukraine (2010-2015)
12. Strategy of demographic development of Ukraine 2006-2015
13. National RH programme for 2011-2015;
14. National programme of ensuring equal rights and opportunities for women and men
15. National ICPD@15 report
16. National Progress Report on the Implementation of the Madrid International Plan of Action on Ageing (2012)
17. Ukraine MICS Final Report (2012)
18. UN Humanitarian Response Plans (2015, 2016)

## **ANNEXES**

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- Ethical Code of Conduct for UNEG/UNFPA Evaluations
- List of Atlas projects for the period under evaluation
- Information on main stakeholders by areas of intervention
- Short outlines of the design and final evaluation reports
- Evaluation Quality Assessment template and explanatory note
- Management response template



## **ETHICAL CODE OF CONDUCT FOR UNEG/UNFPA EVALUATIONS**

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Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. 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-setting/programming, design or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests 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.
2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see the UNEG Ethical Guidelines and Norms for Evaluation in the UN system:

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

[http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc\\_id=21](http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21)

**[Please date, sign and write "Read and approved"]**

1. Balabolka, Yirii - Donetsk regional centre for social service for family, children and youth, Director.
2. Barteneva, Alla - Mobile Brigade 18, Coordinator; Psychologist.
3. Belyaeva, Iryna - Ministry of Youth and Sports of Ukraine, Department of Youth Policy, Head of Department.
4. Bilynska, Maryna - National Academy of Public Administration under the President of Ukraine, Vice-President.
5. Bodnaruk, Nataliia - Ministry of Health (Office on the health care to mothers and children), Chief.
6. Bohdanova, Nataliia - Ministry of Social Policy of Ukraine, Department of Family, Gender Policy and combating human trafficking, Director of the Gender Policy Department.
7. Borodayeva, Olena - Mobile Brigade in Kramatorsk, Psychologist
8. Botsiura, Dmytro - Obstetrician-gynaecologist (Vinnytsia city).
9. Calancea, Constantin - UNAIDS, Rights, Gender, Country Community Mobilization Adviser (or approach Olena Sherstyru, as a gender focal point).
10. Chirva, Valentyna - Regional Health Department representative (Kropyvnutskiy city).
11. Deeva, Anastasiia - Ministry of Internal Affairs, Deputy Minister.
12. Dihtiar, Myroslava - Ukrainian Parliament Commissioner for Human Rights, Chair of the Department for Observance of the Rights of Child, Non-discrimination and Gender Equality.
13. Diomina, Iryna - Donetsk regional centre for social and psychological assistance, Director.
14. Dobrukha, Larysa - Ukrainian Association of International Road Transport Workers.
15. Doroshenko, Serhii - Chief obstetrician-gynecologist of Donetsk region.
16. Dzyimak, Oleksandr - Mobile Brigade in Kramatorsk, Coordinator.
17. Dzyimak, Volodymyr - Donetsk regional centre for social service for family, children and youth, Deputy Director.
18. Fedorovych, Nataliia - Ministry of Social Policy of Ukraine, Deputy Minister; Department of Family, Gender Policy and combating human trafficking, Director.
19. Filipishina, Oksana - Ukrainian Parliament Commissioner for Human Rights, Representative of the Commissioner, Department for Observance of the Rights of Child, Non-discrimination and Gender Equality, Director.
20. Gerasimenko, Hanna - Institute for Demography and Social Studies, Lead Researcher.
21. Gladun, Oleksandr - Institute for Demography and Social Studies, Deputy Director.
22. Glushchenko, Maryna - Mobile Brigade in Sloviansk, Coordinator.
23. Gorlova, Iryna - SMD Co, CEO.
24. Gvozdetska, Olga - Ukrainian network of HIV-positive people, Director on Innovations and Development.
25. Hack, Iryna - Ukrainian State Institute of Reproduction named by P.L.Shupyk, Head of Office; Chief Specialist on reproduction issues of the Ministry of Health of Ukraine.
26. Haponova, Luidmila - Chief obstetrician-gynaecologist of Kharkiv region.
27. Horbunova-Ryban, Svitlana - Kharkiv city Council, Deputy Head of Kharkiv city Council on health care and social protection issues.
28. Iesayeva, Nataliia - Ligalife-Ukraine Charitable Organization, Head of NGO.
29. Ivannikov, Vadym - Kramatorsk City Hospital, Chief Doctor.
30. Kalashnyk, Olha - La Strada-Ukraine, Vice-President.
31. Kalayda, Serhii - Mobile Brigade 18, Driver; Social Worker.
32. Karbowska, Nataliia - Ukrainian Women's Fund International charitable organization, Head of the Board.
33. Khadzhyanova, Nataliia - Obstetric care assistance of the Office on the health care to mothers and children, Medical Department, Deputy Head.
34. Kim, Olesya - Mobile Brigade 19, Psychologist.

35. Kochemyrovska, Olena - UNFPA regional Coordinator (Donetsk region).
36. Kolkovska, Iryna - Ukrainian Women Foundation (Women in conflict Photo exhibition).
37. Kolomiichyk, Valentyna - Ministry of Health (Office on the health care to mothers and children), Former Chief.
38. Kolos, Larysa - School of Equal Possibilities International Organization, Founder/Head.
39. Kostenko, Nataliia - Donetsk State Administration, Department of family and youth, Deputy Head.
40. Kovtun, Evgeniia - Prebirth centres programme, Chief Coordinator.
41. Krasnoyarskaya, Yelizaveta - Mobile Brigade in Sloviansk, Psychologist.
42. Kurylo, Iryna - Ukrainian Centre for Social Reforms CSO, Expert; Institute for Demography and Social Studies, Head, Division for Demographic Processes and Policy Research.
43. Kuznetsova, Daria - Peopole in Need, Department of psychological assistance (Sloviansk), Coordinator.
44. Leshchuk, Nataliia - Equitable to Equal All-Ukrainian Charitable Association, Chair of the Board.
45. Loi, Valentina - Department for International affairs and Integration, Deputy Head.
46. Maistruk, Halyna - Women's Health and Family Planning Foundation, Chair of the Board.
47. Matviichuk, Iryna - Major of the Police, Senior district police officer of Sloviansk police department in Donetsk region.
48. Meshkova, Olena - Ohmatdyt, Deputy Chief Physician.
49. Mironyuk, Ivan - Uzhgorod regional center for prevention and fight against AIDS, Chief Physician.
50. Nizova, Nataliia - Ukrainian Centre for control over the socially dangerous diseases State institution of Ministry of Health of Ukraine, Director.
51. Okasana - Client of Mobile Brigade in Sloviansk.
52. Osaulenko, Olha - UN WOMEN, Programme Coordinator.
53. Pavlysh, Svitlana - Ministry of Social Policy of Ukraine, Chief Advisor on Gender Policy and Prevention of Gender-based Violence.
54. Poliakova, Halyna - Age Concern Ukraine, Chair of the Board.
55. Polishuk, Denis - Mobile Brigade in Sloviansk, Social Worker.
56. Prykhodko, Olena - Mobile Brigade in Kramatorsk, Social Worker.
57. Ptytsya, Taisiia - Kramatorsk City Hospital, Maternity Hospital, Deputy Chief Physician for obstetrics and gynecology.
58. Riabtseva, Nataliia - SDC (project), Expert.
59. Salo, Nadiia - JSI/Project Woman health of Ukraine, Deputy Director.
60. Savitskiy, Oleksiy - Mobile Brigade 19, Driver.
61. Serezhin, Oleh - UN Division for Economic and Social Affairs, Chief, Technical Cooperation Unit, Division for Social Policy and Development.
62. Shcherbak, Alla - Kharkiv city centre for social service for family, children and youth "Dovira", Director.
63. Sheremet, Kostiantyn - Major of the Police, Department of preventive actions of the Main Directorate of the National Police in the Kharkiv region.
64. Sheremet, Svyatoslav - Gay Alliance, Head of NGO.
65. Shubniy, Euhien - Major of the Police, district police officer of Lozivskiy city district department of the Main Directorate of the National Police in the Kharkiv region.
66. Skipalska, Halyna - Ukrainian Foundation for Public Health ICF, Executive Director.
67. Sulima, Oksana - Ministry of Social Policy of Ukraine, Head, Directorate for Older Persons and Social Services.
68. Tavantseva, Svitlana - Mobile Brigade 19, Coordinator; Psychologist.
69. Tetiana - Client of Mobile Brigade in Kramatorsk.
70. Timonina, Mariia - State Statistics Service of Ukraine, Director a.i., Department of Population and Regional Statistics.
71. Tkachenko, Andrii - Association of obstetrician-gynaecologists of Ukraine, Representative of International Committee.

72. Tymoshenko, Halyna - Expert.
73. Usanova, Olha - Kremenchuk city Council, Deputy Head.
74. Veligodskiy, Sergiy - UNFPA regional coordinator (Kharkiv city).
75. Vlasenko, Nataliia - Population census (Adviser).
76. Volosovets, Iryna - Department of Management of care for children of the Office on the health care to mothers and children, Deputy Head.
77. Yemets, Petro - Department of finances, Deputy Head.

1. UNFPA Ukraine website (<http://www.unfpa.org.ua/>)
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3. UNFPA Country Programme Action Plan for 2012-2017
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The UNFPA 2nd Country Programme Evaluation Matrix

EQ1: (Relevance – Applied to all five programme areas)			
To what extent are the objectives of the 2 <sup>nd</sup> Country Programme (CP 2012-2017): 1) adapted to the needs of women, youth, people at risk of HIV infection, and older persons, 2) reflecting the national priorities and policies, and 3) aligned with the UNFPA policies and strategies and the UN-Ukraine Partnership Framework, as well as with interventions of other development partners? Do planned interventions adequately contribute to the results stated in the CPAP?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p><b>A1.1: The needs of the population, in particular those of vulnerable and special groups, such as women, youth, people at risk of HIV infection, and older persons were well taken into account during the planning and implementation processes.</b></p>	<ul style="list-style-type: none"> <li>. The evidence of consultation through needs assessments, studies, and evaluations, that identify needs and lessons learned prior to programming and during the CP (Country Programme), updated periodically</li> <li>. The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs as well as national priorities</li> <li>. Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalized and excluded population groups, and retargeted as needed</li> <li>. Extent to which the partner organizations and targeted people were consulted in relation to programme design and interventions throughout the programme</li> </ul>	<ul style="list-style-type: none"> <li>National policy/strategy documents</li> <li>UN-Ukraine Partnership Framework for 2012-2016</li> <li>Ukraine MDGs</li> <li>Ukraine Country Programme Results Based Framework</li> <li>AWPs, SPRs, COARS</li> <li>Needs assessments and studies</li> <li>Evaluations</li> <li>PD, RH, Youth, and Gender Equality data</li> <li>Key Informants from Government and Development/Assistance partners, academic institutions</li> <li>Targeted beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Documents analysis</li> <li>Interviews with Government Partners</li> <li>Interviews with UNFPA CO staff</li> <li>Interviews with implementing partners</li> <li>Interviews with beneficiaries</li> <li>Observation and data collection in targeted areas</li> </ul>
<p><b>General:</b> The 2<sup>nd</sup> UNFPA Country programme based on the experience gained and progress made during implementation of the previous UNFPA programme and the UN-Ukraine Partnership Framework (2012-2016). It took into account GoU social and administrative reform programme (2010), and other on-going national policies and programmes, the UNFPA strategic plan (2008-2013), Ukraine's MCGs.</p> <p>The first UNFPA country programme addressed reproductive health, population and development, and gender equality. Advocacy and policy dialogue, strengthening methodologies and evidence base, and developing partnerships were main strategies engaged by the programme. Lessons learned during the first programme cycle, as identified by the end-line programme evaluation, point to the need to: (a) improve positioning the UNFPA agenda with the Government at national and regional</p>			

levels; (b) strengthen UNFPA interventions in the area of maternal health and family planning; (c) ensure synergistic programmatic and policy support to utilize available resources, with a focus on defined rural areas and populations that are most at risk; and (d) strengthen the strategic linkages between programme components and improve coordination with other United Nations organizations and development partners.

**SHR:** Development of the second Country Programme was supported by lessons extracted from the first programme cycle identified by the end-line programme evaluation and informed by a number of studies and needs assessments that were used to prepare Country Programme Action Plan (2012-2016), in particular: Ukraine Demographic and Health Survey 2007 – Ukrainian Centre for Social Reforms, State Statistics Committee of Ukraine, Ministry of Health of Ukraine, Macro Intl. Inc., 2008.; Millennium Development Goals: Ukraine. 2010 Progress Monitoring Summary. – Ministry of Economic Development and Trade of Ukraine, 2011; Status of Women’s Health in Ukraine in 2010. – Ministry of Health of Ukraine, 2011; Safestyling: Living in a Safe Style – UNFPA, 2006.; Zhuravliov et al., 2010; Menon, 2010; Ukrainian Centre for Social Reforms et al., 2007.

In the course of 2nd Country Programme UNFPA CO lean on the results of Ukraine multiple indicator cluster survey (2012). Also Programme initiated several own studies one of the m to inform their decisions with regard to implementation of TMA strategy (a survey of 10000 respondents “Willingness and Ability to Pay Study” has been initiated and conducted in 2013, building on previous survey with similar design conducted by USAID in 2004). In 2015 UNFPA CO studied current situation with access, including barriers, to HIV/SRH services, problems and needs of young key populations (sex workers, MSM and transgender) with the help of 7 small focus-group discussions in 4 regions of Ukraine among 80 representatives of young key populations (SWs MSM, TGs). Based on the results and recommendations from the focus groups action plans for 2016-2017 were elaborated. UNFPA CO also used conference and round table formats with health care professionals, working meeting in format of Reproductive Health Partners Group, in format of “Beyond the Numbers” implementation group in order to get consulted in relation to programme design and interventions and coordinate efforts.

**Gender:** There were several assessments on the needs and expectations of key beneficiaries and development partners. Examples of credible and rigorous assessments include:

- Country Gender Assessment for UKRAINE, 2016
- Gender-based violence (GBV) in the conflict affected regions of eastern Ukraine, Analytical report, 2015
- The Questionnaire Survey of the UNFPA Partners, August 2016
- Surveys, conducted in the framework of preparation of the eighth periodic report on the implementation in Ukraine of the UN Convention on the elimination of all forms of discrimination against women, 2014
- The Ukraine Multiple Indicator Cluster Survey (MICS), 2012

The UNFPA CP Gender Program area is based on intensive efforts aimed at better understanding of the needs and constraints faced by Ukraine. These efforts include both quantitative and qualitative assessments held prior to and during the current CP cycle. The relevance of the Gender Programme can be explained by the fact Ukraine had to strengthen the national mechanism for ensuring the implementation of equal rights of women and men irrespective of the Law of Ukraine On Ensuring Equal Rights and Opportunities of Women and Men that was adopted back in 2005 and the Constitution of Ukraine that guarantees equal rights of men and women.

“Institutional capacity of bodies of local authorities to implement national gender policy is absolutely low. This results in formal implementation of the Law of Ukraine “On Ensuring Equal Rights and Opportunities for Women and Men” (*Analytical Report On The Results Of Interviews Conducted With Experts In The Area Of Gender Policy “Functioning Of The National Gender Machinery”, 2014*).



“Gender issues are not cross-cutting among central bodies of executive authority” (*Analytical Report On The Results Of Interviews Conducted With Experts In The Area Of Gender Policy “Functioning Of The National Gender Machinery”, 2014*).

**Youth:** The data of the studies and surveys show that the key problems of the social situation and the development of young people in Ukraine are taken into account and reflected in the curriculum of UNPFA Ukraine. Examples of studies that confirm this include:

- The Questionnaire Survey of the UNFPA Partners, August 2016
- The youth survey «State of Youth in Ukraine 2015».
- The Youth of Ukraine 2015: A Survey by the GFK Ukraine at the request of the Ministry of Youth and Sports of Ukraine with the support of the UNPFA, UNDP, UNICEF, UNV.
- Annual State Reports on the situation of youth in Ukraine (2013, 2014, 2015) to the President of Ukraine, the Parliament of Ukraine, the Cabinet of Ministries
- Safe Behavior And Condom Demand Generation. Case Study: Ukraine, 2015
- The Ukraine Multiple Indicator Cluster Survey (MICS), 2012

Key Informant contributions:

- UNFPA leads the UN Youth Working Group purpose of which is to advance youth aspirations and needs expressed through the Post-MDG national consultations and new SDGs, to create a platform for regular sharing of information and experience on implementing activities targeted at youth in Ukraine, and to enhance UN coordination by undertaking joint UN programmes and programming on youth.
- At the end of 2014, UNFPA initiated creation of the UN Youth Advisory Panel that was successfully established at the beginning of 2015 as a mechanism to open a dialogue between the UN Country Team and youth groups, and to help advise the UNCT on opportunities and actions to address adolescent and youth issues across the UN system.
- UNFPA’s major focus in the area of youth is youth empowerment and promotion of health-seeking behaviour to improve sexual and reproductive health. UNFPA works at both central policy level (supporting Ministry of Youth and Sports) as well as at local levels (supporting youth-led initiatives).
- “The UNFPA CP Youth programs are entirely consistent with youth needs and expectations, in part because of the UNFPA’s consistent effort to actively consult with youth as part of its programs, such as the lead up to the UNFPA supported UN Youth Advisory Panel. The UNFPA CP collaborates closely with key youth advocate stakeholders, including UNICEF, UNDP, UNAIDs and the IOM, Ministry of Youth and Sports. The CP’s youth-oriented initiatives and its activities are closely aligned with the best practices for youth”. The 2012-16 CP is entirely reflective of the UNFPA Strategic Plan (2014-2017) Outcome 2 with an increased priority on adolescents
- “The activities of the UN Youth Advisory Panel were supported. This is a platform established to strengthen the dialogue between the UN and young people in order to advise the UN on the strategic opportunities and necessary actions for addressing adolescent and youth issues. Youth participation and youth voice in the decision making process was strengthened and the decisions are to be made for the youth and together with the youth”.

**P&D:** Under the population and development programme component, the first UNFPA country programme supported: (a) the development of the national strategy on demographic development; (b) comprehensive demographic research; (c) the creation of an evidence base on the demographic factors of social changes; (d) the preparation for the 2012 national population census; and (e) national implementation of the International Plan of Action on Ageing at the policy and service-delivery levels.

The country analysis with regards to population and development stated, “Government acknowledge the overall situation as a “demographic crisis” as an accumulated impact of a wide range of social, economic, political and ecological factors due to social and economic transition processes over a number of decades”. In 2006 the Government adopted a strategy of demographic development of Ukraine for the period until 2015. While the strategy addresses the main demographic issues and

concerns, its implementation has been a challenge. Many of the national socio-demographic policies and programmes tend to be primarily declarative without the accompanying mechanisms, processes, financing and political will necessary for actual implementation. The CP mentioned the UNFPA support to the StatService in the planning and implementation of a 2010 round of national population census to be carried out in 2012, with census data dissemination planned until 2015. Also, Ukraine situation analysis noted a high percentage of older people, two thirds of elderly population is female. And according to population projections, by 2050 every third resident of Ukraine will be over 60.

During CP implementation several research studies were undertaken. Those studies include research on population in general (Population Estimation Exercise (2015) as well as studies on older people and older women specifically (Situation of Older Women in Ukraine (2014), Women's Participation in the Labour Force in Ukraine (2013), Analysis of legislation of Ukraine related to rights and interests of older persons (2013). Those researches contributed to identification of the demographic problems and needs and formulation of the relevant interventions. When cancellation of the 2010 round of national population census, UNFPA increased attention to capacity building of the StatService personnel in the planning and implementation of the census, as well as in the census results communication and dissemination, in accordance with the international standards and recommendations. Conducted thematic research provided evidence that were used for policy development, including the National Programme on Ageing for 2017-2022, Ukraine's joint and national reporting on the implementation of the MIPAA in 2012-2016, ageing index for national report to the UNECE working group, final national MDG report, concept of older people institutional social care reform, three national standards of social services for older people. Also, research data was used for design of awareness-raising activity to promote the concept of active and healthy longevity during annual International Day of Older People.

**HR:** The UNFPA Strategic Plan for 2014-2017 made steps to include the newly developed Humanitarian Programme Cycle and proposed to include factor such as humanitarian crisis. Based on the UNFPA SP and situation in Ukraine, the UNFPA Country office realigned the CP in 2014 and in December new Output 8: *UNFPA programming comprehensively addresses humanitarian and recovery issues* was added to reflect the programme contribution to humanitarian and recovery response. The UNFPA supported research - *National Survey on violence against women and girls in Ukraine (2014)* and *Emergency needs assessment among IDP women and older persons (2014)* – confirms that women IDPs and older women, especially, face various forms of violence and their number increases with the deterioration of the humanitarian situation, especially cases of GBV and domestic violence.

The *2015 GBV Study in Humanitarian Settings* provided additional proofs for need to strengthen protection and prevention systems and enhancing access to legal, health and social-psychological care services for survivors of GBV in order to meet the developments in eastern Ukraine. UNFPA leads a GBV sub-cluster under the Protection Cluster of the Humanitarian Country Team's architecture.

In 2014 UNFPA CO conducted a needs assessment jointly with WHO in order to assess the volume of SRH related humanitarian assistance needed in territories most affected by the conflict. Informants from local Health department noted that during initial assessment UNFPA CO did not consult with department about medical needs, although at that moment the departments were moving from occupied territories so this might be explained by lack of available specialists inside the department itself. Based on the assessment UNFPA provided an immediate response to the needs of health care institutions and women IDPs and older women by supporting them with medical kits, condoms, dignity kits and warm clothing, organized summer camp for youth from conflict areas, etc.

Stakeholders interviewed acknowledged UNFPA leading role in coordination work of other UN agencies and international organizations, respective line ministries, in particular, the Ministry of Social Policy, and oblast administrations under the GBV Sub-cluster. Interviewed CSOs – implementing partners of UNFPA mentioned Fund's support establishing shelters for victims of violence and organization of mobile teams for assisting victims of GBV. The Ministry of Social Protection respect the UNFPA support with legislative and policy work at the national level, which is aimed at the development of regulatory documents to ensure the work of mobile teams and shelters for violence victims. These documents are part of the draft law on violence prevention. As one respondent mentioned, "*UNFPA work was proactive rather than*

reactive and based on local needs and national interests”.

In 2016 UNFPA pioneered study of *Economic Costs of Violence against Women* in order to inform future programme developments.

<p><b>A1.2: The objectives and strategies of the Ukraine Country Programme are consistent with Government policies, strategies and guidelines, the MDGs, and are planned with sufficient knowledge of the sub-national structures and stakeholders in the selected areas.</b></p>	<ul style="list-style-type: none"> <li>• Extent to which objectives and strategies of each programmatic area were adjusted and are consistent with relevant national and sectorial policies and MDG goals</li> <li>• Extent to which the objectives and strategies of the CP have been planned with the national partners</li> <li>• Extent to which interventions have been implemented with Government and community partners and through national systems</li> </ul>	<p>National policies, strategies, laws and guidance on RH, Gender Equality, P&amp;D, youth Ukraine national MDG strategy and national MDG reports Joint plans and agreements (MoUs, etc.) Government and other national stakeholders</p>	<p>Review of relevant national documents Review of regional and global instruments accepted by the Government Key Informant interviews in provincial and district offices</p>
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**Consistency with Government policies, strategies and guidelines, the MDGs:** The Ukraine Country Programme was aligned with the national programme of economic reforms of Ukraine for 2010-2014. The Ukraine 2020 Strategy designed in 2014 rests on four pillars: i) sustainable development of the country; ii) security of the country, business and people; iii) responsibility and social justice; and iv) pride for Ukraine in Europe and the world. UNFPA programme areas are partly covered in third (Social security system reform; Healthcare system reform; Healthy lifestyle and longevity program, Children and youth development program) and fourth (State R&D policy) pillars. Unfortunately, SRH- and gender related issues did not get proper attention. Also, the second UNFPA Country Programme (CP) for Ukraine contributes to the achievement of the Ukraine’s Millennium Development Goals (MDGs) for reducing poverty, promoting gender equality, improving maternal health and slowing down the spread of HIV and other STIs.

**SHR:** The objectives and strategies of the SRH programmatic area of the 2nd Ukraine Country Programme are fully aligned with Government policies, strategies and guidelines, it contributes to the achievement of the Ukraine’s Millennium Development Goals (MDGs: 4.A: Decrease the mortality rate among children up to 5 years of age by one-fourth; 5.A: Halve the maternal mortality rate; 6.A: Decrease the HIV prevalence rates by 13 percent) and supported the implementation of the following national policies and programmes: National Programme “Reproductive Health of the Nation” (2006-2015); National Programme on HIV Infection Prevention, Treatment, Care and Support of People Living with HIV and AIDS (2009-2013); and Strategy of Demographic Development (2006-2015). This is well reflected in Country Programme Action Plan (2012-2016), and confirmed via interviews with stakeholders from governmental and non-governmental sectors.

**Gender:** Goals and strategies of CPAP 2012-2016 in the part of gender issues is consistent with Government policies, MDG. This is evidenced by the results of a comparative content analysis of key government documents and CPAP Ukraine 2012-2016. In particular,

- the Strategy for Sustainable Development "Ukraine – 2020" does not contain direct references to Gender Equality themes, however, contains provisions that relate to the gender subjects. For example, a vector called "responsibility" identifies health care, social protection, promotion of healthy lifestyle and longevity as the key reform. These reforms and programs covering women's rights in particular. SPAP Output 9 “Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence” correlates with these strategic goals, since this output provides for strengthening a national protection system for advancing reproductive rights.

- MDGs. Ukraine: 2000-2015. National Report (2015). Ukraine has identified priority National MDG 3 "Promote gender equality". In particular, the aim is to provide a gender ratio of at least 30:70 either sex in representative bodies of power and at the highest levels of Executive power, as well as to halve the income gap between women and men. SPAP Output 9 correlates with these strategic objectives, as the output provides for strengthening the national system for the gender equality promotion.
- National programme of ensuring equal rights and opportunities for women and men (2013-2016): "The goal of the Programme is to introduce the gender approaches in all spheres of society". All the planned actions within the CPAP Ukraine 2012-2016 Ukraine fully correlate with this programme.
- National Report, 'Post-2015 Ukraine: The Future We Want', Kyiv, 2013. The results of the national consultations regarding the vision of development priorities after 2015 indicate that experts define gender inequality among the key priorities in social development of Ukraine (see s. 18-19 of the report).

**Youth:** Goals and strategies of CPAP 2012-2016 in terms of youth theme is consistent with Government policies, MDG. This is evidenced by the results of a comparative content analysis of key government documents and CPAP Ukraine 2012-2016 Ukraine. In particular,

- the Strategy for Sustainable Development "Ukraine – 2020" provides for priorities according to the vector "Responsibility" the development of new programmes for youth and children. SPAP **Output 6** fully correlates with this priority.
- The Programme of the Cabinet of Ministers of Ukraine (2014) declared the adoption of a new state youth policy and identified the need for the adoption of the concept of such a policy. SPAP **Output 6** fully correlates with this priority.
- National Report, 'Post-2015 Ukraine: The Future We Want', Kyiv, 2013. The results of the national consultations regarding the vision of development priorities after 2015 indicate that the youth defines among priorities such as 'providing conditions for young people to realize potential' (s.75). Also a survey of experts in the framework of these national consultations showed sufficient priority to the problems of social formation and youth development in Ukraine.
- MDGs. Ukraine: 2000-2015. National Report (2015). Ukraine has identified priority MDG 5 "Improve maternal health" and MDG 6 "Reduce and slow down the spread of HIV/AIDS". In the framework of the activities on the achievement of objectives the target group: youth is allocated. In the report, in particular, it is stated: «Insufficient coverage of young people with awareness-raising and prevention activities. Young people are vulnerable to HIV because of their high level of risky practices, including alcohol consumption. A significant number of young people at risk have limited access to prevention and treatment services provided by governmental institutions and NGOs, as they are mainly targeted at adults. According to sociological surveys, Ukrainian youth in general demonstrate low awareness of HIV/AIDS and knowledge of the modes of HIV transmission: the proportion of the population aged 15–24 years that was fully aware of HIV/AIDS in 2011 reached 39.9 percent. According to the Declaration of Commitment on HIV/AIDS, the target for this indicator in 2010 was 95 percent" (s.86) SPAP Ukraine 2012-2016 includes the appropriate steps in response to these national priorities. In particular, **Output 3** "Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health" is established.
- The Government Programme called "the Youth of Ukraine" (2009-2015). The programme envisaged to achieve the increasing level of social activity of youth, and create favorable conditions for comprehensive development of youth. SPAP **Output 6** "Human rights and needs of adolescents and youth are incorporated in national laws, policies and programmes" fully correlates with this priority.
- Among the priorities in the Programme "Promotion and formation of healthy lifestyle" is also determined. SPAP Ukraine 2012-2016 includes the relevant actions in response to these national priorities. In particular, **Output 3** "Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health" is established.
- The Government Programme until 2020 called "the Youth of Ukraine". This is a new state programme that defines the objective – "to create favorable conditions for development and realization of young people, formation of civil position and patriotic consciousness". **Output 3** "Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health" correlates with this.
- The UNFPA supported the "The World We Want" national consultations that were part of a project to present the youth priorities for the Post-2015 development agenda. The UNFPA CP Youth programs helps the Government of Ukraine pursue the following national priorities in the development context, in particular, the MDGs such as MDG 5 "Improve maternal health", MDG 6 "Reduce and slow down the spread of HIV/AIDS" and the SDGs.

**P&D:** The second UNFPA Country Programme (CP) for Ukraine supported the implementation of the Strategy of Demographic Development for period until 2015 (approved by the resolution of the Cabinet of Ministers of Ukraine of 24 June 2006 No. 879). Based on the literature review and stakeholder interviews UNFPA support P&D and specifically population ageing issue. UNFPA assisted the Government in the development and implementation of the national policy on population ageing in accordance with the Madrid International Plan of Action on Ageing (MIPAA) and United Nations Principles for Older Persons. UNFPA involved local CSOs to projects improving the quality of life in older age and enabling older persons to lead active and healthy lives as well as to design standards for social service delivery for elderly.

**HR:** The UNFPA CP added humanitarian response output in 2014 based on the UNFPA Global SP 2014-2017. Stakeholder interviews proved that in 2014 there were no government strategies to respond to humanitarian crisis on east of Ukraine and UNFPA HR was built mostly on UN and international experience and expertise as well. UNFPA cooperated with key ministries in shaping HR strategies and activity taking into account national needs and interests. As majority stakeholders mentioned *“there was no government preparedness to emergency situations and humanitarian crisis of 2014”*.

<p><b>A1.3: The objectives and strategies of the programmatic areas of the Country Programme are consistent with the priorities put forward in the UN-Ukraine Partnership Framework (UNPF) for 2012-2016, the global UNFPA strategic plans and with interventions of other development partners and adequately contributed to the results stated in the CPAP.</b></p>	<p>The objectives and strategies of the CP and the WPs are in line with the goals and priorities set in the UNPF ICPD goals are reflected in the CP and programmatic area interventions The CP sets out relevant goals, objectives and interventions to develop national capacities</p>	<p>UNPF (2012-2016) Joint and collaborative programme documents Alignment of the UNFPA Country Programme (2012-2016) to the UNFPA Strategic Plan (2014-2017) Ukraine AWP, progress reports, COARs 2011 Mid-Term Review of the UNFPA Strategic Plan the UNFPA strategic plan, 2008-2013 UNFPA Strategic Plan for 2014-2017</p>	<p>Documents analysis Interviews with UNFPA CO Interviews with UNCT members and government stakeholders</p>
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The 2<sup>nd</sup> UNFPA Country programme objectives and strategies are consistent with the UN-Ukraine Partnership Framework (UNPF) for 2012-2016. The Partnership Framework incorporated the UNFPA repositioning to new areas, namely – RH and rights, maternal health, family planning and prevention of HIV and other STIs. Besides several lessons from the first UNFPA programme cycle were considered as well. Among them were improving positioning of the UNFPA agenda with the Government at the national and regional levels and strengthening interventions with a focus on rural areas and populations that are most at risk. At time when the UN-Ukraine Partnership Framework was designed and approved it reflected the interests, priorities and mandate of the UNFPA in Ukraine to a great extent

2011 Mid-Term Review of the UNFPA Strategic Plan adopted a set of seven interrelated outcomes no longer strictly associated with the three previous programmatic areas. Also, a number of issues cut across the seven outcomes and are presented here collectively to avoid repetition under each outcome. They include: mainstreaming the needs of young people (including adolescents), human rights and gender equality, inclusive partnerships and national ownership, humanitarian assistance, United Nations reform, and south-south cooperation.

Following the 2011 MTR the UNFPA Country Programme (2012-2016) results framework was subsequently realigned in 2012 to reflect the programme contributions to the revised corporate outcomes. More specifically, the country programme contributed to Strategic Plan's outcomes 1, 3 and 7. The new UNFPA Strategic Plan for 2014-2017 is organized under 4 global outcomes and 15 outputs, and the country programme was realigned again to link its outputs to the outputs and outcomes of the new Strategic Plan. During this process, in December 2014 two new outputs were added to reflect the programme contributions to youth policy development and humanitarian and recovery response. These changes of programme reference framework were reflected in the latest realigned linkages of the country programme results to the UNFPA Strategic Plan 2014-2017, the UN-Ukraine Partnership Framework for 2012-2017 and the national Millennium Development Goals.

**SHR:** The objectives and strategies of the SRH programmatic area of the 2nd Ukraine Country Programme are consistent with UN-Ukraine Partnership Framework (UNPF) for 2012-2016 PF Area 2. "Social Development" in particular with its Outcome 1 – Improved access to and utilization of quality health, education and social services; Outcome 3 – More people adopt healthy and safe patterns of behavior; Outcome 4 – Social development policy making at national and sub-national level is evidence based. According to the UN-Ukraine Partnership Framework (UNPF) for 2012-2016 the programme cycle of the UNFPA is fully harmonized with the PF timeframe.

The global UNFPA strategic plan were revised twice in duration of the 2nd Ukraine Country Programme the first time after the 2011 mid-term review of the SP for 2008-2013 and then after the adoption of the new UNFPA Strategic Plan for 2014-2017. Result framework of the SRH programmatic area of the 2nd Ukraine Country Programme was responsive to changes in UNFPA Strategic Plans and realigned accordingly. In order to coordinate international development efforts UNFPA CO initiated and supported the Reproductive Health Partners Group. The Partner Group included UN-agencies (UNFPA, WHO, UNAIDS, UNICEF, World Bank), and bilateral donors: USAID and USAID implementing Agencies (JSI, PATH), Swiss Agency for Development and Cooperation (SDC) - "Mother and Child Health Programme", as well as national NGO's - Woman Health and Family Planning Foundation, HIV/AIDS Alliance, PLWHN. Interviews conducted with the representatives of the most members of Reproductive Health Partners Group confirmed its importance as a coordination mechanism, platform for advocacy, policy dialogue, partnership development, information sharing, joint programming, design and implementation of joint activities, and resource mobilization. Evaluation clearly demonstrate that work of Partner Group significantly contributed to achievement of the results stated in the UNFPA CPAP, and to avoiding duplication of efforts and cost sharing.

**Gender:** The Government of Ukraine – United Nations Partnership Framework 2012-2016 in the area of Social Development identifies the following national priorities: Maintaining and developing human and social capital by enhancing stability and social protection, improve the quality and accessibility of education and health care. In the framework of these priorities it is expected to achieve Outcome 2 "People are aware of their rights and are able to exercise them thereby reducing vulnerability" and Outcome 4 "Social development policy making at national and sub-national level is evidence based». These tasks correlate with those identified in SPAP Ukraine 2012-2016, namely:

- Output 9: Strengthened national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence
- Output 10: Increased capacity to prevent gender based violence and harmful practices and enable the delivery of multi-sectoral services, including in humanitarian settings

**Youth:** The Government of Ukraine – United Nations Partnership Framework 2012-2016 in the area of Social Development identifies the following national priorities: Maintaining and developing human and social capital by enhancing stability and social protection, improve the quality and accessibility of education and health care. In the framework of these priorities it is expected to achieve Outcome 1 "Improved access to and utilization of quality health, education and social services". These tasks correlate with what is identified in SPAP Ukraine 2012-2016, namely in terms of promoting a healthy lifestyle among young people, implementation of prevention measures aimed at prevention of the spread of HIV/AIDS:

- Output 4: Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results

and accountability framework (UBRAF) commitments. UNPFA Ukraine Office Defined Output 3: Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health

- Output 6: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings (this output covers a wider range of youth issues than it is identified in The Government of Ukraine – United Nations Partnership Framework 2012-2016).

**P&D:** Population and development programme area addresses Outcomes 2&4 of the Area 2. Social Development of the UN-Ukraine Partnership Framework for 2012-2017 that contribute to MDG1 and National Development priorities established in Programme for Economic Reforms for 2010-2014. Outputs 4&6 of CP contribute to Outcomes 3&4 of UNFPA Strategic plan 2014-2017.

**EQ2: (Relevance)**

**To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in Ukraine?**

<p><b>A2.1: UNFPA programming comprehensively addresses humanitarian and recovery issues (From Output 8)</b></p>	<ul style="list-style-type: none"> <li>. The evidence of consultation through needs assessments, studies, and evaluations, that identify needs and lessons learned prior to programming and during the CP (Country Programme), updated periodically</li> <li>. The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs as well as national priorities</li> <li>. Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalized and excluded population groups, and retargeted as needed</li> <li>Extent to which the partner organizations and targeted people were consulted in relation to programme design and interventions throughout the programme</li> </ul>	<p>Ukraine Country Programme Results Based Framework AWP, SPRs, COARS Needs assessments and studies P&amp;D, SRH, Youth, Elderly, and Gender Equality data Key Informants from Government and Development/Assistance partners, academic institutions Targeted beneficiaries</p>	<p>Documents analysis Interviews with Government Partners Interviews with UNFPA CO staff Interviews with implementing partners Interviews with beneficiaries Observation and data collection in targeted areas</p>
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Document review and key informant interviews proved high relevance of the UNFPA humanitarian response that were in line with the UNFPA mandate and combination of research, humanitarian, policy, capacity building and care services at national and local levels in GBV area, youth, assistance to IDP women and older people specifically.

UNFPA CO comprehensively addressed the humanitarian and recovery issues in SRH programmatic area, by introducing a new output in 2014, that incorporate activities

aimed to prevent excess of maternal mortality and severe morbidity in the 5 Eastern conflict affected regions, particularly among IDP's. Annual reports for 2014, 2015 and 2016 confirmed that for this purpose, UNFPA CO provided RH kits, used for normal and complicated deliveries, disposable ObGy kits, post-rape kits, most needed equipment for maternities in Donetsk GCA and trainings for doctors. Respondents from MOH and from the SRH institutions of conflict affected GCA areas assessed this support highly, pointing that it helped to avoid most grievous effects especially for pregnant women, although continues support is still needed in order to recover capacity of SRH infrastructure (including human resources) of the areas most affected by the conflict. In terms of gender issues the CPAP comprehensively addresses GBV issues. UNFPA programming comprehensively addresses humanitarian youth issues. Key Informant Interviews with UNPFA staff, donors and local authorities: psycho-social rehabilitation was supported together with building safe behavior skills of youth from Eastern parts of Ukraine (Donetsk and Luhansk) who were affected by the military conflict (during the 21-day summer youth camp).

Key informant contribution to relevance:

- UNFPA replaced various services that state does not provide;
- UNFPA showed flexibility in its approaches to HR and involve CSOs to implementation of the HR projects through indirect expense scheme;
- Coordination of humanitarian response in GBV was very important and UNFPA has led such efforts within Protection cluster;
- UNFPA monitored dynamics of demand of needs in medical supplies (contraceptives, birth delivery sets, etc.);
- Uniqueness of UNFPA work was in its direct work with hospitals;
- UNFPA approach to support small but efficient and to the point projects are very relevant and make a huge impact (like photo exhibition "Women in ATO");
- UNFPA is one of the few donors that work through CSOs in project implementation;

**EQ3 (Effectiveness – Reproductive Health)**

**To what extent did UNFPA contribute to sustainably improving access to and demand for high quality reproductive health, HIV and SRH/FP services, especially for the most vulnerable groups?**

<p><b>A3.1 The CP intended outputs and outcomes were achieved within SRH Programme area.</b></p>	<p>Quantitative: Level of achievement against indicators/targets (as outlined in CP monitoring framework) over time within SRH programme area.</p> <p>Qualitative: Stakeholder perceptions of achievement of outputs and outcomes within SRH programme area.</p>	<p>AWPs, COARs, Project Reports, CP, Revised CP Framework. Stakeholders. Most recent surveys and other available data within SRH Programme area.</p>	<p>Document review Key Informant Interviews with Ministry of Health and other stakeholders serving health delivery Key Informant Interviews with NGOs, UN, donors and local authorities, site visits,</p>
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**SRH - SP Outcome 1.** Increased availability and use of integrated sexual and reproductive health services (including FP, MH and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. Mostly achieved because both SRH outputs under SP Outcome 1 made significant progress towards their goals:

- CP Output 1: Strengthened national capacity to develop, implement and monitor reproductive health and family planning policies and standards of care.
- CP Output 2: Improved quality of maternal health and family planning services in underserved rural areas



<b>SRH - SP Outcome 2:</b> Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services. Achieved by demonstrating significant progress of the SRH CP Output 3: Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health.			
<b>A3.2 The activities and outputs have contributed to a measurable and meaningful extent to the achievement of outcomes within SRH Programme area.</b>	Pertinent indicators from COAR for output and outcome of SRH programme. Stakeholder qualitative perceptions on impact of activities and output impact on outcomes	Key stakeholders COARs, Evaluation of the National Programme "Reproductive Health of the Nation" (2015)	Document Review Stakeholder interviews Secondary data analysis.
The activities and outputs have contributed to a measurable and meaningful extent to the achievement of outcomes within SRH programme areas. This is consistent with overall logic model that anticipated that the outputs would contribute to the outcomes.			
<b>A3.3 The UNFPA CP has encountered constraints as well as facilitating factors that both impeded and aided the achievement of results in SRH Programme area.</b>	Contextual information related to constraints and facilitating factors for specific activities and outputs within SRH Programme area.	Key informant interviews, Trends in pertinent indicators. COARs,	Document Review Stakeholder interviews
At the beginning of the 2nd Country Programme in 2012-2013 there were more factors that facilitated achievement of results in SRH Programme area: high engagement of international organizations that had already supported large-scale interventions in SRH and FP development in Ukraine for 12-15 years, commitment of current government to prevent maternal mortality and good communications established with the line ministries, in particular, the MOH. In 2014-2016 constraining factors emerged that impeded achievement of results, among them: economic recession, increase in groups of economically vulnerable population, Governmental ban for introduction of new National programs, frequent changes in the management of the MOH and long periods without the Minister of Healthcare in the office that significantly reduced the responsiveness of the Ministry in communicating with non-governmental and international organizations, reform of healthcare system etc.			
<b>EQ4: (Effectiveness - Gender Equality)</b> <b>To what extent have the interventions supported by UNFPA in the field of gender equality (GE) contributed toward the ensuring equal rights and opportunities for women and men, with special focus on achieving gender equality in the national labour legislation and promotion of equal distribution of domestic duties between women and men?</b>			
<b>A4.1 National protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence have been strengthened (SP Output 9)</b>	Number of national legal instruments, document policies and programmes promoting GE analyzed and provided with evidence-based recommendations for improvement National training curriculum on gender quality and mainstreaming incorporated in the educational	AWPs and SRPs Progress and monitoring reports of implementing partners Ministry of Health, Ministry of Social Policy; UNCT Coordination Groups CEDAW, MDG and ICPD reports	Document review UNFPA CO staff key informant interviews Key informant interviews with implementing partners, other UN bodies Key Informant Interviews with Ministry of Social Policy

	<p>programme for civil servants at the National Academy of Public Administration</p> <p>Percentage of population reached through a communication campaign aimed at promotion of gender equality</p>		
<p>Since 2012 the work of the UNFPA Ukraine in the area of Gender was focused on women’s empowerment and gender equality promoted through gender-sensitive policies and prevention of gender-based violence.</p> <p>AWPs and SRPs: The activities of the Fund were designed to achieve the following results: i) improved legal tools, policies and programmes that promote gender equality; and ii) increased awareness of the general population on gender equality; iii) incorporating gender mainstreaming in trainings delivered to the public servants; iv) supporting the coordination mechanism on the GBV and expanding the access to GBV-prevention services for target groups. The system of the CP outputs stipulates that five outputs contribute to the accomplishment of SP Outcome 3 “Advanced gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth”.</p> <p><u>Key Informant contribution, document review:</u></p> <ul style="list-style-type: none"> <li>• Technical support to the Ministry of Social Policy was provided to improve the national gender policies, in particular on development of the National Program for Ensuring Equal Rights and Opportunities for Women and Men (2017-2021).</li> <li>• Technical support to the Ministry of Social Policy was provided to improve the national legislation in support of the Draft Law of Ukraine "On Prevention and Combatting Domestic Violence".</li> <li>• The support was provided with the preparation of the VIII Ukraine’s CEDAW report</li> <li>• Technical support was provided to the Ministry of the Interior that included the development and implementation of the National Action Plan on the Implementation of the UN Security Council Resolution 1325 on Women, Peace and Security until 2020</li> <li>• The UNFPA advocated for elimination of gender stereotypes and combatting gender-based violence as a basis for development and implementation of a harmonized national policy on family by participating in Parliamentary Hearings on Family Policy</li> <li>• The UNFPA Ukraine provided assistance to the Government of Ukraine in representing Ukraine in various international events</li> <li>• Participation of the Ukrainian delegation in the fifty-ninth session of the Commission on the Status of Women (the United Nations Headquarters, New York, 9-20 March 2015) was ensured</li> <li>• The UNFPA Ukraine provided assistance to the Government of Ukraine in representing Ukraine in various international events: the High-level forum called “Ending Violence against Women: Building on Progress to Accelerate Change” (Istanbul, Turkey, 9-10 December 2015),</li> <li>• The fifty-ninth session of the Commission on the Status of Women (the United Nations Headquarters, New York, 9-20 March 2015)</li> <li>• Capacity of senior officials of the Ministry of Social Policy strengthened thanks to the study tour to Sweden, Stockholm (June 2016)</li> <li>• Gender equality and gender-based violence issues duly reflected in the National Strategy on Human Rights (approved by the President in August 2015) and the national action plan on its implementation (adopted in November 2015).</li> <li>• The training programme on GBV prevention was developed for the office of the Ministry of the Interior and the National Police</li> <li>• Training module “Basic principles of gender-sensitive approach to public administration” was developed by the UNFPA jointly with the National Academy of Public Administration under the President of Ukraine. Scientific and Methodological Council of the Academy approved the training module and recommended it for use in the training/retraining of public servants and local government officials.</li> </ul>			

<ul style="list-style-type: none"> <li>• The training materials were piloted at the School of Senior Public Service (15 participants) and at the Senior Executives Retraining Institute of the Academy (30 participants).</li> <li>• 10% of population were reached by the information campaign “4 Hands Happiness” (2015 Annual Report – Ukraine). The concept of importance of equal distribution of family responsibilities (taking care of children and performing other domestic tasks) and a responsible fatherhood was promoted through conduction of a media campaign “4 Hands Happiness”. The campaign included outdoor advertising in 5 cities of Ukraine, social media component, management and promotion of the web-site, a number of TV and radio programmes and articles in printed media as well as public opinion monitoring activities.</li> <li>• Photo exhibition called “Women and Conflict in Ukraine” was organized together with the Ministry of Social Policy and different women non-governmental organizations. This is a mobile exhibition. It was shown in different regions of Ukraine during 2014-2016.</li> <li>• "16 days against GBV" campaign supported by a public event</li> </ul>			
<p><b>A4.2: Capacity to prevent gender based violence and harmful practices and enable the delivery of multi-sectoral services have been increased (SP Output 10)</b></p>	<p>Country has been affected by a humanitarian crisis during the year and a functioning inter-agency gender-based violence coordination body exists as a result of the UNFPA guidance and leadership</p>	<p>AWPs, COARs and SPRs  Ministry of Social Policy of training needs and training outcomes  Training records, curriculums and follow-up reporting  Thematic publications  Advisory notes  Programme evaluation</p>	<p>Document review  UNFPA CO staff key informant interviews  Key informant interviews with implementing partners, other UN bodies</p>
<p>The GBV sub-cluster in Ukraine, chaired by the UNFPA, is a coordination mechanism composed of the UN agencies, NGOs and Government partners who strive to coordinate prevention and response services for women, men, boys and girls living in the eastern conflict areas.</p> <p>Activities to achieve this result were implemented under the Humanitarian Response Program.</p>			
<p><b>EQ5: (Effectiveness: Adolescents and youth)</b>  <b>To what extent have the interventions supported by UNFPA on behalf of youth contributed to development of the youth policy, including young people’s participation in decision-making?</b></p>			
<p><b>A5.1 Human rights and needs of adolescents and youth are incorporated in national laws, policies and programmes (From CP Output 6)</b></p>	<p>Contribution to national outcome indicator: Participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes are in place.  <i>Baseline: No</i>  <i>Target: Yes</i>  The UNFPA country office has advocated during the year for allowing adolescents and youth to have legal</p>	<p>AWPs and SRPs  UNPF Tracking  Ministry of Health annual data  Progress and monitoring reports of implementing partners  Youth who received trainings and benefited of relevant information about reproductive health and sexuality information  National development policies and programs for adolescents and youth</p>	<p>Desk review  Key Informant Interviews with Ministry of Youth and Sports and other stakeholders  Key Informant Interviews with NGOs, UN, donors and local authorities</p>

	<p>access to quality sexual and reproductive health counselling and HIV services.  <i>Baseline: No</i>  <i>Target: Yes</i></p>		
<p>Since 2012 the UNFPA's activities in Youth Programme Area were focused to increase priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly to increase availability of comprehensive sexuality education and sexual and reproductive health services. The activities of the Fund were aimed at achieving the following results: i) Health-seeking behavior promoted among young people and key populations in selected regions to improve sexual and reproductive health; ii) Human rights and needs of adolescents and youth incorporated in national laws, policies and programmes; and iii) Increased national capacity to deliver HIV programmes that are free of stigma and discrimination and consistent with the UNAIDS.</p> <p>AWPs and SRPs: the activities included advocacy work in the interests and with the engagement of youth in order to improve the current national youth policy, delivery of expert and other support to the public and non-governmental institutions and also the knowledge management. In addition to that, the work on engaging youth in promoting and raising its awareness about the SDGs was organized.</p> <p>National Report, 'Post-2015 Ukraine: The Future We Want', Kyiv, 2013. It is stated in the report: "Discussions with young students covered a very broad range of questions. The priorities included: providing conditions for young people to realize their potential; combating corruption; and securing employment (s.75)". Also a group of teenagers (high school students) is involved into discussing the priorities. Their opinions can be found in the report (s.78).</p> <p>The Government Programme until 2020 called "the Youth of Ukraine". This is a new state programme that defines the objective – "to create favorable conditions for development and realization of young people, formation of civil position and patriotic consciousness".</p> <p>"Pact for Youth 2020". The Pact is aimed at solving urgent problems of the Ukrainian youth: employment, quality education. Parties to the Pact undertake to facilitate the creation of at least 100 partnerships between business and the education sector, to disseminate best practices of cooperation between business and educational sector and also to provide 10 thousand places for internships and the first job of young people.</p> <p><u>Key Informant contribution:</u></p> <ol style="list-style-type: none"> <li>1) The UNFPA Ukraine supported the Ministry of Youth and Sports of Ukraine with development of: <ul style="list-style-type: none"> <li>• the National Youth Policy,</li> <li>• Order of the Ministry of Youth and Sports of Ukraine "On approval of the selection criteria for the award of the Cabinet of Ministers of Ukraine for significant achievements of youth in the development of Ukraine",</li> <li>• Order of the Cabinet of Ministers of Ukraine on "Statute of Youth Centers",</li> <li>• Order of the Ministry of Youth and Sports of Ukraine on "Approval of the quality criteria for Youth Centers" developed.</li> </ul> </li> <li>2) In 2015 the UNFPA Ukraine together with other UN agencies provided support to the public institutions and research and development centers in conducting the youth survey «State of Youth in Ukraine 2015»</li> <li>3) The UNFPA Ukraine supported "Pact for Youth 2020" - a joint initiative of the Ministry of Youth and Sports and the Center for Corporate Social Responsibility that aims at joining efforts of business, government and educational sector to provide first employment and internship opportunities for young people</li> <li>4) The UNFPA also supported a direct dialogue between youth and business in order to improve employment opportunities for young people during an</li> </ol>			

<p>innovative "Business-Youth: WOW effect from cooperation" forum</p> <p>5) "The UNFPA supported local youth empowerment initiative - Inter-regional Youth SDG Forum in Kremenchuk that brought together 250 young activists from different regions of Ukraine to discuss youth involvement and participation in achieving SDGs at the local level. Youth developed specific action plans for implementation of SDGs in their communities in the areas of health, education, governance, employment and peace-building".</p> <p>6) The UNFPA together with other UN agencies provided support to the preparation of the National Youth Day devoted to new SDGs. The event successfully mobilized around 8,000 young people and people of different age that participated in the Quest on SDGs, graffiti contest "Peace in Ukraine", festival of youth cultures - global cities.ua, and a lecture on "Ukraine is made by you"</p>			
<p><b>A5.2 Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health (From CP Output 3)</b></p>	<p>Guidelines for policy-makers on health-seeking behaviour promotion programming developed  <i>Baseline: No Target: Yes</i>          Percentage of technical vocational and secondary schools in UNFPA programme regions delivering SRH and reproductive rights peer-education programmes  <i>Baseline: to be established through a survey in programme year 1 Target: at least 30%</i>          Percentage of truck drivers (clients of sex workers) covered by HIV/STI prevention programmes  <i>Baseline: 0% Target: 50%</i>          Number of community level health-seeking behaviour programmes implemented by community-based organizations in UNFPA programme regions  <i>Baseline: 0 Target: 20</i></p>	<p>AWPs, COARs and SRPs          Progress and monitoring reports of implementing partners</p>	<p>Desk review          Key Informant Interviews with Ministry of Youth and Sports, Ministry of health and other government stakeholders          Key Informant Interviews with NGOs, UN, donors and local authorities</p>
<p>Desk review: in order to implement SP Output 4 "Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments" in the 2nd CPAP CP Output 3 "Health-seeking behaviour promoted among young people and key populations in selected regions to improve sexual and reproductive health" was defined and three indicators were introduced that are directly related to the Youth Area.</p> <p>Final technical report "Prevention of HIV/STI and promotion of safe behavior among youth": Students from 42 (44%) technical vocational schools in Odesa, Mykolaiv and Cherkasy regions were reached with the help of awareness raising activities on HIV prevention and VCT during 6 training workshops on methodologies and techniques for disseminating information among students, in particular, the information on HIV prevention, safe behavior promotion, non-discrimination and tolerance towards PLWHA'.</p>			

Key Informant contribution:

- A number of local youth initiatives organized jointly by young people and local authorities in Kremenchuk city on promotion of healthy lifestyle and prevention of risky behavior (public events “Say No to Drugs”, “Say No to Smoking”, youth volunteer academy, short video contest, youth IDP initiative "Safe Zone") were supported;
- A total of 5,000 young people participated in the above-mentioned events. Around 300 school, college and technical vocational schools students (including IDP youth) engaged in “Zoryaniy” youth summer camp were trained in basics of healthy lifestyle and safe behavior, including HIV/STI prevention;
- Psycho-social rehabilitation was supported together with building safe behavior skills of youth from Eastern parts of Ukraine (Donetsk and Luhansk) who were affected by the military conflict (during the 21-day summer youth camp);
- the Inter-regional Youth Forum in Kremenchuk that brought together 200 young activists from different regions of Ukraine to discuss youth participation in such issues as social life, health, education, governance and employment.
- “15 community-level health-seeking behavior projects (actions) was implemented by CBOs”. The activities were carried out in partnership with the city council of Kremenchuk and the Kremenchuk Youth Parliament. The institutional capacity of local youth CBOs was advanced in the area of project management with the help of respective training sessions. “After the trainings the youth CBOs developed projects and received finance from the city council of Kremenchuk to implement them”.
- The UNFPA advocated for increased quality SRH and HIV services for adolescents and youth in the system of Youth Friendly Clinics
- Round table discussions on the results of the focus groups (conducted in 2015) with young key populations on access to SRH/FP/HIV services

**EQ6 (Effectiveness - Population and Development)**

**To what extent have the interventions supported by UNFPA in the field of population and development (P&D) strengthened the national capacity to address population ageing, improved social services for older persons and produced disaggregated population data for policy making, programming and public use?**

<p><b>A6.1 Disaggregated population data for national and sectoral development policymaking, programming and public use is available (From Output 13)</b></p>	<p>National population census is implemented successfully and data are disseminated according to international standards  <i>Baseline: In progress Target: Complete</i>                      Number of population and development studies conducted resulting in policy recommendations  <i>Baseline: 9 Target: 15</i></p>	<p>AWPs, COARs                      Progress and monitoring reports of implementing partners                      The representatives of NBS who produce and disseminated the data and representatives of data users (ministries, NGOs)</p>	<p>Document review                      Key Informant Interviews with NBS and other stakeholders                      Key Informant Interviews with NGOs, UN, donors and local authorities</p>
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Document review and key informant interviews proved effectiveness of the P&D activity. However, not all were under the UNFPA control. Despite all UNFPA support and efforts and after several delays (from 2011 to 2012, then to 2013) Ukraine has skipped the 2010 round of population and housing censuses. The national population census is currently planned for 2020 (Ref. Resolution of the Cabinet of Minister of Ukraine No. 1323-r of 16 December 2015 - <http://www.km.u.gov.ua/control/uk/cardnpd?docid=248721497>). With the UNFPA support 17 studies on population and development were conducted (two more that was planned). Among them: Situation of Older Women in Ukraine (2014), Women's Participation in the Labour Force in Ukraine (2013), Analysis of legislation of Ukraine related to rights and interests of older persons, National Survey on VAWG in Ukraine (based on the DHS methodology), Emergency needs assessment among IDP women and older persons, GBV Study in Humanitarian Settings, Population Assessment Exercise – data sources validation and methodology development. Not all studies resulted in policy recommendations. For example, Population Assessment exercise was not finalised as access to administrative data bases was not granted by government. In addition, UNFPA promoted the ICPD agenda in the work of the UN Country Team (MDG reporting, MICS, human rights activities, humanitarian response, UN summer schools).

Key informant contribution:

- Population census cannot be replaced by any assessments/studies/research;
- UNFPA together with its partners - Institute of Demography, DerzhStat, Ministry of Social Protection - choose the most important topics for research;
- Low culture of data use in the planning and implementation of public policies (little efforts to analyze trends);
- Regarding census - it is impossible to predict everything, especially government will. It seems that alternative might be.
- UNFPA access to relevant and high level international experts and expertise is beneficial to Ukraine;
- UNFPA activities in capacity building support of partner organizations, support of awareness events on research results distribution, flexible response to country situation by supporting most needed studies, provision of information to longitudinal studies where Ukraine is not participating are very important for P&D;
- Through engagement of implementation partners (IPs) via the NEC, UNFPA support contributed to more effective studies and practical implementation of their findings by the IPs thanks to their access and impact on the decision makers.

<p><b>A6.2 National capacity to address emerging population issues, rights and opportunities of older persons promoted through improvement of social service delivery system is strengthened (From Output 4)</b></p>	<p>National policy on population ageing adopted by the Government  <i>Baseline: No</i>  <i>Target: Yes</i></p> <p>Number of legal acts that inter alia regulate delivery of social services to older persons  <i>Baseline: 0</i>  <i>Target: 2</i></p>	<p>AWPs, COARs  Progress and monitoring reports of implementing partners  Legislation and government documents  Representatives of UN agencies; donors; NGOs</p>	<p>Document review  Key Informant Interviews with government (Ministry of Social Policy; Regional State Administrations)  Key Informant Interviews with academic (Institute for Demography and Social Studies; Institute of Gerontology) and local NGOs</p>
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Document review and key informant interviews showed that the selected target group (elderly) and activities are of great importance and priority for Ukraine. There are two indicators that were not achieved within CP. Both are due to last three turbulent years for Ukraine resulted in frequent changes in the governments. National programme on ageing was restarted as of government ban to develop any national programmes and, as result, the prepared draft national programme on aging had to be rewritten as the national strategy on ageing and go through all steps of approval in GoU before its submission to the Parliament. As of change of government the third national standard of social service for older people, namely – inpatient care, has to be submitted for the inter-ministerial review and endorsement after its piloting at the local level. The rest planes indicators concerning national report for the third cycle of MIPAA/RIS appraisal (Indicator 3) and number of public awareness initiatives on healthy and active longevity and intergenerational solidarity (Indicator 4) were achieved and four more public awareness initiatives have been implemented in 2016.

Key informant contribution:

- Frequent changes of the government in Ukraine influence legislation process;
- As of a ban on new national programmes development imposed by the government in Oct 2016 the National Programme on Ageing for 2017-2022 had to be transformed to the national strategy on population ageing. But redesign was completed expediently and quickly. However, change in the document status from national programme to national strategy poses the risk of under-financing of planned activities, as there will be no funding guaranteed for a strategy. But redesign seemed to be the only viable solution to save the extensive work already done;
- It is better to comprise an expert working group for document drafting while involving representatives of related agencies to reviewing documents' details such as distribution of functions among different agencies and national/regional/local levels, coordination, funding, M&E, responsibility, etc. Moreover, representatives of targeted groups like elderly should be invited to draft policy documents as well;

- There is a lack of research and data with focus on different social groups for decision making as already existed studies are obsolete and new data is needed. Moreover, there is a need in better data on social institutions like institutional care establishments for elderly that would serve as a basis for informed policy decisions and social reforms;
- The programmatic shift towards the humanitarian response and towards the military conflict in eastern Ukraine has exerted the UNFPA human and financial resources, thereby decreasing contributions to supporting the national response to population ageing;
- High share of shadow economy along with high immigration of young people abroad and growing retirement expenses influence the Ukraine's government ability to fund real changes in social development, including health and education reforms. Instead they were replaced with populists' talks and steps.
- High priority and interest of the Government of Ukraine to the ageing issues along with cross-sectoral attention to promotion of the national response to population ageing;
- Cooperation and joint activities of different actors and speaking in one voice on aging issues;
- Availability and access to the UN Principles for Older Persons, the Madrid International Plan of Action on Ageing and other international legal instruments provided by UNFPA were important in guiding policy work on ageing;
- Combination of policy and advocacy work at the national level with practical project piloting at local level is the best approach taken by UNFPA in targeting aging issues.

**EQ7: To what extent have the interventions supported by UNFPA in the framework of humanitarian response (HR) within a GBV Sub-Cluster under the Protection Cluster of the Humanitarian Country Team's architecture, contributed to improvement the quality and coverage of SRH services in humanitarian settings, and enhance national response to GBV in 5 provinces of Ukraine most affected by the armed conflict in the east, and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflicts?**

<p><b>A7.1: UNFPA interventions contributed to improvement of the quality and coverage of SRH services in humanitarian settings, and enhance national response to GBV in 5 provinces of eastern Ukraine and assisted in operationalization of the UN Security Council Resolution 1325 on women in conflicts</b></p>	<ul style="list-style-type: none"> <li>• A functioning inter-agency gender-based violence coordination body exists as a result of the UNFPA guidance and leadership</li> <li>• The UNFPA's support integrated into UN and government response plans and actions</li> <li>• External resources mobilized to support humanitarian action</li> <li>• Number of service providers available in the target regions, capacitated to provide GBV prevention and response services</li> <li>• Number of health services delivery points providing CMR, STI and safe delivery services supported with the UNFPA kits and capacity development</li> <li>• Number of women and/or girls reached with sexual reproductive health and/or</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA project documentation;</li> <li>• AWP's,</li> <li>• Progress and monitoring reports of implementing partners</li> <li>• Representatives of UN agencies; donors; NGOs</li> <li>• Annual reports from partner Ministries, and implementing partners</li> <li>• Partners (implementers and direct beneficiaries)</li> </ul>	<p>Document review Key Informant Interviews with national government (Ministry of Social Policy; Health) and regional governments in selected areas of eastern Ukraine; Key Informant Interviews with academic (Institute for Demography and Social Studies); UN agencies, donors, and local CSOs</p>
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gender-based violence services in humanitarian settings (through reproductive health kits, rape kits etc.)		
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Document review and key informant interviews showed that HR CP output was added only in December 2014 and all activities contributed to several CP Outputs and SP Outcomes. All activities under HR programme area: i) based on needs assessment supported by UNFPA and conducted by Institute for Demography and Social Studies in coordination with Ministry of Social Protection (Emergency needs assessment among IDP women and older persons, and GBV Study in Humanitarian Settings); ii) provided rapid response to humanitarian needs of elderly, youth, IDPs (reproductive health kits, rape kits, contraceptives, warm cloths, etc.); iii) promoted GBV approach and assist GBV victims through 26 Mibile teams, shelters, the national and three regional toll-free hotline, 30 centers of social services); iv) supported by international and local GBV experts and capacity building of IPs, service providers; v) raised awareness on GBV issues; vi) enhanced multi0sectoral coordination of HR to GBV, including establishment of GBV sub-cluster at national and regional (5) levels and GBV Information Management System Working Group. As HR indicators were established for a short periods connected to available funding and source of funding, almost all of them were achieved except cases due to limit access to NGCA.

Key informant contribution:

- There is a lack of official statistics on cases of GBV in the eastern part of Ukraine that considerably impedes adequate response to the situation with GBV. Moreover, the national statistical data is not available in English and the international community cannot use it;
- In rapid assessments, in-depth analysis opportunities are very limited and data on GBV is difficult to collect;
- Ukraine never experienced any armed conflicts and mechanisms for effective coordination and collaboration are not properly established;
- The Government institutions were not ready to effectively address the needs of population in general and to provide adequate response to the situation in the East and to implement prevention measures. The government turnover resulted in the loss of institutional memory;
- Areas which are not under the Ukrainian authority control are not accessible for assistance;
- complicated purchase and logistic processes did not allow for prompt delivery of humanitarian and medical assistance’
- The armed conflict in the east of Ukraine significantly contributes to an increased transmission of HIV/STI;
- Groups participated in armed conflict along with youth from the conflict zone, need to be integrated in all HIV/STI prevention activities;
- A clear mechanism of coordination between different stakeholders such as the Ministry of Social Policy, the Ministry of Health, the Ministry of Education and the State Emergency Service should be established and be operational;
- There is lack of awareness among population about existing services available to survivors of violence in Ukraine;
- Gender stereotypes with regard to the role of a woman as a mother and caregiver prevail in society and cause discrimination and violence. Stigmatized attitude within the society (including from law enforcement bodies) leads to discrimination and violence against vulnerable groups of women, including women-IDPs and HIV-positive women;
- There is a lack of responsibility and coordination within monitoring missions and the donor community on east of Ukraine.
- due to the conflict situation the CO and respective national partners could not be part of the EECA regional initiative (on health system response to GBV);
- According to the UN rules, the war on east cannot be called a war but a conflict. That was fine back in 2014 but not now, when the UN often is blamed by the Ukrainians in hiding the truth;
- The Mobile Teams work with GBV victims is widely recognized by those who work in this area, in particular, social protection services and departments, law-enforcement agencies, non-governmental organizations and centers for providing social services to families, children and youth. The teams have built a wide support network, to which they can refer their clients or they can receive information about violence cases from this network. However, these mobile teams have limited possibility to work with a perpetrator or an “aggressor” rather than with a victim. There are no sufficient legal mechanisms for isolating the perpetrator and clearly regulating the work of the law-enforcement agencies and social services in cases of gender-based violence;

- There is a lack of framework for working with perpetrators: there is no judicial support, the police officer can send the person to correction training, but it is not available and nobody can force the perpetrator to attend it...
- Financial support to the UNFPA CO mobile teams is available only until July 2017. The large majority of stakeholders in eastern regions are rather skeptical about the possibility to fund mobile teams and shelters from the local budget;
- The UNFPA supported awareness campaign on gender-based violence issues opened up a significant “hidden” or unthought-of/unconscious demand for social-psychological help in cases of GBV. Therefore it is important to have these services integrated to the public system or to have them divided between the local authorities and CSOs to make sure that they do not disappear once the funds run out.
- There is a need to re-organize the system of healthcare services’ provision (especially in the area of reproductive health) is in Donetsk and Luhansk oblast taking into consideration the loss of health care institutions that remained on the occupied territories.
- The labor migration of medical practitioners left eastern regions with significant understaffing. The capacity of the oblast health care department was undermined as well due to the move, poor infrastructure and facilities and the lack of computers;
- Lack of the National Reproductive Health Programme creates poor understanding of the amount of medicines that can be purchased by the state.
- As of the constant changes and reform of the social service delivery system there is a limited number of trained social workers who can address the current needs (as they use are rather outdated and ineffective approaches and techniques);
- The local authorities displayed high interest in the development of specific social services in the field of GBV;
- The presence of the UNFPA coordinators in the regions as well as competent implementing partners representing CSOs ensure effective implementation of the humanitarian project in five regions;
- The work of the sub-cluster on gender-based violence at the regional level enables sharing pressing information in an expedient manner, learning what other do and coordinating activities, sharing cases and engaging partners when needed;
- People who have used the services of the mobile teams very often promote these social services and disseminate information about the availability and usefulness of these social services;
- The data base of women who have extra-genital pathology has been prepared in the area of reproductive health thanks to the SDC project. The project has also provided the software that enables to have cross-cutting management of all cases and it stipulates for the possibility for all specialists to be connected to the same database. But due to the beginning of the conflict the implementers could not purchase and install the server to run this program;
- There is lack of particular expensive medicines such as phospholipids, antibiotics, drugs and medications to stop obstetrical hemorrhage and equipment. However, it is more difficult to find competent health practitioners, especially qualified health workers such as vascular surgeons, neurosurgeons, anesthesiologists, neonatologists. Therefore, there is a pressing need for professional development of existing medical and management personnel (for instance, to work with monitoring issues at the Donetsk Oblast Health Care Department);
- Cooperation with the national authorities is necessary to provide adequate response to humanitarian crisis. And cooperation that embraces the representatives of the Government, the UN and NGO sector is the most effective.
- More thematic surveys on humanitarian, social, health and economic needs of women and older persons, youth and adolescent girls, IDPs affected by the humanitarian crisis are needed.
- Trainings on gender-based violence are well perceived by journalists and policemen. It is important to repeat them from time to time. Once is not enough in this context.
- It is important to spread information to the general population and to raise awareness on GBV, HIV/STI issues to provide better access to knowledge about them, existing protection measures and available services more actively. For example, it is vital to inform people that there are 72 hours to protect oneself from HIV and pregnancy in case of sexual violence. The Fund hands out relevant kits but people seem to be unaware of that.

- New interventions need to be built on existent services. Clients of mobile teams highly assess the quality of rendered assistance and they are very critical and negative about social services rendered by the state. *“...I went to the state social services...I was given the brush-off saying that there are thousands of women like me and that I should go back to my husband and don’t be a fool, nobody is going to punish him”.*
- There should be psychological services provided to the veterans of the ATO in order to prevent domestic violence. It will require respective psychologists that used to take part in combat operations or who have worked with veterans of other conflicts. Different respondents commented that the problem of domestic violence in the families of ATOs is just starting and we should expect more of such cases in the future. It is essential to ensure socio-psychological rehabilitation of the veterans to prevent violence.
- It is very important to position the UNFPA as the agency that addresses GBV and supports comprehensive services for GBV survivors, particularly in conflict-affected areas as well as promotes gender equality and women’s empowerment in development context. The UNFPA can play a liaison and broker role between the humanitarian response structures and the national statistical office.

**EQ 8. Efficiency – Applied to all five programme areas:**

**To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches used?**

<p><b>A8.1 UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP</b></p>	<p>The planned inputs and resources were received as set out in the WPs and agreements with partners The resources were received in a timely manner according to project time lines and plans, or plans adjusted accordingly Inefficiencies were corrected as soon as possible Evidence that UNFPA leveraged resources from other sources Evidence of effective use of regional resources and participation in regional initiatives Communications targets</p>	<p>Annual reports from partner Ministries, and implementing partners Audit reports and monitoring reports UNFPA (including finance/administrative departments) UNFPA project documentation, COARS UN DESA reports Regional reports and documentation Mobilization trust reports Partners (implementers and direct beneficiaries)</p>	<p>Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of implementation Review of financial documents Interviews with UNFPA and IP administrative and financial staff.</p>
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**General.** Document review and key informant interviews showed quite efficient use of financial resources by the UNFPA CO. The first country programme for Ukraine 2006 to 2011 had a budget of \$3.2 million funded by regular resources. The country office mobilized an additional \$7.7 million from other resources, a significant amount in a middle-income country. Government co-funding of the country programme accounted for \$1.7 million. For the 2<sup>nd</sup> Country Programme UNFPA committed \$5 million from regular resources and mobilize additional \$1.5 million from other resources to co-fund the programme. In 2014 the UNFPA budget was revised to reflect the global UNFPA SP for 2014-2017. The revised 2014 budget contributes to all four of the global UNFPA SP Outcomes and relevant Outputs but decreased the SHR related budget from 73% to 32% of the total UNFPA budget and allocated Humanitarian Response Programme resources to the Gender component. In total, UNFPA operated of budget near \$7,25 million that include \$2,7 million from regular sources and the rest (\$4, 55 millions) from others. The majority of budget funds were

allocated to two programme areas: 40,3% to gender (including GBV and harmful practices) and 32,3% to SRH (including SRH in emergency). Other funding was attracted only for programme activity, no for PCA needs. On average utilization level is near 95-96% with one exception for the SHR component of 83%. UNFPA Ukraine has been successful in mobilizing funding from other sources, especially in 2015 and 2016. The proportion of funds secured from other sources went from 11,54% in 2012 to 78,06% in 2016. This was mainly due to the large support to the Humanitarian Response projects. Additional sources include USA and UK governments, UNAIDS (via UBRAF), GIZ (Germany). When by 2015 UNFPA used mostly direct expense scheme starting in 2015 CO engaged local IPs (in most cases national CSOs) through NEC mechanisms (that proved to be very efficient in times of military and humanitarian crisis). PCA funding was unchanged (\$441,150) and slower in its utilization in 2012 and 2013 (14% and 11% under-expended respectively).

**SHR:** The interviews with most beneficiaries and partners in SRH Programme area confirmed that the planned inputs and resources were mostly received in a timely manner according to project time lines and plans, or plans adjusted accordingly. Key-informants provide a significant number of examples, when UNFPA CO shared its costs with other partners of Reproductive Health Group or leveraged resources by entering in new partnerships. Totally the UNFPA CO managed to attract 1 779 038,29 USD of additional funds for activities in the SRH Programme area. In the course of evaluation of SRH Programme area key-informants from UNFPA CO partners or beneficiaries did not raise the issue of appropriateness of the UNFPA administrative and financial procedures, mostly stating that no problems were encountered with receiving financial or other types of assistance from UNFPA CO. However, the Programme staff commented that there is an efficiency issue connected with conduction of comparatively small payment. All Programme payments are realized via UNDP office and the cost of each payment includes fixed commission of 29 USD per payment for UNDP services. While this sum is negligible when payment amount is relatively big (several thousand USD and more), the cost of commission looks not justified when payments are relatively small (less than hundred USD) which is often the case when tickets or small amount of goods or services need to be procured.

**Gender:** that the budget and expenditures for the implementation of the Gender Programme have grown on a yearly basis in the period of 2012 to 2016. The most significant increase was observed in 2015 and was related to the beginning of activities within the HR Programme, where the large share of expenditures was related to the activities within the GBV cluster. The share of expenditures for activities under the Gender and HR Area amounts to 40,2% of the total budget of the UNFPA Ukraine and constitutes the largest amount when compared to expenditures in other thematic areas. On the basis of stakeholder interviews, document review and financial analysis, overall the activities implemented toward the achievement of outputs for the Gender Programme area appear to be reasonable for the amount of resources expended.

**Youth:** the total expenditures for the youth portfolio of program activities varied, with maximum amount of \$193,516 in 2013 and minimum of \$67,664.71 in 2016. The share of expenditures allocated to the implementation of the Youth Programme amounts to 11.2% of the total budget of the programme expenditures of the UNFPA Ukraine and it is the lowest amount when compared to expenditures for other thematic programmes. The UNFPA Ukraine allocated additional funds basically in order to support implementation of Youth areas of a country programme (regular resources \$377,355; others \$397,287)

**P&D:** The funds allocated to the Population and Development area have been decrease from \$372,353.00 in 2012 to \$130,805.30 in 2016 with slight increase in 2015 to \$191,872.96 in 2015. The share of expenditures allocated to the implementation of the Population and Development Programme amounts to 16.4% of the total budget of the programme expenditures of the UNFPA Ukraine. Cancellation of the national population census and completion of preparatory works related to the census resulted in the reduced allocations for this area. The Fund used the money allocated to the census for capacity building of the State Statistics Service' staff and support to originally not planned census-connected activities, namely the development of a census geographic information system (GIS), building electronic maps of Ukraine for census mapping as well as for training IT staff and census managers in using GIS systems for census planning and management. Since the activities of the Fund were closely connected to interaction with the public authorities who could be very unpredictable at times in terms of their performance pace, the Fund experienced certain delays in re-allocation/reprogramming of funds from one activity to another. Moreover, delays of activities or their postponement happened due to the political context and situation that resulted from 2013-14 events on Maidan, frequent changes in government key personnel, the lack of commitment on the part

of government counterparts and shortage of funding as well. In 2015 the UNFPA used the indirect funding mechanism for its partner, in particular, when contracting the Ukrainian Social Reform Center to conduct studies. That was also economically feasible and enabled the Fund's staff focus on other issues.

**HR:** Majority of funding for the Humanitarian Response projects in 2014-2016 was received from various external sources, namely: \$2,000,000 from the USA Government (via BPRM), £1,350,000 from the UK Government (via DFID), \$73,440 from UNAIDS (via UBRAF) and EURO196,473 from GIZ (Germany). Only a small share of finance (\$41,7787) was allocated by the UNFPA emergency fund. The results achieved by the humanitarian projects show that all resources were used efficiently due to the presence of local UNFPA coordinators in 5 eastern oblasts, combination of DEC and NEC funding mechanisms. For the project activities supporting the Government of Ukraine UNFPA used DEC mechanisms when for working with CSOs it is mostly NEC methods. Work with its CSOs IPs proved to be a success since it enabled the most efficient and prudent use of HR resources.

Key informant contribution to HR component:

- The work with UNFPA helped IPs to implement important activities and provide essential services to people and IDPs in five oblasts;
- CSOs focused their work in the most pressing areas and in which they had expertise and skills. At the same time, CSOs gained new experience, improved their knowledge and built capacity in working with most vulnerable groups in eastern Ukraine;
- The UNFPA proved to be flexible when working with the public authorities on delivery of humanitarian aid to eastern Ukraine. At the time when there was a ban on delivery of medicine and equipment, UNFPA provided humanitarian assistance;
- UNFPA took the responsibility for customs clearance of the humanitarian aid and its delivery to the hospitals, thus simplifying the work for the Ministry of Health Protection and skipping all bureaucratic procedures.

**EQ9. Sustainability - – Applied to all five programme areas:  
Are programme results sustainable in short and long-term perspectives? To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?**

<p><b>A9.1 UNFPA has contributed to the establishment of mechanisms to ensure ownership and the sustainability of effects in terms of policy, institutional and financial aspects.</b></p>	<p>Evidence of national leadership in planning and implementation of projects and programmes to promote ICPD objectives Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts</p>	<p>COARs and Progress reports Exit strategies and benchmarks for handover Surveys, workshop proceedings National ministries budget information UNFPA staff Implementing Partners Beneficiaries of capacity development</p>	<p>Documents analysis Interviews with UNFPA CO staff Interviews with implementing partners Interviews with beneficiaries Document review Site visits to implementation areas</p>
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**General:** Document review and key informant interviews provided proofs that many of the UNFPA supported activities and achieved results are/will be sustainable in short as well as in long-term perspectives. UNFPA support was aimed at promotion of national ownership and sustainability of supported interventions. UNFPA sustainability efforts were built based on the capacity developments and partnership strategy described in the 2nd CP.

**SHR:** In SRH Programme area UNFPA CO demonstrated a number of achieved results sustainable in long-term perspective, in particular, development and integration of thematic modules to training programmes, development and adaption of treatment standards such as clinical protocols. The communication and advocacy platform Reproductive Health Partners Group created by UNFPA CO was passed to local NGOs to ensure country ownership of the Platform. At the same time some

accomplishments were not found that sustainable in the long-run at the time of the evaluation, while remaining sustainable in the short-term perspective. They include such initiatives and approaches as: «Beyond the numbers», «Syndrome approach», the “Total Market Approach”. The prolonged support is needed to ensure national ownership and readiness to replicate activities.

Key informant contribution to **gender** sustainability

- Gender-related studies are of high quality and they provide unique information and evidence-based data for the development of policies, programmes and projects (*Gender-based violence (GBV) in the conflict affected regions of eastern Ukraine, Analytical report, 2015*);
- The expert support rendered to the public authorities creates preconditions for their institutional development and capacity building so they can prepare quality policy and legislative papers and gender-related programmes that are in line with common standards;
- The deputies’ group (caucus) called “For Equal Rights” was created in the city of Kharkiv.
- The inclusion of gender issues in the curricula in the training programme for civil servants on the premises of the National Academy of Public Administration ensures some sustainability toward building capacity on gender issues within the public service sector. The developed training programmes have been tested.
- The activities within the GBV sub-cluster created preconditions for the local authorities to support and to use the model of the GBV mobile units. However, there is an issue of proper and sustainable infrastructure for such units. While the respondents commented on certain dependency of the units on funding available from the UNFPA, they still stated that these units managed to improve their sustainability.
- Unfortunately, the Ukrainian society is still in the grip of Soviet stereotypes or it is very close-minded when it comes to gender issues. The question on long-term sustainability (greater than 5 years) was a challenge to most of the respondents.

Key informant contribution to **youth** sustainability:

- The Ministry of Youth and Sports provides finance to the annual thematic studies on youth issues at the account of the public finance”. The surveys of youth and adolescents are used to develop political and policy papers
- The training course called “Grow Up In Good Health” that aims at buildup and promotion of healthy lifestyle and preservation of reproductive health among youth and adolescents is a part of curriculum at various organizations that work on professional development of school teachers. The people who have prepared this course raise funds on their own and promote it among other people working with educational issues. The course is very popular among the teachers and parents;
- Some events were financed with a help of co-funding available from the local sources. In particular, all projects prepared by the local youth organizations were funded by the city authorities of Kremenchuk. This activity was further reflected in the local programme for youth development and support and it was written down that the city of Kremenchuk would allocate relevant finance for it.
- The UNFPA Ukraine carries out diversified activities that include the preparation of educational and training programmes, public awareness campaigns, rendering support to the local projects implemented by the youth CBOs and also have other activities at the national and regional levels.

**P&D:** The UNFPA ensured the sustainability of achieved results by building capacity of its partners, introducing them to the best international practices and methods, supporting their participation in the international conferences and trainings, conducting legislative and policy work at the national level and educational and information events at the regional level. The Fund engages its partners in needs assessments that they conduct on their own and they also define the areas of cooperation themselves. There is an ongoing constructive dialogue between the UNFPA and its partners ensures the ownership of results by its partners.

**HR:** The large majority of results achieved within the humanitarian response projects have promising sustainability perspectives. While certain outputs such as new knowledge, skills and equipment will be operational and available once the project supports stops, other outputs such as mobile teams, shelters and private counseling rooms will require further financial support. Local authorities are willing to support the mobile teams, shelters and private counseling rooms introduced by the project,

provided that UNFPA supports them with other equipment, vehicles etc. By engaging local CSOs as IPs UNFPA ensures national ownership of achieved results.

Key informant contribution to HR sustainability:

- The experience gained by implementing partners is essential not only today but will also be for their future;
- Strengthened capacity of national and local CSOs to provide necessary assistance and services to people in the area of GBV and the CSOs' experience in cooperating with UNDP will be used after projects end;
- New knowledge and skills of doctors when working with patients and strengthened capacity to provide help to victims of violence;
- Capacity of the government institutions to prevent and respond to GBV in a non-discriminative manner;
- The mechanisms of cross-sectoral coordination and knowledge in documenting and analyzing data, reporting on victims of GBV;
- Inter-sectoral response guidelines (SoPs);
- The referral Directory for professionals enabling referrals between healthcare and psychosocial sectors.
- The system of mobile teams, shelters for victims of violence and private counseling rooms will require further support in the future;
- While the legal documents that regulate the work of the mobile teams and shelters for victims of violence have been developed at the Ministry of Social Policy, there have to be financial mechanisms to ensure their work;
- The utilization of data on cases and victims of violence will require human, physical and financial resources.
- The local authorities, in particular, from Kharkiv city, are ready to support the mobile teams and institutions where the GBV survivors can temporarily stay, provided that the Fund renders additional support to them such as vehicles, equipment etc.

Key informant contribution to HR ownership. The national ownership was ensured:

- By strengthened IPs capacity received during training, expert and financial support to them;
- UNFPA attention and insistence on high standards of supported activity/projects;
- Respectful attitude and treatment of partners by UNFPA and trust-based relations between the organizations that strived IPs to carry out their work as best as they could.

**EQ 10. Coordination - To what extent has UNFPA contributed coordination mechanisms in the UN system (UNCT and HCT) in Ukraine? To what extent does the UN-Ukraine Partnership Framework reflect the interests, priorities and mandate of UNFPA in Ukraine? To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Ukraine?**

<p><b>A10.1 The UNFPA country office has actively contributed to UNCT working groups and joint initiatives in each of the programmatic areas</b></p>	<p>Evidence of active participation in UN working groups          Evidence of UNFPA contribution to UN advocacy efforts          Evidence of UNFPA support for UN delivering as one approach          Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas          Evidence of exchanges of information between UN agencies</p>	<p>UNFPA CO          UN strategies          UN common resource mobilization strategies and common pools          Donor coordination groups          Minutes of UNCT working groups          Programming documents regarding UNCT joint initiatives          Monitoring/evaluation reports of joint programmes and projects</p>	<p>Documents analysis          Interviews with UNFPA CO staff          Interview with the UN Resident Coordinator          Interviews with other UN agencies          Interviews with donors</p>
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	<p>Evidence of joint programming initiatives (planning)</p> <p>Evidence of joint implementation of programmes</p>		
<p><b>General:</b> The Ukraine – United Nations Partnership Framework, 2012-2016 was signed to work on four priority interrelated areas to cooperate on i) sustained economic growth and poverty reduction, ii) social development, iii) governance, and iv) environment and climate change. The document details how the UN agencies work in Ukraine in cooperation with a broad range of partners: the government institutions - at national, regional and municipal level, as well as the private sector, civil society, local communities, and other national and international development actors. UNFPA contributes to achieving four outcomes in the social development priority and, at least, two outcomes in governance priority. Interviewed stakeholders of UNCT and partners think highly of the UNFPA initiatives, willingness of leadership to jointly address pressing issues and/or raise issues that the Ukrainian government might find uneasy. The respondents commented on the leading role UNFPA plays in groups on gender, youth and GBV. The evaluation has demonstrated that the respondents appreciated the work of the Fund in the groups in particular, since the UNFPA made it possible for all stakeholders interested in addressing certain issues to take part in their work. In addition to the UN agencies, the new participants include representatives of CSOs, public institutions, technical assistance programmes, Embassies and others.</p> <p><b>SRH:</b> UNFPA is a member of Informal platform on reproductive health and rights issues and The Coordination council under the Ministry of health on youth friendly clinics and led by 2015 Reproductive Health Partners Group. Together with its UN, development partners, civil society organizations (WHO, UNAIDS, UNICEF, World Bank, USAID and USAID implementing Agencies (JSI, PATH), Swiss Agency for Development and Cooperation (SDC) - “Mother and Child Health Programme”, national NGO’s - Woman Health and Family Planning Foundation, HIV/AIDS Alliance, PLWHN) UNFPA helped coordinate and support efforts of donors, share costs and have a stronger voice to advocate for changes at the national level. The members of the Partners Group were involved in the Evaluation of the National Programme called “Reproductive Health of the Nation” (2006-2015) and participated in the development of the new State program called “Reproductive Health of the Nation” for the period 2016-2020. The new State program has not been approved yet. However, during the meeting with Evaluation team the current MOH team responsible for the development of the National Programme, recognized the importance of the UNFPA input in both National programs and expected further support. In partnership with the SDC the UNFPA CO has provided support in organizing the BCOG Master class on clinical guidelines/protocols adaptation for 30 health professionals. The UNFPA jointly with the USAID supported revision of the MOH regulation on FP services system and revised clinical protocol on FP services provision. UNFPA implemented the WHO “Beyond the Numbers” methodology. The Total Market Approach (TMA) initiative was implemented by the UNFPA CO in Ukraine that capitalizes on initial interventions made by the USAID. The coalition of RH partners facilitated by the UNFPA (the Ministry of Healthcare of Ukraine and regional health care authorities, the USAID, the JSI, NGO and private sector partners) has agreed to promote the introduction of the concept of “Minimal Available Package of Contraceptives”. The UNFPA CO in partnership with the USAID provided co-funding to develop the web-site on Family Planning (<a href="http://www.planA.org.ua">www.planA.org.ua</a>) for public and health care practitioners. The UNFPA CO jointly with the ILO and the UNAIDS implemented initiative called “HIV prevention and VCT at workplace”.</p> <p><b>Youth:</b> UNFPA leads the UN youth working group, facilitates work of the UN youth advisory panel, and participate in the UN joint group on HIV/AIDs. UNFPA cooperates with the Ministry of Sport and Youth, UNICEF, UNDP, the Council of Europe, UNAIDS in the improvement of the national policy in the social field, with ensuring access to quality social and health care services and with promoting healthy lifestyle and prevention of HIV. The UNFPA supported the Ministry of Youth and Sports of Ukraine with development of the National Youth Policy. The Government of Ukraine adopted a new programme until 2020 called “the Youth of Ukraine”. The UNFPA supported the Ministry of Youth and Sports of Ukraine with development of a number of legislative and regulatory documents to operationalize the new National Youth Policy 2016-2020: i) Order of the Ministry of Youth and Sports of Ukraine “On approval of the selection criteria for the award of the Cabinet of Ministers of Ukraine for significant achievements of youth in the development of Ukraine” developed and approved by the Cabinet of Ministers; ii) Order of the Cabinet of Ministers of Ukraine on “Statute of Youth Centers” developed; iii) Order of the Ministry of Youth and Sports of Ukraine on “Approval of the quality criteria for Youth Centers” developed. In</p>			



2015 the Fund together with other UN agencies provided support to the public institutions and research and development centers in conducting the youth survey «State of Youth in Ukraine 2015».

**Gender:** By 2015 UNFPA established and led the UN theme group on gender and when UN Women came to Ukraine, UNFPA handed over his leading role in this group but remained an active actor in addressing gender issues. Within gender group at the initiative of the UNFPA Ukraine started to produce reports on the CEDAW involving the Ministry of social policy, the Ministry of the Interior, the UN Women, and other focal points in all UN agencies present in Ukraine.

**P&D:** UNFPA promotes the ICPD agenda in the work of the UN Country Team. UNFPA is a member of the inter-agency working group on ageing together with representatives from the Ministry of Social Policy of Ukraine, UNICEF, ILO, UN Women, the State Statistics Service, the Institute of Demography and social research, HelpAge. UNFPA supported development and advocacy at national and international level various policy documents: research studies concerning older population; Ukraine's joint and national reporting on the implementation of the MIPAA in 2012-2016; reflection of Human rights and development issues related to older persons in the final national MDG report; the concept of active and healthy longevity during annual International Day of Older Persons; concept and the National Programme on Ageing for 2017-2022; the draft national strategy on population ageing, agreed with central and local level stakeholders that is pending approval by the Ministry of Social Policy before official submission for endorsement by the Cabinet of Ministers; a concept of older persons' institutional social care reform; and three national standards of social services for older persons.

**HR:** When the situation changed in Ukraine in 2014 the UNFPA increased its cooperation with the WHO, UNICEF, OCHA in the area of humanitarian aid to be rendered in eastern Ukraine. UNFPA was part of the rapid assessment of the situation in Eastern Ukraine UN team. UNFPA supported the GBV Study in Humanitarian Settings as part of the UNFPA humanitarian response covered 5 provinces of Ukraine most affected by the armed conflict in Donbas.

<p><b>A10.2 The UNFPA country office has contributed to avoid overlaps and promote synergies among the interventions of the UNCT in each of the programmatic areas</b></p>	<p>Nature of the contribution of UNFPA to the elaboration of the UNPF Extent to which the UNPF reflects the priorities and mandate of UNFPA in Ukraine Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members</p>	<p>Ukraine-UN Partnership Framework for 2012-2016 CP Documents UNCT UNFPA Country Office Monitoring/Evaluation reports of joint programmes and projects</p>	<p>Documents analysis Interviews with UNFPA CO staff Interview with the UNRC Interviews with other UN agencies Interviews with implementing partners</p>
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Key informant contribution to coordination:

- Little cooperation among the agencies;
- Lack of interests in each other activities;
- Low awareness about what each agency does;
- Mechanisms of cooperation among the un agencies are not clear for majority of partners;
- Division of responsibilities among different agencies working in the same areas remains;
- A high staff turnover in the UN agencies;
- Unhealthy competition between the UN agencies for resources and leadership in certain programme areas may further compromise/undermine the un ability

- to deliver as one. while the UNFPA has a good cooperation with the who that provides primary care to people and engages experts in the projects on maternal and child health, two agencies are competing against each other in the areas of humanitarian aid and GBV, both in terms of leadership and financial support;
- Each UN agency has its own mission and it has limited resources;
  - Need for co-financed and joint projects among different un agencies;
  - As a rule, the un agencies should follow the UNDP financial management procedures when making financial decisions. The UNDP is the owner of the account of all UN agencies in Ukraine and the financial rules of this agency prevail;
  - Cooperation and coordination among the un organizations in Ukraine is good;
  - The UN agencies have better cooperation at the local level rather than at the national level;
  - Human factor plays an important role in UN agencies cooperation;
  - The previous country manager of the UNFPA was simply terrific. She was genuinely concerned about the fund’s work in Ukraine and she wanted it to be as effective and instrumental as possible;
  - The work of the UN joint group on HIV/AIDs is example of the best practice that was recognized by the UN director general as a successful joint effort in reaching MCG6.

**EQ 11. Added Value – To what extent has UNFPA made good use of its comparative strengths to add value to the development results in Ukraine? In particular: 1) What are the main UNFPA comparative strengths and added value in the country, particularly in comparison to other UN agencies?? 2) Are these strengths a result of UNFPA corporate features or are they specific to the country office features? 3) To what extent would the results observed within the programmatic areas have been achieved without UNFPA support? 4) What is the main UNFPA added value in Ukraine’s context as perceived by national stakeholders?**

<p><b>A11.1 The main comparative strengths of UNFPA have been identified and built upon in designing and implementing the UNFPA country programme</b></p>	<p>Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon The results observed in programmatic areas that have been achieved with UNFPA’s contribution are described. The perceptions of national stakeholders in regard to UNFPA’s added value have been collected and used for future programming.</p>	<p>The CP and COARs UNFPA Country Programme Strategy Reports from partners and other development agencies</p>	<p>Key informant interviews Document analysis</p>
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Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies and the results observed in programmatic areas that have been achieved (and described above) with UNFPA’s contribution show that UNFPA is perceived as the catalyst and one of the key driving force in the demographics and population and development related issues with attention to aging issues, as well as in youth policy development, reproductive health and sexuality education, gender and gender-based violence. The main UNFPA added value in Ukraine’s context as perceived by the national stakeholders includes the following.

**SRH:** i) creation of the communication platform called «Reproductive Health Partners Group» as a basis for partnership and advocacy that has a chance of keeping the priority of Reproductive Health at the national level; ii) introduction of new approaches in the reproductive health in Ukraine, in particular, «Beyond the numbers”, “Total market approach”, «Syndrome approach”; iii) being focused on “friendly approach” when providing health care services to youth and training the health practitioners in that; iy) successful experience in the preparation and implementation of training courses on Reproductive Health and Family Planning; y) promotion of evidence based approach in health care, in particular, in the development of clinical protocols; and yi) capacity to build communication and mutually beneficial

partnerships and the ability of the Fund to identify the most critical issues that can be effectively solved with interventions.

**Gender and GBV:** i) UNFPA highlighted the area of GBV itself since the issue of domestic violence only was in the spotlight in the past; ii) Bigger focus and better awareness and understanding of gender issues have resulted in creating For Equal Opportunities Caucus at the Parliament of Ukraine.

**Youth:** i) UNFPA revived large-scale studies on youth that were abandoned back in 2009 and then started in 2015. Studies were originally financed by the UNFPA and now the Government of Ukraine allocates money for these studies on youth; ii) The UN Youth Advisory Panel established, as a part of the UNCT's commitment to the young people's empowerment and rights in accordance with basic human rights principles is also a value added in this area.

**P&D:** i) the development of geo-information system (GIS) for the national population census and providing trainings on how to use it to the IT-specialists; ii) the development of technical documentation for conducting public procurement related to the national census; iii) UNFPA work in the development of standards for processing micro-data; iv) provision of services to elderly; and v) the preparation of the national ageing strategy.

**HR:** i) provision of vital support to the maternity houses in the form of medicines and equipment as a response to the destruction of a 3-tier system for providing medical delivery assistance in Donetsk and Luhansk oblasts due to the armed conflict; ii) piloting mobile teams as a new approach to respond to cases of gender-based violence that enables to provide assistance even in the most remote areas, that helps open up the issue of violence, which is hidden or not thought of often. This project can be easily duplicated in other regions of Ukraine; iii) opening the private counseling rooms at the hospitals to provide assistance to GBV survivors and victims; iv) creating the database and collecting information about the instances of gender-based violence, which plays an important role in further analysis and mapping out/development of future programmes in this area; and v) coordination of partners within the GBV cluster.

Much strengths identified above are the result of the UNFPA corporate features. But respondents identified certain features, which are specific only to the country office. Among them is the UNFPA staff of the Fund, who is very attentive to the needs of their partners; they can listen to them and hear what they say. Moreover, key informants contribution on identification of strengths as UNFPA:

- is open to work with CSOs;
- clearly divides the responsibilities between the partners and itself;
- implements the projects together with partners;
- provides immediate response to emerging issues and makes decisions, which are informed and carefully weighted, and define activities that would be realistic in terms of their implementation;
- With little funds has very focused priorities and many successful stories;
- Focus on population study issues;
- Only agency working with aging issues;
- coordinates, links and involves different actors to networking (state, international community, CSOs);
- implements pilot projects that later became a policy or scaled up to regional;
- implements its activity through capacity building measures, training and expert assistance, information campaigns, policy drafting, advocacy;
- has direct and indirect expense schemes;
- mandate is unique;
- plans its activities taking into consideration our needs and proposals. UNFPA did not tell us what to do;
- selects most painful issues to solve;

- keeps track of activities of other donors so it does not overlap their work;
- coordinates its activities by organizing and conducting joint events;
- adds activities to its mandate, which are relevant to Ukraine;
- works on small but system changes that eventually result in sustainable initiatives achieved thanks to capacity building efforts.

<p><b>A11.2 These comparative strengths are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies</b></p>	<p>Perception by Ukraine national stakeholders of the comparative strengths of UNFPA  Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners  Evidence that UNFPA has established and maintained partnerships to ensure that UNFPA can make use of its comparative strengths</p>	<p>Ukraine-UN Partnership Framework for 2012-2016  Country Programme documents  Government partners  UN agencies  Other development partners</p>	<p>Document review  Interview with the UN RC  Interviews with other UN agencies  Interviews with Government partners and other implementing partners</p>
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The UNFPA role in the UN-Ukraine Partnership Framework reflects the UNFPA comparative advantages such as mandate and mission, experience and established contacts in Ukraine, availability of technical resources and recognized expertise as well as political neutrality and integration to the UN country system. The Partnership Framework spelled out the UNFPA repositioning to new areas, namely – RH and rights, maternal health, family planning and prevention of HIV and other STIs. Besides several lessons from the first UNFPA programme cycle were considered as well. Among them were improving positioning of the UNFPA agenda with the Government at the national and regional levels and strengthening interventions with a focus on rural areas and populations that are most at risk. At time when the UN-Ukraine Partnership Framework was designed and approved it reflected the interests, priorities and mandate of the UNFPA in Ukraine to a great extent.

UNFPA is perceived by both UN Agencies and national government and civil society stakeholders as mostly specific expertise providing agency. The respondents noted that the Fund is the only international organization in Ukraine, which is consistently addressing the issues of ageing, youth policy, practical issues in the area of gender-based violence, family planning, and reproductive and maternal health. Gender is perceived as being co-shared with UN Women and HIV/AIDs – with UNAIDs. UNFPA managed to establish and maintain productive partnerships to ensure that it can make use of its comparative strengths, for instance: USAID and USAID implementing agencies (JSI, PATH), Swiss Agency for Development and Cooperation (SDC) “Mother and Child Health Programme”, GIZ (Germany), national NGO’s - Woman Health and Family Planning Foundation, HIV/AIDS Alliance, PLWHN. UNFPA activities are not limited to one type of activities. The Fund uses a complex approach in addressing pressing issues when compared to other UN agencies that have clear-cut types of support. For instance, the WHO provides expert support, the UN Women works on policy development and advocacy.

Key informant contribution to use of comparative strengths:

- UNFPA supports thematic studies to define areas for policy work and institutional development;
- The UNFPA expert support helps us (partners) gaining new knowledge and skills, apply new approaches in practice;
- The distinctive feature of UNFPA is its approaches for working with the partners as UNFPA does not impose its vision on the partners but rather motivates them to present own initiatives;
- Taking into consideration the small amount of finance the organization has at its disposal when compared to other UN agencies, the UNFPA manages to identify the most pressing issues that require solution and can produce effective results and then implements pilot projects around these issues. But some of these pilot projects can turn into full-fledged regional programmes as it was the case with the initiative to provide information on sexually transmitted diseases to long-distance drivers.

- UNFPA is flexible and persistent in pursuing its goals. For instance, when the Fund does not manage to find support at the national level, the Fund addresses the regions and looks for stakeholders interested in addressing particular issues. That was the case with the promotion of the Syndrome approach. The Fund's activities were supported at the regional level and the Fund started its work following the bottom-up approach and building the respective groups of supporters.
- UNFPA searches for alternative and inexpensive but to the point approaches for addressing various issues. For instance, that was how the module on life-skills was developed for youth on the basis of the school course on healthy lifestyle. When deciding on whether to support or not support certain initiatives, the Fund focuses on the roots of the problem and not its consequences. The other sample - The dermatologists did not see any difference between syphilis and AIDS because they did not know how to use microscopes that they simply did not have. Therefore the Fund purchased microscopes and conducted trainings on how to use them and then the National Dermatology Institute in Kharkiv developed the official protocol for doctors.
- When providing trainings to the staff of healthcare institutions, UNFPA teaches them how to work with patients from the moment when a patient enters the hospital to his/her release. When working with perinatal centers, the Fund teaches partners to take into consideration the opinion of not only the management but also of the lower echelon, in particular, the obstetricians. When introducing new methods, UNFPA provides clear-cut procedures to the implementers, for instance, how to provide help in case of violence.

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AIDS –	Acquired Immune Deficiency Syndrome
ANC –	Antenatal Care
ASRH –	Adolescent Sexual and Reproductive Health
AWP(s) –	Annual Work Plan(s)
BCC –	Behaviour Change Communication
BTN –	Beyond the Numbers
CCA –	Common Country Analysis
CEDAW –	Convention on the Elimination of all Forms of Discrimination against Women
CIS –	Commonwealth of Independent States
CP –	Country Programme
CPAP –	Country Programme Action Plan
FACE –	Funding Authorization and Certificate of Expenditures
FP –	Family Planning
GBV –	Gender-Based Violence
GCA –	Government Coordinating Authority
GEL –	Gender Equality Law
HIV –	Human Immunodeficiency Virus
ICPD –	International Conference on Population and Development
IEC –	Information, Education and Communication
ILO –	International Labour Organization
IP(s) –	Implementing Partner(s)
MCH –	Maternal and Children’s Health
MDGs –	Millennium Development Goals
MESYS –	Ministry of Ukraine for Education, Science, Youth and Sports
MIPAA –	Madrid International Plan of Action on Ageing
MOH –	Ministry of Health
MSP –	Ministry of Social Policy
MTSP –	Medium-Term Strategic Plan
NGO –	Non-Government Organization
PHC –	Primary Health Care
PLHIV –	People Living with HIV
PUD –	People who Use Drugs
EMTCT –	Elimination of Mother-To-Child Transmission (of HIV)
RH –	Reproductive Health
SBAA –	Standard Basic Assistance Agreement
SRH –	Sexual and Reproductive Health
SSSU –	State Statistics Service of Ukraine
STI –	Sexually Transmitted Infection
SW –	Sex Worker
UNAIDS –	Joint United Nations Programme on HIV/AIDS
UNDP –	United Nations Development Programme
UNFPA –	United Nations Population Fund
UNICEF –	United Nations Children’s Fund
UNPF –	Ukraine – United Nations Partnership Framework
WHO –	World Health Organization
YFS –	Youth-Friendly Services

- Table 1. Original UNFPA Ukraine Budget as of 2011 and Revised Budget in 2014, (in USD)
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- Figure 2. Structure of resources, 2012-2016 (in USD)
- Figure 3. Total expenditure area, 2012-2016 (in USD)
- Figure 4. Budget and expenditure distribution by programme area, 2012-2016 (in USD)
- Figure 5. Management, programme budget and other resources (in %)
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- Figure 7. Logic Model of SRH Component
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- Figure 15. Logic Model of the Humanitarian Response Programme
- Figure 16. Contribution of the UNFPA SP Outputs to the Social Development



Key Facts and Figures	Source	
<p><b>Ukraine</b> is a sovereign state in Eastern Europe, bordered by Russia to the east and northeast, Belarus to the northwest, Poland and Slovakia to the west, Hungary, Romania, and Moldova to the southwest, and the Black Sea and Sea of Azov to the south and southeast, respectively. Ukraine is currently in territorial dispute with Russia over the Crimean Peninsula which Russia annexed in 2014 but which Ukraine and most of the international community recognise as Ukrainian. Including Crimea, Ukraine has an area of 603,628 km<sup>2</sup> (233,062 sq mi),<sup>[13]</sup> making it the largest country entirely within Europe and the 46th largest country in the world. It has a population of about 44.5 million, making it the 32nd most populous country in the world. Its capital and largest city is Kyiv.</p>		
Surface area	50°27'N 30°30'E - Ukraine has a strategic position in East Central Europe: lying on the northern shores of the Black Sea and the Sea of Azov, it borders a number of European countries -Poland, Slovakia and Hungary in the west, Belarus in the north, Moldova and Romania in the south-west and Russia in the east. The border lengths with each country are: Belarus 891 kilometers (554 mi), Hungary 103 kilometers (64 mi), Moldova 939 kilometers (583 mi), Poland 428 kilometers (266 mi), Romania 169 kilometers (105 mi) on the south and 362 kilometers (225 mi) on the west, Russia 1,974 kilometers (1,227 mi), and Slovakia 90 kilometers (56 mi). Ukraine is also bordered by 3,783 kilometers (2,351 mi) of coastline. Including Crimea, Ukraine has an area of 603,628 km <sup>2</sup> (233,062 sq mi)	"Ukraine - United Nations Statistics Division". <i>United Nations</i> . 2016. Retrieved 6 September 2016.
<b>Population</b>		
Population (inhabitants)	42.539.010 estimate	"Population (by estimate) as of 1 April, 2016.". State Statistics Service of Ukraine. Retrieved 1 April 2016.
Urban population	69.12	<a href="#">"Ukraine – Statistics"</a> . Retrieved 1 January 2015.
Population growth rate	-8.4/1000	World Bank data. 2015
<b>Government</b>		
Type of government	Ukraine is a unitary republic under a semi-presidential system with separate powers: legislative, executive, and judicial branches.	Constitution of Ukraine.
<b>Key political events/dates:</b>		
<p>1991 - Ukraine gained it's independence            1996 - Ukraine adopted it's Constitution            2004 - Orange revolution            2013-2014 - Euromaydan Revolution            2014 - annexation of Crimea peninsula            2014 - start of the war on Eastern borders of Ukraine</p>		
Seats held by women in national parliament	50 persons (11.85%)	Verkhovna Rada Web page, Civic Network OPORA, 2016.
<b>Economy</b>		
GDP per capita (PPP)	8.230	World Bank Data, 2015
GDP growth rate	-9.9	World Bank Data, 2015
<b>Main industries:</b> power generating, fuel, ferrous and non-ferrous metallurgy, chemical and petrochemical and gas, machinery building and metal-working, forest, wood-working and wood pulp and paper, construction materials, light, food and other		

GDP structure, according to the "The World Factbook (CIA)" (Retrieved 24 March 2014) agriculture 9.9%, industry 29.6%, services 60.5% (2013 est.)		
<b>Social indicators</b>		
Unemployment	9.4%	Trading Economics, 2016
Life expectancy at birth	Total population: 69.14 years male: 63.78 years female: 74.86 years (2014 est.)	Index Mundi, 2015
Under-5 mortality (per 1000 live births)	9	World Bank Data, 2012
Maternal mortality ratio (deaths of women per 100,000 live births)	32 deaths/100,000 live births (2010)	Index Mundi, 2015
Health expenditure (% of GDP)	7.1	World Bank Data
Births attended by skilled health personnel, percentage	99%	World Bank Data
Adolescent fertility rate (births per 1,000 women aged 15-19)	25%	World Bank Data, 2014

Condom use to overall contraceptive use among currently married women 15-49 years old, percentage	Current use of any modern method of contraception (currently married women 15–49) - 48% Current use of any traditional method of contraception (currently married women 15–49) - 19%	Ukraine - Demographic and Health Survey
Contraceptive prevalence rate, any method	65%	World Bank Data, 2012
People living with HIV, 15-49 years old, percentage	0.9% (292 153 ppl as for October, 2016)	World Bank Data
Adult literacy (% aged 15 and above)	total population: 99.8% male: 99.8% female: 99.7%	Index Mundi, 2015
Total net enrolment ratio in primary education, both sexes	84.66	UNESCO data, 2014
<b>Millennium Development Goals (MDGs): Progress by Goal</b>		
<b>1.Reduce Poverty</b> <i>- Eradicate poverty according to the criterion of US\$5.05 (PPP) per day by 2015</i> Criteria: Share of population whose daily consumption is below US\$5.05 (PPP), % (in 2000 - 11.9%) <i>- Decrease the share of the poor population (according to the national criterion of poverty) to 25 percent by reducing the number of poor people among children and employed people</i> Criteria: Share of poor population according to the national criterion, % (in 2000 - 26.4%) Share of poor children, % (in 2000 - 33.4%) Share of poor employed people, % (in 2000 - 21.6%) <i>- Decrease by 10 times by 2015 the number of people whose daily consumption is below the actual subsistence minimum</i> Criteria: Share of population with consumption below the actual subsistence minimum, % (in 2000 - 71.2%)	<b>Goal is not achieved.</b>  Share of population whose daily consumption is below US\$5.05 (PPP) is <0.5 % in 2015. Share of poor population according to the national criterion is 25 % in 2015. Share of poor children is 29% in 2015. Share of poor employed people is 15% in 2015. Share of population with consumption below the actual subsistence minimum is 7.0% in 2015.	
<b>2. Ensure Quality Lifelong Education</b> <i>- Increase enrolment rates in education</i>	<b>Goal is achieved</b>	

<p>Criteria:  Net enrolment rate in pre-school educational institutions for children aged 3–5 in urban areas, % (in 2000 - 65.1%)  Net enrolment rate in pre-school educational institutions for children aged 3–5 in rural areas, % (in 2000 - 24.0%)  Net enrolment rate for children in secondary education, % (in 2000 - 97.7%)  Net enrolment rate in post-secondary institutions for those aged 17–22, % (in 2000 - 31.5%)  Cumulative gross number of persons undergoing retraining or professional development, thousands of people, (in 2001 - 158.0)  - <i>Raise the quality of education</i>  Criteria: Number of general educational institutions with internet access, % (in 2008 - 42.0%)</p>	<p>Net enrolment rate in pre-school educational institutions for children aged 3–5 in urban areas is 95.0% in 2015.  Net enrolment rate in pre-school educational institutions for children aged 3–5 in rural areas is 60.0% in 2015.  Net enrolment rate for children in secondary education is 99.9% in 2015.  Net enrolment rate in post-secondary institutions for those aged 17–22, is 56.0% in 2015.  Cumulative gross number of persons undergoing retraining or professional development, thousands of people is 320.0 in 2015.  Number of general educational institutions with internet access is 90.0% in 2015.</p>
<p><b>3. Promote Gender Equality</b>  - <i>Ensure gender representativeness at the level of no less than 30–70 percent in representative bodies and high-level executive authorities</i>  Criteria: Gender ratio among the Members of the Parliament of Ukraine, number of women/number of men (in 2000 - 8/92)  Gender ratio among the members of local authorities, number of women/number of men (in 2000 - 42/58)  Gender ratio among the higher-level civil servants (categories 1–2), number of women/number of men (in 2000 - 15/85)  - <i>Halve the gap in incomes between women and men</i>  Criteria: Ratio of average wages between women and men, % (in 2000 - 70.9%)</p>	<p><b>Goal is not achieved.</b>  Criteria: Gender ratio among the Members of the Parliament of Ukraine, number of women/number of men, is 30/70 in 2015.  Gender ratio among the members of local authorities, number of women/number of men, is 50/50 in 2015.  Gender ratio among the higher-level civil servants (categories 1–2), number of women/number of men, is 30/70 in 2015.  Ratio of average wages between women and men, is 86.0% in 2015.</p>
<p><b>4. Reduce Child Mortality</b>  - <i>Decrease the mortality rate among children up to 5 years of age by one quarter</i>  Criteria: Mortality rate among children of up to 5 years of age, number of children of corresponding age who died per 1,000 live births (in 2000 - 15.6)  Infant mortality rate, number of infants up to 1 year of age who died per 1,000 live births (in 2000 - 11.9)</p>	<p><b>Goal is achieved</b>  Mortality rate among children of up to 5 years of age, number of children of corresponding age who died per 1,000 live births is 11.0 in 2015.  Infant mortality rate, number of infants up to 1 year of age who died per 1,000 live births is 9.3 in 2015.</p>
<p><b>5. Improve Maternal Health</b>  - <i>Halve the maternal mortality rate</i>  Criteria: Maternal mortality rate, number of maternal deaths per 100,000 live births (in 2000 - 24.7)  Abortion level, number of abortions per 1,000 women of reproductive age (in 2000 - 32.1)</p>	<p><b>Almost not achieved</b>  Maternal mortality rate, number of maternal deaths per 100,000 live births is 13.0 in 2015.  Abortion level, number of abortions per 1,000 women of reproductive age is 15.1 in 2015.</p>
<p><b>6. Reduce and Slow Down the Spread of HIV/AIDS and Tuberculosis and Initiate a Trend to Decrease their Scales</b>  - <i>Decrease the growth rate of HIV infection by 13 percent</i>  Criteria: Number of people newly diagnosed with HIV per 100,000 population (in 2000 - 12.9)  Growth rates of HIV infection, % (in 2001 - +11.6)  Number of people dying of AIDS per 100,000 population (in 2000 - 1.0)</p>	<p><b>Almost not achieved</b>  Number of people newly diagnosed with HIV per 100,000 population is 49.1 in 2015.  Growth rates of HIV infection, is +4.0 in 2015.  Number of people dying of AIDS per 100,000 population, is 8.0 in 2015.  Mother-to-child HIV transmission rate is 2.00 in 2015.</p>

<p>Mother-to-child HIV transmission rate, % (in 2001 - 27.80)  - <i>Decrease tuberculosis morbidity by 20 percent (compared with 2005)</i>  Criteria: Number of people diagnosed with tuberculosis for the / rst time (including tuberculosis of respiratory organs) per 100,000 population (in 2000 - 60.4)  Number of tuberculosis deaths per 100,000 population (in 2000 - 22.3)</p>	<p>Number of people diagnosed with tuberculosis for the / rst time (including tuberculosis of respiratory organs) per 100,000 population is 67.5 in 2015.  Number of tuberculosis deaths per 100,000 population, is 15.0 in 2015.</p>
<p><b>7. Ensure Environmental Sustainability</b>  - <i>Increase by 2015 the share of the population with access to a centralized water supply, interalia, to 90 percent of the urban population and 30 percent of the rural population</i>  Criteria: Share of the urban population with access to a centralized water supply, % of overall urban population (in 2001 - 88.0)  Share of the rural population with access to a centralized water supply, % of overall rural population (in 2004 - 26.0)  - <i>Stabilize by 2020 greenhouse gas emissions at 20 percent below 1990 levels</i>  Criteria: Volume of emissions of pollutants into atmosphere from stationary sources, million tonnes per year (in 2001 - 4.05)  Volume of emissions of pollutants into atmosphere from mobile sources, million tonnes per year (in 2001 - 1.99)  - <i>Stabilize pollution of water reservoirs by 2015. Stabilize at the level of 8.500 million cubic metres per year the volume of sewage disposal into surface water reservoirs</i>  Criteria: Volume of reused water disposals into surface water reservoirs, million cubic metres per year (in 2001 - 10136)  - <i>Increase forest cover of the territory of Ukraine to 16.1 percent and the area of nature reserves by 2015. Enhance the network of nature reserves, biosphere reserves and natural national parks to 3.5 percent of the overall territory of Ukraine and to 9.0 percent of the overall area of territories and objects of the nature reserve fund</i>  Criteria: forest cover and ratio of lands covered with forests, % of overall area of the territory of Ukraine (in 2001 - 15.6)  Share of area of nature reserves, biosphere reserves and natural national parks, % of overall area of the territory of Ukraine (in 2001 - 1.6)  Share of area of territories and objects of the nature reserve fund, % of overall area of the territory of Ukraine (in 2001 - 4.20)</p>	<p><b>Almost not achieved</b></p> <p>Share of the urban population with access to a centralized water supply, of overall urban population is 90.0 in 2015.  Share of the rural population with access to a centralized water supply is 30.0 in 2015.  Volume of emissions of pollutants into atmosphere from stationary sources, is 4.70 in 2015.  Volume of emissions of pollutants into atmosphere from mobile sources, is 3.20 in 2015.  Volume of reused water disposals into surface water reservoirs, is 8500 in 2015.  Forest cover and ratio of lands covered with forests is 16.1 in 2015.  Share of area of nature reserves, biosphere reserves and natural national parks, is 3.5 in 2015.  Share of area of territories and objects of the nature reserve fund, is 9.00 in 2015.</p>