

Country Programme Evaluation

4th UNPFA Country Programme for Uzbekistan 2016-20

Period covered: January 2016 to September 2019

Final Evaluation Report

March 13th 2020

Map of the Republic of Uzbekistan

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Source: UNECE Statistical Database (retrieved September 24th 2019)

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Abbreviations and acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEMD	Confidential Enquiry into Maternal Death
CEmOC	Comprehensive emergency obstetric care
COAR	UNFPA Country Office Annual Report
CPD	UNFPA country programme document
CSE	Comprehensive sexuality education
DEX	Direct execution
EmOC	Emergency obstetric care
ERG	Evaluation Reference Group
EQ	Evaluation question
GBV	Gender-based violence
GEWE	Gender equality and women's empowerment
GII	Gender Inequality Index
GNI	Gross national income
HDI	Human Development Index
HPV	Human papillomavirus
ICPD	International Conference on Population and Development
IEC	Information, education and communication
M&E	Monitoring and evaluation
MSR	Multi-stakeholder response
NEX	National execution
NGO	Non-governmental organisation
NMCR	Near-Miss Case Review
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

SOPs	Standard operating procedures
SP	UNFPA Strategic Plan
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNDAF	United Nations Development Assistance Framework
UNCT	United Nations country team
UNFPA	United Nation Population Fund
UPR	Universal Periodic Review

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Key facts: Republic of Uzbekistan

Indicators	Facts	Source
Land		
Geographical location	The Republic of Uzbekistan is located between the rivers Amudarya and Syrdarya. The length of the territory from West to East is 1,425 km and from North to South 930 km. The highest point is Khazret Sultan mountain which is part of the Gissar range. The lowest point of elevation is located in the Sariqamish Kuli Lake at a negative altitude of 16.5 metres below sea level	State Committee of the Republic of Uzbekistan on Statistics Uzbekistan in Numbers 2017. Tashkent: Information Management Department
Land area	448,97 square kilometres	State Committee of the Republic of Uzbekistan on Statistics Uzbekistan in Numbers 2017. Tashkent: Information Management Department
Terrain	Uzbekistan shares borders with Kazakhstan in the north and northeast, with Kyrgyzstan and Tajikistan in the east and southeast, with Turkmenistan in the west, and Afghanistan in the south	State Committee of the Republic of Uzbekistan on Statistics Uzbekistan in Numbers 2017. Tashkent: Information Management Department
People		
Population, including Republic of Karakalpakstan (m/f)	33,255,500 (01.01.2019) Male: 16,710,600 Female: 16,544,900	UzStat https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6383-demography
Annual population growth rate	1.70% (2018)	The World Bank https://data.worldbank.org/indicator/SP.POP.GROW?view=chart
Adolescents (10-19)	5,402,904 (2019) 16.5% of total population	UzStat https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6383-demography
Youth (15-24)	5,690,986 (01.01.2019) 17.4% of total population	UzStat https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6383-demography
Elderly population (65 and above)	1,524,493 (01.01.2019) 4.6% of total population	UzStat https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6383-demography
Life expectancy at birth (m/f)	74.6 years (2018) 73.7 years (2017) Male: 71.3 Female: 76.1	UzStat https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6383-demography
Urban/rural population	Urban: 16,806,700 (01.01.2019) 50.5% of total population Rural: 16,448,800 (2019) 49.4% of total population	UzStat https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6383-demography
Government		
Type	Presidential constitutional republic	https://www.worldatlas.com/articles/what-type-of-government-does-uzbekistan-have.html
Proportion of seats held by women in national parliaments	16% (2018)	The World Bank, https://data.worldbank.org/indicator/SG.GEN.PARL.ZS
Economy		

Income level	Lower middle-income	The World Bank, https://data.worldbank.org/country/uzbekistan
GDP per capita USD	1,529	The World Bank, https://www.worldbank.org/en/country/uzbekistan/overview
Annual growth rate of real GDP per capita	3,6% (2018)	State Committee of the Republic of Uzbekistan on Statistics, Socio-economic situation of the Republic of Uzbekistan (January-December 2018), Tashkent 2019
Main industries	Manufacture of food products, transport equipment, pharmaceutical products and preparations, wearing apparel, beverage products, leather and related products, chemical products, tobacco products	UzStat, https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6379-industry
Social Indicators		
Human Development Index (HDI)	0.710 (2018) Rank 105	UNDP, http://hdr.undp.org/en/countries/profiles/UZB
Gender Inequality Index (GII)	0.274 (2017) Rank 59	UNDP, http://hdr.undp.org/en/composite/GII
Unemployment rate by sex and age	9.3% (2018) Male: n/a Female: n/a Different age groups: n/a	UzStat, https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6384-labor-market
Proportion of youth (aged 15–24) not in education, employment or training	14.6% (2017)	ILO (2018a). ILOSTAT database, www.ilo.org/ilostat
Health expenditure (% of GDP)	6.34% (2016)	The World Bank, https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS
Antenatal care coverage (at least 4 visits)	99.0% (2006)	https://mics-surveys-prod.s3.amazonaws.com/MICS3/Europe%20and%20Central%20Asia/Uzbekistan/2006/Final/Uzbekistan%202006%20MICS_English.pdf
Under-5 mortality rate	13.1 per 1,000 live births (2018)	UzStat, https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6386-social-protection1
Total fertility rate	2.4 (2017)	World Bank, https://data.worldbank.org/indicator/sp.dyn.tfrt.in
Contraceptive prevalence rate, women aged 15-49 (all methods)	68% (2019)	UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf
Contraceptive prevalence rate, women aged 15-49 (modern methods)	64% (2019)	UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf
Unmet need for family planning (all methods), women aged 15-49	9% (2019)	UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf

Proportion of demand satisfied, women aged 15-49	88% (2019)	UNFPA, https://www.unfpa.org/sites/default/files/publications/UNFPA_PUB_2019_EN_State_of_World_Population.pdf
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Adult aged 15 to 49 HIV prevalence rate	0.2% (2018) Male: 0.3% (2018) Female: 0.1% (2018)	UNAIDS Country Factsheet, https://www.unaids.org/en/regionscountries/countries/uzbekistan
HIV prevalence among sex workers	3.2% (2018)	UNAIDS Country Factsheet, https://www.unaids.org/en/regionscountries/countries/uzbekistan
HIV prevalence among men who have sex with men	3.7% (2018)	UNAIDS Country Factsheet, https://www.unaids.org/en/regionscountries/countries/uzbekistan
Comprehensive knowledge about HIV prevention among youth (m/f) age 15-24	Male 15-19: 89.4% (2002) Male 20-24: 93% (2002) Female 15-19: 84.4% (2002) Female 20-24: 88.7% (2002)	Ministry of Health et al. (2004), Uzbekistan Health Examination Survey 2002, https://www.dhsprogram.com/pubs/pdf/FR143/FR143.pdf
Adult literacy (% aged 15-49)	99.99% (2018)	UzStat, https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6385-living-standards1
Primary gross enrolment ratio (m/f per 100)	103% (2017)	The World Bank, https://data.worldbank.org/indicator/SE.PRM.ENRR
Total net enrolment ratio in primary education	96% (2017)	The World Bank, https://data.worldbank.org/indicator/SE.PRM.NENR
School drop-out rate (% of school-age children who were enrolled, but do not complete secondary schools)	6.27% (2017)	UNESCO, http://data.uis.unesco.org/index.aspx?quervid=123

UNFPA-relevant SDGs	Indicators	Data	Source
Goal 1. End poverty in all its forms everywhere	1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (Tier 2 SDG indicator ¹)	14.8% (2018)	UzStat, https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6385-living-standards1
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio (deaths per 100,000 live births) (Tier 1 SDG indicator ²)	20,2 (2018)	UzStat, https://stat.uz/en/181-ofytsyalnaia-statystyka-en/6386-social-protection1
	3.1.2 Proportion of births attended by skilled health personnel (Tier 1 SDG indicator ³)	100% (2015)	The World Bank, https://data.worldbank.org/indicator/SH.STA.BRTC.ZS
	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Adults and children: 5,400 (2018)	UNAIDS Country Factsheet, https://www.unaids.org/en/regionscountries/countries/uzbekistan

¹ Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

² UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared indicator.

³ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

	(Tier 1 SDG indicator ⁴)	Adults aged 15 and over: 4,400 (2018) Women aged 15 and over: 1,300 (2018) Men aged 15 and over: 3,100 (2018)	
	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods (Tier 1 SDG indicator ⁵)	84 (2019)	UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf
	3.7.2 Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group (Tier 1 SDG indicator ⁶)	11.3 (2018) ⁷	Ministry of Health unpublished data
	3.8.1 Coverage of essential health services (Tier 1 SDG indicator ⁸)	72% (2016)	WHO Global Health Observatory Data Repository, https://apps.who.int/gho/data/view.main.INDEXOFESSENTIALSERVICECOV%20ERAGEv
Goal 5. Achieve gender equality and empower all women and girls	5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (Tier 2 SDG indicator ⁹)	n/a	
	5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence (Tier 2 SDG indicator ¹⁰)	n/a	
	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	7% before age 18 (2006–2017) ¹²	UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf

⁴ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

⁵ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

⁶ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

⁷ 30 (2006–17) according to UNFPA. Source: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf.

⁸ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

⁹ **UNFPA: Possible Custodian Agency.** Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

¹⁰ **UNFPA: Possible Custodian Agency.** Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

¹² There are no data for girls aged 15. The 2020 MICS survey should provide new data. The proportion of marriages (out of total marriages) of brides under 18 was 1.44% in 2017 according to official statistics.

	(Tier 1 SDG indicator ¹¹)		
	5.6.1 Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (Tier 2 SDG indicator ¹³)	n/a	
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1.3 Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months (Tier 2 SDG indicator ¹⁴)	n/a	
	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (Tier 1 SDG indicator ¹⁵)	100% (2006-2017)	United Nations Statistics Division (2018a), Global SDG Indicators Database, https://unstats.un.org/sdgs/indicators/database/
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics (Tier 3 SDG indicator ¹⁶)	n/a	
	17.19.2 Proportion of countries that have (a) have conducted at least one population and housing census in the last ten years; ... (Tier 1 SDG indicator ¹⁷)	No	

Numbers in brackets denote reference period.

¹¹ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

¹³ UNFPA: **Possible Custodian Agency**. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

¹⁴ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019.

¹⁵ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019.

¹⁶ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019. UNDP, UNFPA, UNICEF and UN Women common chapter shared SDG indicator.

¹⁷ UNFPA: Partner Agency. Source: Tier Classification for Global SDG Indicators, 26 September 2019.

Structure of the country evaluation report

This evaluation report consists of 6 chapters. Chapter 1. Introduction presents the purpose, objectives, scope and methodology of the country programme evaluation; it provides an overview of the evaluation process. Chapter 2. Country Context discusses development challenges, the national policy framework, and the role of external assistance in Uzbekistan. Chapter 3. UNFPA Response presents the UN country team and UNFPA strategic response to development challenges and provides an overview of the UNFPA country programme 2016-21. Chapter 4. Findings discusses evidence and findings related to six evaluation criteria: relevance, effectiveness, sustainability, efficiency, UNCT coordination and added value. Chapter 5. Conclusions presents strategic-level and programmatic-level inferences based on the findings. Chapter 6. Recommendations presents the evaluation team's recommendations. Six annexes round off the report.

Executive summary

Purpose and objectives of the country programme evaluation

As the 4th country programme cycle approaches its completion, UNFPA Uzbekistan commissioned an independent evaluation in accordance with the UNFPA Evaluation Policy to demonstrate accountability, support decision-making, and contribute lessons learned to existing knowledge. The primary intended users are decision-makers within UNFPA and the UNFPA Executive Board, as well as government counterparts, donors and interested partners. The evaluation covers activities between 2016 and September 2019 and the cross-cutting areas resource mobilisation and communication. It aims to

- > provide an assessment of the compliance of the country programme with relevant corporate, national and international frameworks
- > 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
- > provide an assessment of UNFPA's positioning within the UN country teams and the development/humanitarian community within the cluster
- > analyse facilitating and constraining factors influencing programme delivery
- > provide a set of clear, specific and action-oriented forward-looking recommendations for the next programming cycle in light of UNFPA's strategic goal

Brief outline of the 4th UNFPA country programme for Uzbekistan 2016-20

The 4th UNFPA country programme for Uzbekistan 2016-20 was developed under the UNFPA Strategic Plan 2014-17 with planned contributions to all four strategic plan outcomes - sexual and reproductive health, adolescents and youth, gender equality and women's empowerment, and population dynamics. No changes were made to the country programme outcomes, outputs and indicators/targets on approval of the UNFPA Strategic Plan 2018-21.

According to the UNFPA business model, Uzbekistan belongs to the pink country quadrant where countries are considered to have low need and a high ability to finance their own programmes. In terms of modes of engagement, UNFPA country offices, under the current strategic plan, should engage in building capacities to create an enabling environment, in partnerships and coordination, in advocacy and policy dialogue, and in knowledge management. UNFPA's financial commitment for 2016-20 was approved at \$5.3m from Regular Resources and \$1.0m in Other Resources.

UNFPA is one of 11 United Nations funds, programmes and specialised agencies in Uzbekistan. The UNFPA country programme was designed to contribute to the health, education, social protection, governance and livelihoods priority areas of the United Nations Development Assistance Framework 2016-20, and through the UNDAF to select national priorities and SDGs. In particular, UNFPA is committed to supporting the implementation of the national SDGs and the Development Action Strategy 2017-21 through the "Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20".

Evaluation methodology

This evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. Data collection and analysis of the programmatic areas was conducted along the evaluation criteria relevance, efficiency, effectiveness and sustainability. The two criteria applied to UNFPA's strategic positioning are coordination with the UN country team and the added value of UNFPA. The

nine evaluation questions and associated assumptions and indicators were consulted with the UNFPA country office. So were data collection methods¹⁸ and sources and site sampling - i.e., Tashkent City, the Republic of Karakalpakstan and five out of 12 regions (Bukhara, Kashkadarya, Khorezm, Ferghana and Samarkand). A total of 178 stakeholders¹⁹ (of which 67 male and 111 female) were interviewed and 13 beneficiary focus groups were held. No major limitations were encountered.

Findings: Relevance

The UNFPA country programme has covered more strategic plan outputs than actually reported. It is a good reflection of UNFPA's transformative goals on maternal health, family planning and GBV. Ending child marriage has not been given priority attention. The modes of engagement are not quite in line with the UNFPA business model. Especially the direct delivery of numerous and repeated training and procurement does not correspond to the concept of "delivering thinking". Work plans have been formulated and implemented in close collaboration with relevant government entities. Lines of intervention are strongly aligned with the "Action-oriented Roadmap". Exceptions pertain to youth empowerment and participation and support for a national policy on people with disabilities where the country office has not responded to national priorities.

Interventions are embedded in CEDAW and have been guided by women's rights. The country office has targeted women at risk of GBV and GBV survivors, and to some extent women living with disabilities. Peer education has aimed to empower girls and disadvantaged youth. However, overall, UNFPA has not prioritised leaving no one behind. Although committed to do so, country programme implementation has not emphasised rural areas and serving rural people, apart from a focus on the Aral Sea region. Planned interventions to promote the rights of and improve access to HIV prevention and response for key populations have not materialised.

Findings: Effectiveness and sustainability

UNFPA has been instrumental in supporting important SRH-related legislation and by-laws, including a RH law. However, no progress was made towards the CPD target "national integrated and fully costed sexual and reproductive health programme developed". The UNFPA country office also provided considerable support for strengthening the regulatory system. Eleven new guidelines, protocols and standards are in place. Compared to its commitments, UNFPA did not generate much new evidence on SRH needs. The Health Management Information System, to which UNFPA contributed technical advice and capacity development, is not yet functional. UNFPA has put a lot of effort into improving perinatal services, which resulted in the mandatory training of undergraduate midwives on comprehensive emergency obstetric care and a Ministry of Health order to regionalise perinatal services. Near-Miss Case Review and Confidential Enquiry into Maternal Death are being introduced, but benefits appear to have been offset by an order that obligates the prosecutor's office to be informed about every case of maternal death. UNFPA has contributed to improved control of contraception stocks, which, however, did not automatically result in less stock-outs. Indeed, temporary shortages were faced in 2018. It is doubtful that capacity building for Karakalpakstan health providers on postpartum haemorrhage control, the integrated supported supervisory system for maternal and child health services, and quality family planning and antenatal care services has made a significant difference. UNFPA support for national emergency preparedness has been limited to providing MISP training. Neither had MISP been

¹⁸ Document review, direct observation, informal and semi-structured face-to-face interviews and focus group discussions.

¹⁹ Double-or multiple counting not excluded for informants for more than one programmatic area.

integrated in the Ministry of Health order on emergency situations nor had MISP training been institutionalised.

New data and evidence on the SRH situation of adolescents and youth are not yet available. Because of reforms to the health system, neither is a national policy that allows young people access to SRH services, regardless of their marital status. But a national strategy on adolescent health is expected for 2020-21. With the support of UNFPA, the Government of Uzbekistan has begun to introduce healthy lifestyle education that is guided by international standards and good practices. Lyceum and vocational college students were receiving healthy lifestyle education from teachers trained and equipped with methodological materials. Further, a school-based pilot project on peer-to-peer education was initiated, which targets 10th-grade girls in three districts of Djizzak region. The effectiveness of UNFPA-supported peer education for most-at-risk young people under the patronage of SOS Youth Centres was limited. Thanks to UNFPA, the Uzbek health system has access to SRH IEC materials for adolescents and youth. Besides adopting guidance on youth-friendly SRH services compatible with international standards, no great steps have been made in institutionalising youth-friendly SRH services.

UNFPA has contributed to the creation of a national legal framework for improving women's status. In 2019, the President of Uzbekistan signed two laws on gender equality and violence against women. UNFPA - in its capacity as chair of the Gender Theme Group - was coordinating the drafting of an implementation strategy. UNFPA also supported the Women's Committee to coordinate and monitor the implementation of the Concluding Observations on the Fifth Periodic Report of Uzbekistan to CEDAW of 2015. At the time of drafting this evaluation report, the anticipated system for tracking and reporting on international human rights commitments and recommendations on reproductive rights did not exist. During 2016-19, UNFPA did not conduct or support any significant data gathering or research in support of achieving gender equality and responding to GBV. No unified data collection system existed and national data on GBV prevalence were not available.

A new hotline service run by the Women's Committee is available for women at risk and survivors of GBV, and was being used. SOPs should help to improve suboptimal quality. Health system capacities to respond to GBV have not been significantly increased. The formalisation of a multi-stakeholder response to GBV is at an early stage. Despite a commitment made, the country office has not engaged in GBV in emergencies. Trained mahalla representatives were using new knowledge on GBV prevention and response, but have not been included in the multi-stakeholder GBV response.

UNFPA is helping to close the population data gap. It has supported the government to conduct population projections and regional analyses and to localise the SDGs. UNFPA has thrown its weight behind the population and housing census planned for 2022, which has been recognised as a central opportunity to generate new evidence. A web-portal database was launched covering the Aral Sea region, but appeared underused.

Longer-term sustainability is highly probable thanks to strong government ownership, new UNFPA-supported legislation and regulatory systems, and where training curricula have been institutionalised and national instructors trained. Interviewed trainees generally confirmed the use of knowledge and skills acquired. In the event that UNFPA were to withdraw support, the continuation of training activities directly organised by the country office is questionable.

Findings: Efficiency

The UNFPA country programme has not disposed of financial resources to the level foreseen, which affected all country programme components and especially PD and A&Y. The UNFPA country office does

not have a resource mobilisation strategy. Fundraising locally has generally been difficult because of limited donor presence. A comparatively large amount of funds, including Other Resources, have been raised for Karakalpakstan. The composition of the UNFPA country office is for the most part new. The only few UNFPA staff members are appreciated for their dedication and professionalism. Given a packed and fast-moving agenda and multiple responsibilities, they are stretched thin. The UNFPA country office has almost completely directly executed country programme activities, but is preparing the ground for more national execution (NEX). Overall, monitoring is adequate. The UNFPA Strategic Information System ensures internal accountability, but reporting could be biased towards positive accomplishments, and fails to track progress towards CPD outputs and outcomes against the associated indicators. Since NEX is not applied, third party inputs into monitoring and learning are less.

Findings: UNCT coordination and UNFPA added value

UNFPA is keen to collaborate with its sister UN agencies. The small UNFPA country office participates in nearly all UNCT coordination mechanisms. It leads the Gender Theme Group and co-chairs the UNCT Youth Task Force. The country office's leadership and participation are generally appreciated, and are helping to realise a better division of labour and identify scope for collaboration.

UNFPA's added value in Uzbekistan lies in the areas of reproductive health, GBV and CEDAW, and its support for policy implementation. It appears to be the only international organisation supporting the national GBV response. National partners especially appreciated UNFPA's global and regional experience and access to international state-of-the-art technical expertise, for adaptation to the country context. Its mandate to support population censuses is a comparative strength looking ahead.

Conclusions and recommendations

1. UNFPA's support for the population and housing census in 2022 is very strategic because census data is critical to mapping demographic disparities and socio-economic inequalities and to national and sub-national development planning and tracking progress towards the SDGs. The evaluation team recommends that adequate technical and financial resources be dedicated for supporting and advising the Government of Uzbekistan on implementing the population and housing census 2022 in a timely and rigorous manner.
2. UNFPA's targeted focus on disadvantaged rural areas and the particular needs of rural people has been limited to the Republic of Karakalpakstan for the Aral Sea region, thanks to earmarked donor money and in line with government policy and priorities. The evaluation team recommends that stakeholders capitalise on UNFPA's dedicated engagement in Karakalpakstan to enhance public services for the benefit of and empower people in other rural areas of Uzbekistan.
3. UNFPA has not systematically engaged in empowering young people who comprise a large proportion of the population, and particularly vulnerable adolescents and youth, to participate in policy-making and sustainable development. The evaluation team recommends that UNFPA step up its support for young people to participate in sustainable development and to exercise leadership.
4. Having a full-time UNFPA advocacy and communications programme associate is a very good investment for taking care of demand-side activities that engage civil society, but a communications strategy is missing. The evaluation team recommends that an outcome-focused communications strategy for development be formulated to support CPD outcomes 2021-25.
5. The current programming environment seems more conducive to expanding national execution (NEX) provided the necessary national systems, procedures and capacities are in place. The

evaluation team recommends that UNFPA revisit implementation modalities to allow for increased government and NGO national execution of the country programme 2021-25.

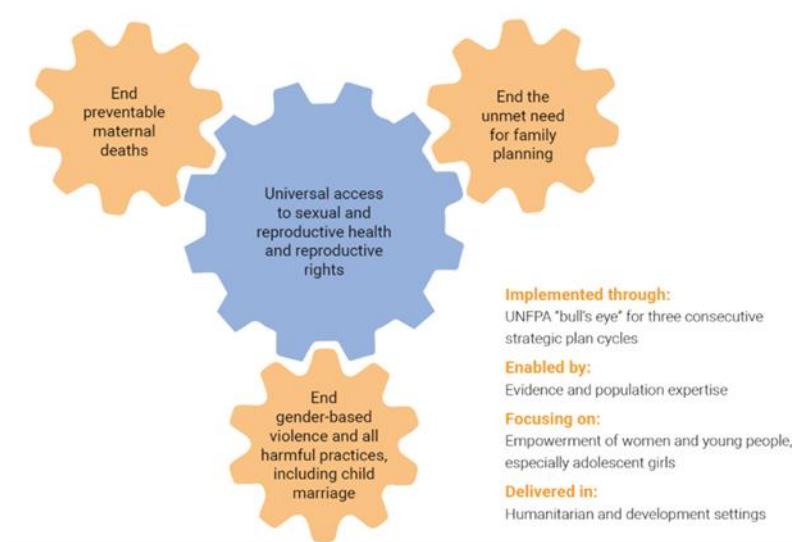
6. Current UNFPA efforts to increase demand for contraception will not suffice to satisfy women's need for effective family planning. The evaluation team recommends that a strategy for accelerating UNFPA support for ending unmet need for family planning in Uzbekistan be elaborated.
7. UNFPA has contributed to important developments in the area of violence against women, but missing data will significantly affect effectiveness and impact. The evaluation team recommends that, as co-custodian agency for SDG indicators 5.2.1 and 5.2.2 on violence against women, UNFPA continue to advocate for and support survey and administrative data on GBV.
8. The government's commitment to eliminate child marriages and the recent legal provisions are a very good basis for achieving UNFPA's transformative goal if tightly controlled and well communicated and monitored. The evaluation team recommends that all possible programmatic entry points be used to contribute to the elimination of child marriage and address early and forced marriages.
9. There has been momentum in providing access to quality information and knowledge on healthy lifestyles for youth in the public education system. On the contrary, youth-friendly SRH services are hardly available. The evaluation team recommends greater efforts to make youth-friendly SRH services routinely available and accessible, including in rural and remote areas.
10. UNFPA committed to, but has not addressed the SRH rights and needs of sex workers and men who have sex with men. The evaluation team recommends that UNFPA seize new entry points and emerging new partners for addressing the SRH needs of HIV key populations.
11. UNFPA has spent too much time and effort organising training for service providers on behalf of Uzbek government ministries. The evaluation team recommends that all UNFPA training activities have clear hand-over strategies.

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 for 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: UNFPA's transformative goals



Source: UNFPA Strategic Plan 2018-21

1.1 Purpose and objectives of the evaluation

Purpose

The UNFPA country office in Uzbekistan is implementing its 4th country programme for 2016-20. As the programme cycle approaches its completion, the country office, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and the UNFPA Evaluation Office, has commissioned an independent evaluation in accordance with the UNFPA Evaluation Policy. Evaluation at UNFPA serves three main purposes that support the organisation's drive to achieve results²⁰:

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

²⁰ Source: Handbook How to Design and Conduct Country Programme Evaluation at UNFPA. Revised and updated edition, February 2019, p.19.

- > contribute important lessons learned to existing knowledge

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

Objectives

The overall objectives of the evaluation are: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme; and (ii) a broadened evidence-base for the design of the next programme cycle. The specific objectives are to

- > provide an assessment of the compliance of the country programme with relevant corporate, national and international frameworks
- > 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
- > provide an assessment of UNFPA's positioning within the UN country teams and the development/humanitarian community
- > analyse facilitating and constraining factors influencing programme delivery
- > 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 goal

1.2 Scope of the evaluation

This evaluation covers UNFPA's programmatic areas - i.e., SRH, adolescents and youth (A&Y), gender equality and women's empowerment (GEWE) and population dynamics (PD). It covers activities planned and/or implemented between 2016 and September 2019 at the national, regional and district levels. Cross-cutting areas include: partnerships, resource mobilisation and communication.²¹

1.3 Evaluation methodology

1.3.1 Data collection and analysis

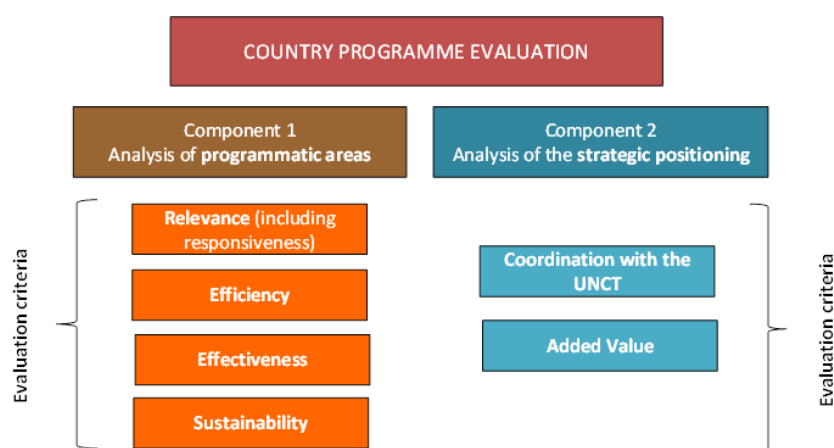
Evaluation components and questions

This evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. The UNFPA Country Programme Evaluation Handbook prescribes the set of evaluation criteria for each (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.²² The two criteria applied to data collection and the analysis of UNFPA's strategic positioning are coordination with the UN country team (UNCT) and the added value of UNFPA.

²¹ The CPD 2016-20 commits the UNFPA country office to develop resource mobilisation and communication strategies.

²² 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, p.293.

Figure 2: Country programme evaluation criteria



Source: UNFPA Country Programme Evaluation Handbook

The evaluation questions in Table 1 were consulted with the UNFPA country office. To facilitate data collection and analysis, and according to the UNFPA Country Programme Evaluation Handbook, an evaluation matrix was prepared (see Annex 1) that displays the core elements of the evaluation: (a) *what* will be evaluated (assumptions to be assessed and indicators for assessment); and (b) *how* to evaluate (data collection methods and information sources).

Table 1: Evaluation questions

Component 1: Programmatic areas
Relevance
EQ1: To what extent is UNFPA support in SRH, A&Y, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and the UNDAF 2016-20; (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of the population?
Effectiveness
EQ2: To what extent has the intended SRH country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?
EQ3: To what extent has the intended A&Y country programme output been achieved? To what degree has the expected outcome been achieved (or are they likely to be achieved) and what was UNFPA's contribution?
EQ4: To what extent has the intended GEWE country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?
EQ5: To what extent has the intended PD country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?
Sustainability
EQ6: To what extent has national ownership been promoted, have national capacities been built and national mechanisms established that will ensure/have ensured continuation of benefits after UNFPA funding is/was terminated and corresponding interventions closed?
Efficiency

EQ7: 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, A&Y, GEWE and PD?

Component 2: Strategic positioning

UNCT coordination

EQ8: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and joint programming?

UNFPA added value

EQ9: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?

Data collection

Country-level field work lasted approximately three weeks. The country evaluation adopted a participatory approach, which involved a range of partners and stakeholders. Data collection included quantitative and qualitative data collection methods. The evaluation applied a multiple-method approach to data collection, which included document review (see Annex 2), direct observation, informal and semi-structured face-to-face interviews and focus group discussions.

Interview and focus group guides were developed by the evaluation team. The evaluation matrix was used by the evaluators to consolidate assembled information. All interviewees were assured of confidentiality. The evaluation team closely adhered to the UNEG Ethical Guidelines for Evaluation²³ and the UN Code of Conduct for Evaluations in the UN System.²⁴ Photographs included in this report were taken with the consent of stakeholders and beneficiaries.

Data validation and analysis

Data analysis built on triangulating information obtained through different strands of data collection. The populated evaluation matrix was 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.

1.3.2 Site and stakeholder sampling

A stakeholder map was developed by the UNFPA country office at the request of the evaluation team, structured along the four country programme components/Atlas project IDs (see Annex 3). Programme partners were differentiated as follows: UNFPA, UN agencies, central- and sub-national-level government entities, representatives of the legislative branch, academia and research institutes, donors, international and national NGOs, and media outlets. Direct beneficiaries include civil servants, national NGOs, research institutions and universities, teachers and other service providers; end beneficiaries include communities, women, mothers and their newborns, and young people. The mapping, supplemented by an overview of training courses/sessions (see Annex 4), formed the basis for sampling stakeholders and beneficiaries to be met and programme sites to be visited during the in-

²³ <http://www.unevaluation.org/document/detail/102>.

²⁴ <http://www.unevaluation.org/document/detail/100>.

country data collection mission. According to the UNFPA Country Programme Evaluation Handbook, “the evaluators should not aim to obtain a statistically representative sample, but rather an illustrative sample”.²⁵ In other words, sampling was purposive and non-random.

Based on document review and consultations with the UNFPA country office, national-level stakeholders involved in the UNFPA country programme and other valuable sources of information were identified for interviews in **Tashkent City**. A very good coverage was achieved. In Tashkent City, the evaluation team met with all key partners from government, universities and research institutions, UN agencies, donor agencies and NGOs (see Annex 5).

In one way or another, during 2016-19, UNFPA engaged in most regions of Uzbekistan. National evaluators travelled to selected regions to consult regional departments, mahalla representatives, service providers, NGOs and end beneficiaries. Regions were selected based on the following criteria: good coverage of UNFPA country programme, similar interventions for the purpose of comparison, use of Other Resources and assessment of UNFPA contributions in the Aral Sea region. All in all, the national evaluators covered the Republic of Karakalpakstan and five of 12 regions.

Together with the UNFPA country office, the decision was taken to gather information on **SRH** country programme component implementation and results in the **Karakalpakstan as well as Khorezm and Ferghana regions**. The main reason leading to the decision to visit Karakalpakstan was to assess UNFPA’s support for health security in the Aral Sea region, which is a comparatively large part of the SRH country programme component, and which specifically targets vulnerable women. In Karakalpakstan, among other things, health care providers at primary health care (PHC) level were trained on quality family planning and antenatal care services, including training on Helping Mothers Survive and on the concept of integrated supportive supervisory system for mother and child health services; mahalla representatives were trained as outreach educators. Neighbouring Khorezm and Ferghana region in the East provided an opportunity to assess UNFPA work in the area of family planning/RHCS and maternal health. Among other things, in Khorezm, OB/GYNs and midwives were trained on Helping Mothers Survive and emergency obstetric care (EmOC); local health care managers and oblast reproductive health centre staff were trained on MISP. In Ferghana, the evaluation team had the opportunity to consult beneficiaries of “Helping Mothers Survive” training and to explore MISP implementation with local healthcare managers and reproductive health centre staff. Moreover, information was collected about UNFPA’s contribution to cervical cancer prevention. The **PD** national evaluator travelled to **Karakalpakstan as well as Khorezm and Bukhara regions** to assess UNFPA’s contribution to improving local data and evidence-based planning and policy-making including through the organisation of a round table and seminar with participants from the Ministry of Economy and regional departments of concerned ministries in 2017 as part of the joint programme funded by the UN Trust Fund for Human Security (UNTFHS). In Bukhara, information was also available regarding UNFPA support for surveys and research as well as population projections. The **GEWE** country programme component assessed in more in-depth in **the Kashkadarya and Samarkand regions** where UNFPA, among other things, was implementing a UK FCO-funded project to prevent domestic violence through the mahalla structure and establish a hotline to protect GBV survivors, as well as in **Tashkent City**. The GEWE national evaluator also covered the **A&Y** programme component and therefore, for the sake of convenience, also covered UNFPA’s contribution to improving the SRH of adolescents and youth, mainly through the education system, in the same locations. Regarding GBV and domestic violence, consultations were possible with trained mahalla representatives, local NGOs, and hotline operators and counsellors. Trained college

²⁵ UNFPA Evaluation Handbook, p62.

teachers on healthy lifestyle education and their students, trained representatives of reproductive health centres on YFHS, and beneficiaries of peer to peer education for most-at-risk young people were further sources of information.

Table 2 below shows the number of persons interviewed, disaggregated by stakeholder group, location and gender; in addition, the evaluators organised focus group discussions and met end beneficiaries on-site (see Table 3). A total of 178 stakeholders²⁶ (of which 67 male and 111 female) were interviewed and 13 beneficiary focus groups were held.

Table 2: # of persons interviewed

Stakeholder	Tashkent		Ferghana		Karakalpakstan		Bukhara		Samarkand		Khorezm		Kashkadarya		Total	
Gender	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
National stakeholders																
SRH	6	12	4	8	1	11	-	-	-	-	2	12	-	-	13	43
A&Y	12	8	-	-	-	-	-	-	7	9	-	-	3	3	22	20
GEWE	9	19	-	-	-	-	-	-	-	7	-	-	1	5	10	31
PD	4	4	-	-	5	1	3	2	-	-	3	1	-	-	15	8
International stakeholders																
Donors	0	3	-	-	-	-	-	-	-	-	-	-	-	-	0	3
UNCT	3	3	-	-	-	-	-	-	-	-	-	-	-	-	3	3
UNFPA	4	3	-	-	-	-	-	-	-	-	-	-	-	-	4	3
Total	38	52	4	8	6	12	3	2	7	16	5	13	4	8	67	111

Table 3: Consultations with direct and end beneficiaries

Direct beneficiaries			
Karakalpakstan	Mahalla specialists	F	SRH
Samarkand	Mahalla specialists	F	GEWE
	Teachers	M/F	A&Y
	Volunteers, district reproductive health centres	F	GEWE
Kashkadarya	Mahalla specialists	F	GEWE
	Teachers	M/F	A&Y
	Youth Union leader and volunteers	M/F	A&Y
End beneficiaries			
Tashkent City	Girls and young women in rehabilitation centre	F	GEWE
Karakalpakstan	Vulnerable households	M/F	SRH
Samarkand	Homeless mother	F	GEWE
	Students	M/F	A&Y
Kashkadarya	Students	M/F	A&Y
Ferghana	Mothers	F	SRH

²⁶ Double-or multiple counting not excluded for informants for more than one programmatic area.

1.3.3 Limitations

No major limitations were encountered. The evaluation team is grateful to national partners and other stakeholders, including senior-level representatives, for taking time to share information and views. Hardly any interviews were cancelled. To the extent necessary, the international consultant was supported by an interpreter. With some exceptions - e.g., in the area of communications and advocacy - sufficient information and data were available for assessing the performance of UNFPA. Meeting with end beneficiaries was limited because of time restrictions and sensitivities around the topics.

1.3.4 Evaluation team and management

The country programme evaluation was conducted by an independent evaluation team and managed by the UNFPA country office, represented by an evaluation manager. An Evaluation Reference Group was established. A successful evaluation process was ensured through the following structures:

- Evaluation team - a team of independent evaluators responsible for conducting the evaluation and preparing the evaluation report. The team consists of one international consultant and 3 national consultants.
- Evaluation manager - responsible for day-to-day management of the evaluation process and for quality assurance.
- Evaluation Reference Group - the ERG, which consisted of key programme stakeholders and the country office evaluation manager - provided inputs and comments on the draft final evaluation report.

1.4 Evaluation process

The evaluation was broken down into three phases. This final report follows the guidance provided by the UNFPA Country Programme Evaluation Handbook.

Phase	Timeline
Evaluation design phase	
Draft design report	August 29 th 2019
Final design report	September 11 th 2019
Field phase	
In-country data collection	September 16 th -October 3 rd
Debriefing UNFPA country office	October 11 th (planned October 7 th)
Reporting and dissemination phase	
Draft evaluation report	October 27 th 2019 (planned October 24 th)
Feedback from UNFPA country office	November 4 th 2019 (planned November 1 st)
Draft final evaluation report	November 10 th (planned November 8 th)
Translation of report and feedback from ERG	February 3 rd 2020 (planned November 22 nd 2019)
Final evaluation report	March 13 th 2020 (planned November 29 th 2019)

Chapter 2: Country context

2.1 Development challenges and priorities

Doubly-landlocked Uzbekistan borders all other Central Asian countries - i.e., Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan - as well as Afghanistan to the south. In terms of land area, it is the second-largest country in the region after Kazakhstan. Historically situated on the Silk Road, it is a diverse country, both in terrain and culturally. Predominantly Muslim, three-quarters of the population is Uzbek with many other ethnic and cultural and language groups, including Russian, Tajik, Kazak and Karakalpak. In 1991 the country declared independence from the Soviet Union. It is administratively divided into 12 regions, the Republic of Karakalpakstan and the capital city Tashkent.

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Including thanks to its diverse economy, Uzbekistan weathered the 2008 global economic crisis well. In 2010 the World Bank reclassified Uzbekistan from a low income to a **lower-middle income country**. However, real GDP growth dropped from over 7% annually between 2010 and 2015 to 5.4% in 2018, and it is expected to stay slightly above 5% in the near future.²⁷ According to the World Bank, GDP per capita (in current US\$) was \$1,529 (2018), compared to \$2,137 in 2012, as a result of devaluation of the official rate in September 2017. The country's Human Development Index (HDI) is 0.710 (2018), which puts it in 105th place and among those countries with **high human development**²⁸, compared to medium human development category in 2012.

Uzbekistan is exposed to **earthquakes**, drought, flooding, mudslides and landslides. Over 9% of its total land area is at risk from natural and man-made disaster, with nearly 66% of the population living in these areas and 65.5% of the national GDP earned in them. Among the natural hazards, earthquakes cause the largest losses. In the last century, five seismic events caused widespread damage and casualties. This includes a 1966 magnitude 5.0 earthquake which destroyed Tashkent, affected 100,000 people and resulted in \$300m in economic losses. Due to Uzbekistan's mountainous landscape and abundance of rivers, the population living in mountainous areas is also exposed to a high risk of landslides and mud flows, including triggered by earthquakes.²⁹ Nevertheless, in Uzbekistan, according to the INFORM index for risk management, the overall risk value is low (3.1).³⁰

The 2nd National Report on Millennium Development Goals in Uzbekistan³¹ recognised **progress towards most MDGs**. Amongst other things, Uzbekistan halved the poverty rate from 27.5% in 2001 to 13.7% in 2015. It achieved universal access to free and compulsory enrolment in primary and secondary education; enrolment in secondary specialised and professional education also increased from 31.2% in 2002 to 99.6% in 2013. Political activity of women increased significantly, including thanks to the introduction of a quota system. The maternal mortality ratio decreased by more than one third between 2001 (34.1 per 100,000 live births) and 2013 (20.0 per 100,000 live births). On the other hand, the report identified a continuing need to improve the quality of education, ensure gender parity in tertiary education and the labour market, further reduce infant and maternal mortality, and halt the spread of HIV through multi-sectoral and better-targeted measures. It also stressed the need to tackle regional disparities and reduce vulnerabilities among various groups of the population, including youth and people with disabilities. It recognised the need for strengthening the policy framework and national programmes based on improved and gender-disaggregated data collection and analysis.

²⁷ Source: IMF 2019. https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/UZB.

²⁸ Reference period: 2018. Source: <http://hdr.undp.org/en/countries>.

²⁹ <https://www.gfdr.org/en/uzbekistan>.

³⁰ <https://drmkc.jrc.ec.europa.eu/inform-index/Countries/Country-Profile-Map>.

³¹ Millennium Development Goals Report UZBEKISTAN 2015, Tashkent 2015.

Within this context, the environmental disaster surrounding the **Aral Sea** - situated between the Southern part of Kazakhstan and Northern Uzbekistan - continues to significantly affect peoples' livelihoods in the Republic of Karakalpakstan and neighbouring provinces. Once the fourth-largest inland lake in the world, it has turned to the world's newest desert with an area larger than Switzerland. The drying of the Aral Sea has set off large-scale human, environmental, socio-economic and demographic problems. Despite the government's efforts and the support of international partners, the economic, social, health indicators are worse than country averages and deteriorating as the crisis unfolds.

Following the death of the first president of Uzbekistan in 2016, Shavkat Mirziyoyev was elected president, winning 88.6% of the vote. **President Shavkat Mirziyoyev** is widely acknowledged to have improved relations with Uzbekistan's neighbours and - considering a variety of challenges - to be pushing an ambitious and multi-pronged reform agenda. In particular the **Development Action Strategy 2017-21** was adopted and is being implemented in five priority areas: 1. Improving the system of state and public construction; 2. Ensuring the rule of law and further reforming the judicial system; 3. Economic development and liberalisation; 4. Development of the social sphere; 5. Security, inter-ethnic harmony and religious tolerance, and implementation of balanced, mutually beneficial and constructive foreign policy.³² The scope and scale of new reforms are comprehensive, spanning economic, judicial and public administration reform, human rights, anti-corruption and transparency, labour and agriculture reform, migration, relations with neighbouring countries, health and education reforms, tourism and culture promotion. The reforms revealed great need for data, human and financial resources and skills and capacities to carry them forward. They reinvigorated opportunities for UNFPA to advocate for and provide support in its mandate areas.

With 33.3m inhabitants in the beginning of 2019, **Uzbekistan is the most populous country in Central Asia**. It has a total fertility rate of 2.4 (2017) and a growing population. Since the previous UNFPA country programme, its population has grown by over 2m. By 2025, the population is expected to grow further to 35.6m.³³ **Uzbekistan has a relatively young population**. At the beginning of 2019, youth aged 15-24 represented 17.4% of the total population; adolescents aged 10-19 constituted 16.5% of the population.³⁴ Every year about 600,000 youth enter the labour force. 14.6% of youth are neither in education, employment or training (2017).³⁵

Labour migration is considerable in Uzbekistan; in 2010 an estimated 2m Uzbek citizens (~7% of the population) lived abroad. According to World Bank reports, among the working-age population, one in five males is an international migrant; among the 20-24 year olds the figure is one in three men. The majority of Uzbek migrants are from poorer and rural areas of the country.³⁶

The current government identified reproductive health as a priority and a RH law was recently adopted.³⁷ A national **contraceptive logistics management information system** is in place and the

³² Source: <http://tashkenttimes.uz/national/541-uzbekistan-s-development-strategy-for-2017-2021-has-been-adopted-following->

³³ Source: Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2019 Revision.

³⁴ Source: State Committee of the Republic of Uzbekistan on Statistics.

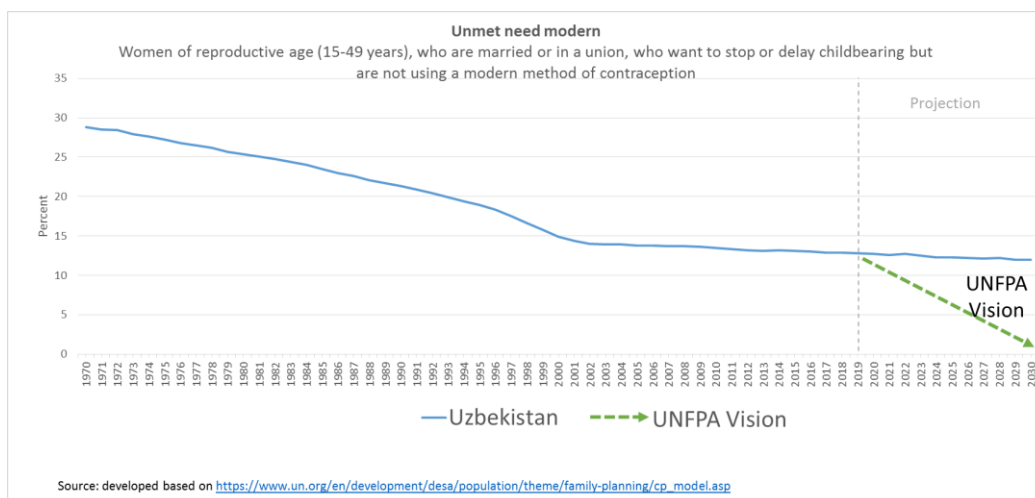
³⁵ Source: ILOSTAT database.

³⁶ Source: Seitz, William. 2019. "International Migration and Household Well-Being: evidence from Uzbekistan". Policy Research Working Paper #8910. World Bank. Washington DC. <http://documents.worldbank.org/curated/en/615721561125387061/pdf/International-Migration-and-Household-Well-Being-Evidence-from-Uzbekistan.pdf>; Ajwad, Mohamed Ihsan, Ilhom Abdulloev, Robin Audy, Stefan Hut, Joost de Laat, Igor Kheyfets, Jennica Larrison, Zlatko Nikoloski, and Federico Torracchi. 2014. "The Skills Road: Skills for Employability in Uzbekistan." World Bank. Washington, DC; <http://documents.worldbank.org/curated/en/744581468230693258/pdf/910100WPOP14350d000Uzbekistan0Final.pdf>.

³⁷ Adopted by the Legislative Chamber on February 15th 2019 and approved by the Senate on February 28th 2019.

Ministry of Health offers **free family planning services** through reproductive health centres. The overall contraceptive prevalence rate for modern methods was 64% in 2019. Unmet need for modern contraception - one of UNFPA's transformative goals - has stagnated since around 2000 and currently stands at 12.8% according to the United Nations.³⁸ Although relatively low, projections show that - without intensive and targeted efforts - the goal will not be reached (see Figure 3).

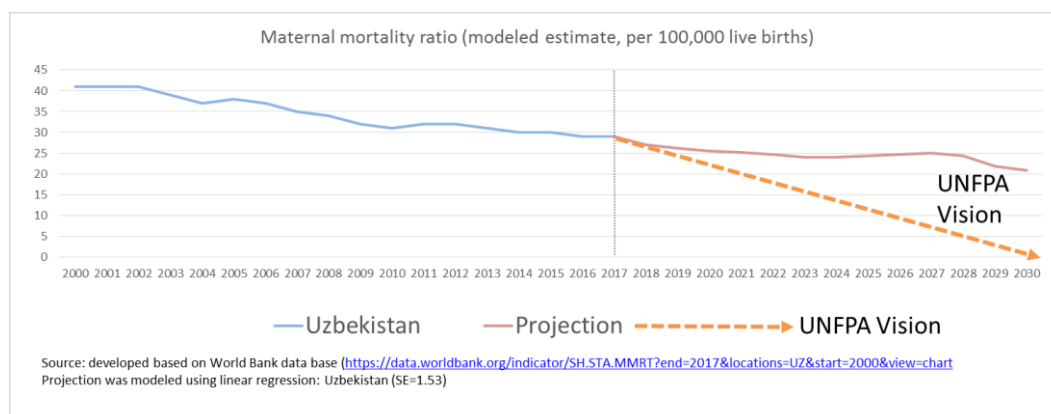
Figure 3: Projections for unmet need for family planning



Source: Evaluation team

Inadequate antenatal care is a main cause of maternal deaths in Uzbekistan. Antenatal care coverage was 99.0% in 2006. More recent data are not available; neither are data disaggregated by regions. **All births take place in hospitals:** births attended by skilled health personnel stood at 100% (2015). The maternal mortality ratio - another of UNFPA's transformative goals - was 29 in 2017 according to the World Bank³⁹ and 20 in 2018 according to the State Statistics Committee. Both figures meet the global SDG target of less than 70 per 100,000 live births. However, on both accounts, reaching zero **preventable maternal deaths** remains an ambitious vision (see Figure 4). The government envisions a reduction by one third by 2030.⁴⁰

Figure 4: Projections for maternal mortality ratio



³⁸ Source: https://www.un.org/en/development/desa/population/theme/family-planning/cp_model.asp.

³⁹ Source: <https://data.worldbank.org/indicator/SH.STA.MMRT?end=2017&locations=UZ&start=2000&view=chart>.

⁴⁰ Sources: Cabinet of Ministers' Resolution #841 approving SDGs on 20 October 2018 and "SDG indicators official English draft version 11 April 2019".

Cervical cancer morbidity and mortality continue to present serious challenges to women's health.

Uzbekistan has a population of 11.02m women ages 15 years and older who are at risk of developing cervical cancer. Estimates indicate that every year 1,608 women are diagnosed with cervical cancer and 850 die from the disease (2018). Data are not available for cervical cancer screening.⁴¹

HIV is in a concentrated phase. HIV prevalence among men who have sex with men is estimated at 3.7%; among sex workers at 3.2% (2018).⁴² Homosexuality is considered a criminal act and paid sex work an administrative violation. HIV-related stigma and discrimination remain high.⁴³ Key populations face serious barriers to accessing services. Moreover, the sexual transmission of HIV has recently become predominant, which underlines the importance of prevention and control measures also in the general population.⁴⁴ Data on comprehensive knowledge about HIV prevention among youth is outdated (2002).

Uzbekistan recently introduced 11-year compulsory education. The Ministry of Public Education oversees primary and general secondary schools up to grade 11. Special educational programmes are taught that consider topics such as sanitation and hygiene, life skills, HIV/AIDS, addiction, reproductive health and adolescent psychological problems: “Healthy Generation” for grades 5-9 and “Healthy Lifestyle and Family” for grades 10-11.⁴⁵ The Ministry of Specialised Secondary and Higher Education is responsible for lyceums and vocational education and training colleges. The curriculum of lyceums and colleges was very recently revised, with the support of UNFPA, to align healthy lifestyle education with international standards while respecting the local context.

In terms of the status of women in Uzbekistan, the CEDAW Committee⁴⁶ concluded in 2015 that the branches of power and women themselves were neither sufficiently aware of the rights of women nor of the concept of equality of women and men. The Committee also noted **widespread prevalence of violence against women, the lack of statistical data on violence against women, and the prevalence of child marriages**. It expressed its concern at the persistence of **deep-rooted patriarchal attitudes and stereotypes** concerning the roles and responsibilities of women and men in the family and society, which discriminate against women and perpetuate their subordination within the family and society and which, among other things, are reflected in women's educational and professional choices, their limited participation in political and public life, their unequal status in marriage and family relations.

No official data are available for the percentage of women aged 15 and older who have experienced physical or sexual violence by an intimate partner in the last 12 months - the third UNFPA transformative goal. It is therefore not possible to make projections. In 2017, an estimated three in 200 marriages were child marriages: after having declined from 2.62% since 2012, in 2017, the proportion of **marriages of brides under 18 (out of total marriages)** increased to 1.44% compared to 1.35% in 2016 (see Figure 5).

⁴¹ Source: ICO/IARC HPV Information Centre: https://hpvcentre.net/statistics/reports/UZB_FS.pdf.

⁴² Source: UNAIDS. See key facts table.

⁴³ Source: MAPS 2018 mission report, further supported by Mr. Boltaev, Director of HIV/AIDS Centre of Uzbekistan: <https://anhor.uz/ru/vzglyad-iznutri/30-let-borybi-so-spud-v-uzbekistane-rezulytati-i-prioriteti-na-budushee>.

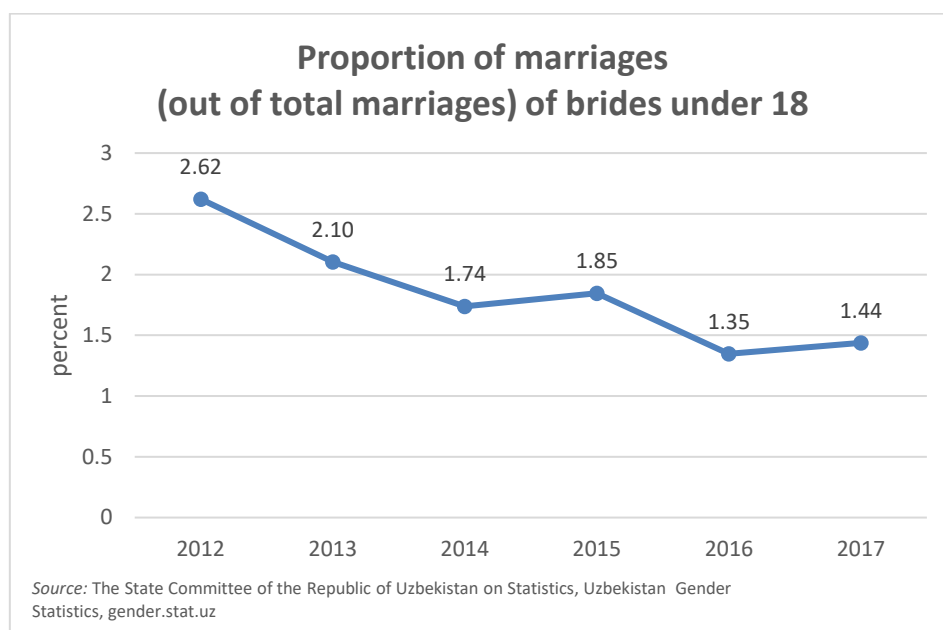
⁴⁴ Source: Country programme evaluation Uzbekistan terms of reference.

⁴⁵ The National Human Rights Centre of the Republic of Uzbekistan, Analytical Review of the Legislation of the Republic of Uzbekistan about Human Rights in the Context of HIV/AIDS, 2019, p.23.

⁴⁶ Sources: United Nations, Concluding Observations on the Fifth Periodic Report of Uzbekistan, 24 November 2015 (CEDAW/C/UZB/CO 5). National Action Plan on the Implementation of the Recommendations of the UN Committee on the Elimination of Discrimination against Women following the Consideration of the Fifth Periodic Report of the Republic of Uzbekistan on the Implementation of the Provisions of the UN Convention on the Elimination of all Forms of Discrimination against Women (24 November 2015, Geneva), as 10 October 2017.

Another source puts the percentage of women aged 20 to 24 years who were first married or in union before age 18 at 7.2%.⁴⁷

Figure 5: Proportion of marriages of brides under 18



Source: Evaluation team

The government is giving more priority to gender equality and women's empowerment and to addressing domestic violence and gender-based violence (GBV), which was long-viewed as a private and marginal issue. On February 2nd 2018, President Shavkat Mirziyoyev signed the decree 5325 "On Measures for Comprehensive Improvement of Efforts to Support Women and to Strengthen the Institution of Family". Furthermore, the Law on Guarantee of Equal Rights and Opportunities for Women and Men was signed and the Law on Protection of Women from Harassment and Violence was adopted. Starting from September 2019, the minimum age of marriage for women increased from 17 to 18.⁴⁸ At the time of drafting this evaluation report, the Sixth Periodic Report of Uzbekistan to CEDAW was expected in November 2019.⁴⁹ The primary institution that addresses gender equality and women's empowerment in Uzbekistan is the **Women's Committee**, set up in 1991 and designated as the national machinery for the advancement of women. It coordinates with civil society and is guided by the **Gender Commission under the Senate** and the recently established **Gender Committee under the Senate**.

The national statistical system has routinely produced a significant volume of population data. While quality has at times been insufficient in the past and public access and permission to collect survey data has been restricted, statistical capacities and the data situation are improving. SDG 17.19.2 envisages that countries conduct a population and housing census at least every ten years. Uzbekistan is one of very few countries without a recent census. In February 2019, a presidential decree was issued for

⁴⁷ Source: UN Women, Global Database on Violence against Women. <https://data.unwomen.org/country/uzbekistan>.

⁴⁸ Source: Resolution of the President of the Republic of Uzbekistan PP-4296 22.04.2019 "On Additional Measures to Further Strengthen the Guarantees of the Rights of the Child".

⁴⁹ Addendum: The report was submitted on November 22nd 2019 (Russian language only) and was not included in the following analysis. Source: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=3&DocTypeID=29.

conducting a **population and housing census in 2022**, the first time in 30 years.⁵⁰ Furthermore, the government has agreed to conduct a **MICS** (the last done in the country was in 2006⁵¹) and, at the time of this evaluation, discussions were ongoing regarding undertaking a **DHS** (the last done in the country was in 2002), which would be important in terms of assessing maternal mortality.

2.2 SDG localisation

In February 2016, the Government of Uzbekistan initiated work on the adaptation of the global SDGs to the country context in order to develop a national agenda for sustainable development.⁵² In October 2018, it adopted the resolution “On Measures to Implement the National Goals and Targets in the Field of Sustainable Development for the Period until 2030”. The signed document sets 16 national SDGs and 127 related targets for 2030, which meanwhile were complemented with SDG indicators.⁵³ For example, in the economic and livelihoods area, a significant decrease in poverty rates is envisaged, as well as a significant increase in per capita GDP and a significant reduction in youth unemployment rates. In the social area, important targets include ensuring universal access to SRH services, decreasing the maternal mortality rate by one-third and child mortality by half, preventing early and forced marriages, as well as achieving a 30% decrease in deaths from non-communicable diseases, including cancer. The localised SDGs also cover governance and rule of law, where national targets aim to reduce corruption and increase efficiency, transparency and accountability of state bodies at all levels, as well as increase citizen participation in decision-making.⁵⁴ The list of localised SDGs does not include SDGs 5.2.1 and 5.2.2 regarding violence against women and girls⁵⁵. However, Presidential Decree #4235 of July 7th 2019⁵⁶ commits the government to monitor the United Nations Minimum Set of Gender Indicators⁵⁷ which includes SDGs 5.2.1 and 5.2.2 in indicators 48 and 49, and to report through the gender.stat.uz website.

The strategic tasks envisaged in the **Development Action Strategy 2017-21** are considered to be generally in line with the aspirations laid down in the SDGs. The Action Strategy reflects the main aspects of the SDGs and is seen as a pathway towards achieving the SDGs. Implementation of the Action Strategy is supported by the UNDAF 2016-20 and a special plan with practical measures to tackle the most urgent needs of the country - i.e., the “**Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-2020**”, signed in January 2018.

The above-mentioned resolution envisages the preparation of regular national reports on the implementation of the SDGs in Uzbekistan, as well as gradual integration of the SDGs into state

⁵⁰ Source: “Decree of the President of Uzbekistan on Conducting of Population census” adopted on 5 February 2019. NB: The population census is mentioned in the global SDG Indicator 17.19.2: “proportion of countries that have conducted at least one population and housing census in the last 10 years”. The last population census was in 1989. In 2011, a mini-census covering 10% of the population was carried out, but had not adopted internationally standard census tools and methodologies. The collected data was neither shared nor published.

⁵¹ The results from the 2011 MICS could not be used due to technical problems with the data collection and analysis.

⁵² Source: <http://www.un.uz/eng/news/display/196>.

⁵³ Also see the publication “National Sustainable Development Goals and Targets of the Republic of Uzbekistan” and “SDG indicators official English draft version 11 April 2019”.

⁵⁴ Source: <http://www.uz.undp.org/content/uzbekistan/en/home/presscenter/articles/2018/10/26/what-the-global-goals-mean-for-uzbekistan.html>.

⁵⁵ 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

⁵⁶ Decree of the President of the Republic of Uzbekistan #4235 of July 7th 2019 “On the measures to further strengthen the guarantees of women's labor rights”. Source: <https://wcu.uz/en/menu/prezident-farmonlari-va-arorlari>.

⁵⁷ <https://genderstats.un.org/files/Minimum%20Set%20indicators%202018.11.1%20web.pdf>.

development programmes and budgets.⁵⁸ A **voluntary national review (VNR)** of the implementation of the 2030 Agenda and the SDGs by the High-level Political Forum on Sustainable Development (HLPF) is scheduled for 2020.⁵⁹

2.3 External assistance

The previous country programme cycle experienced a fairly steady decline in total net official development assistance (ODA) to Uzbekistan, from \$209m in 2004 to \$70m in 2012. Between 2015-17, net ODA to Uzbekistan increased considerably to \$447.8m in 2015, \$457.3m in 2016 and US\$638.3m in 2017. The ratio of ODA as a share of gross national income (GNI) increased from 0.7% in 2015 to 1.3% in 2017.

The number of donors present in Uzbekistan is limited. The largest donor by far in 2016-17 was Japan (\$233.9m gross ODA) followed by the Asian Development Bank (\$121.5m) and the International Development Association (\$89.2m) (see Figure 6 below). Bilateral ODA was mainly directed to “economic infrastructure and services” (57%), “other social infrastructure and services” (21%) and education (10%). **Four per cent was spent on health and population** (Figure 7 below).⁶⁰

Figure 6: Top ten donors for Uzbekistan

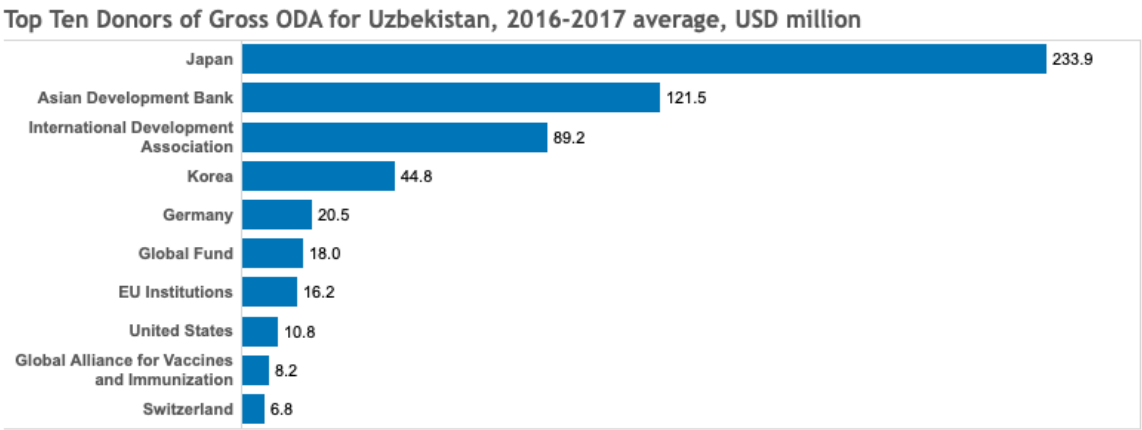
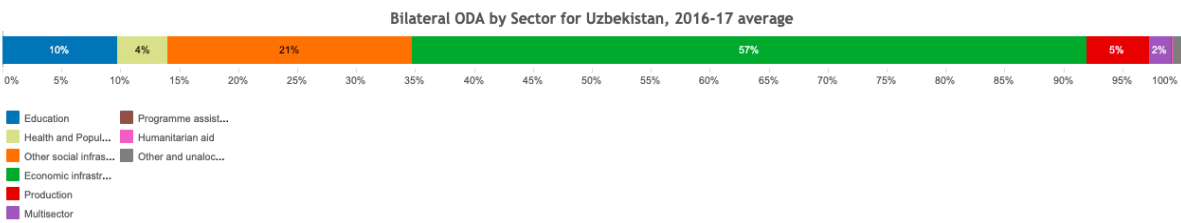


Figure 7: Bilateral ODA to Uzbekistan



Chapter 3: UNFPA response

⁵⁸ Source: <http://www.uz.undp.org/content/uzbekistan/en/home/presscenter/articles/2018/10/26/what-the-global-goals-mean-for-uzbekistan.html>.

⁵⁹ Source: <https://sustainabledevelopment.un.org/vnrs/>.

⁶⁰ Source: OECD-DAC Aid at a Glance Chart Uzbekistan.

3.1 Strategic response

The 4th UNFPA country programme for Uzbekistan 2016-20⁶¹ was developed under the **UNFPA Strategic Plan 2014-17** with planned contributions to all four SP outcomes. Annual reporting in 2016 and 2017 was against⁶²:

SP Outcome 1 (SRH), Output 1: Increased national capacity to deliver integrated sexual and reproductive health services

SP Outcome 2 (A&Y), Output 7: Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality

SP Outcome 3 (GEWE), Output 9: Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence

SP Outcome 3 (GEWE), Output 10: Increased capacity to prevent GBV and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings

SP Outcome 4 (PD), Output 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings

Annex 4 “business model” of the UNFPA strategic plan 2018-21, envisages a realignment of country operations, configuration and skills mix for implementing the strategic plan. The Uzbekistan country office did not conduct a formal exercise to realign the UNFPA country programme document (CPD) with the SP 2018-21.⁶³ No changes were made to the CPD outcomes, outputs and indicators/targets. Country office annual reporting in 2018 was against:

SP Outcome 1 (SRH), Output 2: Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as information and services that are responsive to emergencies and fragile contexts

SP Outcome 2 (A&Y), Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being

SP Outcome 3 (GEWE), Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination

SP Outcome 4 (PD), Output 13: Improved national population data systems to map and address inequalities; to advance the achievement of the SDGs and the commitments of the Programme of Action of the ICPD; and to strengthen interventions in humanitarian crises

UNFPA is one of 11 United Nations funds, programmes and specialised agencies in Uzbekistan.⁶⁴ The UNFPA CPD was designed to contribute to the health, education, social protection, governance and livelihoods priority areas of the **United Nations Development Assistance Framework 2016-20**, and through the UNDAF to select national priorities and SDGs. In particular, UNFPA is committed to

⁶¹ DP/FPA/CPD/UZB/4.

⁶² Source: UNFPA COAR 2016 & 2017.

⁶³ Source: UNFPA COAR 2018, p.43.

⁶⁴ The United Nations in Uzbekistan comprises the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Office for Drugs and Crime (UNODC), United Nations Regional Centre for Preventive Diplomacy in Central Asia (UNRCCA), International Labour Organization (ILO), Food and Agriculture Organization (FAO), UN Migration Agency (IOM) and UN Volunteers (UNV) administered by UNDP. Source: <http://www.un.uz/eng/pages/display/un-in-uzbekistan>.

supporting the implementation of the national SDGs and the above-mentioned Development Action Strategy 2017-21 through the “**Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20**”. Under the headings “Enhancing cooperation to implement the Action Strategy and the Sustainable Development Goals”, “Cooperation to mitigate the Aral Sea disaster and environmental challenges” and “Human rights cooperation”, UNFPA contributions are expected for the following activities/expected results:

- Development of health sector policy/strategy
- Strengthened Health Management Information System (HMIS)
- Improved access to and quality of services to eradicate preventable mother, prenatal and uterine death from pregnancy to postnatal period focusing on the first postnatal 24 hours. Reducing mother, neonatal and child death rates by 1/3
- Public awareness raised of key health issues, promoting behavioural changes and ensuring timely use of health services, including reproductive health services and positive parenting
- Young people are healthy and better prepared for adulthood and encouraged to adopt “healthy life styles”
- Strengthened institutional capacity of the Ministry of Health to effectively address non-communicable diseases, including cancer prevention and control
- National Emergency Preparedness Plans include response on sexual and reproductive health needs of the affected population
- Implement recommendations made by High Commissioner for Human Rights during his visit to the country and those made by UN Charter and Treaty Bodies
- Strengthened capacity of national human rights institutions to carry out these recommendations in an efficient and transparent manner in line with Uzbekistan’s international human rights obligations
- Strengthened social protection system that effectively responds to the needs of the most vulnerable
- Initiate joint projects based on CEDAW recommendations
- Strengthened national capacity for data collection for SDG monitoring and reporting through adaption of international standard definitions and data collection
- Enhanced national capacity to use population data for planning and monitoring of national socio-economic development
- Designing and implementing the country’s rural and urban development
- Use of best practices to enhance mechanisms of involving young people in decision making. Platform created for young people to voice their views on topical issues and help them fulfil their creative and intellectual potentials
- Proposals formulated for a draft UN Convention on the Rights of the Youth. International conference on «Youth facing the Challenges of the 21st century» held
- International conference on Uzbekistan’s youth policies organised with participation by UN agencies, member states and foreign experts
- Evidence-based recommendations are made to the state policy on people with disabilities and programme implementation is supported effectively
- Attract donor assistance for socially significant projects and programmes to mitigate the Aral Sea disaster and improve the environmental and socio-economic situation in the Aral Sea region

3.2 Programme response

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

UNFPA has collaborated with the Government of Uzbekistan based on an exchange of letters in April 1995. The 3rd UNFPA country programme for Uzbekistan 2010-15 was approved for US\$8.9m. The country programme had three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. Increasing access to high-quality reproductive and maternal

health services and promoting reproductive rights was the focus of the reproductive health and rights component. In the area of population and development, the programme sought to strengthen national capacities to incorporate population factors into national development frameworks. In the area of gender equality, the programme focused on improving national mechanisms to implement the CEDAW. Interventions related to young people, marginalised and excluded populations, emergency preparedness, and humanitarian responses to natural calamities were mainstreamed.⁶⁵

An independent final evaluation highlighted the programme's key achievements: (a) improved quality of emergency and essential obstetric care services; (b) improved access to family planning and commodity security; (c) development and national implementation of the curricula on adolescent reproductive health for secondary schools and colleges as well as through peer education; (d) improved capacity for data collection on important reproductive and gender issues; and (e) substantial contribution towards capacity building for implementation and monitoring of CEDAW and male involvement in reproductive health. The evaluation further provided a number of recommendations for the next programme: (a) establish more rigorous indicators to monitor the achievement of country programme results; (b) maintain a focus on achieving significant coverage of medical personnel and community workers in remote rural areas with enhanced knowledge and skills on reproductive health; (c) revisit implementation modalities to allow national execution of the programme; (d) update the communication and advocacy strategy to reflect the expectations of the UNFPA SP 2014-2017; (e) continue efforts to fully eliminate contraceptive stock-outs; and (f) increase support for the development and implementation of school-based curricula on CSE.⁶⁶

3.2.2 Current UNFPA country programme

According to the UNFPA business model⁶⁷, Uzbekistan belongs to the **pink country quadrant** where countries are considered to have low need and a high ability to finance their own programmes. In terms of modes of engagement, under the SP 2014-17, UNFPA country offices were expected to focus on policy dialogue/advice and advocacy. Under the SP 2018-21, they should engage in building capacities to create an enabling environment, in partnerships and coordination, in advocacy and policy dialogue, and in knowledge management.

During 2016-20, UNFPA in Uzbekistan aims to deliver the following **four outputs**, one for each programme component:

- Output 1 (SRH): National institutions have improved capacity to develop rights-based policies and to implement mechanisms for the delivery of integrated sexual and reproductive health services, including for maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster
- Output 2 (A&Y): National institutions have strengthened capacity to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth
- Output 3 (GEWE): National policies and protection systems for promoting gender equality and addressing gender-based violence are strengthened in line with CEDAW requirements
- Output 4 (PD): National institutions have enhanced capacity to develop and monitor socio-economic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable development

⁶⁵ Source: UNFPA CPD Uzbekistan 2010-15.

⁶⁶ Source: UNFPA CPD Uzbekistan 2016-20.

⁶⁷ See Annex 4 of the UNFPA strategic plan 2018-21.

Expected outputs and outcomes

According to the CPD 2016-20, UNFPA aims to improve the capacity of national institutions to develop rights-based policies and to implement mechanisms for the delivery of integrated sexual and reproductive health services, including for maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster (SRH output 1) in order to contribute to increased availability and use of integrated SRH services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity and access (SRH expected outcome). The CPD defined indicators and targets to account for UNFPA's performance (Box 1) at the level of outputs and outcomes:

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Box 1: SRH performance indicators

CPD Output 1.1: Improved capacities of national institutions to develop evidence-based policy frameworks and implement mechanisms to deliver integrated SRH services, including for maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster, as evidenced by:

- # of new national guidelines, protocols and standards for the provision of quality integrated SRH services focused on the rural population. Baseline: 0; Target: 10
- Existence of national cervical cancer screening and care programme. Baseline: No; Target: Yes

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

- Existence of a national integrated and fully costed SRH programme. Baseline: No; Target: Yes
- Contraceptive prevalence rate for modern methods. Baseline: 60%; Target: 65%

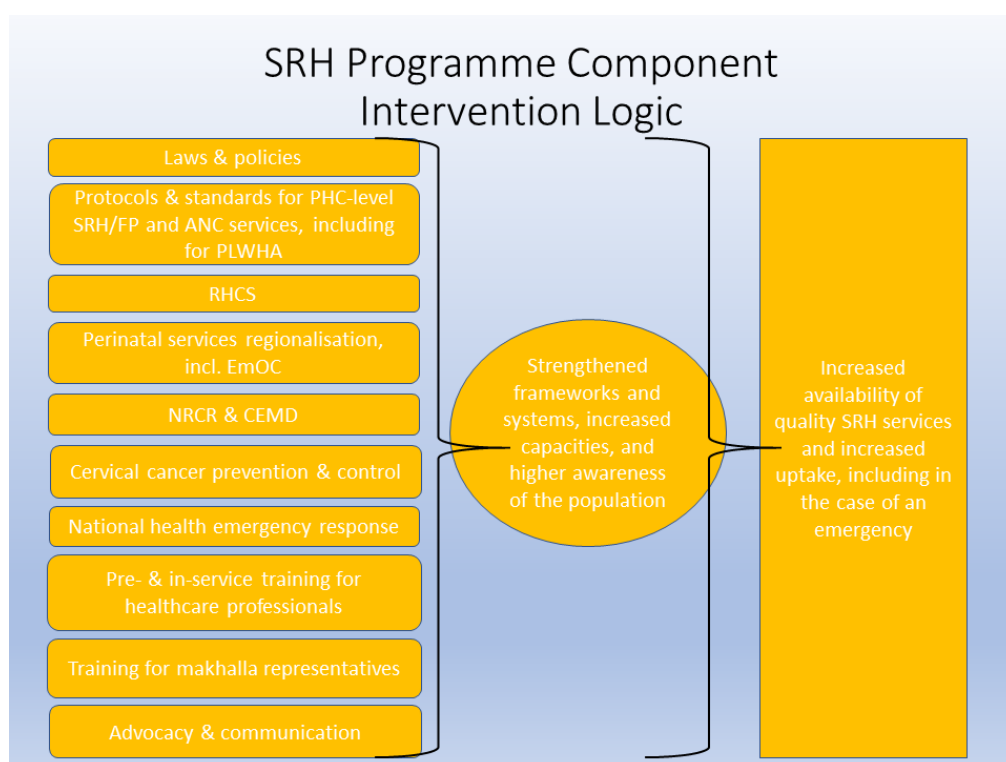
Interventions

The CPD 2016-20 envisages efforts to (a) enhance **evidence-based policy and administrative frameworks** that enable high standards of reproductive health care for rural populations, young people and populations affected by the Aral Sea environmental disaster; (b) develop **clinical guidelines and protocols** that meet human rights standards and embedding the **transfer of modern knowledge and skills** to service providers in national institutions; (c) improve the **population's awareness** of reproductive health and increase demand for relevant information and client-oriented services; (d) strengthen **reproductive health commodity security** through better management of forecasting, distribution and monitoring of contraceptive supply; (e) develop a **national cervical cancer screening and care** programme that includes, in particular, the human papilloma virus vaccination for adolescent girls; (f) advocate for the revision of policies restricting access to **HIV prevention and response for key populations**; and (g) integrate the **Minimum Initial Service Package** for reproductive health in crisis situations into national emergency preparedness plans.

UNFPA has been in charge of implementing one Atlas project under the SRH country programme component (UZB04R01) in collaboration with partners such as the Ministry of Health and the Women's Committee of Uzbekistan. Other Resources have been forthcoming from the UNTFHS (UHA46) in connection with SRH activities under the UN joint programme "Sustaining Livelihoods Affected by the Aral Sea Disaster" (in 2016-19) to strengthen PHC facilities and providers and raise population

awareness of SRH/RR and GE. The following Figure 8 outlines the intervention logic of the SRH country programme component.

Figure 8: SRH programme component intervention logic



Source: Evaluation Team

A&Y: Youth SRH Information and Services

Expected outputs and outcomes

According to the CPD 2016-20, UNFPA aims to strengthen the capacity of national institutions to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth (A&Y expected output) in order to contribute to increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of CSE and SRH (A&Y expected outcome). The CPD defined indicators and targets to account for UNFPA's performance at the level of outputs and outcomes (Box 1):

Box 1: A&Y performance indicators

CPD Output 2.1: Strengthened capacity of national institutions to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth, as evidenced by:

- New national CSE curriculum aligned with international standards. Baseline: No; Target: Yes
- # of national primary health protocols on youth-friendly SRH services compatible with international standards. Baseline: 0; Target: 1

CPD Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of CSE and SRH, as evidenced by:

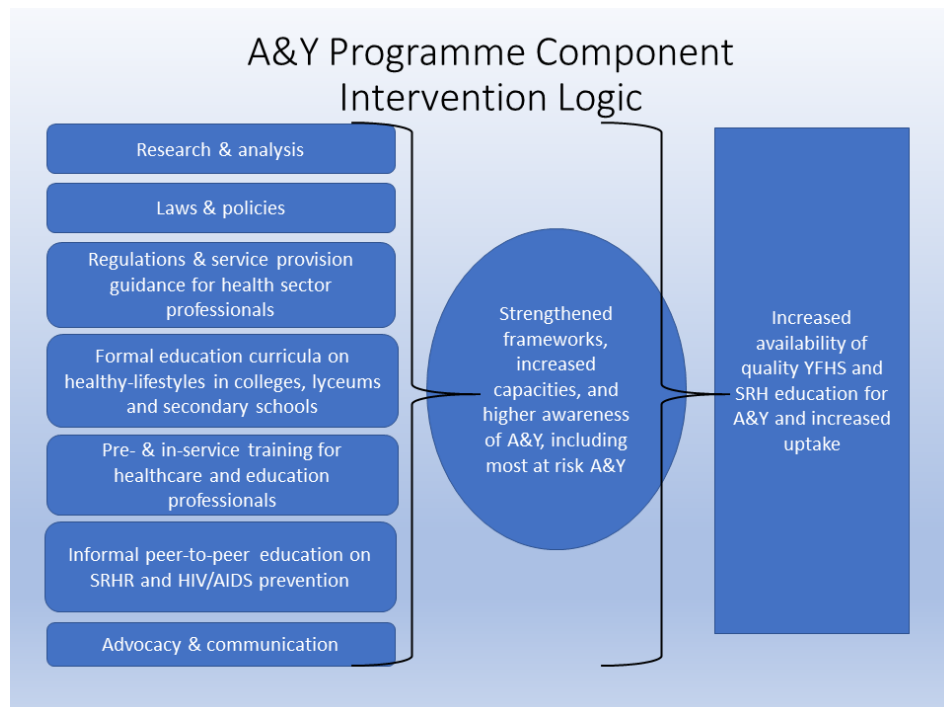
- National policies allow young people and adolescents' access to SRH services, regardless of marital status.
Baseline: No; Target: Yes

Interventions

The CPD 2016-20 envisages efforts to (a) develop, implement and monitor gender-sensitive and rights-based **policies and strategies on youth** that remove barriers to legal access to quality sexual, reproductive and HIV prevention services, with a focus on marginalized and most-at-risk youth; (b) develop and adopt age-appropriate **comprehensive sexuality education** curriculum in colleges and lyceums; (c) disseminate **good practice models**, including through South-South cooperation; (d) strengthen **youth peer education** programming, in particular through building better a monitoring and evaluation system; and (e) improve **policy frameworks** to ensure young people's access to quality youth-friendly sexual and reproductive health services, including for HIV prevention and response.

UNFPA has been in charge of implementing one Atlas project under the A&Y country programme component (UZB04Y01), in collaboration with the Ministry of Health; the Ministry of Higher and Secondary Specialised Education/Centre of Secondary-Specialized and Professional Education (CSSPE); the NGO SOS Children's Village Uzbekistan; the Women's Committee and the Youth Union of Uzbekistan; as well as the Ministry of Public Education and the Oila Scientific Practical and Research Centre under the Cabinet of Ministers. No Other Resources have been forthcoming for implementing the A&Y component. The following Figure 9 outlines the intervention logic of the A&Y country programme component.

Figure 9: A&Y programme component intervention logic



Source: Evaluation Team

GEWE: National response to CEDAW

Expected outputs and outcomes

According to the CPD 2016-20, UNFPA aims to strengthen national policies and protection systems for promoting gender equality and addressing gender-based violence in line with CEDAW requirements (GEWE expected output) in order to advance gender equality, women and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth (GEWE expected outcome). The CPD defined indicators and targets to account for UNFPA's performance at the level of outputs and outcomes (Box 2):

Box 2: GEWE performance indicators

CPD output 3.1: Strengthened national policies and protection systems for promoting gender equality and addressing gender-based violence in line with CEDAW requirements, as evidenced by:

- # of national programmes on SRH that incorporate GBV prevention, protection and response. Baseline: 0; Target: 1
- Existence of a tracking and reporting system to follow up on the implementation of RR recommendations and obligations issued by the human rights treaty bodies. Baseline: No; Target: Yes

CPD Outcome 3: Advanced gender equality, women and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth, as evidenced by:

- Proportion of UPR accepted recommendations on RR from the previous cycle implemented or on which action was taken. Baseline: 0; Target: 50%

Interventions

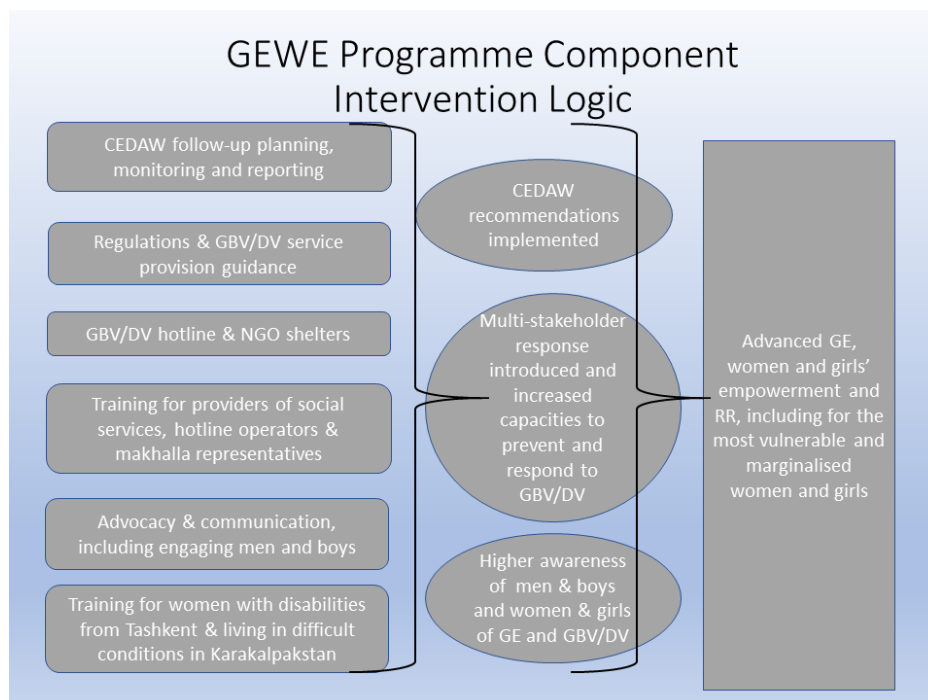
The CPD 2016-20 envisages efforts to (a) enhancing **national legislation** for gender-based violence prevention and promotion of gender equality, including respective laws; (b) strengthen the **policy frameworks** for the health sector and civil society to address gender-based violence and reproductive rights; (c) **generate evidence** and analysing the effects of gender-based violence on the reproductive health, well-being and social and economic participation of women and girls; (d) introduce **gender-transformative approaches** and engaging men and boys in gender equality, gender-based violence prevention and reproductive health efforts; (e) advocate for the incorporation of **gender-based violence prevention and response in national emergency response plans**; and (f) address **child marriage** through enhanced legislation, improved policies and greater population awareness.

UNFPA has been in charge of implementing one Atlas project (UZB04G01) under the GEWE country programme component, in collaboration with the Women's Committee of Uzbekistan, the Ministry of Health, the NGO Civic Initiatives Support Centre and others. Other Resources for GEWE have been forthcoming from the UNTFHS (UHA46) in connection with GEWE activities under the UN joint programme "Sustaining Livelihoods Affected by the Aral Sea Disaster" (in 2016-17) and from the UK Foreign and Commonwealth Office (FCO) for engaging mahalla structures⁶⁸ in GBV prevention and

⁶⁸ In Uzbek practice, mahalla is a system of territorial, social, political and spiritual-educational self-government, which is not found in any other country. Today in Uzbekistan there are more than 9,000 bodies of self-government of citizens, which make a significant contribution in resolving issues of local importance, ensuring a stable spiritual and moral atmosphere, strengthening friendship and solidarity, educating the younger generation and strengthening inter-ethnic harmony and tolerance. With achievement of independence in Uzbekistan, special attention has been paid to the development of the activities of mahalla institution, the improvement of its institutional and legal framework. The legal status of mahalla for the first time was enshrined in Article 105 of the Constitution, adopted in December 1992. The law of the Republic of Uzbekistan «On the bodies of self-government of citizens» adopted in September 1993 was the first to streamline the activities of the mahalla institution. Source: <http://www.uzbekembassy.in/development-of-the-makhalla-institution-and-its-role-in-support-of-family-and-youth/>.

response (2018-19) (3FPBF/UKB35), for establishing a hotline for GBV survivors (in 2018-19) (3FPBF/UKB35), and for monitoring CEDAW implementation (UKB39) (2019). The following Figure 10 outlines the intervention logic of the GEWE country programme component.

Figure 10: GEWE programme component intervention logic



Source: Evaluation Team

PD: Policies and programmes incorporating evidence on population dynamics

Expected outputs and outcomes

According to the CPD 2016-20, UNFPA aims to enhance the capacity of national institutions to develop and monitor socio-economic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable development (PD expected output) in order to strengthen national policies through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and RR, HIV and GE (PD expected outcome). The CPD defined indicators and targets to account for UNFPA's performance at the level of outputs and outcomes (Box 3):

Box 3: PD performance indicators

CPD Output 4.1: Enhanced capacity of national institutions to develop and monitor socio-economic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable development, as evidenced by:

- # of databases with population-based data accessible for development and monitoring of socio-economic policies and programmes at national and sub-national level. Baseline: 1; Target: 4
- # of population-based research activities/surveys that allows for an estimation of key populations and RH indicators and for the mapping of socio-economic inequalities conducted by national research institutions with UNFPA support. Baseline: 7; Target: 10

CPD Outcome 4: Strengthened national policies through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and RR, HIV and GE, as evidenced by:

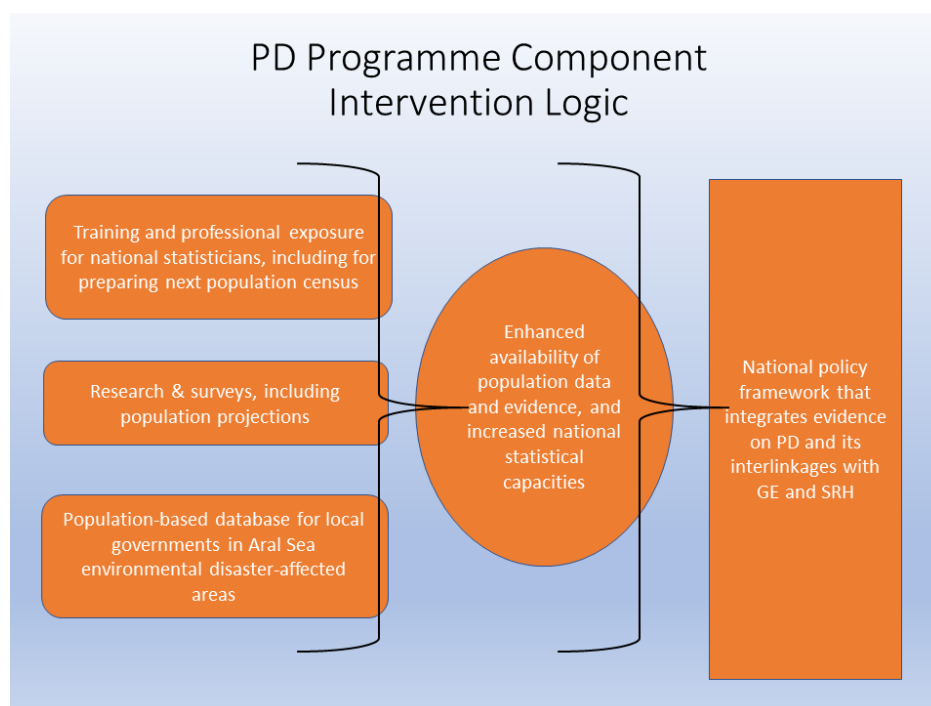
- # of new national socio-economic development programmes that incorporate PD. Baseline: 0. Target: 1

Interventions

The CPD 2016-20 envisages efforts to (a) strengthen partnerships with the government, civil society and academia for the development and monitoring of **comprehensive rights-based and evidence-based policies, including on aging**; (b) enhance national mechanisms for **population data collection, analysis, dissemination and use** for informed policy development at national and sub-national levels, with particular focus on areas affected by Aral Sea environmental disaster; (c) transfer up-to-date knowledge on **population-based survey methodologies** to national research centres and academia, and support research that makes it possible to trace socio-economic inequalities; (d) improve access to high-quality population data, particularly for policy and decision makers, through the development of national and sub-national **population databases**; (e) generate **evidence on sexual and reproductive health needs**, including those of youth and persons living with HIV, to generate a better health sector response; and (f) improve **post-graduate demographic education**.

UNFPA, the Institute for Social Research (ISR) under the Cabinet of Ministers (during 2016-17) and the Oila Scientific Practical and Research Centre (during 2017) have been in charge of implementing one Atlas project (UZB04P01) under the PD country programme component, in collaboration with various national partners. Other Resources have been forthcoming from the UNTFHS (UHA46) in connection with PD activities under the UN joint programme “Sustaining Livelihoods Affected by the Aral Sea Disaster” (in 2016-17) to strengthen data availability for the purpose of local planning. The following Figure 11 outlines the intervention logic of the PD country programme component.

Figure 11: PD programme component intervention logic



Source: Evaluation Team

3.2.3 Financial structure of the country programme

The CPD 2016-20 was approved by the UNDP/UNFPA/UNOPS Executive Board at its annual session in June 2015. As Table 4 shows, UNFPA's financial commitment for 2016-20 was approved at \$5.3m from Regular Resources (\$2.0m for SRH, \$1.0m for A&Y, \$1.0m for GEWE, \$1.0m for PD and \$0.3m for Programme Coordination and Assistance). UNFPA also committed to mobilise \$1.0m in Other Resources to co-fund the country programme. Tables 1-9 of Annex 6 provide information on resources and expenditures for 2016 to July 2019. All in all, the 4th UNFPA country programme for Uzbekistan is slightly smaller than the 3rd, which budgeted \$8.9m for 2010-15.

Table 4: Proposed indicative assistance 2016-20 (in millions of \$)

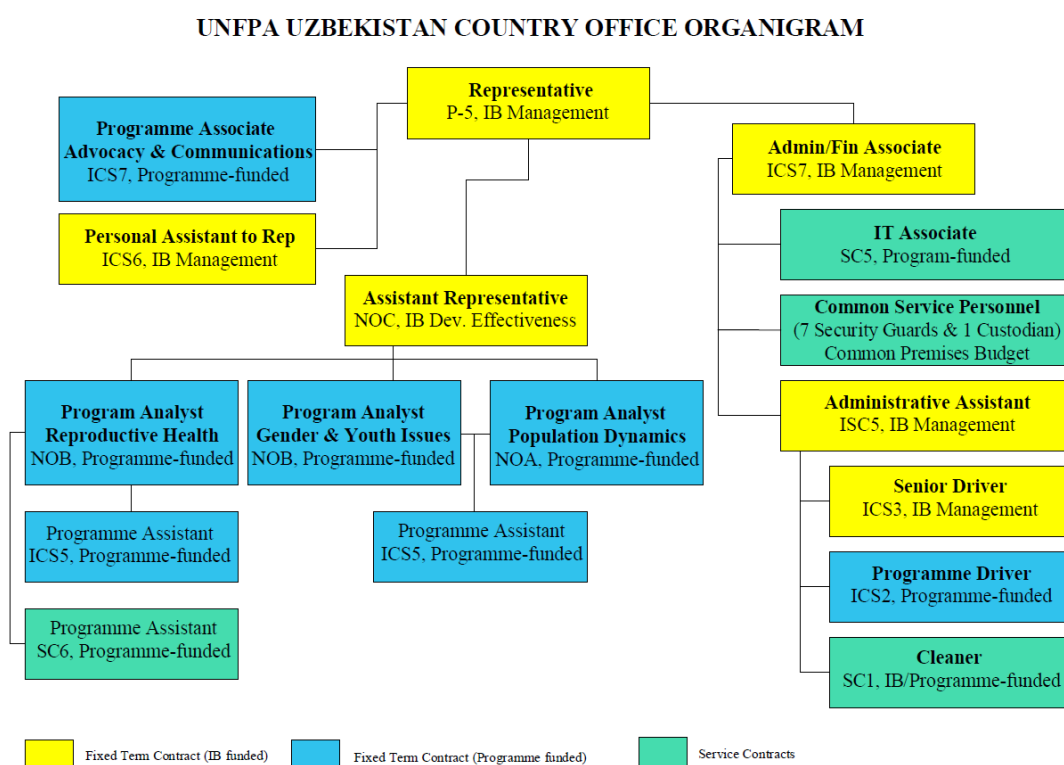
UNFPA Strategic Plan Outcome Areas		Regular Resources	Other Resources	Total
Outcome 1	SRH	2.0	0.5	2.5
Outcome 2	A&Y	1.0	0.2	1.2
Outcome 3	GEWE	1.0	0.1	1.1
Outcome 4	PD	1.0	0.2	1.2
PCA		0.3	-	0.3
Total		5.3	1.0	6.3

Source: UNFPA CPD 2016-20

3.2.4 Country office structure and human resources

The UNFPA country office is located in the country capital Tashkent. Figure 12 shows the staff situation and reporting lines.

Figure 12: UNFPA Uzbekistan country office organigram



Source: UNFPA

Chapter 4: Findings

4.1 Relevance

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Relevance findings: The UNFPA country programme has covered more strategic plan outputs than actually reported. It is a good reflection of UNFPA's transformative goals on maternal health, family planning and GBV. Ending child marriage, another challenge, has not been given priority attention. The modes of engagement of the country office are not quite in line with the UNFPA business model. Especially the direct delivery of numerous and repeated training and procurement does not correspond to the concept of "delivering thinking".

The country office has targeted women at risk of GBV and GBV survivors, and to some extent women living with disabilities. Peer education has aimed to empower girls and disadvantaged youth. However, overall, UNFPA has not prioritised leaving no one behind. Although committed to do so, country programme implementation has not emphasised rural areas and serving rural people, apart from a focus on the challenged Aral Sea region. Planned interventions to improve access to HIV prevention and response for key populations have not materialised.

UNFPA interventions are embedded in CEDAW and have been guided by women's rights. Primarily women-specific interventions have served to promote equality between men and women. Although it committed to do so, the country office has not promoted the SRH rights of key populations.

UNFPA work plans have been formulated and implemented in close collaboration with relevant government entities. Lines of intervention are strongly aligned with the "Action-oriented Roadmap for Further Cooperation between Uzbekistan and the United Nations for 2017-20". Exceptions pertain to youth empowerment and participation and support for a national policy on people with disabilities.

4.1.1: Consistency with UNFPA strategic plans

Finding 1: The UNFPA country programme has covered more strategic plan outputs than actually reported in country office annual reports. The programme is a good reflection of UNFPA's transformative goals on maternal health, family planning and GBV. Ending child marriage, another challenge, has been included in UNFPA outreach and educational activities, but not given priority attention. The modes of engagement of the country office are not quite in line with the UNFPA business model. Especially the direct delivery of numerous and repeated training for service providers and procurement of goods and equipment does not correspond to the concept of "delivering thinking" rather than "delivering things".

The UNFPA country programme document for Uzbekistan 2016-20 was formally aligned with all four outcome statements of the UNFPA strategic plan 2014-17. In 2018, the country office received guidance from the UNFPA regional office regarding implementing the strategic plan 2018-21, including an implementation toolkit. No changes were made to the country programme results and resources framework. 2018 country office annual and 2019 quarterly reporting was done against strategic plan outputs 2, 6, 11 and 13. A comparison (see Table 5) suggests that the UNFPA Uzbekistan country programme actually covered more strategic plan outputs.

Table 5: Comparison of COARs and UNFPA strategic plan 2018-21 outputs

Sexual and reproductive health	
Strategic plan output	UNFPA lines of intervention
Output 2: Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as	Participation, including financial, in UNICEF-led MICS planned for 2020. Support for the Ministry of Health to elaborate new guidelines, protocols and standards for the delivery of quality antenatal and family planning services

information and services that are responsive to emergencies and fragile contexts	<p>Support for the Ministry of Health to improve perinatal care, including EmOC</p> <p>Support for the Ministry of Health to provide quality youth-friendly health services</p> <p>Support for the Ministry of Health to offer cervical cancer screening services</p> <p>Support for mahalla outreach education on SRHR</p>
Output 3: Strengthened capacities of the health workforce, especially those of midwives, in health management and clinical skills for high-quality and integrated sexual and reproductive health services, including in humanitarian settings	<p>Support for the Ministry of Health to implement MISIP at the onset of a crisis</p> <p>Joint trainings with LDS Charity Foundation for midwifery education programme and hospital midwives to obtain standard skills of postpartum haemorrhage and preeclampsia management</p>
Output 4: Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, ensuring resilient supply chains	Support for the Ministry of Health to set up and use a logistics management information system for forecasting and monitoring reproductive health commodities
Output 5: Improved domestic accountability mechanisms for sexual and reproductive health and reproductive rights through the involvement of communities and health-system stakeholders at all levels	Support for the Ministry of Health to introduce Near-Miss Case Review (NMCR) and Confidential Enquiry into Maternal Death (CEMD)
Adolescents & youth	
Strategic plan output	UNFPA lines of intervention
Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being	<p>Support for the Ministry of Specialised Secondary and Higher Education to introduce healthy lifestyle education in lyceums and colleges</p> <p>Collaboration with the Ministry of Public Education, Women's Committee and Youth Union to reach girls through peer-to-peer education on healthy lifestyles at schools</p> <p>Collaboration with the SOS Children's Village Uzbekistan to reach disadvantaged A&Y through peer education on healthy lifestyles</p>
Gender equality and women's empowerment	
Strategic plan output	UNFPA lines of intervention
Output 9: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from violence and harmful practices	Support for the Women's Committee to plan and track follow-up to CEDAW concluding observations
Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination	<p>Support for setting up a Women's Committee hotline and rehabilitation centres</p> <p>Support for mahalla outreach education on SRHR</p> <p>Support for a multi-stakeholder response (MSR) to GBV</p>
Population dynamics	
Strategic plan output	UNFPA lines of intervention

Output 13: Improved national population data systems to map and address inequalities; to advance the achievement of the Sustainable Development Goals and the commitments of the Programme of Action of the International Conference on Population and Development; and to strengthen interventions in humanitarian crises	Support for the State Statistics Committee to localise the SDGs Support for the State Statistics Committee to conduct population and housing census in 2022
Output 14: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy	Support for the Ministry of Economy to generate publicly available population projections at national and sub-national levels Support for the Ministry of Economy to establish a population-based database for the Aral Sea region for mapping socio-economic and demographic inequalities

Source: Evaluation team

As for **UNFPA's transformative goals**, the SRH country programme component with its strong focus on quality antenatal care and perinatal care, including EmOC, and on implementing Near-Miss Case Review (NMCR), providing support for Confidential Enquiry into Maternal Death (CEMD) and public awareness raising is well in line with the objective to end preventable maternal deaths. The country programme also supports ending unmet need for family planning through activities to advance the regulatory system, strengthen reproductive health commodity security, develop service delivery capacities, educate youth and raise awareness. Furthermore, ending GBV and domestic violence is an important field of work at the policy and operational levels, and taking a multi-stakeholder approach. However, administrative and survey data for planning and monitoring purposes are lacking. In terms of ending harmful practices, the CEDAW Committee and the UNFPA CPD defined child marriage as a development challenge, and interviewees mentioned the problem on several occasions. In July 2014, the previous government had refused to permit UNFPA to transfer funds to the Oila Scientific Practical and Research Centre to conduct a survey on early marriage.⁶⁹ Under the current CPD, UNFPA's outreach and educational activities have thematised child marriage, but the country office has not put particular priority on the issues. It did not play a role in the making of a recent presidential resolution to strengthen the rights of the child, which, looking ahead, stakeholders anticipate should make a difference.

Because of its "high ability to finance", Uzbekistan belongs to the pink country quadrant according to the UNFPA business model.⁷⁰ In "pink" countries, in terms of its **modes of engagement**, UNFPA is expected to move away from "delivering things" (service delivery) to "delivering thinking". Document review and interviews generally confirmed this shift to a more upstream focus on policy dialogue/advice, provision of technical expertise based on international standards, and support for advocacy, with one important exception - i.e., in the area of capacity building where UNFPA has directly delivered numerous training events to service providers (see Annex 4), especially in SRH. Moreover, the evaluation team noted some cases where the country office has agreed to engage in procurement, which falls under service delivery - e.g., furniture for rehabilitation centres for survivors of GBV; sewing machines for youth NGO for young girls with disabilities; and essential medical equipment and contraceptives for PHC facilities in Karakalpakstan. It also supplied another ambulance for improving perinatal care services.

⁶⁹ Source: UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

⁷⁰ See Annex 4 "business model" of the UNFPA strategic plan 2018-21.

Finding 2: The country office has targeted women at risk of GBV and GBV survivors, and to some extent women living with disabilities. Peer education has aimed to empower girls and disadvantaged youth who are particularly vulnerable to health risks. However, overall, UNFPA has not prioritised interventions to address the situation of the most marginalized, discriminated against, excluded, and those who are at risk. Although committed to do so, particularly as regards SRH, country programme implementation has not emphasised rural areas and serving rural people, apart from a focus on the challenged Aral Sea region. Planned interventions to improve access to HIV prevention and response for key populations have not materialised.

Country programme implementation has generally been in support of nationwide development and the general population - e.g., perinatal care and healthy lifestyle education in lyceums and colleges - rather than a systematic effort to reach the furthest behind first. Although the CPD recognises that the rural population, especially in remote areas, faces particular challenges accessing quality essential social services, including for health; that the quality of services, especially at the primary and secondary healthcare level in rural areas, requires significant improvement; and commits UNFPA to focusing SRH activities on rural populations⁷¹, no differentiation has been made between supporting urban centres and rural areas. The regional focus on the challenged Aral Sea region is the only obvious exception.

While still taking a nationwide approach, some particularly vulnerable groups have been reached. UNFPA has targeted women at risk of GBV and GBV survivors. It has aimed to empower girls who are particularly vulnerable to health risks through peer education in schools and collaboration with medical centres for girls. Similarly, peer education has covered disadvantaged youth supported by the Uzbekistan SOS Children's Village. While not explicitly envisaged by the CPD, UNFPA has also started to address the special needs of women and youth with disabilities who are vulnerable to violence.⁷² On the other hand, planned interventions to improve access to HIV prevention and response for key populations have not materialised. Reasons provided by UNFPA staff are political sensitivities, the criminalisation of homosexuality and paid sex work, the closing of the UNAIDS country office in 2016, and the absence of a UNCT coordination mechanism.

Finding 3: UNFPA interventions are embedded in CEDAW and have been guided by women's rights. Primarily women-specific interventions have served to promote equality between men and women. Although it committed to do so, the country office has not promoted the SRH rights of key populations.

The evaluation team learned from interviews that there is an opening to discuss some issues that previously had been considered too sensitive. Interviews and document review confirmed that, with exceptions, UNFPA interventions have been guided by women's human rights. CEDAW, the most important human rights treaty for women, has been a main point of reference for UNFPA cooperation in Uzbekistan and an important sphere of activity, where the country office is exploring broadening its collaboration with the National Human Rights Centre in charge of CEDAW reporting. UNFPA technical advice - e.g., on for elaborating the laws on gender equality and violence against women - and communications and advocacy - e.g., on family planning - have been based on international human rights. In addition, besides supporting duty bearers to provide quality services and meet their obligations, UNFPA has worked to empower women and girls - through collaboration with the Women's

⁷¹ CPD output 1. Furthermore, the evaluation of the previous UNFPA country programme had recommended maintaining a focus on achieving significant coverage of medical personnel and community workers in remote rural areas with enhanced knowledge and skills on reproductive health.

⁷² E.g., multi-stakeholder response to GBV SOPs, support for NGO for young people with disabilities, and joint UN situational analysis on people with disabilities.

Committee, the Youth Union and NGOs and public and community-based outreach. One important exception to this finding is UNFPA's support for HIV key populations, which has not been provided despite a commitment in the CPD.

Promoting equality between men and women and removing barriers to gender equality is at the centre of the country programme, first and foremost through the gender equality and women's empowerment country programme component, and by way of supporting women-specific interventions. While UNFPA also targets men and boys - e.g., in its advocacy and communications - a strategy to transform gender relations in Uzbekistan by benefiting men and boys and involving them in ensuring the SRHR of women and girls is missing. In 2017-18, UNFPA had planned to build capacities of the Women's Committee and NGOs to engage men and boys, however, this particular activity did not take place. UNFPA-supported peer education in schools and support for A&Y SRH services (support for medical centres for girls) tend to put the onus to stay healthy and avoid unwanted pregnancies on girls.

4.1.2: Alignment with government development priorities and international commitments

Finding 4: UNFPA work plans have been formulated and implemented in close collaboration with relevant government entities. Lines of intervention are strongly aligned with the "Action-oriented Roadmap for Further Cooperation between Uzbekistan and the United Nations for 2017-20" which also supports Uzbekistan's international commitments in connection with the SDGs and CEDAW. Exceptions pertain to youth empowerment and participation and support for a national policy on people with disabilities where the country office has not responded to national priorities.



UNFPA country office Tashkent

Especially since the coming into effect of the Development Action Strategy 2017-21, the UNFPA country programme is clearly aligned with government priorities and Uzbekistan's international commitments through the framework for collaboration "Action-oriented Roadmap for Further Cooperation between Uzbekistan and the United Nations for 2017-20", which is also ensured through the UNDAF Steering Committee co-chaired by the Ministry of Economy, the UNDAF results group on health co-chaired by the Ministry of Health, and the UNDAF results group on education co-chaired by the Ministry of Public Education.

The UNFPA country programme exists to inform the priorities of and support the responsibilities of the Ministry of Health, the Women's Committee, the Youth Union, the Ministry of Higher and Secondary Specialised Education, the Ministry of Public Education, the Oila Scientific Practical and Research Centre under the Cabinet of Ministers and the State Committee on Statistics. UNFPA annual work plans (AWPs) have been formulated in close collaboration and are jointly signed. Without assessing here the level, effectiveness and sustainability of support, and even if some sensitivities continue to exist around SRH

programming for youth, GBV and data collection, the evaluation team noted a very good level of coherence between the AWP and the relevant priorities of the “Practical Roadmap” - i.e., development a health sector policy/strategy; improving quality of and access to antenatal and perinatal care and family planning services; promoting healthy lifestyles for young people; improving contraceptives logistics; establishing a national cervical cancer prevention and control programme; increasing the emergency preparedness of the health sector; improving the planning, monitoring and implementation of CEDAW recommendations; ensuring SDG localisation, monitoring and reporting; generating population data and conducting population projections; and improving the socio-economic situation in the Aral Sea region. Where the country office has not (yet) responded to priorities are in the areas of youth empowerment and participation and support for a national policy on people with disabilities.

4.2 Effectiveness of the sexual and reproductive health component

SRH effectiveness findings: UNFPA has been instrumental in supporting important SRH-related legislation and by-laws, including a RH law, but without a policy-level focus on the rural population or persons living with HIV and key populations as envisaged by the CPD. However, during 2016-19, no progress was made towards the CPD target “national integrated and fully costed sexual and reproductive health programme developed”. The UNFPA country office has also provided considerable support for strengthening the regulatory system. Eleven new guidelines, protocols and standards are in place. Compared to its commitments, UNFPA did not generate much new evidence on SRH needs. The planned MICS and population and housing census have been recognised as central opportunities to generate new evidence on SRH needs. The Health Management Information System, to which UNFPA contributed to which UNFPA contributed technical advice and capacity development, is not yet functional.

UNFPA has put a lot of effort into improving perinatal services, which, among other things, resulted in the mandatory training of undergraduate midwives on CEmOC in all higher education medical institutions and a Ministry of Health order to regionalise perinatal services. The benefits of introducing NMCR and CEMD appear to have been offset by an order that obligates the prosecutor’s office to be informed about every case of maternal death.

UNFPA has contributed to improved control of contraception stocks, which, however, did not automatically result in less stock-outs. Indeed, temporary shortages were faced in 2018. A national cervical cancer screening and care programme is emerging in collaboration with WHO. It is doubtful that the level of targeted capacity building support provided to Karakalpakstan health providers on postpartum haemorrhage control, on the integrated supported supervisory system for maternal and child health services, and on quality family planning and antenatal care services has made a significant difference.

Table 6: SRH performance assessment against CPD indicators

CPD Outcome 1: Increased availability and use of integrated SRH services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity and access	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
Existence of a national integrated and fully costed SRH programme. Baseline: No; Target: Yes	No support provided as of the time of writing for the development of a national integrated and fully costed SRH programme.
Contraceptive prevalence rate for modern methods. Baseline: 60%; Target: 65%	The CPR is estimated at 64% for the year of 2019 ⁷³ , which is an increase.
CPD Output 1.1: Improved capacities of national institutions to develop evidence-based policy frameworks and implement mechanisms to deliver integrated SRH services, including for maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster	
Indicator, Baseline, Target	Evaluator Assessment of Achievement

⁷³ Source: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf.

<p># of new national guidelines, protocols and standards for the provision of quality integrated SRH services focused on the rural population. Baseline: 0; Target: 10</p>	<p>UNFPA has contributed to 11 new guidelines, protocols and standards:</p> <ul style="list-style-type: none"> • Uzbek version of WHO medical eligibility criteria for contraceptive use • National guideline on colposcopy • Updated national NMCR standards • Student's handbook (EMOC in midwifery undergraduate) • Ministry of Health order on regionalisation of perinatal care system • National FP standards • National perinatal service standard • National ANC protocol • National protocols on SRH/FP services for PLWHA • ANC standards for PHC adapted (translated) into Uzbek • Revised integrated SRH programme for postgraduate education of GPs
<p>Existence of national cervical cancer screening and care programme. Baseline: No; Target: Yes</p>	<p>The national cancer screening and care programme is in the process being developed by experts, together with WHO and the Ministry of Health. Stakeholders are confident that by the end of the programme cycle in 2020, a national programme will be adopted.</p>

4.2.1: Evidence-based policy framework for quality SRH services

Finding 5: UNFPA has been instrumental in supporting important SRH-related legislation and by-laws, including a RH law, but without a policy-level focus on the rural population or persons living with HIV and key populations as envisaged by the CPD. The Health Management Information System, to which UNFPA contributed technical advice and capacity development, is not yet functional. Compared to its commitments, UNFPA did not generate much new evidence on SRH needs. The planned MICS and population and housing census have been recognised as central opportunities to generate new evidence on SRH needs. During 2016-19, no progress was made towards the CPD target “national integrated and fully costed sexual and reproductive health programme developed”.

The evaluation of the previous UNFPA country programme for Uzbekistan highlighted improved capacity for data collection on important reproductive and gender issues as a key achievement.⁷⁴ The CPD 2016-20 envisages further efforts to generate evidence on SRH needs, including those of persons living with HIV, to generate a better health sector response. It committed UNFPA to provide support for evidence-based policy and administrative frameworks that enable high standards of reproductive health care for rural populations, and for revising policies that restrict access to HIV prevention and response for key populations. The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-2020 commits UNFPA to support the development of a health sector policy/strategy and to strengthen of the Health Management Information System.

Significant health sector reforms were initiated by the President in late 2017 and have been implemented, which required some flexibility on the part of UNFPA and resulted in some delays. Important developments, to which also UNFPA made appreciated contributions, are: the presidential

⁷⁴ UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

resolution 5590 (2018)⁷⁵ on the improvement of the healthcare system; the law on the protection of reproductive health⁷⁶; resolution 2615 on the improvement of maternal health; and resolution 352 (2018)⁷⁷ on improving obstetric and gynaecological and medical services for girls and women. No policy dialogue has taken place regarding the SRH status of the rural population, including in Karakalpakstan. Neither was a dialogue sought on providing access to HIV prevention and response for key populations. Reasons provided by UNFPA staff are political sensitivities, the criminalisation of homosexuality and paid sex work, the closing of the UNAIDS country office in 2016 and the absence of a UNCT HIV/AIDS coordination mechanism. However, interviews revealed that WHO and UNODC were considering engagements for the benefit of populations at risk. No progress was made towards the CPD target “national integrated and fully costed sexual and reproductive health programme developed”.

As regards data, research and analysis, UNFPA has also provided technical advice and capacity development for establishing a Health Management Information System, which, however, is not yet functional. Compared to its commitments, UNFPA did not generate much new evidence on SRH needs, and none specifically on the SRH needs of persons living with HIV. Examples are a survey on anaemia prevalence among women of fertile age in 2016 and the inclusion of questions in a National Nutrition Survey conducted by UNICEF in 2017-18⁷⁸, which, *inter alia*, produced information on the contraceptive prevalence rate and unmet needs for family planning. This said, UNFPA is very keen to utilise the planned MICS (2020) and population and housing census (2022) to gather data.

4.2.2: Delivery of quality integrated SRH services

Finding 6: The UNFPA country office has provided considerable support for strengthening the regulatory system. Eleven new guidelines, protocols and standards are in place.

The CPD 2016-20 envisages efforts to develop clinical guidelines and protocols for the provision of quality SRH services that focus on the rural population and meet human rights standards, and to embed the transfer of modern knowledge and skills to service providers in national institutions. UNFPA has been very active on this front and has contributed to a strengthened regulatory system. Eleven new guidelines, protocols and standards are in place with UNFPA support. Decision makers and trainers interviewed by the evaluation team noted the high qualification of experts involved in the development or revision of regulatory documents, including those aimed at improving the quality of perinatal care.

- > Uzbek version of WHO medical eligibility criteria for contraceptive use
- > National guideline on colposcopy
- > Updated national NMCR standards
- > Student's handbook (EMOC in midwifery undergraduate)
- > Ministry of Health order on regionalisation of perinatal care system
- > National FP standards
- > National perinatal service standard
- > National ANC protocol
- > National protocols on SRH/FP services for PLWHA
- > ANC standards for PHC adapted (translated) into Uzbek

⁷⁵ Presidential Decree #5590 of 7 December 2018 "On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan".

⁷⁶ Adopted by the Legislative Chamber on February 15th 2019 and approved by the Senate on February 28th 2019.

⁷⁷ Resolution of the Cabinet of Ministers of the Republic of Uzbekistan #352 of May 10 2018 "On measures to further improve the effectiveness of obstetric, gynaecological and medical care services provided to girls and women of childbearing age".

⁷⁸ <https://www.unicef.org/uzbekistan/en/reports/uzbekistan-nutrition-survey>.

Finding 7: UNFPA has put a lot of effort into improving perinatal services, which, among other things, resulted in the mandatory training of undergraduate midwives on CEmOC in all higher education medical institutions of Uzbekistan and a Ministry of Health order to regionalise perinatal services. The benefits of introducing NMCR and CEMD appear to have been offset by a Ministry of Health order that obligates the prosecutor's office to be informed about every case of maternal death.

The independent evaluation of the UNFPA country programme 2010-15 highlighted improved quality of emergency and essential obstetric care services thanks to UNFPA.⁷⁹ The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-2020 expects UNFPA to help improve access to and quality of services to eradicate preventable mother, prenatal and uterine death from pregnancy to postnatal period focusing on the first postnatal 24 hours, and to reducing mother, neonatal and child death rates by one-third.

A review of pertinent documents, including UNFPA COARs and training reports, showed that UNFPA has actively partnered with the Government of Uzbekistan to improve perinatal care, including EmOC.⁸⁰ UNFPA provided skills-based training to over 1,000 midwives on postpartum haemorrhage prevention skills - "Helping Mothers Survive" - and training on EmOC to around 170 OB/GYNs from Tashkent and selected regions. It supported the development and piloting of a training package for undergraduate midwives on comprehensive emergency obstetric care (CEmOC), which the Ministry of Health subsequently rolled out in the midwifery faculties of all six higher education medical institutions of Uzbekistan. Trained health providers noted the professional organisation of training sessions, the qualifications and skills of trainers and the usefulness of information received. In view of insufficient transportation vehicles, UNFPA also continued to equip the Ministry of Health with ambulances for perinatal referral services.⁸¹ The evaluation team was able to assure itself that the most recently provided ambulance to the Republican Perinatal Centre was fully equipped and in working condition.

According to stakeholder interviews, UNFPA put a lot of effort into developing a Ministry of Health order to regionalise perinatal services. To ensure that every mother and newborn is cared for at an appropriate institution, UNFPA has supported the revision of perinatal services, including the elaboration of a Ministry of Health Order on Regionalisation of the Perinatal System which envisions the creation of 46 sub-district perinatal centres resourced with qualified personnel, equipment and medicines. However, delays have been incurred in issuing the order and setting up the system. Extra funding for establishing sub-district perinatal centres, expected in the form of a loan from the Asia Development Bank, was expected.

In addition, document review and stakeholder consultations in Tashkent and the regions confirmed that, in collaboration with WHO, UNFPA has supported the introduction of NMCR in maternity facilities based on the updated national NMCR standards for managing normal and complicated cases of childbirth. Among other things, in 2017-18, UNFPA organised NMCR training for around 100 specialists from Tashkent and the regions. NMCR is in the process of being institutionalised nationwide through the

⁷⁹ UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

⁸⁰ NB. There is a vertical structure in the healthcare system of Uzbekistan headed by the Republican Perinatal Centre with 14 branches in regional centres and in Tashkent. In addition, there are city and district maternity hospitals.

⁸¹ In total, 3 ambulances with resuscitation equipment have been provided within the regionalisation of perinatal services system. At the time, they were the only vehicles equipped with life-saving technologies, available for transporting women and infants with severe conditions to the tertiary level perinatal care facilities.

Ministry of Health. UNFPA also supported the production of the 1st and 2nd Report on Confidential Enquiry into Maternal Death (CEMD) by national experts. Among other things, a major finding was that almost 80% of deaths cases can be attributed to direct causes, most of which would be preventable with timely and efficient emergency care. Stakeholder consultations established that the order of the Ministry of Health introducing NMCR and CEMD⁸² has been very helpful. However, the benefits appear to be offset by a second order that obligates the prosecutor's office to be informed about every case of maternal death.



Reproductive health centre, Ferghana

Finding 8: UNFPA has contributed to improved control of contraception stocks, which, however, did not automatically result in less stock-outs. Indeed, temporary shortages were faced in 2018.

The independent evaluation of the previous UNFPA country programme for Uzbekistan highlighted improved access to family planning and commodity security thanks to UNFPA, and recommended that UNFPA continue efforts to fully eliminate contraceptive stock-outs.⁸³ Subsequently, the CPD 2016-20 committed UNFPA to strengthening reproductive health commodity security through better management of forecasting, distribution and monitoring of contraceptive supply.

UNFPA COARs confirm that UNFPA continued to support the development and use of a functioning contraceptives logistics system⁸⁴, and that LMIS and CHANNEL were being used, but that human resources capacity and quality were suboptimal. Visits to clinics and PHC facilities⁸⁵ established that most staff responsible for contraception were consistently and correctly using the recommended forms for stock control. The Ministry of Health and especially the Republican Centre for Reproductive Health were reportedly conducting regular follow-up visits. However, information gathered from different sources revealed that, nevertheless, shortages occurred in 2018 because of delays at central government level in releasing funds in 2017 and further delays in the tendering process, calculating needs and procuring contraceptive supplies. Temporarily, available stock at regional and district levels was generally insufficient, but in visited Ferghana and Khorezm mitigated with the help of local budgets. The development of an electronic version of LMIS was postponed pending reforms to the PHC structure and family planning services provision system.

Finding 9: A national cervical cancer screening and care programme is emerging in collaboration with WHO.

The Uzbekistan CPD 2016-20 commits UNFPA to develop a national cervical cancer screening and care programme that includes, in particular, the human papillomavirus (HPV) vaccination for adolescent girls. The "Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20" envisages UNFPA support for strengthening institutional capacity of the Ministry of Health to effectively address non-communicable diseases, including cancer prevention and control.

⁸² Order of the Ministry of Health of the Republic of Uzbekistan #243 of 4 August 2009 "On the Implementation of the Confidential Enquiry into Maternal Mortality in Health Care Facilities of the Ministry of Health".

⁸³ UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

⁸⁴ In 2016, UNFPA organised training on CHANNEL use for 40 district/oblast-level pharmacists in charge of local contraceptives security. The training was provided by national trainers.

⁸⁵ Visits to city family polyclinics (outpatient) in Ferghana, Nukus and Urgench, central multi-disciplinary clinics in Khodjayli and Urgench districts, urban and rural PHC facilities in Karakalpakstan and Ferghana and Khorezm regions.

Document review revealed efforts to support the Ministry of Health to develop a costed national cervical cancer screening programme in collaboration with WHO, and that stakeholders were confident that a national programme would be adopted by the end of the programme cycle in 2020. Specifically, within the frame of the UN Joint Global Programme on Cervical Cancer Prevention and Control, UNFPA and WHO supported the Ministry of Health to develop a national guideline on colposcopy as well as to enable Uzbek specialists to participate in UNFPA EECARO/IFCPC/IARC training of trainers for colposcopy and cervical cancer prevention.⁸⁶ At the time of data gathering, the approval of a colposcopy training manual for PHC specialists by the Ministry of Health was pending and UNFPA was collaborating with the private sector company Roche to import HPV testing machines and tests for piloting the screening protocol. The evaluation noted efforts on the part of WHO to introduce the human papilloma virus vaccination for adolescent girls.

Finding 10: It is doubtful that the level of targeted capacity building support provided to Karakalpakstan health providers on postpartum haemorrhage control, on the integrated supported supervisory system for maternal and child health services, and on quality family planning and antenatal care services has made a significant difference.

The UNFPA CPD highlights that the population in Karakalpakstan and neighbouring provinces are in great need of much improved access to quality reproductive health, including maternal health services, and commits UNFPA to putting a particular emphasis on this vulnerable population group. Indeed, the evaluation team noted that during 2016-19 UNFPA put a particular focus on the Aral Sea region, for which it also mobilised funds from the UNTFHS in connection with a joint UN programme. The evaluation team interviewed national-level stakeholders and travelled to Karakalpakstan where it consulted decision-makers at the regional and district levels and PHC providers.

UNFPA engaged in building health sector capacities in Karakalpakstan. Between 2016-19 the country office trained 100 midwives on postpartum haemorrhage control, over 100 PHC-level service providers on the integrated supported supervisory system for maternal and child health services, and over 300 general practitioners and OB/GYNs on quality family planning and antenatal care services. In addition, it trained mahalla advisors as outreach educators to deliver information on SRHR and gender equality.

4.3 Effectiveness of the adolescents & youth component

A&Y effectiveness findings: New data and evidence on the SRH situation of adolescents and youth in Uzbekistan are not yet available. Because of reforms to the health system, neither is a national policy that allows young people access to SRH services, regardless of their marital status. But a national strategy on adolescent health, to which UNFPA is contributing, is expected for 2020-21.

With the support of UNFPA, the government has begun to introduce healthy lifestyle education for youth that is guided by international standards and good practices. In first instance, lyceum and vocational college students were receiving healthy lifestyle education from teachers trained and equipped with methodological materials thanks to UNFPA. Further, the Ministry of Public Education, jointly with the Ministry of Health and the Youth Union, and with UNFPA's support, initiated a school-based pilot project on peer-to-peer education, which targets 10th-grade girls in three districts of Djizzak region, with the intention to institutionalise peer education in schools. The effectiveness of UNFPA-supported peer education at the beginning of the programme cycle for most-at-risk young people under the patronage of SOS Youth Centres was limited.

Thanks to UNFPA, the Uzbek health system has access to SRH IEC materials for adolescents and youth. Besides adopting guidance on youth-friendly SRH services compatible with international standards - i.e., adapting the WHO Adolescent Job Aid Manual - no great steps have been made in developing capacities for and institutionalising youth-friendly SRH services.

⁸⁶ <http://ifcpc.org/>; <https://www.iarc.fr/>. In 2018, UNFPA organised training on colposcopy for more than 100 OB/GYNS in Tashkent and selected regions.

Table 7: A&Y performance assessment against CPD indicators

CPD Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of CSE and SRH	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
National policies allow young people and adolescents' access to SRH services, regardless of marital status. Baseline: No; Target: Yes	National concept and national action plan 2017-20 for improving the quality of health services for A&Y. However, this framework seems to have been taken over by recent health system reforms. Ongoing collaboration with UNICEF in support of Youth Union efforts to develop a national strategy on adolescent health, expected for 2020-21.
CPD Output 2.1: Strengthened capacity of national institutions to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
New national CSE curriculum aligned with international standards. Baseline: No; Target: Yes	Compulsory "Basics of Healthy Lifestyle and Family" introduced in lyceums and vocational colleges (age group 15-18) in 2018. Intention of the Ministry of Public Education for the UNFPA-supported teachers' manual to also be used for grade 10/11 secondary school students (age group 15-18) and to adapt for schools.
# of national primary health protocols on youth-friendly SRH services compatible with international standards. Baseline: 0; Target: 1	In 2016-17, UNFPA supported the adaptation and piloting of the WHO Adolescent Job Aid Manual which was subsequently adopted by the Ministry of Health, but not being used by consulted healthcare professionals.

4.3.1: Evidence-based policy framework for quality youth-friendly SRH services and healthy lifestyle education

Finding 11: New data and evidence on the SRH situation of adolescents and youth in Uzbekistan are not yet available. Because of reforms to the health system, neither is a national policy that allows young people access to SRH services, regardless of their marital status. But a national strategy on adolescent health, to which UNFPA is contributing, is expected for 2020-21.

The CPD 2016-20 envisages efforts to generate evidence on SRH needs, including those of youth, to generate a better health sector response. It commits UNFPA to provide support for evidence-based policy and administrative frameworks that enable high standards of reproductive health care for young people, including for HIV prevention and response, and regardless of their marital status, with a focus on marginalised and most-at-risk youth.

At the time of writing this report, UNFPA had not recently contributed to new data, research and analysis on A&Y SRH. In 2016-17, it supported the Ministry of Health to conduct analyses on barriers to health service provision for A&Y and develop a national concept and national action plan 2017-20 for improving the quality of health services for A&Y. However, this framework seems to have been taken over by recent health system reforms. The country office was, however, collaborating with UNICEF in support of Youth Union efforts to develop a national strategy on adolescent health, expected for 2020-21.

4.3.2: Delivery of quality A&Y SRH information and services

Finding 12: With the support of UNFPA, the Government of Uzbekistan has begun to introduce healthy lifestyle education for youth that is guided by international standards and good practices. In first

instance, lyceum and vocational college students were receiving healthy lifestyle education from teachers trained and equipped with methodological materials thanks to UNFPA.

The evaluation of the UNFPA CPD 2010-15 highlighted the development and national implementation of a curriculum on adolescent RH for secondary schools and colleges as an accomplishment with UNFPA support. It recommended that UNFPA assist in the development and implementation of school-based curricula on CSE.⁸⁷ The UNFPA CPD 2016-20 commits UNFPA to develop and adopt age-appropriate CSE curriculum in colleges and lyceums. The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20 expects UNFPA to contribute to the health of young people through the adoption of healthy lifestyles and their preparation for adulthood.



Meeting with college students, Kashkadarya



Meeting with college teachers, Kashkadarya

Document review and interviews provide evidence that UNFPA played a significant role in developing a teacher's manual "Basics of Healthy Lifestyle and Family" for lyceums and vocational colleges (age group 15-18) in support of the Ministry of Higher and Specialised Secondary Education and with the participation of the Ministry of Public Education, the Ministry of Health and the Youth Union, and which, as opposed to the earlier 2007 handbook, is guided by international standards. Teaching modules are: 1) basics of healthy lifestyle - healthy food principles; 2) physical education and personal hygiene; 3) shaping a healthy young generation - human health and factors affecting it; 4) basis of the family - family and health; 5) reproductive health and its protection; 6) protection of motherhood and childhood; 7) bad habits and drug abuse; and 8) place of information and communication technologies and the internet in the education of children. UNFPA also supported the preparation of the joint decision of the Ministry of Higher and Secondary-Specialised Education, Ministry of Health, Ministry of Public Education, and Ministry of Preschool Education in early 2018 to make healthy lifestyle education in lyceums and colleges compulsory⁸⁸; it provided teacher training⁸⁹ and supported the Ministry of Higher and Specialised Secondary Education to institutionalise compulsory teacher training at its centres of professional development. The evaluation team visited Samarkand and Kashkadarya where it met students and trained biology and psychology teachers⁹⁰. The consulted teachers appreciated the fact that the new manual pays more attention to HIV transmission and prevention, reproductive health and gender equality. It is written in plain and accessible language and its inter-active teaching methods are useful. Students, for lack of a student's textbook, were also consulting the teacher's manual, and

⁸⁷ ⁸⁷ UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

⁸⁸ Joint Decision of the Centre of Vocational Training at the MHSSE, MH, MPE, MPE: "On population coverage by the target patronage, creating medical awareness and promotion of healthy lifestyles in family and educational institutions" as of 15 January 2018.

⁸⁹ In 2018-19, over 1,000 teachers in mainly non-medical colleges and lyceums and representatives of regional departments were trained by UNFPA on healthy lifestyle education based on the new teacher's manual. Participants commended the training methodology. Source: training reports.

⁹⁰ Due to ongoing reforms of the system of higher and secondary-special education, most of the teachers had left their jobs and therefore only few teachers on basics of healthy lifestyle and family participated in the group discussions.

demonstrated a good level of knowledge of the contents - e.g., regarding pregnancy spacing and negative effects of early marriages.

Furthermore, the evaluation team took note of the intention of the Ministry of Public Education for the teachers' manual to also be used for grade 10/11 secondary school students who are the same age group and to adapt the manual for schools. At the same time, it was also made aware of parallel piloting of the WHO "health promoting schools" model.

Finding 13: The Ministry of Public Education, jointly with the Ministry of Health and the Youth Union, and with UNFPA's support, initiated a school-based pilot project on peer-to-peer education, which targets 10th-grade girls in three districts of Djizzak region, with the intention to institutionalise peer education in schools. The effectiveness of UNFPA-supported peer education at the beginning of the programme cycle for most-at-risk young people under the patronage of SOS Youth Centres was limited.

The UNFPA CPD 2016-20 commits UNFPA to strengthen youth peer education programming, in particular through building a better monitoring and evaluation system. Document review and interviews in Tashkent established that UNFPA advocacy for peer to peer education on healthy lifestyles ultimately resulted in a joint school-based pilot project of the Ministry of Public Education, the Ministry of Health and the Youth Union targeting 10th-grade girls in three districts of Djizzak region. UNFPA-supported training of girl leaders as future peer educators was ongoing at the time of data collection. Stakeholders appeared very interested in this pilot project anchored in existing legislation⁹¹, the results of which should inform a nationwide peer education programme. A monitoring and evaluation system was being tested as part of the pilot.

Earlier, in 2016-17, UNFPA had trained 100 vulnerable young people from SOS Children Villages in Tashkent, Samarkand and Urgench on SRHR and HIV prevention based on peer-to-peer education techniques. Trainers recommended five of them as peer educators who subsequently conducted several trainings for most at risk young people under the patronage of SOS Youth Centres. However, after they left the institution, SOS Children's Villages discontinued the programme.

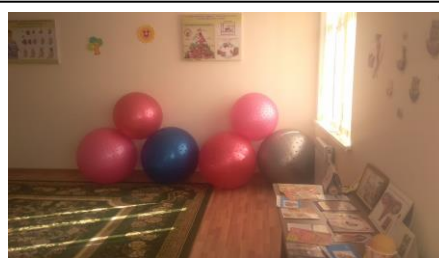
Finding 14: Thanks to UNFPA, the Uzbek health system has access to IEC materials for providing information on SRH to adolescents and youth. Besides adopting guidance on youth-friendly SRH services compatible with international standards - i.e., adapting the WHO Adolescent Job Aid Manual - no great steps have been made in developing capacities for and institutionalising youth-friendly SRH services.

In 2016-17, UNFPA supported the adaptation and piloting of the WHO Adolescent Job Aid Manual⁹² which was subsequently adopted by the Ministry of Health for use by healthcare professionals. Around 80 reproductive health centre representatives and other concerned personnel were trained by UNFPA; 3,000 copies of the manual were printed for distribution. Healthcare providers met by the evaluation team in Kashkadarya and Samarkand regions were not familiar with the manual, but recognised the necessity of such guidance.

⁹¹ Law on the Protection of the Reproductive Health of Citizens, 11 March 2019; Law On State Youth Policy, 14 September 2016; Presidential Decree #5590 of 7 December 2018 "On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan"; Presidential Resolution of 18 December 2018 #4063 About Measures on Prevention of Non-communicable Diseases, Support for a Healthy Lifestyle and Increase the Level of Physical Activity of the Population.

⁹² http://www.searo.who.int/entity/child_adolescent/documents/Publications_Adolescent_Job_Aid1.pdf?ua=1.

Through interviews and observation in Kashkadarya and Samarkand regions, the evaluation team was able to confirm that medical staff at reproductive health centres provide information on A&Y SRH using IEC materials elaborated with technical support from UNFPA. The same goes for recently established medical centres for girls⁹³, which, without UNFPA support, have also organised peer education in schools through groups of girl volunteers. However, the evaluation team noted, including from document review, that medical centres for girls in Uzbekistan still lack capacitated specialists for SRH; peer educators lack the necessary knowledge and skills.



Medical centre for girls, Samarkand

4.4 Effectiveness of the gender equality and women's empowerment component

GEWE effectiveness findings: Helping to close an important policy gap, and in support of implementing the 2015 CEDAW concluding observations, UNFPA contributed to the creation of a national legal framework for improving women's status. In 2019, the President of Uzbekistan signed two laws on gender equality and violence against women. UNFPA - in its capacity as chair of the Gender Theme Group - is coordinating the drafting of an implementation strategy. During 2016-19, UNFPA did not conduct or support any significant data gathering or research in support of achieving gender equality and responding to GBV. No unified data collection system existed and national data on GBV prevalence were not available.

Rather than providing support for implementing UPR recommendations as originally intended, UNFPA assisted the Women's Committee to coordinate and monitor the implementation of the Concluding Observations on the Fifth Periodic Report of Uzbekistan to CEDAW. The anticipated system for tracking and reporting on international human rights commitments and recommendations on reproductive rights does not exist.

A new hotline service run by the Women's Committee is available for women at risk and survivors of GBV, and was being used. Trained operators, legal counsellors and psychologists are responding to callers and referrals are being made, but sometimes with delays. SOPs should help to further improve the quality of hotline services.

Health system capacities to respond to GBV have not been significantly increased. The formalisation of a multi-stakeholder response to GBV is at an early stage. Through the Women's Committee, NGOs are part of the evolving response - i.e., centres for legal and social support of women and newly-established rehabilitation centres, which have both profited from UNFPA support, but institutional management and service delivery capacities are weak. Trained mahalla representatives were using new knowledge on GBV prevention and response gained with the support of UNFPA, but have not been included in the multi-stakeholder GBV response.

Table 8: GEWE performance assessment against CPD indicators

CPD Outcome 3: Advanced gender equality, women and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
Proportion of UPR accepted recommendations on RR from the previous cycle implemented or on which action was taken. Baseline: 0; Target: 50%	UNFPA has not specifically supported the government to implement UPR recommendations. The focus of the country office has been on CEDAW concluding observations.
CPD output 3.1: Strengthened national policies and protection systems for promoting gender equality and addressing gender-based violence in line with CEDAW requirements	
Indicator, Baseline, Target	Evaluator Assessment of Achievement

⁹³ Resolution of the Cabinet Ministers #352 as of 10 May 2018 on Measures to Increase Performance of the Obstetrical and Gynaecological and Medical Services for Girls and Women of Child-bearing Age.

# of national programmes on SRH that incorporate GBV prevention, protection and response. Baseline: 0; Target: 1	No national programme on SRH that incorporates GBV exists yet. A gender strategy is in the making.
Existence of a tracking and reporting system to follow up on the implementation of RR recommendations and obligations issued by the human rights treaty bodies. Baseline: No; Target: Yes	UNFPA is supporting the Women's Committee to coordinate and monitor CEDAW implementation, but no system has been set up for state actors and civil society to follow up on the implementation of international commitments.

4.4.1: Evidence-based policy framework for gender equality and quality GBV services

Finding 15: Helping to close an important policy gap, and in support of implementing the 2015 CEDAW concluding observations, UNFPA contributed to the creation of a national legal framework for improving women's status. In 2019, the President of Uzbekistan signed two laws on gender equality and violence against women. UNFPA - in its capacity as chair of the Gender Theme Group - was coordinating the drafting of an implementation strategy. During 2016-19, UNFPA did not conduct or support any significant data gathering or research in support of achieving gender equality and responding to GBV. No unified data collection system existed and national data on GBV prevalence were not available.

The evaluation of the previous UNFPA country programme for Uzbekistan highlighted improved national capacity for data collection on important reproductive and gender issues as a key achievement.⁹⁴ The CPD 2016-20 envisages further efforts to generate evidence and analyse the effects of GBV on the reproductive health, well-being and social and economic participation of women and girls, and to enhance national legislation for the promotion of gender equality and GBV prevention.

During 2016-19, UNFPA did not conduct or support any significant data gathering or research in support of achieving gender equality and responding to GBV. National data on GBV prevalence was not available. No unified data collection system existed⁹⁵; neither did ministries use the same indicators, which rendered data processing and compilation by the Women's Committee very difficult and distorted the picture. No GBV statistics were published by the State Committee for Statistics. Looking ahead, UNFPA is advocating for the inclusion of a nationwide study on GBV as part of an evolving gender strategy (see below). The evaluation team also noted that initial discussions were taking place about creating a single administrative database on GBV survivors as part of the multi-stakeholder response to GBV (see below), but so far, no action had been taken.

Item 10 of the concluding observations on the fifth periodic report of Uzbekistan to CEDAW⁹⁶ urges the Government of Uzbekistan to carry out a comprehensive legislative review and adopt new legislation in order to bring its national law into line with the provisions of the Convention; and to accelerate the adoption of the bill on equal rights and opportunities for men and women and the bill on violence in the family and ensure that they fully comply with the Convention. The National Action Plan on the Implementation of the CEDAW Recommendations⁹⁷ committed Uzbekistan to conduct an inventory of current legislation in order to identify inconsistencies in the legislative norms with the provisions of the

⁹⁴ UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

⁹⁵ The Women's Committee organises data collection in two ways: (i) at the national level, it requests data from ministries; (ii) at the regional level, it requests information from the office of the deputy khokim/chair of the Women's Committee, who, in turn, contacts the regional departments of the ministries.

⁹⁶ CEDAW/C/UZB/CO/5, 24 November 2015.

⁹⁷ National Action Plan on the Implementation of the Recommendations of the UN Committee on the Elimination of Discrimination against Women following the Consideration of the Fifth Periodic Report of the Republic of Uzbekistan on the Implementation of the Provisions of the UN Convention on the Elimination of all Forms of Discrimination against Women (24 November 2015, Geneva), as 10 October 2017.

Convention and the desirability of developing new regulatory and legal acts; and to make proposals on the results of the inventory and draft laws or regulations. On 2nd September 2019, the President of Uzbekistan signed two laws - i.e., the Law on Guarantee of Equal Rights and Opportunities for Women and Men and the Law on Protection of Women from Harassment and Violence.

Within the context of its support for CEDAW implementation and reporting, the UNFPA country office, as part of the UNDAF governance results group, provided technical advice to the government that fed into drafting. At the time of data collection, the Gender Theme Group under UNFPA's leadership was supporting the Gender Commission under the Senate to elaborate a results-oriented gender strategy for implementing the Law on Guarantee of Equal Rights and Opportunities for Women and Men. Specifically, UNFPA's role as chair of the Gender Theme Group was to convene and coordinate an expert group consisting of concerned ministry officials and national and international experts.

Finding 16: Rather than providing support for implementing UPR recommendations as originally intended, UNFPA assisted the Women's Committee to coordinate and monitor the implementation of the Concluding Observations on the Fifth Periodic Report of Uzbekistan to CEDAW. The anticipated system for tracking and reporting on international human rights commitments and recommendations on reproductive rights does not exist.

The evaluation of the previous UNFPA country programme for Uzbekistan highlighted substantial contributions to capacity building for implementing and monitoring of CEDAW.⁹⁸ The country programme 2016-20 commits UNFPA to support the development of a tracking and reporting system to follow up the implementation of RR recommendations and obligations issued by human rights treaty bodies. It envisages efforts to strengthen frameworks for civil society to address GBV and reproductive rights. At the outcome level, an increase in the proportion of UPR accepted recommendations on RR from the previous cycle implemented or on which action was taken is expected.

UNFPA is supporting the Women's Committee to coordinate and monitor CEDAW implementation, but no system has been set up for state actors and civil society to track and report on the implementation of international commitments and recommendations on reproductive rights. Rather than focusing on the UPR, UNFPA has emphasised support for implementing and monitoring the implementation of CEDAW concluding observations through the National Action Plan. In particular, the UNFPA country office supported the Women's Committee to develop indicators for collecting data on the implementation of the National Action Plan through concerned regional departments. However, indicators were for the most part qualitative and activity-based, and staff were not sufficiently familiarised with expectations. Therefore, information received by the Women's Committee for preparing the 2019 monitoring report on implementation of the National Action Plan, which was submitted to the National Human Rights Centre for preparing the Sixth Periodic Report of Uzbekistan to CEDAW⁹⁹, was difficult to process.

4.4.2: Delivery of quality GBV prevention and response services

Interviews and focus group discussions revealed that UNFPA has played a key role in a short space of time since the coming into power of the new administration in putting quality GBV prevention and response services in place, using different service delivery platforms.

⁹⁸ UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

⁹⁹ Expected in November 2019.

Finding 17: A new hotline service run by the Women's Committee is available for women at risk and survivors of GBV, and was being used. Trained operators, legal counsellors and psychologists are responding to callers and referrals are being made, but sometimes with delays. SOPs should help to further improve the quality of hotline services.

Based on Presidential Decree #3827¹⁰⁰, and including with funding from the UK FCO, UNFPA has supported the creation of a national hotline #1146 run by the Women's Committee. Desk review and consultations, including with trained operators and psychologists¹⁰¹, established that the free of charge hotline is set up to function 24/7. The primary target groups of the helpline are women who have been abused as well as youth and adults who seek information about violence or ask for help. The secondary target group are people who want to help a victim of violence and therefore seek information.

Hotline operators, psychologists, lawyers and representatives of other institutions working with violence victims were introduced to an updated concept of the Women's Committee for working with citizen appeals, and helped to better understand their roles and functions to ensure timely and qualitative assistance to women; they became acquainted with the aim of the hotline and working principles, differences between crisis and non-crisis calls.¹⁰² UNFPA-supported training has provided consulted hotline operators with skills to respond calmly and clearly and to coordinate with psychologists and lawyers. Survivors of violence have been referred to legal counsellors and psychologists as necessary. However, these have not always been available, especially at night when most calls have been answered. The telephone numbers of the recently-established rehabilitation centres (see below) were not always immediately on hand. At the time of writing this evaluation report, standard operating procedures (SOPs) had been elaborated with the help of international experts that distinguish between emergency calls (crisis situations) and non-emergency calls (possibility to reroute), and which were about to be piloted. Logbooks were available and the use of the hotline is being monitored. Information was available to the UNFPA country office on the origin of calls, the sex of callers, and the type of request.

Finding 18: Health system capacities to respond to GBV have not been significantly increased. The formalisation of a multi-stakeholder response to GBV is at an early stage. Through the Women's Committee, NGOs are part of the evolving response - i.e., centres for legal and social support of women and newly-established rehabilitation centres, which have both profited from UNFPA support, but institutional management and service delivery capacities are weak.

The CPD 2016-20 envisages efforts to strengthen frameworks for the health sector to address GBV and expects the country office to contribute to a national programme on SRH that incorporates GBV. According to country office reporting, UNFPA had supported the Ministry of Health in 2017 to draft special service delivery protocols that specify the response of health care professionals to the needs of women in difficult life situations, including in humanitarian settings, based on the UNFPA Global Essential Services Package for Women and Girls Subject to Violence and the EECARO Regional Intervention Package. However, implementation of these protocols was not supported, and the

¹⁰⁰ Presidential Decree #3827 as 02.07.2018 On Measures to Improve the System of Social Rehabilitation and Adaptation, as well as the Prevention of Domestic Violence.

¹⁰¹ UNFPA has trained 80 hotline operators, psychologists, lawyers and representatives of other concerned institutions. The evaluation team met with three operators (two of them trained by UNFPA) and two psychologists in Tashkent, who service the entire country.

¹⁰² Sources: Report on two 3-days trainings for hotline operators in Karshi and Samarkand, 26-31 March 2018; Report on 3-days training for hotline operators in Tashkent, 10-12 December 2018; Report on 2-days training for hotline operators in Tashkent, 22-23 July 2019; INT-T3-04_Project Completion Report under 80k_UNFPA_21MAY2019_UKB35.

evaluation team was unable to assess the extent to which they are being applied. No support was provided for developing a national programme on SRH that incorporates GBV.

However, in 2019, the UNFPA country office started working with the Women's Committee, the Ministry of Health and the Ministry of Internal Affairs to establish a multi-stakeholder response (MSR) to GBV centred around the new hotline and the elaboration of SOPs. Document review, interviews and a focus group discussion with representatives of the Ministry of Health and the Ministry of Internal Affairs established that work to establish an MSR, including to elaborate SOPs based on the Essential Services Package for Women and Girls Subject to Violence¹⁰³, was progressing and expected to improve already existing collaboration and referrals among the concerned entities. Consulted government stakeholders were very keen to learn from good examples of referral mechanisms in the region.

The CPD 2016-20 also envisages efforts to strengthen frameworks for civil society to address GBV and reproductive rights. In 2008, UNFPA had supported the Women's Committee to create eight Centres for Legal and Social Support of Women (CSLSW) to provide psychological, social and legal assistance to women in need. The network of these non-governmental centres was considered the basis for an emerging national mechanism for addressing GBV in the country. During the current programme cycle, UNFPA has continued to support the centres: representatives of all CSLSWs were trained on GBV prevention and provision of services for domestic violence victims in 2016-17. However, while the centres are still considered part of the evolving multi-stakeholder referral system, their capacities remain weak, and the government focus is now on newly-established rehabilitation centres.

In 2018-19, based on the Presidential Decree #3827¹⁰⁴, 192 rehabilitation centres at regional and district levels and in 27 towns have been established and are coordinated by the Republican Rehabilitation Centre in Tashkent under the Women's Committee. Rehabilitation centres have NGO status. Their services are delivered in three ways: (i) providing psychological and legal assistance for women and couples in need to prevent crisis situations; (ii) anonymous phone services by a psychologists and lawyers through call-centres; and (iii) ensuring shelter for victimised women and girls, and providing them with psychological, legal assistance, job training if needed. At the request of the Women's Committee, UNFPA provided computers and furniture for four centres¹⁰⁵ and included centre staff and volunteers in training for hotline staff. Consultations with stakeholders, including the Republican Centre and volunteer psychologists and lawyers of three rehabilitation centres in Samarkand City, in Kasbi (a rural district in Kashkadarya region) and in Tashkent, established that institutional management and service delivery capacities are still weak and not sustainable, and that demand is as yet little. At the time of visiting, the evaluation team met a married couple receiving psychological support in Kashi, a mother and daughter taking shelter in Samarkand and two girls taking shelter in Tashkent.

Finding 19: Trained mahalla representatives were using new knowledge on GBV prevention and response gained with the support of UNFPA, but have not been included in the multi-stakeholder GBV response.

¹⁰³ <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>. According to UNFPA, the availability of UNFPA-developed Global Essential Services Package for Women and Girls Subject to Violence and EECARO Regional Intervention Package for Multi-sectoral Response to GBV, including in Russian, was very helpful for development of the draft national protocols.

¹⁰⁴ Presidential Decree #3827 as 02.07.2018 On Measures to Improve the System of Social Rehabilitation and Adaptation, as well as the Prevention of Domestic Violence.

¹⁰⁵ Republican centre; Andijan regional centre; Djizzakh regional centre; Tashkent regional centre.



Meeting with mahalla specialists,
Kashkadarya

Including with funding from the UK FCO, the UNFPA country office has trained 200¹⁰⁶ mahalla heads, advisors and specialists as outreach educators on gender equality and GBV. The evaluation team met with trained mahalla representatives from rural and urban areas of Kashkadarya and Samarkand regions as well as mahalla representatives who were not trained. While topical knowledge gained was considered useful, consultations revealed that training did not contain skills building to include the mahalla structure in the multi-stakeholder response and case management. The

non-trained mahalla representatives demonstrated a lower level of knowledge on domestic violence and physical abuse than those trained.

4.5 Effectiveness of the population dynamics component

PD effectiveness findings: UNFPA is helping to close the population data gap. It has supported the government to conduct population projections and regional analyses and to localise the SDGs; it has thrown its weight behind the population and housing census planned for 2022. A web-portal database was launched covering the Aral Sea region, but appeared underused.

Table 9: PD performance assessment against CPD indicators

CPD outcome 4: Strengthened national policies through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and RR, HIV and GE	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
# of new national socio-economic development programmes that incorporate PD. Baseline: 0. Target: 1	No UNFPA support for a new national socio-economic programme that incorporates population changes during the current country programme cycle. No new national socio-economic development programme available.
CPD output 4.1: Enhanced capacity of national institutions to develop and monitor socio-economic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable development	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
# of databases with population-based data accessible for development and monitoring of socio-economic policies and programmes at national and sub-national level. Baseline: 1; Target: 4	One database with population-based data for the local governments in the Aral Sea region, but suboptimal usage for policy making and project approval. No other UNFPA-supported databases expected during the current country programme cycle.
# of population-based research activities/surveys that allows for an estimation of key populations and RH indicators and for the mapping of socio-economic inequalities conducted by national research institutions with UNFPA support. Baseline: 7; Target: 10	Two surveys with a total 1,600 respondents: survey to study the role of men in families and reproductive health promotion; and study on promoting healthy lifestyles and reproductive health of youth in Uzbekistan. Uzbekistan Population Forecast 2018-50 covering all regions, but not yet published/publicly available. Set of regional forecasts (14 regions) coherent with the assumptions and results of the national forecast expected by end-2019. Support for preparing population census.

¹⁰⁶ See Annex 4: Overview of UNFPA-supported training courses/sessions 2016-19.

4.5.1: Evidence on population dynamics and interlinkages with GEWE and SRH

Finding 20: UNFPA is helping to close the population data gap. It has supported the government to conduct population projections and regional analyses and to localise the SDGs; it has thrown its weight behind the population and housing census planned for 2022.

The CPD 2016-20 commits UNFPA to enhancing national mechanisms for population data collection, analysis, dissemination and use for informed policy development at national and sub-national levels, and to transferring up-to-date knowledge on population-based survey methodologies, and to support research that makes it possible to trace socio-economic inequalities.

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UNFPA has supported two surveys: In 2016, the Institute for Social Research under the Cabinet of Ministers of Uzbekistan conducted a survey in four regions¹⁰⁷ to study the role of men in families and reproductive health promotion with UNFPA technical and financial assistance. Another study by the same institute was conducted with UNFPA's financial and technical support in 2017 on promoting healthy lifestyles and reproductive health of youth in Uzbekistan.¹⁰⁸

Furthermore, UNFPA and the State Statistics Committee of Uzbekistan have intensified their collaboration. UNFPA has been particularly instrumental in conducting new population projections, for the first time with the help of international consultants: In 2018, the State Statistics Committee finalised the Uzbekistan Population Forecast 2018-50 covering all regions with considerable support from UNFPA and the Tashkent State University of Economics (TSUE CEDR). UNFPA organised on-the-job training for specialists and demography students on the population projections methodology, procured software for population projections, and provided technical assistance to the regions. A set of regional forecasts (14 regions) coherent with the assumptions and results of the national forecast was expected by the end of 2019. The results from both national and regional publications were expected to be provided to the public media and libraries for wider dissemination in Uzbek and Russian, as well as posted online. At the time of data gathering, the national population forecast was only printed in Russian language and not readily available to the public.

Annual planning and reporting for 2018 and 2019 as well as interviews confirmed that UNFPA has trained, exposed and closely collaborated with the State Committee on Statistics to convene stakeholders, including from the regions, to prepare for undertaking a population census, the first time in 30 years, and which should also help to gather data for a number of localised SDG indicators. Due to recent socio-economic and political reforms initiated by the president, the proposal for a population census was included in the State Programme for Implementation of the Uzbekistan's Strategy of Actions for 2017-2021. On February 5th 2019, the Presidential Decree #5655 on Conducting the Census (concept note) in Uzbekistan in 2022 was signed. Since then, the country office has supported the drafting of a law on the population census according to international standards and practices as well as recommendations of the UN Economic Commission for Europe. The country office also supported a capacity assessment as well as a census plan and budget. The draft law was at the time of writing under the consideration of the Government of Uzbekistan. The capacity assessment found that qualified personnel (technical and management) and poor organisational infrastructure were the main weaknesses. UNFPA management convened stakeholders - e.g., a round table at the end of May¹⁰⁹ - and

¹⁰⁷ Tashkent City, Tashkent, Syrdarya and Namangan regions. 400 respondents; 100 married men in each region aged 18-49.

¹⁰⁸ The survey data were collected in four regions: Tashkent City, Surkhandarya, Andijan and Tashkent regions among 1,200 third-year students of vocational colleges and lyceums aged 18-19. In total, 14 colleges and 4 lyceums.

¹⁰⁹ <https://uzbekistan.unfpa.org/en/news/round-table-population-census-republic-uzbekistan>.

intensively lobbied donors - e.g., donor meeting in September¹¹⁰ - to contribute early funding for this important and enormous task; however, at the time of writing without success. Without having talked to potential donors, the evaluation team was informed that this was mainly because the government had not yet communicated the availability of a domestic budget for preparing and conducting the census. UNFPA itself was confident that sufficient funding will become available to provide technical assistance for conducting the census. The proposal was to recruit a Chief Technical Advisor located with the State Statistics Committee.

The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20 commits UNFPA to contribute to strengthened national capacity for data collection for SDG monitoring and reporting through adaption of international standard definitions and data collection. UNFPA, alongside other UN agencies such as UNDP, also provided support to the State Statistics Committee for localising the SDGs. A list of localised SDG targets and indicators with responsible state authorities is available. The government is using the UNDAF results groups to follow up, including to work on methodologies - i.e., on livelihoods, social protection, environment, health, education and governance.

Finding 21: A web-portal database was launched covering the Aral Sea region, but appeared underused.

In terms of enhancing national mechanisms for population data collection, analysis, dissemination and use for informed policy development and UNFPA's commitment to improve access to high-quality population data through the development of population databases (target: 3 additional databases), the CPD puts a particular focus on areas affected by Aral Sea environmental disaster. Funding for capacity building and establishing a database for local governments in the Republic of Karakalpakstan and Bukhara and Khorezm regions to implement and monitor the national development programme for the Aral Sea environmental disaster-affected areas was mobilised through the UN joint programme "Sustaining Livelihoods Affected by the Aral Sea Disaster". Research and consultations with national and local-level government authorities established that the web-portal database¹¹¹ with district-level socio-economic and ecological indicators is available and functioning in four languages (English, Russian, Uzbek and Karakalpak); however, while the need for population data is understood, the use of the database for formulating and approving policy decisions and projects is suboptimal. Hardly any respondents in the three regions knew or had visited the website since its launch in 2017. No user statistics were made available to the evaluation team. In addition, access to the database for local-level stakeholders is limited to only viewing, not editing.

4.6 Effectiveness of communications and advocacy

Communications and advocacy findings: Communications and public advocacy continues to be a cross-cutting activity, supported by a full-time advocacy and communications programme associate and dedicated funds, and coordinated with other UN agencies, but not guided by a strategy aimed at raising visibility and awareness. Monitoring of the effectiveness of UNFPA communications and advocacy is activity-based or related to volume of communications in traditional and social media. Further recent data and analysis is not available. Stakeholder perceptions suggest that UNFPA could be more ambitious and visible. While UNFPA communication and advocacy activities have targeted both women and men, plans to elaborate a national strategy and build national capacities to engage men and boys were not realised.

¹¹⁰ <https://uzbekistan.unfpa.org/en/news/donor-meeting-population-census-participation-international-organizations-and-embassies>.

¹¹¹ <http://www.aral.mptf.uz/site/statistical.html>.

4.6.1: Awareness raising and change of knowledge, attitudes and practices

Finding 22: Communications and public advocacy continues to be a cross-cutting activity, supported by a full-time advocacy and communications programme associate and dedicated funds, and coordinated with other UN agencies, but not guided by a strategy aimed at raising visibility and awareness.

In support of CEDAW concluding observations, the CPD 2016-20 envisages efforts to improve the population's awareness of reproductive health and to increase demand for relevant information and client-oriented services and to achieve greater population awareness of child marriage. The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-2020 expects UNFPA to raise public awareness of key health issues, to promote behavioural changes and ensure timely use of health services, including reproductive health services and positive parenting.

The evaluation of the 2010-15 country programme found that UNFPA Uzbekistan communications and public advocacy work had been implemented effectively, and recommended that the country office update the communications and advocacy strategy to reflect the expectations of the UNFPA strategic plan 2014-17.¹¹² The present evaluation finds that communications and advocacy have continued to be a cross-cutting part of the country programme - either in the form of general public communication activities (e.g., UN observance days such as international youth day and 16 Days of Activism against Violence toward Women and Girls, website, social media) and tailored communication activities as part of UNFPA country programme implementation (e.g., topical TV videos, IEC materials). A full-time advocacy and communications programme associate took up work as of November 2018 (after a vacancy since January 2016)¹¹³, who participates in the UNCT Communications Group, and around \$60,000¹¹⁴ have been allocated for communications and advocacy during 2016-19. However, a UNFPA Uzbekistan communications and advocacy strategy is no longer available.¹¹⁵

Finding 23: Monitoring of the effectiveness of UNFPA communications and advocacy is activity-based or related to volume of communications in traditional and social media. Further recent data and analysis is not available. Stakeholder perceptions suggest that UNFPA could be more ambitious and visible.

Monitoring of communications and advocacy is done as part of SIS reporting, and is activity-based and related to volume of communications in traditional and social media. Monitoring of followers on social media has taken place since end 2018 only: As of mid-2019, the number of followers on Twitter had increased from 593 to 636; the number of followers on Facebook from 1,370 to 1455; and the number of mentions in media, including TV, radio, internet websites, social media reached 60.¹¹⁶ Monitoring of the number of visitors to the UNFPA Uzbekistan website is not available.

For over a decade, with interruptions in 2013 because of the political context, UNFPA has been supporting the production and broadcasting on local radios of the weekly Silk Road Soap Opera that addresses SRH and gender issues, in collaboration with UNESCO and NAEMM. While an evaluation of this flagship programme was conducted in 2011¹¹⁷, no recent statistics on the number of listeners nor

¹¹² UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

¹¹³ Source: UNFPA COAR 2018.

¹¹⁴ Source: UNFPA Programme Coordination and Assistance annual workplans 2016-19.

¹¹⁵ The evaluation of the previous country programme found that communications and advocacy had been implemented effectively, guided by the coherent and comprehensive UNFPA Uzbekistan Communications and Advocacy Strategy, 2010. Source: UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

¹¹⁶ Source: 2019 Q2 Monitoring.

¹¹⁷ Source: CPE Uzbekistan 2010-15.

analysis of viewer feedback and change thanks to its messages were available to the country office and the evaluation team. The same goes for TV videos and PSAs - e.g., PSAs on the two new laws on gender equality and violence against women.

Stakeholder and beneficiary consultations revealed that communications and advocacy has become easier since 2017 and the opening up of the media landscape. Nevertheless, particular attention needs to be paid to the use of proper wording and official data. Furthermore, based on stakeholder and beneficiary perceptions, it would appear that there is scope for increasing/improving the visibility of UNFPA and public outreach and awareness raising - e.g., on gender equality and women's legal rights and on family planning. A suggestion was made to apply different methodologies for reaching rural versus urban areas.

Finding 24: UNFPA communication and advocacy activities have targeted both women and men. Plans to elaborate a national strategy and build national capacities to engage men and boys were not realised.

The evaluation of the previous UNFPA country programme for Uzbekistan highlighted male involvement in reproductive health as a key achievement. The CPD 2016-20 envisages efforts to introduce gender-transformative approaches and engage men and boys in gender equality, GBV prevention and reproductive health efforts, and concrete plans were made in 2017-18 to develop a national strategy/plan and build the capacities of the Women's Committee. However, as already noted above, this particular activity did not take place.

4.7 Effectiveness of UNFPA support for emergency preparedness

Emergency preparedness findings: UNFPA support for national emergency preparedness has been limited to the provision of MISP training. Neither had MISP been integrated in the Ministry of Health order on emergency situations nor had MISP training been institutionalised. Despite a commitment in the CPD, the country office has not engaged in GBV in emergencies.

4.7.1: Emergency preparedness in SRH and GBV

Finding 25: UNFPA support for national emergency preparedness has been limited to the provision of MISP training. Neither had MISP been integrated in the Ministry of Health order on emergency situations nor had MISP training been institutionalised. Despite a commitment in the CPD, the country office has not engaged in GBV in emergencies.

The Uzbekistan CPD 2016-20 commits UNFPA to integrate MISP for reproductive health in crisis situations into national emergency preparedness plans. The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20 envisages UNFPA contribution to including a response to SRH needs of affected populations into national emergency preparedness plans.

The Ministry of Emergency Situations is the lead government entity for emergencies. No national humanitarian coordination mechanisms with UN system involvement are in place in Uzbekistan. No emergency events occurred during the current country programme cycle. To ensure coordinated support in the case of a humanitarian situation, UNFPA is member of UNCT coordination mechanisms - i.e., the Humanitarian Country Team and Emergency Preparedness Group.

Document review revealed that UNFPA cooperated with the Ministry of Health to conduct MISP trainings in selected regions: just over 100 staff members of selected regional reproductive health centres and local health care managers were trained in 2016-18 on SRH in emergencies and MISP implementation, including in Khorezm and Ferghana visited by the evaluation team. Consulted training beneficiaries highlighted how MISP materials have enhanced their knowledge and were very useful.

However, neither had MISP been integrated in the Ministry of Health order (SOPs) on emergency situations nor had MISP training been institutionalised. A global MoU exists between UNFPA and the International Federation of Red Cross and Red Crescent Societies¹¹⁸ based on which the country office has plans to work with the National Red Crescent Society to increase awareness and promote revisions. The CPD 2016-20 also envisages efforts to advocate for the incorporation of GBV prevention and response in national emergency response plans. No activities were planned or implemented.

4.8 Sustainability

Sustainability findings: Longer-term sustainability is highly probable thanks to strong government ownership, new UNFPA-supported legislation and regulatory systems, and where training curricula have been institutionalised and national instructors trained. Interviewed trainees generally confirmed the use of knowledge and skills acquired. In the event that UNFPA were to withdraw support, the continuation of training activities directly organised by the country office is questionable.

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4.8.1: Continuation of benefits beyond UNFPA support

Finding 26: Longer-term sustainability is highly probable thanks to strong government ownership, new UNFPA-supported legislation and regulatory systems, and where training curricula have been institutionalised and national instructors trained. Interviewed trainees generally confirmed the use of knowledge and skills acquired. In the event that UNFPA were to withdraw support, the continuation of training activities directly organised by the country office is questionable.

UNFPA support has been planned and implemented in close consultation and cooperation with mainly government partners. Consequently, interviews generally confirmed strong government ownership of UNFPA-supported activities and results - e.g., CEDAW implementation and monitoring led by the Women's Committee, healthy lifestyle education in lyceums and colleges, and preparations for conducting the population census in 2022. Sustainability is also highly probable thanks to political commitment to implement recent new pieces of legislation in the areas of SRH and GEWE, to which UNFPA contributed. This said, termination of more recently provided support - e.g., the establishment of a national multi-stakeholder response to GBV or introduction of peer education for girls in school settings - would appear premature.

UNFPA has promoted longer-term sustainability of quality public services through the development of protocols and standards - e.g., the newly adopted National Standard on Family Planning, capacity development for education institutions and training centres, and the institutionalisation of pre- and in-service training curricula - e.g., the updated post-graduate training curriculum on antenatal care for GPs or the teacher's manual "Basics of Healthy Lifestyle and Family" for colleges and lyceums that has been handed over to and introduced by the Ministry of Specialised Secondary and Higher Education.

Interviews and review of training reports also provided evidence of short-term improved national service delivery capacities in the health and education sectors and among statisticians and planning authorities thanks to training activities organised by UNFPA. Interviewed trainees generally confirmed that they used the knowledge and skills acquired. However, should UNFPA withdraw its support, the continuation of one-off and repeated training activities that depend on UNFPA - e.g., on MISP implementation - is questionable.

¹¹⁸ The evaluation team was referred to: Joint letter regarding cooperation between IFRC and UNFPA, July 24th 2008.

One notable example of unsustainable interventions is collaboration with the SOS Children's Village to educate vulnerable A&Y on SRH and HIV based on peer-to-peer techniques. Once trained peer educators left the institution, the programme was discontinued.

4.9 Efficiency

Efficiency findings: The UNFPA country programme has not disposed of financial resources to the level foreseen because of fewer Regular Resources and Other Resources than anticipated - affecting the availability of funds for all country programme components, and especially PD and A&Y. The UNFPA country office does not have a resource mobilisation strategy, but rather appeared to be opportunity-driven. Fundraising locally has generally been difficult because of limited donor presence. A comparatively large amount of funds, including Other Resources, have been raised for and expended in Karakalpakstan.

The composition of the UNFPA country office is for the most part new. The only few UNFPA staff members are appreciated for their dedication and professionalism. Given a packed and fast-moving agenda and multiple responsibilities, they are stretched thin. The UNFPA country office has almost completely directly executed country programme activities, but is preparing the ground for more NEX.

Overall, monitoring is adequate for the purpose of decision-taking on the implementation of annual work plans. The UNFPA Strategic Information System ensures internal accountability, but reporting could be biased towards positive accomplishments, and fails to track progress towards CPD outputs and outcomes against the associated indicators. Since NEX is not applied, third party inputs into monitoring and learning are less.

4.9.1: Conversion of UNFPA resources into activities and outputs

Finding 27: The UNFPA country programme has not disposed of financial resources to the level foreseen because of fewer Regular Resources and Other Resources than anticipated - affecting the availability of funds for all country programme components, and especially PD and A&Y. The UNFPA country office does not have a resource mobilisation strategy, but rather appeared to be opportunity-driven. Fundraising locally has generally been difficult because of limited donor presence. A comparatively large amount of funds, including Other Resources, have been raised for and expended in Karakalpakstan.

Nearly four years into the five-year country programme (as of end-July 2019), only 58% of the total proposed indicative assistance of \$6.3m has been at the disposal of the UNFPA country office - i.e., \$3.65m (see Table 4 above and Annex 6). On a yearly average, the UNFPA country office has received fewer Regular Resources than anticipated - i.e., \$0.74m as opposed to \$1.06m.

The UNFPA country office does not have a resource mobilisation strategy and appears opportunity-driven. Interviews revealed that it is generally difficult to fundraise locally in Uzbekistan. However, ODA has recently grown, and donor interest and activities could further increase thanks to the ongoing governance reforms and priority setting. To date, only half of the expected Other Resources have been mobilised - i.e., \$0.52m. Other Resources have mainly been provided by two donors - i.e., the UK FCO for GEWE (\$0.13 m) and the UNTFHS (\$0.30m) mainly for SRH in Karakalpakstan (\$0.27m). Compared to plan, resource mobilisation for GEWE has been most successful (\$0.30m) exceeding the indicative amount of \$0.10m. No Other Resources have been mobilised for A&Y; hardly any for PD.

Between 2016-19, expenditures for SRH have been the highest - i.e., \$1.29m - followed by GEWE (\$0.79m), PD (\$0.46m) and A&Y (\$0.38m). Of overall available resources, the utilisation rate has been high at over 90%. However, compared to proposed indicative assistance for 2016-20, available funds for PD and A&Y are especially below expectations - i.e., expenditures amount to 38% and 32% of proposed indicative assistance respectively.

The Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20 commits UNFPA to attract donor assistance for socially significant projects and programmes to

mitigate the Aral Sea disaster and improve the environmental and socio-economic situation in the Aral Sea region. Indeed, while UNFPA in Uzbekistan normally pursues a nationwide approach, a comparatively large amount of funds, including Other Resources, has been raised for and expended in Karakalpakstan. Between 2016 and July 2019, UNFPA had mobilised \$.30m from the UNTFHS. More recently in 2019, the country office received an additional \$0.6m from the Multi-partner Human Security Trust Fund (MPHSTF) for the Aral Sea region for activities in the area of maternal health (between August 2019 and December 2020) and was expecting a further \$1.4m from Japan.

The implementation of the previous country programme cycle was frequently impacted by the political context.¹¹⁹ The current country programme has experienced some delays in receiving funds and delivering annual work plans. For instance, some Other Resources have been released late - e.g., from the UNTFHS because of late project approval by the government, or from the UK FCO because of UNFPA staff rotation and delays in signing the project document, or requested funds from Japan because of UNFPA staff rotation and domestic budget issues. Certain activities have also been postponed because of developments and delays on the part of the government - e.g., introducing new ANC guidance and development of an electronic version of LMIS because of ongoing reforms to healthcare structures, or capacity development for quality perinatal care services pending approval of UNFPA-supported Ministry of Health Order on Regionalisation of Perinatal Care System. The evaluation team was also informed that weak reporting capacities of PD implementing partners - the Institute for Social Research and the Oila Scientific Practical and Research Centre under the Cabinet of Ministers - and consequently late and sub-quality reports also led to delays in transferring funds. No interviewees had strong views on the extent to which activities could have been implemented and results delivered with fewer resources (or the same resources could have resulted in more).

Finding 28: The composition of the UNFPA country office is for the most part new. The only few UNFPA staff members are appreciated for their dedication and professionalism. Given a packed and fast-moving agenda and multiple responsibilities, they are stretched thin.

The UNFPA country office composition has changed considerably since the beginning of the programme cycle and institutional memory is limited. At the time of data gathering, a Representative ad interim was in place pending the arrival of the new UNFPA Representative. Of the three programme analysts, two were recruited towards the end of 2018. The advocacy and communications programme associate took up work as of November 2018. A national administrative/finance associate was recently recruited with responsibility for the entire country office business operations.

Three programme-funded national programme analysts supported by two programme assistants have managed and implemented the four country programme components. They are simultaneously country office focal points for M&E and emergency preparedness, and represent UNFPA in a range of UNCT coordination mechanisms.¹²⁰ While interviewees clearly appreciated the professionalism and dedication of the programme staff and their technical inputs and support, some concerns were voiced that they were stretched too thin and may miss out on strategic thinking and planning in connection with the packed and fast-moving agenda.

¹¹⁹ Source: UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN - Period covered by the evaluation (2010-June 2014), October 2014.

¹²⁰ For instance, the GEWE and A&Y programme analyst participates on behalf of UNFPA in the Gender Theme Group, the Youth Task Force, the UNCT Disability Task Force and the UNCT M&E and data group.

4.9.2: Tools and approaches for smooth programme delivery

Finding 29: The UNFPA country office has almost completely directly executed country programme activities, but is preparing the ground for more NEX.

The evaluation of the UNFPA country programme for Uzbekistan 2015-17 recommended that UNFPA revisit implementation modalities to allow for government and NGO national execution (NEX) of the programme, especially in less controversial areas such as maternal health and cervical cancer screening. Accordingly, the CPD 2016-20 commits UNFPA to apply NEX as the preferred implementation arrangement - “with due consideration to the country’s financial regulatory environment and partners strategic positioning and ability to deliver high-quality programmes”.

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In actual fact, to date, 97% of expenditures have been made through UNFPA direct implementation (DEX). Only the PD programme component applied national implementation (NEX) while working with the Institute for Social Research and the Oila Scientific Practical and Research Centre in 2016-17, with a small amount of \$26,429. UNFPA staff had different understandings why the country office had not applied more NEX, ranging from the political situation, set-backs with nationally executing parts of the PD country programme component, and the level of preparedness of national partner systems and procedures.¹²¹ UNFPA staff suggested that the environment was now more conducive, and the evaluation team was informed that the UNCT was planning macro- and micro-assessments of potential implementing partners. At the same time, it was pointed out that, according to the 2018 Public Expenditure and Financial Accountability (PEFA) Performance Assessment Report of the World Bank, further improvement is required in the area of tenders’ definition and complaint resolution building on the new Law on Public Procurement No. 472 (2018) which provides adequate regulatory background.

Finding 30: Overall, monitoring is adequate for the purpose of decision-taking on the implementation of annual work plans. The UNFPA Strategic Information System ensures internal accountability, but reporting could be biased towards positive accomplishments, and fails to track progress towards CPD outputs and outcomes against the associated indicators. Since NEX is not applied, third party inputs into monitoring and learning are less.

The UNFPA Uzbekistan country office does not have a dedicated M&E officer. The recently recruited programme analyst in charge of the GEWE and A&Y country programme components is also the M&E focal point, however without a dedicated amount of time.

As required, quarterly and annual monitoring is done using the UNFPA Strategic Information System (SIS) and based on the AWP. However, document review and consultations revealed systemic weaknesses: *Firstly*, monitoring does not require the country office to systematically report to UNFPA headquarters on all AWP milestones. Therefore, reports do not necessarily give the whole picture and it is possible that reporting is biased towards positive accomplishments. *Secondly*, there is no place in the reporting template to track CPD output- and outcome-level indicators.

UNFPA staff have undertaken monitoring missions and provided back-to-office reports. They have required training consultants to submit training reports. However, since NEX is not applied (see above), national and international partners do not monitor and report on their activities in connection with the UNFPA country programme, or results and lessons learnt, which could be valuable information.

¹²¹ The evaluation of the UNFPA Uzbekistan country report 2010-15 explained the preference to apply DEX to “long delays in bank transactions and other issues”.

Nevertheless, UNFPA staff interviews suggest that monitoring information is discussed in bilateral and weekly management meetings, and used to make adjustments to the work plans where necessary.

4.10 UNCT coordination and UNFPA added value

UNCT coordination and UNFPA added value findings: UNFPA is keen to collaborate with its sister UN agencies. The small UNFPA country office participates in nearly all UNCT coordination mechanisms. It leads the Gender Theme Group and co-chairs the UNCT Youth Task Force. The country office's leadership and participation are generally appreciated, and are helping to realise a better division of labour and identify scope for collaboration.

UNFPA's added value in Uzbekistan lies in the areas of reproductive health, GBV and CEDAW, and its support for policy implementation. According to GEWE partners, it is the only international organisation supporting the national GBV response. National partners especially appreciated UNFPA's global and regional experience and access to international state-of-the-art technical expertise, for adaptation to the country context. Its mandate to support population censuses is a comparative strength looking ahead.

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4.10.1: Contribution to UNCT coordination mechanisms and UN joint programmes

Finding 31: UNFPA is keen to collaborate with its sister UN agencies. The small UNFPA country office participates in nearly all UNCT coordination mechanisms. It leads the Gender Theme Group and co-chairs the UNCT Youth Task Force. The country office's leadership and participation are generally appreciated, and are helping to realise a better division of labour and identify scope for collaboration.

The UNFPA country office is keen to have a good division of labour with its sister UN agencies. As member of 15 UNCT coordination mechanisms with nationwide coverage, which is nearly all, it is very present. Besides the UNCT and the UNDAF steering committee, the country office is a member of the UNDAF results groups on health, on education, on social protection and on governance¹²² as well as the UNCT M&E and data group. Moreover, UNFPA, since late 2016, has chaired the Gender Theme Group and it co-chairs the UNCT Youth Task Force with UNICEF; it is represented on the UNCT Disability Task Force. UNFPA is also a member of the Humanitarian Country Team and of the Emergency Preparedness Group. It participates in the UNCT Communications Group. Furthermore, UNFPA is member of the Security Management Team and the Operations Management Team.

Interviews with senior UN agency staff established that, despite being a small office and thinly-stretched, UNFPA staff are active and valued participants in/leaders of UNCT coordination mechanisms (no differentiation was made between former and current staff). The UNFPA-led Gender Theme Group has facilitated information exchange and, while some ambiguities still exist and some stakeholders perceive room for improvement, a better understanding and realisation of division of labour, especially between UNFPA and UNDP. The exercise at the end of 2017 to assess UN country-level gender mainstreaming practices and performance (UNCT-SWAP Gender Equality-Scorecard) was cited by two sister agencies as a positive experience. The Gender Theme Group itself was found by the UNCT SWAP Scorecard Assessment to meet all four criteria for the indicator that measures gender coordination.¹²³ Similarly, the health results group is helping to avoid duplications and identify opportunities for collaboration between UNFPA, UNICEF, WHO and UNESCO, although the evaluation team identified potential missing coordination with WHO in the area of healthy lifestyle education.

Including through UNCT coordination mechanisms, the UNFPA country office has also sought thematic and area-based collaboration with UNDP, UNICEF, WHO and UNESCO, including through financial

¹²² It is not member of the results group on environment.

¹²³ Source: UNCT SWAP-Scorecard - Assessment Results and Action Plan, United Nations Country Team Uzbekistan December 2017, Andrea Lee Esser, PhD.

contributions to UNICEF for research and analysis (e.g., on nutrition), joint activities and formal joint programmes, the most prominent of which is the UN joint programme “Sustaining Livelihoods Affected by the Aral Sea Disaster”.

4.10.2: Particular strengths of UNFPA in Uzbekistan

Finding 32: UNFPA’s added value in Uzbekistan lies in the areas of reproductive health, GBV and CEDAW, and its support for policy implementation. According to GEWE partners, it is the only international organisation supporting the national GBV response. National partners especially appreciated UNFPA’s global and regional experience and access to international state-of-the-art technical expertise, for adaptation to the country context. Its mandate to support population censuses is a comparative strength looking ahead.

Some common themes emerged regarding UNFPA’s added value in Uzbekistan. National and international partners recognised its particular strengths in the areas of RH, GBV and CEDAW monitoring and reporting. National stakeholders especially emphasised UNFPA’s global and regional experience and access to international state-of-the-art technical expertise in these areas, for adaptation to the country context. Two interviewed UN agencies highlighted UNFPA’s mandate to support implementation of policy frameworks and (adapted) regulatory systems. It was cited by partners in GEWE as being the only international organisation supporting the national GBV response. Looking ahead, a number of interviewees stressed UNFPA’s mandate and its worldwide experience with conducting population censuses. Additionally, UNFPA country office staff were perceived to be reliable and flexible partners.

Chapter 5: Conclusions

5.1 Strategic level

Conclusion 1: UNFPA’s support for the population and housing census in 2022 is very strategic because census data is critical to mapping demographic disparities and socio-economic inequalities and to national and sub-national development planning and tracking progress towards the SDGs.

Origin: Evaluation questions 5, 9

Evaluation criteria: Effectiveness, added value

Associated recommendation: 1

Rationale: The President of Uzbekistan has taken the historical decision to conduct a population and housing census in 2022. In line with SDG indicator 17.9.2 and its global mandate, the UNFPA country office has provided crucial technical support for the preparations and has used its convening power to assemble potential donors. A rigorous census will not only provide a wealth of quality disaggregated data; it will also provide a frame for conducting future population-based surveys, including in UNFPA’s priority areas. Despite certain risks, largely around the timely availability of sufficient domestic and external funding, the evaluation team agrees with the country office that the census should be afforded top priority.

Conclusion 2: UNFPA's targeted focus on disadvantaged rural areas and the particular needs of rural people has been limited to the Republic of Karakalpakstan, thanks to earmarked donor money and in line with government policy and priorities.

Origin: Evaluation questions 2, 5, 7

Evaluation criteria: Effectiveness, efficiency

Associated recommendation: 2

Rationale: The evaluation of the previous country programme urged UNFPA to focus on the needs of rural populations in Uzbekistan. The current CPD commits UNFPA to address the SRH needs in rural areas. While activities have also covered rural areas, Karakalpakstan is the only obvious rural region that has benefited and will most likely continue to benefit from tailored UNFPA support because of government and considerable donor attention to the effects of the Aral Sea environmental disaster.

Conclusion 3: UNFPA has not systematically engaged in empowering young people who comprise a large proportion of the population, and particularly vulnerable adolescents and youth, to participate in policy-making and sustainable development.

Origin: Evaluation questions 1, 5

Evaluation criteria: Relevance, effectiveness

Associated recommendation: 3

Rationale: Uzbekistan is very populous and has a relatively young population, which is growing. The UNFPA country office has been working with national partners to benefit young people's SRH and to promote gender equality among young people. Despite it being a national¹²⁴ and corporate¹²⁵ priority, UNFPA has not yet grasped the opportunity to systematically engage in promoting and ensuring participation of young people in order to leverage their perspectives and leadership.

Conclusion 4: Having a full-time UNFPA advocacy and communications programme associate is a very good investment for taking care of demand-side activities that engage civil society, but a communications strategy is missing.

Origin: Evaluation questions 2, 3, 4

Evaluation criteria: Effectiveness

Associated recommendation: 4

Rationale: The UNFPA country office has a full-time advocacy and communications programme associate, which is a very good investment for sharing information with and empowering women, girls and the population at large and to promote women's rights. Annual work plans have also budgeted funds for UN observance days and the

¹²⁴ See Action-oriented Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-20.

¹²⁵ See UNFPA strategic plan 2018-21 output 8: Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and in sustaining peace.

production of IEC and promotion materials and activities. However, a strategy is missing that expresses the audiences, goals (desired change), partners and methods of UNFPA's outreach activities and provides a monitoring and accountability framework.

Conclusion 5: The current programming environment seems more conducive to expanding national execution (NEX) of the UNFPA country programme provided the necessary national systems, procedures and capacities are in place.

Origin: Evaluation question 7

Evaluation criteria: Efficiency

Associated recommendation: 5

Rationale: The previous country programme evaluation recommended that UNFPA execute more of its programme through implementing partners. As attempts with national partners in the population dynamics component showed, this was premature. Today, however, the programming environment seems more conducive, and ongoing institutional assessments will show where the necessary preconditions are in place or where institutional capacities are worth strengthening.

5.2 Programmatic level

Conclusion 6: Current UNFPA efforts to increase demand for contraception will not suffice to satisfy women's need for effective family planning.

Origin: Evaluation question 1, 2

Evaluation criteria: Relevance, effectiveness

Associated recommendation: 6

Rationale: UNFPA has contributed to ensuring universal access to reproductive health through activities to advance the regulatory system, strengthen reproductive health commodity security, develop service delivery capacities, and inform the population. It has aimed to contribute to a higher contraceptive prevalence rate in Uzbekistan and unmet need for family planning - one of the organisation's transformative goals - which sometimes may fail to decline even when contraceptive prevalence is rising. In fact, in Uzbekistan, while the CPR has increased over recent years, unmet need has stagnated. Although relatively low at 12.8%, projections show that - without intensive and targeted efforts - UNFPA's transformative goal will not be reached.

Conclusion 7: UNFPA has contributed to important developments in the area of violence against women, but missing data will significantly affect effectiveness and impact.

Origin: Evaluation question 1, 4

Evaluation criteria: Relevance, effectiveness

Associated recommendation: 7

Rationale: Despite a recommendation by the CEDAW Committee in 2015, official GBV data are not yet available. SDG indicators 5.2.1 and 5.2.2 do not appear in the list of localised SDGs. This continued absence of statistical data on violence against women is detrimental to decision-making and to designing, implementing, leveraging and monitoring an effective national programme. But all in all, there have been some very good developments in the area of GBV, including the new law on violence against women, the Presidential Decree #4235 and the emerging UNFPA-supported multi-stakeholder response; the changed policy environment is conducive for closing the data gap using internationally-agreed methodologies.

Conclusion 8: The government's commitment to eliminate child marriages and the recent legal provisions are a very good basis for achieving UNFPA's transformative goal if tightly controlled and well communicated and monitored.

Origin: Evaluation questions 1, 4

Evaluation criteria: Relevance, effectiveness

Associated recommendation: 8

Rationale: Eliminating child marriages is SDG indicator 5.3.1, which has been adopted by the Government of Uzbekistan and is one of UNFPA's three transformative goals. Latest data show that an estimated 7% of women aged 20 to 24 were first married or in union before age 18.¹²⁶ In September 2019, the marriage age for women was increased from 17 to 18 thanks to a presidential resolution to strengthen the rights of the child, an important reform step, the implementation of which UNFPA should support.

Conclusion 9: There has been momentum in providing access to quality information and knowledge on healthy lifestyles for youth in the public education system. On the contrary, youth-friendly SRH services are hardly available.

Origin: Evaluation questions 2, 3

Evaluation criteria: Effectiveness

Associated recommendation: 9

Rationale: The UNFPA A&Y country programme component has worked on two fronts to address the SRH needs of young people - i.e., to provide healthy lifestyle education through teachers and peer education for girls at schools and to support youth-friendly health services. A great accomplishment is the compulsory "Basics of Healthy Lifestyle and Family" introduced in lyceums and vocational colleges, and soon to be introduced in secondary schools. On the contrary, healthcare providers and especially reproductive health centres and medical centres for girls are not yet sufficiently equipped and capacitated to provide youth-friendly SRH services.

¹²⁶ Source: UNICEF global databases, 2018, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys. UN Women, Global Database on Violence against Women.

Conclusion 10: UNFPA committed to, but has not addressed the SRH rights and needs of sex workers and men who have sex with men. New entry points and potential partners are emerging.

Origin: Evaluation questions 1, 2, 8

Evaluation criteria: Effectiveness, UNCT coordination

Associated recommendation: 10

Rationale: In line with the principle of leaving no one behind, UNFPA, globally, is committed to generating evidence and increasing national capacities to deliver HIV programmes that are free of stigma and do not discriminate sex workers and men who have sex with men. Because of political sensitivities, the criminalisation of homosexuality and paid sex work and other reasons, UNFPA has not engaged to improve access to HIV prevention and response for key populations in Uzbekistan, among which HIV is concentrated. However, new entry points and potential partners are emerging. In early 2018, the president signed a resolution to combat the spread of HIV in Uzbekistan¹²⁷, which also envisages support for vulnerable groups. Uzbekistan has also signed on to SDG target 3.3 to end new HIV infections by 2030.¹²⁸ Other UN agencies - i.e., WHO and UNODC - are attempting to raise funds for preventive measures.

Conclusion 11: UNFPA has spent too much time and effort organising training for service providers on behalf of Uzbek government ministries.

Origin: Evaluation questions 2, 3, 4, 6

Evaluation criteria: Effectiveness, sustainability

Associated recommendation 11

Rationale: Over the last nearly four years, UNFPA has delivered numerous and repeated training for service providers, especially in SRH. In some instances, direct delivery of training is warranted - e.g., training of national trainers on newly introduced protocols. However, overall, substituting for the government neither corresponds to the concept of “delivering thinking” for middle-income countries nor does it promote ownership or is it likely to be sustainable.

Chapter 6: Recommendations

Recommendation 1: Dedicate adequate technical and financial resources for supporting and advising the Government of Uzbekistan on implementing the population and housing census 2022 in a timely and rigorous manner.

¹²⁷ Resolution of the President on additional measures to counteract the spread of the disease caused by the human immunodeficiency virus in the Republic of Uzbekistan of 22 June 2018.

¹²⁸ Although, contrary to SDG indicator 3.3.1, the localised version does not envisage a disaggregation of HIV data by key populations.

Priority: Very high

Target level: UNFPA country office, UNFPA regional office, UNFPA headquarters

Based on conclusion 1

Operational implications:

Building on ongoing UNFPA assistance, support for conducting the census should be a top priority for the remainder of the current programme cycle and the CPD 2021-25. Funding allowing, the plan to recruit a Chief Technical Advisor located with the State Statistics Committee makes a lot of sense in view of the complexity and size of the country and population. As part of its support for the government, the UNFPA country office should continuously monitor risks and address potential shortcomings. Post-2022, support should be offered for analysing and disseminating census data to ensure full exploitation.

Recommendation 2: Capitalise on UNFPA's dedicated engagement in Karakalpakstan for the Aral Sea region to enhance public services for the benefit of and empower people in other rural areas of Uzbekistan.

Priority: Very high

Target level: UNFPA country office

Based on conclusion 2

Operational implications:

Going forward with earmarked funding from the MPHSTF and most likely considerable contribution from the Government of Japan (\$1.4m), ensure that sufficient time and resources are invested in the design of project activities that ensure country ownership and that plans for documenting good practices and lessons learned are built into projects from the beginning to facilitate replication of successful models and approaches in other rural areas Uzbekistan.

Recommendation 3: Step up support for young people to participate in sustainable development and to exercise leadership.

Priority: High

Target level: UNFPA country office

Based on conclusion 3

Operational implications:

Align the CPD 2021-25 with UNFPA strategic plan output 8. In consultation with the Youth Union and members of the UNCT Youth Task Force, which UNFPA co-chairs with UNICEF, develop a strategy and activities for communicating with and involving youth in Uzbekistan in the planning and implementation of the CPD 2021-25, including policy advocacy. Define which specific youth groups to engage - first and foremost from populations left behind - helping them to participate in decisions affecting them, and strengthening their ability to advance human rights and development issues.

Recommendation 4: Formulate an outcome-focused communications strategy for development 2021-25 to support CPD outcomes.

Priority: High

Target level: UNFPA country office

Based on conclusion 4

Operational implications:

Parallel to elaborating the CPD for 2021-25, the UNFPA country office should strategize on its advocacy and communications programme, which complements UNFPA's support for policy-making and quality service delivery by changing attitudes and behaviours in order to increase demand for SRHR and gender equality. Consider introducing gender-transformative approaches and engaging men and boys in gender equality, GBV prevention and SRH efforts. Formulate expected outputs and outcomes in addition to annual workplan milestones. Besides budgeting for activities, sufficient funding ought to be set aside for monitoring the development effects of UNFPA advocacy and communications.

Recommendation 5: Revisit implementation modalities to allow for increased government and NGO national execution (NEX) of the country programme 2021-25.

Priority: High

Target level: UNFPA country office

Based on conclusion 5

Operational implications:

UNFPA is expected to promote and support national execution of its country programme where the necessary preconditions exist. The country office, alongside other UN agencies, should actively seek and engage in dialogue and capacity development to facilitate NEX.

Recommendation 6: Elaborate a strategy for accelerating UNFPA support for ending unmet need for family planning in Uzbekistan.

Priority: High

Target level: UNFPA country office

Based on conclusion 6

Operational implications:

The current government has identified reproductive health as a national priority and a RH law was adopted at the beginning of 2019. UNFPA has a key role to play in implementing the law given its comparative advantage in the area of reproductive health. In preparation for the CPD 2021-25, elaborate with the Ministry of Health, in consultation with national and international stakeholders, a comprehensive strategy for UNFPA support for ending unmet need for family planning by 2030. To the extent

possible using expected MICS data, consider specificities of different regions and population groups.

Recommendation 7: As co-custodian agency for SDG indicators 5.2.1 and 5.2.2 on violence against women, continue to advocate for and support survey and administrative data on GBV.

Priority: Very high

Target level: UNFPA country office

Based on conclusion 7

Operational implications:

Globally and in Uzbekistan, UNFPA has a leading role to play in eliminating violence against women, including support for data collection, analysis, reporting and dissemination. The UNFPA country office should advocate for and support the planned nationwide study of GBV prevalence and ensure that it applies rigorous methodological quality standards. It should align the CPD 2021-25 with the UNFPA strategic plan output on national systems to collect and disseminate disaggregated data on the incidence and prevalence of GBV.¹²⁹ Consider introducing GBVIMS¹³⁰ to collect service-based administrative data through the multi-stakeholder response mechanism, including NGOs and mahalla specialists. The new department for information and analysis of the Women's Committee, created in 2018, is a natural partner for this undertaking.

Recommendation 8: Use all possible programmatic entry points to contribute to the elimination of child marriage and address early and forced marriages.

Priority: High

Target level: UNFPA country office

Based on conclusion 8

Operational implications:

In the context of the localised SDGs and CEDAW implementation, collaborate with national and international partners to educate duty bearers, parents and youth about the new legal provisions and risks associated with early marriages, and introduce mechanisms in the UNFPA-supported multi-stakeholder response to GBV to identify cases of child as well as early and forced marriages. Align the CPD 2021-25 with the UNFPA strategic plan output 12 on harmful practices, and track progress and UNFPA's contribution.

Recommendation 9: Engage in greater efforts to make youth-friendly SRH services routinely available and accessible, including in rural and remote areas.

Priority: High

¹²⁹ Strategic plan output indicator 11.2.

¹³⁰ www.gbvims.com.

Target level: UNFPA country office

Based on conclusion 9

Operational implications:

Gradually scale back support for healthy lifestyle education and SRH peer education in schools, which increasingly can be taken forward by the responsible ministries. Strengthen public health interventions aiming to address the SRH of A&Y. Integrate youth-friendly SRH services into the SRH country programme component to create synergies in collaborating with the Ministry of Health and the National Reproductive Health Centre.

Recommendation 10: Seek entry points for addressing the SRH needs of HIV key populations.

Priority: High

Target level: UNFPA country office, UNFPA regional office

Based on conclusion 10

Operational implications:

Seek advice from the UNFPA regional office and join hands with HIV and human rights experts in UNAIDS, WHO, UNODC and others to convene stakeholders and advance policy advocacy on non-discriminatory HIV prevention and response. Consider initiating a UNCT coordination mechanism and developing a joint workplan on HIV prevention and response for 2021-25.

Recommendation 11: All UNFPA training activities should have clear hand-over strategies.

Priority: High

Target level: Country office

Based on conclusion 11

Operational implications:

The preferred modality is to support state institutions and other national stakeholders to provide professional training to their own staff. Direct delivery of service provider training should be the exception. Future annual work plans should only include training events organised by UNFPA that serve to train and coach national trainers and instructors in education institutions and training centres or are part and parcel of pilot projects, with a clear hand-over strategy. Without a mutual understanding of future leverage, UNFPA should discontinue MISP trainings that it has organised for years without any progress towards the integration of MISP in national emergency preparedness plans.

Annex 1: Draft CPE Uzbekistan evaluation matrix

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EQ1: To what extent is UNFPA support in SRH, A&Y, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and the UNDAF 2016-20; (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of the population?			Relevance SRH, A&Y, GEWE, PD
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.1.1: The UNFPA country programme is consistent with the UNFPA Strategic Plans and the UNDAF	IND1.1.1 Extent to which the country programme is an appropriate reflection of UNFPA Strategic Plan development results, and in pursuit of UNFPA's transformative goals ¹³¹	UNFPA country office staff; implementing partners and other partners at national and regional levels; RC/RCO and UN agency representatives; national partners involved in UNDAF coordination (Ministry of Economy; Ministry of Health; Ministry of Public Education; Women's Committee) UNFPA Strategic Plans; UNDAF; Practical Roadmap on Further Cooperation between Uzbekistan and the United Nations for 2017-2020; AWP; COARs	Interviews Document review
	IND1.1.2 Extent to which modes of engagement are in line with the UNFPA corporate business model		
	IND1.1.3 Extent to which the country programme components <i>prioritise</i> leaving no one behind and reaching the furthest behind first ¹³²		
	IND1.1.4 Extent to which the country programme components apply a human rights-based and gender-based approach		
	IND1.1.5 Extent to which the country programme is designed to contribute to UNDAF implementation		
A.1.2: The UNFPA country programme is in support of government development efforts and international commitments in the areas of SRH and GE	IND1.2.1 Extent to which the country programme responds to (evolving) government priorities and goals	UNFPA country office staff; implementing partners and other partners at national and regional levels; UN agency representatives AWP; COARs; CEDAW documentation; documents related to SDG nationalisation	
	IND1.2.2 Extent to which the country programme components are designed to		

¹³¹ (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage.

¹³² Including: rural population (SRH); PLWHA (SRH); very young adolescent girls (A&Y); disabled women and girls (GEWE); women vulnerable to/survivors of GBV (GEWE); those affected by the Aral Sea environmental disaster (SRH, GEWE, PD).

	support the fulfilment of government commitments and obligations ¹³³ at the international level		
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EQ2: To what extent has the intended SRH country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?			<i>Effectiveness SRH</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.2.1: UNFPA has contributed to a stronger policy framework for delivering quality integrated SRH services	IND2.1.1 Extent to which new research and analysis on SRH exists IND2.1.2 Extent to which evidence-based laws, policies and national programmes have been developed/revised and formally adopted	UNFPA country office; Ministry of Health; UNTFHS Implementing UN Organisations; Women's Committee; National Association of Electronic Mass Media of Uzbekistan (NAESMI); UNICEF; National Reproductive Health Centre; WHO; National Cancer Centre of Uzbekistan; Women's Wellness Centre; National Perinatal Centre; Tashkent Pediatric Medical Institute; Institute of Professional Training of Medical Staff	Interviews Data review
A.2.2: UNFPA-supported institutions are capacitated and delivering quality integrated SRH services	IND2.2.1 Extent to which new/revised SRH/FP and ANC regulations and service provision guidance have been adopted for the PHC level, in line with international standards, and capacities to provide SRH services are enhanced, and quality services are being provided, including in Karakalpakstan IND2.2.2 Extent to which the health sector is better equipped to provide perinatal care, including EmOC, and to expand implementation of BTN/NMCR and CEMD, and quality services are being provided IND2.2.3 Extent to which the health sector is better equipped to prevent and control cervical cancer, and quality services are being provided IND2.2.4 Extent to which LMIS and CHANNEL are improved and being used, resulting in less stock-outs	PHC GPs; health care providers/colposcopy; district/oblast level pharmacists in charge of local contraceptives security; midwives; OBGYNs; training centres; higher education medical institutions; students of undergraduate midwifery programme; perinatal centre and maternity hospitals and staff; inter-district perinatal centre clinical teams (level II); health care national and oblast-level managers and specialists; makhalla representatives; activists AWPs; COARs; UNFPA-supported research and analysis; UNFPA-supported SRH policies, guidance and regulations; training	

¹³³ Particular reference is made to SDGs, ICPD and CEDAW.

	IND2.2.5 Extent to which the health sector is prepared to implement MISIP at the outset of an emergency	materials and reports; UNTFHS JP progress reports; documentation related to UN Joint Global Programme on Cervical Cancer Prevention and Control	
A.2.3: Women are benefiting from UNFPA-supported SRH services	IND2.3.1 Extent to which UNFPA-supported population awareness activities/events are reaching target audiences and knowledge, attitudes and practices have improved	Service providers; women of reproductive age; PLWHA; mothers and newborns/children AWPs; COARs; service provider records	

EQ3: To what extent has the intended A&Y country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?			<i>Effectiveness A&Y</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1: UNFPA has contributed to a stronger policy framework for delivering quality YFHS and SRH education for A&Y	IND3.1.1 Extent to which new research and analysis on A&Y SRH exists IND3.1.2 Extent to which evidence-based laws, policies and national programmes have been developed/revised and formally adopted	UNFPA country office; Ministry of Health; National Reproductive Health Centre; Institute of Professional Training of Medical Staff; Ministry of Higher and Secondary Specialised Education/Centre of Secondary-Specialized and Professional Education (CSSPE); NGO SOS Children's Village Uzbekistan; Women's Committee; Ministry of Public Education; Oila Research and Analytical Centre under the Cabinet of Ministers; Youth Union of Uzbekistan; NGO "Mehrli Qo'llar" under the Youth Union; UNICEF; Women's NGO Club under the Women's Committee	Interviews Document review
A.3.2: UNFPA-supported institutions are capacitated and delivering quality YFHS and SRH education	IND3.2.1 Extent to which new/revised regulations and service provision guidance for health sector professionals have been formally adopted, in line with international standards IND3.2.2 Extent to which formal education curricula on healthy-lifestyles have been developed and formally introduced in colleges, lyceums and secondary schools in line with international standards IND3.2.3 Extent to which UNFPA has increased capacities in the health and education sectors and quality YFHS and SRH education are being provided	Reproductive Health Centre staff and other relevant health personnel; CSSPE regional representatives; teachers at medical universities and colleges; college, lyceum and secondary school teachers; peer	

	IND3.2.4 Extent to which quality peer-to-peer education on SRHR and HIV/AIDS prevention is being provided	educators; most at risk young people under patronage of SOS Youth Centres AWPs; COARs; UNFPA-supported research and analysis; UNFPA-supported health sector policies, guidance and regulations; UNFPA-supported formal education curricula; UNFPA-supported peer education curriculum; training materials and reports	
A.3.3: A&Y are benefiting from UNFPA-supported high-quality YFHS and SRH education	IND3.3.1 Extent to which UNFPA-supported communication and advocacy activities/events are reaching target audiences, and knowledge, attitudes and practices have improved	Service providers; college, lyceum and secondary school students; most at risk young people under patronage of SOS Youth Centres targeted by peer education; girls targeted by peer education AWPs; COARs; service provider records	

EQ4: To what extent has the intended GEWE country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?			<i>Effectiveness GEWE</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.4.1: UNFPA has contributed to a stronger policy framework for promoting GE and providing a national response to GBV/DV	IND4.1.1 Extent to which follow-up to CEDAW recommendations on GE and GBV/DV is planned and monitored and progress reported	UNFPA country office; Women's Committee; Ministry of Health; Civic Initiatives Support Centre; Republican Rehabilitation Centre; Ministry of Interior; General Prosecutor's Office; National Human Rights Centre (NHRC); UNTFHS Implementing UN Organisations; Gender Commission; Gender Committee; Women's NGO Club under the Women's Committee; UK FCO AWPs; COARs; CEDAW national action plan	Interviews Document review

A.4.2: UNFPA-supported institutions are capacitated and delivering high-quality GBV/DV prevention and response services	IND4.2.1 Extent to which new/revised regulations and service provision guidance have been formally adopted, in line with international standards, and government and NGO capacities to address GBV/DV are enhanced, including in Karakalpakstan IND4.2.2 Extent to which high-quality GBV/DV services are being provided, based on new/revised regulations and service provision guidance, including in Karakalpakstan	UNFPA country office; Women's Committee; Ministry of Health; Civic Initiatives Support Centre; Republican Rehabilitation Centre; Ministry of Interior; General Prosecutor's Office; National Human Rights Centre (NHRC); UNTFHS Implementing UN Organisations; Gender Commission; Gender Committee; Women's NGO Club under the Women's Committee; UK FCO CSLSWF staff, including hotline operators; makhalla representatives; supported NGOs; trained journalists and staff of national and regional mass media AWPs; COARs; UNFPA-supported guidance and regulations; training materials and reports; UN JP progress reports; UK FCO progress reports	
	A.4.3: Women and girls are benefiting from UNFPA-supported high-quality GBV/DV services	IND4.3.1 Extent to which UNFPA is reaching men and boys, and knowledge, attitudes and practices among targeted audiences have improved IND4.3.2 Extent to which UNFPA is reaching women and girls, and knowledge, attitudes and practices among targeted audiences have improved	

EQ5: To what extent has the intended PD country programme output been achieved? To what degree has the expected outcome been achieved (or is it likely to be achieved) and what was UNFPA's contribution?			<i>Effectiveness PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods

A.5.1: UNFPA has contributed to national statistics and evidence on PD and its interlinkages with GE and SRH	IND5.1.1 Extent to which UNFPA has built national statistical capacities IND5.1.2 Extent to which UNFPA-supported institutions are generating data and evidence on PD and its interlinkages with GE and SRH IND5.1.3 Extent to which UNFPA-supported knowledge is disseminated and publicly available	UNFPA country office; Ministry of Economy; State Committee on Statistics; Institute for Social Research (ISR); Ministry of Health; Women's Committee; Tashkent State University of Economics; Institute for Forecasting and Macroeconomic Researches (IFMR); Oila Research and Analytical Centre under the Cabinet of Ministers; UN agencies participating in the JP "Sustaining Livelihoods Affected by the Aral Sea Disaster"; "Ijtimoiy Fikr" Centre, Research Center "Scientific bases and issues of economic development of Uzbekistan" Local government officials in Aral Sea region (Republic of Karakalpakstan, Bukhara and Khorosm provinces); training beneficiaries AWPs; COARs; UNFPA-supported publications; training materials and reports; UNTFHS progress reports	Interviews Document review
	A.5.2: UNFPA has contributed to evidence-based plans and policies		

EQ6: To what extent has national ownership been promoted, have national capacities been built and national mechanisms established that will ensure/have ensured continuation of benefits after UNFPA funding is/was terminated and corresponding interventions closed?			<i>Sustainability SRH, A&Y, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.6.1: Benefits continued/are likely to continue after UNFPA support/funding was/is terminated	IND6.1.1 Extent to which activities are designed with the intention to hand over to national partners IND6.1.2 Extent to which UNFPA-supported activities have been institutionalised and are continuing without UNFPA IND6.1.3 Extent to which UNFPA-supported pilot projects have influenced policy-making and been scaled up	UNFPA country office staff; implementing partners and other partners at national and regional levels AWPs; COARs; donor progress reports; government executive orders; national action plans; ministry work plans	Interviews Document review

EQ7: 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, A&Y, GEWE and PD?			<i>Efficiency</i> <i>SRH, A&Y, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.7.1: UNFPA resources were adequately converted into activities and outputs	<p>IND7.1.1 Extent to which the UNFPA country office and its implementing partners have disposed of financial resources to the level foreseen and in a timely manner to implement the country programme components, including through resource mobilisation</p> <p>IND7.1.2 Extent to which AWP results have been delivered in a timely manner</p> <p>IND7.1.3 Extent to which the country office structure and human/technical resources are appropriate for implementing the CPD and contributing to UNFPA's transitional goals</p> <p>IND7.1.4 Extent to which activities could have been implemented and results delivered with fewer resources (or the same resources could have resulted in more)</p>	<p>UNFPA country office staff; implementing partners and other partners at national and regional level</p> <p>Atlas; UNFPA organigram; COARs; resource mobilisation strategy</p>	<p>Interviews</p> <p>Document review</p>
A.7.2: UNFPA has used an appropriate combination of tools and approaches for smooth programme delivery	<p>IND7.2.1 Extent to which the use of NEX and DEX modalities is appropriate for implementing the CPD and contributing to UNFPA's transitional goals</p> <p>IND7.2.2 Extent to which a monitoring system, including monitoring instruments, is in place and serving the purpose of decision-taking, accountability and transparency</p>	<p>UNFPA country office staff; implementing partners and other partners at national and regional levels</p> <p>COARs; annual preparedness action plans; monitoring and evaluation plan</p>	

EQ8: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and joint programming?			<i>Coordination</i> <i>SRH, A&Y, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.8.1: The UNFPA country office is an active member of UNCT coordination mechanisms	IND8.1.1 Extent to which UNFPA leads/participates actively in UNCT coordination mechanisms, particularly those relevant to UNFPA's transitional goals	UNFPA country office staff; UNCT representatives, including RC/RCO; national partners involved in UNDAF coordination mechanisms (Ministry of Economy; Ministry of Health; Ministry of Public Education)	Interviews Document review
A.8.2: The UNFPA country office has initiated and actively contributed to UN joint programmes	IND8.2.1 Extent to which UNFPA has initiated/participates in UN joint programmes, particularly those relevant to UNFPA's transitional goals	UNFPA country office staff; RC/RCO; UNTFHS JP participating agencies; WHO (UN Joint Global Programme on Cervical Cancer Prevention and Control)	

EQ9: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?			<i>Added value</i> <i>SRH, A&Y, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.9.1: UNFPA has added benefits to its partners' development programming, including emergency preparedness, and in the Aral Sea region	IND9.1.1 Extent to which the UNFPA country office is recognised as having particular strengths in comparison to other development partners, and on which to build in future, particularly in order to contribute to UNFPA's transitional goals	UNFPA country office staff; RC/RCO and UN agency representatives; implementing partners and other partners at national and regional levels	Interviews

Annex 2: List of documents consulted

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Annex 3_Stakeholder Map_UZB

	Duration	Donors	Implementing Partners	Other Partners	Beneficiaries	Other Stakeholders	Geographic coverage
Thematic area: Reproductive Health (RH)							
Strategic Plan Outcome: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course							
CPD Output: (descriptions as per CPD): National institutions have improved capacity to develop rights-based policies and implement mechanisms for delivery of integrated sexual and reproductive health services, including maternal health and HIV, with focus on rural populations, and those affected by the Aral Sea environmental disaster							
Project ID and title: UZB04R01, Integrated sexual and reproductive health services							
Support to update evidence-based protocols on FP, ANC and STI/HIV prevention	2018-2020	UNFPA	Ministry of Health	National Reproductive Health Center	GP's and ob/gyn's of the primary healthcare level facilities; Communities residing in the selected regions.		Nationwide
Development of national policy on cervical cancer prevention	2016-2020	UNFPA	Ministry of Health	WHO CO, National Cancer Center of Uzbekistan;	Colposcopy specialists of the primary healthcare level facilities; Women residing in the targeted regions.		Tashkent city, Tashkent region, Bukhara region, Samarkand region
SRH in Emergencies, MISP implementation at the regional level	2016-2020	UNFPA	Ministry of Health		Local health care managers, Oblast RH center staff		Samarkand, Bukhara, Andijan, Namangan, Ferghana regions
LMIS and CHANNEL system improvement to ensure access to FP method	2016-2018	UNFPA	Ministry of Health	National Reproductive Health Center	District/oblast level pharmacists		Nationwide

Capacity improvement to deliver quality maternal and newborn care, including EmOC	2016-2020	UNFPA	Ministry of Health	National Perinatal Center; LDS Charities (USA); Tashkent Pediatric Medical Institute;	Midwives and ob/gyn's of the primary, secondary and tertiary healthcare level facilities; Students of the undergraduate midwifery program; Most vulnerable mothers and newborns in both urban and rural areas;		Andijan, Namangan, Ferghana, Bukhara, Samarkand, Khorezm regions and RoK
Community based activities to increase population awareness on SRH/RR	2016-2021	UNFPA	Ministry of Health	Various media channels (TV, Radio)	Local communities		Tashkent city
ARALJOINTPROJ03: Community leaders/activities	2016-2019	UNFPA UN Joint project on Aral Sea	Women's Committee of Uzbekistan		Makhalla specialists and the communities in the Republic of Karakalpakstan		Republic of Karakalpakstan
ARALJOINTPROJ04:Capacity building to health care providers in delivering quality FP/MCH/ANC	2016-2019	UNFPA UN Joint project on Aral Sea	Ministry of Health		GPs and Ob/Gyns at PHCs of the Republic of Karakalpakstan		Republic of Karakalpakstan

ARALJOINTPROJ05: Core elements of integrated supervisory system for MCH services by targeted Primary Health Care Services provider (Aral Sea project, MCH services supervisory system)	2016-2020	UNFPA UN Joint project on Aral Sea	Ministry of Health		Head PHC doctors and specialists of the RoK		Republic of Karakalpakstan
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Thematic area: Population Dynamics (PD)

Strategic Plan Outcome 4 : Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

CPD Output: National institutions have enhanced capacity for development and monitoring of socioeconomic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable development

Project ID and title: UZB04P01, Policies and programmes incorporating evidence on population dynamics

Population census	2018-2020	UNFPA	State committee on statistics of the Republic of Uzbekistan		State committee on statistics of the Republic of Uzbekistan		Tashkent city
Population forecasts	2018-2019	UNFPA	Research Centre "Scientific bases and issues of economic development of Uzbekistan" under the Tashkent State University of Economics	State committee on statistics of the Republic of Uzbekistan, Institute of Forecasting and Macroeconomic Research, Ministry of Employment and Labor Relations	Ministry of Economy and Industry, Ministry of health, Ministry of Employment and Labor Relations, Ministry of Public Education, Parliament of the Republic of Uzbekistan		Tashkent city, covers all provinces

Database of population data for the local governments in Aral sea region (in Republic of Karakalpakstan, Bukhara and Khorezm provinces)	2016-2017	UNFPA	Aral sea gene pool fund and Ministry of Economy		Regional departments of the Ministry of economy, Ministry of health, Statistical office, Ministry of labor, Ministry of public education and secondary special education. And one representative from central department of the Ministry of economy.		Tashkent city, Aral sea region including Republic of Karakalpakstan, Bukhara and Khorezm provinces
Surveys and researches on population, RH, gender and youth issues	2016-2017	UNFPA	Institute for Social Research	Ministry of Health, Women's committee	Ministry of Health, Women's committee, research institutes and universities		Tashkent city, and covers selective provinces mainly Republic of Karakalpakstan, Hamangan, Sidarya, and Bukhara provinces

Thematic area: Gender Equality and Women Empowerment (GEWE)

Strategic Plan Outcome:

CPD Output: (descriptions as per CPD): National policies and protection systems for promoting gender equality and addressing gender-based violence are strengthened in line with CEDAW requirements

Project ID and title: UZB04G01:National response to CEDAW

98
National response to CEDAW

2019

UNFPA, UK
FCO, UK
CSSF

Women's
Committee

Ministry of
Health

WCU central
office, WCU local
representatives,
WCU specialists in
Makhallas, local
representatives of
Government
organizations,
hotline operators,
NGOs working in
prevention and
response to GBV,
Committee on
Religious Affairs;

All regions of
Uzbekistan

National response to CEDAW

2018

UNFPA, UK
FCO

Women's
Committee

Ministry of
Health, Civic
Initiatives
Support Centre

WCU central
office, WCU local
representatives,
WCU specialists in
Makhallas, local
representatives of
Government
organizations,
hotline operators,
NGOs working in
prevention and
response to GBV;

All regions of
Uzbekistan

99 National response to CEDAW	2017	UNFPA, UK FCO, UNTFHS	Women's Committee	Ministry of Health, Civic Initiatives Support Centre	WCU central office, WCU local representatives, WCU specialists in Makhallas, locla representatives of Government organizaitons, hotline operators, NGOs working in prevention and response to GBV;		All regions of Uzbekistan
National response to CEDAW	2016	UNFPA, UNTFHS	Women's Committee	Ministry of Health, Civic Initiatives Support Centre	WCU central office, WCU local representatives, WCU specialists in Makhallas, locla representatives of Government organizaitons, hotline operators, NGOs working in prevention and response to GBV;		All regions of Uzbekistan

Thematic area: Youth

Strategic Plan Outcome:

CPD Output: (descriptions as per CPD): National institutions have strengthened capacity to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth

Project ID and title: UZB04Y01: Youth SRH info and services

Youth SRH info and services	2019	UNFPA	Ministry of Health	Center of Secondary-Specialized and Professional Education under Ministry of Higher and Secondary Special Education, Youth Union, Ministry of Public Education	10th grade secondary school students of three pilot districts in Dzizzakh, polyclinics, schools and Youth Union specialists at local level, NGO with a focus on the youth with disabilities;	Surkhandaryo region (Denov, Sherobod), Kashkadaryo region (Karshi, Shahrisabz), Samarkand region (Kattakurgan, Samarkand), Djizzak region (Djizzak, Dustlik), Syrdarya region (Gulistan), Andijan region (Andijan, Balikchi), Fergana region (Fergana, Kokand), Namangan region (Namangan, Chust)
Youth SRH info and services	2018	UNFPA	Center of Secondary-Specialized and Professional Education under Ministry of Higher and Secondary Special Education	Ministry of Health, Women's Committee, NGO "SOS Children's Village Uzbekistan"	Professional colleges, NGO working on youth issues;	Tashkent city and tashkent region, Karakalpakstan (Nukus, Turtkul), Khorezm region (Urgench, Hiva), Bukhara region (Bukhara, Gijduvon), Navoi region (Navoi, Zeravshan)

101 Youth SRH info and services	2017	UNFPA	Ministry of Health	Center of Secondary-Specialized and Professional Education under Ministry of Higher and Secondary Special Education, Women's Committee, NGO "SOS Children's Village Uzbekistan"	Professional colleges, NGO working on youth issues;		Tashkent city, Samarkand
Youth SRH info and services	2016	UNFPA	Ministry of Health	Center of Secondary-Specialized and Professional Education under Ministry of Higher and Secondary Special Education, Women's Committee, NGO "SOS Children's Village Uzbekistan"	Professional colleges, NGO working on youth issues;		Urgench, Samarqand, Tashkent city

Annex 4: Overview of UNFPA-supported training courses/sessions 2016-19

Training overview 2016-2019 UNFPA Uzbekistan <i>Source: UNFPA Uzbekistan Country Office (August 2019)</i>								
Programme component	Atlas Project	Name of training (in English)	Training provider	Training dates	Training location	Audience	# Participants	Training report/evaluation
SRH	UZH04R01	Helping Mothers Survive Module on postpartum haemorrhage control	LDS master trainer-William Lawrence Warner M.D. and group of national trainers	4-7 April 2016 11-14 April 2016	Nukus (Karakalpakstan) Karshi (Kashkadarya)	Maternity midwives, ob/gyns	100 100	
SRH	UZH04R01	Helping Mothers Survive Module on postpartum haemorrhage control	LDS master trainer-William Lawrence Warner M.D. and group of national trainers	22-24 March 2017 27-29 March 2017 31 Mar-3 Apr 2017	Samarkand Termez Bukhara	Maternity midwives, ob/gyns, staff of Ob/Gyn departments of medical universities	80 80 80	
SRH	UZH04R01	Helping Mothers Survive modules on 1) postpartum hemorrhage management and 2) preeclampsia first aid	LDS master trainer-William Lawrence Warner M.D. and Donna Dizon-Townson M.D. plus group of national trainers	24-27 April 2018 30 April-3 May 2018	Ferghana	1) Maternity midwives, ob/gyns, staff of Ob/Gyn departments of medical universities (Ferghana, Andijan and Namangan regions) 2) GPs at PHCs	218 120	

SRH	UZB04R01	Helping Mothers Survive modules on 1) postpartum hemorrhage management (BAB) and 2) preeclampsia first aid (PEE)	LDS master trainer- William Lawrence Warner M.D. and Brent Lind M.D. plus group of national trainers	1-4 April 2019 (PEE) 5-8 April 2019 (BAB) 10-13 April 2019 (PEE)	Urgench (Khorezm) Urgench (Khorezm) Bukhara	1) Maternity midwives, ob/gyns, staff of Ob/Gyn departments of medical universities 2) GPs at PHCs	120 140 120	
SRH	UZB04R01	SRH in Emergencies, MISP implementation at regional level	Group of national trainers	25-27 July 2016 28-30 July 2016	Bukhara Samarkand	Local health care managers, Oblast RH center staff	18 18	
SRH	UZB04R01	SRH in Emergencies, MISP implementation at regional level	Group of national trainers	25-27 October 2017	Ferghana	Local health care managers, Oblast RH center staff (Ferghana, Andijan and Namangan regions)	30	
SRH	UZB04R01	SRH in Emergencies, MISP implementation at regional level	Group of national trainers	18-20 June 2018 25-27 June 2018	Urgench (Khorezm) Ferghana	Local health care managers, Oblast RH center staff	20 20	
SRH	UZB04R01	Improving makhalla adviser skills to deliver information on RH/RR/Gender equality to population	Group of national trainers	8-10 November 2016 15-17 November 2016	Tashkent	Mahalla advisers	20 20	
SRH	UZB04R01	Improving makhalla specialist skills to deliver information on RH/RR/Gender equality to population	Group of national trainers	23-25 Apr 2018 26-28 Apr 2018 30 Apr-2 May 2018 10-12 May 2018 14-16 & 17-19 May 2018 28-30 May 2018 31 May-2 Jun 2018 4-6 June 2018 11-13 June 2018 14-16 & 18-20 June 2018	Turtkul Beruniy Amudarya Ellikkalla Kungrad Khodjeili Karauzyak Chimbay Nukus district Nukus city	Mahalla specialists of each mentioned district & Muynak, Kanlikul, Shumanay, Takhtatash, Takhtakupir, Kegeyli districts	20 x 12 trainings=240	

SRH	UZB04R01	CHANNEL use for district/oblast level pharmacists in charge of local contraceptives security	Group of national trainers	14-16 November 2016 17-19 November 2016	Tashkent	District/oblast level pharmacists	20 20	
SRH	UZB04R01	Updated post-graduate training curriculum on antenatal care for GPs	Group of national trainers	7-11 November 2016 21-25 November 2016 12-16 December 2016	Tashkent	GPs of Tashkent city	20 20 20	
SRH	UZB04R01	Updated antenatal care programme for post graduate education	Group of national trainers	20-24 November 2017	Tashkent	regional GP trainers and GP coordinators	30	
SRH	UZB04R01	Integrated supportive supervisory system for mother and child health services for health care service providers at PHC level within the framework of the Aral Sea project	Group of national trainers	13-17 March 2017 3-7 April 2017	Nukus (Karakalpakstan)	Head PHC specialist doctors from Nukus city, Nukus district, Khodjeyli, Kegeyli and Shumanay districts Head PHC specialists from Ellikkalla, Beruni, Amudarya, Chimbay and Turtkul districts	25 25	
SRH	UZB04R01	Integrated supportive supervisory system for mother and child health services for health care service providers at PHC level within the framework of the Aral Sea project	Group of national trainers	13-17 March 2018, 3-7 April 2018 17-21 April 2018	Nukus (Karakalpakstan)	Head PHC doctors and specialists from Takhtakupyr, Muynak, Karauzyak, Kanlikul, Kungrad districts Head PHC doctors from Beruni, Amudarya, Kegeyli, Ellikkalla and Takhtakupyr districts Head PHC doctors from Turtkul, Chimbay, Shumanay, Nukus districts and Nukus city	25 28 28	
SRH	UZB04R01	Near-Miss Case Review (NMCR) in obstetrics	Group of national trainers	14-17 November 2017	Tashkent	Regional level NMCR coordinators and hospital level specialists in charge of NMCR	30	

SRH	UZB04R01	Near-miss case review in obstetrics	Group of national trainers	19 – 21 Nov 2018 22-24 Nov 2018 26-28 Nov 2018	Tashkent	specialists from Tashkent city and Tashkent oblast maternity houses	24 x 3 trainings=72	
SRH	UZB04R01	Quality FP/MCH/ANC services at primary health care level for health care providers in Karakalpakstan within the framework of the Aral Sea project	Group of national trainers	19-23 December 2016	Nukus (Karakalpakstan)	GPs and Ob/Gyns at PHCs of Nukus city	20	
SRH	UZB04R01	Quality FP/MCH/ANC services at primary health care level for health care providers in Karakalpakstan within the framework of the Aral Sea project	Group of national trainers	25-29 April 2017 1- 5 May 2017 15-19 May 2017	Nukus (Karakalpakstan)	GPs and Ob/Gyns at PHCs from Nukus city, Muynak and Kungrad districts	22x 3 trainings=66	
SRH	UZB04R01	Quality FP/MCH/ANC services at primary health care level for health care providers in Karakalpakstan within the framework of the Aral Sea project	Group of national trainers	10-14 and 16- 20 January 2017 7-11 and 13-17 February 2017	Nukus (Karakalpakstan) Khodjeyli	GPs and Ob/Gyns at PHCs of Nukus district GPs and Ob/Gyns at PHCs of Khodjeyli district	20 20	
SRH	UZB04R01	Quality FP/MCH/ANC services at primary health care level for health care providers in Karakalpakstan within the framework of the Aral Sea project	Group of national trainers	26-30 March 2018 9-13 April 2018 24-28 April 2018 30 April-4 May 2018 15-19 May 2018 21-25 May 2018	Nukus (Karakalpakstan)	GPs and Ob/Gyns at PHCs from Beruniy, Amudarya, Kegeli, Turtkul, Ellikkalla districts	22 x 6 trainings=132	
SRH	UZB04R01	Quality FP/MCH/ANC services at primary health care level for health care providers in Karakalpakstan within the	Group of national trainers	11-15 June 2019 17-21 June 2019 9-13 July 2019 15-19 July 2019	Nukus (Karakalpakstan)	GPs and Ob/Gyns at PHCs from Takhtakupir, Karauzyak, Kanlikul, Shumanay districts	20x4 trainings=80	

		framework of the Aral Sea project						
SRH	UZB04R01	Technical workshop on adaptation of the PHC/MCH supportive supervision tools	Group of national trainers	20-23 June 2017	Tashkent	Group of national experts in gynecology	13	
SRH	UZB04R01	Piloting newly developed CEmOC training modules	Group of national trainers	10-20 October 2017	Tashkent	midwifery undergraduate faculty of higher medical education institutions	14	
SRH	UZB04R01	Trainings for Trainers on the newly adopted National Standard on Family Planning	Group of national trainers	6-9 August 2018 13-17 August 2018 22-25 August 2018	Tashkent	National and Oblast RH Centers staff	25 25 25	
SRH	UZB04R01	Emergency obstetric care for ob/gyns	Group of national trainers	29 Oct-2 Nov 2018 5-9 Nov 2018 12-16 Nov 2018 11-15 Dec 2018	Tashkent Urgench (Khorezm)	Ob/Gyns from maternities of Tashkent city and Tashkent region Ob/Gyns from maternities of Khorezm Oblast	22 22 22 25	
SRH	UZB04R01	Emergency obstetric care for midwives in maternities	Group of national trainers	30 Nov-6 Dec 2018 10-15 Dec 2018 17-22 Dec 2018 24-29 Dec 2018	Tashkent Urgench (Khorezm) Tashkent Tashkent	Midwives from maternities of Tashkent city, Tashkent region and Khorezm region	25x4trainings= 100	
SRH	UZB04R01	Trainings on colposcopy	Group of national trainers	4-6 Dec 2018 10-12 Dec 2018 13-15 Dec 2018 17-19 Dec 2018 20-22 Dec 2018	Tashkent Tashkent Tashkent Bukhara Samarkand	district level ob/gyns in charge of colposcopy in central district policlinics	19 19 19 28 28	

PD	UZH04P01	5-day on-job training on population projections methodology for the staff of the IFMR	UNFPA, International expert (prof. Tomas Kucera and prof. Boris Bursin, Charles University, Prague)	27 March-1 April 2016	Tashkent City	Staff of the Institute of Forecasting and Macroeconomic Research	5 specialists	Yes, training report
PD	UZH04P01	A 3-day workshop for key national stakeholders to introduce the concept and methodology of National Transfer Accounts (NTA) and the linkages of demographic changes and its socio-economic consequences	UNFPA, International expert (prof. Mikhail Denisenko from HSE, Moscow)	November 27-29, 2017	Tashkent City	Oila Research and Analytical Centre, Institute for Social Research, Institute of Forecasting and Macroeconomic Research, universities and other GVT organizations.	20 specialists	Yes, training report
PD	UZH04P01	Round table and seminar with participation of the Ministry of economy and local governments in 3 provinces to discuss and use of the Database of population data in Aral Sea region (Republic of Karakalpakstan, Bukhara and Khorezm provinces)	UNFPA, local consultants	November 7-8, 2017	Tashkent City	Regional departments of the Ministry of economy, Ministry of health, Statistical office, Ministry of Labour, Ministry of public education and secondary special education. And one representative from central department of the Ministry of economy.	18 specialists	Yes, Concept note of Database of population data for Aral Sea region and Instruction how to use Database

PD	UZB04P01	A 5-day workshop on methodology of conducting Population census for the State Committee on Statistics staff and other involved organizations	UNFPA, International expert (Mr. Ian White, London)	September 10-14, 2018	Tashkent City	State Committee on Statistics, Ministry of Economy, Ministry of Health, Ministry of Employment and Labour Relations, Ministry of Finance, Ministry of public education and secondary special education, Institute for Social Research, Institute of Forecasting and Macroeconomic Research, universities and other GVT organizations.	35 participants from sectorial ministries and GVT bodies and 13 participants from regional departments of Goscomstat	Yes, training report
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A&Y	UZB04Y01	4-day training for representatives of Reproductive health centers and other relevant personnel to become training–methodical (resource centers) centers to support promotion and expansion of Youth Friendly Health Services	UNFPA	15-18 November 2016	Tashkent	representatives of Reproductive health centers and other relevant personnel to become training – methodical (resource centers)	28 ppl	Yes
A&Y	UZB04Y01	4-day training for representatives of Reproductive health centers and other relevant personnel on Youth Friendly Health Services.	UNFPA	23-26 November 2016	Tashkent	representatives of Reproductive health centers	25 ppl	Yes
A&Y	UZB04Y01	4-day training for representatives of Reproductive health centers and other relevant personnel on Youth Friendly Health Services	UNFPA	12 - 15 December 2017	Tashkent	representatives of Reproductive health centers and other relevant personnel	28 ppl	YES G:\Мой диск\iDocs)- Uzbekistan-Documents \Program\Gender\Files from UZ\2017\UZB04Y01\YouthSRH01_MoH\4-day training
A&Y	UZB04Y01	5-day trainings on SRHR and HIV/AIDS prevention based on peer to peer education for most at risk young people under patronage of SOS Youth Centers	UNFPA	1-5 August Urgench, 8-12 August Samarkand, 15-19 August Tashkent City 2016	Urgench, Samarkand Tashkent City	most at risk young people under patronage of SOS Youth Centers (branches of SOS Children's Village for long term support of young people to prepare them to independent life)	20 ppl x 3 trainings = 60 ppl	Yes - G:\Мой диск\iDocs)- Uzbekistan-Documents \Program\Gender\Files

								from UZ\2016\U ZB04Y01\Y outhSRH03 in RUS
A&Y	UZB04Y01	5-day trainings on SRHR and HIV/AIDS prevention based on peer to peer education for most at risk young people under patronage of SOS Youth Centers	UNFPA	26-30 June 2017 in Tashkent and on 3-7 July 2017 in Samarkand	26-30 June 2017 in Tashkent and on 3-7 July 2017 in Samarkand	most at risk young people under patronage of SOS Youth Centers (branches of SOS Children's Village for long term support of young people to prepare them to independent life)	20 ppl x 2	YES G:\Мой диск\Program\Gender\Files from UZ\2017\UZB04Y01\YouthSRH03_Peer Educ\SoS
A&Y	UZB04Y01	fifteen 1-day Trainings of Trainers (teachers) on healthy lifestyle education in colleges and lyceums (38 participants)	UNFPA	11 April 2019 – Denov, 12 April 2019 – Sherobod, 13 April 2019 - Karshi, 15 April 2019 - Shahrisabz, 16 April 2019 – Kattakurgan, 17 April 2019 – Samarkand, 18 April 2019 – Djizzak, 19 April 2019 – Dustlik, 20 April 2019 – Gulistan, 22 April 2019 - Andijan, 23 April 2019- Balikchi, 24 April 2019 - Ferghana, 25 April 2019 - Namangan, 26 April 2019 - Chust, 27 April 2019 - Kokand	Denov, Sherobod, Karshi (Kashkadarya), Shahrisabz, Kattakurgan, Samarkand, Djizzak, Dustlik, Gulistan, Andijan, Balikchi, Ferghana, Namangan, Chust, Kokand	teachers of colleges (mainly non-medical colleges)	38 x 15 = 570	YES

A&Y	UZB04Y01	Ten 1-day Trainings of Trainers (teachers) on healthy lifestyle education in colleges and lyceums (48 participants)	UNFPA	11 and 12 December 2019 Tashkent, 14 December 2019 – training in Nukus, 12 December 2019 training in Turtkul, 17 December 2019 – training in Urgench, 18 December 2019 – training in Hiva, 19 December 2019 – training in Bukhara, 20 December 2019 – training in Gijduvon, 21 December 2019 – training in Navoi, 22 December 2019 – training in Zeravshan	2 sessions in Tashkent, Nukus (Karakalpakstan), Turtkul, Urgench, Hiva, Bukhara, Gijduvon, Navoi, Zeravshan	teachers of colleges (mainly non-medical colleges)	48 x 10 = 480	YES
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GEWE	UZB04G01	Ten 2- day trainings in Karakalpakstan to strengthen the capacity of women on CEDAW, RH and entrepreneurship within the joint project of the United Nations on the Aral region (UNTFHS)	UNFPA	Aral sea region: Amudarya district (26-27 Oct), Beruniy (28-29 Oct), Ellikala (31 Oct – 1 Nov), Turtkul (2-3 Nov), Nukus district (4-5 Nov), Hojeyli (21-22 Nov), Chimbay (23-24 Nov), Shumanay (25-26 Nov), Kanlikol (28-29 Nov), Nukus city (30 Nov – 1 Dec) 2016	Amudarya district, Beruniy, Ellikala, Turtkul, Nukus district, Hojeyli, Chimbay, Shumanay, Kanlikol, Nukus city	vulnerable women living in difficult social and economic conditions and Makhallas representatives	20 ppl x 10 trainings = 200 ppl	Yes - G:\Мой диск\iDocs)- Uzbekistan-Documents \Program\Gender\Files from UZ\2016\UZB04G01\Araljointproj02 in RUS
GEWE	UZB04G01	Seventeen 2- day trainings in Karakalpakstan to strengthen the capacity of women on CEDAW, RH and entrepreneurship within the joint project of the United Nations on the Aral region (UNTFHS)	UNFPA	Muynak district (22-25 May), Kungrad (26-27 May), Karauzyak (29 May – 1 June), Chimbay (12-15 June), Kegeyli district (16-20 June), Takhatakupir (21-24 June), Kanlykol (10-13 July), Shumanay (14-18 July), Nukus district (19-20 July), Nukus city (21-22 July) 2017	Aral sea region: Muynak district, Kungrad, Karauzyak, Chimbay, Kegeyli district, Takhatakupir, Kanlykol, Shumanay, Nukus district, Nukus city	vulnerable women living in difficult social and economic conditions to improve the socio-economic status of women and Makhallas representatives	20 ppl x 17 trainings = 340 ppl	Yes - G:\Мой диск\iDocs)- Uzbekistan-Documents \Program\Gender\Files from UZ\2017\UZB04G01\Araljointproj02
GEWE	UZB04G01	A four-day training workshop for staff of the CSLSF, other representatives of local NGOs and Women's Committee on prevention of Domestic violence based on developed service provision guidelines for the existing Centers for Social and Legal Support of Women	UNFPA	19-22 September 2016	Tashkent	staff of the CSLSF, other representatives of local NGOs and Women's Committee	28 ppl	YES - G:\Мой диск\iDocs)- Uzbekistan-Documents \Program\Gender\Files from UZ\2016\UZB04G01\G

								ender02\4-day trening
GEWE	UZB04G01	four-day training workshop for staff of the CSLSFW, other representatives of local NGOs and Women's Committee on prevention of Domestic violence based on developed service provision guidelines for the existing Centers for Social and Legal Support of Women	UNFPA	6-9 November 2017	Tashkent	staff of the CSLSFW, other representatives of local NGOs and Women's Committee	28 ppl	YES G:\Мой диск\iDocs)- Uzbekistan-Documents \Program\Gender\Files from UZ\2017\UZB04G01\Gender02_Training\4-day trening
GEWE	UZB04G01 (UK)	3-day trainings for legal and psychosocial counsellors of the CSLSFW and other representatives of local NGOs, Women's Committee on prevention of Domestic violence	UNFPA	3-5 December 2018	Tashkent	legal and psychosocial counsellors of the Centres for Social and Legal Support of Women and their Families and other representatives of local NGOs, Women's Committee	28 ppl	Yes

GEWE	UZB04G01 (UK)	Two training sessions (3 days each) of makhalla advisers (25 in each training session) as outreach educators on domestic violence prevention in selected oblasts	UNFPA	Kashkadarya on 27-29 November and Samarkand on 30 November – 2 December 2017	Kashkadarya and Samarkand	makhalla advisers	25 ppl x 2 = 50 ppl	YES G:\Мой диск\iDocs)-Uzbekistan-Documents\Program\Gender\Files from UZ\2017\UZB04G01\MakhallaUK_Sensitization\Training materials
GEWE	UZB04G01 (UK)	Two out of six training sessions of makhalla heads and makhalla advisers as outreach educators on domestic violence prevention in selected oblasts	UNFPA	Karshi 28-29 November 2018, Samarkand 26-27 November 2018	Karshi (Kashkadarya), Samarkand	makhalla heads and makhalla advisers	25 trainees in each session x 2 = 50 ppl	Yes
GEWE	UZB04G01 (UK)	Four out of six training of makhalla heads and makhalla advisers as outreach educators on domestic violence prevention in selected oblasts	UNFPA	Urgench 13-14 February 2019 Nukus 15-16 February 2019 Jizak 18-19 February 2019 Tash. region 20-21 February 2019	Urgench, Nukus, Jizak, Tash. region	makhalla heads and makhalla advisers	25 trainees in each session x 4 = 100 ppl	Yes
GEWE	UZB04G01 (UK)	Two training sessions of Telephone Help Lines operators and respective legal and psychological counsellors (25 in each training session) on provision of counselling service over the phone	UNFPA	Kashkadarya on 26 - 28 March 2018 and Samarkand on 29-30 March 2018	Kashkadarya on 26 - 28 March 2018 and Samarkand on 29-30 March 2018	Telephone Help Lines operators and respective legal and psychological counsellors	25 ppl x 2 = 50 ppl	YES G:\Мой диск\Program\Gender\Files from UZ\2018\UZB04G01\HotlineUK

GEWE	UZH04G01 (UK)	3-days training of “hot-line” operators and respective legal and psychological counsellors on provision of counselling service over the phone	UNFPA	10-12 December 2018	Tashkent	“hot-line” operators and respective legal and psychological counsellors on provision of counselling service over the phone	30 ppl	Yes
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Annex 5: List of Persons/Institutions Met

Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Tashkent City				
Afshin Parsi	UNICEF Uzbekistan	M	Deputy Representative	GEWE/SRH
Akbarova Alfeiyan	Yuksak Salohiyat	F		GEWE
Akhmedova Mukhabbat	Women's Wellness Centre	F	MD, OB-GYN, internationally-certified trainer on colposcopy	SRH
Akmal Jamboev	Youth Union	M	First Deputy Chairman	A&Y
Akmal Sayfitdinov	General Prosecutor's Office	M	Head of Social Protection, Healthcare and Employment of the Population	GEWE
Akobir Abdullaev	Ministry of Public Education	M	Deputy Head, Department of Work with Youth and Youth Organisations	A&Y
Alisher Abidjanov	Ministry of Higher and Secondary Specialized Education	M	Head of International Relations Department	A&Y
Alisher Latipov	Uztelecom	M	Group Manager	GEWE
Alisher Umarof	Ministry of Public Education	M	1st Deputy Minister	A&Y
Aripova Qunduz	Republican Reproductive Health Centre	F	Head nurse, SRH trainer	SRH
Atkham Odinaev	General Prosecutor's Office	M	Head of Juvenile Department	GEWE
Babajanova Shokhida	Republican Perinatal Centre	F	Head of Department, RH trainer	SRH
Babur Gulomov	Rehabilitation Centre for Women	M	Call Centre Office Manager	GEWE
Bakhodir Sabirov	Ministry of Higher and Secondary Specialized Education	M	Director of the Institute for Innovative Development of the System of Professional Education, Professional Development and Retraining of Teachers	A&Y
Barno Abdusamatova	Ministry of Health	F	Deputy Head of Department of Protection of Maternity and Childhood, Head of Children's Health Protection Department	A&Y/GEWE/SRH

Basitkhanova Elmira	Women's Committee	F	Chair	SRH
Bekhruz Yusupov	UNFPA Uzbekistan	M	Programme Analyst SRH	SRH
Birodar Mirsaev		M	Trainer	GEWE
Bobojonov Alisher	Ministry of Higher and Secondary Special Education	M	Head, International Relations Department	SRH
Bun'yod Gafurov	Youth Union	M	Head of Employment	A&Y
Bun'yodbek Mamatyusupov	Women's Committee	M	Leading Specialist, Department on Partnership with Civil Society Institutions and International Communications	GEWE
Dilfuza Karimova	NGO "Mekhr Qo'llar"	F	Deputy Director	A&Y
Dilfuza Khasanova	Institute of Professional Training of Medical Staff	F	Senior Lecturer, Department of Retraining General Practitioners, SRH trainer	A&Y
Dilfuza Nabieva	UNFPA Uzbekistan	F	Programme Analyst on Gender and Youth and M&E focal point	GEWE/M&E
Dilora Ganieva	UNFPA Uzbekistan	F	Advocacy & Communications Programme Associate	Communications & advocacy
Diloram Kuzieva	Women's Committee	F	Head, Department on Partnership with Civil Society Institutions and International Communications	GEWE
Diloram Tashmuhamedova	Oila Scientific and Practical Research Centre under the Cabinet of Ministers of the Republic of Uzbekistan	F	Director	PD
Dilovar N. Kabulova	Women's NGO Club established under the auspices of the Women's Committee of Uzbekistan	F	Director, Civic Initiative Support Centre, Tashkent Branch	GEWE
Dilshod Normuradov	NGO "Mekhr Qo'llar"	M	Coordinator for Sign Language	A&Y
Doina Munteanu	UNDP Uzbekistan	F	Deputy Resident Representative	PD/SRH/GEWE
Durbek Akhmedov	Centre for Economic Development and Research under the Tashkent State University of Economics	M	Director	PD

Elmira Basitkhanova	Women's Committee	F	Vice Prime Minister/Chair, Women's Committee	GEWE
Feruza Akmalova	Uztelecom	F	Hotline Operator	GEWE
Gulchekhra Zakirova	UNFPA Uzbekistan	F	Programme Analyst Population and Development	PD
Gulnora Marufova	Women's Committee	F	Deputy Chair, Women's Committee	GEWE/SRH
Gulruh Sadriddinova	Rehabilitation Centre for Women	F	Call Centre Operator	GEWE
Guzal Artikhodjaeva	Ministry of Health, Institute of Postgraduate Development of Medical/Health Workers	F	Chair, Gynaecology and Obstetrician	GEWE
Helena Fraser	United Nations Uzbekistan	F	Resident Coordinator	
Hurshid Rustamov	UNDP Uzbekistan	M	Head of Sustainable Development Cluster	PD/SRH/GEWE
Ilyos Matlabov	Youth Union	M	International Department	A&Y
Jurabek Kaharov	NGO "Mekhr Qo'llar"	M	Coordinator for Visually-Impaired and Blind	A&Y
Kamila Mukhamedkhanova	UNDP Uzbekistan	F	Head of Good Governance	PD/SRH/GEWE
Kamolkhon Inomkhodjayev	UNFPA Uzbekistan	M	Assistant Representative	
Khasanova Dilfuza	Tashkent Institute of Advanced Medical Education	F	Senior Lecturer, Department of Retraining General Practitioners, SRH trainer	SRH
Khikmatulla Shukurov	Ministry of Higher and Secondary Specialised Education	M	Dean of the Institute for Innovative Development of the System of Professional Education, Professional Development and Retraining of Teachers	A&Y
Kunduz Aripova	National Reproductive Health Centre	F	Head nurse, trainer on reproductive health	A&Y
Kuzieva Dilorom	Women's Committee	F	Head of International Relations Department	SRH
Laylo Rakhimova	National Reproductive Health Centre	F	Head of Section	A&Y
Maksud Kadirov	SOS Children's Village, Tashkent branch	M	Youth Facilities Leader	A&Y

Marat Hajimuhamedov	"Ijtimoiy Fikr" Centre for studying public opinion	M	Director	PD
Marat Kuranshin	SOS Children's Village, Tashkent branch	M	Family-Based Care Programme Coordinator	A&Y
Modira Saitkhodjaeva	British Embassy	F	Programme Support Officer	GEWE
Mukaram Abdurakhmonova	Uztelecom	F	Hotline Operator	GEWE
Mukhamedjanova Shakhnoza	Tashkent Paediatric Medical Institute	F	Dean, Faculty of Higher Nursing Education, SRH trainer	SRH
Mukhamedova Umida	Republican Perinatal Centre	F	Head of Department	SRH
Nailya Ibragimova	Institute for Forecasting and Macroeconomic Research under the Ministry of Economy and Industry of the Republic of Uzbekistan	F		PD
Nargiza Ergasheva		F	Psychologist	GEWE
Nasiba Mirodilova	Republican Rehabilitation Centre	F	Director	GEWE
Nazokat Kasymova	WHO Uzbekistan	F	National Professional Officer	SRH
Nigina Rahimova	"Ijtimoiy Fikr" Centre	F	Deputy Director	PD
Nilufar Gijasova	Ministry of Interior	F	Chief Inspector, Division on Women's Issues	GEWE
Nodira Shotursunova	Senate Gender Commission	F	Leading Specialist	GEWE
Pedro Pablo Villanueva	UNFPA Uzbekistan	M	Representative a.i.	
Rakhimova Laylo	Republican Reproductive Health Centre	F	Head of Department, SRH trainer	SRH
Rano Shodieva	NGO "Mekhr Qo'llar"	F	Director	A&Y
Rasulova M.	Women's NGO Club established under the auspices of the Women's Committee of Uzbekistan	F	Civic Initiatives Support Centre, Tashkent Branch	GEWE
Rovshana Uralova	Rehabilitation Centre for Women	F	Psychologist	GEWE
Safarova Dilnoza		F	Psychologist	GEWE
Sarbaev Rifad	Women's NGO Club established under the auspices of the Women's Committee of Uzbekistan	M	NIHOL	GEWE

Sarvar Akhmedov	General Prosecutor's Office	M	Head, Department of Supervision of Internal Affairs Bodies	GEWE
Shakhista Maksudova	Ministry of Higher and Secondary Specialized Education	F	Docent, Institute for Innovative Development of the System of Professional Education, Professional Development and Retraining of Teachers	A&Y/SRH
Shakhnoza Rustambekova	Uztelecom	F	Hotline Operator	GEWE
Shuhrat Sharipov	Ministry of Economy and Industry	M	Head of Unit	PD
Shukurov Khikmatilla	Ministry of Higher and Secondary Special Education	M	Head, Department of Organisation and Coordination of Retraining and Qualification of Personnel	SRH
Sobirov Bakhodir	Ministry of Higher and Secondary Special Education	M	Head, Scientific and Methodological Centre for Organising Retraining and Qualification of Personnel	SRH
Tursun Akhmedov	Institute for Forecasting and Macroeconomic Research under the Ministry of Economy and Industry of the Republic of Uzbekistan	M	Deputy Director	PD
Umid Ermanov	UNFPA Uzbekistan	M	Admin/Finance Associate	Business Operations
Umida Abdoollaeva Khazratovna	Ministry of Interior	F	Deputy Head of Department and Head, Division on Women's Issues	GEWE
Venera Ermetova		F	Trainer	GEWE
Yamoto Yoko	Embassy of Japan	F	First Secretary	SRH
Yaroslav Kvitkov	National Human Rights Centre	M	Leading Specialist, Analytical Department	GEWE
Yax'yo	Republican Specialised Scientific and Practical Medical Centre of Oncology and Medical Radiology	M	Head of International Relations Department	SRH
Yulduz Abduganieva	Ministry of Economy and Industry	F	Deputy Head of the Consolidated Office of Demography, Employment and the	PD

			Standard of Living of the Population	
Yusupbekov Abror	Republican Specialised Scientific and Practical Medical Centre of Oncology and Medical Radiology	M	First Deputy Director	SRH
Zamfira Yuldasheva	SOS Children's Village, Tashkent branch	F	Coordinator, Family Strengthening Programme	A&Y

Direct and end beneficiaries:

Girls and young women in shelter	Rehabilitation Centre for Women	F	End beneficiaries	GEWE
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Ferghana Region				
Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Abdurazzakov A'zamjon	Ferghana Regional Health Department	M	Deputy Head, Maternal and Child Health Department	SRH
Abdurazzakova Gulnoza	Ferghana Regional Reproductive Health Centre, SRH trainer	F	Director, SRH trainer	SRH
Barzиеv Nuriddin	Ferghana City Family Polyclinic (outpatient clinic) #1	M	Head Physician	SRH
Dekhkonoуa Gulsanam	Ferghana City Family Polyclinic (outpatient clinic) #1	F	Physician, GP	SRH
Ganiev Sardorbek	Ferghana City Family Polyclinic (outpatient clinic) #1	M	Physician, GP	SRH
Karimova Malika	Ferghana City Family Polyclinic (outpatient clinic) #1	M	Physician, GP	SRH
Kasimova Dilafruz	Women's Committee Ferghana Regional Branch	F	Chair	SRH
Kasymova Umida	Ferghana Regional Perinatal Centre	F	Deputy Director, SRH trainer	SRH
Khodjaeva Dилфуза	Women's Committee Ferghana City Branch	F	Chair	SRH
Kurbanova Nigora	Ferghana City Family Polyclinic (outpatient clinic) #1	F	Physician, GP	SRH
Mukhiddinova Diloram	Women's Committee, Department of the Local Women's Committee of mahalla #22	F	Mahalla specialist	SRH
Nabieva Gulnozakhon	Ferghana City Family Polyclinic (outpatient clinic) #1	F	Physician, OB-GYN	SRH

Direct and end beneficiaries:

	Mothers	F	End beneficiaries	SRH
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Karakalpakstan				
Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Allaberganova Nazira	Nukus City Family Polyclinic (outpatient clinic) #1	F	Head Physician	SRH
Babajanov Murad	Karakalpakstan Republican Perinatal Centre	M	Director	SRH
Bahtiyor Ubiniyazov	Ministry of Labour of the Republic of Karakalpakstan	M	Specialist	PD
Bektaeva Mukhabbat	Physician, Khodjayli District Multidisciplinary Clinic (outpatient clinic).	F	Physician	SRH
Boymagambetova Sveta	Khodjayli District Multidisciplinary Clinic (outpatient clinic)	F	Head Physician	SRH
Erimbetova Roza	Karakalpakstan Republican Reproductive Health Centre	F	Director, SRH trainer	SRH
Feruza Kaniyazova	Ministry of Public Education of the Republic of Karakalpakstan	F	Specialist	PD
Gauhar Abdisametova	Ministry of Health of the Republic of Karakalpakstan	M	Deputy Minister	PD
Gaybullaeva Gulsara	Women's Committee Nukus City Branch	F	Chair	SRH
Janabaeva Dametkin	Ministry of Health of the Republic of Karakalpakstan	F	Chief Obstetrician-Gynaecologist	SRH
Kalibekova Gulistan	Karakalpakstan Republican Reproductive Health Centre	F	OB-GYN	SRH
Kurbaniyazova Zebo	Karakalpakstan Republican Reproductive Health Centre	F	Paediatric Gynaecologist/OB-GYN	SRH
Madraimova Zamira	Nukus City Family Polyclinic (outpatient clinic) #1	F	Physician	SRH
Murod Jumabekov	Committee on Ecology and Environmental Protection of the Republic of Karakalpakstan	M	Specialist	PD
Saparbaeva Tursinoy	Khodjayli District Multidisciplinary Clinic (outpatient clinic)	F	Physician	SRH
Saparniyaz Boltaniyazov	Ministry of Economy and Industry of the Republic of Karakalpakstan	M	Specialist	PD

Sultanmuratova Meruert	Nukus City Family Polyclinic (outpatient clinic) #1	F	Physician	SRH
Talgat Nurmuhanov	State Committee on Statistics of the Republic of Karakalpakstan	M	Specialist	PD

Direct and end beneficiaries:

Mahalla specialists from "Navroz", "Jibek joly", etc.		F	Direct beneficiaries	SRH
Households from vulnerable groups		F/M	End beneficiaries	SRH

Bukhara Region

Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Guljamol Sharipova	Ministry of Economy and Industry	F	Lead specialist	PD
Hamza Boboev	Ministry of Labour	M	Lead Specialist	PD
Ikrom Ahmedov	Ministry of Health	M	Specialist	PD
Shamedin Pardaev	Committee on Ecology and Environmental Protection	M	Lead Specialist	PD
Ziyoda Kulieva	State Committee on Statistics	F	Specialist	PD

Samarkand Region

Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Akmal Kodirov	Regional Department MHSSE	M	Head, International Department	A&Y
Azizbek Ibragimov	Kattakurgan City khokimiyat, Samarkand Region	M	Deputy Khokim, Youth Issues	A&Y
Azizbek Nasimov	Regional Department MHSSE	M	Head	A&Y
Bibisara Aripova	NGO "Rahimdillik" (shelter for women)	F	Head of NGO	GEWE
Dilfuza Khoshimi	SOS Children's Village Samarkand branch	F	Programme Coordinator, Family-Based Care	A&Y
El'yor Ulugmurodov	Youth Union Samarkand Region	M	Deputy Head	A&Y

Fayzullo Saparov	SOS Children's Village Samarkand branch	M	Programme Coordinator, Youth Facilities	A&Y
Gavkhar Alimova	Regional Khokimiyat, Women's Committee	F	Deputy Khokim/Chairwoman of Women Committee, Senator	A&Y/GEWE
Khulka Abdurakhmonova	Samarkand Family Clinic #2	F	Paediatrician	A&Y
Lola Kaharovna	Regional Department MoH	F	Head, Perinatal Centre	A&Y
Matluba Turaeva	Samarkand Family clinic #2	F	Head	A&Y
Mokhira Azimova	Rehabilitation Centre for Women Samarkand Region	F	Head	GEWE
Mutabar Djabarova	Regional Reproductive Centre	F	Ultrasound doctor	A&Y
Nigor Abdurahmonova	Regional Reproductive Centre	F	Gynaecologist	A&Y
Nodira Khalimova	"Ilmoobod" Mahalla	F	Mahalla Specialist	GEWE
Nodira Rajabova	Rehabilitation Centre for Women Samarkand City	F	Head	GEWE
Roziq Fayziev	Regional Department MHSSE	M	Deputy Head	A&Y
Sardor Sulaymonov	SOS Children's Village Samarkand branch	M	Social Worker	A&Y
Sayohat Shavkatovna	Samarkand Family Clinic #2	F	Therapist	A&Y
Sojida Nasrieva	Regional Oyila Centre	F	Head	GEWE
Sultonoy Kasimova	"Kuy Khodja Sakhat" Mahalla	F	Mahalla Specialist	GEWE
Umida Babarahimova	Regional Reproductive Centre	F	Head	A&Y

Direct and end beneficiaries:

Women's Committee Samarkand Region	Mahalla specialists and district registry office inspectors from Jomboy, Ishtihon, Koshrabot, Narpay, Nurobod, Okdaryo, Payariq, Pastdargom, Pakhtachi, Toylok, Samarkan districts and Kattakurgon and Samarkand towns (trained staff)	F	Direct beneficiaries	GEWE
Women's Committee Samarkand Region	Mahalla specialists and district registry office inspectors from Jomboy, Nurobod, Okdaryo, Payariq, Urgut, Toylok, Samarkan districts and Kattakurgon and Samarkand towns (not trained staff)	F	Control group	GEWE

Kattakurgan College of Economics	Teachers	F/M	Direct beneficiaries	A&Y
Women's Committee Samarkand Region	Staff (volunteers) of district reproductive centres of Samarkand region	F	Direct beneficiaries	GEWE
Rehabilitation Centre for Women Samarkand City	Homeless mother	F	End beneficiary	GEWE
Kattakurgan College of Economics	15-16 years students	F/M	End beneficiaries	A&Y
Samarkand Medical and non-medical Colleges	15-16 years students	F/M	End beneficiaries	A&Y

Khorezm Region				
Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Adambaeva Gulora	Urgench City Family Policlinic (outpatient clinic) #3	F	Physician, OB-GYN	SRH
Atadjanova Dildora	Khorezm Regional Reproductive Health Centre	F	Director, SRH trainer	SRH
Atanazar Atajanov	Committee on Ecology and Environmental Protection of the Republic of Uzbekistan	M	Lead specialist	PD
Feruza Abdullaeva	Ministry of Economy and Industry of the Republic of Uzbekistan	F	Lead specialist	PD
Ibragimova Nigora	Khorezm Regional Perinatal Centre	F	Midwife, SRH trainer	SRH
Jumaniyazov Kudrat	Khorezm Regional Health Department	M	Head of Maternal and Child Health Department	SRH
Kahramon Hidayberganov	State Committee on Statistics of the Republic of Uzbekistan	M	Lead specialist	PD
Khaitbaeva Mukhabbat	Urgench District Multidisciplinary Central Policlinic (outpatient clinic)	F	GP	SRH
Masharipov Sherzod	Urgench District Multidisciplinary Central Policlinic (outpatient clinic)	M	Head physician	SRH

Mashripova Muyassar	Women's Committee Khorezm Regional Branch	F	Head of the Secretariat	SRH
Matyakubova Salomat	Khorezm Regional Perinatal Centre	F	Director, SRH trainer	SRH
Muradjan Atajanov	Ministry of Labour of the Republic of Uzbekistan	M	Deputy Head of Department	PD
Nilufar Babadjanova	Urganch City Family Policlinic (outpatient clinic) #3	F	Head Physician	SRH
Rakhmanova Nigora	Khorezm Regional Perinatal Centre	F	Head of Obstetrics Department	SRH
Saparova Mekhribon	Urgench City Family Policlinic (outpatient clinic) #3	F	Physician, GP	SRH
Sobirova Nigora	Khorezm Regional Perinatal Centre	F	Vice-Director, SRH trainer	SRH
Toirova Durdiposhsha	Women's Committee, Department of the local Women's Committee of mahalla #1	F	Mahalla specialist	SRH
Uzakova Zukhra	Women's Committee, Department of the local Women's Committee of mahalla "Mevazor"	F	Mahalla specialist	SRH

Kashkadarya Region				
Name of Person	Name of Institution	M/F	Position/Title	UNFPA Country Programme Component
Maksuda Mustavoeva	Regional Khokimiyat, Women's Committee	F	Deputy Khokim/Chairwoman	A&Y/GEWE
Shohista Begimkulova	Regional Khokimiyat, Women's Committee	F	Head, Secretariat	A&Y/GEWE
Ulugbek Ostonov	MHSSE Regional Department	M	Head, Methodical Section	A&Y
Sherali Nurmatov	MoH Regional Department	M	Deputy of Head	A&Y
Khamrogul Kurbanova	Rehabilitation Centre for Women Kasbi district	F	Psychologist	GEWE
Yulduz Rakhmatova	Rehabilitation Centre for Women Kasbi district	F	Lawyer	GEWE
Zarina Kenjaeva	Kasbi district Department of Internal Affairs	F	Senior Inspector on Women Issues	GEWE
Abdullo Sayfulloev	Kasbi district Department Oyla Centre	M	Head	GEWE

Abbos Khasanov	Medical Centre for Girls under Kasbi district family clinic	M	Head	A&Y
Mavjuda Ruzaeva	Medical Centre for Girls under Kasbi district family clinic	F	Gynaecologist	A&Y

Direct and end beneficiaries:

Women's Committee of Kashkadarya region	Mahalla specialists and district registry office inspectors: Dehkonobod, Kamashi, Koson, Mirishkor, Muborak, Kasbi, Nishon, Guzor, Karshi districts and Karshi town (trained staff)	F	Direct beneficiaries	GEWE
Women's Committee of Kashkadarya region	Mahalla specialists and district registry office inspectors: Karshi district and Karshi town (not trained staff)	F	Control group	GEWE
Shahrisabz district khokimiyat	Mahalla specialists (trained staff)	F	Direct beneficiaries	GEWE
Shahrisabz district medical college	15-16 years students	F/M	End beneficiaries	A&Y
Karshi college	Teachers (agricultural; IT; medical; agribusiness and entrepreneurship; polytechnic; bank; pedagogical; light industry; transport)	F/M	Direct beneficiaries	A&Y
Karshi college	15-16 years boys and girls	F/M	End beneficiaries	A&Y
Kasbi district department of Youth Union	Leader and staff (volunteers)	F/M	Direct beneficiaries	A&Y

Annex 6: Financial analysis UNFPA CP Uzbekistan

(As of July 2019)

Table 1: Annual Ceilings (RR) and Mobilised OR 2016-19 (in \$)

	2016	2017	2018	2019	Total
RR	750,000.00	701,790.00	837,500.00	849,277.00	3,138,567.00
OR	16,000.00	151,353.00	202,503.00	145,382.00	515,238.00
Total	766,000.00	853,143.00	1,040,003.00	994,659.00	3,653,805.00

Table 2: OR Mobilisation by Programmatic Area and Origin (Donor) 2016-19 (in \$)

Donor	SRH	GEWE	PD	A&Y	Total
UN Trust Fund for Human Security	270,488.00	25,500.00	5,000.00	-	300,988.00
UK FCO	-	126,497.00	-	-	126,497.00
Small Contributions	-	87,753.00	-	-	87,753.00
Total	270,488.00	239,750.00	5,000.00	-	515,238.00

Table 3: Utilisation RR 2016-19 (in \$)

	2016	2017	2018	2019	Total
RR	736,357.69	682,831.20	829,653.83	412,680.00	2,661,522.72
in %	98.1%	97.2%	99.0%	48.6%	85.7%

Table 4: Utilisation OR 2016-19 (in \$)

	2016	2017	2018	2019	Total
OR	15,052.32	107,197.44	184,479.74	115,199.00	421,928.50
in %	94%	70.8%	91.1%	79.2%	83.7%

Table 5: Utilisation RR & OR 2016-19 (in \$)

	2016	2017	2018	2019	Total
Total RR & OR	751,410.00	790,028.64	1,014,133.57	527,879.00	3,083,451.00
in %	98.0%	92.6%	97.5%	55.2%	85.8%

Table 6: Expenditures by Programmatic Area RR/OR 2016-19 (in \$)

	SRH	GEWE	PD	A&Y	PCA	Total
RR	1,066,208.00	592,677.00	445,509.00	380,567.00	176,562.00	2,661,523.00
OR	222,572.00	197,716.00	1,639.00	-	-	421,927.00
Total	1,288,780.00	790,393.00	447,148.00	380,567.00	176,562.00	3,083,450.00

Table 7: Annual Expenditures by Fund Utilisation Modality 2016-19 (in \$)

	2016	2017	2018	2019	Total
DEX	739,902.44	725,106.87	985,430.26	527,879.00	2,978,318.57
UNICEF	-	50,000.00	28,703.31	-	78,703.31
NEX	11,507.57	14,921.77	-	-	26,429.34
Total	751,410.01	790,028.64	1,014,133.57	527,879.00	3,083,451.22

Table 8: Expenditures by Fund Utilisation Modality and Programmatic Area 2016-19 (in \$)

	SRH	GEWE	PD	A&Y	PCA	Total
DEX	1,210,077.00	790,393.00	420,719.00	380,567.00	176,562.00	2,978,318.00
UNICEF	78,703.00	-	-	-	-	78,703.00
NEX	-	-	26,429.00	-	-	26,429.00
Total	1,288,780.00	790,393.00	447,148.00	380,567.00	176,562.00	3,083,450.00

Table 9: NEX Utilisation by UNFPA Implementing Partner 2016-19 (in \$)

Implementing Partner	Area	2016	2017	2018	2019	Total
Institute for Social Research (PGUZ01)	PD	11,507.57	10,000.00	-	-	21,507.57
Republican Centre Oila (PGUZ02)	PD	-	4,921.77	-	-	4,921.77
Total		11,507.57	14,921.77	-	-	26,429.34