

UNFPA Cluster Evaluation Report

Azerbaijan, Georgia and Turkey Country Programmes (Period covered 2016-2019)

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Disclaimer

This is a product of the independent evaluation team and 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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Map of Turkey, Georgia and Azerbaijan



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Abbreviations and acronyms	
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEFM	Child, Early and Forced Marriage
CPD	UNFPA country programme document
CSE	Comprehensive sexuality education
CSO	Civil society organisation
DEX	Direct execution
ECHO	European Civil Protection and Humanitarian Aid Operations
EQ	Evaluation question
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GBSS	Gender-based sex selection
GE	Gender equality
GEWE	Gender equality and women's empowerment
GII	Gender Inequality Index
GNI	Gross national income
HDI	Human Development Index
ICPD	International Conference on Population and Development
IDP	Internally-displaced person
IEC	Information, education and communication
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MISP	Minimum Initial Service Package
NEX	National execution
NGO	Non-governmental organisation
ODA	Official development assistance
OECD-DAC	Development Assistance Committee of the Organisation for Economic Co-operation and Development
PD	Population dynamics
PHC	Primary health care
RR	Reproductive rights
SDG	Sustainable Development Goal
SIS	UNFPA Strategic Information System
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
TGF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
UNCT	United Nations country team
UNFPA	United Nation Population Fund
UPR	Universal Periodic Review

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Key facts			
Indicators	Azerbaijan	Georgia	Turkey
ODA	US\$115.5m (0.3% of GNI) (2017), OECD-DAC	US\$446.3m (3.1% of GNI) (2017), OECD-DAC	US\$3,613.0m (0.40% of GNI) (2016), OECD-DAC
Income level	Upper middle-income country	Lower middle-income country	Upper middle-income country
Per capita GDP	US\$4,147 (2017), The World Bank	US\$4,047 (2017) National Statistics Office of Georgia	US\$10,499 (2017) The World Bank
Population	10,0m (2018) CIA World Factbook	3.7m (2018) National Statistics Office of Georgia	85,8m (2018) Directorate General of Migration Management
Young population (15-24)	14.03% (2018) CIA World Factbook	11.60% (2018) National Statistics Office of Georgia	15.88% (2018) CIA World Factbook
Elderly population aged 65 and above	6.81% (2018) CIA Factbook	14.5% (2018) National Statistics Office of Georgia	7.79% (2018) CIA World Factbook
Urban population in % of total	55.7% (2018) CIA World Factbook	58.6% (2018) CIA World Factbook	75.1% (2018) CIA World Factbook
Annual population growth rate	1.1% (2017) The World Bank, Azerbaijan Country Profile	-0.1% (2017) The World Bank, Georgia Country Profile	1.5% (2017) The World Bank, Turkey Country Profile
Internally-displaced persons (IDPs)	The estimated number of IDPs provided by different sources varies from 700,000 to 1,2m people, representing 7-12% of the total population Population Situation Analysis, 2015	262,000 (2015) Ministry of IDPs from Occupied Territories, Accommodation and Refugees of Georgia	Not available
Refugees	410,000 (2015) State Statistical Committee	215 (2017) Ministry of IDPs from the Occupied Territories, Accommodation and Refugees of Georgia	3.6m Syrian refugees (2018) UNHCR, Operational Portal, Refugee Situations
% of seats held by women in national parliament	16.8% (2018) State Statistical Committee, Statistical Database	15.0% (2017) Union Sapari, Report on "Women in Parties: Deconstructing Myths",	17.3% (2017) The Grand National Assembly of Turkey
Human Development Index (HDI)	0.757 (rank 80) (2018) UNDP, Human Development Index, 2018 Statistical Update	0.780 (rank 70) (2018) UNDP, Human Development Index: 2018 Statistical Update	0.791 (rank 64) (2018) UNDP, Human Development Index: 2018 Statistical Update
Unemployment rate	5.22% (2018) The World Bank	12.7% (2018) National Statistics Office of Georgia	15.0% (2019) Turkish Statistical Institute
Female/male unemployment	6.05% / 4.45% (2018) The World Bank	12.1% / 15.0% (2017) National Statistics Office of Georgia	16.9% / 13.7% (2018) Turkish Statistical Institute, 2019
Youth unemployment rate (aged 15-24)	13.8% (2017) The World Bank, 2018	28.7% (2017) The World Bank, 2018	26.1% (2019) Turkish Statistical Institute 2019
Health expenditure (% of GDP)	6.6% (2015) The World Bank, 2018	3.1% (2015) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017	4.5% (2017) Turkish Statistical Institute, 2018
Life expectancy at birth	75.4 years (2017) The World Bank, 2018	73.4 years (2017)	76.0 years (2017)

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		UNDP, Human Development Index: 2018 Statistical Update	UNDESA, World Population Prospects: The 2017 Revision. New York. 2017a
Antenatal care coverage (at least 4 visits)	66% (2011) WHO/RHR Global Database, 2018	89.1% (2015) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017	89% (2013) Turkish Demographic and Health Survey, 2013
Total fertility rate	1.9 per woman (2017) State Statistical Committee, Statistical Database	2.2 per woman (2016) GeoStat	1.99per woman (2018) Turkish Statistical Institute, 2019
Induced abortions	40.9% (2011) Demographic and Health Survey Azerbaijan, 2011	1.0 (2017) (Total Induced Abortion Rate) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017	4.7% (2013) Turkey Demographic and Health Survey, 2013
Coverage of cervical cancer screening	Not available	18% in Tbilisi & 11.5% in regions (2016) Population-based cancer registry - Results of the 3-year implementation 18.5% in Tbilisi & 9.6% in regions (2016) National Strategy for Cancer Control 2017-20	35% (2017) Ministry of Health Cancer Department
% of people living with HIV, 15-49 years old	0.1% (total) (2017) <0.1% (f) / 0.2% (m) UNAIDS, Azerbaijan Country Factsheet, 2017	0.4% (total) (2017) 0.2% (f) / 0.7% (m) UNAIDS, Georgia Country Factsheet, 2017	0.3% (both sexes) (2017) Ministry of Health
HIV prevalence among young people aged 15-24	<0.1% (f) / <0.1 (m) UNAIDS, Azerbaijan Country Factsheet, 2017	<0.1% (f) / 0.1 (m) UNAIDS, Georgia Country Factsheet, 2017	Not available
Comprehensive knowledge about HIV prevention among youth (f/m) age 15-24	14.9% (2017) UNAIDS Data 2017	17.4% (2014) UNICEF Georgia	9.6% (2007) UNFPA Turkey
Key populations living with HIV	Sex workers (f): 2.3% (2016) MSM: 2.2% (2016) UNAIDS, The Key Populations Atlas	Sex workers (f): 0.9% (2017) MSM: 20.7% (2015) UNAIDS, The Key Populations Atlas	Not available
Gender Inequality Index (GII)	0.318 (rank 71) (2017) UNDP Human Development Report	0.350 (rank 78) (2017) UNDP Human Development Report	0.317 (rank 69) (2017) UNDP Human Development Report
Sex ratio at birth	114 boys per 100 girls (2017) State Statistical Committee, Statistical Database	108 boys per 100 girls (2017) The World Bank, 2018	105 males per 100 females (2017) The World Bank, 2018 51,3% male 48,7% female (2018) Turkish Statistical Institute, 2019

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SDG Indicators	Azerbaijan	Georgia	Turkey
3.1.1 Maternal mortality rate (deaths of women per 100,000 live births)	14.6 (2018) State Statistical Committee, Statistical Database	13.1 (2017) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017	14.6 (2017) Ministry of Health, Health Statistics, 2017
Under-5 mortality (per 1,000 live births)	13.7 (2017) State Statistical Committee, Statistical Database	11.1% (2017) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017 ^{Error! Bookmark not defined.}	11.2 (2017) Turkish Statistical Institute, 2018
3.1.2 Births attended by skilled health personnel	99.8% (2016) The World Bank, 2018	99.9% (2017) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017	97.4% (2016) The World Bank, 2018
3.7.1 Unmet need for family planning, women aged 15-49	13% (2019, UNFPA)	15% (2019, UNFPA)	6% (2019, UNFPA)
Proportion of demand for contraception satisfied	82% (2019, UNFPA)	79% (2019, UNFPA)	92% (2019, UNFPA)
Contraceptive prevalence rate women aged 15-49 (all methods)	58% (2019, UNFPA)	55 % (2019, UNFPA)	75% (2019, UNFPA)
Contraceptive prevalence rate women aged 15-49 (modern methods)	29% (2019, UNFPA)	41% (2019, UNFPA)	51% (2019)
3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group	52.6 (2016) The World Bank, 2018	43.6 (2016) National Centre for Disease Control, Healthcare Statistical Yearbook, 2016	21.0 (2017) Turkish Statistical Institute, 2018
5.3.1 Early marriages before the age of 18	11% (2017) UN Women, Global Database on Violence against Women - Azerbaijan	14.0% (2010) Reproductive Health Survey Georgia, 2010	28% (2016); 15% (2017) Turkish Statistical Institute, 2017; UNICEF, State of the World's Children, 2016
% of ever-partnered women years experiencing intimate partner physical and/or sexual violence at least once in their lifetime	14% (aged 15-49) (2008) UN Women, Global Database on Violence against Women - Azerbaijan	6.0% (aged 15-64) (2017) UN Women, Global Database on Violence against Women - Georgia	38.0% (aged 15-59) (2015) UN Women, Global Database on Violence against Women - Turkey

Structure of the cluster evaluation report

The cluster evaluation report consists of four volumes. The volume 1 synthesises results of the clustered independent evaluations of the UNFPA country programmes in Azerbaijan, Georgia, and Turkey. Individual country reports are presented in volume 2-4.

The present cluster report is structured along five chapters: Chapter 1 introduces the purpose, objectives and scope of the cluster evaluation along with the evaluation methodology and process. Chapters 2 and 3 describe the country contexts in which UNFPA has worked and UNFPA's country programmes. Chapter 4, at the centre of this report, synthesises findings from the independent evaluations of the Azerbaijan, Georgia and Turkey country programmes. Chapter 5 goes on to synthesise the country programme evaluations' conclusions and recommendations and to formulate cluster-level recommendations. It does so around eight prominent headings.

The individual country report includes detailed methodology, analysis of context, evaluation findings, conclusions, and country level recommendations.

Executive summary

I. Purpose

This report synthesises results of the clustered independent evaluations of the UNFPA country programmes for Azerbaijan, Georgia and Turkey 2016-20. The country programmes cover three programmatic areas: sexual and reproductive health, gender equality and women empowerment and population dynamics. Support for adolescents and youth has been mainstreamed. The primary intended users of this cluster report are decision-makers within UNFPA and UNFPA Executive Board members, as well as government counterparts, UNFPA donors and interested development partners.

II. Objectives

The objectives of the cluster evaluation, consisting of three country programme evaluations and this cluster report, are (1) provide an assessment of the compliance of the country programmes of the cluster with relevant corporate, national and international frameworks; (2) provide an assessment of progress towards expected outputs and outcomes set forth in the respective country programme results and resources frameworks, and the efficiency and sustainability of UNFPA's efforts; (3) provide an assessment of UNFPA's positioning within the UN country teams and the development/humanitarian community within the cluster; and (4) draw key lessons and a set of clear, specific and action-oriented forward-looking recommendations for the next programming cycle in light of UNFPA's strategic goals.

III. Methodology

The cluster evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. Using the same methodology for gathering and analysing information for all countries of the cluster evaluation, the two-person national evaluation teams assessed the evaluation criteria relevance, effectiveness, sustainability, efficiency, UN country team coordination and added value along eight evaluation questions and associated assumptions for assessment and indicators. A participatory approach was adopted, which involved a broad range of partners and stakeholders and used multiple methods, including document review, financial data analysis, direct observation, informal and semi-structured face-to-face individual and group interviews, phone and Skype interviews, and focus groups. Consultations with UNFPA and UN staff, central- and local-level government counterparts, donors, international and national Non-governmental organisations (NGOs) and beneficiaries were held in the capitals and selected regions.

IV. Findings

Relevance

The UNFPA country programmes are in line with organisational objectives of the UNFPA strategic plans. They have also supported the key principles of protecting and promoting human rights and ensuring gender-responsiveness, which are integral to achieving UNFPA's transformative goals - i.e., ending unmet need for family planning, ending maternal death, and ending violence and harmful practices against women and girl. They have targeted vulnerable population groups, which fits the principle of leaving no one behind and reaching the furthest behind first. Country programmes have also responded well to the respective UN Partnership Frameworks.

The UNFPA country programmes are well aligned with development and humanitarian priorities of the relevant government counterparts, including thanks to UNFPA's participation in policy and strategy processes and UNFPA country programme consultations. They support the fulfilment of the governments' international commitments and obligations in the area of sexual and reproductive health (SRH) and reproductive rights. Research, needs and capacity assessments and frequent communication and exchange have facilitated UNFPA's responsiveness to beneficiary needs and requests.

Effectiveness in the area of sexual and reproductive health and rights

UNFPA has clearly played an important role in advancing participatory policy-making, including with a focus on vulnerable population groups. A number of new laws, policies, strategies and national action plans are available. In instances, country offices have met with opposition and delays because of sensitivities and competing health priorities. UNFPA has also been instrumental in developing and introducing clinical guidelines, service protocols and Standard Operating Procedures (SOPs) for the health sector in Georgia and Turkey, including for the benefit of women and girl refugees and seasonal migrant

agricultural workers and their families in Turkey and key populations at risk of HIV in Georgia and Turkey.

In terms of addressing maternal and child morbidity and mortality, UNFPA-supported initiatives to strengthen perinatal and antenatal care in Georgia and near-miss case review in Azerbaijan and Georgia are important developments. Furthermore, thanks to UNFPA, Azerbaijan and Georgia are better equipped to prevent cervical cancer, but further engagement appears necessary in order to overcome political and financial considerations in Azerbaijan and quality issues in Georgia. Good results were also achieved in Abkhazia, Georgia, where UNFPA enabled the provision of free-of-charge screening services and supported capacity development.

UNFPA has built capacities to provide sexual and reproductive health (SRH) services to underserved Syrian refugees in Turkey and women and girls affected by the conflict in Abkhazia, Georgia. The UNFPA country offices in Georgia and Turkey have built institutional capacities in the area of HIV prevention in connection with the SRHR of key populations. While Georgia has prioritised non-governmental service providers, UNFPA Turkey has strengthened municipal public services with a focus on voluntary counselling and testing. Capacities to implement the Minimum Initial Service Package (MISP) at the onset of an emergency have improved. In 2016-18, UNFPA supported the ministries of health in Azerbaijan and Turkey to conduct MISP trainings for officials and public health service providers respectively. A pre-service MISP training course has been rolled-out in selected universities in Turkey.

In all three countries, UNFPA has engaged with the education sector to bring sexual and reproductive health and rights (SRHR) information to students as part of the formal curriculum and/or as an extracurricular activity. Given sensitivities around the concept of comprehensive sexuality education, country offices have reverted to healthy lifestyle principles. Especially the integration of adolescent and youth (A&Y) SRH in the Georgian formal education system at primary and basic education levels was praised as a major breakthrough, to which UNFPA significantly contributed. Additionally, UNFPA has begun to improve institutional capacities in the health sector to provide A&Y SRH information and services, including in school settings. Restructuring of public authorities and shifts in government priorities interfered with similar plans in Turkey. Peer education has been an important strategy in Georgia and Turkey for raising the awareness of A&Y and increasing demand for youth-friendly SRH services. Feedback is positive. In Turkey, peer education regarding health issues has also been deployed for sex workers.

Effectiveness in the area of gender equality and women's empowerment

UNFPA has been instrumental in creating a body of evidence for and elaborating national action plans for advancing gender equality (GE) and reproductive rights (RR) and especially for combating gender-based violence (GBV), child/early marriages and gender-based sex selection (GBSS). However, a number of them have not yet been approved. UNFPA has also played an active role in monitoring and reporting on international women's rights commitments arising from Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Universal Periodic Review (UPR), at the international and national level and in support of host governments and other stakeholders. However, the extent to which international women's rights commitments relevant to UNFPA's mandate have been implemented is unknown for lack of monitoring data. The Istanbul Convention, already ratified by Georgia and Turkey and – with UNFPA support – possibly to be ratified by Azerbaijan, has gained prominence. UNFPA has also improved the regulatory framework and enabling environment for preventing and responding to GBV; they have increased institutional capacities to implement a multi-sectoral response to GBV, especially but not limited to the health sector's responsibilities. UNFPA's engagement with businesses in Turkey to strengthen gender equality and the provision of GBV services stands out. With UNFPA's support, GBV services have been expanded for women and girl refugees from Syria residing in Turkey. Demand and uptake have been high. Delivering and accessing the services has faced some challenges and become increasingly difficult. On the demand-side, UNFPA-supported campaigns and other outreach activities have addressed GBV and the harmful effects of child/early marriage and GBSS. Evidence of attitudinal or behavioural change is anecdotal. Targeting young males/future fathers in Azerbaijan and Georgia was highlighted as particular innovative. In Georgia, UNFPA work with religious leaders led to important decisions to comply with the law which prohibits marriage of persons below 18 years of age.

Effectiveness in the area of population dynamics

UNFPA country offices have contributed to improved statistical capacities, the availability and quality of publicly accessible demographic data, and evidence for informed policy-making relevant to sexual and reproductive health and rights (SRHR) and gender equality and women empowerment (GEWE), although more remains to be done to ensure evidence-based priority setting. They have contributed to important policies and plans that address population dynamics (PD) and interlinkages with SRHR, some of which have not yet been endorsed and operationalised by the appropriate national authorities. To promote evidence-based policy-making, UNFPA has targeted public officials, NGOs, academics and youth. Examples suggest good use of the Sustainable development goals (SDGs) as an overarching framework.

Sustainability

Policy and regulatory frameworks are likely to sustain benefits arising from UNFPA support in Azerbaijan, Georgia and Turkey to the extent that formal parliamentary/government adoption occurs, adequate implementation mechanisms are in place, and the necessary funding is provided, which is not always the case. Institutional capacity-building has supported the likeliness of sustainability. Concrete good examples of institutionalising UNFPA-supported interventions and services exist.

Efficiency

Country programme implementation has generally been smooth - characterised by high implementation rates and no significant delays. Value for money was confirmed, supported inter alia by examples of collaboration across country programme components and with other actors. Experience with resource mobilisation has been mixed. Cost-sharing with the Government of Azerbaijan and financial support from the private sector are positive examples, as is fundraising for UNFPA's response to the Syria crisis in Turkey. Country programme implementation in Azerbaijan and Turkey was negatively affected by the US State Department's decision to withdraw from UNFPA globally.

Country office structures are appropriate and country offices are well staffed for implementing UNFPA's regular programmes and humanitarian response, but capacities are somewhat limited.

Both the direct execution (DEX) and national execution (NEX) modalities have their own advantages. UNFPA corporate administrative procedures appear appropriate for country-level programming. Monitoring has been integral to country programme implementation. The UNFPA country offices of the cluster seem well prepared for emergency situations.

UNCT coordination and added value

UNFPA has been an active and appreciated member of UN country team (UNCT) coordination mechanisms in Azerbaijan, Georgia and Turkey, inter alia to lead coordinated action on gender equality and the empowerment of women by UN country teams, but also in the areas of youth, HIV and communications. It has first and foremost partnered with UNDP, UN Women and UNICEF to promote gender equality and women's rights.

UNFPA's comparative strengths in its mandate areas are evident. The country offices can also take credit for their support for development coordination, their strong technical expertise and ability to address sensitive issues. UNFPA's ability to pursue collaboration with and convene a range of stakeholders has also added value to the work of development partners. The UNFPA Turkey country office has been an essential partner in the sexual and reproductive health and rights (SRHR) and Gender-based violence (GBV) humanitarian response to the Syria crisis - in coordination, advocacy/policy dialogue and capacity building of service providers.

IV. Conclusions and recommendations

Conclusions and recommendations from the country programme evaluation reports and cluster-level recommendations are clustered around eight prominent headings - i.e., UNFPA transformative goals; leaving no one behind; data; adolescents and youth; integrated approach; sustainability; funding; and political developments.

Transformative goals: Projections show that significant progress towards the UNFPA transformative goals are unlikely at the current level of engagement. At most, achieving near-zero maternal death by 2030 appears possible, especially in Turkey. UNFPA should continue engaging and leveraging the

support of other development partners. **It is recommended that the UNFPA country offices sharpen their engagement to advance achievements in the areas of its transformative goals, including generating research and analysis and leveraging the support of others.**

Leaving no one behind: While the general assessment of the current country programmes was positive, country programme evaluation reports point out the need to maintain or increase adherence to the principle of leaving no one behind, including in UNFPA-supported research and analysis, upstream policy advocacy and non-discriminatory service provision. Participatory programming and capacitated NGOs and CSOs are important for promoting and protecting the rights of vulnerable groups. **It is recommended that the UNFPA country programmes pay more attention to identifying and targeting vulnerable groups in order to leave no one behind.**

Data: A lack of evidence and quality disaggregated data regarding major gender equality and sexual and reproductive health and rights (SRH) indicators - e.g., gender-based violence (GBV) - remains a challenge for evidence-based programming and policy-making and for monitoring progress towards - localised - SDG targets and UNFPA's transformative goals. UNFPA has an important role to play to advocate for and support the production of publicly accessible data, including in collaboration with development partners. **It is recommended that the UNFPA country offices play an important role in advocating for and supporting the production and use of publicly accessible data, including in collaboration with development partners.**

Adolescents and youth: Support for adolescents and youth continues to be a sensitive topic. There is an expectation for the UNFPA country offices to remain reliable and persistent partners and for them to advocate and collaborate as appropriate with governmental and non-governmental partners in the health, education and protection sectors; with national statistical offices; and with young people and youth organisations. **It is recommended that the UNFPA country offices broaden and deepen their support for young people's sexual and reproductive health and participation in society.**

Integrated approach: Highlighted good examples have shown the benefits of pursuing an integrated approach to programme implementation in sexual and reproductive health and rights and gender equality and women's empowerment. UNFPA should continue to choose and bring together partners from the UN development system and from government, businesses and civil society working in different sectors to further its objectives. **It is recommended that UNFPA country offices capitalise on experience with and seek more opportunities for cross-sectoral cooperation.**

Sustainability: Sustainability of UNFPA-supported interventions and services depends to a great extent on level of policy support, stakeholder interest and willingness to cooperate, financial means and embedding in national systems and structures. It is of utmost importance that the UNFPA country offices maintain and, in some instances, increase their focus on policy, financial and institutional sustainability, from the outset of new interventions and across the current and upcoming programme cycles. **It is recommended that UNFPA country programmes and annual work plans contain exit strategies.**

Resource mobilisation: Considering limited funding on the part of UNFPA and valuable first experiences with government co-sharing in Azerbaijan and private sector contributions in Azerbaijan and Turkey, the UNFPA country offices are encouraged to intensify their advocacy for and explore further opportunities for raising funds from the host governments and private sector as part of their respective resource mobilisation strategies. Partnerships with the private sector also have the added value of tapping complementary networks, expertise and brainpower. **It is recommended that the UNFPA country offices increase their efforts to mobilise other resources, including from the host governments and the private sector.**

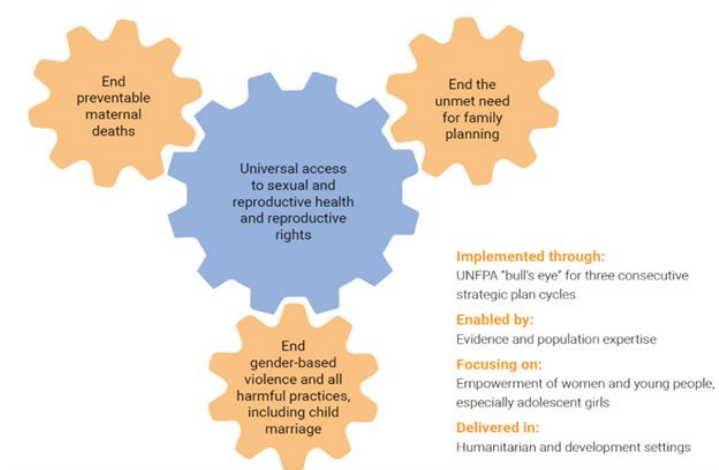
Political developments: Political situations in host countries are constantly evolving, which can present risks to country programme implementation and sustainability but also great opportunities. This requires country offices to be alert and flexible. Monitoring development-related changes and restructuring of administrations is an important component of country programme delivery in order to be able to adapt in a timely manner. **It is recommended that UNFPA country offices explore partnerships with newly created government entities.**

Chapter 1: Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for ensuring the sexual and reproductive health (SRH) rights and choices of all. UNFPA's aspiration is to contribute to achieving the following transformative and people-centred goals (Figure 1): *by 2030, end unmet need for family planning, end maternal death, and end violence and harmful practices against women and girls.*

In pursuing this goal throughout the period of three consecutive strategic plans leading up to 2030, UNFPA is guided by the International Conference on Population and Development (ICPD) Programme of Action and the 2030 Agenda for Sustainable Development, including the latter's key principles: (a) protecting and promoting human rights; (b) prioritising leaving no one behind and reaching the furthest behind first; (c) ensuring gender-responsiveness; (d) strengthening cooperation and complementarity among development, humanitarian action and sustaining peace; (e) reducing risks and vulnerabilities and building resilience; and (f) improving accountability, transparency and efficiency.

Figure 1: Three transformative and people-centred goals



Source: UNFPA Strategic Plan 2018-21

UNFPA has identified the cluster evaluation approach to conducting country programme evaluations in middle-income countries as an alternative to separate country programme evaluations. In particular, the cluster evaluation approach should add value to the analysis of issues of particular strategic relevance within a cluster of UNFPA programme countries and should generate economies of scale.

Evaluations of the UNFPA Azerbaijan, Georgia and Turkey country programmes were envisaged by the UNFPA evaluation plan 2018-21 approved by the UNFPA Executive Board.¹ The Azerbaijan, Georgia and Turkey country offices form a *UNFPA administrative cluster* within the Eastern Europe and Central Asia region. The country programmes have harmonised programme cycles starting in 2016 and ending in 2020.

1.1 Purpose and objectives of the cluster evaluation

Purpose

Evaluation at UNFPA serves three main purposes that support the organisation's drive to achieve results²:

- > demonstrate accountability on performance and invested resources
- > support evidence-based decision-making

¹ Source: Decision 2018/2 UNFPA quadrennial budgeted evaluation plan 2018-2021.

² Source: Handbook How to Design and Conduct Country Programme Evaluation at UNFPA. Revised and updated edition, February 2019, p19.

- > contribute important lessons learned to existing knowledge

The primary intended users of the independent cluster evaluation are decision-makers within UNFPA and UNFPA Executive Board members, as well as government counterparts, UNFPA donors and interested partners in the countries of the cluster.

Objectives

The objectives of the cluster evaluation, *consisting of three country programme evaluations (volumes 2-4) and this cluster report*, are...

- > ...to provide an assessment of the compliance of the country programmes of the cluster with relevant corporate, national and international frameworks
- > ...to provide an assessment of progress towards expected outputs and outcomes set forth in the respective country programme results and resources frameworks, and the efficiency and sustainability of UNFPA's efforts
- > ...to provide an assessment of UNFPA's positioning within the UN country teams and the development/humanitarian community within the cluster
- > ...to draw key lessons and provide a set of clear, specific and action-oriented forward-looking recommendations for the next programming cycle in light of UNFPA's strategic goals

1.2 Scope of the cluster evaluation

The cluster evaluation covers the UNFPA country programmes for Azerbaijan, Georgia and Turkey during the period 2016-2017-2018. Country programme evaluations covered UNFPA's programmatic areas - i.e., SRH, gender equality and women's empowerment (GEWE) and population dynamics (PD) as well as youth development as a cross-cutting issue - in development and humanitarian settings as applicable.

Humanitarian assistance was provided in Turkey only: an evaluation of humanitarian assistance provided by the UNFPA country office to Syrian refugees was recently conducted in the context of an evaluation of the UNFPA response to the Syria crisis. The Turkey country programme evaluation did not re-evaluate UNFPA's humanitarian assistance, but made use of secondary data, first and foremost the evaluation of the UNFPA response to the Syria crisis, including the Turkey Country Note.³

1.3 Evaluation methodology

The same methodology was applied for all three countries of the cluster evaluation. Each country evaluation team adapted the cluster evaluation matrix and tools to better application in the respective country context and UNFPA country programme framework.

1.3.1 Data collection and analysis

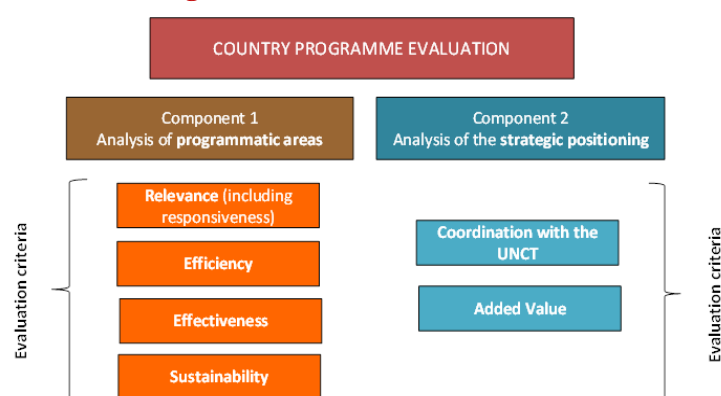
Evaluation components and questions

The cluster evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. The UNFPA Evaluation Handbook prescribes the set of evaluation criteria for each of these two components (see Figure 2 below). Data collection and analysis of the programmatic areas was conducted along four standard OECD-DAC evaluation criteria: relevance, efficiency, effectiveness and sustainability.⁴ The scope of the assessment of UNFPA's effectiveness extends to higher-level development results achieved (or not achieved), including thanks to interventions during the previous country programmes. The two criteria applied to data collection and the analysis of UNFPA's strategic positioning were coordination with the UN country team (UNCT) and the added value of UNFPA.

³ For more in-depth evidenced-based information, see Evaluation of the UNFPA Response to the Syria Crisis, December 2018.

⁴ UNFPA CPEs do not require the assessment of the long-term societal effects of UNFPA support, but instead focus on the identification of the more immediate results of its assistance. This is done for the following reasons: The challenge of attributing impact (or showing contribution to impact) and the focus of CPEs on generating programming lessons for the next country programme. Source: CPE Handbook, p293.

Figure 2: CPE evaluation criteria



Source: UNFPA Evaluation Handbook

The evaluation questions in Table 1 were consulted with the concerned UNFPA country offices. To facilitate data collection and analysis, including at the level of the cluster, an evaluation matrix was prepared that displays the core elements of the cluster evaluation: (a) *what* will be evaluated (evaluation criteria, evaluation questions, assumptions to be assessed, and indicators for assessment); and (b) *how* to evaluate (information sources and data collection methods). To the extent necessary, particularly as regards the effectiveness criterion and indicators as well as information sources, the matrix was adapted to the individual country programmes of the cluster.

Table 1: Cluster evaluation questions

Component 1: Programmatic areas
Relevance
EQ1 [alignment]: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks? (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?
Effectiveness
EQ2 [SRH results]: To what extent have intended SRH country programme outputs been achieved? To what degree have expected outcomes been achieved (or are they likely to be achieved) and what was UNFPA's contribution? To what extent has UNFPA contributed to emergency preparedness and (where applicable) response? What were constraining and facilitating factors?
EQ3 [GEWE results]: To what extent have intended GEWE country programme outputs been achieved? To what degree have expected outcomes been achieved (or are they likely to be achieved) and what was UNFPA's contribution? To what extent has UNFPA contributed to emergency preparedness and (where applicable) response? What were constraining and facilitating factors?
EQ4 [PD results]: To what extent have intended PD country programme outputs been achieved? To what degree have expected outcomes been achieved (or are they likely to be achieved) and what was UNFPA's contribution? To what extent has UNFPA contributed to emergency preparedness and (where applicable) response? What were constraining and facilitating factors?
Sustainability
EQ5 [sustainability of effects]: To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?
Efficiency
EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?
Component 2: Strategic positioning
UNCT coordination
EQ7 [UNCT coordination]: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA added value

EQ8 [UNFPA added value]: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?

Data collection

National evaluators undertook country-level field work over the period mid-February to end-April 2019. The country programme evaluations adopted a participatory approach, involving a broad range of partners and stakeholders, and using a multiple-method approach, including document review, financial data analysis, direct observation, informal and semi-structured face-to-face individual and group interviews, phone and Skype interviews, and focus groups.

Interview and focus group guides were developed by the national evaluation teams. Evaluators used the evaluation matrix to consolidate assembled information. All interviewees were assured of confidentiality. National evaluation team members closely adhered to the UNEG Ethical Guidelines for Evaluation⁵ and the UN Code of Conduct for Evaluations in the UN System.⁶

Data validation and analysis

Data analysis built on triangulating information obtained through different strands of data collection and captured in the evaluation matrices. Populated evaluation matrices were the starting point for analysis, responding to the evaluation questions and arriving at evidence-based findings. Besides a systematic triangulation of data sources and data collection methods, the validation of data was sought through regular exchanges with concerned UNFPA country office staff and debriefings with the country-level Evaluation Reference Groups.

1.3.2 Site and stakeholder sampling

Stakeholder maps were developed by the concerned UNFPA country offices for each country of the cluster. Stakeholders were generally differentiated as follows: UNFPA staff, UN staff, central- and local-level government counterparts, donors, international and national NGOs, CSOs, direct and end beneficiaries. The mapping formed the basis for sampling stakeholders and beneficiaries to be met and programme sites to be visited during the in-country data collection missions. According to the UNFPA Evaluation Handbook, “the evaluators should not aim to obtain a statistically representative sample, but rather an illustrative sample”.⁷ In other words, sampling was purposive and non-random. Generally-valid sampling criteria are listed in Box 1 below.

Training follow-up assessment: Intended beneficiaries also include participants in UNFPA-supported training courses/sessions. To enable an assessment of UNFPA-supported trainings between 2016-18, the concerned UNFPA country offices put together overviews of all training events since 2016. National evaluation teams reviewed training evaluation reports and conducted interviews/focus group meetings with trainers and training beneficiaries based on purposive and convenience sampling.

Box 1: Stakeholder sampling criteria

- > Stakeholders associated with on-going and completed AWP
- > Stakeholders associated with UNFPA’s regular programme and humanitarian assistance
- > Stakeholders involved in seemingly good performing and poor performing interventions
- > Stakeholders associated with financially large and financially modest AWP
- > Stakeholders associated with regular actions and pilot interventions
- > Stakeholders related to activities in the country capital and at sub-national level
- > Stakeholders associated with soft-aid activities (policy dialogue)
- > Stakeholders involved with UNFPA-led coordination mechanisms/inter-agency projects

National evaluation teams consulted stakeholders and beneficiaries in the country capitals and selected programme sites. In Turkey, the evaluation team collected data across Ankara, Adana, Bursa, Istanbul and Izmir where, overall, it consulted 80 persons (see Table 2). In Azerbaijan, the team consulted a total of 98 persons in the Baku-Absheron, Goranboy, Jalilabad, Lankaran and Mingchevir regions. The

⁵ <http://www.unevaluation.org/document/detail/102>.

⁶ <http://www.unevaluation.org/document/detail/100>.

⁷ UNFPA Evaluation Handbook, p62.

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evaluators met 54 stakeholder representatives and consulted 8 service providers and 36 training beneficiaries. Table 2 presents the number of people met along main types of stakeholders. For reasons of time, the Georgia team visited a limited number of locations closer to Tbilisi where it met with 77 persons.

Table 2: Number of stakeholders consulted⁸

Respondents	Azerbaijan	Georgia	Turkey
UNFPA staff	12		7
Ministries/Government administration	17	30	15
NGOs/Implementing partners/Universities/Private Sector/Media	15	16	22
UN agencies	10	16	7
Service Providers	8		14
Beneficiaries	36	15	15
Total	98	77	80

1.3.3 Limitations

Country programme evaluation reports discuss limitations to data collection and analysis. Important limitations noted and to the extent possible mitigated, but which were not considered to negatively affect the outcome of the evaluation were:

- Geographic dispersal of activities and training beneficiaries
- Time constraints and resources
- Lack of project documents (Worlplan) for soft aid activities
- Missing data for outcome-level indicators

In Georgia, specifically, the evaluation team had only indirect access to stakeholders and beneficiaries in Abkhazia due to the political situation.

1.3.4 Evaluation team and management

The country programme evaluations were conducted by two-person national evaluation teams⁹ each consisting of an evaluation team leader and technical expert, and with the guidance and support of the cluster evaluation team leader and a research assistant. Country programme evaluations were directly managed by the concerned UNFPA country offices, represented by evaluation managers, and coordinated by the UNFPA Turkey country office. Evaluation Reference Groups were established by the UNFPA country offices, which comprised the evaluation manager, representatives of the UNFPA country office and key programme stakeholders.

1.4 Evaluation process

Cluster evaluation design phase	
Submission of cluster design report	December 2018
Training phase	
Training workshop for national evaluators	January 2019
Field phase	
In-country data collection	Mid-February to end-April 2019
Debriefing country offices and ERGs	Mid-April 2019
Reporting and dissemination phase	
1 st draft country programme evaluation reports	End-May to beginning-June 2019
Draft final country programme evaluation reports	End-June to beginning-July 2019

⁸ Detailed breakdown of interviewed stakeholders is included in each of county reports.

⁹ Ms Lala Ganiyeva, Azerbaijan National Evaluation Team Leader/National Expert GEWE & PD; Mr Teymur Huseynov, Azerbaijan National Expert SRH; Ms Nato Alhazishvili, Georgia National Evaluation Team Leader/National Expert GEWE & PD; Ms Mzia Tabatadze Georgia, National Expert SRH Ms Petek Kovanci Sherin, Turkey National Evaluation Team; Ms Aysegul Esin Leader/National Expert GEWE Turkey National Expert SRH & PD.

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Synthesis phase	
1st draft cluster report	July 22 nd 2019
Final country programme evaluation reports	End-September 2019
Final cluster report	October 20 th 2019

Chapter 2: Country contexts

2.1 Development challenges

The independent evaluations of the UNFPA country programmes for Azerbaijan, Georgia and Turkey were not clustered due to similarities in their contexts or development, but rather because they form an administrative cluster within UNFPA. Nevertheless, an attempt is made here to present key similarities and variations in the contexts in which UNFPA works and development challenges it is helping to address. References for data indicated in the country context are found in the key facts table above and/or the country programme evaluation reports.

The Republic of Azerbaijan and Georgia are both post-Soviet countries. They are located in South-western Asia. **Turkey has an area at least nine times as large as Azerbaijan and Georgia** and is a transcontinental country located in South-western Asia and South-eastern Europe. While Azerbaijan and Georgia are stable (semi-)presidential republics, **Turkey found itself in a prolonged state of emergency** during 2016-18 in the wake of an attempted coup on July 15th 2016, which affected all aspects of the economic and political spheres. Since July 2018, Turkey's long-standing parliamentary system has evolved into a centralised presidential system. In 2017, Turkey was the 17th-largest economy in the world, but has since been experiencing rising economic stress. In 2017, economic growth rates in Turkey (7.0%) and Georgia (5.0%) were high as opposed to a very low 0.1% in Azerbaijan despite rich hydrocarbon reserves.

All three countries ranked high on the 2018 Human Development Index (HDI), and are middle-income countries according to the World Bank. As lower middle-income country, Georgia had a per capita income of around US\$4,047 in 2017. In comparison, Azerbaijan (US\$4,147) and Turkey (US\$10,499) are upper middle-income countries. Female unemployment in 2018 ranged between 6.05% in Azerbaijan, 11.2% in Georgia and 16.9% in Turkey, which was higher than for men except for Georgia (13.9% male unemployment). **Over one quarter of youth in Georgia and Turkey are unemployed** (Azerbaijan: 13.8%). As for the distribution of income, inequalities exist, especially in Turkey, which had a GINI Index of 40 in 2016.

Azerbaijan, Georgia and Turkey are experiencing conflict-related consequences. Besides 300,000 refugees from other countries, Turkey hosts over 3.6m Syrians under Temporary Protection (SuTP), which represents almost 4% of Turkey's population and is the world's largest refugee population. Most refugees live scattered across the vast country in host communities, which strains capacities to ensure the necessary quality and coverage of basic services (25% of Syrian refugees are women of reproductive age) and tends to create social tensions. In Georgia, armed conflict and political tensions in the occupied regions of Abkhazia and South Ossetia continue to affect daily life; integrating around 262,000 IDPs continues to be a burden on the country. In Azerbaijan, the protracted conflict with Armenia over the occupied Nagorno-Karabakh region and the presence of 700,000 to 1.2m IDPs, representing 7-12% of the population, is a burden on the economy, health and social protection systems.

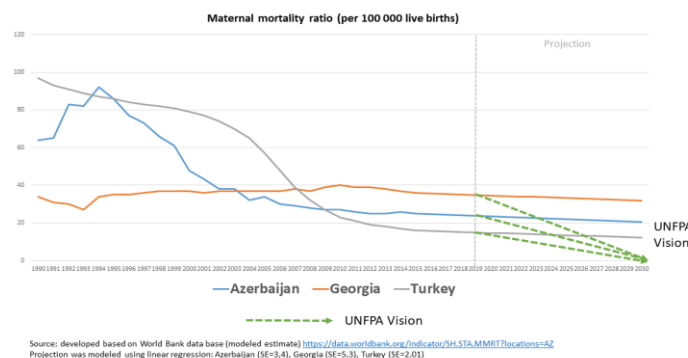
Population dynamics

Population-wise, Turkey is by far the largest country of the administrative cluster: 84.6m people compared to 10.0m in Azerbaijan and 3.7m in Georgia; of which the majority of all three countries resided in urban areas. **All three countries have high life expectancy at birth**, which in 2017 ranged between 73.4 years (Georgia), 75.4 (Azerbaijan) and 76 (Turkey). In Georgia, the elderly population aged 65 and above even outnumbered those between 15 and 24; the median age was 38.1 year. Whereas in 2017 the population growth rate was 1.5% in Turkey and 1.1% in Azerbaijan, population growth in Georgia was negative - i.e., minus 0.1%. **In Azerbaijan and Georgia, the phenomenon of population ageing is becoming more and more evident.** Total fertility rates are around the replacement level, with some uncertainties as to data analysis. In Georgia, the most recent fertility rate disseminated by statistical authorities was 2.2 children per woman in 2016. However, more recent studies suggest that it is substantially higher, and that it may even be one of the highest in Europe. The Government of Turkey is promoting pro-natalist policies in view of declining birth rates (2.07 in 2017 and 1.99 children in 2018). Accelerating birth rates among SuTP and rural communities could change the country's demographics over the next decade.

Sexual and reproductive health and rights

As part of the drive to achieve the MDGs and SDG 3, the governments of Azerbaijan, Georgia and Turkey have made significant commitments and efforts to improve access to quality health care, including by strengthening health financing. Notable progress has been made in some areas of SRH, including high **antenatal care** coverage. A general decrease in the **maternal mortality ratio**, including thanks to an increase in the proportion of births attended by skilled health personnel, can be established, especially in Turkey over recent decades, and where reaching near-zero by 2030 does not seem impossible (see Figure 3).

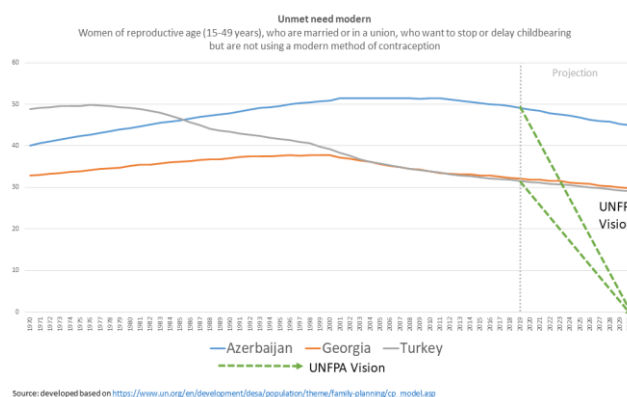
Figure 3: UNFPA's transformative goal - ending maternal deaths



Challenges exist, including because of cultural sensitivities and rising conservativeness among the public and in public institutions. Challenges include insufficient quality and integration of SRH services at the primary health care level. In Azerbaijan and Georgia, no public funding is made available for **family planning** counselling or service delivery. Furthermore, unequal access to healthcare based on geographical and socio-economic status is a reality, such as for women in rural and remote areas of Georgia and seasonal migrant workers in Turkey. Young people face reproductive and sexual health risks such as unintended pregnancies and sexually transmitted diseases. None of the countries have introduced **comprehensive sexuality education (CSE)** in the formal education system in line with international standards; **youth-friendly SRH services** are missing.

While the rate of **induced abortions** in Turkey has decreased significantly since the 1990s, it remains a main method of fertility regulation in Azerbaijan and Georgia. The **modern contraceptive prevalence** rate in Azerbaijan and Georgia remains below average in the EECA region. At the current level of engagement, ending unmet need for modern contraception by 2030 seems near impossible (see Figure 4), especially in Azerbaijan.

Figure 4: UNFPA's transformative goal - ending unmet need for family planning



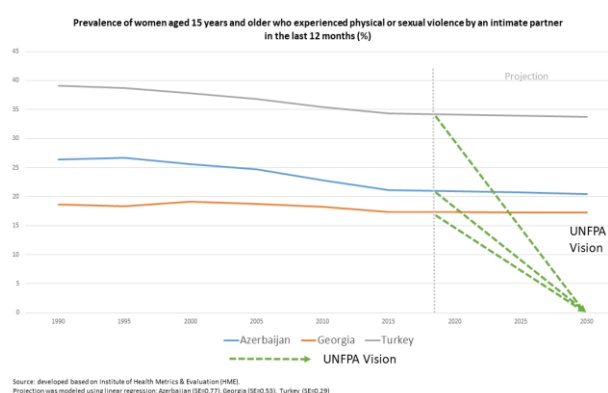
Breast and cervical cancer prevention have been neglected for many years. To the extent that data are available (no official statistics available for Turkey), HIV prevalence among adults and young men and women is low. However, **knowledge about HIV transmission** among young people and especially

young women is insufficient. Especially key populations are suffering and face a higher risk of HIV. Prevalence among men who have sex with men in Georgia was 20.7% in 2017.

Gender equality and women's empowerment

According to the Gender Inequality Index (GII), **gender inequality is high** in all three countries of the cluster, although the 2017 GII showed improvements in Georgia and Turkey. Low political and economic participation of women prevail. Gender-based violence, child/early marriages and gender-based sex selection (GBSS) that leads to a skewed sex ratio at birth in the population are serious concerns and human rights violations. For instance, **Turkey has one of the highest rates of child/early marriage in Europe** - i.e., 15% of women were married before the age of 18 in 2017; 38% of women aged 15 to 59 had experienced sexual or physical violence from an intimate partner in 2015. **Azerbaijan has one of the highest skewed sex ratios at birth in the world** - i.e., 114 males per 100 females (2017). As for UNFPA's aspiration to contribute to ending violence against women by 2030, it is unlikely to happen in the countries of the cluster, especially in Turkey (see Figure 5).

Figure 5: UNFPA's transformative goal - ending violence against women



All three countries are state parties to **CEDAW**. Periodic reports were last discussed in 2014 (Georgia), 2015 (Azerbaijan) and 2016 (Turkey). Georgia and Turkey are also party to the Council of Europe Convention on preventing and combating violence against women and domestic violence (**Istanbul Convention**).

2.2 External assistance

While net official development assistance (ODA) to Azerbaijan considerably dropped to US\$115.5m in 2017, it more or less remained stable in Georgia (US\$446.3m in 2017) and fluctuated over recent years in Turkey (US\$3,141.6m in 2017). **The ratio of ODA as a share of gross national income (GNI) was highest in Georgia**, ranging between 0.3% in Azerbaijan, 0.4% in Turkey and 3.1% in Georgia. **European Union institutions are top donors to all three countries of the cluster**. Otherwise, top donors have differed: Japan being the largest donor in Azerbaijan; the United States and the Asian Development Bank in Georgia; and Germany, France and the United Kingdom in Turkey. **The percentage of total ODA for health and population issues in Azerbaijan, Georgia and Turkey is very small**. 33% of bilateral aid to Turkey was humanitarian assistance for the Syria crisis in 2016-17.

Chapter 3: UNFPA response

3.1 Strategic response

Independent evaluations were undertaken of the 3rd UNFPA country programme for Georgia, the 4th UNFPA country programme for Azerbaijan, and the 6th UNFPA country programme for Turkey; all of which were formulated under the UNFPA Strategic Plan (SP) 2014-17 and cover the five-year 2016-20 cycle. **All three country programmes were designed to contribute to selected outputs under SP**

outcomes 1 (SRH), 3 (GEWE) and 4 (PD). According to the UNFPA country programme documents (CPDs), youth development is a transversal theme; UNFPA country offices have not reported against SP outcome 2 which relates to adolescents and youth. In 2018, SIS reporting on country-level performance was adapted to the UNFPA SP 2018-21. Support for SRH policy and regulatory frameworks is consistent across the three countries of the cluster; as is work to prevent GBV and strengthen multi-sectoral GBV response; and support for data availability for evidence-based advocacy and policy-making.

Expected UNFPA contributions to UN development system results are defined in UN country team strategic documents covering the same period - i.e., the United Nations Azerbaijan Partnership Framework 2016-20, the United Nations Partnership for Sustainable Development Georgia 2016-20, and the United Nations Development Cooperation Strategy Turkey 2016-20 respectively.

3.2 UNFPA programme response

While **Azerbaijan and Turkey belong to the pink country quadrant** according to the UNFPA business model, **Georgia belongs to the yellow country quadrant**. Pink countries are considered to have low need and a high ability to finance their own programmes. There, UNFPA country offices are expected to build capacities to create an enabling environment; partnerships and coordination; advocacy, policy dialogue and advice; and knowledge management. In “yellow” countries, where needs are greater, UNFPA also normally focuses on institutional capacity building. **Due to the country’s humanitarian status, UNFPA in Turkey has also engaged in service delivery. In Georgia, direct service provision has taken place within the framework of a “special business case” for Abkhazia, Georgia.**

While the UNFPA country offices in Georgia and Turkey have implemented their respective country programmes in collaboration with Implementing Partners, using the DEX and NEX modalities, **UNFPA has directly implemented the Azerbaijan country programme** (only DEX). Country programmes have been implemented at the national level and in selected regions.

In terms of finances, Turkey is by far the largest country programme, largely due to UNFPA’s humanitarian assistance. Total expenditures during 2016-18 in Turkey were US\$32,966,149 as compared to US\$1,983,375 in Azerbaijan and US\$3,590,283 in Georgia. **GEWE has been the largest programme component in all three countries**, followed by SRH and PD.

The UNFPA Turkey country office is located in Ankara and managed by a UNFPA Representative and an Assistant Representative; a **branch office in Gaziantep** is headed by a RH Advisor. The UNFPA country offices in Baku and Tbilisi are managed by a non-resident Country Director and an Assistant Representative; there are no sub-offices.

Chapter 4: Synthesis of country programme evaluation findings

This chapter synthesises findings and key evidence provided in the three country programme evaluation reports. It does not resort to other sources of information.

4.1 Relevance

4.1.1 Consistency with priorities put forward in UNFPA Strategic Plans and UN Partnership Frameworks

Finding 1. The UNFPA country programmes are in line with organisational objectives of the UNFPA Strategic Plans 2014-17 and 2018-21; support for A&Y has been mainstreamed in the SRH, GEWE and PD programme components. Country programmes have also supported the key principles of protecting and promoting human rights and ensuring gender-responsiveness, which are integral to the UNFPA Strategic Plan 2018-21 and achieving UNFPA’s transformative goals. They have also targeted vulnerable population groups, which fits the principle of leaving no one behind and reaching the furthest behind first. Country programmes have responded well to the respective UN Partnership Frameworks.

All three country programmes were developed under the UNFPA Strategic Plan 2014-17 and approved by the UNFPA Executive Board; their respective results frameworks were guided by the SP integrated results framework, specifically outcomes 1 (SRH), 3 (GEWE) and 4 (PD). All three country offices opted to mainstream support for A&Y - e.g., youth-friendly SRH services, healthy lifestyle education, meaningful youth participation, engaging young men in GE and GBV prevention and child/early marriages - although the Georgia evaluators identified a missing government counterpart as a limitation (abolishment of the Ministry of Youth and Sports in 2017). The country programmes also align with the organisational objectives of the UNFPA Strategic Plan 2018-21. Existing country programme outputs were linked to the new SP outcomes and outputs.

Country programme implementation was found to support the key principles of protecting and promoting human rights; leaving no one behind and reaching the furthest behind first; and ensuring gender-responsiveness. The UNFPA country offices have generally pursued results based on human rights - e.g., engaging with human rights mechanisms; monitoring and supporting adherence to international treaty recommendations and obligations; and promoting the human rights of refugees. In Azerbaijan and Turkey, they have also done so as members of UNCT human rights coordination mechanisms.

The country programmes have also applied a gender lens in policy dialogue and operational activities, with a particular focus on women's rights and women's empowerment. The political environment in Turkey has rendered fundamental actions to transform gender norms and roles difficult, not just for UNFPA. Written records attest to increasing verbal attacks by the radical Islamic media on gender terminology, national and international legislation, and projects.

Prioritising leaving no one behind and reaching the furthest behind first is another central programming principle, introduced with the Agenda 2030 for Sustainable Development and the UNFPA SP 2018-21. The UNFPA country offices have paid attention to vulnerable groups, including youth not in education, employment or training; the elderly; key populations at risk of HIV; GBV survivors; rural women; women with disabilities; ethnic minorities; refugees and IDPs.

The UNFPA country programmes respond well to the respective UN Partnership Frameworks, also thanks to UNFPA's active involvement in their elaboration. For instance, UNFPA chaired the thematic working group on health, which contributed to the inclusion of a focus area on health and associated priority indicators (e.g., modern contraceptive prevalence rate; and % of HIV prevention and treatment programmes, including for young people and key population groups, funded by the state).

4.1.2 Consistency with government priorities and international commitments and beneficiary needs

Finding 2. The UNFPA country programmes are well aligned with development and humanitarian priorities of the relevant government counterparts, including thanks to UNFPA's participation in policy and strategy processes and UNFPA country programme consultations. They support the fulfilment of the governments' international commitments and obligations in the area of SRH and reproductive rights. Research, needs/capacity assessments and frequent communication and exchange have facilitated UNFPA's responsiveness to beneficiary needs and requests.

UNFPA country programmes are a result of policy dialogue and consultations during programme development and implementation, including with relevant government counterparts. For instance, at the highest level, the UNFPA Azerbaijan country office fed into and has built its country programme on the national development concept "Azerbaijan: Vision 2020"; the Georgia country programme was found to be in line with the Association Agenda between the European Union and Georgia as well as with the Social-Economic Development Strategy of Georgia ("Georgia 2020"); and the Turkey country programme influenced and has been guided by the Tenth Development Plan of Turkey and Turkey Regional Refugee and Resilience Plans. Where government commitment has been weak or at odds with international human rights standards - e.g., in the area of family planning in Azerbaijan and Turkey or A&Y SRH - UNFPA has engaged to improve the situation. The transition in Turkey to a new regime in July 2018, notably to a centralised presidential system, has been accompanied by a restructuring of public authorities and shifts in government priorities, which has challenged the country office.

The UNFPA country programmes in question are relevant to the fulfilment of international commitments and obligations by the governments of Azerbaijan, Georgia and Turkey, first and foremost for achieving SDGs 3, 4 and 5; implementing the ICPD Programme of Action; and adhering to UPR and CEDAW recommendations in the area of SRH and reproductive rights (RR). UNFPA has been and remains involved in the SDG nationalisation process in Azerbaijan and Georgia. In this regard, the Georgia country office's expertise in demography and population issues was seen as a clear added value. In Turkey, the UNFPA country programme has also supported adherence to obligations arising from the Istanbul Convention on Preventing and Combating Violence against Women and Domestic Violence.

Frequent communication and exchange have facilitated the Fund's responsiveness as have research and needs/capacity assessments. Throughout the programme cycle, UNFPA has addressed needs and responded in a timely manner to requests from supported institutions, thus ensuring relevance. For instance, UNFPA in Turkey was commended for its innovative and well-tailored approach to the needs of partners in the area of PD as well as its targeted response to the needs of private sector stakeholders as regards gender equality and GBV. GBV services capacity building was considered very useful for meeting the practical needs of Family Support Centres and NGOs in Azerbaijan, a majority of which had previously not provided support services or had lacked the capacity to do so. UNFPA also proved responsive to an increased demand of the Ministry of Health of the Government of Georgia to introduce clinical service guidelines and protocols for improving the quality of SRH services. UNFPA interventions have also been responsive to the needs of targeted end beneficiaries. In Azerbaijan, for instance, a situation analysis undertaken as part of elaborating the National SRH Strategy 2019-25 explored mechanisms for best reaching vulnerable groups. SRHR peer education for youth groups were preceded by focus group discussions to determine the most interesting and sensitive topics for youth.

4.2 Effectiveness

Overall, a mixed achievement of country programme performance has been observed. Georgia has already achieved or likely to achieve all output indicator targets by the end of programme period, whereas, both Azerbaijan and Turkey achievement rates will be somewhere between 40-60% (ref. Figure 6,7 &8). Although, both Azerbaijan and Turkey have made significant progress toward the achievement of targets. Achievement of outcome indicators targets could not be determined due to non-availability of quality data.

Figure 6. The status of indicators achievement: Azerbaijan country program

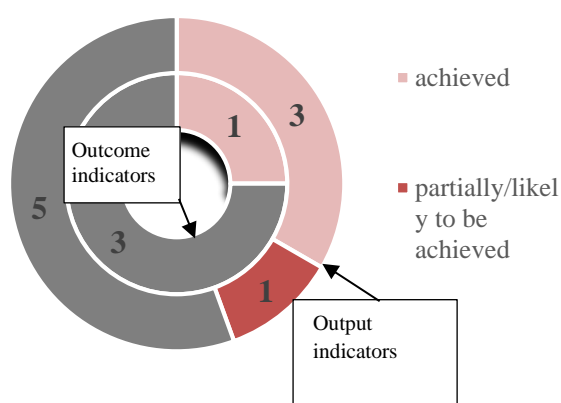


Figure 7. The status of indicators achievement: Georgia country program

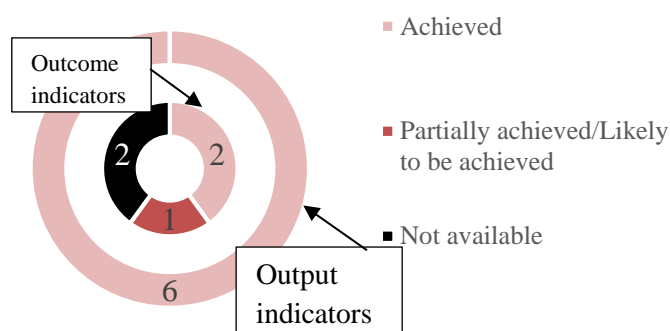
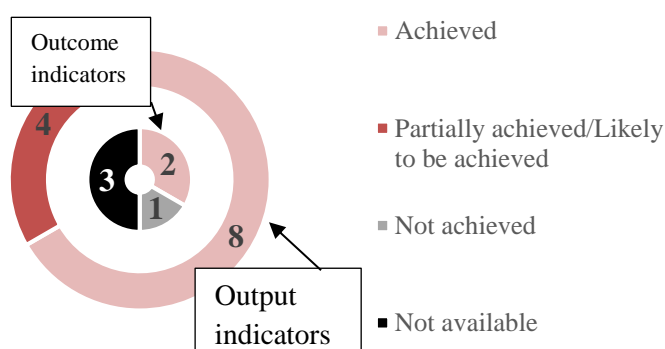


Figure 8. The status of indicators achievement: Turkey country program



4.2.1 SRH effectiveness

Table 3: SRH Performance assessment against CPD indicators¹⁰	
CPD Outcome: 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	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
<u>AZE outcome indicator 1:</u> Contraceptive prevalence rate (modern) <i>Baseline: 13.9%; Target: 25%</i>	Not yet achieved. According to the State Statistics Committee, prevalence rate of using modern contraceptives remains low - 13,9%.
<u>AZE outcome indicator 2:</u> Protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence are adapted and implemented <i>Baseline: No; Target: Yes</i>	Not yet achieved. WHO Guideline on FP, 2018, which meets human rights standards including freedom from discrimination, coercion and violence currently is being translated with UNFPA support. Creation and adoption of protocols for FP based on the WHO Guideline on FP, 2018, planned.
<u>AZE output indicator 1:</u> Number of advocacy events with state and non-state actors to improve the institutional framework for the newly adopted protocols for family planning services <i>Baseline: 0; Target: 120</i>	Not yet achieved. UNFPA has held an estimated 23 advocacy events aimed at improving the institutional framework for the newly-adopted protocols for FP services.
<u>AZE output indicator 2:</u> New national comprehensive sexuality education curriculum aligned with	Not yet achieved. Development of the curriculum commenced. The concept of Family Life Education was used and

¹⁰ Source: Country programme evaluation reports.

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international standards is developed with UNFPA support <i>Baseline: No; Target: Yes</i>	nationalized given local cultural sensitivities and needs.
<u>AZE output indicator 3:</u> Percentage of regions that have the capacity to implement the Minimum Initial Service Package for reproductive health at the onset of a crisis <i>Baseline: 15%; Target: 40%</i>	Likely to be achieved. 28% of regions have the capacity to implement the Minimum Initial Service Package for reproductive health at the onset of a crisis.
<u>GEO outcome indicator 1:</u> Contraceptive prevalence rate (modern methods) <i>Baseline: urban: 42%; rural: 28% Target: urban: 47%; rural: 35%</i>	Per the ICPD Global Survey, the contraceptive prevalence rate among women aged 15-49 in 2018 was estimated at 55% for any method; and 40% for modern methods. According to MICS 2018 (due to be released shortly), CPR for married women is 41% for any method and 33% for modern methods.
<u>GEO outcome indicator 2:</u> Percentage of target population covered by cervical screening services <i>Baseline: urban: 15%; rural: 9%; Target: urban: 30%; rural: 20%</i>	Not yet achieved. Reliable disaggregated data by regions should be available by end 2020 once the population-based screening/cancer registry becomes fully functional. Triangulation of various data sources show that current countrywide coverage does not exceed 20%.
<u>GEO output indicator 1:</u> Number of evidence-based protocols for health-care workers adopted for achieving universal access to high-quality sexual reproductive health and family planning services, including for youth <i>Baseline: 15; Target: 20</i>	Overachieved. 17 evidence-based guidelines/protocols developed in 2016-18. An additional five guidelines/protocols are being prepared or are in the pipeline.
<u>GEO output indicator 2:</u> Routine practice of maternal near-miss cases review piloted in selected comprehensive emergency obstetrics and newborn care facilities <i>Baseline: No; Target: Yes</i>	Achieved. NMCR has been piloted in 9 selected maternity hospitals in Tbilisi, Kutaisi and Batumi.
<u>GEO output indicator 3:</u> The model for the national organized cervical cancer screening programme based on evidence from the pilot is adopted by the government <i>Baseline: No; Target: Yes</i>	Achieved. The pilot is adopted, although the quality of services remains substandard.
<u>GEO output indicator 4:</u> Number of community-led and non-governmental organizations supported by UNFPA to address HIV and the sexual and reproductive health needs of key populations <i>Baseline: 0; Target: 5</i>	Achieved. UNFPA support for 5 CSOs.
<u>TUR outcome indicator 1:</u> Modern contraceptive rate <i>Baseline: 47.4%; Target: 51%</i>	DHS data to be officially announced in September 2019. The government collects these data; however, they are not published on a regular basis.
<u>TUR outcome indicator 2:</u> Proportion of births in health-care institutions <i>Baseline: 91.7%; Target: 95%</i>	DHS data to be officially announced in September 2019. The government collects these data; however, they are not published on a regular basis.
<u>TUR outcome indicator 3:</u> National budget for family planning commodities <i>Baseline: 3.7 million Turkish Lira; Target: 7.5 million Turkish Lira</i>	Overachieved. 20m Turkish Lira in 2018.
<u>TUR output indicator 1:</u> Number of new legislation and policies on sexual and reproductive health services for vulnerable groups and youth developed and adopted by ministries (during 2016-2020) <i>Baseline: 0; Target: 4</i>	Likely to be achieved: 1. Legislation on social services including mobile services for seasonal migrant agricultural workers and their families 2. Legislation on health service provision for migrants including SRH 3. Policy and legislation on HIV Volunteer Counselling and Test Centres
<u>TUR output indicator 2:</u> Number of new standard operating procedures on sexual and reproductive health services for vulnerable groups developed and adopted by ministries (during 2016-2020) <i>Baseline: 0; Target: 3</i>	Achieved: 1. SoP on services for seasonal migrant agricultural workers and their families (SMAW) in the primary health care system developed and started to be implemented

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	<ol style="list-style-type: none"> 2. SoP on Women and Girls Safe Spaces and Woman SRH Counselling Centres finalised and rolled out to personnel of 35 Women and Girls Safe Spaces 3. SoP on VCTs on HIV developed in collaboration with Ministry of Health
<p><u>TUR output indicator 3:</u> Number of new institutionalized pre- and in-service training programmes covering services for vulnerable groups <i>Baseline: 0; Target: 3</i></p>	<p>Overachieved:</p> <ol style="list-style-type: none"> 1. National training guidelines in the context of SMAW for medical doctors, nurses/midwives and religious staff integrated into in-service training programmes 2. Training curricula for peer education programme updated 3. Training curricula for sex workers training finalized 4. MISP training curricula for pre-service training including medicine faculties developed and implemented 5. In-service training curriculum for counsellor teachers finalised and started to be implemented in province directorates of the Ministry of National Education
<p><u>TUR output indicator 4:</u> Logistics management information system for family planning commodities in Ministry of Health re-established <i>Baseline: No. Target: Yes</i></p>	<p>Likely to be achieved. Technical studies regarding re-establishment of FP commodities ongoing.</p>

Legal and policy frameworks for delivering quality integrated SRH services

Finding 3. UNFPA has clearly played an important role in advancing and supporting participatory policy-making for SRHR in Azerbaijan, Georgia and Turkey, including with a particular focus on vulnerable population groups. A number of new laws, policies, strategies and national action plans are available. In instances, country offices have met with opposition and delays because of sensitivities and competing health priorities.

UNFPA has clearly played an important role in policy-making for SRHR in Azerbaijan, Georgia and Turkey. Specifically, UNFPA country offices have contributed or - at the time of evaluation data gathering - were contributing to/promoting the following laws, policies, strategies and national action plans:

- Azerbaijan: Draft National Law of RH
- Azerbaijan: Draft National SRH Strategy 2019-25
- Azerbaijan: SRH Action Plan
- Georgia: National Maternal and Newborn Health and RH Strategy 2017-30
- Georgia: National Maternal and Newborn Health and RH Action Plan
- Georgia: National HIV/AIDS Strategic Plan 2019-22
- Georgia: Elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B National Action Plan 2018-19
- Turkey: Legislation on Social Services, Including Mobile Services, for Seasonal Migrant Agricultural Workers and Their Families
- Turkey: Legislation on Health Service Provision for Migrants, including SRH
- Turkey: Policy on Health Service Provision for Sex Workers
- Turkey: Policy and Legislation on HIV Volunteer Counselling and Test Centres

Additionally, UNFPA has partnered with other UN agencies and the Government of Georgia to improve the country's emergency preparedness, particularly through continued engagement for integrating the MISP into the National Emergency Response Plan.

The country programme evaluations noted that UNFPA has provided international and local technical expertise, financial assistance and facilitated participatory processes to advance policy issues and ensure broad-based ownership - e.g., round-table meetings in Turkey with participants from ministries and

other public institutions, academics and NGOs. The evaluation reports also emphasise how UNFPA has brought attention to the specific SRH needs of vulnerable groups such as young people, IDPs and people with disabilities. For instance, thanks to UNFPA, youth needs are integrated in the Georgia Maternal and Newborn Health and RH Strategy 2017-30 and in the Georgia HIV/AIDS Strategic Plan 2019-22. A particular policy-level focus in Turkey on seasonal migrant workers and their families, migrants and sex workers is also evident.

In some instances, UNFPA has faced sensitivities around SRHR and competition with other health issues. One case in point is the Azerbaijan National Law on RH, which UNFPA started supporting in 2008, which was rejected by Parliament in 2017, and which is still pending approval. Contentious issues included surrogate motherhood and artificial insemination and extracorporeal fertilisation. The country programme evaluation report also notes that the legal framework does not support the provision of SRH services to adolescents and youth. Another example relates to the Georgia Healthcare System State Concept 2014-20, which commits the government to provide free family planning services. UNFPA is the only agency involved in advocating free access to family planning services in Georgia. To assist the government, the country office developed two policy briefs “Invest in Family Planning”, and “The Cost of Free Contraceptives” and submitted them to the Parliamentary Committee on Health and Social Affairs in 2017. It is, however, only now that UNFPA was requested to provide technical support for the elaboration of SOPs for family planning service delivery at the primary healthcare level under the National MNH Action Plan.

Delivery of quality integrated SRHR services/information

Finding 4. UNFPA has been instrumental in developing and introducing new clinical guidelines, service protocols and SOPs for the health sector in Georgia and Turkey, including for the benefit of women and girl refugees and seasonal migrant agricultural workers and their families in Turkey as well as key populations at risk of HIV in Georgia and Turkey. Work to introduce family planning protocols in Azerbaijan is underway.

As Table 5 above shows, UNFPA has contributed to the development and introduction of new clinical guidelines, service protocols and SOPs in the health sector in all three programme countries. The Georgia country office appears to have been particularly productive in response to requests from the Ministry of Health: 17 guidelines and protocols for SRH services were developed in 2016-18, of which 12 had been approved at the time of evaluation data gathering (see Table 6). In addition, costed HIV prevention service guidelines for MSM, sex workers and young key populations were drafted in a participatory manner based on tools for integrated and comprehensive SRH and HIV services such as MSMIT¹¹, SWIT¹² and TRANSIT¹³. The country programme evaluation confirmed that the drafts were appreciated by both state and non-state actors. NGO stakeholders valued their increased visibility and improved attitudes of health officials vis-à-vis key populations and their representatives and their value added in policy dialogue as a result of the drafting processes. Once approved by the Ministry of Health Board of Guidelines, the new guidelines are expected to serve as effective instruments for establishing and implementing high-impact and low-cost HIV prevention interventions after financial support from The Global Fund (TGF) to Fight AIDS, Tuberculosis and Malaria ends. In 2019, the development of a protocol on antenatal care is planned for the Abkhazia, Georgia.

Table 4: UNFPA-supported SRH guidelines and protocols Georgia¹⁴

#	Guidelines and protocols (G&P)	Type	Year
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¹¹ Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men. PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. UNFPA; MSMGF; UNFPA; UNAIDS; WHO; USAID; PEPFAR; and World Bank Group. <https://mpactglobal.org/wp-content/uploads/2015/11/MSMIT-for-Web.pdf>.

¹² Implementing Comprehensive HIV and STI Programmes with Sex Workers. PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. WHO; UNFPA; UNAIDS; NSWP; World Bank Group; UNDP. https://apps.who.int/iris/bitstream/handle/10665/90000/9789241506182_eng.pdf?sequence=1.

¹³ Implementing Comprehensive HIV and STI Programmes with Transgender people. PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. UNDP; A Global Network of Transgender Women and HIV; UNFPA; UNAIDS; WHO; USAID; and PEPFAR. <https://www.undp.org/content/dam/undp/library/HIV-AIDS/Key%20populations/TRANSIT.pdf>.

¹⁴ Source: Country programme evaluation report.

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Submitted to MoH for approval			
1	Uncomplicated labour and childbirth	Guideline	2018
2	Operative Vaginal Delivery	Protocol	2018
3	Postpartum fever management	Protocol	2018
4	Preventing Thromboembolism during Pregnancy and post-partum period	Protocol	2018
5	Clinical protocol for the management of rape survivors in emergencies (CMR)	Protocol	2018
Approved in 2016-18			
6	Antenatal care for healthy pregnant women	Protocol	2017
7	Medical eligibility criteria for contraceptive use (MEC) - Intrauterine device (IUD)	Protocol	2016
8	Medical eligibility criteria for contraceptive use (MEC) - Emergency contraceptive pills (ECPs)	Protocol	2016
9	Medical eligibility criteria for contraceptive use (MEC) - Fertility Awareness Method	Protocol	2016
10	Medical eligibility criteria for contraceptive use (MEC) - Post-abortion contraception	Protocol	2016
11	Medical eligibility criteria for contraceptive use (MEC) - Vasectomy	Protocol	2016
12	Medical eligibility criteria for contraceptive use (MEC) - Sterilization	Protocol	2016
13	Medical eligibility criteria for contraceptive use (MEC) - Progestogen-only contraceptive (POC)	Protocol	2016
14	Medical eligibility criteria for contraceptive use (MEC) - Combined Hormonal Contraceptive (CHC)	Protocol	2016
15	Medical eligibility criteria for contraceptive use (MEC) - Barrier methods (BARR)	Protocol	2016
16	Medical eligibility criteria for contraceptive use (MEC) - Lactational Amenorrhoea Method (LAM)	Protocol	2016
17	Medical eligibility criteria for contraceptive use (MEC) - Post-delivery contraception counselling & communication	Protocol	2016
Work in progress 2019 *			
18	HIV prevention for key populations - MSM	Guideline	2019
19	HIV prevention for key populations – Sex Workers	Guideline	
20	HIV prevention for key populations – Young key population	Guideline	
21	Family Planning Standard Operation Procedures (SOP) for PHC workers	SOPs	
22	Antenatal Care	Protocol	
* G&P development plans for 2020 not yet clearly defined			

The UNFPA Turkey country office contributed to the elaboration and introduction of three SOPs for providing SRH services to particularly vulnerable groups: (1) SOP on Women and Girl Safe Spaces and Women SRH Counselling Centres; (2) SOP on VCTs on HIV; and (3) SOP on Services for Seasonal Migrant Agricultural Workers (SMAW) and their Families in the Primary Health Care System. The SOP for SMAW were complemented by national SRH training guidelines for a range of stakeholders including governors, medical doctors, nurses and midwives, social workers, the media, and religious staff. The UNFPA Azerbaijan country office has not yet achieved the CPD target to adapt and implement protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence, but work is underway.

Finding 5. UNFPA-supported initiatives to strengthen perinatal and antenatal care in Georgia and near-miss case review in Azerbaijan and Georgia are important developments in terms of addressing maternal and child morbidity and mortality.

In 2016-18, UNFPA supported the introduction and implementation of the hospital-based near-miss case review (NMCR), which is one of the WHO Beyond the Numbers (BtN) methodologies, to improve the quality of maternal care and avoid maternal mortality and morbidity. Support was provided in the form of training for selected healthcare providers in Azerbaijan and technical assistance for and external quality assessments of pilot comprehensive emergency obstetrics and new-born care facilities in Georgia. Participating hospitals in Georgia were reported to show very good results in most areas. The quality of implementation of NMCR in Azerbaijan has not been independently assessed.

Another important achievement pointed out in terms of strengthening Georgia's health system and addressing high maternal and child morbidity and mortality is UNFPA's contribution to an improved perinatal care system. The Perinatal Care Regionalisation Process was launched in 2015 by the Ministry of Health with technical and financial support from UNFPA, UNICEF, USAID and others.¹⁵ Meanwhile, perinatal care facilities were assessed, assigned a relevant level of perinatal care and have become eligible for public financing. Furthermore, in 2018, the UNFPA country office developed and submitted an Antenatal Care Regionalisation National Model to the Ministry of Health for approval.

Finding 6. Thanks to UNFPA, Azerbaijan and Georgia are better equipped to prevent cervical cancer, but further engagement appears necessary in order to overcome political and financial considerations in Azerbaijan and quality issues in Georgia. Good results were also achieved in Abkhazia, Georgia, where UNFPA enabled the provision of free-of-charge screening services and supported capacity development.

Thanks to UNFPA, Azerbaijan and Georgia are better equipped to prevent and detect cervical cancer. The UNFPA Azerbaijan country office has played an important role in creating a pool of specialists on cervical cancer and training healthcare providers to provide cervical cancer screening. Thanks to UNFPA two national experts were awarded international certificates for OSCE (Objective Structured Clinical Examination) in colposcopy in Lyon, France, and have become master trainers; others should follow. Within the framework of the Georgia Cancer Screening Programme, UNFPA has since 2015 assisted the Ministry of Health to pilot an organised cervical cancer screening programme in clinics in Tbilisi and Gurjaani at the primary health care level. However, the country programme evaluations revealed certain challenges related to political will and government funds in Azerbaijan and quality issues in Georgia where a UNFPA-supported external quality assurance audit of Pap tests in 2017 revealed low quality of cytology services and diagnostics. UNFPA also engaged in cervical cancer prevention in Abkhazia, Georgia, including the provision of free-of-charge screening services, which was most appreciated and resulted in an agreement for the de-facto government to take over ensuing costs. Specifically, UNFPA enabled in-service training for doctors, nurses and screening coordinators; it made it possible for selected experts to follow the OSCE course; and supported the installation of screening registration software.

The Georgia CPD expects UNFPA to contribute to an increase of the population covered by cervical screening services. Data for cancer screening coverage in Georgia has not been routinely monitored, but coverage was considered too low to have had an impact on women's health. Ineffective promotional campaigns, low awareness and the unreliability of test results were suggested as major factors deterring women from seeking screening services. Triangulation of various data sources suggested that the countrywide coverage does not exceed 20%. Ultimately, the roll-out of a population-based national cancer registry in Georgia, expected by 2020, is considered to have high potential to make available more accurate data, improve cancer prevention, treatment and care. UNFPA has supported this initiative through technical support for the development of a national cervical cancer screening registry software and of a user manual and organised training of trainers.

Finding 7. In all three countries of the cluster, UNFPA has engaged with the education sector to bring SRHR information to school students as part of the formal curriculum and/or as an extracurricular activity. Given sensitivities around the concept of comprehensive sexuality education, country offices have reverted to healthy lifestyle principles. Especially the integration of A&Y SRH in the Georgian formal education system at primary and basic education levels was praised as a major breakthrough, to which UNFPA significantly contributed. Additionally, UNFPA has also begun to make progress towards improving institutional capacities in the health sector to provide A&Y SRH information and services, including in school settings. Restructuring of public authorities and shifts in government priorities interfered with similar plans in Turkey.

In all three countries of the cluster, UNFPA has also engaged with the education sector to provide appropriate information to students about SRHR. In lieu of the planned comprehensive sexuality education curriculum, UNFPA started to support the Ministry of Education to develop a healthy lifestyle

¹⁵ Perinatal regionalisation defines functional ties across facilities at different healthcare levels in order to facilitate timely and adequate referral in cases of serious complications.

curriculum for the Azerbaijan education system, in view of cultural sensitivities. In parallel, a series of in-service training on A&Y SRH has been conducted for school teachers from selected secondary schools. The country programme evaluation revealed that the interest of the education sector in conducting SRH education for A&Y is on the increase, and that reservations towards sexuality education may become less.

In Turkey, UNFPA has aimed to increase the number of schools that include A&Y SRH and GE in extracurricular activities in close cooperation with the Ministry of National Education.¹⁶ To this intent, UNFPA engaged with the ministry and other partners, developed in-service training curricula, and provided workshops and trainings targeting public secondary school teachers and counsellor teachers; also vocational training school teachers were reached. At the time of evaluation data gathering, only seven private schools had included SRH and GE in extracurricular activities against a target of 20 schools. Moreover, in view of inadequate information on SRHR, the country office has advocated for the integration of A&Y SRH in the official teacher training curriculum and of comprehensive sexuality education (CSE) in the national curriculum. To this intent, the global publication "International Technical Guidance on Sexuality Education" developed by UNFPA, WHO and UNESCO, was translated into Turkish; a Turkish adaption of the UNESCO Global Review Report on Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education was completed and disseminated; multi-stakeholder round-tables were conducted. However, progress has been hindered by conservative attitudes, one of which is the preconception that sexuality education leads to early sexual practices.

The Georgia country programme evaluation revealed that UNFPA is one of only few organisations in the country that has strived to equip A&Y with SRH-relevant knowledge and skills through formal and non-formal education. It found that, through the UN Joint Programme for Gender Equality, significant UNFPA technical assistance for the Ministry of Education and Science resulted in the integration of A&Y SRH and healthy lifestyle principles in the formal education system at primary and basic education levels - an achievement that was highly praised as a major breakthrough. At the time of evaluation data gathering, the revision of secondary education levels was pending approval. UNFPA also supported rolling out the curricula by developing teacher training modules, providing training sessions for school teachers and preparing textbooks.

UNFPA has also begun to make progress towards improving institutional capacities in the health sector to provide A&Y SRH information and services, including in school settings. In 2016-18, UNFPA Azerbaijan started to engage with the Public Health and Reforms Centre to rebuild youth-friendly health services after the earlier discontinuation of youth-friendly clinics. In a first step, a national adaptation of the WHO Orientation Programme on Adolescent Health for Healthcare Providers was initiated, which is expected to lead to a new training programme for healthcare providers on adolescent health. Another positive development is the decision of the Georgia Ministry of Education and Science to re-establish a school health system by deploying school health professionals in public schools throughout the country to provide integrated SRH services, based on the recommendations of a situation analysis conducted by UNFPA. A training manual on A&Y SRH was elaborated and accredited by the Tbilisi State Medical University, following which first training sessions for school health professionals began. UNFPA also engaged with the Ministry of Health of Turkey to establish youth-friendly counselling and health services through existing youth service centres and to train service providers. However, almost all youth centres were closed down in connection with the restructuring of public authorities and shifts in government priorities and due to lack of qualified staff.

Finding 8. The UNFPA country offices in Georgia and Turkey have built institutional capacities in the area of HIV prevention in connection with the SRHR of key populations. While Georgia has prioritised non-governmental service providers, UNFPA Turkey has strengthened municipal public services with a focus on voluntary counselling and testing.

The Georgia and Turkey country offices have built capacities in the area of HIV prevention, especially in connection with the SRHR of key populations. In Georgia, UNFPA has worked closely with a range of CSOs/NGOs to this intent. The country programme evaluation revealed that pilot training sessions

¹⁶ This is a GEWE-related output indicator, which is discussed here under SRH.

based on the above-mentioned draft guidelines and guidance materials have generally improved the knowledge, attitudes and practices of participating non-governmental service providers who work with key populations such as MSM, sex workers and people who inject drugs. Furthermore, in partnership with the National Center for Disease Control and Public Health, the AIDS Centre and Tbilisi State Medical University, online training modules for medical and non-medical service providers on “HIV Prevention and SRH Service Standards for Key Populations” were developed. Having assessed HIV/AIDS as an emerging health problem in Turkey, UNFPA has strengthened government capacities to prevent HIV/AIDS for at-risk groups. As such, the 6th UNFPA country programme put a particular emphasis on voluntary counselling and testing (VCT) services, in collaboration with the Ministry of Health. With UNFPA contributions, including condom supplies, selected urban municipalities have started to provide community-based anonymous VCT services for key populations based on the newly developed SOP on VCTs. Although VCTs appear easily accessible, the country programme evaluation confirmed that significant gaps remain, particularly in rural areas. Information about the use of new knowledge and skills and client satisfaction was not available.

Finding 9. Capacities to implement the MISP at the onset of an emergency have improved. In 2016-18, UNFPA supported the ministries of health in Azerbaijan and Turkey to conduct MISP trainings for officials and public health service providers respectively. A pre-service MISP training course has been rolled-out in selected universities in Turkey.

The CPD 2016-18 for Azerbaijan committed UNFPA to increase capacities for implementing the MISP. The country programme evaluation found that the target was likely to be achieved by 2020. With UNFPA support, MISP trainings were organised by the Ministry of Health in 15 regions for participants from the Ministry of Health, the Ministry of Internal Affairs and the Ministry of Emergency Situations. While training participants reportedly learnt about the importance of inter-sectoral work for better SRH services in emergency situations, the country programme evaluation established that inter-ministerial cooperation and coordination has not yet been institutionalised. In cooperation with the Ministry of Health, the Turkey country office provided a range of in-service MISP trainings to Turkish and Syrian public service providers in multiple provinces, including in Women and Girls Safe Spaces. The country programme evaluation revealed that these trainings were considered effective. Additionally, UNFPA supported the development of pre-service MISP training curricula, which have been implemented in 17 medical and health sciences faculties.

Finding 10. UNFPA has built capacities to provide SRH services to underserved Syrian refugees in Turkey and women and girls affected by the conflict in Abkhazia, Georgia.

UNFPA has been heavily involved in building capacities of medical and non-medical service providers to provide quality SRH services to women and girls affected by the prolonged crises in Syria and Abkhazia, Georgia. The Government of Turkey and UNFPA have made visible efforts to remove complex and multi-faceted access barriers¹⁷ and to ensure the SRH of Syrian refugee women and girls in Turkey who face a higher risk of unintended pregnancies, pregnancy complications and STIs. Besides efforts at the policy level and to improve the regulatory framework as mentioned above, the country office has supported training for Turkish and Syrian medical and social protection partners and provided commodities such as locally assembled hygiene, dignity and maternity kits. In 2019, UNFPA-supported services were mainly provided through 35 Women and Girls Safe Spaces, four youth centres and three key refugee group centres in multiple provinces in an attempt to provide equitable access. With UNFPA support, the Ministry of Health was able to increase access to interpreters and work towards more culturally appropriate services.

Thanks to UNFPA, medical doctors, OB&GYN specialists and nurses were trained in Abkhazia, Georgia to implement protocols and guidelines related to SRH and family planning services - e.g., regarding cervical cancer screening, contraceptive eligibility criteria and clinical management of rape. Under the special business case for Abkhazia, Georgia, UNFPA has supported basic SRH service and commodities provision for women of reproductive age, including through reproductive health centres and four pilot primary health care facilities (“women consultations”) and via a mobile team operating in remote and underserved regions; services for the local conflict-affected population that would otherwise

¹⁷ Including physical access, cultural norms, language, socio-economic status and costs and legal barriers.

not have been provided, neither by the local healthcare system nor by international aid. The country programme evaluation report notes that such services were considered lifesaving in view of the absolute ban on termination of pregnancy (even on medical grounds) pronounced by the de-facto government.

Finding 11. Besides face-to-face training, UNFPA has supported online professional development opportunities in Azerbaijan and Georgia. E-learning was considered to have great potential, but implies access to the internet and the capacity to use computers.

Besides face-to-face training, UNFPA has supported online professional development opportunities in Azerbaijan and Georgia. For instance, UNFPA supported the Tbilisi State Medical University (TSMU) to integrate SRHR and family planning training courses into its web-based e-learning platform, which was also developed with UNFPA support.¹⁸ Courses on virtual contraceptive consultation (ViC) and on antenatal care, developed with UNFPA support, were the first online training courses to be accredited by the Ministry of Health and TSMU; online training modules for medical and non-medical service providers on “HIV Prevention and SRH Service Standards for Key Populations” were developed. Furthermore, UNFPA supported the mainstreaming of “Portfolio”¹⁹ in post-graduate medical education, initially within the OB&GYN specialisation. The country programme evaluation noted that UNFPA support for e-learning and use of modern technologies for distance learning was highly praised and viewed as a possible precursor to a continuous medical education system, and that TSMU leadership has taken full ownership. In Azerbaijan, UNFPA involvement in the adaptation of the ViC online tool was appreciated and expected to empower healthcare providers. However, taking into account that many healthcare providers in rural areas do not have access to the internet or capacity to use computers, the recommendation was made to use the new tool alongside traditional training.

Raising awareness for SRH and reproductive rights

Finding 12. Peer education has been an important strategy in Georgia and Turkey for raising the awareness of A&Y and increasing demand for youth-friendly SRH services. Feedback is positive. In Turkey, peer education regarding health issues has also been deployed for sex workers.

To raise awareness and increase demand for youth-friendly SRH services, UNFPA developed advocacy materials and has engaged in peer education for A&Y inside and outside school. For instance, in Georgia, where over 11,000 A&Y have been reached in schools and youth camps in collaboration with the Ministry of Sport and Youth Affairs and youth-based organisations such as the Georgian Youth Development and Education Association, besides those reached by promotional videos broadcasted on local television throughout the year. Furthermore, in Azerbaijan, where UNFPA collaborated with the Ministry of Health to train parents and secondary school students based on newly adopted guidelines on SRH awareness-raising among adolescents and parents and partnered with the Ministry of Youth and Sports, UNICEF and youth-based organisations to organise out-of-school (theatre-based) awareness-raising activities in selected cities. In 2016, UNFPA Turkey supported the revision of training curricula for SRH peer education and updated the youth peer educator handbook. As it has already done for years, UNFPA deployed peer education to raise the awareness of young people, including refugees from Syria and elsewhere and young key populations, and especially those from underserved regions. Specifically, through the “Support for Young Refugees Project”, UNFPA partnered with the Ministry of Health and others to empower 15- to 30-year-old refugees from Syria, inter alia through decentralised peer education interventions (including theatre performances). In Turkey, UNFPA has also engaged in peer education for sex workers regarding health issues. The country office also developed IEC materials and worked with the NGO Red Umbrella to train peer educators who subsequently reached out to sex workers in ten provinces.

The country programme evaluation teams received positive feedback on UNFPA’s contribution to A&Y SRH: targeted beneficiaries were participating actively and were demonstrating more interest. However, the extent to which this had led to higher uptake was questioned. In Azerbaijan, possible reasons provided are: continued diffidence, lack of information about available services, and lack of money.

¹⁸ www.cme.tsmu.edu.

¹⁹ Portfolio is an innovative assessment tool to measure students’ academic achievements and professional development, which should eventually contribute to increased quality of education.

4.2.2 GEWE effectiveness

Table 5: GEWE performance assessment against CPD indicators²⁰	
CPD Outcome: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
<u>AZE outcome indicator:</u> Percentage of UPR recommendations on reproductive rights from the previous reporting cycle implemented <i>Baseline: 10%; Target: 100%</i>	Not yet achieved. 50% of UPR recommendations on reproductive rights from the previous reporting cycle implemented.
<u>AZE output indicator 1:</u> Number of qualitative and quantitative reports and surveys on population dynamics and its interlinkages with sexual and reproductive health and rights developed with advocacy or technical support from UNFPA, with particular focus on vulnerable populations <i>Baseline: 17; Target: 27</i>	Overachieved. 6 surveys conducted with support from UNFPA/planned to be/already disseminated for policymaking: <ul style="list-style-type: none"> • IMAGES • qualitative research on GBV prevalence rates • survey on economic costs of GBV • gender assessment (UNFPA/UNDP) • needs assessment survey for FSCs/NGOs providing support to GBV victims
<u>AZE output indicator 2:</u> Advocacy events with state and non-state actors for institutionalisation of the protocols and standards that integrate gender-based violence prevention, protection and response <i>Baseline: Yes; Target: No</i>	Achieved. A series of advocacy events targeting high-level officials conducted.
<u>AZE output indicator 3:</u> Functional tracking and reporting system for monitoring implementation of recommendations and obligations on sexual and reproductive health and rights issued by the human rights treaty bodies in place <i>Baseline: No; Target: Yes</i>	Not yet achieved. Support to the government for monitoring implementation of recommendations of treaty bodies on GE and SRHR provided; negotiations with OHCHR for advocacy for the purpose of establishing a national mechanism for reporting regarding implementation of human rights recommendations in progress.
<u>GEO outcome indicator:</u> Proportion of the CEDAW concluding observations from the previous reporting cycle on women's rights implemented or actions taken <i>Baseline: 0; Target: 50%</i>	UNFPA contributes to 25 out of 50 CEDAW recommendations. The assessment of the outcome indicator will be possible after the meeting of CEDAW Committee in 2020 to assess the actions taken.
<u>GEO output indicator 1:</u> National action plan(s) addressing child marriage, gender-biased sex selection, and violence against women updated and adopted <i>Baseline: No; Target: Yes</i>	Achieved. Two National Action Plans adopted. a) National Action Plan 2018-2020 against GBV and Family Violence endorsed by Government Order # 175 of 11.04.2018; b) National Action Plan 2018-2020 on Implementation of UNSC Resolutions on Women, Peace and Security endorsed by Government Order # 173 of 10.04.2018. There is no specific NAP on child marriage, these issues are addressed in the NAP against GBV and Family Violence.
<u>GEO output indicator 2:</u> Number of studies to establish evidence on harmful practices, gender inequality and gender-based violence for informed policy making conducted and disseminated <i>Baseline: 3; Target: 5</i>	Achieved. Two additional studies prepared. a) Qualitative research on the harmful practices of early/child marriage and b) Report on Trends in Sex Ratio at Birth. Furthermore, GBSS factsheet, comprehensive Country Profile and comparative analysis of practices of maternity, paternity and parental leave produced.
<u>TUR outcome indicator:</u> GE and GBV national action plans that integrate RR with specific targets	Not yet achieved.

²⁰ Source: Country programme evaluation reports.

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and national public budget allocations <i>Baseline: No. Target: Yes</i>	
<u>TUR outcome indicator 2:</u> Proportion of actions taken on CEDAW recommendations on women's rights from the previous reporting cycle <i>Baseline: 0. Target: 50%</i>	n/a
<u>TUR outcome indicator 3:</u> Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting/beatings his wife/partner under certain circumstances <i>Baseline: 13%. Target: 10%</i>	DHS 2018 will be announced in 2019 September.
<u>TUR output indicator 1:</u> Number of new national legislation and policies in line with Istanbul Convention developed and adopted by ministries <i>Baseline: 0. Target: 3</i>	Likely to be achieved. National Action Plan on Combating Violence against Women 2016-20; Draft National Action Plan on Child Marriages
<u>TUR output indicator 2:</u> Number of new standard operating procedures in line with Istanbul Convention adopted by ministries <i>Baseline: 0. Target: 3</i>	Achieved. WEPs Implementation guidelines, BADV guidelines and fatherhood in private sector guidelines.
<u>TUR output indicator 3:</u> Number of institutionalized in-service training programmes on sexual and GBV prevention and protection services for women and girls <i>Baseline: 0. Target: 3</i>	Achieved. BADV training, WEPs training, training for security forces.
<u>TUR output indicator 4:</u> Number of companies signing/reporting on United Nations Global Compact Women Empowerment Principles in Turkey <i>Baseline: 27. Target: 60</i>	Exceeded target. 299.
<u>TUR output indicator 5:</u> Number of schools that include SRH and GE in extracurricular activities <i>Baseline: 0. Target 20</i>	Not yet achieved. 5.

Legal and policy frameworks for advancing GE and RR

Finding 13. UNFPA has been instrumental in creating a body of evidence for and elaborating national action plans for advancing GE and RR and especially for combating GBV, child/early marriages and GBSS. A number of them have not yet been approved.

UNFPA has facilitated the production of pertinent and useful data and evidence for informing and improving advocacy and the gender-related policy frameworks of the countries of the cluster - notably in the areas of gender equality (Azerbaijan, Georgia), GBV (Azerbaijan), GBSS (Azerbaijan, Georgia), child/early marriages (Azerbaijan, Georgia, Turkey), and FGM/C (Georgia).

In addition, UNFPA Azerbaijan has successfully established a national online inter-agency GBV database, which was found to be fully operational under the auspices of the State Committee for Family, Women and Children's Affairs and considered a valuable tool for the purposes of informed decision-taking.

Important new policy documents and national action plans have been drafted, including based on UNFPA-supported advocacy, research and policy recommendations, which bring to the forefront the rights and needs of particularly vulnerable women and girls, a number of which are pending approval:

- Azerbaijan: Draft National Action Plan on GE
- Azerbaijan: Draft National Action Plan on GBV
- Azerbaijan: Draft National Action Plan on GBSS
- Georgia: National Action Plan 2018-2020 against GBV and Family Violence endorsed by Government Order # 175 of 11.04.2018
- Georgia: National Action Plan 2018-2020 on Implementation of UNSC Resolutions on Women, Peace and Security endorsed by Government Order # 173 of 10.04.2018
- Gender Equality Chapter of the 2018-2020 National Action Plan for implementation of the National Human Rights Strategy, endorsed by Government Order # 182 of 17.04.2018
- Georgia: Draft National Gender Equality Concept
- Turkey: National Action Plan on Combating Violence against Women 2016-20

- Turkey: Draft Strategy Document and Action Plan for Combating Early and Forced Marriage (2018-23)
- Turkey: Draft Strategy Document and Action Plan for Women's Empowerment (2018-23)

Provision of quality GBV services

Finding 14. UNFPA has improved the regulatory framework and enabling environment for preventing and responding to GBV; it has increased institutional capacities to implement a multi-sectoral response, especially but not limited to the health sector's responsibilities. UNFPA's engagement with businesses in Turkey to strengthen gender equality and the provision of GBV services stands out.

Under the umbrella of national policy frameworks, UNFPA has contributed to an improved regulatory framework and enabling environment for preventing and responding to GBV, including GBSS. In Azerbaijan, UNFPA led a multi-sectoral effort to draft GBV Essential Service Packages and Standard Operating Procedures for more effective GBV prevention and response, involving health, justice, police and social sector representatives. The result was very welcome and advocacy for endorsement and institutionalisation of the documents by the Cabinet of Ministers was ongoing at the time of the UNFPA country programme evaluation.

In Azerbaijan and Georgia, UNFPA has worked with partners in the health sector. In Azerbaijan, a Resource Package on Strengthening Health System Responses to GBV was developed with the participation of trained health professionals, and submitted to the Cabinet of Ministers for endorsement as protocol or handbook. Work in Georgia resulted in the approval of the Documentation for Ambulatory Care (MoH Ministerial Decree N01-41/n) and Regulations for Documentation for Stationary Hospital Care (MoH Ministerial Decree N108/n).²¹ Furthermore, at the time of evaluation data gathering, a revised clinical protocol was under consideration of the National Council for the Development and Approval of National Guidelines and Clinical Protocols that would prevent the disclosure of a baby's sex during the first 14 weeks of pregnancy. In its regular programme, UNFPA Turkey focused on developing and operationalising tools and instruments for businesses - i.e., Women Empowerment Principles (WEPs) Implementation guidelines, Business Against Domestic Violence (BADV) guidelines, and fatherhood in private sector guidelines.

Furthermore, institutional capacities have been built, inter alia to implement new tools, instructions and guidance. GBV services capacity building in Azerbaijan was multi-sectoral and targeted health professionals, social workers (Family Support Centre staff), NGO representatives and local GBV monitoring groups. Capacity building activities were generally considered timely, useful and successful. Training participants increased their knowledge and were able to start providing/increase their support to survivors. As a result of training for GBV database users, almost 500 new cases from Baku and the regions were reported. UNFPA also contributed to establishing a national referral mechanism in Georgia, with a unique focus on the health sector, through the UN Joint Programme for Gender Equality. Doctors in over 110 pilot ambulatory clinics were extensively trained using UNFPA's regional training module, which was tailored to the country context; brochures were made available for distribution in Georgian as well as the language of national minorities (Armenian, Russian and Azerbaijani). The country programme evaluation found that documentation of care provided to survivors has started, but that further training is required. UNFPA Turkey, on the other hand, has worked with the Ministry of Interior to train the police force and gendarmerie to prevent GBV, collect data and refer cases to the appropriate service providers. Master trainings were conducted and training materials handed over.

UNFPA Turkey efforts to build the capacities of the private sector to promote gender equality and address GBV and intimate partner violence started during the previous country programme cycle and accelerated in 2016-18 with the development of the above-mentioned tools and instruments as well as training sessions, conferences, technical support and mentoring. Training sessions were organised to operationalise the BADV and WEPs guidelines; a module for parenthood training was prepared and pilot training conducted. Nearly all participant companies have developed company policies and established internal mechanisms for combating domestic violence; seven large-scale companies adopted

²¹ Based on ministerial decree #01-54N the forms will become mandatory nationwide from January 2020. Source: UNFPA.

fatherhood programmes. UNFPA's engagement contributed to more companies than expected signing the WEPS in Turkey - i.e., a total of 299. In Turkey, UNFPA has also increased the capacity of the police and gendarmerie in the field of gender equality and the prevention of GBV services through various in-service trainings.

Finding 15. With UNFPA's support, GBV services have been expanded for women and girl refugees from Syria residing in Turkey. Demand and uptake have been high. Delivering and accessing the services has faced some challenges and become increasingly difficult.

As part of its support for effective humanitarian assistance to women and girl refugees from Syria, UNFPA has enabled the delivery of GBV services. Especially Women and Girl Safe Spaces, adapted to the Turkey context and established in 17 provinces with the highest number of refugees, have emerged as a key strategy for this. The centres have been managed in partnership with NGOs and universities, and in close collaboration with the Ministry of Health. GBV services for those affected by the Syria crisis, specifically including young refugees, have also been provided by UNFPA-supported Social Service Centres (SSCs) run by the Ministry of Family, Labour and Social Services, key refugee group centres and youth centres. They have been aided by capacity-building activities, the clinical management of rape protocol and guidelines, which UNFPA translated into Arabic and Turkish respectively, as well as new GBV case management guidelines, available in Turkish and Arabic. Demand and uptake have been high: In 2017, 242,330 refugees had accessed UNFPA-supported GBV services; 164,821 in 2018; and, as of March 2019, 72,139. The country programme evaluation revealed considerable challenges to the functioning of UNFPA-supported GBV services - i.e., changes in government structures; narrowing of operational space and closing down of some implementing partners; tensions between host and refugee communities; and security threats.

Raising awareness for gender equality and reproductive rights, including prevention of harmful practices

Finding 16. On the demand-side, UNFPA-supported campaigns and other outreach activities have addressed GBV and the harmful effects of child/early marriage and GBSS. Evidence of attitudinal or behavioural change is anecdotal. Targeting young males/future fathers in Azerbaijan and Georgia was highlighted as particular innovative. In Georgia, UNFPA work with religious leaders led to important decisions to comply with the law which prohibits marriage of persons below 18 years of age.

To complement new and better policies and practices, UNFPA country offices have improved public awareness about gender equality and the harms of GBV, child/early marriage and GBSS through campaigns and other outreach activities - e.g., in connection with the 16 Days of Activism against GBV in all three countries of the cluster as well as the internationally recognised MenCare campaign with high-profile men and the widely shared campaign "Daddy, Read me a Book" in Georgia. The country programme evaluation reports contain numerous examples of national and local as well as clustered and vertical interventions to increase civil society awareness and change attitudes and behaviours.

GBSS prevention has been a particular focus of the Azerbaijan and Georgia UNFPA country offices. Prevention of skewed SRB has been one of the major priorities of UNFPA Azerbaijan for several years. In 2016-18, UNFPA led extensive national and sub-national-level awareness-raising campaigns to overcome the patriarchal value system and change stereotypes, which brought together diverse stakeholders, used a variety of communication channels and were generally considered successful and to have contributed to the recent decreasing trend in the SRB. At the local level, UNFPA put a particular focus on reaching young males/future fathers, faith-based groups who tend to be most conservative, and local community leaders. The country programme evaluation positively noted the innovative strategy employed to actively engage more than 1,000 young males/future fathers in addressing the GBSS phenomenon with funding from the Embassy of the Kingdom of the Netherlands, although more could have been done to reach young men particularly prone to demanding sex-selective abortions. It revealed that targeted media representatives have started to advocate for the prevention of GBSS.

Similar to Azerbaijan, UNFPA also engaged faith-based groups in Georgia. The country programme evaluation revealed that thanks to UNFPA-supported information sessions with Muslim religious leaders, and in line with the recently revised law, the Administration of Muslims of All Georgia decided

in July 2017 that underage marriage and FGM are unacceptable. At that time, the Spiritual Council of Yezidis in Georgia had already taken the decision in January 2017 not to conduct marriages of people younger than 18. The country programme evaluation also highlights how UNFPA in Georgia realised how GBSS plays a role in child/early marriages and opted to combine awareness-raising for preventing child/early marriages and GBSS through the project “Prevention of Harmful Practices against Women and Girls in Kakheti and Kvemo Kartli Regions”. The project, which targeted teachers and students in school settings as well as couples of reproductive age in their villages through face-to-face discussions, was met with openness and increased acceptance to discuss.

UNFPA Turkey has continued to inform and communicate about the harmful practice of child/early marriage as part of its regular programme and humanitarian assistance. Among other things, UNFPA organised so-called “child marriage panels” across 15 cities where over 7,500 Syrian refugees were informed about the legal framework and educational, health and social consequences of child/early marriages. Most recently, the UNFPA Turkey country office was instrumental in designing a UN Joint Programme on the Elimination of Child, Early and Forced Marriage (CEFM)²², based on a “Joint Position Paper on CEFM” and in support of the National Action Plan on Combating Violence against Women, which covers both host and refugee communities. The expectation was voiced that participation in the joint programme will allow UNFPA to scale up its activities with a longer-term perspective.

Finding 17. UNFPA has played an active role in monitoring and reporting on international women’s rights commitments arising from CEDAW and UPR, at the international and national level and in support of host governments and other stakeholders. The Istanbul Convention, already ratified by Georgia and Turkey and - thanks to UNFPA - possibly to be ratified by Azerbaijan, has gained prominence. The extent to which international women’s rights commitments relevant to UNFPA’s mandate have been implemented is unknown for lack of monitoring data.

Country programme documents and results frameworks have committed UNFPA in all three countries of the cluster to support the monitoring of recommendations and obligations issued by human rights treaty bodies, and in particular UPR and CEDAW, with the expectation that effective monitoring contribute to enhanced implementation.

Country programme evaluation findings are overall positive. UNFPA country offices have supported the host governments and other stakeholders to track and report on progress implementing recommendations and obligation arising from CEDAW and UPR at the international and national level. During 2016-18, UNFPA supported the Government of Azerbaijan to adhere to its international reporting requirements under CEDAW. Specifically, UNFPA-supported training for technical experts of the official delegation contributed to the elaboration of the sixth periodic report of the Republic of Azerbaijan, which was submitted in June 2019. Furthermore, the capacities of NGOs were built for tracking implementation of treaty body recommendations in Azerbaijan, including for drafting and submitting shadow reports to the CEDAW Committee. The training was rated as very useful and informative. UNFPA also led the drafting of a report on the work of the UN country team in contributing to the implementation of the Convention during 2015-18 and the drafting of a joint UN country team submission to the UPR Secretariat.

The Istanbul Convention has gained prominence in UNFPA’s work. The country programme evaluation revealed that UNFPA contributed to the first report submitted by Turkey pursuant to Article 68, paragraph 1 of the Istanbul Convention (Baseline Report). It successfully advocated for Azerbaijan to ratify the Istanbul Convention. As a result, the State Committee for Family, Women and Children's Affairs sent an official request to the Ministry of Foreign Affairs to initiate the ratification process.

UNFPA Georgia has not been involved in monitoring and reporting on recommendations at the international level, but within Georgia. In partnership with the Public Defender’s Office, women’s rights arising from international conventions were incorporated into the national human rights monitoring framework, thus establishing an obligation for the Public Defender’s Office to assess progress and report to the Parliament and for line ministries to implement parliamentary recommendations. Similar efforts to promote the creation of a national mechanism for reporting on the implementation of human rights

²² With UNICEF (lead agency), IOM, UNHCR and UN Women.

recommendations were in progress in Azerbaijan at the time of the country programme evaluation, in collaboration with OHCHR.

The extent to which the countries of the cluster have implemented CEDAW or UPR recommendations relevant to UNFPA's mandate and reached the targets of the CPD was difficult if not impossible to establish for lack of monitoring data.

4.2.3 PD effectiveness

Table 6: PD performance assessment against CPD indicators²³	
CPD Outcome: 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	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
<u>AZE outcome indicator:</u> National policies and programmes addressing population dynamics and its interlinkages with sexual and reproductive health and rights are in place <i>Baseline: 1; Target: 2</i>	Overachieved. Draft SP on Population Development and Demography; demography section of the Employment Strategy of the Republic of Azerbaijan.
<u>AZE output indicator 1:</u> Number of qualitative and quantitative reports and surveys on population dynamics and its interlinkages with sexual and reproductive health and rights developed with advocacy or technical support from UNFPA, with particular focus on vulnerable populations <i>Baseline: 17; Target: 27</i>	Overachieved. 11 qualitative and quantitative surveys and studies conducted with a particular focus on vulnerable populations: <ul style="list-style-type: none"> • IMAGES • Statistical yearbooks “Women and Men in Azerbaijan” (2016, 2017, 2018) • National Transfer Accounts (NTA) • Population projections by economic regions of Azerbaijan until 2050 • Gender assessment of legislation and social policies contributing to son preference • Statistical survey on early marriages and out of wedlock birth cases in Azerbaijan • Azerbaijan GBSS country profile • 2 draft policy papers on reproductive health and family planning
<u>AZE output indicator 2:</u> Number of age and sex-disaggregated indicators incorporated into the publicly accessible national statistical databank to guide the development of policies on population dynamics <i>Baseline: 257; Target: 307</i>	Likely to achieve. 37 new indicators disaggregated by sex, age and region incorporated into the publicly-accessible national statistical databank (2016-18). An additional 19 indicators produced for 2019.
<u>AZE output indicator 3:</u> Number of advocacy events for strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data <i>Baseline: 100; Target: 200</i>	Not yet achieved. 70 advocacy events (meetings, conferences, workshops) conducted with national partners.
<u>GEO outcome indicator:</u> Number of national policies and plans developed that address population dynamics by accounting for population trends and projections in setting development targets <i>Baseline: 0; Target: 2</i>	Achieved. The “Concept of Demographic Security” and “State Policy Concept on Population Ageing in Georgia” approved by the Parliament of Georgia.
<u>GEO output indicator 1:</u> A database with population-based data disaggregated by sex and age accessible by users through web-based platform that facilitates mapping of socioeconomic and demographic inequalities exists <i>Baseline: No; Target: Yes</i>	Achieved. A database is available.
<u>TUR outcome indicator:</u> The new national development plan addresses population dynamics by accounting for population trends and projections in	Achieved. The 2014-2018 10th Development Plan has a dedicated section on population dynamics. The 11th

²³ Source: Country programme evaluation reports.

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setting development targets <i>Baseline: No; Target: Yes</i>	National Development Plan is being drafted. UNFPA is part of the SDG working group supporting its development.
<u>TUR output indicator 1:</u> Number of new reports on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights and gender prepared and disseminated <i>Baseline: 0; Target: 5</i>	Achieved. 5 reports prepared and disseminated: <ul style="list-style-type: none"> • Assessment of support mechanisms for young refugees in Turkey - TOG- UNFPA • Health Consequences of Child Marriages - UNFPA • Services Based on Will not System: Status of Abortion and Family Planning Services in Istanbul from the Perspective of Health Service Providers - TAPV-UNFPA • The SRH Needs of Roma Women in Mersin - 2018 Toros University - Akromed - UNFPA
<u>TUR output indicator 2:</u> An institutionalised population and development and evidence-based policymaking training programme for public institutions is in place <i>Baseline: No; Target: Yes</i>	Achieved in partnership with Hacettepe University, Institute of Population Studies.

Availability of evidence on population dynamics and interlinkages with SRHR and production/dissemination of surveys and reports

Finding 18. UNFPA has contributed to improved statistical capacities, the availability and quality of publicly accessible demographic data, and evidence for informed policy-making relevant to SRHR and GEWE, although more remains to be done to ensure evidence-based priority setting.

The UNFPA country offices have built the capacities and technical skills of the staff of national statistical offices and other partners to generate and analyse population data on a number of counts with the help of advocacy events, workshops, study visits and access to technical expertise and new technologies. Examples provided in the country programme evaluation reports pertain to the 2019 population census and the introduction of the Statistical Analysis System (SAS) in Azerbaijan; close collaboration between UNFPA and UNICEF in conducting the MICS in 2018, and forecasting population dynamics and conducting the Demographic and Health Survey (DHS) in Turkey.

UNFPA has supported the national statistical offices in Azerbaijan and Georgia to improve the availability of publicly accessible national population data. Having supported the 2014 General Population Census of Georgia, the UNFPA country office supported updating of the online database²⁴ with census 2014 data and retro-projection data (2014-1994), which includes information on demographic, social and economic characteristics, level of education, internal and external migration and geographic distribution, health challenges, household statistics, living conditions. The focus in Azerbaijan on the other hand has been to expand the existing national statistical databank. At the time of the country programme evaluation, 37 new indicators disaggregated by sex, age and region had been incorporated (against a target of 50 by 2020) with UNFPA support. To ensure data quality, the Azerbaijan State Statistical Committee has surveyed users of statistical information.

Within the reporting period, all three country offices have supported population data analysis (including census data) in areas relevant to SRHR and GEWE and have thus helped authorities to generate a wealth of evidence for informed policymaking. UNFPA-supported surveys and reports have produced new knowledge in areas pertaining to gender equality (Azerbaijan, Georgia), population dynamics, including population projections (Azerbaijan, Georgia), GBSS (Azerbaijan, Georgia), child/early marriages (Azerbaijan, Georgia, Turkey), family planning (Azerbaijan, Turkey), young people and young refugees (Georgia, Turkey), SRH of Syrian sex workers and of Roma women (Turkey), ICPD (Turkey), and ageing (Georgia).

More remains to be done. Despite all efforts, the Turkey evaluation team noted a lack of comprehensive data on vulnerable groups, including child, early and forced marriage for evidence-based programming.

²⁴ <http://pc-axis.geostat.ge/PXWeb/pxweb/ka/Database>.

The Azerbaijan country programme evaluation report reflects the recognised need to continue capacity development, in particular to increase awareness of the importance of gender in statistics and echoes the recommendation to introduce academic studies on demography.

Evidence-based policy-making that addresses PD and its interlinkages with SRHR

Finding 19. UNFPA has contributed to important policies and plans that address PD and interlinkages with SRHR, some of which have not yet been endorsed and operationalised by the appropriate national authorities. To promote evidence-based policy-making, UNFPA has targeted public officials, NGOs, academics and youth. Examples suggest good use of the SDGs as overarching framework.

Using generated evidence and knowledge, UNFPA has supported host governments to elaborate new policies and plans that address population dynamics and interlinkages with SRHR, including through advocacy, technical advice, study tours and training. To facilitate evidence-based policies and programmes in UNFPA's mandate areas, for instance, the Institute of Population Studies of Hacettepe University institutionalised a training programme on demography for public officials in partnership with UNFPA Turkey, with an initial focus on the SDGs. In 2017 and 2018, civil servants from different ministries were trained on SDGs-Development, SDGs-Health and SDGs-Migration. UNFPA capacity building in Turkey has also targeted academics and NGOs: Training on SDGs-Health was also provided to students from the Hacettepe University Faculty of Medicine to strengthen their advocacy capacities. Furthermore, UNFPA organised ICPD training for member NGOs of the ICPD+20 Platform, which resulted in a joint declaration of SRHR and an informative and user-friendly tool for raising awareness about and capacities to promote SRHR. The Azerbaijan country programme evaluation specifically assessed UNFPA's support for youth participation in decision-making, for instance through a national advocacy campaign "The Role of Youth in Promoting SDGs in Azerbaijan" and information sessions on SDGs 3, 4 and 5 in the regions.

The country programme evaluations specifically established that UNFPA, alongside others, has contributed to

- The draft State Programme on Population Development and Demography, including a stand-alone section on GBSS; and a demography section in the Employment Strategy of the Republic of Azerbaijan 2019-30 endorsed by the President of Azerbaijan in October 2018
- The "Concept of Demographic Security" and the "State Policy Concept of Population Ageing in Georgia", based on a 2015 Population Situation Analysis, and approved by the Parliament of Georgia in 2016
- A dedicated section on population dynamics in the 10th Development Plan 2014-2018 and the draft 11th National Development Plan of the Government of Turkey

The endorsement and operationalisation of policy documents has been complicated by a number of factors, including sensitivities - e.g., to GBSS, lack of mutual understanding, bureaucratic procedures and financial constraints in the case of Azerbaijan. An Action Plan on Population Ageing was adopted by the Government of Georgia to implement the State Policy Concept of Population Ageing, however without an accompanying budget.

4.3 Sustainability

4.3.1 National ownership and financial viability

Finding 20. Policy and regulatory frameworks are likely to sustain benefits arising from UNFPA support in Azerbaijan, Georgia and Turkey to the extent that formal parliamentary/government adoption occurs, adequate implementation mechanisms are in place, and the necessary funding is provided, which is not always the case. Institutional capacity-building has supported the likeliness of sustainability. Concrete good examples of institutionalising UNFPA-supported interventions and services exist.

Policy and regulatory frameworks are conducive to ensuring that benefits from the UNFPA country programmes continue, provided that new legislation, policies, national action plans, protocols etc. developed with UNFPA support during 2016-18 are adopted and funded. However, not all are.

Financial constraints for implementing relevant policy and regulatory frameworks were revealed in all three countries of the cluster, despite, for instance, efforts to ensure costed National Action Plans in Azerbaijan and Georgia. Other factors which in individual cases have delayed adoption and implementation in Azerbaijan include attitudes and sensitivities; a lack of awareness and common understanding; and bureaucratic constraints. In Georgia, competition with other policy priorities and missing institutional mechanisms, including for monitoring and rewarding good performance and encouraging the use of national guidelines and protocols were identified. The Turkey country programme evaluation established sustainability risks related to political instability and pro-natalist and conservative policy-makers; a diminished enabling environment for women and human rights organisations; high staff turn-over and insufficient ministry staff; and missing monitoring and evaluation.

Strengthened government and non-governmental capacities and national institutionalisation of UNFPA-supported interventions and services were generally anticipated to support sustainability. Concrete examples highlighted in the country programme evaluation reports include the integration of MISP trainings and the near-miss approach in the Ministry of Health in Azerbaijan; integration of SRH and RR monitoring by the Public Defender's Office under the UN Joint Programme for Gender Equality in Georgia; and the forthcoming integration of Women and Girl Safe Spaces in Government of Turkey Migrant Health Centres.

Country programme evaluation reports discuss in somewhat more depth the prospective sustainability of particular areas of UNFPA's work in SRH and GEWE. The Turkey and Georgia national evaluation teams distinguished between UNFPA's regular and humanitarian programmes: While the political and financial sustainability of UNFPA's humanitarian programme in Turkey was suggested to be greater than of its regular programme given the government's priority-setting, the sustainability of UNFPA programme achievements in Abkhazia, Georgia, could suffer from an unfavourable legal framework in health and the overall social and economic context in the region. In Georgia, UNFPA support for a National Cancer Screening Programme under the National Strategy on Cancer Screening 2017-20, and embedded in the primary health care system, was expected to be politically and financially sustainable. The first-ever integration of healthy lifestyle education into the formal education system in collaboration with the Ministry of Education also; the likelihood of negative backlash based on conservative or religious values was considered minimal as long as the term "sexuality education" is avoided. On the other hand, comprehensive HIV prevention services beyond TGF funding, particularly services provided by CSOs; the continuation of youth-focused peer education in non-formal settings and the newly-introduced school health system were major challenges. The recent appointment of an Advisor on Youth Issues in April 2019 may improve sustainability prospects.

4.4 Efficiency

4.4.1 Conversion of UNFPA resources into activities and outputs

Finding 21: Country programme implementation has generally been smooth - characterised by high implementation rates and no significant delays. Value for money was confirmed, supported inter alia by examples of collaboration across country programme components and with other actors. Experience with resource mobilisation has been mixed. Cost-sharing with the Government of Azerbaijan and financial support from the private sector are positive examples, as is fundraising for UNFPA's response to the Syria crisis in Turkey. Country programme implementation in Azerbaijan and Turkey was negatively affected by the US State Department's decision to withdraw from UNFPA globally.

All three country programme evaluations confirm that financial resources were made available in a timely manner and that utilisation rates were overall high (annual utilisation rates of above 95%); no significant delays were faced, including thanks to good monitoring in Azerbaijan. Implementation in Turkey faced slight delays due to changes in the central and local government or because of difficulties recruiting the appropriate expertise.

In terms of cost-efficiency, the level of expenditure compared to benefits was found to be adequate. The recruitment of qualified and less-costly local expertise (instead of international) - e.g., for policy advocacy and statistical support services in Azerbaijan - and synergies thanks to inter-linkages between

UNFPA country programme components - e.g., on GBSS between GEWE and PD in Azerbaijan - and collaboration with other actors were found to have facilitated value for money in Azerbaijan and Georgia. Partnering with others to leverage results was also found to increase UNFPA's cost-efficiency in Georgia: the example of the UNICEF-led MICS was highlighted, which allowed UNFPA to include SRH-related indicators. Programme implementation through NEX was found to facilitate cost-efficiency in Turkey.

Experience with resource mobilisation has been mixed. Positive examples of resource mobilisation were noted. In some instances, the target for mobilising Other Resources was even exceeded - e.g., for GEWE and PD in Azerbaijan. In 2019, for the first time in Azerbaijan, the country office raised funds from the government, notably for activities in the area of GEWE and PD. Both the UNFPA country programmes in Azerbaijan (Chiesi Foundation²⁵ and Kapital Bank) and Turkey (Sabancı²⁶) profited from private sector financial support.

As pointed out by the evaluation of the UNFPA Georgia country programme, UN joint programmes can be effective vehicles for mobilisation resources. In Georgia, the bulk of Other Resources was mobilised thanks to UNFPA's participation in the Government of Sweden-funded UN Joint Programme for Gender Equality. However, other joint programme proposals were less successful.²⁷ The Turkey country office was particularly successful raising Other Resources for its humanitarian response, primarily from ECHO (US\$20,5m), which has however created a certain over-reliance, and to the detriment of UNFPA's regular programme and in particular the SRH programme component, which was found to be underfunded. On the other hand, UNFPA's GEWE programme in Azerbaijan and humanitarian programme in Turkey were negatively affected by the US State Department's decision to withdraw from UNFPA globally - in Azerbaijan, the initial commitment of US\$1.2m was reduced to US\$0.5m.

Finding 22: Country office structures are appropriate and country offices are well staffed for implementing UNFPA's regular programmes and humanitarian response, but capacities are somewhat limited.

Country programme evaluations confirmed the appropriateness of country office structures and the office staff competencies. In the case of Azerbaijan and Turkey (particularly regarding the humanitarian programme), certain limitations were revealed in terms of available human resource capacities to shoulder the workload. It was suggested to hire an M&E focal point and resource mobilisation officer for the Azerbaijan country office. The Georgia country programme evaluation report reflects stakeholder concerns that the country office could remain without programme officers for implementing UNFPA's regular GEWE programme once the UN Joint Programme on Gender Equality comes to an end.

4.4.2 Tools and approaches for smooth programme delivery

Finding 23. Both the DEX and NEX modalities have their own advantages, according to the evaluations of the UNFPA Azerbaijan and Turkey country programmes. UNFPA corporate administrative procedures appear appropriate for country-level programming. Monitoring has been integral to country programme implementation. The UNFPA country offices of the cluster seem well prepared for emergency situations.

While the Georgia and Turkey country offices have combined the DEX and NEX modalities, Azerbaijan has given preference to DEX. The use of DEX in Azerbaijan was found to maximise flexibility and responsiveness and to avoid potential risks related to government administrative and financial structures and procedures. On the other hand, using NEX to implement a major part of the Turkey country programme with mainly NGOs and universities as implementing partners was found to ensure transparency and support value for money.

UNFPA corporate administrative procedures appear to have been used and considered appropriate for country-level programming in Azerbaijan and Turkey²⁸, in the latter case both for regular and

²⁵ Foundation of the pharmaceutical company Chiesi Farmaceutici S.p.A.

²⁶ The industrial conglomerate company Sabancı Holding.

²⁷ For example, UNFPA participated in the preparation of a proposal for the United Nations Partnership on the Rights of Persons with Disabilities Fund. UNFPA also prepared a proposal on Gender Equality in Ajara jointly with UN Women.

²⁸ No assessment was undertaken by the Georgia national evaluation team.

humanitarian programming. As summarised in the Azerbaijan country programme evaluation report, “the administrative and financial modalities are transparent, timely and enable smooth implementation of planned programme activities”; according to the Turkey report, “the administrative procedures have in general been appropriate to enable fluent implementation”.

Regular monitoring and reporting using the corporate Strategic Information System (SIS) has been part of UNFPA country programme implementation. The Azerbaijan and Georgia country offices have also developed internal systems - i.e., the Azerbaijan Management Information System and the Georgia Planning Matrix for Monitoring and Evaluation - to track progress against their respective CPD results and resources frameworks. Monitoring has been conducted based on IP reports, content analysis, direct observation, and stakeholder and beneficiary meetings. The Turkey evaluation team, while emphasising that the monitoring system and instruments were functional, highly accountable and transparent, noted the absence of qualitative analysis - e.g., of training and capacity-building activities - and monitoring at the level of outcomes.

The UNFPA country offices of the cluster appear well prepared for emergency situations. UNFPA Azerbaijan does not have its own humanitarian preparedness plan, but is part of the UN country team Azerbaijan Contingency Plan with a focus on the Nagorno Karabakh conflict, which it also helped develop and which aligns with the UNFPA Minimum Preparedness Actions. The UNFPA Georgia country office, on the other hand, has its own budgeted humanitarian preparedness plan and participates in the UN inter-agency contingency plan “Advanced Preparedness Actions and Contingency Planning”. UNFPA Turkey has reported compliance with the corporate Minimum Preparedness Actions.

4.5 UNCT coordination

4.5.1 Participation in and contribution to UNCT coordination mechanisms and joint programmes and initiatives

Finding 24. UNFPA has been an active and appreciated member of UNCT coordination mechanisms in Azerbaijan, Georgia and Turkey, inter alia to lead coordinated action on gender equality and the empowerment of women by UN country teams, but also in the areas of youth, HIV and communications. It has first and foremost partnered with UNDP, UN Women and UNICEF to promote gender equality and women’s rights.

UNFPA country offices have represented UNFPA in a range of UNCT coordination mechanisms, including inter-agency UNCT Results Groups that are organized around specific UNDAF outcomes and UNJP coordination mechanisms. Common to all three countries of the cluster is UNFPA leadership of Gender Theme Groups and membership in UN Communication Groups.

The Azerbaijan country programme evaluation notes how UNFPA, in the absence of UN Women, has successfully led and coordinated Gender Theme Group members, including 16 Days of Activism against GBV activities, advocacy for ratification of the Istanbul Convention and reporting to CEDAW and the UPR secretariat, thus adding value to partners’ development programmes. According to the Turkey country programme evaluation, UNFPA is chairing the Youth Thematic Group and co-chairing the National SGBV Sub-working Group – Humanitarian, the South-East Turkey SGBV Sub-working Group – Humanitarian and the Istanbul SGBV Sub-working Group Humanitarian. UNFPA Turkey is also member of 25 UN working groups. UNFPA leadership of the Gender Theme Group in Turkey was handed over to UN Women after more than ten years and successful interventions to promote women-friendly cities. The Georgia country programme evaluation highlights successful lobbying for integrating child/early marriage prevention and response in the National Action Plan on Human Rights and the National Action Plan on Combating Violence against Women/Domestic Violence by a Special Task Force of Child/Early Marriages and Harmful Practices under the Gender Theme Group, led by UNFPA and the chairperson of state Gender Equality Commission.

It is also worth noting UNFPA's role to coordinate UNCT engagement with and for youth²⁹, in Azerbaijan linked to a joint UN-Government Youth House initiative, and UNFPA's efforts to coordinate UNCT members around youth issues and HIV/AIDS³⁰, especially in Georgia where the Fund has chaired the HIV/AIDS Joint Team with the goal to reach 90X90X90³¹ and represented the Joint Team in the Georgia Country Coordinating Mechanism and the Policy and Advocacy Advisory Council in connection with The Global Fund to Fight AIDS, Tuberculosis and Malaria and participated on behalf of the UNCT in the HIV Prevention Task Force.

UNFPA has successfully engaged in various UN development projects, including UN joint programmes, in all three countries of the cluster. Although, in Turkey, the UNFPA country office has faced challenges in the design of joint programmes/initiatives under the development programme given the demanding scale and prioritisation of humanitarian assistance. UNDP, UN Women and UNICEF have been typical partner agencies. Key examples of joint projects/programmes are:

- UNDP: 1. Rights and well-being of women with disabilities in Azerbaijan; 2. Gender equality in Georgia; 3. Women-friendly cities in Turkey
- UN Women: 1. Gender equality in Georgia; 2. Elimination of child, early and forced marriage in Turkey; 3. Empowering women in the workplace in Turkey
- UNICEF: 1. Youth Houses in Azerbaijan; 2. Elimination of child, early and forced marriage in Turkey

4.6 UNFPA added value

4.6.1 UNFPA benefits to partner development programming

Finding 25. UNFPA's comparative strengths in its mandate areas are evident. The country offices can also take credit for their support for development coordination, their strong technical expertise and ability to address sensitive issues. UNFPA's ability to pursue collaboration with and convene a range of stakeholders has also added value to the work of development partners.

The country programme evaluations assessed the particular added value of UNFPA in the respective countries. A number of comparative strengths emerged from this analysis. Generally-speaking, UNFPA was found to add value in all areas of its mandate. Apart from the areas of work in which UNFPA has added value, stakeholders in Azerbaijan emphasised the country office's high-level technical expertise, its ability to tackle sensitive issues, and success in establishing and maintaining effective partnerships. Similarly, UNFPA's added value in Georgia was found to lie in its long-time engagement - e.g., in HIV prevention, the high calibre of its country office staff - e.g., in the context of SDG monitoring, and its political leverage and convening role - e.g., in the sensitive area of healthy lifestyle education. In Turkey, the country office's strong relationships and ability to flexibly engage with and gather a broad range of stakeholders and decision-makers - i.e., from government agencies, NGOs and faith-based organisations, academia and the private sector - was highlighted as a particular strength, as was its focus on young people and vulnerable groups, its strong know-how and technical support, and its ability to tackle sensitive issues - e.g., SRHR of key populations. In particular, stakeholders commended UNFPA's leading role in raising awareness of the crucial role private businesses can play to promote gender equality and influencing business practices, especially in view of increasingly constrained cooperation with government agencies due to recent political circumstances, including administrative restructuring. UNFPA's access to international networks and processes - e.g., CSW, was also revealed as advantageous for partners.

Moreover, the Georgia country programme evaluation suggests that UNFPA has added value in terms of strengthening country-level emergency preparedness. In Georgia, stakeholders appreciated the country office's role in strengthening coordination and preparedness in the areas of GBV, SRH and data. For instance, UNFPA was instrumental in establishing a GBV sub-cluster within the UNHCR-led Protection Cluster, which it has since co-chaired with the Interagency Commission on Gender Equality,

²⁹ The UNFPA Turkey-chaired Youth Thematic Group (TG) was merged into the Social Inclusion Results Group in mid-2018.

³⁰ The Azerbaijan UNCT Thematic Group on HIV/AIDS was discontinued in 2017.

³¹ By 2020, 90% of all people living with HIV will know their HIV status; 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy; and 90% of all people receiving therapy will have viral suppression.

Domestic Violence and Violence against Women. UNFPA's technical expertise provided to the health and the WASH clusters was recognised as an important input.

4.6.2 UNFPA benefits to partner humanitarian programmes

Finding 26. The UNFPA Turkey country office has been an essential partner in the SRH and GBV humanitarian response to the Syria crisis - in coordination, advocacy/policy dialogue and capacity building of service providers.

Of the three countries of the administrative cluster, Turkey finds itself in a full-fledged humanitarian crisis related to the situation in Syria. The national evaluation team found that UNFPA country office has made good use of and leveraged its comparative strengths in GBV and SRH. Evidence collected points to strong UNFPA guidance and support for relevant humanitarian coordination mechanisms under the overall strongly government-led response - e.g., UNFPA secretariat support to the national SRH Working Group chaired by the Ministry of Health. UNFPA has also successfully engaged in advocacy and policy dialogue on emergency-related issues - e.g., placing SRH support for Syrian women refugees on the national agenda, building on experience with seasonal migrant agricultural workers. Furthermore, the evaluation found that UNFPA technical expertise and capacity-building support has added value to Turkey's humanitarian response to the Syria crisis. The country programme evaluation report specifically mentions UNFPA-supported pre- and in-service MISP training with a strong focus on the health of Syrian women; and UNFPA-supported RH and family planning training for Syrian health service providers in Turkey.

Chapter 5: Conclusions and recommendations

This chapter does not presume to provide full coverage of the country programme evaluation conclusions and recommendations, but clusters them around eight prominent headings. Mainly those recommendations that are of medium and high priority and bring new angles to the remainder of the current and next round of UNFPA country programmes were selected and are highlighted. Cluster-level recommendations have been formulated.

1. UNFPA transformative goals

UNFPA's aspiration is to contribute to achieving the following transformative and people-centred goals: *by 2030, end unmet need for family planning, end maternal death, and end violence and harmful practices against women and girls.* UNFPA has engaged in family planning in the three countries of the cluster, including for vulnerable groups such as refugee women in Turkey. Especially in Azerbaijan, it has encountered sensitivities and political opposition. While no state funding is made available in Georgia, the Turkish national budget for family planning commodities has increased considerably, but skills are often lacking. Maternal mortality is on the decrease, including thanks to UNFPA, but remains a concern, especially in rural and remote areas and among certain population groups such as seasonal migrant workers in Turkey. GBV and harmful practices are pronounced in all three countries. Projections show that significant improvements are unlikely at the current level of engagement of the governments and development partners. At most, achieving near-zero maternal death appears possible, especially in Turkey.

Cluster-level recommendation 1: The UNFPA country offices should sharpen their engagement to advance achievements in the areas of its transformative goals, including generating research and analysis and leveraging the support of others.

To: All three UNFPA country offices

Pertinent country-level recommendations:

Recommendation #2: Considering the very low contraceptive prevalence rate (13.9%), very high unmet need for modern family planning method (49%) and high rate of induced abortion (49%), UNFPA should commission studies to gather in-depth knowledge on possible causes and/or barriers, and establish cause-effect relationships for programme design. <i>High priority.</i>	Azerbaijan
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<p>Recommendation #3: While UNFPA should continue its contribution to establishing a well-functioning unified cancer registry, through partnership with the Ministry of Health and the National Centre for Disease Control and Public Health, it should also mobilise technical assistance and advocate for improving the quality of screening programmes, including through institutionalising effective quality assurance mechanisms. <i>High priority.</i></p> <p>Recommendation #9: Pursue an integrated approach to the issues of child/early marriages (involving municipalities, teachers, parents, police and social workers) to achieve results at the local level and provide assistance to municipalities for improving their work on gender equality, youth and/or elderly. <i>High priority.</i></p>	Georgia
<p>Recommendation #10: UNFPA should support the development, reform and enforcement of legislation and policies on gender equality and prevent GBV, in collaboration with public institutions and NGOs. <i>Medium priority.</i></p>	Turkey

2. Leaving no one behind

Prioritisation of vulnerable population groups in the next UNFPA country programme cycle was picked up in the conclusions of all national evaluation teams in light of the Agenda 2030 and the UNFPA SP 2018-21. While the general assessment of the current country programmes was positive, country programme evaluation reports point out the need to maintain or increase adherence to the principle of leaving no one behind during the next country programme cycle, including in research and analysis, upstream policy advocacy and non-discriminatory service provision. Participatory programming and capacitated NGOs and CSOs are important for promoting and protecting the rights of vulnerable groups.

Cluster-level recommendation 2: The UNFPA country programmes should pay more attention to identifying and targeting vulnerable groups in order to leave no one behind.

To: All three UNFPA country offices

Priority: High

Pertinent country-level recommendations:

<p>Recommendation #1. With growing evidence that suggests that women and youth in rural areas are particularly vulnerable to receiving suboptimal health care and achieving poor health outcomes, UNFPA should look for innovative techniques to systematically identify and assess the needs of the most vulnerable population and prioritise their needs in the next cycle of programme design. <i>High priority.</i></p>	Azerbaijan
<p>Recommendation #5: To further promote human-rights based SRH, UNFPA should continue its partnership with the Public Defender's Office to assess and address SRHR for vulnerable populations with an emphasis on young girls and adolescents living and working on streets, women with special needs, transgender women, drug user women, and women with mental disorders. <i>High priority.</i></p>	Georgia
<p>Recommendation #1: The next UNFPA Country Program should focus on reducing regional inequality and address the needs and priorities of the most vulnerable population. The UNFPA Country Office should conduct extensive needs assessment and initiate consultation with the key actors, with a particular emphasis to the changes in the Government of Turkey administrative structures and on-going public reforms/challenges¹⁷⁴ and the SDG and UNFPA's transformative goals and Strategic Plan principles. <i>High priority.</i></p> <p>Recommendation #2: UNFPA should consider targeted efforts to benefit and empower the vulnerable groups in case of humanitarian interventions, with a particular emphasis given to the Turkish public and the hosting community, as well. <i>High priority.</i></p> <p>Recommendation #9: UNFPA should strike a balance between Turkey's SRH priorities and global reproductive health strategies and priorities to promote reproductive rights of individuals, with sustainable partnerships to achieve effective health in general in all respective policies. Interventions should encompass adherence to SRH policies and reforms, sensitization of the communities for most vulnerable groups to address and prevent SRHR needs of adolescent and young people. <i>Medium priority.</i></p>	Turkey

3. Data

A lack of evidence and quality disaggregated data remains regarding major gender equality and SRH indicators - e.g., GBV - in Azerbaijan, Georgia and Turkey. Data generation remains of utmost importance in all three countries of the cluster for evidence-based programming and policy-making and for monitoring progress towards SDG targets and UNFPA's transformative goals.

Cluster-level recommendation 3: The UNFPA country offices should play an important role in advocating for and supporting the production and use of publicly accessible data, including in collaboration with development partners.

To: All three UNFPA country offices

Priority: High

Pertinent country-level recommendations:

Recommendation #8: In PD, UNFPA should continue contributing to informed and rights-based policy formulation and implementation and strengthening national institutional capacities regarding use of available population data and information. <i>High priority.</i>	Azerbaijan
Recommendation #8: Using UNFPA's data generation capacities assist the government in creating better evidence for the indicators of the Nationalized SDG Matrix and consider using national SDG indicators to monitor UNFPA programming in Georgia. <i>High priority.</i>	Georgia
Recommendation #3: Integrated efforts are necessary to bridge the data gap, also in view of achieving the SDGs. Data collection and analysis, as well as investment cases to certain topics/groups should be included into projects/interventions as much as possible for relevancy, efficiency and advocacy purposes. <i>High priority.</i> Recommendation #11: UNFPA should collaborate with the Government of Turkey for improvement of national statistics system, identify SDGs indicators data gap and provide appropriate support for proper measuring of SDG targets. <i>High priority.</i>	Turkey

4. Adolescents and youth

The evaluated UNFPA country programmes have mainstreamed support for adolescents and youth SRHR, where progress has been slow, but which is an admittedly sensitive topic. The expectation is for the UNFPA country offices to remain reliable and persistent partners, as appropriate in collaboration with governmental and non-governmental partners in the health, education and protection sectors; with national statistical offices; and with young people and youth organisations.

Cluster-level recommendation 4: The UNFPA country offices should broaden and deepen their support for young people's sexual and reproductive health and participation in society.

To: All three UNFPA country offices

Pertinent country-level recommendations:

Recommendation #4: UNFPA should mobilise technical assistance to support the Ministry of Education, Science, Culture and Sports of Georgia to conduct a quality review of the newly developed textbooks of relevant subjects and, if feasible, conduct an overall evaluation of healthy lifestyle education. <i>High priority.</i> Recommendation #6: UNFPA should continue advocating for improved access to youth-friendly SRH/FP and HIV services for adolescents and young people. Before investing considerable resources into the 'school health system', it should conduct a feasibility and acceptability study to generate evidence about the potential of this approach. <i>Medium priority.</i> Recommendation #7: UNFPA should seize the opportunity created by the appointment of a Youth Advisor by the Prime Minister and the expected creation of the Youth Agency to up its active involvement in youth policy-making. <i>High priority.</i>	Georgia
Recommendation #9: UNFPA should strike a balance between Turkey's SRH priorities and global reproductive health strategies and priorities to promote reproductive rights of individuals, with sustainable partnerships to achieve effective health in general in all respective policies. Interventions should encompass adherence to SRH policies and reforms, sensitization of the communities for most vulnerable groups to address and prevent SRHR needs of adolescent and young people. <i>Medium priority.</i>	Turkey

5. Integrated approach

To create synergies and efficiencies, the country programme evaluations highlight good examples and benefits of and promote an integrated approach to programme implementation - internally within the country office and in collaboration with partners coming from and working in different sectors.

Cluster-level recommendation 5: The UNFPA country offices should capitalise on experience with and seek more opportunities for cross-sectoral cooperation.

To: All three UNFPA country offices

Pertinent country-level recommendations:

Recommendation #3: UNFPA should further strengthen integrated approach for results-based management to enhance programme effectiveness. <i>High priority.</i>	Azerbaijan
Recommendation #2: The UNFPA-supported SRH programme is essential for making a life-saving and long-lasting impact on women's health in the conflict-affected region of Abkhazia, Georgia. It needs to be evaluated in-depth and possibly clustered with GEWE-relevant interventions. <i>High priority.</i>	Georgia
Recommendation #4: Adherence to the International Conventions, commitments should be strongly ensured through both advocacy support and interventions. National priorities and international commitments should be well balanced by the new CP. The compliance both with international conventions and national priorities would be an important basis for the successful programming. <i>Medium Priority.</i> Recommendation #7: There would be a need to extend the coverage of institutional cooperation and partnerships in the area of SRH and GEWE to strengthen the alignment and relevance of the next CP. Distance between universities and civil society and the private sector has been diminished along with very valuable examples (i.e. BADV), and shall be disseminated. <i>Medium Priority.</i> Recommendation #8: UNFPA should increase its advocacy effort in programmatic areas in a more integrated programming way and/or through the joint programmes with other UN agencies. Effectively coordinated communication strategy and promotion, visibility activities need to be developed and implemented, since on-going fragmented communication activities diminish the efficiency of spill over effect. The key issue for awareness raising and training programmes is to have regular and refreshing programmes based on lessons learned and feedbacks from both the participants and trainers. <i>High priority</i>	Turkey

6. Funding

The country programme evaluation reports highlight the good use of available financial resources. The Azerbaijan and Turkey reports highlight the negative impact on programme implementation and results of the US State Department decision to withdraw from UNFPA globally. The Georgia evaluation team highlight the already critical role of UNFPA in low-threshold HIV prevention, care and support interventions in view of ensuring a smooth transition from TGF funding to a fully state-owned HIV response. In Turkey, the urgency and scope of humanitarian assistance to refugees appears to have put donor funding for the UNFPA regular programme on the back burner.

Considering limited funding on the part of UNFPA and valuable first experiences with government co-sharing in Azerbaijan and private sector contributions in Azerbaijan and Turkey, the national evaluation teams encourage the UNFPA country offices to intensify their advocacy for and explore (further) opportunities for raising funds from the host governments and private sector as part of their respective resource mobilisation strategies. Partnerships with the private sector also have the added value of tapping complementary networks, expertise and brainpower.

Cluster-level recommendation 6: The UNFPA country offices should increase their efforts to mobilise other resources, including from the host governments and the private sector.

To: All UNFPA country offices

Pertinent country-level recommendations:

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Recommendation #5. Strengthen advocacy for resource mobilization from the government and private sector. <i>High priority.</i>	Azerbaijan
Recommendation #1: The UNFPA country programme should continue contributing to stronger, evidence-informed policy framework to deliver quality integrated SRH&R and HIV services through developing strategies, revising/upgrading guidelines and protocols, strengthening partnerships, and strengthening the capacity of community-led organizations. <i>High priority.</i> Recommendation #6: UNFPA should continue advocating for improved access to youth-friendly SRH/FP and HIV services for adolescents and young people. Before investing considerable resources into the 'school health system', it should conduct a feasibility and acceptability study to generate evidence about the potential of this approach. <i>Medium priority.</i>	Georgia

7. Political developments

Political situations in host countries are constantly evolving, which can present risks to country programme implementation and sustainability or opportunities. The political circumstances, restructuring processes and administrative changes as well as diminishing space for civil society organisations in Turkey have presented challenges to UNFPA programme design and implementation and hindered fundamental actions to transform gender norms and roles.

On the other hand, national evaluation teams also identified positive political developments relevant to the ongoing and forthcoming country programmes - i.e., the creation of TABIB within the State Agency on Mandatory Health Insurance of Azerbaijan, a potential new partner for strengthening family planning services, and the recent appointment of a Youth Advisor and the expected creation of a Youth Agency in Georgia.

Cluster-level recommendation 7: The UNFPA country offices should explore partnerships with newly created government entities.

To: Azerbaijan and Georgia country offices

Pertinent country-level recommendations:

Recommendation #6: UNFPA should continue promotion of SRHR within the newly created government office (TABIB). The office should further strengthen advocacy efforts and negotiation with MoH for developing strategies to strengthen primary-level health care facilities with a particular focus on rural areas. <i>High priority.</i>	Azerbaijan
Recommendation #7: UNFPA should seize the opportunity created by the appointment of a Youth Advisor by the Prime Minister and the expected creation of the Youth Agency to up its active involvement in youth policy-making. <i>High priority.</i>	Georgia

8. Sustainability

Sustainability of UNFPA-supported interventions and services depends to a great extent on the level of policy support, stakeholder interest and willingness to cooperate, financial means and embedding in national systems and structures. Looking ahead, it is of utmost importance that the UNFPA country offices maintain and, in some instances, increase their focus on policy, financial and institutional sustainability, from the outset of new interventions and across the current and upcoming programme cycles.

Cluster-level recommendation 8: The UNFPA country programmes and annual work plans should contain exit strategies.

To: Azerbaijan and Turkey UNFPA country offices

Pertinent country-level recommendations:

Recommendation #4. Increase Country Programme focus on policy, institutional and financial sustainability. <i>High priority.</i>	Azerbaijan
Recommendation #6: Factors promoting sustainability should be carefully designed in the framework of a "Sustainability and Exit Plan" that considers the following factors: (i) commitment to outcomes; (ii) capacity of stakeholders/IPs; (iii) strength of follow-up mechanisms; and (iv) level of investment by partners. <i>Medium priority.</i>	Turkey

Annex 1.

The terms of reference of the cluster evaluation

Turkey, Georgia and Azerbaijan

(Abridged version)

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices of all. The strategic goal of UNFPA is to achieve the three transformative results: ending unmet need for family planning, ending maternal death, and ending violence and harmful practices against women and girls. 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).

Cluster evaluation approach to conduct country programme evaluation in middle-income countries has been found as a feasible option. Key features of this evaluation approach are-- evaluation focus will be more than one country and evaluate greater or lesser relevance and effectiveness of the different strategies adopted in the countries and thematic/programmatic areas. The product of this evaluation will be a single report with country annexes with specific aspects by country, treated as a country report. However, each country annex will not be equivalent to traditional Country Programme Evaluation reports. In one hand, the cluster evaluation allows economies of scale with savings for the offices, and adds value to the analysis of some common aspects, on the other hand, it inevitably provides a greater depth of analysis on issues of particular strategic relevance and savings of financial resources for all at the cluster level.

Azerbaijan, Georgia and Turkey are UNFPA country offices that form one of the administrative clusters of the Eastern Europe and Central Asia region. The country programmes of these offices have the harmonized programme cycle ending in 2020, therefore the cluster programme evaluation of all three country programmes is found feasible.

The overall objective of the evaluation is to assess the extent to which the three country programmes achieved intended results and use the findings for the purposes of further programme design and interventions. The primary users of this evaluation are the decision-makers within the UNFPA country offices and organization at whole, government counterparts in Azerbaijan, Georgia and Turkey, the UNFPA Executive Board, and other development partners.

The primary users of this evaluation are the decision-makers in cluster countries where UNFPA operates, including the organization as a whole, government counterparts, and other development partners. 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 a steering committee consisting of country office evaluation managers 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. A team of competitively selected independent evaluators will conduct the cluster evaluation and prepare the cluster evaluation report and country reports.

B. CONTEXT

a. Country Profile

TURKEY: The population of Turkey reached 80.8 million in 2017. Turkey ranks 71 out of 188 countries in the 2017 HDI with a high income inequality (Gini index 0.4). Although Turkey achieved the MDGs in poverty alleviation, education and reducing maternal and infant mortality, there are challenges in achieving the ICPD mandate due to disparities and inequalities faced by women, seasonal migrant workers, the Roma population, people at risk of HIV, sex workers, individuals and groups based on their sexual orientation and people at risk of gender-based violence. As a result of the 2011 health structural reform, the delivery of sexual and reproductive health services has been transferred to family physicians; however, many lack the necessary skills. This has led to problems in the provision of family planning services, including provision of commodities, sexually transmitted infections management, volunteer counseling and HIV testing. The HIV cases are rapidly increasing and Turkey lacks epidemiological data on key populations that are most at risk of HIV, which are critical in slowing down acceleration of the epidemic. Young people aged 10-24 years represent 24 per cent of the population. Approximately 29 per cent of youth (aged 15-24 years old) are neither in school nor employed. Absence of a multisectoral youth policy, lack of youth-friendly health services and comprehensive sexuality education in school-based curricula are long standing challenges. Gender inequality is the main root cause of gender-based violence in Turkey. According to the National Domestic Violence Survey (2014), 38 percent of surveyed women had been physically or sexually abused by their husbands or partners.

Turkey hosts above 3.5 million Syrians which represents almost 4% of Turkey's population. 90% of this group live out of camps in very poor conditions. 71% of all refugees in Turkey are women and children. Access to sexual and reproductive health services and gender-based violence response services is very limited for refugees due to poor reach and knowledge, cultural and language barriers, and unavailability of certain standards and guidelines for services for refugees.

AZERBAIJAN: The population of the Republic of Azerbaijan reached 9.5 million in 2015, of which 53.2 percent reside in urban settlements. Azerbaijan is an upper-middle income country according to the World Bank report. Rich hydrocarbon reserves have contributed to this economic growth. The human development index of Azerbaijan for 2013 was high at 0.747. Nevertheless, under-developed institutional capacity continued to present a barrier to effective transformation of oil wealth into sustainable human development. The conflict with neighbouring Armenia caused influx of 700,000 people internally displaced to urban settlements, burdening the country's economy, health and social protection systems.

Notable progress has been achieved in some areas of reproductive health, including decrease in maternal mortality ratio from 35.5 per 100,000 live births in 2007 to 14.5 in 2013. However, an effective legal and policy framework on sexual and reproductive health rights is absent. The total fertility rate of the population is slightly above the replacement level at 2.2 children per woman. The use of modern contraceptives amongst currently married women of reproductive age is very low (13.9 percent (DHS 2011)). The rate of induced abortions in Azerbaijan is 41 percent, which is one of the highest indicators in the region. Azerbaijan has one of the highest skewed sex ratio at birth in the world (114 males per 100 females (SSC, 2017)). The absence of comprehensive sexuality education programmes and low participation of adolescents and youth in decision-making processes regarding sexual and reproductive health and rights limit their prospects for safe, healthy and successful transition to adulthood. Gender inequality continues being one of the key challenges to realising sexual and reproductive health and rights. Although the legal guarantees for the promotion of human rights of the women are in place, the lack of effective implementation mechanism on gender-based violence and discrimination leaves hundreds of women vulnerable to abuse.

GEORGIA: Georgia is a post-Soviet country in the South Caucasus with a population of 3.73 million. The development of the country was affected by civil unrest and armed conflict; about one million people left Georgia and more than 250,000 people became internally displaced from the conflict-affected regions. Georgia is a lower-middle-income country, with 25 percent of the population living below the \$2.50 a day poverty line. During the last decade, economic growth averaged 6 per cent annually, though the unemployment rate is 15 percent.

According to the Georgia reproductive health survey (2010), the total fertility rate is 2 children per woman. Trends in health indicators show improvements in attaining universal coverage of prenatal care, increasing modern contraceptive prevalence rates and reducing the abortion rate. However, the prevalence of modern contraceptive methods is still low, at 35 per cent. Although the total abortion rate has dropped, from 3.7 per woman in 1999 to 1.6 per woman in 2010, it remains a main method of fertility regulation. The maternal mortality ratio, at 41 per 100,000 live births in 2013, is a priority public health agenda. The massive privatization of health infrastructure since 2007 has not been accompanied by adequate regulations for quality control. Breast and cervical cancers are among the main causes of morbidity and mortality of women; over 45 per cent of cases are diagnosed at later stages. Georgia is among countries with low concentrated HIV epidemics, with a 0.3 percent prevalence rate (2013).

Young people aged 10-24 years make up 19 percent of the population. Youth unemployment in 15-29 year age group is high. The lack of youth-friendly services, the absence of education on healthy lifestyle and pervasive cultural stigma hinder adolescents and youth from accessing sexual and reproductive health services and information, thereby risking HIV infection and unintended pregnancies. Gender inequality is high in Georgia, ranking 81 among 187 countries in the world gender inequality index. Low political and economic participation of women, high prevalence of domestic violence and prevalence of early marriage practices are major concerns.

b. UNFPA Country Programme

Turkey: To address existing needs and challenges, the UNFPA Turkey together with the government has developed the six country programme through a participatory approach in consultation with civil society, in line with the analysis of the current situation as well as the national and international agenda. Turkey country programme focused on advocacy and policy dialogue in support of government efforts to reduce disparities in the access to sexual and reproductive health and rights and gender equality, particularly for most vulnerable. More specifically, the programme aimed at:

- Reaching more of the most vulnerable people and groups, including refugees;
- Strengthening interventions for marginalized youth; and
- Enhancing its advocacy role by promoting gender equality and coordinated gender-based violence protection and prevention services and local level gender mainstreaming.

Azerbaijan: UNFPA Azerbaijan developed the fourth country programme to address some of the existing challenges and contribute to the priorities of the national development strategy of Azerbaijan: Vision 2020, the United Nations Azerbaijan Partnership Framework 2016-2020, the UNFPA Strategic Plan 2014-2017 as well as the Post-2015 Development Agenda and the related set of sustainable development goals. The program aimed at: (a) strengthening legal and policy frameworks to deliver integrated sexual and reproductive health services, with focus on adolescents, youth and vulnerable groups; (b) strengthening national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights; (c) strengthening national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its inter-linkages with sexual and reproductive health and rights.

The fourth country programme is being implemented in close cooperation with the government and other partner agencies to ensure national ownership and accountability through effective, efficient, collaborative and strategic interventions. To ensure compliance with UNFPA business model, the focus has been on upstream work to ensure universal access to sexual and reproductive health and gender equality through achieving a series of interrelated outputs reflecting the major principles underpinning the work of UNFPA.

Georgia CP: The third country programme (2016-2020) was developed by UNFPA Georgia and the Government through a participatory approach, in line with the needs of the country. It responds to national priorities, contributes to the United Nations Partnership for Sustainable Development (UNPSD) 2016-2020, and is in line with the aspiration of Georgia for European integration. The country programme contributes to the post-2015 development agenda and to the UNFPA Strategic Plan, 2014-

2017. The programme focuses on the following areas: (a) sexual and reproductive health, including adolescents and youth; (b) gender equality and women's empowerment; and (c) population dynamics and proposed programme employs effective programming strategies to work in the middle-income country context, such as advocacy, policy dialogue and advice, generating evidence for policy development, knowledge management and brokerage of technical expertise. Service provision is supported only in the conflict-affected regions, including within the framework of the United Nations joint programme.

The programme works on a transformative development agenda that is universal, inclusive, human rights-based, integrated and anchored in the principles of equality.

C. OBJECTIVES AND SCOPE OF THE CLUSTER EVALUATION

The overall objectives of a cluster evaluation: (i) an enhanced accountability of UNFPA and its country offices for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives:

- To provide an independent assessment of the progress of each country programme towards the expected outputs and outcomes set forth in the results framework of the respective country programme;
- To provide an assessment of each country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

The evaluation is expected to be completed by May 2019 and carried out in accordance with the Cluster Evaluation Implementation Plan (ref: Annex 5).

Scope of evaluation:

The evaluation will cover 3 countries including Azerbaijan, Georgia and Turkey. The evaluation will cover three programmatic areas including reproductive health, gender, population and development. Youth development and HIV prevention issues, are mainstreamed within the programmatic area of country programmes. In addition, in Turkey, as a fourth programmatic area, humanitarian assistance will be covered. For the humanitarian assistance part, the evaluation will highly rely on already existing evaluation findings / reports which will be made available to the evaluation team. However, evaluation team may focus on areas of intervention which are not covered by other evaluations. During the evaluation the relevant regions, provinces, cities might be visited in Azerbaijan, Georgia and Turkey.

The evaluation (including country studies) will cover all activities planned and/or implemented during the period: **Turkey 2014-2020, Azerbaijan 2014-2020, and Georgia 2016-2020**, within each programme: sexual and reproductive health and rights, adolescent and youth, population dynamics, gender equality and humanitarian response, and cross-cutting areas: partnership, resource mobilization, and communication). **The scope of the evaluation is extended beyond the current programme period to assess achievement/non-achievement of higher level development results.** Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects.

The cluster evaluation should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018--2021, the UN partnership Framework, and national development priorities and needs.

D. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The following evaluation questions addressing the evaluation criteria: relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be used for the cluster evaluation.

Relevance:

- To what extent is the UNFPA support in the field of [reproductive health] (i) adapted to the needs of the population (ii) and in line with the priorities set by the international and national policy frameworks (iii) aligned with the UNFPA strategic plan and the UN Partnership Framework? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?

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 (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?
- To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?
- To what extent has UNFPA contributed to an improved emergency preparedness in Turkey, Georgia and Azerbaijan in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISP?

Efficiency:

- To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Sustainability:

- To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

UNFPA Country programme coordination with UNCT:

- To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA Country programme added value:

- What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

E. METHODOLOGY AND APPROACH

The cluster evaluation will be based on a participatory design that is expected to include the quantitative and qualitative data collection methods.

The proposed methodology by the evaluation team will elaborate in detail on the relevant data sources, sampling size and techniques, data collection instruments and procedures, ethical considerations, as well as the strategies necessary for mitigating the major limitations of the proposed design, if any.

Data Collection

The evaluation will use a multiple-method approach to data collection, 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**.

Data validation

The Evaluation Team 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 CO programme managers and the Evaluation Reference Group.

Data Analysis

The evaluation team will ensure the following in analyzing data, formulating finding and reaching to conclusions.

- i. Are the findings substantiated by evidence?
- ii. Is the basis for interpretations carefully described?
- iii. Is the analysis presented against the evaluation questions?
- iv. Is the analysis transparent about the sources and quality of data?
- v. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?
- vi. Does the analysis show different outcomes for different target groups, as relevant?
- vii. Is the analysis presented against contextual factors?
- viii. Does the analysis elaborate on **cross-cutting issues such as equity and vulnerability, gender equality and human rights?**

Stakeholders participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. **The evaluation managers will perform a stakeholders mapping** for each country 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. The stakeholder mapping must be concluded before the design phase.

An **Evaluation Reference Group (ERG)** will be established by the UNFPA Country Office in each country comprising key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA Country Office). The ERG will review and provide inputs to the country case study, 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 country case studies at the draft stage.

F. EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps.

a. *Preparation phase:*

This phase, managed by the UNFPA Offices, will include:

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

b. *Evaluation design phase*

This phase will include:

- a **documentary review** of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- a **stakeholder mapping** – The evaluation managers will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- an **analysis 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;
- the **finalization of the list of evaluation questions**;
- the **development of a data collection and analysis strategy** as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team leader will produce a **design report**, that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

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 Steering Committee** before the evaluation field phase commences.

c. *Training phase*

The evaluation team leader will conduct a training on evaluation methodology, evaluation tools, data collection, data analysis, and preparation of country case studies for national evaluators hired by UNFPA. The national evaluators will finalize country stakeholders map, adjust/translate data collection tools etc.

d. Field phase

After the design phase, the evaluation team will undertake a three-week in-country collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. At the end of the field phase, the country evaluation team will provide the COs with a **debriefing presentation** on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

e. Synthesis and dissemination phase

During this phase, the Country Evaluation Team will continue the analytical work initiated during the field phase and prepare **country case studies**, taking into account comments made by the Evaluation Steering Committee and Evaluation Reference Group at the debriefing meeting and the Evaluation Team Leader.

This **first draft country reports** will be submitted to each Evaluation Reference Group for comments (in writing). Comments of the Country Evaluation Reference Group and evaluation managers will be consolidated. The draft country reports will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the Evaluation Reference Group (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. This first draft evaluation report will be shared with the Evaluation Steering Committee for the feedback and comments. The final Evaluation report will be shared with stakeholders in the three countries, as part of a launch.

G. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

- a cluster evaluation design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The design report should have a maximum of 70 pages;
- a first draft cluster evaluation report and three first draft country studies accompanied by a debriefing PowerPoint presentation synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Steering Committee during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- a second draft cluster evaluation report and three country case studies (followed by a second draft, taking into account potential comments from the Evaluation Steering Committee) and Evaluation Reference Group. The evaluation report should have a maximum of 50 pages (plus up to 70 pages for each Case Study, and plus annexes); three PowerPoint presentations of the results of the evaluation for the dissemination seminars to be held separately in each office AoR, and led by the national evaluators;
- a final cluster evaluation report including three country case studies, based on comments expressed during the dissemination seminars.

All deliverables will be written in English. The PowerPoint presentation for the dissemination seminars and the final evaluation report might need to be translated in local languages if requested by national counterparts. **COMPOSITION OF THE EVALUATION TEAM**

The evaluation team will consist of:

The evaluation team will consist of:

- a) **A Team Leader** with overall responsibility for development of **cluster design report, facilitation of a training on:** evaluation design, methodology on field data collection, data analysis and submission of country case studies. Furthermore, s/he will lead and coordinate the work of the National Evaluation Teams in the field phase and will be responsible for **reviewing and improving case studies** prepared by national evaluators. S/he will be supporting dissemination of Country

Case Studies (including Country Case Studies and synthesis). Finally, s/he will be responsible for writing draft/final evaluation report. S/he will be in regular contact with the Evaluation Team remotely via Internet to get updates on the field work progress. In case s/he decides that the collected information is not sufficient or of good quality, s/he may request national evaluators to conduct additional interviews with key stakeholders or, as a last resort, s/he may travel to the country for preparing the draft country case studies.

- b) **Three national evaluators** (one in each country office) with overall responsibility for field data collection, data analysis, drafting of Country Case studies and providing support to the Team Leader with drafting cluster evaluation report in addition to collecting data for one substantive component. Each national evaluator should have expertise in at least one of the core subject area/s of the evaluation - Sexual and Reproductive Health and Rights, Gender Equality and/or Population Development. National evaluators will also facilitate evaluation dissemination seminars and will assist the Team Leader by embedding comments from these seminars into the country case studies and final evaluation report. Besides personal expertise in conducting complex programme evaluations, the evaluators should have a good knowledge of the national development context and be fluent in the local language and English.
- c) **Three National experts** (one in each country office), who will each provide expertise in other two programmatic areas of the evaluation. The expert will take part in the data collection and analysis work, and will provide substantive inputs into the evaluation processes through participation in developing the case studies as per programmatic areas, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the National Evaluator and Evaluation Team Leader. The modality and participation of experts in the evaluation process, including participation in interviews/meetings, provision of technical inputs, 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:
- d) **A research assistant** will collect, compile and analyze available data relating to three countries in the format requested by the team leader as per the evaluation handbook, and be supported and supervised by evaluation managers of each country; assess availability of data and existing gaps by using the following questions:
- What studies exist
 - What data are available that is linked to the country programme and country situation (SIS – output results, country office annual reports; GPS – financial data; major surveys – conducted under the CP; financial resources; etc.)
 - Providing input for the synthesis phase

H. Management and conduct of the evaluation

The evaluation will be guided by these terms of reference approved by the UNFPA Regional Office on behalf of UNFPA Evaluation Office, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The evaluation and country case studies will be conducted by an independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA Country Office.

The Cluster Evaluation Steering Group:

Cluster Evaluation Steering Committee (CESC) will have overall responsibility for management and coordination of all components of cluster evaluation including evaluation design, implementation and dissemination of the evaluation results. The Evaluation Steering Committee will have overall supervision on the Cluster Evaluation Team (including International Team Leader and National Teams) and evaluation processes. CESC will be comprised of UNFPA Representative for the Caucasus cluster, three M&E Focal Points and RO M&E Advisor.

The role of the CESC will include the following tasks, but not limited to:

- Develop and agree ToR for the evaluation along with ToR for Reference Group(s) and ToRs for all Evaluation Team members (International Team Leader, National Evaluators, National Experts and National Research Assistants);
- Act as first point of contact to the Evaluation Team;
- Develop initial list of stakeholders for interviews and propose documentation for review;
- Review and approve draft design report;

- Review and approve draft evaluation report (including preliminary findings, conclusions and recommendations) and Case Studies;
- Liaise with the Evaluation Reference Groups for any issues related to cluster evaluation;
- Provide management response to the final evaluation report;
- Review and approve the final evaluation report and Case Studies;
- Disseminate the final evaluation report to relevant stakeholders in each country.

The Evaluation Manager of each country office will:

- Provide support to the whole evaluation exercise, provide feedback for quality assurance during the preparation of the design report, field work, case studies, dissemination seminar, and the final report;
- Conduct stakeholders mapping with support of the research assistant;
- Provide research assistant with available internal and external data relevant to the country
- Provide national experts with the relevant data
- Facilitate the establishment of the Reference Groups at the country level
- Be supported by the RO M&E adviser

The reference group composed of representatives from the UNFPA country office in Azerbaijan, Georgia and Turkey, the national counterpart, the UNFPA regional office as well as from UNFPA relevant services in headquarters.

The main functions of the Reference Group will be:

- to discuss the terms of reference drawn up by the evaluation manager;
- to provide the evaluation team with relevant information and documentation on the programme;
- to facilitate the access of the evaluation team to key informants during the field phase;
- to discuss the reports produced by the evaluation team;
- to advise on the quality of the work done by the evaluation team;
- to assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

Annexes:

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Annex 2: Evaluation Quality Assurance and Assessment: Tools and Guidance (<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>)

Annex 3: How to Design and Conduct a Country Programme Evaluation at UNFPA

(<https://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)

Annex 4: Equity-focused and gender-responsive lens evaluation (<https://www.evalpartners.org/evalgender/no-one-left-behind#guidance>)

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Annex 2: Cluster Evaluation Matrix

EQ1 [alignment]: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks? (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?			<i>Relevance Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.1.1 [internal alignment]: Country programme components are consistent with priorities put forward in the UNFPA Strategic Plans and the UN Partnership Framework	IND 1.1.1 The country programme is an appropriate reflection of the UNFPA Strategic Plan development results and modes of engagement	Azerbaijan: UNFPA CPD, UNFPA SP 2018-2021, UNFPA SP 2014-2017 and relevant annexes, UN Partnership Frameworks; UNFPA CO staff, UNRC, thematic/results group lead agency representatives	Document review Key informant interviews
	IND 1.1.2 The country programme prioritises leaving no one behind and reaching the furthest behind first	Georgia: UNFPA CPD 2016-2020, UNFPA SP 2018-2021 and relevant annexes, UNFPA SP 2014-2017 and relevant annexes, UNPSD 2016-2020, UNPSD JWP; UNFPA CO staff, UNRC, thematic/results group lead agency representatives	
	IND 1.1.3 The country programme protects and promotes human rights IND 1.1.4 The country programme applies gender-responsive approaches IND 1.1.5 The country programme is in sync with the UN Partnership Framework(s)	Turkey: UNFPA CPD, UNFPA SP 2018-2021, UNFPA SP 2014-2017 and relevant annexes, UN Partnership Frameworks, UN Common Country Assessment, UN Development Cooperation Strategy, SDG & MDG Commission Report on Monitoring SDG Goals; Country Programme Preparation Working Group Meetings Minutes; Annual Work-plans of UNFPA; From Commitment To Action On Sexual And Reproductive Health And Rights Lessons From the Second Cycle of the Universal Periodic Review; Evaluation of the UNFPA 5th Country programme of assistance to the Government of Turkey; Meeting Notes with the participant NGOs in Country Programme Preparation Group	
A.1.2 [government priorities and commitments]: UNFPA country programme components are consistent with government priorities and international commitments	IND 1.2.1 UNFPA is responsive to the national legislative and policy framework, including national development plans, and aligned with sub-national priorities where applicable	Azerbaijan: UNFPA CPD, government policies/strategies and legal frameworks, Agenda 2030, UN treaties (Report on MDGs, SDGs, ICPD, UPR, CEDAW); UNFPA CO staff, UN staff, government partners, non-governmental partners	Document review Key informant interviews
	IND 1.2.2 The country programme is designed to support the fulfilment of government commitments and obligations at the regional/international level	Georgia: UNFPA CPD 2016-2020, Agenda 2030, Reports on MDGs and SDGs, ICPD reports, UPR recommendations, CEDAW concluding observations, Human Rights Action Plan 2016-2018, 2018-2020, GE Action Plan 2016-2018 (separate chapter in HR AP 2018-2020), DV Action 2018-2020, Ageing Action Plan 2017-2018, HIV strategic Plan 2018-2020, MNH Strategy 2017-2030; UNFPA CO staff, UN staff, government partners, non-governmental partners	

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		<p>Turkey: UNFPA CPD, government policies/strategies and legal frameworks, Agenda 2030, UN treaties (Report on MDGs, SDGs, ICPD, UPR, CEDAW); 10th National Development Plan; MoH Strategic Health Plan 2013-2017; 58th – 59th National Government Action Plan; ICPD; EU Accession Document Partnerships; Indicative Country Strategy Paper; EU Commission Working Document; The Global Gender Gap Report (2015-2016) and 2018; The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention); UNAIDS Global Report (2015); Global AIDS Update 2018; Global AIDS Monitoring 2019; World health statistics 2018: monitoring health for the SDGs; Trends in maternal mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division; WHO Recommendations on Maternal health; Working with individuals, families and communities to improve maternal and new born health: a toolkit for implementation; CEDAW Shadow Report; National Response to CEDAW; SD Knowledge Platform: https://sustainabledevelopment.un.org/memberstates/turkey; Report on Turkey's Initial Steps towards the Implementation of the 2030 Agenda for Sustainable Development; A UNDP discussion paper and framework for implementation: What does it mean to leave no one behind?; The Sustainable Development Goals Report 2018; Fact sheets on sustainable development goals: health targets: SRH (WHO); EUR/RC67/9 Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being; Health 2020: a European policy framework supporting action across government and society for health and wellbeing; The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention); GREVIO Baseline Evaluation Report Turkey; Comments submitted by Turkey on GREVIO's final report on the implementation of the Council of Europe Convention on preventing and combating violence against women violence and domestic (Baseline Report)</p>	
A.1.3 [beneficiary needs]: UNFPA support is consistent with and responsive to the needs of institutions and intended end beneficiaries	IND 1.3.1 Country programme interventions respond to institutional needs and requests in	Azerbaijan: UNFPA CPD, AWP, COARs; UNFPA CO staff, government partners, non-governmental partners, service providers, end beneficiaries	Document review Key informant interviews Focus group discussions
	order for supported institutions to fulfil their duties	Georgia: UNFPA CPD, AWP, COARs; UNFPA CO staff, government partners, non-governmental partners, service providers, end beneficiaries	

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	IND 1.3.2 Country programme interventions respond to the rights and needs of targeted vulnerable population groups	Turkey: UNFPA CPD, AWP, COARs; UNFPA CO staff, government partners, non-governmental partners, service providers, end beneficiaries, CSOs; MoH's, MoFSP Institutional Strategy Plan; Civil Society Monitoring Index (CIVICUS Country Report); Shadow NGO Report on Turkey's First Report on Istanbul Convention; Shadow NGO Report on Turkey's Seventh Periodic Report to The Committee on The Elimination of Discrimination Against Women For Submission to The 64th Session of CEDAW; Sexual and Reproductive Health of Sex Workers In Turkey: Needs and Recommendations (UNFPA); Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in Istanbul From the Viewpoint of Health Care Professionals (TAPV); Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights; Beneficiaries and users of the public and private health providers	
EQ2 [SRH results]: To what extent has UNFPA strengthened legal and policy frameworks for delivering integrated SRH services with a focus on adolescents, youth and vulnerable groups³²? To what extent has UNFPA contributed to improved emergency preparedness, including MISP? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased³³, including in humanitarian situations where applicable? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness SRH Azerbaijan</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.2.1 [policies] UNFPA has contributed to stronger legal and policy frameworks for delivering quality integrated SRH services, including in humanitarian <i>settings where applicable</i> , and with a focus on the SRH rights and needs of A&Y and vulnerable groups	IND2.1.1 Evidence-based policy advocacy for informed policy making on SRHR IND2.1.2 National legal and policy frameworks for delivering quality integrated SRH services developed, endorsed and in use, with UNFPA support IND2.1.3 Reflection of needs and rights of A&Y and vulnerable groups to access integrated quality SRH services in UNFPA-supported legal and policy framework IND2.1.4 Contribution of UNFPA-supported policy documents to improved access to quality SRH services	AWPs, COARs, legal and policy documents; UNFPA CO staff, government partners, other stakeholders, WHO	Document review Key informant interviews

³² CPD Azerbaijan SRH output 1.

³³ CPD Azerbaijan SRH outcome 1.

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A.2.2 [SRH services/information] UNFPA-supported institutions are capacitated and delivering quality integrated SRHR services/information, particularly for A&Y and vulnerable groups, including in humanitarian settings <i>where applicable</i>	<p>IND2.2.1 Incorporation of SRHR services/information into national institutional frameworks, including thanks to advocacy events for implementing protocols for FP services³⁴</p> <p>IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information, including in humanitarian situations</p> <p>IND2.2.3 regions with capacity to implement MISP at onset of crises³⁵</p> <p>IND2.2.4 New national CSE curriculum aligned with international standards developed³⁶ and in place</p>	AWPs, COARs, clinical protocols and national guidelines, training manuals, monitoring data, UNFPA list of trainings, training reports; UNFPA CO staff, government partners, trained service providers, intended end beneficiaries	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p> <p>Training assessment</p>
A.2.3 [uptake SRH services/information] Targeted beneficiaries, and particularly A&Y and vulnerable groups, are using UNFPA-supported SRHR services/information, including in humanitarian settings <i>where applicable</i>	<p>IND2.3.1 Evidence of SRHR services/information being used by intended beneficiaries, and particularly A&Y and vulnerable groups</p> <p>IND2.3.2 Increase in contraceptive prevalence rate (modern)^{37,38,39}</p> <p>IND2.3.3 Percentage of target population covered by cervical prevention and screening services</p>	Monitoring data; Service providers, intended end beneficiaries	Group discussions
EQ2 [SRH results]: To what extent has UNFPA strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated SRH services for women, adolescents and youth, with a focus on vulnerable populations and in humanitarian settings⁷? To what extent has UNFPA contributed to improved emergency preparedness, including MISP? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased, including in humanitarian situations where applicable⁸? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness SRH Georgia</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods

³⁴ CPD Azerbaijan SRH output 1 indicator 1: # of advocacy events with state and non-state actors to improve the institutional framework for the newly-adopted protocols for FP services. Baseline: 0. Target: 120.

³⁵ CPD Azerbaijan SRH output 1 indicator 3. Baseline: 15%. Target: 40%.

³⁶ CPD Azerbaijan SRH output 1 indicator 2. Baseline: No. Target: Yes.

³⁷ CPD Azerbaijan SRH outcome 1 indicator 1. Baseline: 13.9%. Target: 25%.

³⁸ CPD Georgia SRH output 1.

³⁹ CPD Georgia SRH outcome 1.

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<p>A.2.1 [policies] UNFPA has contributed to stronger evidence-based policy frameworks for delivering quality integrated SRH services for women and A&Y, <i>including in humanitarian settings</i>, and with a focus on the SRH rights and needs of vulnerable populations</p>	<p>IND2.1.1 National policy framework for delivering quality integrated SRH services developed in a participatory manner, endorsed and in use, with UNFPA support IND2.1.2 Reflection of needs and rights of vulnerable populations to access integrated quality SRH services in UNFPA-supported policy framework IND2.1.3 Contribution of UNFPA-supported policy documents to improved access to quality SRH services</p>	<p>Strategic Plans (Maternal and new-borns Health; HIV/AIDS), Cancer control strategy 2017-2020, National Youth Policy 2014 and its action plan 2014-2018, costed HIV service standards for KAPs, Perinatal Regionalization Programme; ANC regionalization concept, SDG report from MOH; SIS Annual reports, integrating MISP and GBViE package in national preparedness plans workshop materials, national preparedness plans; UNFPA CO staff, government counterparts, IPs, donors, other stakeholders</p>	<p>Document review Key informant interviews</p>
<p>A.2.2 [SRH services/information] UNFPA-supported institutions are capacitated and are delivering quality integrated SRHR services/information for women and A&Y, with a focus on vulnerable populations, and, <i>where applicable</i>, in humanitarian settings</p>		<p>Service protocols/guidelines - e.g., FP protocols in Abkhazia, Georgia, training reports (if any), e-learning course, courses on TSMU learning platform, MICS and</p>	<p>Document review Key informant interviews Group discussions</p>
		<p>Screening Registry, UNCEF Report; UNFPA CO staff, UNFPA-supported NGOs/CSOs, trained service providers, government counterparts, IPs, donors, key populations, young people</p>	<p>Training assessment</p>
<p>A.2.3 [uptake SRH services/information] Women and A&Y, especially from vulnerable populations and, <i>where applicable</i>, in humanitarian settings, are using UNFPA-supported SRHR services/information</p>	<p>IND2.3.1 Evidence that UNFPA has contributed to improved access to critical SRH services for vulnerable populations in Abkhazia, Georgia. IND2.3.2 Evidence that community led organizations and key populations are using resources and knowledge obtained through UNFPA support to provide services to KAP IND2.3.4 Improved contraceptive prevalence rate (modern method)⁴⁰ IND2.3.5 Percentage of target population covered by cervical screening services⁴¹</p>	<p>SIS annual reports, MICS; UNFPA CO staff, Maia Baratashvili (Union Tanadgoma)</p>	

⁴⁰ CPD Georgia SRH outcome 1 indicator 1. Baseline: urban 42%; rural 28%. Target: urban 47%; rural 35%.

⁴¹ CPD Georgia SRH outcome 1 indicator 2. Baseline: urban 15%; rural 9%. Target: urban 30%; rural 20%.

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EQ2 [SRH results]: To what extent has UNFPA strengthened institutions and CSOs that ensure delivery of accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups and strengthened national capacity to provide SRH services in humanitarian settings ⁴² ? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased, including in humanitarian situations ⁴³ ? What was UNFPA's contribution? What were constraining and facilitating factors?			Effectiveness SRH Turkey
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.2.1 [policies] UNFPA has contributed to a stronger legal and policy framework for delivering quality integrated SRHR services/information for women and A&Y, with a focus on the SRH rights and needs of underserved and vulnerable groups, and including in humanitarian settings	<p>IND2.1.1 National legislation and policies on SRH services developed, adopted and in use, with UNFPA support^{44 45}</p> <p>IND2.1.2 Reflection of needs and rights of underserved and vulnerable groups and A&Y to access integrated quality SRH services in UNFPA-supported legal and policy framework</p> <p>IND2.1.3 Contribution of UNFPA-supported policy documents to improved access to quality integrated SRHR services</p>	<p><u>Outcome level:</u></p> <p>Data from MoH</p> <p>The MoH of Turkey Health Statistics year book 2016</p> <p>The MoH of Turkey Health Statistics year book 2017</p> <p>Turkish Demographic Health Survey Results (Preliminary findings on 2018) WHO Reports</p> <p>Feedbacks from Interviews Comparative Data from 5th Country Programme and its Evaluation Minutes of 6th Country Programme Preparation Workshops</p> <p><u>Output level:</u></p> <p>SIS Reports (Progress Reports)</p> <p>Annual Work Plan (2016, 2017, 2018)</p> <p>UNFPA's Monitoring & Evaluation Tools</p> <p>Implementing Partners Reports</p> <p>Training delivery reports (assessments etc.)</p> <p>Study reports (Abortion etc.)</p>	Desk Review Interviews
A.2.2 [SRH services/information] UNFPA-supported institutions and CSOs are capacitated and are delivering accessible and rights-based quality integrated SRH and youthfriendly services/information to underserved and	<p><i>Regular programme</i></p> <p>IND2.2.1 Introduction of tools and instruments for delivering quality integrated SRHR services⁴⁶</p> <p>IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information⁴⁷</p>	<p>SIS Reports (Progress Reports)</p> <p>Annual Work Plan (2016, 2017, 2018)</p> <p>Monitoring & Evaluation Tools</p> <p>Implementing Partners Reports</p> <p>Training delivery reports (assessments etc.)</p> <p>Study reports</p>	Desk Review Interviews Focus Group Discussions with MSIP trainers

⁴² CPD Turkey SRH output 1 and output 2.

⁴³ CPD Turkey SRH outcome 1.

⁴⁴ Including CPD Turkey SRH output 1 indicator 1: Number of new legislation and policies on sexual and reproductive health services for vulnerable groups and youth developed and adopted by ministries (during 2016- 2020). Baseline: 0. Target: 4.

⁴⁵ CPD Turkey SRH outcome 1 indicator 3: National budget for family planning commodities. Baseline: 3.7 million Turkish Lira. Target: 7.5 million Turkish Lira.

⁴⁶ Including CPD Turkey SRH output 1 indicator 2: Number of new standard operating procedures on sexual and reproductive health services for vulnerable groups developed and adopted by ministries (during 2016-2020). Baseline: 0. Target: 3.

⁴⁷ Including CPD Turkey SRH output 1 indicator 3: Number of new institutionalized pre- and in-service training programmes covering services for vulnerable groups. Baseline: 0. Target: 3.

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vulnerable groups, including in humanitarian settings	<p>IND2.2.3 Logistics management information system for family planning commodities in Ministry of Health reestablished⁴⁸</p> <p><i>Humanitarian assistance</i></p> <p>IND2.2.4 Introduction of tools and instruments for delivering quality integrated SRHR services in humanitarian settings⁴⁹</p> <p>IND2.2.5 Existence of functional national mechanism to implement Minimal Initial Service Package at the onset of a crisis⁵⁰</p>	Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in İstanbul From the Viewpoint of Health Care Professionals (TAPV)	
	IND2.2.6 # of service delivery points (supported by UNFPA) providing SRH services in humanitarian settings ²⁴		
A.2.3 [uptake SRH services/information] Women and A&Y, particularly from underserved and vulnerable groups and in humanitarian settings, are using UNFPA-supported SRHR services/information	<p>IND2.3.1 Evidence of SRHR services/information being used by intended beneficiaries, and particularly women and A&Y from underserved and vulnerable groups and key populations, including in humanitarian settings</p> <p>IND2.3.2 Increase in contraceptive prevalence rate (modern)²⁵</p> <p>IND2.3.3 Increase of proportion of births in healthcare institutions²⁶</p>	<p>SIS Reports (Progress Reports)</p> <p>Annual Work Plan (2016, 2017, 2018)</p> <p>Monitoring & Evaluation Tools</p> <p>Implementing Partners Reports</p> <p>Training delivery reports (assessments etc.)</p> <p>Study reports</p> <p>Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in İstanbul From the Viewpoint of Health Care Professionals (TAPV) UNFPA's Monitoring System regarding Humanitarian Assistance</p>	<p>Desk Review</p> <p>Interviews</p> <p>Focus Group Discussion (FGD)</p> <p>with relevant IP</p> <p>Sexual Reproductive health trainers</p>
<p>EQ3 [GEWE results]: To what extent has UNFPA strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights²⁷? To what extent has UNFPA contributed to improved emergency preparedness? To what extent have gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth been advanced²⁸, including in humanitarian situations where applicable? What was UNFPA's contribution? What were constraining and facilitating factors?</p>			<p><i>Effectiveness</i></p> <p><i>GEWE</i></p> <p><i>Azerbaijan</i></p>

⁴⁸ CPD Turkey SRH output 1 indicator 4: Logistics management information system for family planning commodities in Ministry of Health re-established. Baseline: No. Target: Yes.

⁴⁹ CPD Turkey SRH output 2 indicator 1: Number of new guidelines, protocols and standards on sexual and gender-based violence response in emergencies developed (during 2016-2020). Baseline: 0. Target: 3.

⁵⁰ CPD Turkey SRH output 2 indicator 2: National mechanism to implement Minimal Initial Service Package at the onset of a crisis in place. Baseline: No. Target: Yes.

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Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1 [policies] UNFPA has contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, including in humanitarian settings <i>where applicable</i> , and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women	IND3.1.1 Production of data and information and policy advocacy for the purposes of informed policy making on GE and RR, including on GBV and harmful practices ²⁹ IND3.1.2 Policies and costed action plans on GE and RR, including GBV and harmful practices, developed, endorsed and in use IND3.1.3 Reflection of the needs and rights of A&Y and most marginalised and vulnerable women in the UNFPA-supported policy framework	AWPs, COARs, donor reports, policy documents, surveys on GE, GBV and harmful practices, rapid assessments and country fact sheets on harmful practices, UNFPA CO website; UNFPA CO staff, government partners, media, CSOs, NGOs	Document review Key informant interviews
A.3.2 [GBV services/information] UNFPA-supported institutions are capacitated and providing quality GBV prevention and response services/information, particularly for	IND3.2.1 Evidence of GBV services/information incorporated into national institutional frameworks (ESPs and SOPs), including thanks to advocacy events ³⁰	AWPs, COARs, donor reports, ESPs and SOPs, UNFPA list of trainings, training reports, training materials; UNFPA CO staff, government partners, USAID, FSCs, accredited NGOs, trained service	Document review Key informant interviews Group discussions Training assessments
A&Y and the most vulnerable and marginalised women, including in humanitarian settings <i>where applicable</i>	IND3.2.2 Evidence of improved capacities for delivering quality GBV services/information, including in the health sector	providers, trained media representatives, trained FBO representatives, intended end beneficiaries	
A.3.3 [uptake GBV services/information] Targeted beneficiaries, and particularly A&Y and the most vulnerable and marginalised women, are using UNFPA-supported GBV services/information, including in humanitarian situations, <i>where applicable</i>	IND3.3.1 Evidence that UNFPA-supported GBV tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services/information, particularly by A&Y and the most vulnerable and marginalised women	AWPs, COARs, monitoring data; UNFPA CO staff, government partners, USAID, FSCs, accredited NGOs, male youth, young girls, other intended end beneficiaries	Document review Key informant interviews Group discussions
A.3.4 [women's human rights] Recommendations and obligations on SRHR issued by human rights treaty bodies are monitored	IND3.4.1 Functional tracking and reporting system for monitoring and implementing of recommendations and obligations on SRHR issued by human rights treaty bodies in place ³¹ IND3.4.2 UPR recommendations on RR from the previous reporting cycle implemented ³²	AWPs, COARs, UNFPA list of trainings, UPR and CEDAW reports; UNFPA CO staff, OHCHR, government partners (Ombudsman Office)	Document review Key informant interviews

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EQ3 [GEWE results]: To what extent has UNFPA strengthened the capacity of public and civil society organisations and national human rights institutions to advance GE and RR, including prevention of GBV and harmful practices ³³ ? To what extent has UNFPA contributed to improved emergency preparedness? To what extent have gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth increased ³⁴ , including in humanitarian situations where applicable? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness GEWE Georgia</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1 [policies] UNFPA has contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, <i>including in humanitarian settings</i> , and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women	IND3.1.1 Production of data and information and policy advocacy for the purposes of informed policy making on GE and RR, including on GBV and harmful practices ³⁵ IND3.1.2 UNFPA-supported policies and action plans aimed at advancing GE and RR, including regarding GBV and harmful practices ³⁶ , are endorsed and in use IND3.1.3 Reflection of rights and needs of A&Y and the most vulnerable and marginalised women in UNFPA-supported policy framework	AWPs, COARs, donor reports, policy documents, surveys, research, SIS annual reports, donor reports, policy documents, Global Programming reports, national preparedness plans; UNFPA CO staff, government counterparts, IPs, donors	Document review Key informant interviews
A.3.2 [GBV services/information] UNFPA-supported institutions are capacitated and providing quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women	IND3.2.1 Introduction of tools and instruments ³⁷ for delivering quality integrated GBV services/information as part of multi-sectoral response to GBV IND3.2.2 Improved capacities for a multi-sectoral response to VAW/DV, including the health system, particularly for A&Y and the most vulnerable and marginalised women (piloted in region)	AWPs, COARs, donor reports, tools and instruments, UNFPA list of trainings, training reports, training materials; UNFPA CO staff, government counterparts, IPs, trained service providers, donors	Document review Key informant interviews Group discussions Training assessment
A.3.3 [uptake GBV services/information] Targeted beneficiaries, and particularly A&Y and the most vulnerable and marginalised women, are using UNFPA-supported GBV services/information, including in humanitarian situations	IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services, particularly by A&Y and the most vulnerable and marginalised women	AWPs, COARs, monitoring data; UNFPA CO staff, IPs, government partners, donors, end beneficiaries	Document review Key informant interviews Group discussions

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A.3.4 [harmful practices] Targeted stakeholders and beneficiaries are sensitised and enabled to prevent GBSS and early marriages	<p>IND3.4.1 Evidence that UNFPA-supported institutions at the national and local levels are sensitized and equipped with information and instruments to prevent early marriages</p> <p>IND3.4.2 UNFPA-supported awareness-raising and communication reaches target groups</p> <p>IND3.4.3 Attitudinal and behaviour change among targeted stakeholders and beneficiaries</p>	AWPs, COARs, UNFPA list of trainings, training reports, media articles; UNFPA CO staff, IPs, government counterparts, donors, Task Force on Harmful Practices on Early/Child Marriage, health professionals, Muslim religious leaders, media professionals, parents	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p> <p>Training assessment</p>
A.3.5 [women's human rights] Recommendations and obligations on SRHR issued by human rights treaty bodies are monitored	<p>IND3.5.1 National human rights institutions is capacitated to include SRH and RR recommendations and obligations in national human rights monitoring framework</p> <p>IND3.5.2 Monitoring of SRHR recommendations and obligations increases amount of recommendations implemented⁵¹</p>	AWPs, COARs, CEDAW, UPR, national human rights monitoring framework; UNFPA CO staff, Public Defender's Office, IPs, NGOs, donors	<p>Document review</p> <p>Key informant interviews</p>
EQ3 [GEWE]: To what extent has UNFPA strengthened institutional capacity of public and civil society organisations to promote GE, prevent GBV and harmful practices, including in the private sector, and strengthened national capacity to provide GBV prevention and response services in humanitarian settings? To what extent have gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth increased? What was UNFPA's contribution? What were constraining and facilitating factors?			Effectiveness GEWE Turkey
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1 [policies] UNFPA has contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, including in humanitarian settings, and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women	<p>IND3.1.1 Legislation, policies and action plans are developed in line with Istanbul Convention, adopted by ministries and in use^{52 53}</p> <p>IND 3.1.2. Reflection of needs and rights of A&Y in most vulnerable women to access integrated quality GEWE and GBV services in UNFPA-supported legal and policy framework</p>	<p>GREVIO Baseline Evaluation Report Turkey</p> <p>Comments submitted by Turkey on GREVIO's final report on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report);</p> <p>Shadow NGO Report on Turkey's First Report on Istanbul Convention</p> <p>Shadow NGO Report on Turkey's Seventh Periodic Report to The Committee on The Elimination of</p> <p>Discrimination Against Women For Submission to The 64th Session of CEDAW</p>	<ul style="list-style-type: none"> Document review Key informant interviews with Türk Kadınlar Birliği and CEDAW Shadow Report Prep Committee

⁵¹ CPD Georgia GEWE outcome 1 indicator 1: Proportion of the CEDAW concluding observations from the previous reporting cycle on women's rights implemented or actions taken. Baseline: 0. Target: 50%.

⁵² Including CPD Turkey GEWE output 1 indicator 1: Number of new national legislation and policies in line with Istanbul Convention developed and adopted by ministries. Baseline: 0. Target: 3.

⁵³ Including CPD Turkey GEWE outcome 1 indicator 1: GE and GBV national action plans that integrate RR with specific targets and national public budget allocations. Baseline: No. Target: Yes.

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<p>A.3.2 [GBV services/information] UNFPA-supported institutions are capacitated and providing quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women, including in humanitarian settings</p>	<p><i>Regular programme</i> IND3.2.1 Introduction of tools and instruments for delivering quality integrated GBV services/information, including in the private sector, and including in humanitarian settings^{54 55} IND3.2.2 Evidence of improved capacities for delivering quality GBV services/information, including in the private sector^{56 57} <i>Humanitarian assistance</i> IND3.2.3 Introduction of tools and instruments for delivering quality integrated GBV services in humanitarian settings⁵⁸ IND3.2.4 # of service delivery points (supported by UNFPA) providing GBV services in humanitarian settings⁴⁶</p>	<p>AWPs, COARs, SOPs, training materials, brochures, UNFPA training overview, training reports, Guidebook on Women's Empowerment Principles; UNFPA CO staff, donors, IPs, government partners, private sector representatives, Turkish Armed Forces, police force, schools, religious leaders, trained media representatives</p>	<p>Document review Key informant interviews Focus Group discussions with Ministry of Interior, Turkish Gendarmerie, Police Department, GBV Trainers Training assessment</p>
<p>A.3.3 [uptake GBV services/information] Targeted beneficiaries, and particularly A&Y and the most vulnerable and marginalised women and in humanitarian settings, are using UNFPA-supported GBV services/information, including in humanitarian situations</p>	<p>IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services, particularly by A&Y and the most vulnerable and marginalised women IND3.3.2 Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances⁵⁹</p>	<p>AWPs, COARs, monitoring data, IP reports; UNFPA CO staff, IPs, government partners, donors, end beneficiaries</p>	<p>Document review Key informant interviews</p>

⁵⁴ Including CPD Turkey GEWE output 1 indicator 2: Number of standard operating procedures in line with Istanbul Convention adopted by ministries. Baseline: 0. Target: 3.

⁵⁵ Including CPD Turkey GEWE output 1 indicator 4: Number of companies signing/reporting on United Nations Global Compact Women Empowerment Principles in Turkey. Baseline: 27. Target: 60.

⁵⁶ Including CPD Turkey GEWE output 1 indicator 3: Number of institutionalized in-service training programmes on sexual and gender-based violence prevention and protection services for women and girls. Baseline: 0. Target: 3.

⁵⁷ Including CPD Turkey GEWE output 1 indicator 5: Number of schools that include sexual and reproductive health and gender equality in extracurricular activities. Baseline: 0. Target: 20.

⁵⁸ CPD Turkey SRH output 2 indicator 1: Number of new guidelines, protocols and standards on sexual and gender-based violence response in emergencies developed (during 2016-2020). Baseline: 0. Target: 3. ⁴⁶ CPD Turkey SRH output 2 indicator 3. Baseline: 5. Target: 20.

⁵⁹ CPD Turkey GEWE outcome 1 indicator 3. Baseline: 13%. Target: 10%.

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A.3.4 [harmful practices] Targeted stakeholders and beneficiaries are sensitised and enabled to prevent early marriages	IND 3.4.1 UNFPA-supported cooperation and coordination with other UN organisations (UN Women, UNICEF, IOM, UNCHR) for the purpose of preventing early/child marriages IND3.4.2 UNFPA-supported awareness-raising and communication reaches target groups IND3.4.3 Attitudinal and behaviour change among targeted stakeholders and beneficiaries		
A.3.5 [women's human rights] Recommendations and obligations on gender and GBV issued by human rights treaty bodies are monitored	IND 3.5.1 Monitoring of Gender Equality, Women Empowerment, and GBV recommendations and obligations increases amount of recommendations implemented ⁴⁸	AWPs, COARs, CEDAW national human rights monitoring framework; UNFPA CO staff, IPs, NGOs The Role of Parliamentarians in Ending Child Marriage: A Toolkit, the Girls Not Brides UNICEF Turkey Annual Report 2017 Inception Report of Child Early Forced Marriages	Document review Key informant interviews
EQ4 [PD results]: To what extent has UNFPA strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with SRHR⁴⁹? To what extent have national policies been strengthened⁵⁰? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness PD Azerbaijan</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.4.1 [data] UNFPA has built awareness and capacities for generating and analysing disaggregated population data and assessing demographic development linkages, and surveys and reports are being produced and disseminated	IND4.1.1 New age and sex-disaggregated indicators incorporated into the publicly-accessible national statistical databank to guide the development of policies on PD ⁵¹ IND4.1.2 Strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data, including thanks to UNFPA-supported advocacy events ⁵² IND4.1.3 Availability and accessibility of census data with advocacy and technical support from UNFPA, with particular focus on vulnerable populations IND4.1.4 Availability and accessibility of qualitative and quantitative reports and surveys on PD and its interlinkages with SRHR developed with advocacy or technical support	AWPs, COARs, surveys and reports on PD and interlinkages with SRHR, SSC database, UNFPA CO website; UNFPA CO staff, government partners, other stakeholders	Document review Key informant interviews Group discussions

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	from UNFPA, with particular focus on vulnerable populations ⁵³		
A.4.2 [policies] Political will and capacities have been built for evidencebased policy-making, and national policies and programmes that address PD and its interlinkages with SRHR are in place and being implemented	IND4.2.1 Advocacy events for informed policy making on PD and its interlinkages with SRHR IND4.2.2 Improved capacities for evidence-based policy making on PD and its interlinkages with SRHR IND4.2.3 Development, endorsement and use of national policies and programmes addressing PD and its interlinkages with SRHR ⁵⁴	AWPs, COARs, policy documents; UNFPA CO staff, government partners, youth	Document review Key informant interviews Group discussions
A.4.3 [harmful practices] Targeted stakeholders and beneficiaries are sensitised and enabled to prevent GBSS	IND4.3.1 UNFPA-supported awareness-raising and capacity-building for the purpose of preventing GBSS IND4.3.2 Contribution to attitudinal and behaviour change among targeted stakeholders and beneficiaries	AWPs, COARs, donor reports, UNFPA list of trainings, training reports, media articles; UNFPA CO staff, government partners, EU, the Netherlands, CSOs, FBOs, media, intended end beneficiaries	Document review Key informant interviews Group discussions
A.4.4. [Youth participation] Youth are provided with necessary knowledge and skills on the issues concerning their health, well-being and meaningful participation in decision-making on PD and its interlinkages with SRHR	IND4.4.1 UNFPA supported awareness-raising and capacity-building activities promote youth participation in decision-making on PD and its interlinkages with SRHR, with particular focus on vulnerable populations	AWPs, COARs, policy documents; UNFPA CO staff, UNICEF, government partners, youth	Document review Key informant interviews Group discussions
EQ4 [PD results]: To what extent has UNFPA strengthened the body of evidence for formulation of rights-based policies, including on ageing, through cutting-edge analysis of population dynamics and interlinkages with sustainable development⁶⁰? To what extent have national policies been strengthened⁶¹? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness PD Georgia</i>

^{60 48} CPD Turkey GEWE outcome 1 indicator 2: Proportion of actions taken on CEDAW recommendations on women's rights from the previous reporting cycle. Baseline: 0. Target: 50%. ⁴⁹ CPD Azerbaijan PD output 1.

⁵⁰ CPD Azerbaijan PD outcome 1.

⁵¹ CPD Azerbaijan PD output 3 indicator 2. Baseline: 257. Target 307 (2020).

⁵² CPD Azerbaijan PD output 3 indicator 3. Baseline: 100. Target: 200.

⁵³ CPD Azerbaijan PD output 3 indicator 1. Baseline: 17. Target: 27.

CPD Azerbaijan PD outcome 3 indicator 1. Baseline: 1. Target: 2.

CPD Georgia PD output 1.

⁶¹ CPD Georgia PD outcome 1.

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Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.4.1 [data] UNFPA has built awareness and capacities for generating and analysing disaggregated population data, assessing demographic development linkages, and surveys and reports are being produced and disseminated	IND 4.1.1 Existence of database with population-based data disaggregated by sex and age accessible by users through web-based platform that facilitates mapping of socio-economic and demographic inequalities ⁶² IND 4.1.2 Production of quality census in-depth reports	AWPs, web-site of National Statistics Office, UNFPA (Georgia) web-site (5 analytical papers based on census data) and additional visual materials based on the census data; UNFPA CO staff, government counterparts (including GeoStat), SIDA	Document review Key informant interviews
A.4.2 [policies] Political will and capacities have been built for evidencebased policy-making, and national policies and programmes that address PD and its interlinkages with SRHR are in place and being implemented	IND 4.2.1 Evidence that policy frameworks on PD and its interlinkages with GE and RR are developed with UNFPA-supported PD data and endorsed IND 4.2.2 Number of policies and plans that address PD by accounting for population trends and projections in setting development targets with UNFPA support ⁶³ IND 4.2.3 Contribution of UNFPA advocacy to policy implementation	Demographic security policy concept 2016, 5 Analytical papers based on census data, population re-projection report 2018, MICS, SIS annual reports, advocacy for active ageing -pilot project reports (Zugdidi, Tsnori), Ageing Action Plan 2017-2018, Ageing concept 2016; Regional development programme; UNFPA CO staff, government counterparts (including GeoStat), SIDA	Document review Key informant interviews
EQ4 [PD results]: To what extent has UNFPA increased the availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH and their linkages to poverty eradication and SD? To what extent have national policies been strengthened? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness PD Turkey</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.4.1 [data] UNFPA has built awareness and capacities for generating and analysing	IND 4.4.1. New reports on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights and gender	AWPs, IP reports	Document review
disaggregated population data, forecasting population dynamics and assessing demographic development linkages, and surveys and reports are being produced and disseminated	prepared and disseminated ⁶⁴		Key informant interviews IP Hacettepe University Population Institute

⁶² CPD Georgia PD output 1 indicator 1. Baseline: No. Target: Yes.

⁶³ CPD Georgia PD outcome 1 indicator 1. Baseline: 0. Target: 2.

⁶⁴ CPD Turkey PD output 1 indicator 1. Baseline: 0. Target: 5.

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A.4.2 [policies] Political will and capacities have been built for evidencebased policy-making, and national policies and programmes that address PD and its interlinkages with SRHR are in place and being implemented	IND 4.2.1. An institutionalized population and development and evidence-based policymaking training programme for public institutions is in place ⁶⁵	Hacettepe University Training materials and evaluation forms; IPs progress reports	Document review Key informant interviews
EQ5 [sustainability of effects]: To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?			<i>Sustainability Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.5.1 UNFPA-supported activities and services are nationally-owned and financially viable	IND 5.1.1 Continuation (likely continuation) of policy support for UNFPA-supported activities and services (policy-level sustainability)	Azerbaijan: Relevant policy documents; budgets; UNFPA staff, IPs, service deliverers, government partners, CSOs, FBOs, NGOs, donors	Document review Key informant interviews Focus group discussions
	IND 5.1.2 Institutionalisation and embedding of UNFPA-supported activities and services in national/local structures (institutional sustainability)	Georgia: Relevant policy documents; budgets, MTEF, laws, relevant resolutions, MoUs, SOPs, MoH documents, PDO reports and action plans, secondary schools, perinatal regionalization initiative (MoH), G&P (SRH); UNFPA staff, IPs, service deliverers, government partners, CSOs, FBOs, NGOs, donors	
	IND 5.1.3 Availability (likely availability) of funds for continuing activities and services once UNFPA support comes to an end (financial sustainability)	Turkey: Relevant policy documents; budgets; UNFPA staff, IPs, service deliverers, government partners, CSOs, FBOs, NGOs, donors; Interviews with IPs, Service providers, Government Partners, UNFPA staff; Annual Work Plan; SIS Strategic Information System; SOP Standard Operation Procedures; 2018 UNFPA Strategic Plan; 5th Country Programme (linkages between); Donors' Funds Table (Chart); RH: Community Health Services Department	

⁶⁵ CPD Turkey PD output 1 indicator 2: Baseline: No. Target: Yes.

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		MoH Inservice training curriculum; Gender: Police & Gendarmeries, Sabancı, TÜSIAD, MoFSP, Diyanet (ToT Assessment Report prepared by independent evaluators)	
EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?			<i>Efficiency Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.6.1 UNFPA resources were adequately converted into activities and outputs	IND 6.1.1 Disposal of financial resources to the level foreseen and in a timely manner for UNFPA country office and Implementing Partners	Azerbaijan: Resource Mobilization Strategy, Atlas reports, SIS, GPS, MoUs, project contracts/agreements, UNFPA organogram; UNFPA staff, including finance and admin officers, donors	Document review Key information interviews
	IND 6.1.2 UNFPA success in mobilising resources for implementing the country programme	Georgia: Resource Mobilization Strategy, Atlas reports, FACE reports, SIS, GPS, MoUs, UNFPA relevant budget documents, Financial reports from the system contracts/agreements, UNFPA organogram, collaboration documents with partners, donor Reports; UNFPA staff, including finance and admin officers, IPs, UN agencies, donors	
	IND 6.1.3 Delivery of AWP in a timely manner	Turkey: Resource Mobilization Strategy, Atlas reports, FACE reports, SIS, GPS, MoUs, project contracts/agreements, UNFPA organogram; UNFPA staff, including finance and admin officers, IPs, UN agencies, donors, Implementing Partners + Grantees; UNFPA Programme Budget; Resource Mobilisation Action Plan, Atlas, Quarterly Report, face Reports GE- RH: Donors' Project Contracts & Agreements & MoUs; AWP Annual Workplan Outputs; SIS Strategic	
	IND 6.1.4 RR (core) and OR (non-core) implementation rates over time	Information System; UNFPA Country Organigram; AWP – SIS; AWP – SIS (from Atlas)	
	IND 6.1.5 Level of financial resources used compared to value of achieved outputs/outcomes		
	IND 6.1.6 Appropriateness of the UNFPA country office structure and access to human/technical for regular programming and, where applicable, humanitarian response		

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A.6.2: UNFPA has used an appropriate combination of tools and approaches for smooth programme delivery	IND 6.2.1 Appropriateness of chosen use of DEX modality for regular programming and, where applicable, humanitarian response	Azerbaijan: MPAs, financial audit reports, monitoring instruments, micro-assessment reports for IPs; UNFPA staff, including finance and admin officers, UNFPA M&E focal point/officer, UNFPA humanitarian focal point/officer	Document review Key information interviews
	IND 6.2.2 Appropriateness of UNFPA administrative and financial procedures for regular programming and, where applicable, humanitarian response	Georgia: MPAs, and its preparedness action plan, financial audit reports, monitoring instruments, microassessment reports for IPs financial reports from the system; UNFPA staff, including finance and admin officers, UNFPA M&E focal point/officer, UNFPA humanitarian focal point/officer, IPs	
	IND 6.2.3 Existence of a monitoring system, including monitoring instruments, which serves the purpose of decision-taking, accountability and transparency	Turkey: MPAs, financial audit reports, monitoring instruments, micro-assessment reports for IPs; UNFPA staff, including finance and admin officers, UNFPA M&E focal point/officer, UNFPA humanitarian focal point/officer, IPs; Organigram; Independent Capacity Assessment Reports conducted in advance) –Micro	
	IND 6.2.4 Availability of an up-to-date UNFPA CO humanitarian preparedness plan and/or emergency preparedness measures in line with UNFPA Minimum Preparedness Actions (MPAs)	Assessments of IPs; Interview Results; Interview Results (Interview with M&E team Activity Info - Monitoring Reports); Monitoring tools, quarterly reports etc.	
EQ7 [UNCT coordination]: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?			<i>Coordination Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.7.1 [coordination mechanisms and joint programmes/initiatives]: The UNFPA country office is an active member of UNCT coordination mechanisms and has initiated and/or actively contributed to joint programmes and initiatives	IND7.1.1 UNFPA leadership and active participation in UNCT coordination mechanisms in UNFPA priority areas IND7.1.2 UNFPA leadership and active participation in joint programmes/initiatives in UNFPA priority areas	Azerbaijan: UNDAF annual plans and reports, UNCT meeting minutes, UNCT retreat reports, RC reports, joint action plan/programme documents, results/thematic group annual work plans and reports; UNFPA staff, members/lead agencies of relevant results/thematic groups, co-implementing partners	Document review Key information interviews

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	IND 7.1.3 Satisfaction with UNFPA leadership and membership	Georgia: UNDAF annual plans and reports, UNCT meeting minutes, UNCT retreat reports, RC reports, joint action plan/programme documents, results/thematic group annual work plans and reports; UNFPA staff, members/lead agencies of relevant results/thematic groups, co-implementing partners	
		Turkey: UNDAF annual plans and reports, UNCT meeting minutes, UNCT retreat reports, RC reports, joint action plan/programme documents, results/thematic group annual work plans and reports; UNFPA staff, members/lead agencies of relevant results/thematic groups, co-implementing partners; Interview with Country Representative) – UNDCS (Separate section); Joint Work Plan, Joint Work Plan Reports; Interview with Head of Results Group (Resident Coordinator, UN Women, Unicef, SDG Result Group)	
EQ8 [UNFPA added value]: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?			<i>Added value Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.8.1 [added value in development cooperation]: UNFPA has added benefits to its partners development programming, including emergency preparedness	IND8.1.1 UNFPA's comparative strengths in its regular programming as perceived by international and national counterparts (governmental and non-governmental) IND8.1.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership	Azerbaijan: UNFPA staff, government partners, NGOs, donors	Document review Key information interviews
		Georgia: UNFPA staff, government partners, NGOs, donors	
		Turkey: UNFPA staff, government partners, NGOs, donors, IPs	
A.8.2 [added value in humanitarian response]: Where applicable, UNFPA has added benefits to its partners' humanitarian response	IND8.2.1 UNFPA's comparative strengths in humanitarian response as perceived by international and national counterparts (governmental and non-governmental) IND8.2.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership	Turkey: UNFPA staff, government partners, NGOs, donors, IPs, beneficiaries	Document review Key information interviews