



# Evaluation of the First (2011-2015) and the Second (2016-2020) Country Programmes of UNFPA Belarus

**Final Evaluation Report Annexes – 28 December 2019**

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Evaluation Team	
Evaluation Manager	Mr. Aliaksandr Davidzenka
Team Leader and Sexual and Reproductive Health Expert	Ms. Sheila Reed
Population and Development Expert	Mr. Sergei Gotin
Gender Equality Expert	Mr. Ulad Vialichka



## Annex 1: Persons Consulted

#	Key Informants	Position	Organization	Group	Interviewers
1.	Olga Atroshchanka	Assistant Representative	UNFPA Belarus	Admin and PD	SR / SG / UV
2.	Aliaksandr Davidzenka	Programme Analyst	UNFPA Belarus	SRHR/Youth	SR / SG / UV
3.	Olga Lukashkova	Coordinator of projects on Gender Equality	UNFPA Belarus	GE	SR / SG / UV
4.	Anna Levdanskaya	Communication Manager	UNFPA Belarus	Comm.	SR / UV
5.	Evgenia Cherkun	Financial Manager	UNFPA Belarus	Admin/Finance	SG
6.	Mahbub Alam	M&E Advisor	UNFPA EECARO	Regional	SR / SG / UV
7.	Tatyana Haplichnik	Previous UNFPA Assistant Representative	Swiss Red Cross	Admin and PD	SR and SG
8.	Valiantsin Rusovich	Public Health Officer	WHO Belarus	SRHR	SR and SG
9.	Uladzimir Valetka	M&E Specialist	UNICEF	SRHR, GE, and PD	SR / SG
10.	Natalia Karkanitsa	Program Officer, Law and Governance	UNDP	PD, HR	SR / SG / UV
11.	Tatiana Stryzheuskaya	Legal Director	Her Rights	GE	SR / SG
12.	Dzmitry Herylocich	Chairperson	Belarusian National Youth Council RADA	SRHR and GE	SR / SG
13.	Svetlana Zinkevich	Director	Office for European Expertise and Communications	SRHR and GE	SR / SG
14.	Marina Korzh	Cooordinator	Marshiruj, Detka Campaign	SRHR and GE	SR / SG
15.	Olga Kazak	Psychologist, director	NGO Radislava	GBV	SR / SG / UV
16.	Elena Demidova	Director	Center of active Longevity	SRHR, GBV	SR / SG
17.	Evgeny Shevko	Chair	NGO Association of Wheelchair Users (RAIK), Evaluation Reference Group	SRHR	SR / SG / UV
18.	Ekaterina Sharai	Head of project department	IMENA crowdfunding platform	SRHR	SG
19.	Oleg Yeremin	Chair of Coordination council	Anti-AIDS Network Belarus, Evaluation Reference Group	SRHR	SR / UV
20.	Olga Yanchuk	Secretary General	YWCA Belarus	GBV	SR / UV
21.	Taru Kernisalo	Project coordinator	EU Delegation to Belarus	SRHR, GBV	SR / UV

22.	Anna Samarskaya	Development director	ULEJ crowdfunding platform	SRHR, GBV	SG
23.	Liudmila Legkaya	Head of Department of medical service for mothers and children	Ministry of Health	SRHR	SR / UV
24.	Joanna Kazana-Wisniowecki	UN Resident Coordinator	UN RC office	PD, HR	SR / SG / UV
25.	Sergei Krasutsky	Deputy head of the department on prevention	Ministry of Internal Affairs	GBV	SR / SG
26.	Tamara Nesterenko	Head of international cooperation department	Ministry of Internal Affairs, Evaluation Reference Group	GBV	SR / SG
27.	Anna Klenchukova	Deputy Director (marketing and science)	FLO Health Inc.	SRHR	UV
28.	Elena Polyakova	First Secretary of the Main Directorate of Multilateral Diplomacy	Ministry of Foreign Affairs, Evaluation Reference Group	Reference group member	SR / SG
29.	Vladimir Karpovich	Director General	MTS Belarus	Parents friendly companies	UV
30.	Anna Karpuk	Leading officer on PR and Corporate social responsibility	MTS Belarus	Parents friendly companies	UV
31.	Elena Chebotareva	Human resources department	MTS Belarus	Parents friendly companies	UV
32.	Marina Artemenko	Deputy Head of the department of demographic, gender and family policy	Ministry of Labor and Social Protection, Evaluation Reference Group	PD	SR – SG - UV
33.	Vera Labkovich	Head of Department of demographic, gender and family policy	Ministry of Labor and Social Protection	PD, GBV	SR / UV
34.	Anna Korshun	Head of national hotline for GBV affected people	NGO Gender Perspectives	GBV	SG
35.	Inna Romashevskaya	Programme Officer	Embassy of Great Britain	SRHR, GBV	SR / UV
36.	Lee Stone	Third Secretary	Embassy of Great Britain	SRHR, GBV	SR / UV
37.	Tatiana Babuk	Head of the Main Directorate for Demographic Statistics and Census	National Statistical Committee (Belstat), Evaluation Reference Group	PD	SR – SG - UV
38.	Elena Faevich	Deputy Head of Belstat	National Statistical	PD	SG

			Committee (Belstat)		
39.	Inna Konoshonok	Head of the Department of Living Standards Statistics and Household Surveys	National Statistical Committee (Belstat)	PD	SG
40.	Irina Mazayskaya	Head of Department for International Cooperation and Statistical Information Dissemination	National Statistical Committee (Belstat)	PD	SG
41.	Aleksander Skrabovskiy	National Coordinator	Dobra Foundation, Social Weekend (SW) contest, Global Compact National Coordinator	SRHR	SG
42.	Oleg Derkach	Head of Department of legislation on national security and law enforcement	National Centre of Legislation and Legal Research	PD, GBV	UV
43.	Ella Skalkovich	Head of department of adaptation and rehabilitation of Territorial center of social service	Kobryn Interagency group	GBV	SR / UV
44.	Dmitry Shved	Senior inspector on prevention of Kobryn Regional department of internal affairs	Kobryn Interagency group	GBV	SR / UV
45.	Alla Sapezhinskaya	Chair	Club of Business Women BONA Kobryn	GBV	SR / UV
46.	Alexandra Dikan	Founder	CSO Her Rights	GBV	SG
47.	Venera Semenchuk	Head of Reproductive Health Laboratory	Mother and Child Center	SRHR	SG
48.	Larisa Istomova Natalia Zdolnik	Chair Specialist on human trafficking	Club of Business Women Brest	SRHR, GBV	SR / UV
49.	Nina Shukhno	First Deputy head	Belstat Brest oblast	PD	SR / UV
50.	Larisa Fraitik	Deputy	Belstat Brest oblast	PD	SR / UV
51.	Natalia Tomasheva	Deputy, head of department of demographic statistic and census	Belstat Brest oblast	PD	SR / UV
52.	Liudmila Popova	Head of information department	Belstat Brest oblast	PD	SR / UV

53.	Sergei Volodin	Director	Territorial Centre of Social Services for Population, Moscow district of Brest	GBV	SR / UV
54.	Nadezhda Tereshko	Senior specialist	Territorial Centre of Social Services for Population, Moscow district of Brest	GBV	SR / UV
55.	Eduard Mishchuk	Chief Specialist in Obstetrics and Gynecology	Regional head-office on healthcare of Brest oblast Executive Committee	SRHR	SR / UV
56.	Valentin Stepanenko	Y-Peer coordinator	Y-PEER Minsk	Youth SRHR	SG
57.	Viatcheslav Pernikov	Head of Statistics department	Belstat Gomel oblast	PD	SR / SG
58.	Olga Semenchuk	Specialist on census	Belstat Gomel oblast	PD	SR / SG
59.	Gennady Voronovich	Deputy head of OBG department	Gomel oblast perinatal center	SRHR	SR / SG
60.	Tatiana Mushinskaya	Y-Peer volunteer	Y-PEER Gomel	Youth SRHR	SR / SG
61.	Alexandr Shimbalev	Official focal point for GBV/DV	Belarusian Orthodox Church	GBV	UV/ MA
62.	Elena Zenkevich	Chair	Charity Sisterhoods Union	GBV	UV / MA
63.	Dmitry Bezniuk	Deputy head	Institute of Sociology of Belarusian Academy of Science	PD	UV /MA
64.	Yuri Cherniak	Deputy head on scientific work	Institute of Sociology of Belarusian Academy of Science	PD	UV /MA
65.	Valentin Rusovich	Head	WHO Belarus	SRHR	UV /MA
66.	Sergei Drozdovsky	Head	CSO Office of the Rights of People with Disabilities	SRHR, DV Reference Group	UV
67.	Olga Ivanova	Head of department of labor, employment and social protection	Interagency interaction group Slavgorod	PD, GBV	SR / SG
68.	Liudmila Vorontsova	Director of Center of Social services Slavgorod	Interagency interaction group Slavgorod	PD, GBV	SR / SG
69.	Yulia Kozlova	Psychologist	Interagency interaction group	PD, GBV	SR / SG

			Slavgorod		
70.	Lilia Kozoriz	Vice chairman juvenile commission	Interagency interaction group Slavgorod	PD, GBV	SR / SG
71.	Svetlana Tkacheva	General Practitioner	Regional hospital Slavgorod	SRHR	SR / SG
72.	Dmitry Subtselny	Head of Association	NGO Association of UNESCO Clubs, Evaluation Reference Group	SRHR	SR / UV
73.	Margarita Vereskovskaya	Program Manager	NGO Association of UNESCO Clubs	SRHR	SR / UV
74.	Olga Belanovich	Specialist on M&E Social worker, manager	NGO Association of UNESCO Clubs	SRHR	UV
75.	Nikolai Khvoshchinsky	Psychotherapist, sexologist – working with women sex business and MSM	NGO Association of UNESCO Clubs	SRHR	UV
76.	Artem Dombrovsky	Mobile service points for people of sex business	NGO Association of UNESCO Clubs	SRHR	UV
77.	Aleksandr Rytov	Department of international cooperation Researcher	Belarusian State University	PD	SG
78.	David Rotman	Demographic education	Belarusian State University	PD	SG
79.	Larisa Soglaeva	Demographic education	Belarusian State University	PD	SG
80.	Ekaterina Antipova	Demographic education	Belarusian State University	PD	SG
81.	Christina Johansson	Ambassador	Embassy of Sweden	SRHR, GBV	SR / UV
82.	Konrad Rikardsson	First Secretary	Embassy of Sweden	SRHR, GBV	SR / UV
83.	Gunilla Davidsson	Sida representative	Embassy of Sweden	SRHR, GBV	SR / UV
84.	Natalia Stasevich	Project manager	EU Delegation to Belarus	SRHR, GBV	SR / UV
85.	Anna Zakrevskaya	Head of the Labor Market, Employment and Social Protection Research Department	Labor Research Institute of MoLSP	PD	SG
86.	Tatiana Mironova	Director	Labor Research institute of MoLSP. Evaluation Reference Group	PD	SR / SG / UV
87.	Tatiana Kalinina	Pro-rector	Post-graduate medical academy (BelMAPE)	SRHR	SG

	FGD with women affected by DV - 6 participants: all used services, 3 of 6 used shelter	Arranged by Crisis Center - Kobryn	GBV	SR / UV
	FGD with staff of Adolescent Friendly center Kobryn: 7 persons of the center staff – doctors, psychologists, coordinators (2 M, 5 F)	Arranged by YFHS, Kobryn	Youth SRHR	SR / UV
	FGD/Interview with women of sex business 7 women including 5 sex workers and 2 former sex workers now counselors	Minsk – arranged by Association of UNESCO Clubs	SRHR	SR



## Annex 2: Documents Consulted

### Government of Belarus

1. Constitution of Republic of Belarus 1994
2. National Demographic Security Programme of the Republic of Belarus, 2011 - 2015
3. National Strategy on Sustainable Development till 2020
4. National Action Plan for ensuring gender equality in the Republic of Belarus 2011-2015
5. National Action Plan for ensuring gender equality in the Republic of Belarus 2017-2020 Ministry of Foreign Affairs of the Republic of Belarus <http://mfa.gov.by/multilateral/organization/list/d0a49b697e3ae50e.html>
6. Interagency Plan on implementation of recommendations accepted by the Republic of Belarus following the second cycle of the United Nations Human Rights Council UPR and recommendations addressed to the Republic of Belarus by Human Rights Treaty Bodies for 2016 – 2019
7. Concept for the Law Against Domestic Violence, 2019
8. National Statistical Committee of the Republic of Belarus. Source: <http://www.belstat.gov.by/en/>, Russian version: <http://www.belstat.gov.by/ofitsialnaya-statistika/solialnaya-sfera/naselenie-i-migratsiya/naselenie/graficheskiy-material-grafiki-diagrammy/polovozrastnaya-piramida-naseleniya/>
9. [National report “About Youth in the Republic of Belarus”](#), Ministry of education of the Republic of Belarus, Minsk, 2018 (in Russian)
10. [http://www.belstat.gov.by/ofitsialnaya-statistika/SDG/Naz\\_perechen\\_pokas\\_SDG/tse1-5/](http://www.belstat.gov.by/ofitsialnaya-statistika/SDG/Naz_perechen_pokas_SDG/tse1-5/)
11. [https://www.belarus.by/en/press-center/speeches-and-interviews/progress-in-implementing-convention-on-rights-of-persons-with-disabilities-in-belarus\\_i\\_88590.html](https://www.belarus.by/en/press-center/speeches-and-interviews/progress-in-implementing-convention-on-rights-of-persons-with-disabilities-in-belarus_i_88590.html)

### UNFPA

#### Global and Strategic Documents

12. UNFPA Belarus Country Program Document 2011-2015
13. Annexes 1-4 to CPD 2011-2015
14. Belarus CPD (2011-2015) aligned with the UNFPA Strategic Plan (2014-2017) results framework
15. UNFPA Belarus Country Program Document 2016-2020
16. UNFPA Strategic Plan (2014-2017)
17. UNFPA Strategic Plan (2018-2021)
18. UNFPA Strategic Plan Business Model [https://www.unfpa.org/sites/default/files/admin-resource/UNFPA\\_strategic\\_plan\\_2018-2021.\\_Annex\\_4\\_-\\_Business\\_model\\_-\\_FINAL\\_-\\_24Jul17.pdf](https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_strategic_plan_2018-2021._Annex_4_-_Business_model_-_FINAL_-_24Jul17.pdf)
19. UNFPA, State of the World Population, 2018, 2019
20. UNFPA Evaluation Handbook, 2019
21. Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, October 2013

#### Annual Work plans

22. 2009 UNFPA Annual Work Plan on support to Census
23. 2012 MoLSP Annual Work Plan
24. 2013 MoLSP/Sisterhoods Union/Gender Perspectives Annual Work Plan
25. 2014 Belstat Annual Work Plan
26. 2014 Belstat letter about changes in Annual Work Plan
27. 2014-2018 List of projects
28. 2015 Annual Work Plan PD project
29. 2017 Annual Work Plan PD project
30. 2018 Annual Work Plan PD project (English and Russian)
31. 2016 UNFPA/MoLSP Annual Work Plan to project BLR02DEM
32. 2019 UBRAF Country Envelope Work Plan UNFPA
33. 2019-2020 Cooperation Plan of the Ministry of Health / UNFPA

### **Atlas and other Financial Data**

34. Atlas Reports 2012-2019
35. Programmatic Analysis 2014-2019
36. Project Monitoring Account Level 2012-2019
37. Financial data by FUND 2014-2018

### **Evaluation reviews/reports and other reports**

38. 2010 UNFPA Country Office Annual Report
39. 2011 UNFPA Country Office Annual Report
40. 2012 UNFPA Country Office Annual Report
41. 2013 UNFPA Country Office Annual Report
42. 2014 UNFPA Country Office Annual Report
43. 2015 UNFPA Country Office Annual Report
44. 2016 UNFPA Country Office Annual Report
45. 2017 UNFPA Country Office Annual Report
46. 2018 UNFPA Country Office Annual Report
47. 2011 Mission report on possible UNFPA assistance to MoH
48. 2012 Mission Report on Demographic Statistics
49. 2012 Final Evaluation Report UNFPA Belarus Census project
50. 2012 Info materials about PD project (2011-2015) progress for media
51. Report on Independent Evaluation of the project: "Developing National Capacity to Counteract Domestic Violence in the Republic of Belarus" (2012-2014)
52. Final evaluation report SIDA DV project 2013
53. 2013-2015 BelStat Reports
54. 2014 UNFPA Country Office Progress Reports (quarter 1-4)
55. 2014 UN Trust Fund Final Report 2012-2014
56. 2014-2017 PD project Annual Progress Reports
57. 2015 Final SIDA\_UNFPA Belarus\_Narative Report
58. 2015-2018 PD project UNFPA narrative report to donors
59. Evaluative Review Of The UNFPA Country Programme Belarus (2011-2015), Sergei Gotin, 2015
60. 2016 Travel report summary on HIV response in Belarus
61. 2016-2017 PD project UNFPA annual spending report to donors
62. 2017 Final Report BELMED Midterm evaluation
63. 2017 BELMED Narrative Report
64. 2017 MoLSP Annual Report
65. 2018 Consolidated BELMED Narrative Report
66. 2018 PD project Steering Committee meeting minutes

### **Monitoring**

67. BELMED project Results Matrix
68. Report for UNFPA from the Training on Effective Perinatal Care (November 2017)
69. Travel Report summary for UNFPA of SRH Adviser, EECARO after visiting Minsk, April 2019
70. Project outline SRH Strategy (3 years, no indication of particular years)

### **Partners**

71. Stakeholders mapping for the evaluation
72. 2012-2015 Stakeholders map

### **Programming documents**

73. 2009-2010 ProDoc Development of the system to monitoring MDG achievements
74. 2011-2015 Agreement on PD project UNFPA

75. 2012-2015 Project Description “Developing national capacity to counteract domestic violence in Belarus in the context of increased gender equality” - Sida
76. BELMED ProDoc Ann1 ENPI 2014
77. 2015-2017 PD project UNFPA (in Russian and English)
78. 2017 BelStat project Logframe
79. Agreement between Russian Federation and UNFPA on PD project Belarus 2015-2017
80. Indicators and Milestones for 2015.docx
81. 2014-2017 Toolkit for UNFPA offices Programme Division UNFPA New York

### **Project reports**

82. 2011 Narrative report UNTFHS Project
83. Informal Note on the Status of the UN Trust Fund project Feb 2012
84. 2012 Sida UNFPA Annual Report Belarus
85. 2012 UN Trust Fund Annual Progress Report
86. 2012-2015 Final Sida UNFPA Belarus Narrative Report
87. 2013 Annual progress report UNTFHS Project
88. 2016 Progress report and interim financial report BLR01DEM
89. 2018 Final Report DEMO project
90. UNFPA final completion report signed June 2019

### **SIS Planning**

91. 2014 Annual Planning – Belarus
92. 2015 Annual Planning – Belarus
93. 2016 Annual Planning – Belarus
94. 2017 Annual Planning – Belarus
95. 2018 Annual Planning – Belarus
96. SIS report Indicators with Mile Stones 2014 -2018.xlsx

### **Surveys and studies**

97. UNFPA Micro Assessment 2016
98. Report on Assessment of the National Clinical Protocol on Maternity and comments on the text of the protocol, 2019
99. The results of the study of the prevalence of violence against women in the Republic of Belarus - <https://belarus.unfpa.org/ru/publications/результаты-исследования-по-распространённости-насилия-в-отношении-женщин-проведённого>

### **United Nations**

100. United Nations Development Assistance Framework (UNDAF) for Belarus (2011-2015)
101. United Nations Development Assistance Framework (UNDAF) for Belarus (2016-2020)
102. UNDP. Human Development Report, 2018
103. UNDP. Human Development Report, 2019
104. UN Group and the Government of Belarus, A Roadmap for SDG Implementation in Belarus August 2018
105. UNECE, Roadmap for Mainstreaming Aging, 2019
106. SDG Dashboard <https://dashboards.sdgindex.org/#/BLR>
107. UNICEF Report <https://www.unicef.by/uploads/models/2018/04/unicef-belarus-vac-report-2018.pdf>
108. [https://sustainabledevelopment.un.org/content/documents/2754713\\_July\\_PM\\_2\\_Leaving\\_no\\_one\\_behind\\_Summary\\_from\\_UN\\_Committee\\_for\\_Development\\_Policy.pdf](https://sustainabledevelopment.un.org/content/documents/2754713_July_PM_2_Leaving_no_one_behind_Summary_from_UN_Committee_for_Development_Policy.pdf)
109. <https://undg.org/wp-content/uploads/2019/04/Interim-Draft-Operational-Guide-on-LNOB-for-UNCTs.pdf>
110. Madrid International Plan of Action <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>
111. World Population Prospects 2019, UN <https://population.un.org/wpp/Download/Standard/Population/>

## Other Sources

112. EU Contraception Atlas 2019
113. **World Bank:** <https://www.worldbank.org/en/news/speech/2015/11/13/belarus-the-path-to-high-income-passes-through-the-market>
114. <https://www.worldbank.org/en/news/feature/2017/10/17/poverty-reduction-in-belarus>
115. Poverty And Shared Prosperity In Belarus Over The Past Decade Trends, Drivers And Challenges; by Alexandru Cojocaru, Mikhail Matytsin Poverty And Equity Global Practice, The World Bank, 2017
116. Telecommunication Union, <http://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx>; “Statistical Yearbook of the Republic of Belarus, 2017”
117. US State Department Report on Human Trafficking 2019
118. Survey by ILGA Europe, <https://rainbow-europe.org/country-ranking>
119. <https://belarusdigest.com/story/exploring-belaruss-massive-gender-longevity-gap/>
120. <https://belarusdigest.com/story/authorities-breaking-silence-on-harassment-and-gender-based-violence-in-belarus/>
121. International Public Association “Gender Perspectives”. Report. [www.genderperspectives.by/images/reports/gp\\_2014\\_ru.pdf](http://www.genderperspectives.by/images/reports/gp_2014_ru.pdf)
122. Centre for European Transformation; Civil society’s role and place in the system of donor assistance to Belarus (2006-2014); Working paper (summary and diagram)
123. <https://www.theglobalfund.org/en/portfolio/country/?loc=BLR&k=8f5db665-828c-4560-b959-155d0e156a30>
124. <https://ourworldindata.org/grapher/women-violence-by-an-intimate-partner?tab=chart&time=1990..2016&country=BLR>

## Annex 3: Stakeholder Matrix

Atlas Project (2012-2015)	Atlas Project (2016-2020)	Donors	Implementing partners	Other partners	Beneficiaries
<b>Sexual and Reproductive Health</b>					
<b>Outcome 1: Sexual and reproductive health</b> Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access					
<b>Output 1: Strengthened policy and national institutional capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups</b>					
BLR1U605	BLR02SRH	FPA 90	PGBY06	Ministries of Health; Education; Parliament; Belarusian State Medical University; national academic partners; Belarusian Medical Academy of Post-graduate Education; development partners; United Nations organizations; civil society organizations	Women; Young people; Vulnerable women; Key populations; PWD Healthcare providers
	BLR02PWD	SIDA	PU0074		
	BLR02MED	UDJ30	PGBY06		
BYE2P101		UHA22			
	UBRAFBLR	UQA68	PU0074		
<b>Gender Equality</b>					
<b>Outcome 3: Gender equality and women's empowerment</b> Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
<b>Output 1: Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality</b>					
BLR2U503	BLR02DVL	FPA90; UZJ07 SEA83; UKB06	PN5810; PN5812	Ministries of Labor and Social Protection; Ministry of Health; Foreign Affairs; Education; regional state entities; Parliament; faith-based organizations; United Nations organizations;	Women; DV survivals; Aggressors; Service providers

BLR2U5A3		SEA59; FPA90	PN5811; PN5812	development partners; the media; academia; civil society organizations; the private sector	
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**PD**

**Outcome 4: Population dynamics**

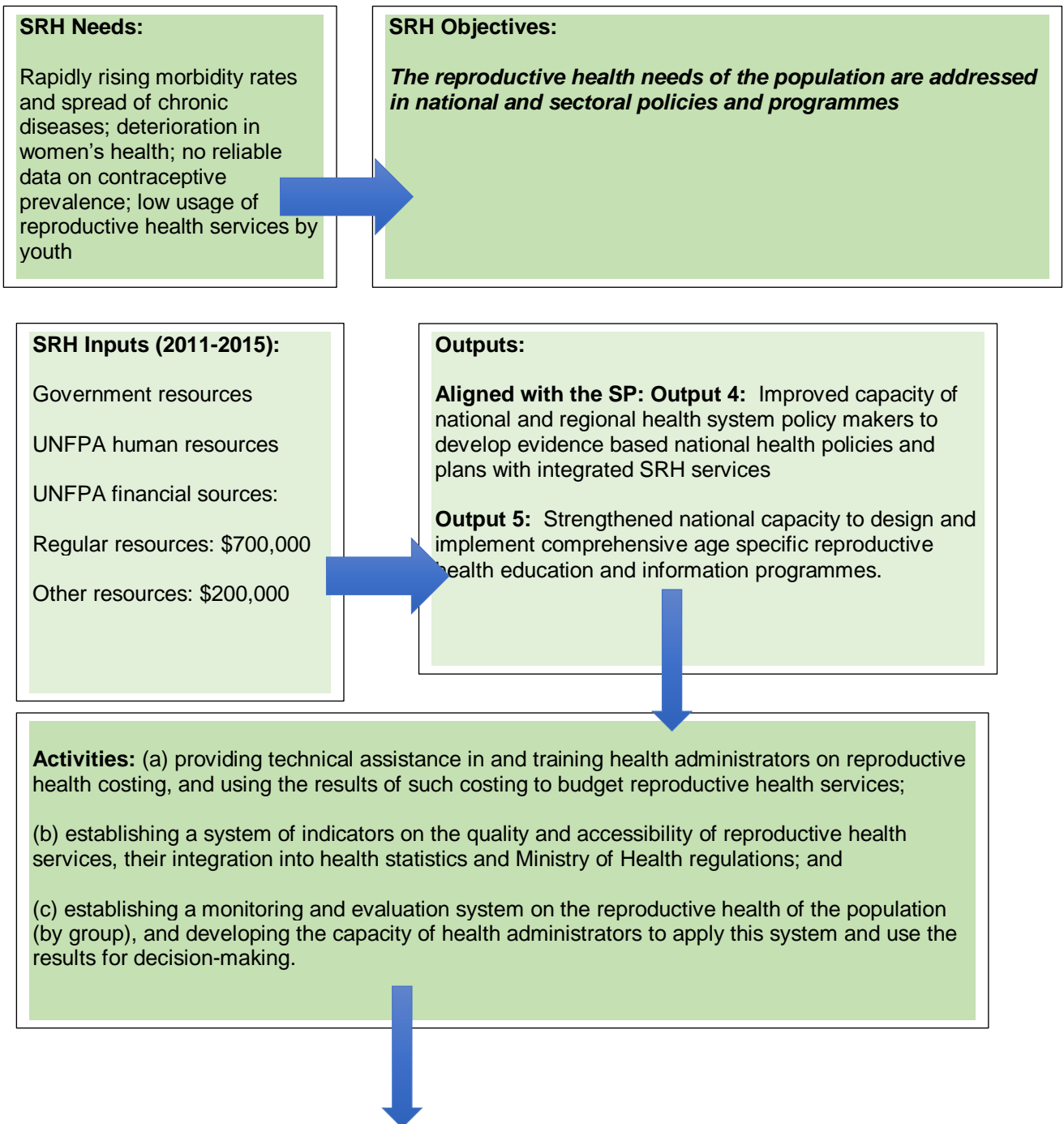
**Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

**Output 1: Strengthened national institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development**

BLR1U706	BLR02DEM	FPA90; RUS01		Ministries of Health, Education; Economy (including its Economy Research Institute); Labour and Social Protection (including its Scientific Research Institute and its Republican Institute of Refresher Training); Belarusian State University; of United Nations organizations; civil society organizations; development partners	
BLR01DE M		RUS01			

## Annex 4: Theories of Change, UNFPA Belarus 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes

### Theory of Change: Belarus Country Programme: Sexual and Reproductive Health (2011-2015)



**Outcomes:**

Population dynamics and its interlinkages with the needs of young people, SRH, and gender equality and poverty reduction addressed in national and sectoral development plans.

Improved data availability and analysis resulting in evidence-based decision making around population dynamics, SRH, including family planning and gender equality

Increased availability and use of SRH services including family planning, maternal health and HIV, that are gender responsive and meet human rights standards for quality of care and equity in access



**Impact: MDGs, ICPD**

Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and the MDG 5

**Theory of Change: Belarus Country Programme (2011-2015) – Gender Equality**

**GE Needs:**

Gender gaps persist in unemployment; domestic violence is widespread; there is no institutional framework to protect women against violence



**GE Objectives:**

*Prevention and protection systems are established to reduce gender based violence including domestic violence.*

**Gender Equality Inputs (2011-2015):**

Government resources  
UNFPA human resources  
UNFPA financial sources:  
Regular resources: \$100,000  
Other resources: \$900,000



**Outputs:**

Aligned with the SP:

**Output 3:** Strengthened legal and organizational mechanisms to prevent domestic violence and support the victims of such violence

**Output 4:** Improved capacity of national and regional health system policy makers to develop evidence based systems programs and protocols that address reproductive health



**Activities:**

- (a) establishing and supporting multisectoral mechanisms to prevent and address domestic violence at the regional level; (b) training stakeholders (police, social workers, medical professionals, non-governmental organizations and faith-based organizations) to address domestic violence; (c) establishing reporting mechanisms and an integrated information system on domestic violence; and (d) providing technical expertise on developing a law on domestic violence.
- (b) a) supporting information campaigns on domestic violence for men, women and young people; and (b) incorporating gender- based violence issues, including domestic violence, into school curricula and peer- education programmes

**Outcomes:**

Population dynamics and its interlinkages with the needs of young people, SRH, and gender equality and poverty reduction addressed in national and sectoral development plans.

Improved data availability and analysis resulting in evidence-based decision making around population dynamics, SRH, including family planning and gender equality

Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

**Impact: MDGs, ICPD**

Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and the MDG 5

**Theory of Change: Belarus Country Programme (2011-2015) – Population and Development**

**PD Needs:**

The use of disaggregated population data for the development of socio-economic policies is inadequate; there is a need to build the capacities of institutions and human resources in accordance with international standards

**Objectives:**

*Population-related disaggregated data and population projections are available for national and sectoral policy formulation and implementation.*

**Population and Development Inputs (2011-2015):**

Government resources

UNFPA human resources

UNFPA financial sources:

Regular resources:  
\$1,200,000

**Outputs:**

Aligned with the SP:

**Output 1:** Increased capacity of policy makers to develop social and population policies using comprehensive population data and projections

**Output 6:** Population related disaggregated data and population projections are available for national and sectoral policy formulation and implementation

**Activities:**

Training the Demstat Department specialists of Demographic Statistics Department in modern techniques of demographic data collection, processing and analysis at the national and international level (2014 and 2105); provision of national and international expertise in methods and technical aspects of population data collection and processing. There was introduction of and integrated information system and creation of a “Current Demographic Data” module

National and expertise in methodological and technical aspects of the census operation was provided for elaboration of the concept note. Study tours were organized to other countries to study international experience and to participate in international workshops and conferences. Additionally, round table discussions and working group meetings were held to elaborate the methodology of the census operation.

Belstat’s experts received training in organizing a **time budget survey and a gender equality survey** as well as training interviewers for the survey operation, preparation of a survey toolkit. The field work to collect data was subsequently undertaken and the data was entered, followed by dissemination of survey results. A Gender Statistics module was created on Belstat’s website to ensure public access.

**Activities** include conducting a workshop on addressing aging and population issues; clarifying and agreeing on critical issues concerning the national agenda on the ageing population policies; and identifying policy makers who are involved in policies concerning ageing population issues.

**Outcomes:**

Population dynamics and its interlinkages with the needs of young people, SRH, and gender equality and poverty reduction addressed in national and sectoral development plans.

Improved data availability and analysis resulting in evidence-based decision making around population dynamics, SRH, including family planning and gender equality

**Impact: MDGs, ICPD**

Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and the MDG 5

**The intervention logic (theory of change) of the 2nd Country Programme (2016-2020)**

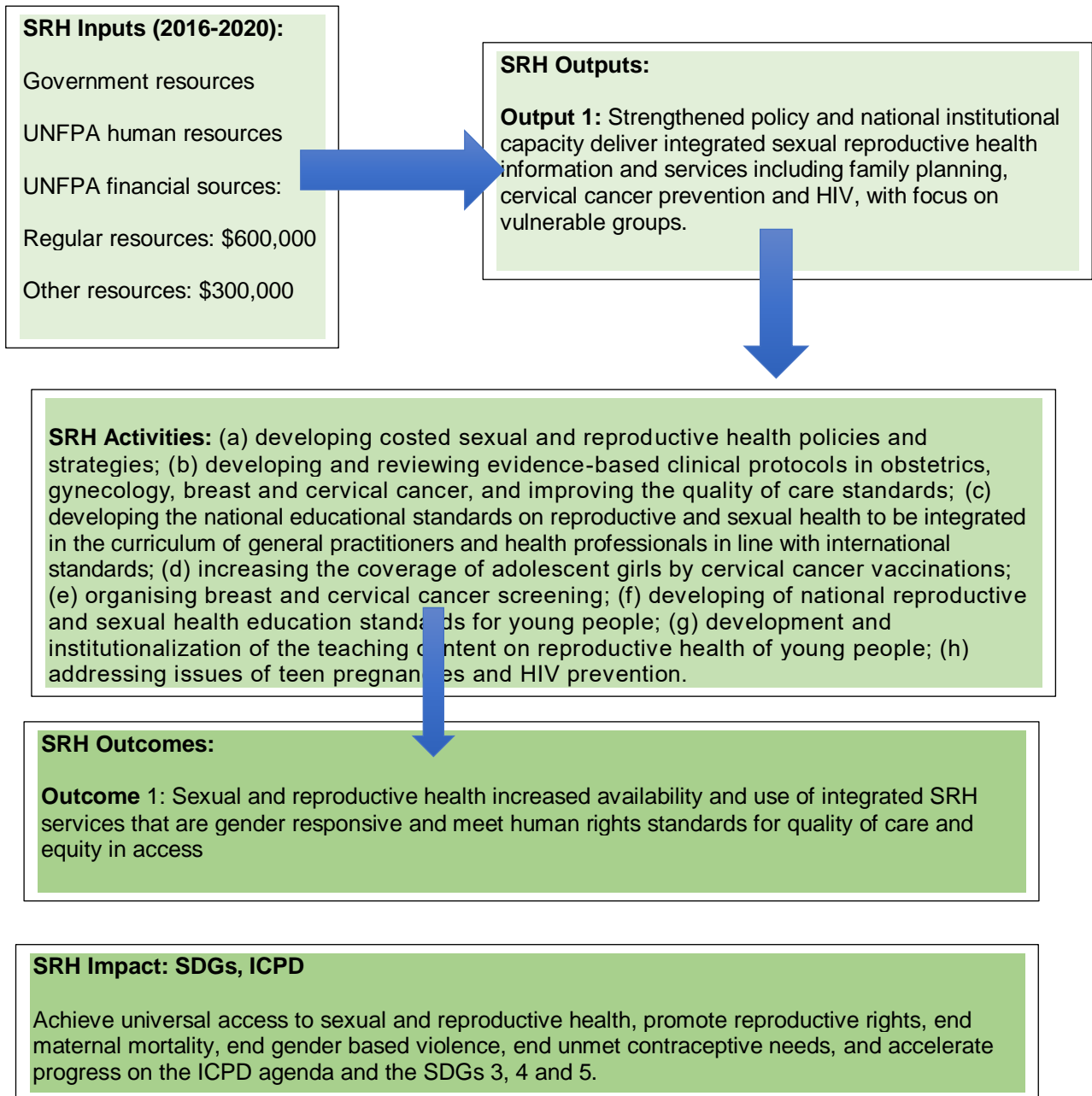
**Theory of Change: Belarus Country Programme: Sexual and Reproductive Health (2016-2020)**

**SRH Needs:**

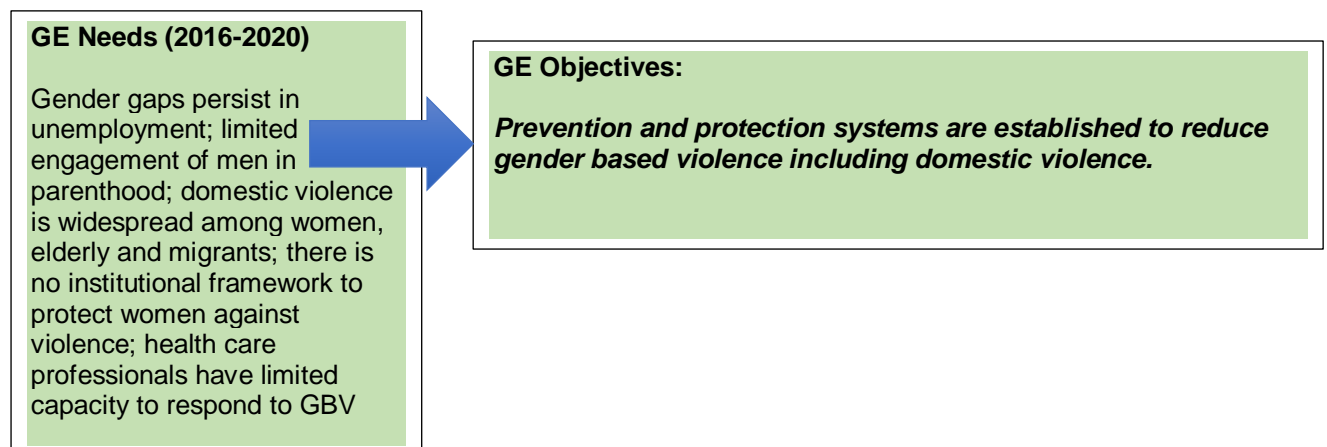
Rapidly rising morbidity rates and spread of chronic diseases; deterioration in women’s health; no reliable data on contraceptive prevalence; low usage of reproductive health services by youth; no standards for SRHR integrated into the education systems

**SRH Objectives:**

*The reproductive health needs of the population are addressed in national and sectoral policies and programmes*



**Theory of Change: Belarus Country Programme: Gender Equality (2016-2020)**



**GE Inputs (2016-2020):**

Government resources  
UNFPA human resources  
UNFPA financial sources:  
Regular resources: \$100,000  
Other resources: \$1,100,000

**GE Outputs:**

**Output 2:** Strengthened national legislation, policies and intersectoral mechanisms to enhance comprehensive and coordinated response to gender based violence, with emphasis on domestic violence  
**Output 3:** Strengthened national capacity to ensure compliance of national policies with international commitments advancing gender equality.

**GE Activities:** Output 2 will be achieved through: (a) evidence based advocacy and technical support to develop policies and laws preventing and counteracting gender based, and particular domestic violence; (b) strengthening intersectoral mechanisms to prevent and counteract domestic violence; (c) strengthening the capacity of national partners, including health sector and civil society to address gender-based violence, with focus on vulnerable.

Output 3 will support: (a) advocacy to implement recommendations of the United Nations treaty bodies, particularly the Committee on the Elimination of Discrimination against Women, and approved recommendations of the Universal Periodic Review; (b) advocacy and policy dialogue for development and implementation of gender sensitive and family-friendly legislation, policies, and programmes; (c) promoting gender transformative approaches through supporting women empowerment and engagement of men and boys in addressing gender inequality and gender based violence; (d) addressing gender stereotypes by generating evidences and analysing the effects of gender inequality

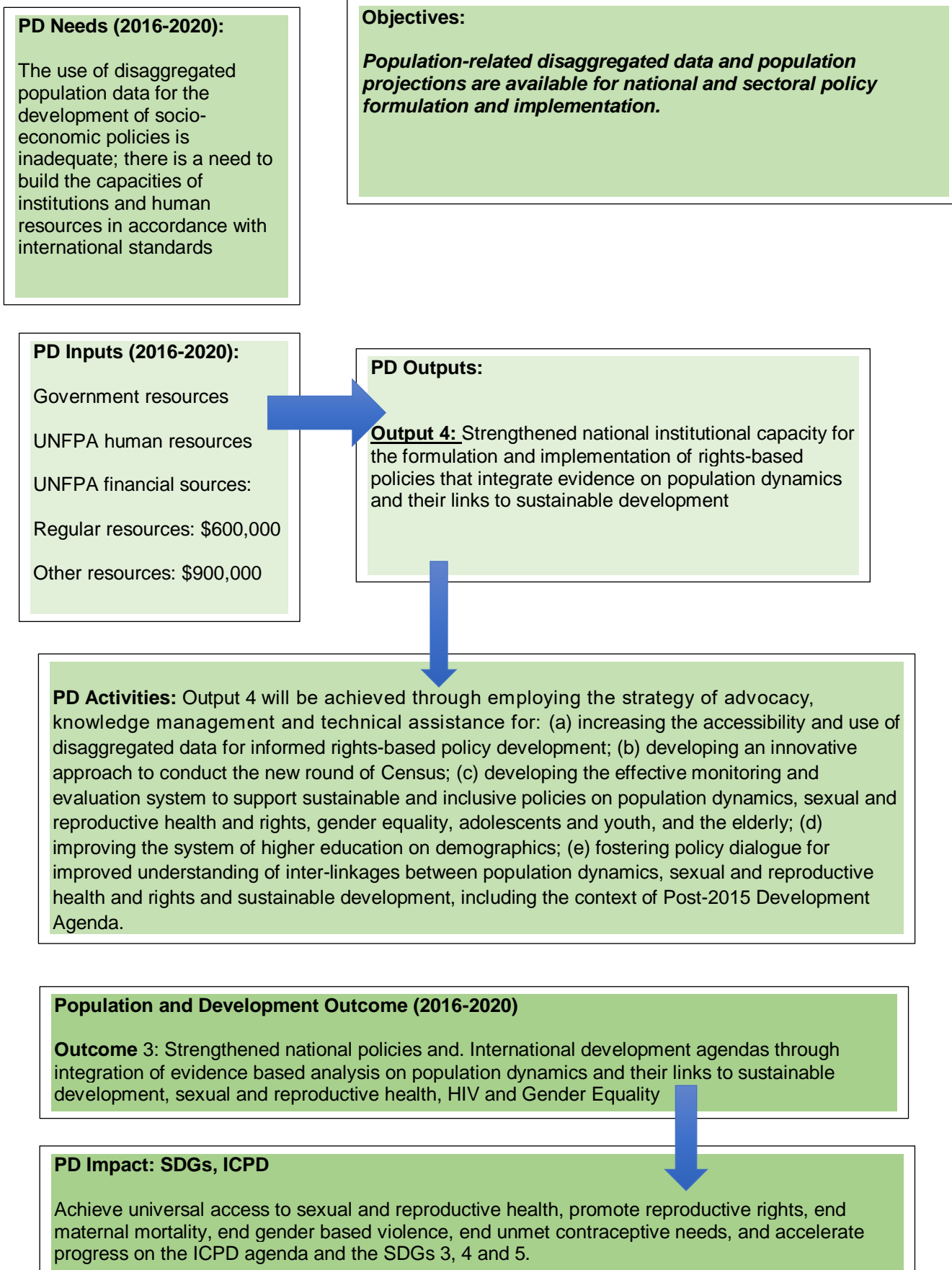
**Gender Equality and Women’s Empowerment Outcomes:**

**Outcome 2:** Advanced gender equality, women’s and girls empowerment and reproductive rights including for the most vulnerable and marginalized women, adolescents and youth.

**GE Impact: SDGs, ICPD**

Achieve universal access to sexual and reproductive health, promote reproductive rights, end maternal mortality, end gender based violence, end unmet contraceptive needs, and accelerate progress on the ICPD agenda and the SDGs 3, 4 and 5.

**Theory of Change: Belarus Country Programme: Population and Development (2016-2020)**



## Annex 5: Terms of reference of the evaluation

### Terms of Reference

#### Evaluation of the 1st (2010-2015) and the 2d (2016-2020) Country Programmes of UNFPA CO Belarus

##### INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to achieve the three transformative results: ending unmet need for family planning, ending maternal death, and ending violence and harmful practices against women and girls. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994)<sup>1</sup>, the Millennium Development Goals (2000)<sup>2</sup> and the 2030 Agenda for Sustainable Development (2015)<sup>3</sup>.

UNFPA has been operating in Belarus since 1994. The programmes of the United Nations Population Fund in Belarus covers the following thematic areas: Sexual and Reproductive health and rights, Population and Development and Gender Equality. The programme of the Fund builds on the national priorities and is implemented in close cooperation with the Government of the Republic of Belarus, UN agencies, non-governmental organizations and international and national experts.<sup>4</sup> The first UNFPA Country Programme (CP) for Belarus was implemented in 2010-2015<sup>5</sup> and focused on developing and improving subnational social and population policies and programmes, establishing prevention and protection systems to reduce gender-based violence, including domestic violence; and integration of the reproductive health needs of the population in national and sectoral policies and programmes. Since 2016, UNFPA have been delivering the second UNFPA country programme (2016-2020)<sup>6</sup> for Belarus.

In 2019, UNFPA Belarus country office is engaging in preparation of its 3d country programme (2021-2025). To inform this process, a more comprehensive evaluation of the two previous country programmes, covering the period 2010-2018 is to be undertaken. The evaluation will be conducted by independent evaluation team in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia, UNFPA Evaluation office as well as with national partners.

The country programme evaluation is a part of the country office's evaluation plan and is in accordance with the UNFPA evaluation policy (DP/FPA/2013/5). The UNFPA country programme evaluation (CPE) will provide an independent assessment of relevance and performance of UNFPA country programme in Belarus, as well as analysis of various facilitating and constraining factors influencing programme delivery. As per the evaluation policy, the CPE will serve three main purposes:

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

The evaluation will focus on the achievement of planned results of the country programme at the output and outcome levels. The findings, analytical conclusions and recommendations of the CPE will be used as inputs for the development of the new third country programme (2021-2025) and inform the United Nations Development Assistance Plan (UNDAF) that will be drafted in 2019.

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<sup>1</sup> National ICPD@15 report

<sup>2</sup> Millenium Development Goals: <http://www.un.org/millenniumgoals/>

<sup>3</sup> The Sustainable Development goals: <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

<sup>4</sup> UNFPA webpage: <https://belarus.unfpa.org/en/unfpa-belarus>

<sup>5</sup> UNFPA Belarus Country programme 2010-2015

<sup>6</sup> UNFPA Belarus Country Programme 2016-2020

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

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

## **CONTEXT**

### **Country Profile**

The Republic of Belarus is a landlocked country, located geographically and geopolitically strategically between Poland, Latvia, Lithuania, Ukraine and the Russian Federation. Belarus has made significant progress in its sustainable development since its independence and was in 2016 ranked 52nd among 188 countries in the Human Development Report 2016<sup>7</sup>. The country has now joined the list of upper-middle income countries.

Belarus has a highly educated and skilled labour force. The percentage of the population living below the national poverty line is 4.8 percent in 2014<sup>8</sup>. Nevertheless, Belarus still has a number of population groups that remain vulnerable to poverty, including families with three or more children, single-parent households, elderly, migrants and refugees, and people with disabilities.

Belarus has a population of 9.5 million<sup>9</sup> and is facing a natural population decline despite positive trends in fertility and longevity. The decrease is a result of demographic trends observed in the country's development since World War II, and is also due to the population's reaction to the economic crisis and deterioration of living conditions in the 1990s. In 2014, the total fertility rate was 1.7 children per woman<sup>10</sup>.

In despite of a decline of maternal mortality ratio, there has been a deterioration in women's health and maternal health. In 2016, 153308 cases of complications during perinatal period (including birth) were registered on 116935 live birth annually. The Ministry of Health is developing a national strategy on reproductive health, and is willing to revise facility-based protocols in the area of reproductive health to ensure their alignment with international standards and World Health Organization (WHO) recommendations.

Improved access to and quality of family planning services contributed to a reduction in the abortion rate, from 46 abortions per 1,000 women aged 15 to 49 years in 2000 to 12,2 per 1,000 women in 2016. However, there is no regular account of the contraceptive prevalence rate by women.

Youth aged 15-24 years were constituting 10 percent of the population in 2017. They remain the most vulnerable group in the area of sexual and reproductive health. In 2016, 20% of medical abortions in the country took place among young females under 15- 24 years. The HIV epidemic in Belarus has a low prevalence among the general population (0.2 per cent in 2017) and higher rates among key affected populations. Sexual contact remains the main way by which people contract the illness, at 62 per cent in 2017. The state's response to HIV is regulated by the state programme on HIV prevention. Enhanced education for young people about safe sexual behaviour is important in preventing unintended pregnancies, especially among adolescents, and the sexual transmission of HIV and other sexually transmitted diseases.

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<sup>7</sup> Human Development Report 2016: Human Development for Everyone,

<sup>8</sup> Ibid

<sup>9</sup> In January 2015, National Statistical Committee of the Republic of Belarus (Belstat)

<sup>10</sup> World Bank: <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=SL-BY>



In 2017, life expectancy at birth was 69.3 years for men and 79.2 years for women.<sup>11</sup> The difference in life expectancy between men and women in rural areas is higher. It is calculated that 23.31 percent of the population will be above working age in 2018. Belarus needs to develop a coherent policy framework for the elderly in line with the Madrid International Plan of Action<sup>12</sup> to strengthen national capacity in that area. The Government recognizes the importance and urgency of the demographic problem, and has proposed a legislative framework that aims to address the problem. The law on demographic security was adopted in 2002 and is being implemented through the national programmes for demographic security.

In 2000, WHO ranked the Belarusian health-care system 53 out of 190 countries, considering its overall health system one of the best in that region. However, Belarus should consider undertaking health-care reform to ensure the effectiveness of and to strengthen disease prevention and primary health care. It should also enlarge the share of doctors working as general practitioners and providing primary care.

Non-communicable diseases represent a significant challenge for the quality of life of Belarusians. According to official statistics data, the mortality rate was 1256,1 per 100,000 in 2017, with 907,7 deaths (75 percent) caused by non-communicable diseases. Of this, the proportional mortality (percentage of total deaths) for cancer amounted to 16 per cent. In the past decade (2005-2015), the number of breast cancer cases increased by 35 per cent. The cervical cancer mortality rate in Belarus was currently 6.8 per 100,000 per year. The main cause of high mortality due to breast and cervical cancers is the lack of comprehensive screening programmes for early detection. Pilot projects of screening programmes are currently being undertaken only in Minsk.

Belarus has made progress in complying with international human rights treaty obligations, including the Convention on Elimination of All Forms of Discrimination against Women. UNDP Global Human Development Report 2014<sup>13</sup> ranks Belarus at 32 in the world based on gender-related development index (GDI) and at 28 based on the gender equality index. However, gender inequalities persist. Women experience an up to 25 per cent wage gap compared to men; women are underrepresented in decision-making and men's engagement in parenthood and domestic duties is limited. Existing gender stereotypes significantly contribute to gender-based discrimination, including domestic violence. Despite progress, domestic violence is still widespread and underreported, with almost every third surveyed woman and every fourth surveyed man experiencing physical violence. Women, the elderly and migrants are especially vulnerable to domestic violence. The effective intersectoral response mechanism to prevent and counteract domestic violence throughout the country is not yet in place. The capacity of key service providers to respond to gender-based violence must be strengthened; a separate law on domestic violence does not exist. National efforts to address gender inequality and gender-based violence need further support.

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

The legal basis for the relationship between the Government of Belarus and United Nations was signed in May 1992. UNFPA assistance to Belarus began in 1994.

### *First Country Programme (2011-2015)*

The fund implemented its first country programme for Belarus (2011-2015), which covered three focus areas: sexual and reproductive health and rights, population and development, and gender equality. The approved budget was a total of US\$3.7 million composed of US\$2.3 million regular resources and US\$1.4 million other resources. Regular sources and other sources combined for each component make up following in the programme: \$0.9 million for sexual and reproductive health and rights component, \$1 million for gender equality component and \$1.5 million for population and development. The first

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<sup>11</sup> Human Development Report: <http://hdr.undp.org/en/69206>.

<sup>12</sup> Madrid International Plan of Action <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

<sup>13</sup> UNDP Global Human Development Report 2014



programme was approved by UNDP/UNFPA/UNOPS Executive Board at its second regular session in 2010.

The Government and UNFPA implements the programme in the three UNFPA focus areas: (a) reproductive health and rights; (b) population and development; and (c) gender equality and women's empowerment.

The country programme contributed to three of the five UNDAF<sup>14</sup> (2011-2015) outcomes: (a) sustainability of social and economic development; (b) protection from risks detrimental to health; and (c) effectiveness of the governance system. The outcomes and outputs of the UNFPA country programme are linked to the UNDAF.

#### Second Country Programme (2016-2020)

Second programme was approved by UNDP/UNFPA/UNOPS Executive Board at its second regular session in September 2015. Country programme was approved by the council of ministers of the Republic of Belarus in 23 of March 2016. The programme covers the period from 2016-2020. The UNFPA financial commitment over the 5 years towards the programme is approved at \$3.7 million: \$1.5 million from regular resources and \$ 2.2 million through co-financing modalities and/or other resources, including regular resources. Regular sources and other sources combined for each component make up following in the programme: \$0.9 million for sexual and reproductive health and rights component, \$1.1 million for gender equality component and \$1.5 million for population and development.

The second country programme aimed at: 1) Strengthened policy and national capacity to deliver integrated sexual reproductive health information and services with focus on vulnerable groups, 2) Strengthened national legislation, policies, and intersectoral mechanisms to enhance comprehensive and coordinated response to gender based violence, with emphasis on domestic violence, 3) Strengthened national capacity to ensure compliance of national policies with international commitments advancing gender equality, and 4) Strengthened national institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development.

The second country programme is contributing to two out of four UNDAF strategic areas 1) inclusive responsive and accountable governance and 2) Sustainable development of human capital: health, education, social inclusion and protection, comprehensive post-chernobyl development. Within these two strategic areas, UNFPA is contributing to six different outcomes a) effective partnerships between civil society and private sector b) responsiveness of state institutions c) strengthened health system d) access to prevention, diagnosis, treatment and care of communicable diseases e) access to healthcare and f) system for ensuring life safety of children and adults. (see more in depth information under each and one of the outcomes 1.1, 1.2, 4.1, 4.2, 4.3 and 4.4)<sup>15</sup>

The first country programme development was guided by the UNFPA Strategic Plan 2008-2013<sup>16</sup>, while the second was guided by the UNFPA Strategic Plan 2014-2017 SP 2018-2021<sup>17</sup>. The plans defined three broad programmatic areas: reproductive health and rights, population and development, and gender equality, to all of which the programme contributed.

#### **UNFPA Country Programme Management**

The country programme, managed by the UNFPA Country Office in Belarus, is led by an UNFPA Director and Assistant representative, with guidance and advisory support from the UNFPA Regional Office for Eastern Europe and Central Asia. The country office's programme staff comprises programme officers for sexual and reproductive health and youth, gender equality, a partnership specialist, a programme assistant and lastly a communications officer. The operations staff consists of an administration and finance associate and technical assistant. Furthermore various projects staff is contributing to the

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<sup>14</sup> UNDAF Belarus 2011-2015

<sup>15</sup> See Belarus UNDAF 2016-2020 for information about each outcome

<sup>16</sup> UNFPA Strategic Plan 2008-2013

<sup>17</sup> UNFPA Strategic Plan 2014-2017

programmatic and operational matters. The programme is coordinated with the work of other UN agencies through the UN Country Team (UNCT) meetings and various UN working groups.

Both the country programmes has been/is implemented through both a direct execution (DEX) modality and through a national implementation (NEX) modality. The DEX modality refers to when the UNFPA Country Office in Belarus is operationally implementing the programme activities in consultations with the national counterparts, while NEX modality is used when UNFPA provides funds to a government, NGO, or academic institution to implement one or more of the outputs in the programme. The programmes has mostly focused on collaboration with the governmental and non-governmental partners at the central level.

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

Objectives of evaluation:

The country programme evaluation will contribute to the accountability of UNFPA for results, analyze the relevance and performance of the UNFPA Country Programmes for Belarus 2011-2015 as well as the years 2016-2018 of the second programme cycle (2016-2020). The evaluation will also improve strategic positioning of the UNFPA Country Office in Belarus during its implementation, facilitate organizational learning and support evidence-based programming.

The CPE will assess the programme's contribution to achieving the development results at the country level, including constraining and facilitating factors of programme design and performance. The evaluation will apply appropriate methodology for assessing the equity and vulnerability, gender equality and human rights in the programmes It will be based on the guiding principles, norms and standards for evaluations adopted at UNFPA, and will use specific evaluation criteria and evaluation questions.

The **overall objectives** of the evaluation are:

- Enhanced accountability of UNFPA to its donors, partners and other stakeholders for the relevance and performance of the country programme;
- Broadened evidence base, including lessons learned and practical recommendations, for input tot the third programme cycle (2021-2025), and will inform the UNDAF that will be drafted in 2019.

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

- To provide the UNFPA national stakeholders, UNFPA Country Office in Belarus, UNFPA EECARO, UNFPA Headquarters, as well as wider audience, with an independent assessment of the relevance and progress of country programmes towards the expected outputs and countcomes set forth in the results and resources frameworks of country programmes;
- To provide an assessment of the UNFPA country office's positioning within the development community and national partners, with regard to its ability respond to national needs while adding value to the country's development;
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

### **Scope of evaluation:**

The evaluation will cover all activities planned and/or implemented during the period 2010-2018 within each programme area: reproductive health and rights, youth, population and development, gender equality, and cross cutting areas: partnership, resource mobilization, and communication. The scope of evaluation is extended beyond the current programme period is to assess achievement/non-achievements of higher level development results (outcomes and possible impacts). Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects. The CPE should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2008-2013, 2014-2017 and 2018-2021, the national development priorities and needs. The evaluation will reconstruct the programme intervention logic and assess the extent to which the ongoing country programme has chosen the best

possible modalities for achieving the planned results in the current development context. The evaluation will examine the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value, and will cover both the development and humanitarian interventions.

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

## **EVALUATION CRITERIA AND EVALUATION QUESTIONS**

In accordance with the methodology for CPEs as set out in the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation” (2013)<sup>18</sup>, the evaluation will be based on finding answers to a number of questions covering the following evaluation criteria:

### **Relevance**

- EQ1. To what extent are the objectives of the programme adapted to the needs of women, adolescents and youth, people at risk of HIV infection, and older persons
- EQ2. To what extent are the objectives of the programme, aligned with the national priorities and policies and UNDAF,
- EQ3. To what extent are the objectives of the programme aligned with the UNFPA strategic plans (2012-17 & 2018-21) in particular goals, principles, programme mode of engagement,

### **Effectiveness**

- EQ4. To what extent have the intended programme outputs<sup>19</sup> been achieved?
  - . To what extent did the outputs contribute to the achievement of the planned outcomes i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies?
- EQ5. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?
- EQ6. To what extent has UNFPA contributed to an improved emergency preparedness in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISV?

### **Efficiency**

- EQ7. To what extent the country office made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of programme outputs?

### **Sustainability**

- EQ8. Are programme and cross-cutting results sustainable in short and long-term perspectives?

### **UNCT Coordination**

- EQ9. To what extent did UNFPA contribute to coordination mechanisms in the UN system (UNCT) in Belarus?
- EQ 10, To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Belarus?

<sup>18</sup> Handbook “How to Design and Conduct a Country Programme Evaluation at UNFPA” (<http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)

<sup>19</sup> There is high likelihood of additional outputs planned and/or achieved by the programme which are not included in the Country Programme Document due to page and word limitations. The evaluation team will assess all outputs delivered by the programme.

## Added value

- EQ11. What is the main UNFPA comparative strengths and added value in the Belarusian context as perceived by UNCT and key national stakeholders?

The evaluation team will develop specific questions, define methodology and tools which , will be agreed upon at the evaluation design phase following consultations with the Evaluation Reference Group, and presented in the evaluation design report.

## EVALUATION METHODOLOGY AND APPROACH

### Data Collection

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

### Validation Mechanisms

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

### Data Analysis

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

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

### Stakeholder Participation

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

An Evaluation Reference Group (ERG) will be established by the UNFPA Country Office in Belarus comprising key programme stakeholders (national governmental and non-governmental counterparts, UNFPA Regional Advisor on Monitoring and Evaluation, Evaluation Manager from the UNFPA Country Office in Belarus). The ERG will review and provide inputs to the CPE terms of reference, , provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and

provide comments on the main deliverables of the evaluation, in particular the final report at the draft stage.

## EVALUATION PROCESS

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

### 1. Preparation

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

- Drafting of country programme evaluation (CPE) terms of reference (ToR)
- Establishing an Evaluation Reference Group (ERG)
- Receiving comments from the ERG on the CPE ToR
- Receiving comments on the CPE ToR from the UNFPA EECARO
- Receiving approval of the CPE ToR from the UNFPA Regional Office
- Selecting potential evaluators
- Receiving pre-qualification of potential evaluators from the UNFPA Regional Office
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader
- Preparing the initial set of documentation for the CPE, including list of Atlas projects, stakeholder map, programme and financial data, all corporate and country specific reports e.g. Country Office Annual Report (COAR)

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

### 2. Design

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

- Documentary review of all relevant documents available at the UNFPA Country Office in Belarus, Regional Office and Headquarters levels regarding the first and second UNFPA Country Programme for Belarus for 2010-2018
- Mapping of stakeholders relevant to the CPE, including state and civil society stakeholders and indicating the relationships between different sets of stakeholders; the stakeholder map will be used for stakeholder sampling for data collection
- Reconstruction of the intervention logic of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme
- Finalization of the list of evaluation questions and preparation of the *evaluation matrix*
- Development of a data collection and analysis strategy, as well as a concrete workplan for the field phase

Once all the interviewees and field trips have been identified by the evaluators, the UNFPA Evaluation Manager (together with the country office staff) will organize the required logistical arrangements

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

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators/criteria, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation” and the structure of the final report. The design report should also present the reconstructed programme

intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report will be reviewed by the ERG and approved by the Evaluation Manager and UNFPA Regional Evaluation Adviser before the the CPE field phase commences.

### **3. Field data collection**

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

### **4. Reporting**

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

This second draft final report will be disseminated among key programme stakeholders (including key national counterparts) and presented in a stakeholder workshop/meeting for final comments. The second draft final report will be reviewed by the Regional Monitoring and Evaluation Adviser including comments provided by the Country Office staff and stakeholders. The *final report* will be drafted shortly after the workshop, taking into account comments made by the programme stakeholders. A formal evaluation quality assessment (EQA) will take place at the reporting phase.

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

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

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

## **EXPECTED OUTPUTS / DELIVERABLES**

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

- Design report (MS Word/Excel as required, 50 pages maximum) including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) reconstructed programme intervention logic, and d) the overall evaluation design and methodology including sampling , with a detailed description of the data collection plan for the field phase
- Debriefing presentation document (MS PowerPoint) synthesizing the main preliminary findings, conclusions of the evaluation, to be presented and discussed with the country office during the debriefing meeting at the end of the field phase
- First and second draft final evaluation reports, second draft taking into account potential comments from the Evaluation Reference Group
- Evaluation presentation document (MS PowerPoint) for the dissemination workshop to be held in Minsk during the CPE reporting phase
- Final report (MS Word, 70 pages maximum plus annexes) taking into account all the comments made during the dissemination workshop in one single document
- Evaluation brief-- a summary of evaluation report (maximum 5 pages) to communicate evaluation results to stakeholder in and outside of Belarus

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

## WORKPLAN / INDICATIVE TIMEFRAME

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

	PHASES/DELIVERABLES	RESPONSIBLE	PARTNERS	DEADLINE
<b>Preparation phase</b>				
	Establishment of Evaluation Reference Group (ERG)	Evaluation Manager (EM), programme staff, Personal Asst to the Rep	Key programme stakeholders	1 March
	Finalization of ToR with inputs from programme staff (PS), ERG and RO M&E Adviser (M&EA); ToR approval by Evaluation Office (EO)	EM, ERG, PS	Rep, M&EA,	11 March
	Selection of potential evaluators with inputs from RO M&E Adviser; pre-qualification of potential evaluators by EO; recruitment of external evaluators	EM, Administration and Finance Associate (AFA)	AFA, M&EA	25 March
	Compilation of initial list of documentation, stakeholder mapping and list of Atlas projects	EM, PS	AFA	30 March

	Scoping mission by Evaluation Team Leader	EM, PS, ERG	Rep	19 April
<b>Design phase</b>				
	Preparation and submission of a design report	Evaluators	EM, M&EA, PS, ERG	17 May
	Review and approval of design report	Rep, EM	M&EA, PS	24 May
<b>Fieldworks</b>				
	Data collection and analysis, including field trips as required	Evaluators	EM, PS, ERG, AFA	31 May
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	Evaluators	EM, PS, ERG	21 June
<b>Reporting</b>				
	Production of the first draft final report	Evaluators	EM	28 June
	Written feedback by the ERG	ERG	EM	5 July
	Production of the second draft final report	Evaluators		12 July
	EQA of the second draft final report	EM	Rep, M&EA	19 July



	Production of the final report	Evaluators		26 July
	EQA of the final evaluation report	EM, M&EA	Rep	2 August
	Final EQA	EO	EM, M&EA	9 August
<b>Dissemination and follow-up</b>				
	Management response submission	Rep	EM, PS	23 August
	CPE report, final EQA and Management response published on CO website and UNFPA evaluation database	EM, Communications Officer	EO	23 August

## COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be carried out by a competitively selected independent Evaluation Team consisting of an Evaluation Team Leader and two Evaluators who are external to UNFPA. The team members will combine knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA thematic areas (reproductive health and rights, gender equality, population and development, youth policies). UNFPA will ensure gender representation when forming the evaluation team.

The **Evaluation Team Leader** will hold the overall responsibility for the design and implementation of the CPE process. She/he will be responsible for the production and timely submission of all expected deliverables of the CPE, including design report, draft and final evaluation reports, and Evaluation Brief. She/he will lead and coordinate the work of the Evaluation Team and ensure quality of the evaluation products. The Evaluation Team Leader will be responsible for covering at least one programmatic area of the country programme. The Evaluation Team Leader should have the following qualifications:

- Advanced degree in social sciences, political science, public administration, economics or related fields
- Minimum 7 years of experience in leading complex evaluations, preferably in development aid for UN agencies or international development organizations
- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, youth policies)
- Good knowledge and experience of programme evaluation
- Familiarity with UN and/or UNFPA mandate and activities
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams

- Excellent analytical, communication and writing skills
- Excellent command of both spoken and written English is required. Working knowledge of Russian is a plus.

Two evaluators (Evaluation Team member), will each provide expertise in one programmatic area of the evaluation. The evaluators will take part in the data collection and analysis work, and will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of evaluators in the CPE process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluators will include:

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

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

The work of the Evaluation Team will be guided by the Norms and Standards established by the UN Evaluation Group. Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

## REMUNERATION AND DURATION OF CONTRACT

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

Evaluation phase	Teamleader	Evaluator 1	Evaluator 2
Desk Review	7	3	3
Scoping Mission	5	1	1
Design	10	5	5
Fieldworks	15	15	15
Reporting, including:			
-first draft report	15	10	10
-Second Draft	3	3	3

Final Report	2	1	1
Evaluation Brief	1	1	1
-Preparation and facilitation of stakeholder workshop	1	1	1
<b>Total</b>	59	40	40

The exact number of workdays and workload distribution will be proposed by the Evaluation Team in the evaluation design report, subject to approval by UNFPA. Workdays will be distributed as necessary between the contract signing date and the end date, 11 April 2019.

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

- 20%                      Upon approval of the evaluation design report by UNFPA
- 40%                      Upon acceptance of the second draft I evaluation report by UNFPA
- 40%                      Upon acceptance of the final evaluation report by UNFPA

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

## MANAGEMENT AND CONDUCT OF THE EVALUATION

The CPE will be guided by these terms of reference approved by the UNFPA Evaluation Office<sup>20</sup>, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The CPE will be conducted by an independent **Evaluation Team** whose members are pre-qualified by the UNFPA Evaluation Office, but will be managed by the UNFPA Country Office in Belarus.

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

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

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

<sup>20</sup> UNFPA Evaluation Webpage (<http://www.unfpa.org/evaluation>)

- Discuss and provide comments on the reports produced by the Evaluation Team
- Advise on the quality of the work done by the Evaluation Team
- Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation

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

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





## Annex 6: Belarus 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes Consolidated Evaluation Matrix

<i>Evaluation Criteria - Relevance</i>			
EQ1. To what extent are the objectives of the 1 <sup>st</sup> (2010-2015) and 2 <sup>nd</sup> (2016-2020 up to and including 2018) country programmes (CPs) adapted to the needs of women, adolescents and youth, people at risk of HIV infection, and older persons? EQ2. To what extent are the objectives of the programmes, aligned with the national priorities and policies and the UNDAF? EQ3. To what extent are the objectives of the programmes aligned with the UNFPA strategic plans (2012-17 & 2018-21) in particular goals, principles, and programme mode of engagement?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p><b>EQ 1: The evolving needs of women, adolescents and youth, people at risk of HIV infection, and older persons were well taken into account during the planning and implementation processes.</b></p> <p><b>1<sup>st</sup> CP:</b> National priorities: safeguarding, for citizens, the rights and liberties enshrined in the Constitution and in laws, and specified by international obligations <b>UNDAF outcome:</b> the effectiveness of the national</p>	<ol style="list-style-type: none"> <li>Evidence of consultation through assessments, studies, and evaluations, that identify needs and lessons learned prior to programming and during the CPs</li> <li>Extent to which the interventions supported by UNFPA were targeted to women, adolescents and youth, people at risk of HIV infection, and older persons</li> <li>Extent of targeting the most vulnerable, disadvantaged, marginalised and excluded population groups</li> <li>Separate programmatic areas are integrated in planning with cross cutting aspects such as human rights, gender equality and adolescents and youth</li> <li>Extent to which the partner organizations and targeted people were consulted in relation to programme design and interventions throughout the programme</li> </ol>	<ul style="list-style-type: none"> <li>Country programme documents;</li> <li>AWPs, SPRs, COARS</li> <li>Needs assessments and studies</li> <li>Evaluations</li> <li>PD, RH, Youth, and Gender Equality data</li> <li>Key Informants from Government and Development/Assistance partners, academic institutions</li> <li>Targeted beneficiaries and others living in remote and less developed areas</li> </ul>	<ul style="list-style-type: none"> <li>Documentary analysis</li> <li>Interviews with Government Partners</li> <li>Interviews with UNFPA CO staff</li> <li>Interviews with implementing partners</li> <li>Interviews/Focus groups with beneficiaries and communities in targeted sites</li> <li>Observation and data collection in targeted areas</li> </ul>

governance system is enhanced;			
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**Evidence of consultation through assessments and lessons learned.** The 1<sup>st</sup> Country Programme was built upon lessons learned from individual projects supported by UNFPA from 1994 to 2009. A **study was conducted for UNFPA using secondary sources** to assess evaluative evidence on the 1<sup>st</sup> Country Programme in 2015.<sup>21</sup> The 2<sup>nd</sup> CPD, revised April 28, 2015, has highlighted the **lessons learned** from the 1<sup>st</sup> Country Programme. UNFPA with government and UN partners has supported a number of studies which have contributed to steering the CPs. These included: a UNFPA-supported situation report on sexual and reproductive health in Belarus in 2014; a study concerning gender based and domestic violence; a Time Budget survey (2015) and a Gender and Generations survey (2017).

**Extent to which the partner organizations and targeted people were consulted.** There is sufficient evidence from **key informants and focus group discussions** that vulnerable and targeted people were consulted throughout the programmes. Women affected by gender based violence were met by donors, including the Swedish Embassy - Sida, and the British Embassy on monitoring visits particularly to Kobrin crisis center. They were also included in focus group discussions in monitoring and programming visits by UNFPA and the partner ministry MoLSP. Women in the sex business and other key populations as well as people living with HIV were also consulted through the partner NGOs such as UNESCO and Women's Business by UNFPA staff to find out their needs and during monitoring visits. Youth peer-to-peer communicators have been involved in the duration of the programmes and the Youth Friendly Health Services (YFHS) initiated and through them the needs of youth for SRHR have been voiced. While UNICEF has largely assumed partnership with the Ministry of Health to support YFHS, UNFPA advice and advocacy remains very important.

**Extent of targeting the most vulnerable.** Neither the 1<sup>st</sup> nor the 2<sup>nd</sup> country programme documents (CPD) mentions a specific targeting strategy for assisting the vulnerable groups. **There is no agreed definition on who constitutes “those most left behind” in Belarus.** Without this explicit definition and numbers of the most left behind in each category, their locations and the details of their vulnerabilities, UNFPA and others may randomly select target groups based on available entry points, and opportunities for engagement, which may be more easily accessible, such as in Minsk, but are not necessarily addressing the strategic need for those most left behind. Proof is therefore needed for the targeting of UNFPA resources. UNFPA did not prioritize the vulnerable groups in terms of their numbers of members, their relative vulnerability and their coverage of their needs by the government and other assistance groups.<sup>22</sup> However, UNFPA collaborated on other sources of vulnerability analysis such as the UNDAF

<sup>21</sup> Evaluative Review Of The UNFPA Country Programme Belarus (2011-2015), Sergei Gotin, 2015

<sup>22</sup> Validated at the de-briefing for the Country Office on September 6, 2019 in the UNFPA office



**Sexual and Reproductive Health and Rights relevance.** The UNFPA 2<sup>nd</sup> Country Programme Document again identifies youth as the most vulnerable group for SRHR, and the key populations who have a higher rate of HIV, with the main route of transmission through sexual contact. While the CPD noted that more focus would be on HIV prevention, this is not borne out in the SRHR indicators which do not include HIV and key populations. Focus on strengthening the national health system and comprehensive sexual education in schools was considered important in prevention of unintended pregnancies, STIs and HIV. However, the increasing numbers of STIs and HIV, and use of abortion for birth control, would indicate that these approaches need to be re-evaluated for their outcomes and impacts.

**Gender Equality relevance.** Given that the UNFPA transformative goal for ending violence against women and domestic violence is far from being achieved in Belarus, the high incidence of domestic violence warrants the continuing concerted efforts of UNFPA and partners. UNFPA has appropriately placed emphasis on creating with partners a viable system of multi-sector response in pilot areas which are now being replicated. Awareness of GBV support networks are being strengthened, however, there is no accepted separate law on prevention of domestic violence making it a specific crime under the criminal code. The religious sector has only recently been included into inter-agency groups and advocates have expressed their interest to work with male perpetrators. There is little continuity at state level in addressing the issues of gender equality and there are contradictive interests in view of addressing family values and keeping families together versus potentially separating families where domestic violence occurs in order to protect those affected. **Key informants** attest that UNFPA support to civil society actors and advocacy networks working in communities is very relevant to bolster the route to achieving the transformative goal, and helping to address the hidden nature of GBV and DV in Belarusian society.

**Population Dynamics relevance.** The changing demographics in Belarus are of major concern to the government policy makers as there are indications of impending economic implications. Through capacity development outputs for the data collection and analysis stakeholders, UNFPA contributes to national and international interests for collection and dissemination of high quality data. The Roadmap for SDG Implementation (2018) reviews critical instruments that support SDG achievement through the national development institutions, processes and systems particularly: The role of the National Statistical Committee and whole of government approach in data collection to monitor SDG progress and the importance of an effective national review process that would entail inclusive national policy dialogue, and mutual accountability among the various stakeholders. According to some **key informants**, PD is an entry point for UNFPA which can serve to inform decision makers while strengthening databases and accessible data analysis. The most vulnerable groups identified through studies, such as the elderly and PWD can thus be highlighted for further attention and support. The rapid ageing of the population and the expected dynamics is as mentioned above from the Road map from mainstreaming ageing. It is thought by key informants that the UNFPA CO may be supportive in the design and implementation of the Action Plan for implementation of the National Ageing strategy.

<p><b>EQ2: The objectives of the programmes, are well aligned and consistent with the national priorities and policies and the UNDAF.</b></p> <p>1<sup>st</sup> CP: National priority: ensuring sustainable economic development and improving living standards to bring them closer to the living standards of more economically developed European countries  <b>UNDAF outcome:</b> sustained social and economic development that improves living standards is supported</p>	<ol style="list-style-type: none"> <li>1. Extent to which objectives and strategies of each programmatic area were adjusted and are consistent with relevant national and sectorial policies</li> <li>2. The objectives and strategies of the CP and the Annual Work Plans are in line with the goals and priorities set in the UNDAF</li> <li>3. The objectives of the programmes are aligned with achievement of the <b>MDGs and SDGs</b></li> <li>4. The CP sets out relevant goals, objectives and interventions to develop national capacities</li> <li>5. Extent to which Regional exchange of expertise has been mainstreamed</li> <li>6. Extent to which gender equality and women's empowerment have been mainstreamed</li> </ol>	<ul style="list-style-type: none"> <li>• Belarus national policy/strategy documents</li> <li>• National policies, strategies, laws and guidance on SRHR, Gender Equality, P&amp;D, Adolescents and youth</li> <li>• Joint plans and agreements (MoUs, field level agreements, etc.)</li> <li>• Belarus national MDG and SDG strategies and national MDG and SDG reports</li> <li>• UNDAF (2011-2015)</li> <li>• Joint and collaborative programme documents</li> <li>• AWP, SPRs, COARs</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with UNFPA CO and Regional Office staff</li> <li>• Interviews with UNCT members and government stakeholders</li> </ul>
<p>For the Country Programmes, challenges in <b>alignment with national priorities</b> included the following identified by <b>key informants</b>, highlighting difficulties in negotiating a pathway to meet the needs expressed by various government partners. In this case, the government reticence to support the sexual and reproductive health strategy, the family planning model, and the law on Domestic Violence represent a set-back for promoting the ICPD @25 and the Minsk declaration (a life course approach, WHO, 2015) and for the image of UNFPA in Belarus.</p> <ol style="list-style-type: none"> <li>1. The stated government strategy is to increase the fertility rate for enhancing demographic security while the requested MoH objectives for UNFPA support include developing a family planning strategy that highlights women's rights to choose the number of children they will have and when.</li> <li>2. The government highlighted supporting family values which aims to secure the family unit, while the MIA and the MoLSP are working to enforce the rights of women, children and men to speak out and to find solutions to situations of domestic and gender based violence which includes sexual violence.</li> </ol> <p>The UN supported <b>Roadmap for Achievement of the SDGs (2018)</b> is a result of a Mainstreaming Acceleration and Policy Support (MAPS) and included UNFPA mission members among others from the UN. Given the successes of Belarus in developing improved outcomes in the first decade of life (e.g. reduction of infant and under five mortalities and maternal mortality), <i>"a key issue for the country to tackle now are the trends putting those successes at risk during adolescence and youth"</i>. This aligns well with the identification by the UNDAF and UNFPA Country Programmes of adolescents and youth as among the most vulnerable groups. The Roadmap outlines four accelerator platforms which, if implemented, can help drive progress in or remove bottlenecks to development results in order to deliver</p>			

transformative benefits across multiple SDGs. These platforms are: 1. Green transition for inclusive and sustainable growth; 2. Future generation orientation; 3. Digital transformation and social innovation; and, 4. Gender equitable society.

**In terms of UNDAF alignment**, the development of the UNDAF is the result of a consultative process led by the UN Resident Coordinator. The UNDAF (2016-2020) is currently undergoing evaluation. UNFPA was meant to contribute to UNDAF (2016-2020) results according to the result framework, in terms of funding allocated. The outcomes have been aligned with the UNFPA objectives in the 1<sup>st</sup> and 2<sup>nd</sup> CP. Expected contributions to the 2016-2020 UNDAF are based on the original UNDAF document, (2015) and actual contributions would depend on the degree of success in obtaining funding and any changes that were made in implementation plans. To avoid lack of clarity between the UNDAF and UNFPA outputs and outcomes, in the future a running tally of contributions, as well as any alterations in planning from the UNDAF expected inputs and outputs should be kept on record. UNFPA is expected to bring in lessons from the UNDAF evaluation that are considered in the next CP design, as well as to share UNFPA lessons with the UNDAF planning process. The reporting on the joint progress toward the UNDAF results should be kept in an accessible database. The UNDAF Annual progress reports are not available on the internet and evidence of the monitoring of the UNDAF is not found in reports provided to the evaluation team.

**Mainstreaming of Regional Expertise.** The potential for mainstreaming regional expertise is only partially realized for Belarus. According to available documentation (e.g. country office annual reports) the country has participated in regional consultations and the national practitioners have had access to some of the regional experiences and lessons learned. The SRH practitioners have participated in exchange with Estonia and have received international experts from a number of neighboring countries. The Y-PEER has benefited from experiences in Kazakhstan and since the Y-PEER networks are extremely active in neighboring countries, such as Moldova and Armenia, in-depth exchange with those country offices can be further explored. **Key informants** note that more exchange is needed to draw the national practitioners (i.e. in the medical profession, the statistics profession, and the law making profession for domestic violence, among others) into awareness of the state of implementation in the rest of Europe.

<p><b>EQ3. The objectives of the programmes are well aligned with the UNFPA global strategic plans (2012-17 &amp; 2018-21) in particular goals, principles, and programme mode of engagement.</b></p> <p>1<sup>st</sup> CP - National priority: promoting healthy behavioural patterns and lifestyles by decreasing morbidity, trauma and disability UNDAF outcome: people, especially vulnerable groups, are better protected from risks detrimental to their health</p>	<ol style="list-style-type: none"> <li>1. ICPD goals are reflected in the CPs and programmatic area interventions</li> <li>2. Alignment of the UNFPA Belarus Country Programme to the goals, principles, and mode of engagement of the UNFPA Strategic Plans (2012-2017) and (2018-2021)</li> </ol>	<ul style="list-style-type: none"> <li>• UNFPA Strategic Plans</li> <li>• Mid-Term Review of the UNFPA Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Review of relevant national documents</li> <li>• Review of regional and global instruments accepted by the Government</li> <li>• Key Informant interviews in provincial and district offices</li> </ul>
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In 2016 following the 'UN 70 Belarus Express for SDGs' initiative held in October 2015 and 'Inclusive Belarus' campaign held in November-December 2015 in Minsk, the United Nations in Belarus is launching a new nationwide 'Inclusive Belarus: Leaving No One Behind in Reaching Sustainable Development Goals' regional advocacy campaign focused on SDG 10: Reduced Inequalities. The campaign was launched from October 24 (UN Day) until December 10, 2016 (International Migrants Day) by the UN, the Government, NGOs, business and the international community. The **Inclusive Belarus Advocacy Campaign** promotes the continuation of the ambitious Sustainable Development Goals (SDGs) journey as well as United Nations Development Framework (UNDAF) implementation in Belarus. The UNDAF 2016-2020 revolves around a number of thematic fields that closely correlate with the new Agenda for Sustainable Development: good governance, economic development, environment, and sustainable human capital. These areas have also been aligned to the priorities included in the National Strategy for Sustainable Socio-Economic Development of Belarus until 2030.<sup>23</sup>

The **UNFPA Strategic Plan (2018-2021)** is the first of three UNFPA strategic plans which aims to reach the SDGs by 2030. The plan focuses on achievement of three main transformative results to address the ICPD priorities: 1) to end preventable maternal mortality; 2) to end gender based violence and harmful practices; and, 3) to end the unmet need for family planning. In Belarus, UNFPA has contributed through the 1<sup>st</sup> Country Programme, in addition to efforts since 1999, to nearly achieving one of the three results - to end maternal mortality - which for Belarus was 2/100,000 in 2019, and one of the lowest in the world. Overall, Belarus is making significant progress toward achievement of the SDGs. Belarus has developed a road map to achievement of the SDGs in 2017.<sup>24</sup> The country has achieved a ranking of 23 out of 162 in progress toward achievement of the SDGs.<sup>25</sup> The most relevant to the ICPD goals are SDGs 3, 4, and 5.<sup>26</sup> Unfortunately, the progress in ending gender based violence is unclear but far from being achieved. Data is lacking on the SDG goal set by Belarus.

According to the Country Programme Document (2015) and in line with the UNFPA business model, the programme in Belarus, an upper middle-income country, has shifted to advocacy and upstream policy support. The programme will work on a transformative development agenda that is universal, inclusive, human rights based, integrated and anchored in the principles of equality. Key programming strategies include advocacy; policy dialogue and advice; generating evidence for policy development. As per the business model, the Belarus country program should include knowledge management, advocacy and partnership as mode of engagement and should not have any service delivery interventions.

While it is noted that the UNFPA Strategic Plan does not offer detailed guidance on its operations in the MICs, there are clear indications that coordination and triangular cooperation; and positioning the organization as a thought-leader are critical for the MICs, to lend support to other countries to find solutions and achieve results.<sup>27</sup> As a "pink" country, Belarus, will receive a smaller share of core resources, while having a relatively large population of concern.

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<sup>23</sup><http://www.by.undp.org/content/belarus/en/home/presscenter/Events/2016/12/01/InclusiveBelaruscampaign.html>

<sup>24</sup> [https://www.impactinvestment.by/doc/Roadmap\\_inBelarus\\_ENG.pdf](https://www.impactinvestment.by/doc/Roadmap_inBelarus_ENG.pdf)

<sup>25</sup> <https://dashboards.sdindex.org/#/BLR>

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<sup>26</sup> [https://www.unfpa.org/sites/default/files/event pdf/UNFPA\\_Strategic\\_Plan\\_and\\_Change\\_Management\\_29\\_August.pdf](https://www.unfpa.org/sites/default/files/event%20pdf/UNFPA_Strategic_Plan_and_Change_Management_29_August.pdf)

<sup>27</sup> [https://www.unfpa.org/sites/default/files/admin-resource/UNFPA\\_strategic\\_plan\\_2018-2021.\\_Annex\\_4\\_-\\_Business\\_model\\_-\\_FINAL\\_-\\_24Jul17.pdf](https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_strategic_plan_2018-2021._Annex_4_-_Business_model_-_FINAL_-_24Jul17.pdf)

**Evaluation Criteria - Effectiveness**

**EQ4. To what extent have the intended programme outputs<sup>28</sup> been achieved? To what extent did the outputs contribute to the achievement of the planned outcomes (i) increased utilization of integrated SRH Services by those furthest behind, (ii) increased the access of young people to quality SRH services and sexuality education, (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence-based national population policies? To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?**

**EQ5. To what extent has UNFPA contributed to an improved emergency preparedness in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISP?**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p><b>EQ4.1 The outputs for sexual and reproductive health have contributed to planned outcomes by increased <u>utilization of integrated SRH Services</u> by those furthest behind</b></p> <p><b>Indicative Resources</b> 1<sup>st</sup> CP - \$0.9 million (\$0.7 million from regular resources and \$0.2 million from other resources)</p>	<p>Output 1: <i>Strengthened policy and national institutional capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups)</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>National strategy on reproductive health is developed and adopted Baseline: No; Target: Yes</li> <li>Number of national guidelines and protocols in obstetrics/gynecology developed and aligned through support of UNFPA that are compliant with international standards and WHO recommendations Baseline: 0 Target: 10</li> <li>Maternal mortality surveillance and response system (WHO “near-miss” case review methodology) operational at national and regional levels Baseline: No; Target: Yes</li> </ul>	<p>Partners: 1st CP Local health administrations; Ministry of Health; Ministry of Interior (Committee on Execution of Punishments); National Statistical Committee; Bilateral and multilateral donors; United Nations organizations; Academia; faith-based organizations; non-governmental organizations; the private sector</p> <p>2<sup>nd</sup> CP Ministries of Health; Ministry of Education; Parliament; Belarusian State Medical University; national academic partners; Belarusian medical</p>	<ul style="list-style-type: none"> <li>Document review</li> <li>Key Informant Interviews with Ministry of Health and other stakeholders serving health delivery</li> <li>Key Informant Interviews with NGOs, UN, donors and local authorities</li> <li>Observation and data collection in targeted areas</li> <li>FGD with service users or non-service users</li> </ul>

<p>2<sup>nd</sup> CP - \$0.9 million (\$0.6 million from regular and \$0.3million from other resources)</p>	<ul style="list-style-type: none"> <li>• National family planning model drafted</li> <li>• Number of health specialists with knowledge and skills on SRH and maternal health services</li> <li>• Number of national guidelines and protocols in OB/GYN are compliant with WHO and international standards</li> </ul>	<p>academy of post graduate education; Development partners; civil society organizations; United Nations organizations</p> <ul style="list-style-type: none"> <li>• Information system data on indicator numbers</li> <li>• Survey data</li> <li>• Monitoring reports</li> <li>• Health system staff and other health providers</li> <li>• The most at risk populations (MARPs) and vulnerable women and youth in areas with greatest disparities</li> </ul>	
<p>(See indicator matrix in this section of the report.) <b>National strategy on sexual and reproductive health.</b> The national strategy has been in draft form for a number of years (since 2014) but its adoption has been repeatedly delayed. The Ministry of Health (MoH) requested and received UNFPA support for international expertise to improve the draft strategy, as well as with the further advocacy work for its adoption. However, the MoH faced continuing challenges to place a priority on increasing the demand for and supply of modern contraceptives. Basically, no measures were in place during this time to generate demand of modern contraceptives and there were limited efforts to improve the quality of family planning services. The main reason is that family planning is considered by the government to be at least partially contradicting the national demographic security strategy which aims to increase the fertility rate. In 2015, a <b>family planning model</b> was drafted by the MoH specialists for the review of internal stakeholders. UNFPA expertise was requested in 2017 followed by the study visit to Estonia supported by UNFPA together with the EU Delegation in Belarus that aimed at providing experience and best practice sharing. In 2018, the model was still not approved and the scope of responsibility of GPs and other primary care physicians needed to be defined clearly to align the model, and the discussion was reportedly resumed in 2019. <b>Key informant interviews</b> conducted in Minsk, Kobrin, Brest, Gomel, and Slavgorod, indicated that the government incentives for having children are attractive especially for poor rural residents, who may decide to have children to receive the benefits. Interviews indicated that contraceptives are widely available for those who can purchase them, thus respect for the woman's right to choose when she will have children is largely a matter of behavior</p>			

<sup>28</sup> There is a high likelihood of additional outputs planned and/or achieved by the programme which are not included in the Country Programme Document due to page and word limitations. The evaluation team will assess all outputs delivered by the programme.



changes but also economic realities. Women who are well off may more easily exercise their rights to choose and government rewards are likely to be most attractive to the poorest. Further, research cited by a medical doctor interviewed indicated that 40% of abortions in Belarus are determined by the male partner.<sup>29</sup>

**Capacities of health specialists to integrate policies and protocols within SRH services.** According to the COAR 2014, some progress was made in exposing the representatives of the Ministry of Health to the capacity strengthening activities, namely, Regional “Policy Advocacy for Total Market Approach for Family Planning” workshop, Antalya, Turkey; Cluster Workshop: Strengthening Health System Responses to Gender-based Violence in EECA Region, Belgrade, Serbia; WHO/UNFPA Workshop on Standards and Laboratory Quality Control for RH Products, Baku, Azerbaijan. As a follow up of such events the MOH staff introduced some measures into their work, for example, to integrate the "Strengthening Health System Responses to Gender- based Violence in EECA Region" resource package to the curriculum of the post-education institutions. Complexity and unnecessary procedures for normal delivery without pathologies existed in health establishments as well as need to familiarize health specialists with latest international developments in maternal and perinatal care. In 2015, capacities were strengthened by having access to international expertise in SRH including trainings in clinical protocols' revision, a study visit on integration of SRH services into work of general practitioners, and a revision of a protocol on physiological delivery. In 2016, capacities (including communications and information interventions) were developed and strengthened by means of provision of international support and expertise. Capacity development took place in the methodology of development and revision of clinical protocols and standards; implementation of WHO methodology for monitoring of perinatal services (**i.e. Near-miss case review**) in three pilot institutions; development of content and curriculum for formal education of primary care professionals in sexual and reproductive health and family planning in the Belarusian Medical Academy of Postgraduate Education. Training goals for numbers of participants in maternal health were largely met or exceeded. Two chapters of **national protocols** were revised and aligned with international standards/recommendations - 2018

**Key informants** note the rise in cervical cancer as a major concern (reportedly 300 deaths/year), with the most vulnerable needing to be sought out for testing sometimes by practitioners walking through the communities, which resulted in a large number of women being referred for further testing, partly due to use of older detection methods. The modern approach would consist of liquid cytology testing for the human papilloma virus and HPV detection, which would be the most cost effective preventive measure. Key informants noted the preferred reliance of couples on abortion to address unwanted pregnancies as opposed to birth control pills which are less preferred. In the **2<sup>nd</sup> Country Programme**, there have been a number of achievements both within the national system of health care, and the NGO, CSO supported network which tends to be targeted to particularly vulnerable groups and key populations. In 2016-2017, in the national health care system, a new approach in monitoring and improving of quality of Obstetrics care was institutionalised, and the **Near-Miss Case Review methodology** was being implemented on a national level. A National Coordinator was appointed and new teaching and studying techniques approved by WHO/UNFPA were presented and pilot trainings on an effective perinatal care package were conducted for the relevant institutions.

In the BELMED programme UNFPA participated to implement in Objective 3: *Preparation and implementation of pilot screening programs for breast cancer at the regional level in order to implement population-based screening of the disease throughout Belarus.* This Project Objective #3 is led by the MoH, WHO, UNDP and

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<sup>29</sup> Key informant interviews conducted 26 August to 6 September, 2019 Minsk, Brest and Gomel areas

UNFPA. The implementation of Objective 3 included: intensive on job training for national specialists in mammography; capacity of national specialists epidemiologists has been enhanced during a two-day workshop; and, the drafts of the informational materials on breast cancer screening for the target audience (including the leaflets for the patients, posters, invitation letters, letters informing on the results of the breast cancer screening) has been developed and distributed with technical support of UNFPA, The templates of the informational materials for the patients (informational letters and standard letters on the results of the screening) will be integrated in the electronic register of breast cancer screening.

It is noted that in the 2016-2020 CPD that while the Outcome area gives attention to HIV, there are no output areas and indicators or description of intervention areas (see the matrix above). Rather, the relevant work is being implemented by various advocacy groups, such as those working with the UNESCO umbrella organization, BelAIDS, and others, with some support from UNFPA, mainly in the form of advocacy and dialog. Without a results based system to track progress on milestones, evidence needs to be sought among the data available from the partner organizations. During the design phase (May 2019) of the evaluation, the UZO branch of the MoH which focuses on health in the oblasts noted a major concern on the rising level of STIs in the oblasts. This concern was validated by the team in the oblast visits in **key informant interviews**. While the incidence of reported HIV in Belarus is among the highest in Eastern Europe (WHO 2017 data indicates that one in five persons with HIV are not aware of their infection) there is evidence that CSO/NGO concentrated efforts are making a difference with the key populations they work with while also facing challenges. Human rights concerns and issues of discrimination are noted for women in the sex business, men who have sex with men, people with disabilities and in integrating GBV awareness and detection in the SRH services of the government health system.

<p><b>EQ 4.2 The outputs for increasing the access of young people to quality SRH services and sexuality education have contributed to planned outcomes.</b></p>	<p>Output 6: <i>Strengthened national capacity to design and implement comprehensive age-specific reproductive health education and information programmes</i></p> <ul style="list-style-type: none"> <li>• Numbers of specialists who organize peer to peer SRH training sessions in educational establishments at local level</li> <li>• Situational analysis of young people SRH and in curriculum conducted</li> <li>• Number of state representatives sensitized on SRH education issues</li> <li>• Numbers of young people covered by SRH Activities in educational establishments at local level</li> <li>• Teaching content on SRH for young people aligned with international standards exists</li> </ul>	<p><b>Partners:</b> Local health administrations; Ministry of Health; Ministry of Interior (Committee on Execution of Punishments); National Statistical Committee; Bilateral and multilateral donors; United Nations organizations; Academia; faith-based organizations; non-governmental organizations; the private sector</p>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Key Informant Interviews with Ministry of Health, Educational institutions, Medical institutions and other stakeholders serving health delivery</li> <li>• Key Informant Interviews with NGOs, faith-based stakeholders, UN, donors and local authorities</li> <li>• FGD with service users or non-service users, Y-peer trainers</li> <li>• Observation and data collection in targeted areas</li> </ul>
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(See indicator matrix in this section of the report.) **Support for national capacity for youth SRHR.** UNFPA continued to build upon its history of support for SRHR for youth. In 2015, the training agenda supported with modules and methodological guidelines was developed and approved by the Ministry of Education and was institutionalized; 156 teachers were engaged in training and counselling for peer volunteers who organise training sessions in secondary schools. Young people benefited from the knowledge obtained in the areas of healthy lifestyle, HIV and STIs prevention, GBV and gender stereotypes in secondary schools. Although there is a clear and acknowledged need expressed by the government to ensure access of adolescents and youth towards information on SRH and GBV, and despite the in-roads made through the educational system, challenges persisted, including the weak capacity for SRHR and existing stereotypes on the topic within the educational system. There was no comprehensive approach applied in Comprehensive Sexuality Education (CSE) development at the national level. In 2016, stakeholders acknowledged the CSE components were either lacking or of poor quality in schools and VET institutions. A further issue identified in the 1<sup>st</sup> CP was lack of inter-ministerial cooperation and skills for development of effective national policy on CSE which were followed up through the 2<sup>nd</sup> CP which focused on renewed engagement with the Ministry of Health and Ministry of Education on youth SRHR. Meanwhile UNICEF has subsumed most of the implementation of the Youth Friendly Health Services. The progress in the 2<sup>nd</sup> CP through 2018 has included:

- Training content for the teachers on sexual and reproductive health issues was created and in piloting phase.
- New teaching module for the 9-11 grades was developed and implemented on a voluntary basis.

- New family planning module was created and discussed with key decision makers and is still under revision. The proposal was made to create under the auspices of the Ministry of Education a Working group on sexuality education to progress on the matter, however, the decision was not finalized in 2017.
- A situational analysis on the status quo of SRH among adolescents and youth and SRH component presence in national school/VET curriculum was conducted and presented to the relevant stakeholders.

Numbers of specialists who organize peer to peer training in 2015 surpassed the target at 156 and training materials were agreed upon. Educational sessions for youth in SRH greatly surpassed the target at 989 in 2015; 99 in 2017; 37 in 2018. In 2017, 60 state representatives were sensitized. The RO HIV advisor mentioned observations during her mission in 2016 which was confirmed by the evaluation team **key informant interviews and focus group discussions** to still be the case in 2019 regarding the impact of the Youth Friendly Health Services (YFHS), now mainly supported by UNICEF in 50 locations. "The YFHS is nicely presented, but does not generally reach key populations." Further, **group discussions and key informant interviews** indicated that YFHS services for psychological counselling address issues such as shyness and other problems that teenagers face. There are no contraceptives provided and key populations are welcomed but there is little evidence as to their participation. There is furthermore an issue noted by key informants in regard to the YFHS, where medical confidentiality may be overruled, and this is not encouraging for youth. In terms of the peer to peer communications on SRHR, **key informants** attested to the support from UNFPA to promote the youth peer to peer communications movement. The Y-PEER network has no legal status in Belarus and the MoE is generally not a pro-active partner. The movement is still very small compared to need. There are less than 50 peer educators who chat online and it is difficult to get new interest, as many youth have jobs, so more volunteers are continuously needed. Many have participated in trainings supported by UNFPA through UNESCO, which may occur a few times a year. For prevention of STI's the peer educators may suggest means to do this to the youth. For peer educators who are teachers, the gains are much more exponential, and gaining access to students is facilitated by other professionals in the education system, such as opportunities to talk to classes in other schools, summer camps, and through the YFHS. Peer to peer has benefited from exchanges with Kazakhstan on how the network is promoted there.

<p>EQ 4.3 The outputs for mainstreaming of provisions to advance <u>gender equality</u> have contributed to planned outcomes.</p> <p>Indicative budgets:</p> <p>1<sup>st</sup> CP: \$1 million (\$0.1 million regular resources and \$0.9 million from other resources) 2<sup>nd</sup> CP: \$1.1 million</p> <p>(\$0.1million from regular and \$1 million from other resources)</p>	<p><b><i>Output 1: Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality</i></b></p> <p><b><i>Output 2: Strengthened national legislation, policies, and intersectoral mechanisms to enhance comprehensive and coordinated response to gender based violence, with emphasis on domestic violence</i></b></p> <ul style="list-style-type: none"> <li>• Number of districts, which integrate work with male-aggressors as an integral part of DV response</li> <li>• Number of institutions possessing capacities to provide assistance to DV victims and effectively use referral mechanisms</li> <li>• Number of men reached by the informational materials of the campaign “Bedroom Without Violence</li> <li>• Proportion of institutions, dealing with family and social welfare issues, engaged in combating gender stereotypes and men engagement in GE</li> <li>• Number of state institutions and civil society organisations that, with UNFPA support, have an integrated response mechanism to prevent and counteract domestic and gender-based violence</li> <li>• Improvement of legislation on response to DV aligned with international recommendations is ensured</li> <li>• GBV prevention, protection and response are integrated into national sexual and reproductive health programmes</li> <li>• A functioning implementation and analysis system of recommendations made by international organisations on RR and GE is in place</li> </ul>	<p>Partners: Local administrations; Ministries of: Health; Information; Interior; Labour and Social Protection; Bilateral and multilateral donors; United Nations organizations; Academia; faith-based organizations; non-governmental organizations; the private sector</p> <p>2<sup>nd</sup> CP - Ministries of: Labor and Social protection; Health; Foreign Affairs, Interior; Education; Regional state entities; Parliament; Academia; Faith-based organizations; media; civil society organizations; private sector; Development partners; United Nations organizations</p>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Key Informant Interviews with Ministry of Internal Affairs, Ministry of Labour and Social Protection, and other stakeholders serving gender equality and gender based violence</li> <li>• Key Informant Interviews with implementing NGOs, faith-based stakeholders, UN, donors and local authorities</li> <li>• Observation and data collection in targeted areas</li> <li>• FGD with service users or non-service users</li> </ul>
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	<ul style="list-style-type: none"> <li>• Comprehensive approach to harmonize work and family responsibilities national policies is ensured</li> <li>• Country has a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence</li> </ul>		
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(See indicator matrix in this section of the report.) **Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality.** The UNFPA 1<sup>st</sup> CP interventions along with those of partners, have contributed to the system of multisector response to GBV and DV which has been piloted in one of the oblasts (i.e. in Brest oblast: Kobrin, Kamenets, and the Moscow district of Brest city). As a result of the contribution of UNFPA support with partners, institutions responsible for prevention of GBV and DV in these localities developed joint protocols, trained their staff and started practicing inter-sector cooperation and redirection mechanisms being coordinated at the level of the deputy heads of local administration.

Capacity development outputs in terms of training, and theoretical and infrastructural support for stakeholders in the targeted locations increased substantially. However, it is noted that when trained people leave the system and are replaced by new staff – it takes time to train and integrate them again, thus training needs to be repetitive and sustainable. According to **key informants** in the Brest oblast, at the outcome level, representatives of local law enforcement and social assistance structures effectively use coordination mechanisms, have joint protocols of interaction, and regularly practice them. (This was also true in Gomel which was part of the ministry-led replication of the piloted model.) Key informants in Brest confirmed that in targeted localities, the level of GBV and DV significantly decreased as a result of this pro-active practice of inter-sector cooperation. Work with male-aggressors is integrated with the DV response mechanisms in all three targeted locations.

**Focus Group Discussions** held with six women receiving or who had previously received services through the Kobrin Crisis Center, including one elderly participant and one mother with a child with disabilities (epilepsy), as well as a separate **key informant** interview in Gomel, provided the following opinions and observations:

- Information regarding services was widely available regarding the crisis center and services: at the workplace; through relatives in Minsk; through advertising; the newspaper; the internet, Women’s Business NGO, and the hotline.
- For all, the Centre provided assistance both inside and outside the shelter, such as psychological, judicial, shelter, medical, and they were effectively assisted to work on their related issues.
- In general, the law enforcement bodies are seen as not particularly helpful with information regarding the center, in informally (by way of not being pro-active) in supporting the perpetrators, and regarding the GBV as “low level conflict”.

- In regard to long term solutions, there are many adjustments to be made, but the opportunity to use the shelter allowed a calming down period for viewing the options more concretely. For some of the women, the economic realities mean that some type of accommodation sharing with perpetrators may be needed with guarantees through written agreements.

In 2014, some training modules on GBV and DV prevention supported by UNFPA have been integrated into the national education programmes of the police, health workers, and social workers. A representative of the Ministry of Health participated in the RO cluster workshop on the health system response to GBV. As a follow up of the event, the MoH has adopted and institutionalizing the resource package "Strengthening health system responses to GBV in EECA" into the curriculum of retraining medical staff. In 2015, as discussed above, procedures to address the issues of male-aggressors are integrated into the DV response activities in the three pilot territories (Kobrin, Kamenets and Moscow district of Brest city) and protocols on inter-sector collaboration to respond to DV have been adopted at district levels. In 2016, further promotion and integration of multisector response to domestic violence was ensured at the local, regional and national levels. Standard Operating Procedures (SOPs) to deal with DV cases for key service providers was rolled out at national and regional levels with further practical application by practitioners at local levels. From 2017, UNFPA continued some support to the pilot regions to focus on legislation and institutionalization of best practices. According to key informants and focus group discussions in pilot regions of Kobrin and Brest, the system of multi-sector response and inter-agency cooperation/redirection mechanism is sustainable and operates well, has good institutionalization and legitimization on the local level of target locations.

At present, overall in Belarus, state statistics confirm the increase in number of registered cases of domestic violence - more likely associated with increased awareness of the population in identifying violence and in the affected women deciding to protect themselves and their family members. All **key informants** are considering this information as positive in terms of the effect of raising awareness and transparency as well as the numbers of service providers willing to offer assistance. One of the key **lessons learned** of programmatic efforts on DV is that open, inclusive and transparent communication and collaboration with CSO, governmental and international actors can produce valuable development impact

**Output 2: Strengthened national legislation, policies, and intersectoral mechanisms to enhance comprehensive and coordinated response to gender based violence.**

UNFPA has been a main contributor to the support for Belarus to respond to the UPR recommendations. Participation of the representative of the Ministry of Labour and Social Protection of Belarus at the Workshop on CEDAW Concluding Observations and UPR Recommendations, organised by the EECARO was ensured by the CO. UNFPA as a member of the UNCT contributed to the preparation of the Universal Periodic Review (UPR) report submitted on behalf of the UN agencies early October 2014 to the HR Council in Geneva. UNFPA together with the UNCT developed a number of interventions to support the Belarusian government in ensuring the implementation of the UPR recommendations. UNFPA together with the other UN agencies, the Council of Europe and the Belarusian MFA was involved at the national level in the organisation of the International conference on National Human Rights Institutions (NHRI), where the concept of the creation of the Ombudsmen institute in Belarus was discussed from 2014. In addition, UNFPA supported the following.

- The issue of male involvement into reducing gender inequalities was raised and well-articulated in the UNCT confidential submission to CEDAW committee.

- UNFPA proposals in the area of Gender equality were integrated to the Draft of the National Action Plan on Gender Equality and the newly adopted Action Plan on Human Rights.

**Law on prevention of domestic violence.** UNFPA has effectively supported the development of the Law on Prevention of Domestic Violence, although its acceptance by the government did not occur. In 2015-2017 the draft specialized law on prevention of domestic violence was developed with UNFPA support with funds from the British Embassy and facilitation. A working group on “the Law” drafting was supported with expertise, conducting working and high profile events on the issue. New partnerships to support the Law emerged from the Supreme Court, the General Prosecutor's Office, and the Retraining Institute for judges and prosecutors. The law concept successfully passed thorough technical reviews from the experts supported by UNFPA and other UN agencies.

In 2016 development of the 5th National Plan on Gender Equality for years 2016-2020 and first ever National Human Rights Action Plan, addressing DV/GBV issues, gender-based discrimination, men's engagement into child caregiving and sharing household responsibilities with support provided by UNFPA were ensured.

The multisector mechanisms (piloted as part of the system of multisector response, described above) is included in the draft of the law on DV and was disseminated all over the regions. The concept of a specialized Law was planned to be considered by the Government in 2018. But in 2018 the newly developed concept of DV Law provoked major opposition from the pro-life and faith-based organizations in Belarus. The Ministry of Interior of Belarus, the leading state agency in counteraction of domestic violence, decided to postpone the development of a separate DV Law and consider integration of identified gaps into existing legislative frameworks. As a result, further dialogue on promoting necessary provisions with the leaders of the main religious affiliations was encouraged by stakeholders.

In 2018-2019 UNFPA undertook a number of efforts based on learning from this experience and on engaging faith based organizations in the dialogue on legislation on DV. Presently in 2019, such efforts have helped to obtain institutional level of communication with two key Christian denominations of Belarus – the Orthodox and Catholic churches, which have delegated official representatives to the working group on dialogue with MIA on further improvement of the legislation. Thus, UNFPA has successfully played a role of independent facilitator. It is possible that the time to build constructive dialogue and feed this in to the work on a new draft of the law was underestimated. However, the suspension of work on the DV law came as a surprise according to **key informants** interviewed. While the opinions of key informants vary regarding the forward planning on the DV law, all of them (including key stakeholder - Ministry of Internal Affairs) are unanimous that the work on further improvement of the legislation should be continued based on wide and patient dialogue. All counterparts agreed that legislation requires more improvement and they express readiness to pursue further work on it, using the situation as an opportunity. Some of the stakeholders recommend after some pause to come back to non-public expert dialogue in the format of expert round tables with involvement of the widest spectrum of stakeholders. According to **key informants** from church-based organisations, it is important to continue dialogue within the next CP, and to return to engagement of faith-based organisations, and use this case as an instrument of building local capacity of non-state and state stakeholders on conducting inclusive and transparent policy dialogue.



Regardless of the results, such efforts will be impactful in terms of empowerment of stakeholders dealing with GBV/DV issues on the national and local level. At the same time, it is a momentous time to strengthen state and non-state stakeholders' capacity in the regions of Belarus to address new challenges in the field of DV.

**Public Relations and Awareness Raising (PR/AR) to enhance public knowledge of gender-based violence.** The third stage of the information and advocacy campaign “Bedroom without Violence” targeting men-perpetrators was launched in April 2015. Public materials (leaflets), video messages as well as revised website [www.ostanovinasilie.org](http://www.ostanovinasilie.org) were presented to the governmental officials, international organizations, civil society, journalists as well as available for public throughout the country through social centres and NGOs. A public advocacy project “Seven” was conducted successfully for the government and civil society stakeholders. In 2016 and 2017 further promotion for development and integration of gender-sensitive and family-friendly environment in all spheres of public and private life was ensured through launching thematic photo exhibitions and events, engaging private sector and celebrities alongside with traditional partners, like state institutions and CSOs, to advocate for the issues. In 2017 public attention to the issue of domestic and gender-based violence was ensured through launching a national awareness raising campaign. In 2018 public attention to the issue of domestic and gender-based violence was further augmented through conducting a series of thematic events in the regions. At the same time the CO started planning and piloting some creative campaigns in partnerships with local NGOs (e.g. Dobra Foundation) and start-ups (e.g. FLO), from activities initiated in 2018-19 (e.g. crowd-funding campaign for medical equipment for medical care of women with disabilities). Two Ulej campaigns were completed October 12, 2019. The first<sup>30</sup> one reached 200% of target (4,018 BYN or about US\$2,000). The second<sup>31</sup> campaign reached 100% of target (10,500 BYN or about US \$5,000). Key informants from business companies also confirmed success of training, transferring experience and start practicing the “parents smart company” concept as a result of cooperation with UNFPA during the 2<sup>nd</sup> CP.

<p><b>EQ 4.4 The outputs for developing of evidence-based <u>national population policies</u> have contributed to the planned outcomes.</b></p> <p><b>1<sup>st</sup> CP - Indicative resources:</b> \$1.5 million (\$1.2 million from regular resources and \$0.3 million from other resources) <b>2<sup>nd</sup> CP - \$1.5 million</b></p>	<p><b>Output 1 (both CPs): Strengthened national institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development.</b></p> <ul style="list-style-type: none"> <li>• (2014). Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socio-economic and demographic inequalities</li> <li>• Institutional capacity for the national statistical authorities to analyse and use disaggregated data on gender-based violence exists</li> </ul>	<p>Partners: 1<sup>st</sup> CP - National Statistical Committee; Ministries of: Economy; Education; Labour and Social Protection Bilateral and multilateral donors Academia UNDP; UNICEF 2<sup>nd</sup> CP - National Statistic Committee; Ministries of: Economy; Education; Labour and Social Protection; Labour Scientific Research Institute of the</p>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Key Informant Interviews with Ministry of Labour and Social Protection, National Statistic Committee, Educational institutions and other stakeholders responsible for implementation of national population policy</li> <li>• Key Informant Interviews with NGOs, faith-based</li> </ul>
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<sup>30</sup> <https://ulej.by/project?id=1193522>

<sup>31</sup> <https://ulej.by/project?id=1188407>

<p>(\$0.6 million from regular and \$0.9 million from other resources)</p>	<ul style="list-style-type: none"> <li>• Institutional capacity for the national statistical authorities to analyse and use disaggregated data on gender-based violence exists</li> <li>• (2015) Results of the Time Budget Survey are available for analysis and formulation of national policies and programmes as well as for international comparisons</li> <li>• Number of policy papers prepared based on contemporary international and regional experience of developing population policies</li> <li>• (2016) Number of national development programmes with the improved monitoring and evaluation system in place</li> <li>• Nationwide policy dialogue on population ageing issues is established</li> <li>• Framework for conducting survey on effectiveness of the demographic policy measures, including family policy (based on GGS methodology) is developed</li> <li>• Number of graduate and postgraduate demography programs developed for higher educational institution</li> <li>• (2017) Roadmap for the capacity building of the Labour Scientific Research Institute for 2017-2021 is developed</li> <li>• Results of the survey on effectiveness of the population policy, including family policy are available and utilized for adjusting existing policy measures and developing appropriate new national and regional programmes</li> <li>• Population and development issues are integrated into curricula of institutions of higher education;</li> <li>• (2018) National institutional capacity to collect, analyse and disseminate disaggregated data by sex, age and regions is strengthened</li> </ul>	<p>Ministry of Labour and Social Protection;  Republican Institute of Refresher Training of the Ministry of labour and Social Protection; Belarusian State University; Economy Research Institute of the Ministry of Economy; civil society organizations; development partners; United Nations organizations</p>	<p>stakeholders, UN, donors and local authorities</p> <ul style="list-style-type: none"> <li>• Observation and data collection in targeted areas</li> </ul>
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	<ul style="list-style-type: none"> <li>• Country conducted the 2020 round population and housing census during the reporting year and included in the census questionnaire the Washington Group questions on disability</li> <li>• Country has national development plan/strategies (for 5 or 10 years) or poverty reduction strategy papers approved in the year that explicitly reference demographic dynamics</li> </ul>		
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(See indicator matrix in this section of the report.) The project: **Support to strengthening the national Statistical System capacity to produce analyse and disseminate gender-relevant population information (BLR1U706)** was funded by UNFPA core funds and the Russian Federation with UNICEF co-funding. This project was implemented by the National Statistical Committee of the Republic of Belarus. There are two Outcome areas in this project and 14 activities, with an additional two activities for project administration.

According to the progress report for the period February 2014 to January 2016, high-quality and relevant demographic data disaggregated by gender, age and geographical area are available for a wide range of users (now available on Belstat website <http://www.belstat.gov.by>). A 'Current Demographic Data' module on Belstat's website was created and placed at the Belstat webpage <http://demdata.belstat.gov.by/Demography.html>). The module is designed to provide access to monthly updated demographic data. **Key informants** affiliated to the government, including regional local authorities, confirmed that they used such data for their own monitoring purposes. In 2014, four databases were produced and made accessible to the general public: Census Database – 2009; Database of population statistics; BelarusInfo - a tool to capture disparities and social exclusions that are often hidden by national averages; TransMonEE - database associated with the regional UNICEF MONEE project on the living conditions of children and adolescents in Central and Eastern Europe.

In 2015, the 'Concept of Belarus Population Census of 2020' was elaborated along with the provision of national and international expertise in the methodological and technical aspects of census operation. To determine the main methodological approaches to the upcoming census of the 2020 round, a working group was created from representatives of Belstat and other government bodies related to preparing for and conducting the census. The outputs of the working group were taken into account when preparing the draft "On Amendments and Additions to the Law of the Republic of Belarus" on the "Census of the Population", and will also be taken into account when developing draft regulatory legal acts for the preparation and conduct of the census of the Republic of Belarus in the 2020 round.

A **Time Budget survey** was conducted in 2015 (with co-funding from UNICEF) to collect data on households for use in the analysis of conditions and quality of life of Belarusian people, during preparation, realization and monitoring of the state social policy on labour, culture, family and youth. The results of the sampling observation compliment the complex of gender statistics indices and allow monitoring the progress in provision of equal opportunities for men and women in different spheres of life. The presentation of the main results of the Time Budget survey took place on December 17, 2015 at a round table discussion "Use of the daily time fund by the population (results of a sample survey of households)". The meeting was attended by representatives of government, public organizations, the scientific community, representative offices of international organizations, and the media. The results of the **Time Budget Survey** were made available and

accessible for analysis and formulation of national policies and programmes as well as for international comparisons by sharing it with all interested stakeholders. The brochure “How we use our time” was published in Russian and English, containing the main results of the survey. A large amount of official statistical information in the form of statistical tables and graphs was presented in a number of statistical publications of Belstat. An interactive information panel is posted on the official website of Belstat, reflecting the main results of the survey. Technical assistance was provided by UNFPA to promote the dissemination and use of the survey results.

As mentioned in final project report, as part of the improvement of system of monitoring and evaluation of the effectiveness of the demographic policy, **Generations and Gender Programme (GGP) methodology-based survey “Belarus: Family Formation, the Stability of Family Relationships and Fertility in Changing Socio-economic Conditions”** was conducted in a computer assisted mode in May-November 2017. Approximately 10,000 people aged 18-79 were interviewed in 56 cities and 40 rural areas. The "Belarus: family structure, family relations, reproductive behaviour" was composed of two volumes: Volume I "Methodology and research experience of survey **Generations and Gender**"; and, Volume II “An analysis of survey results from the Generations and Gender survey” were printed and disseminated among national partners and ministries. Results of the survey have also been presented to the members of the Belarusian Parliament to use in their discussions of family policies. Consequently, an analysis of the motivation of families to have more children formed the basis for increasing national incentive measures for large families (housing demand in particular). Survey data and analysis is intended to become the basis for further research and analysis. **Key informants** interviewed, particularly those who are scientists, recognize it as “data, that will be used for research purposes for many years”. However, most statisticians interviewed do not focus or follow-up on the outcomes for the population, basically only on the outputs, and rely on decision makers to apply the findings to their decision making. There appears to be no feedback loop to the statisticians who do not see follow-up on results as part of their jobs. It is also noted that few CSO or non-state actors as well as few stakeholders of GE or SRS components have emphasized the utility value, for example, of the Generations and Gender output. Thus, there is evidence of variability in the perceived utility of the data itself as well as the practical application of the data and data analysis distributed by Belstat. There is an indication that networking among the scientific societies and CSOs and other non-state actors is not active enough to promote optimum usage of the data collected.

The methodology for monitoring and evaluation of focus areas of the National Programme of Demographic Security was developed and introduced. Recommendations for the monitoring and evaluation were developed and presented to governmental stakeholders at the roundtables. In particular: “Prospects of the demographic Development in the Republic of Belarus and the Effectiveness of the National Population Policy” (November 2016), and “Implementation of sustainable development goals at the regional and national level” (October 2017).

In 2015 UNFPA started work on **the issues of ageing** including consultations and workshops on ageing - 20 policy makers participated in the workshop on ageing. Brochures were disseminated for "Demographic ageing in the Republic of Belarus: challenges and new opportunities". The 2016 COAR indicated a challenge in that the state authorities are still not fully ready to conduct a structural dialogue on the issue of ageing. At that point, the MoLSP did not have a clear strategy on the issue of ageing and was not yet ready to discuss a road map on ageing with UNECE. The **Medicare Improvements for Patients and Providers Act (MIPPA)** provides critical support to assist Area Agencies on Aging, Aging and Disability Resource Centers (**ADRCs**) and State Health Insurance Assistance

Programs (**SHIPs**) help enroll Medicare beneficiaries with limited means into benefits programs for which they are eligible. There remains inadequate steps and advocacy on addressing the issues of ageing as per the MIPPA understanding and there is not enough piloting of regional initiatives.

As part of the project “Support to Implementation of the National Program of Demographic Security of the Republic of Belarus” (BLR02DEM), a **demographic education** component has been implemented. This component consisted of two main activities. **Piloting of a course “Practical demography: a handbook on Basics of demography for civil servants” was prepared**, piloted and introduced into the in-service training curriculum of the Republican Refresher Training Institute of the Ministry of Labor and Social Protection of the Republic of Belarus (RIRT) (including textbook and course programme, equipment and software provided for practical lessons on demography data analysis and demographic forecasts interpretation). Overall, about 90 people were involved in capacity building activities. As reported in COAR 2015, a national network of researchers specializing in demography was created, which includes specialists from the Labour Scientific Research Institute, the Economics Research Institute of the Ministry of Economy<sup>32</sup>, Institute of Sociology<sup>33</sup>, Institute of Economics of the National Academy of Sciences of Belarus<sup>34</sup>, Belarusian State University (BSU<sup>35</sup>), Belarusian Economic Research and Outreach Center (BEROC<sup>36</sup>), the IPM Research Center<sup>37</sup>. The key positive impact of such network is networking and dialogue between state-affiliated and independent think-tanks and analysts.

<p><b>EQ 4.5 To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately</b></p>	<p>Evidence of integrating sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics in national development instruments and sector policy frameworks in Belarus</p>	<ul style="list-style-type: none"> <li>• Country Office Annual Reports</li> <li>• Annual reports from partner Ministries, and implementing partners</li> <li>• Partners (implementers and direct beneficiaries)</li> <li>• Review of previous sections on effectiveness and relevance</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Key Informant Interviews with Ministry of Health, Ministry of Labour and Social Protection, Ministry of Internal Affairs, Belarusian Statistic Committee, Educational and Medical institutions and other stakeholders</li> <li>• Key Informant Interviews with NGOs, UN, donors and local authorities</li> </ul>
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<sup>32</sup> <https://www.economy.gov.by/en/niei-en/>

<sup>33</sup> <http://socio.bas-net.by>

<sup>34</sup> <https://economics.basnet.by/en>

<sup>35</sup> <https://bsu.by/en/main.aspx>

<sup>36</sup> <http://eng.beroc.by>

<sup>37</sup> <http://eng.research.by>

<b>integrated into national development instruments and sector policy frameworks in the programme country?</b>			<ul style="list-style-type: none"> <li>• FGD with rights holders and duty bearers</li> </ul>
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This section is a summary of the discussion on national development instruments and sector policy frameworks in preceding effectiveness sections. There have been a number of policy-related achievements throughout the 1<sup>st</sup> and 2<sup>nd</sup> CPs, as well as a number of challenges, as discussed above. Overall, while a number of UNFPA concerns have been integrated into the national instruments and sector policy frameworks, several key instruments particularly those that support sexual and reproductive and gender based rights have not yet been approved.

**Sexual and reproductive health and rights.**

- UNFPA has consistently advocated for approval of the draft National Strategy on sexual and reproductive health since 2014; international expertise supported the draft and the draft is anticipated to be further edited and finalized in 2020. The strategy has not yet been costed.
- The family planning model has not been approved; challenges include opposition to the concept by faith based organizations and by others who perceive that it conflicts with demographic security objectives.
- The system of national response to the GBV/DV is more effectively integrated into the health services, but there are tensions felt by the medical practitioners in reporting the possible affected women as they may then suffer having their children taken away or displacement from their homes.
- Protocol on Adolescent reproductive health has not been finalized or approved.

**Gender equality.**

- The issue of male involvement into reducing gender inequalities was raised and well-articulated in the UNCT confidential submission to the CEDAW committee in 2014.
- UNFPA proposals in the area of Gender equality were integrated to the Draft of the National Action Plan on Gender Equality (2017-2020) and the newly adopted Action Plan on Human Rights.
- Multi-agency support with UNFPA with the Ministry of the Internal Affairs (MIA) for the preparation of a complex draft law on prevention of domestic violence, with comparative analysis of domestic violence law in nine 9 countries (e.g. Kazakhstan, Moldova, Ukraine). The government did not pass the law at the end of 2018.

**Population Dynamics:**

- The **law on demographic security was adopted in 2002** and is being implemented through the national programmes for demographic security.

- The UNECE with UNFPA input developed the Roadmap on Mainstreaming Ageing (2019) which can support the draft National Strategy of Active Ageing and the relevant Action Plan.

**EQ5. To what extent has UNFPA contributed to an improved emergency preparedness in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISP?**

Evidence of UNFPA contribution to an improved emergency preparedness in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISP.

Office complied with measures for ensuring safety and security of UNFPA personnel, eligible dependents, assets and activities

National capacity to implement MISP at the onset of a crisis exists) number of health service providers trained on the MISP with support from UNFPA

Number of health service managers trained as trainers during the year on the MISP with support from UNFPA

- Annual reports from partner Ministries, and implementing partners
- Audit reports and monitoring reports
- UNFPA (including finance/administrative departments)
- UNFPA project documentation, COARS
- UN DESA reports
- Mobilization trust reports
- Partners (implementers and direct beneficiaries)

- Document review
- Key Informant Interviews with Ministry of Health, Ministry of Labour and Social Protection, Ministry of Internal Affairs, Belarusian Statistic Committee, Educational and Medical institutions and other stakeholders
- Key informant interviews with UNFPA country office
- Key Informant Interviews with NGOs, UN, donors and local authorities
- FGD with rights holders and duty bearers

In 2018, as per the corporate demands, the UNFPA Country Office has established and conducted its own emergency preparedness processes and activities to help mitigate risks in the event of an onset of a crisis. In 2018 the COAR verifies that MISP training was held for 60 service providers, and 5 health service managers who were trained as trainers, with support from UNFPA. The training covered the minimum initial service package in the following areas: i) MISP overview and coordination, ii) sexual and gender-based violence, iii) HIV and STIs, iv) Adolescent SRH, v) Maternal health and family planning, and vi) action planning (non- cumulative) package.

In addition, UNFPA complied with the mandatory UN security management system processes and has achieved Minimum Operating Security Standards (MOSS) compliance. Interagency cooperation on common security needs to be better coordinated and additional capacity building of UNFPA and government staff is thought to be needed. Steps taken included the following:

- Financial resources are allocated for all non-institutional budget-funded activities to implement MOSS and other Security Management Team agreed security management measures for office(s) and programme / project activities



- Country Office confirms completion of mandatory security training and certifications for all personnel are current and the Global Directory personal profile information is updated monthly
  - Actively participated in the UN Security Management System (see also Coordination section)
  - Advocated for sexual reproductive health and gender- based violence in emergencies
  - Built capacity on humanitarian coordination mechanisms in sexual reproductive health and gender- based violence
  - As of 2017, no travel advance is processed without security clearance provided
- (2017) The CO completed a Voluntary Self-Assessment of Minimum Operating Security Standards (MOSS) and achieved individual office compliance level above 91%.

#### Evaluation Criteria – Efficiency

**EQ6. To what extent the country office made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of programme outputs?**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
EQ6. The country office has made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of programme outputs.	<ol style="list-style-type: none"> <li>1. The planned inputs and resources were received as set out in the WPs and agreements with partners</li> <li>2. The resources were received in a timely manner according to project timelines and plans, or plans adjusted accordingly</li> <li>3. Inefficiencies were corrected as soon as possible</li> <li>4. Evidence that UNFPA leveraged resources from other sources</li> <li>5. Communications targets established through the regional initiative “One Voice” have been achieved.</li> </ol>	<ul style="list-style-type: none"> <li>• Annual reports from partner Ministries, and implementing partners</li> <li>• Audit reports and monitoring reports</li> <li>• UNFPA (including finance/administrative departments)</li> <li>• UNFPA project documentation, COARS</li> <li>• UN DESA reports</li> <li>• Mobilization trust reports</li> <li>• Partners (implementers and direct beneficiaries)</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of implementation</li> <li>• Review of financial documents</li> <li>• Interviews with UNFPA and IP administrative and financial staff.</li> <li>• FGDs with beneficiaries of funding (including NGOs)</li> </ul>



**Evidence of cost efficiency.** According to the 2015 COAR for Belarus, Common UN services are implemented by UNFPA along with UN partners operating in Belarus. These include common long-term agreements (LTAs); a harmonized approach to procurement (i.e. common review bodies, standard contracts, local venter databases, consultant rosters, etc.); common human resources management (i.e. common vacancy bulletins, selection panels, talent pools, consultant rosters, etc.); and common Information and communication technology services (i.e. common ICT security, connecting appropriate country classification/mode of engagement).

The use of the common system services in Belarus means that cost comparison between UN agencies in terms of their inputs and outputs is not likely to indicate greater efficiency or inefficiency on the part of UNFPA. For example, when examining training expenses, the UN agencies generally use the same venues and incur approximately the same costs per participant. (Note: This arrangement is to be considered when evaluation questions center on comparisons of cost efficiency.)

**Key informants** were not forthcoming in citing examples of comparison of the UN agencies in terms of cost efficiency. However, several points were stressed regarding the way that UN organizations work on joint programmes, notably the BELMED programme, which involved four UN agencies. The slower delivery of planned outputs on the part of some of the partners, caused delays in payments for all partners. Ultimately, due to implementation delays, the programme had to be extended by the European Union for seven months, and further stipulations in joint UN delivery were added to the agreement.

**Key informants**, particularly from partner NGOs and CSOs, pointed out important ways that UNFPA is able to help them save resources and produce results more efficiently:

- UNFPA is able to coordinate different financial sources and negotiate price reductions, for example, in training doctors, to a much lower price
- UNFPA can help to find local trainers who are less expensive, thus saving on costs
- UNFPA can help to strengthen the product, such as for training which will improve effectiveness through review of partner's proposal and can draw in other UN organizations such as WHO to comment on training contents.

**Evidence of correction of inefficiencies.** In 2017, the CO successfully implemented the 2016 audit recommendations namely:

- 1) *Improve controls over Funding Authorization and Certificate of Expenditure (FACE) form review and approval.* There was no late FACE form submission and/or approval.
- 2) *Improve the use of the procurement plan as managerial tool.* The CO uses the procurement planning tool as recommended and sends the quarterly reports to the RO.
- 3) *Commit funds in Atlas before completing transactions.* There were only few cases when purchase orders (POs) were issued after the services have been delivered.

- 4) *Improve the coding of financial transactions.* The CO will further ensure the correctness of expenditures coding by monthly verification of correctness of accounts used when preparing the monthly financial accountability checklist. The HQ organized webinars on correct expense account coding separately for preparers and approvers and all responsible CO staff participated.
- 5) *Accurately classify vendors and assess them*
- 6) *Improve travel planning and ensure that security clearances are provided ahead of travel.* CO prepares quarterly travel plan and sent to the RO. No travel advance is processed without security clearance.

One administrative challenge is that more clarification is needed on the purchases to be included into the procurement plan as Procurement Policy says the following about acquisition planning: "The plan should capture as many procurement actions as can possibly be foreseen and be as efficient as possible". Another challenge is the large amount of professional time that staff spend on administrative work, in some cases distracting them from the programmatic responses. In this regard, an additional staff member has been requested to manage operations.

The 2<sup>nd</sup> Country Programme (SP 2018-2021) (COAR 2018, OEE Output 2) indicates that in terms of enhanced efficiency, effectiveness and accountability, the CO has followed the audit recommendations to keep all office operations in strict compliance with UNFPA policies and procedures. The CO went through a realignment process in 2018 with five staff assuming their duties as of October at the busiest period of the year. **Key informants** noted that it was a real "learning by doing" exercise and although the office did very well, some issues such as late requests and POs creation were detected. There is a need in regular staff trainings/updates to ensure that staff follow all the policies and procedures. However, overall, the tender/procurement procedures were in place and had reasonable flexibility and limits. The Regional Office analyzed financial data of the CO on monthly and annual basis.

**See disbursement chart in the text - Evidence that UNFPA leveraged resources from other sources.** As per the disbursement charts shown above, UNFPA has achieved significant success in attracting other resources, which have exceeded regular resources by over \$1.4 million from 2014 to 2019. It is difficult to ascertain whether the undisbursed funds were returned or if they were carried over to the following year.

**Lessons** have been learned in terms of the development of the resources mobilization (RM) strategy. As per the 2014 COAR, a review of the RM strategy indicated that the plan should be vetted with all staff members of the CO, including support staff to clarify their roles in the RM strategy implementation. Private sector partners in Belarus can be useful to promote the issues of UNFPA, rather than only as funding sources.

The UNFPA CO completed mapping of the private sector potential partners. Furthermore, the traditional and non-traditional donors were also mapped. Based on that information a resource mobilization strategy has been developed by the CO and the CO has started its implementation. The first agreement with the private sector company to contribute to the GBV prevention was negotiated in 2015.

There have been notable successes in resources mobilization.

- In 2014, the Regional Office assisted the CO in negotiations for resource mobilization with the Russian Federation. As a result, an agreement between the UNFPA and the Russian Federation was signed in December 2014 for \$900K for the project in the area of Population Dynamics. (See PD section for more details.)
- The CO completed the negotiations on joint programming with the UNICEF, WHO and UNDP for the project in the area of reproductive health, which will be funded by the European Commission. (BELMED). The share of the 4 million euro project for UNFPA amounts to \$170K.
- The CO initiated negotiations for the Sida support for the project on the domestic violence and gender equality. The project proposal is under development, the content will be discussed with other UN agencies for potential cooperation. The project ideas have been shared with the donor during their visit to Minsk end of November.
- The CO successfully conducted negotiations with the British Embassy in Belarus for the support of the interventions in the field of counteracting DV and promotion of gender equality within the "Human Rights and Democracy Programme" of the Foreign & Commonwealth Office. (Please see the GE section).

Unfortunately, UNFPA was not able to take advantage of a substantial funding opportunity in 2018 presented by the EU, for 10 million Euros, in a joint partnership involving UNDP, UNICEF, and UNFPA (for youth SRHR and women's involvement) as the government did not sign off on the agreement. However, in 2019 UNFPA successfully signed agreements for funding for PD (\$195,000) and GE (\$280,000) which will be implemented during the current programme in 2020.

(See milestone chart in the text.) **Strategic partnerships.** According to the Country Office Annual Reports (COARs, 2014-2018) over the 1<sup>st</sup> and 2<sup>nd</sup> CPs, the Belarus CO has engaged in structural cooperation and partnership with a number of NGOs supporting youth, and initiatives within the framework of the YPEER network (informal) in Belarus. Partnerships were strengthened with the Swedish and Finish Embassies and the Swedish Institute to work on issues of GBV and DV. A new partnership with British Embassy was established to work on the Law on Domestic Violence. New partnerships were established with the General Prosecutors office, the Supreme Court, and the Center for legislation development within the GBV project. The CO organised an Innovation Day in 2017 on the issue of Comprehensive Sexuality Education (CSE) which was attended by around 100 participants from different professional areas. As a result of the event a number of new partnerships were established with CSOs, designers, celebrities and advertisement companies.

In 2018, a number of new partnerships were established with the private sector, donors, CSOs and state authorities. A unique global partnership was initiated with the OWHEALTH to develop the FLO app by the CO Belarus and then signed globally. A number of private sector partnerships were established within the Info Campaign for Zero tolerance to Violence.

**Several challenges are noted in COARs regarding the partnerships:** The partnerships with a number of key ministries need to be periodically refreshed due to the essential changes in their leaderships. At the end of 2016 a new Minister of Labour and Social protection and the Minister of Education were appointed. A new Minister of Health was appointed in the beginning of 2017.

In regard to **partnerships with the NGOs and CSOs**, their added value in promoting progress toward national and UNFPA Strategic Plan indicators has been discussed above. UNFPA has developed strong partnerships with a number of CSOs (e.g. Dobra Foundation, Association of UNESCO clubs, YWCA). These partnerships facilitated organization of parallel financing for activities supporting the ICPD agenda and ensured flexibility and efficiency of public campaigns. However, some NGOs and CSOs interviewed who serve as advocates for key populations and vulnerable groups experience either blockage or delays connected to the “registration process” for projects and programmes, as a result of the special procedures of national approval by the Belarusian government. UNFPA work on NGO and CSO social contracting is of great importance to the vulnerable groups and in particular for the SRHR of key populations and those affected by domestic violence, and UNFPA should continue to provide advocacy support.

**Accountability, monitoring and evaluation.** It is noted that a final Country Programme Evaluation (CPE) did not take place for the 1<sup>st</sup> Country Programme, and the reasons have not been documented in the COARs. A study was conducted using secondary sources to assess evaluative evidence in 2015, but could not be considered an end of programme evaluation (CPE) according to UNFPA definitions.<sup>38</sup> It is not clear to the evaluation team from asking key informants, why evaluation has not taken place more frequently as in mid-term and end-term to better steer the CP.

An inefficiency noted in this Country Programme Evaluation is the **weak accessibility of programme documentation** or in some cases, lack of the needed documentation, such as for the current UNDAF as noted above. The evaluation team requires evidence from documentation to answer the evaluation questions, however, the CO had difficulty in locating all of the appropriate documents as they did not seem to be in an easy to access database. It is noted that the current staff of the CO were not present during the 1<sup>st</sup> CP, however, the overall responsibility to ensure that a database is maintained for evaluations and audits is not clear, as to whether this resides with the Representative, who is located in Kiev, and/or the RO, as staffing of the CO may continuously change.

**Regional office monitoring** has taken place periodically. Several visits were made as noted from documentation provided, and as mentioned above, in 2016 and 2019 for SRHR. No other RO visit reports were received by evaluation team for gender equality and population dynamics. In 2019, the visit from the RO SRH advisor and recommendations emanating from it did not consider or encapsulate the 2016 recommendations from the RO HIV advisor made in 2016 which were valid in view of the context. The RO M&E Advisor participated in the in-country data collection phase in August to September 2019. Given this record of visits with the national stakeholders, it could be concluded that the quality and quantity of regional office monitoring and of country based evaluations have been sparse, however, the COARs have marked that the RO advice has been adequate, although the evaluation does not have evidence of that. Further, the **key informants**

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<sup>38</sup> Evaluative Review Of The UNFPA Country Programme Belarus (2011-2015), Sergei Gotin, 2015

have mentioned that inter-regional sharing of experience has taken place (e.g. Estonia, Kazakhstan, Sweden) but needs to be further promoted by the RO to add to the efficient cross sharing of experience and lessons learned and good practices.

**Advocacy and Communications.** As per the communication strategy in the relevant UNFPA Strategic Plans (2014-2017 and 2018-2021), the work of UNFPA in Belarus has been made increasingly more visible. The CO adapts the global and regional communications strategy to the national context. Since 2014, communications have been noted in the COARs as effective in highlighting ICPD issues in the public domain such as during events, presentations of survey results, or other media settings. The CO has successfully cooperated with the media company ARS communication to monitor the media appearance and in 2014, UNFPA was mentioned in approximately 670 media appearances.

Communication targets were generally successfully achieved with a few exceptions. Some events were cancelled or postponed due to government scheduling issues. Particular focus has been placed on Kobrin and the work addressing gender based violence. The SMAs participated as mentors through master classes for teenage girls during the UNFPA visit to Kobrin. Kobrin has a strong interagency group on domestic violence and the media is active in covering the issues. To test whether communications had been effective, focus groups were conducted with women who stayed in shelters – they provided their feedback to UNFPA, the MoLSP and Ministry of Internal Affairs (MIA). During the information campaign, women survivors were also involved in the activities. **Key informant interviews and focus group discussions** for the evaluation verified that communications on options for reporting GBV and seeking services have reached both large cities and smaller towns, due to contributions made by UNFPA coordinated with the MoLSP and MIA. **Survivors of gender based violence** reported finding information on line and through publicized contacts which offered them information and referrals.

**Challenges** include attracting the media interest in in what seem to be longer term objectives that do not affect people’s lives immediately. Establishing good relationships with celebrities and other potential UNFPA “ambassadors” requires continuous work to gain their commitment. **Good practices** to increase visibility include inviting famous people to UNFPA organised events, the clever usage of the vernacular, avoiding UN jargon, and looking for human stories behind the actions. UNFPA communications with the PD target audience was mostly state system, decision-makers, and specialists. The trial census was effectively highlighted in the media. UNFPA published a book, which used info from the Generations and Gender Survey and this book was disseminated among the academia and authorities

*Evaluation Criteria – Sustainability*

**EQ8. Are programme and cross-cutting results sustainable in short and long-term perspectives? To what extent partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?**

Assumptions to be assessed	• Indicators	• Sources of information	• Methods and tools for the data collection
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<p><b>EQ8. Programme and cross-cutting results are sustainable in short and long-term perspectives.</b></p>	<ol style="list-style-type: none"> <li>1. Evidence of national leadership in planning and implementation of projects and programmes to promote ICPD objectives</li> <li>2. The extent to which partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies</li> <li>3. Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts</li> </ol>	<ul style="list-style-type: none"> <li>• COARs and Progress reports</li> <li>• Exit strategies and benchmarks for handover</li> <li>• Surveys, workshop proceedings</li> <li>• National ministries budget information</li> <li>• UNFPA staff</li> <li>• Implementing Partners</li> <li>• Beneficiaries of capacity development</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with UNFPA CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews/Focus groups with beneficiaries</li> <li>• Document review</li> <li>• Site visits to implementation areas</li> </ul>
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It is noted that the two Country Programme Documents (1<sup>st</sup> and 2<sup>nd</sup> CPDs), the Annual Workplans and Country Office Annual Reports (COARs) lack dedicated sections on sustainability and there are few mentions of analysis of the short and long term ownership perspectives. The Country Office (CO) mentions the challenges in several COARs in determining whether national or international technical assistance promotes greater ownership. This represents a **gap in tracking sustainability indicators** and sustainable outcomes. The Country Office could be contributing to the reporting on sustainability as the AWP and COARs are written throughout the programme cycles.

According to **key informants**, the Government of Belarus illustrates strong levels of ownership in all programmatic aspects, with some reservations. Primarily, as mentioned in the Effectiveness section, the government strongly owns the outputs such as protocols and products, however, the outcomes are less strongly tracked. There is national monitoring conducted by the Ministry of Economy – annually – and by request, and participation in evaluations. There are currently 22 national development programmes adopted, so ministries are continuously assessing the contributions from the international agencies.

According to many stakeholders, the government takes the achievements of the SDGs seriously, some of which address the UNFPA transformative results, as described above. However, also as discussed above, there are current political and cultural challenges in regard to sustainability in terms of ending gender based violence and ending unmet needs for family planning. This may adversely affect the short term sustainability but there are still prospects for longer term effects.

According to **key informants**, there is strong motivation among government and assistance organizations to lay a solid groundwork for long term sustainable changes. For example, the government has appointed a strong gender advocate as chair of the national women's council. The National Human Rights Actions Plans are good initiatives but even more effective is the required government response to the international conventions such as the Universal Periodic Review which illustrates the need to update the national Gender Action Plan. Alternatives have also been sought to push through political bottlenecks. The National Center

of Legislation and Legal Research of Belarus (NCLLR) which is a government body studies the legal means for addressing domestic violence and despite failure of the Law on Domestic Violence has tried to incorporate the norms into existing legislation where possible.

The UNFPA Strategic Plan (2018-2022) mentions ownership in very few places, once in terms of engaging citizens through volunteerism, empowerment, participation and other means to strengthen national ownership and capacity, and delivery of the sustainable development agenda. Ownership is mentioned in terms of strengthening health systems in collaboration with the World Health Organization, to address inequity in access to, the poor quality of, and the lack of social accountability for sexual and reproductive health services. UNFPA mainly describes ownership on page 20 as per the business plan in terms of matching funds. *“Currently, if a country that is classified as an (inequality-adjusted) upper-middle or high-income country contributes to its own country programme, UNFPA matches these contributions on a one-to-one basis up to \$100,000 on top of the floor. UNFPA will continue to use this arrangement to support domestic fundraising and the ownership of programmes.”*

According to **key informants**, UNFPA has worked closely with government partners to undertake joint monitoring visits and engage in round table discussions with local stakeholders. The government staff are tasked with making the joint investments of time and resources sustainable and to effectively utilize local resources, although it is unclear exactly how this is done. There is no documentary evidence of hand-over or exit strategies.

According to the norms for addressing gender based violence (GBV) and domestic violence (DV), relevant government organizations follow their own procedures to train and upgrade the qualifications of specialists (e.g. in the MoLSP). The pilot projects for establishing the crisis centers, for example, have been replicated in each district along with an information campaign that can be found on local administration websites, and for the public. There are typically three information campaigns per year on GBV and DV. The MoLSP also works with parliamentarians to involve them and raise their awareness.

Partnerships with Belarus-based civil society organizations (CSOs) have promoted sustainability of the relationships as well as helping the CSOs and NGOs to develop their capacity to sustain the momentum of their work. Evidence of this includes the following:

- Cooperation internationally with partners who have both national and international programmes, such as FLO - FLO products are people to people so sustainable at the level of the individual
- Support for platforms, such as the anti-violence network developed by the YWCA, to include more organizations
- Leveraging UNFPA influence to reduce training costs and strengthen training strategies (e.g, training for doctors, also with WHO input)
- Investing in long term ownership such as by development of youth groups.

It is thought by **stakeholders interviewed** that UNFPA could do more to promote the relationships between civil society and state actors, through various means such as communications platforms that broach SRHR topics which are sensitive, in view of the government's current position. Obtaining funding poses challenges for CSOs and NGOs and UNFPA may be in a position to use its added value to help secure funding in order to promote a stronger long term potential for

sustainability. Further, Belarus CSO and NGO partners could be better informed about the UNFPA process of project development and brainstorming with partners to seek alternative means to address the long term issues, such as when official systems are not conducive to accepting the needed changes.

**Evaluation Criteria – Coordination**

**EQ9. To what extent did UNFPA contribute to coordination mechanisms in the UN system (UNCT) in Belarus?**

**EQ 10. To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Belarus?**

<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for the data collection</b>
<b>EQ9. To what extent did UNFPA contribute to coordination mechanisms in the UN system (UNCT) in Belarus?</b>	<ol style="list-style-type: none"> <li>1. Evidence of active participation and leadership in UN working groups</li> <li>2. Evidence of UNFPA contribution to UN advocacy efforts</li> <li>3. Evidence of UNFPA support for UN delivering as one approach</li> <li>4. Evidence of exchanges of information between UN agencies</li> <li>5. Evidence of joint programming initiatives</li> </ol>	<ul style="list-style-type: none"> <li>• UNFPA CO</li> <li>• UN strategies</li> <li>• UN common resource mobilization strategies and common pools</li> <li>• Donor coordination groups</li> <li>• Minutes of UNCT working groups</li> <li>• Programming documents regarding UNCT joint initiatives</li> <li>• Monitoring/evaluation reports of joint programmes and projects</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with UNFPA CO staff</li> <li>• Interview with the UN Resident Coordinator</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with donors</li> </ul>
<b>EQ 10. To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among</b>	<ul style="list-style-type: none"> <li>• Nature of the contribution of UNFPA to the elaboration of the UNDAF</li> <li>• Extent to which the UNPF reflects the priorities and mandate of UNFPA in Belarus</li> <li>• Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members</li> </ul>	<ul style="list-style-type: none"> <li>• UNDAF</li> <li>• CP Documents</li> <li>• UNCT</li> <li>• UNFPA Country Office</li> <li>• Monitoring/Evaluation reports of joint programmes and projects</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with UNFPA CO staff</li> <li>• Interview with the UNRC</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with implementing partners</li> </ul>



<b>development partners working in Belarus?</b>	<ul style="list-style-type: none"> <li>• Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members</li> </ul>		
<b>Added question – To what extent did UNFPA contribute to the achievement of the UNDAF planned results?</b>	UNFPA contribution to UNDAF result areas as per the monitoring matrix	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

As per key informants and relevant documentation, UNFPA is a full member of UN family in Belarus, actively working with the other UN agencies **to promote advocacy** on joint objectives. Thematic groups are an important coordination format for the UN. UNFPA is actively involved in the Resident Coordinator system support via chairing the **Gender Equality Thematic Group**, being a member of the existing working groups and being actively engaged in joint programming, chairing selected interagency working groups and external communications and advocacy, strategic analysis and planning. It is thought by some **key informants** that the GE thematic group meetings need to be conducted more often to move the objectives forward.

The Universal Periodic Review (UPR) is a unique process which involves a review of the human rights records of all UN Member States. The UPR is a State-driven process, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfil their human rights obligations. UNFPA contributed to the preparation of the Universal Periodic Review (UPR) report submitted on behalf of the UN agencies early October 2014 to the Human Rights Council in Geneva. UNFPA together with the UNCT is developing a number of interventions to support the Belarusian government in ensuring the implementation of the UPR recommendations.

The UNCT meeting notes were not made available to the evaluation team and cannot be accessed on the internet. However, **key informants** state that UNFPA is represented in the UNCT meetings and is active in their follow-up. The **UN Delivering as One** was established in 2005 on the topics of development assistance, humanitarian aid and environmental issues. It focuses on four main principles: One Leader, One Budget, One Programme and One Office. As mentioned in the efficiency section, the UN in Belarus only follows this concept in terms of Common UN services which are implemented by UNFPA along with UN partners operating in Belarus.

According to **key informants**, to ensure that the agencies are speaking a common language poses challenges among the UN family. The issues were illustrated when the Law on Domestic Violence failed to pass through the legislative process, which came as a surprise to those who were dedicated to the process, such as UNFPA and the British Embassy, and the government and NGO partners, among others. At this time, the Resident Coordinator declined to make a statement.

**Joint advocacy** among the UNCT is critical for moving issues forward to resolution. Evidence is sparse regarding UNFPA employing the UNCT for issues to promote the ICPD. One example is the programme on mandatory gynecological examinations for girls below 16 which has been introduced in Belarus by the Mol. To counter this practice requires the mobilization of UNCT (in particular, WHO and UNICEF) and non-UN partners (especially academia, CSOs, youth organizations) and providing evidence and joint recommendations. The architecture of advocacy needs to be improved with contribution of UN agency resources, since there is a relatively small UN presence in Belarus.

UNFPA often works in tandem with UNICEF on a number of result and outcome areas in the UNDAF and working toward the indicators. UNICEF is generally able to contribute more funds to each of these outcome areas, as well as more human resources. In the **area of adolescents and youth**, UNICEF has contributed with the government during the past years most of the inputs for the Youth Friendly Health Services, while UNFPA has contributed to capacity development for the youth peer to peer networks. UNFPA and UNICEF, having overlapping mandates, (e.g. some aspects of sexual and reproductive health and rights, such as those targeting adolescents and youth, and maternal health) have collaborated on a number of initiatives, including the Time and Budget survey and the BELMED.

One of the largest **joint programmes** between 2014 to the present is the BELMED implemented jointly by four UN agencies, WHO, UNDP, UNICEF and UNFPA, which illustrates the challenges in the UN agencies working together. This programme was funded by the EU and UNFPA involvement is described in detail above. According to **key informants**, the programme experienced a number of issues in implementation that resulted in tensions among the organizations and with the donor. The tensions arose partly due to the different modes of operation of the UN organizations and their various approaches to implementation. **Key informants** on the BELMED process have noted the following **lessons and good practices**.

- There are different doors of access to the Ministry of Health for each of the UN agencies as per their mandates and programmes – this caused a fragmented approach.
- The programme was hampered by the fact the UN agencies have different financial, reporting and monitoring systems, which are difficult to harmonize.

- The biggest successes were the sub-granting schemes put forth by NGOs and they all performed effectively and changed the mindset of people especially on healthy lifestyles.

**Evaluation Criteria – Added Value**

**EQ11 What is the main UNFPA comparative strengths and added value in the Belarusian context as perceived by UNCT and key national stakeholders?**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<b>EQ11. What is the main UNFPA comparative strengths and added value in the Belarusian context as perceived by UNCT and key national stakeholders?</b>	<ol style="list-style-type: none"> <li>1. Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon</li> <li>2. The results observed in programmatic areas that have been achieved with UNFPA's contribution are described.</li> <li>3. The perceptions of national stakeholders in regard to UNFPA's added value have been collected and used for future programming.</li> <li>4. Perception by Belarus national stakeholders of the comparative strengths of UNFPA</li> <li>5. Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners</li> <li>6. Evidence that UNFPA has established and maintained partnerships to ensure that UNFPA can make use of its comparative strengths</li> </ol>	<ul style="list-style-type: none"> <li>• The CP and COARs</li> <li>• UNFPA Belarus Country Programme Strategy</li> <li>• Databases showing results, or analysis of data</li> <li>• Reports from partners and other development agencies</li> <li>• Belarus UNDAF</li> <li>• Country Programme documents</li> <li>• Government partners</li> <li>• UN agencies</li> <li>• Other development partners</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Key informant interviews</li> <li>• FGD with sub-national actors and beneficiaries</li> <li>• Document analysis</li> <li>• Document review</li> <li>• Interview with the UN RC</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with Government partners and other implementing partners</li> </ul>

In regard to the **establishment of partnerships** to use the comparative strengths:

- The UNFPA partnership strategy has paid off in establishment of a number of new partners.
- An important impact has been the introduction and partnership building between CSO and state actors in the oblasts.
- Promotion of project coordination council of all stakeholders, including NGOs working on DV and GBV, including joint planning of events and activities in productive manner.

- UNFPA government partners attest that cooperation has been successful and there is a sense of optimism in future collaboration. “***Experience of UNFPA may be an example of best practice of international cooperation.***”

In regard to **programmatic areas**:

- UNFPA addresses GBV/DV issues in a holistic manner.
- UNFPA efforts in the field of preventing GBV/DV and introducing multi-sector response mechanisms are highly recognisable both among state and non-state stakeholders

**Key informants** mentioned some areas where UNFPA can work on adding more value:

- UNFPA should offer further support to non-state actors to obtain additional funding (e.g. from a variety of sources) to promote their work.
- UNFPA should further strengthen communication between state and non-state actors.
- Communication at the level of long term strategic planning to promote ownership should be strengthened as discussed in the Sustainability section.
- Some partners are not clear about the UNFPA process of project/program development and UNFPA resources and would like to have more thorough briefings from UNFPA on agency strategies and resources
- Decision-making could be faster, it should be a compromise between procedures and results.
- The PD component requires more visibility given the demographic needs.
- Some stakeholders view UNFPA as not in the forefront in terms of promoting youth policy for SRHR, while many stakeholders also see UNFPA as very critical to the determination of the youth friendly agenda.
- While cooperation in Minsk tends to be strong, more focus should be placed on the oblasts, and partners receive many requests from the oblasts.
- Partners need guidance on how to develop good regional interventions, build the partnerships of local stakeholders, and invest in capacity building.

**Key informants** also emphasize, that UNFPA is the UN agency in Belarus most open to proposals of creative campaigns and initiatives on promotion of the ICPD agenda. Small funding was given as prizes on a national contest of social projects “Social Week-end”, a campaign on providing gynecological equipment for PWD – this is one of best practices of synergy of UNFPA reputation and PR efforts and flexibility, creativity and social capital of local stakeholders. Such best practices should be definitely used as part of future planning and resource mobilization for PR/AR/Visibility activities. The above mentioned strategy of External Relations and Communication plan should be planned with more participation of local CSO partners from different thematic groups and including more covering more target groups (e.g. fathers, church-based, employers) and become a basis for systematic cooperation on the promotion of UNFPA agenda.

All **key informants** mentioned capacity building activities, supported by UNFPA as one of the most valuable outputs to them in their jobs. UNFPA used a variety of capacity building activities – study tours, trainings, conferences, provision of consultation, support investments to infrastructure and partner's sustainability. Relevant combination of re-active (needs/request based) and pro-active (promoting networking among stakeholders) is applied. UNFPA was able to engage senior officials of the state partners and they were able to use what they learned for advocacy and policy development. At the same time, it was noted by some stakeholders that the

approach to transferring experience through study tours and other forms of training should be improved: mid-level specialists should be included as well as senior staff and all of those involved should be responsible for further follow up implementation and distribution of tasks after study tours in particular. Some stakeholders, especially from the oblasts and from NGOs expect closer programmatic cooperation with strategic partners at the operational level to help to build their capacities. Their suggestions included job shadowing or mentoring which would help less experienced staff learn from those with more experience.

